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## PLEASE NOTE THE CHANGE OF VENUE FOR THIS MEETING

21st October 2014

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 29th October 2014 at 9.30 am in Rooms 3 & 4, Education Centre, Blackpool Victoria Hospital.

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](mailto:judith.oates@bfwhospitals.nhs.uk).

Yours sincerely

J A Oates (Miss)  
Foundation Trust Secretary

### AGENDA

Agenda Item Number	Agenda Item	Duration
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).	9.31 am
3	Patient Story – Dr O'Donnell/Mrs Thompson to report. (DVD)	9.32 am
4	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.46 am

5	Minutes of the Previous Board of Directors' Meeting held in Public on 24th September 2014 – Mr Johnson to report. (Enclosed).	9.47 am
6	Matters Arising:- a) Action List from the Previous Board of Directors' Meeting held in Public on 24th September 2014 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	9.52 am
7	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	10.02 am
8	Chief Executive's Report:- a) NHS Five-Year Plan – Mr Doherty to give a presentation. b) Winter Resilience Plan – Mrs Oliver to give a presentation. c) Ebola Preparations – Mrs Thompson to give a presentation d) Assurance Report – Mr Doherty to give a presentation. (Enclosed):- <ul style="list-style-type: none"> <li>• <b>Quality</b></li> <li>• <b>Workforce</b></li> <li>• <b>Audit</b></li> <li>• <b>Finance</b></li> <li>• <b>Strategy/Risk/Corporate Assurance</b></li> </ul>	10.07 am
	BREAK	
8 (cont)	e) Quarterly Monitoring Return to Monitor (Quarter 2) – Mr Bennett to report. (Enclosed). f) Integrated Performance Report – Mr Bennett to report. (Enclosed). g) Chief Executive's Update. (Enclosed).	
9	Chairman's Report:- a) Chairman's Update. (Enclosed). b) Affixing of the Common Seal. (Enclosed). c) Schedule of Meetings for 2015. (Verbal Report).	11.37 am
10	Three Key Themes for Team Briefing – Mr Doherty to report. (Verbal Report).	11.47 am
11	Trust Values: People-Centred/Compassion/Excellence/Positive – Mr Johnson to report. (Verbal Report).	11.52 am
12	Attendance Monitoring – Mr Johnson to report. (Enclosed).	11.57 am
13	Any other Business – Mr Johnson to report. (Verbal Report).	11.58 am
14	Items Recommended for Decision or Discussion by Board Sub-Committees. (Verbal Report).	11.59 am
15	Questions from the Public – Mr Johnson to report. (Verbal Report).	12 noon
16	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	12.15 pm

17	<p>Resolution to Exclude Members of the Media and Public</p> <p>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.</p>	12.16 pm
		<p>Total Duration – 2 hours, 47 minutes</p>

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust  
Board of Directors Meeting Held in Public  
on Wednesday 24th September 2014 at 9.30 am  
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mrs Karen Crowshaw  
Mr Jim Edney  
Mr Doug Garrett  
Mrs Michele Ibbs  
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  
Dr 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: Miss Judith Oates – Foundation Trust Secretary  
Dr Andrea Whitfield – Head of Department and Consultant Palliative Medicine  
/Clinical Lead End of Life Care (shadowing Director of Workforce & OD)

Governors

- Mr Paul Aspden – Staff Governor (Non-Clinical Support Constituency)
- Mr Clive Barley – Public Governor (Fylde Constituency)
- Mr Ramesh Gandhi – Public Governor (Wyre Constituency)
- Dr Anthony Nixon – Public Governor (Lancashire & South Cumbria Constituency) (for item 82/14a)

Members of Public - 1

76/14 Chairman's Welcome and Introductions

The Chairman welcomed Dr Whitfield, Governors and members of the public to the meeting.

The Chairman explained the house-keeping rules and also advised that he had not received any questions from members of the public in advance of the meeting, however, he would endeavour to find time, probably following the Chief Executive's Assurance Report, to take a couple of questions.

77/14 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.

78/14 Apologies for Absence

An apology for absence was received from Dr Malcolm McIlmurray.

79/14 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 30th July 2014 be approved and signed by the Chairman.**

80/14 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 30th July 2014

Assurance Report – Audit

Mr Edney referred to the draft scheme of delegation and reported that this issue had been discussed by the Audit Committee and that further work needed to be undertaken.

b) Action Tracking Document

Governance Review

Mrs Crowshaw reported that this issue was being addressed by Dr Ellarby and was on target.

81/14 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

There were no challenges or debates from Non-Executive Directors/Executive Directors.

82/14 Chief Executive's Report

a) Assurance Report

Prior to presenting the Assurance Report, Mr Doherty drew attention to information from Monitor outlining the performance of Foundation Trusts in Quarter 1 in respect of healthcare targets, finance and improved care for patients. Mr Doherty commented that the format in which the data was presented was interesting and that he may include it in future Assurance Reports. Mr Doherty stated that the Board needed to carry out more benchmarking in order to be able to compare against other Acute Trusts.

With regard to the Assurance Report, it was noted that the focus was on Quality, Workforce and Finance.

**Quality**

Mr Doherty reported that there was limited assurance in terms of quality and that there had been mixed performance during August.

Positive Assurance:-

- A & E Waiting Times
- Patients and carers involved in decisions about their care
- Zero Delays Better Care Now

- Mortality
- Cancer Targets
  - Out-Patients (both breast and general)
  - Diagnosis to treatment (31 days)
- 18 Weeks (non-admitted)
- Clinical Pathways
  - Pneumonia
  - Sepsis
  - Acute Kidney Injury
- Friends and Family Test
- Nursing Care Indicators
- Nursing, Midwifery and Care Staffing Levels

#### Mortality

It was pleasing to note that the SHMI position for August was the lowest figure recorded for the Trust and that improvements were continuing, however, given that national figures were also improving it was important that continued progress and improvement be maintained.

Mr Edney commented that this was a tremendous improvement and Mr Roff commented that excellent work had been undertaken to sustain performance.

Mr Shaw asked whether the methodology was likely to change from SHMI to RAMI and Dr O'Donnell commented that the probability was that future measures would be based on case note review which was a better methodology. It was noted that Dr Morgan (Trust Mortality Lead) was involved in reviewing mortality data in other Trusts.

#### 18 Weeks

It was noted that there was positive assurance in relation to non-admitted patients, however, there were concerns relating to admitted and open pathways patients.

#### Nursing, Midwifery and Care Staffing Levels

It was reported that six wards had not achieved the 90% standard, however, following a review of those wards it had been determined that there were no significant quality issues but that efforts should be made to ensure that this trend did not continue.

Mrs Thompson had previously reported that half the wards had been given limited assurance, therefore the position had been reviewed and feedback was provided in the appendix to the report. Mr Roff commended the report.

It was noted that the positive assurance issues had been discussed at the Quality Committee meeting on 18th August 2014.

Limited Assurance:-

- 18 Weeks (admitted & open pathways)
- Cancer 62 Days
- C Difficile

- Clinical Pathways – Stroke & Chest Pain
- Dementia
- CQC Action Plan KPIs

#### 18 Weeks

- The Trust had not achieved the “admitted” 18 weeks standard in August and plans were in place to increase activity in the specialties of Gynaecology, General Surgery and Orthopaedics.
- It was anticipated that the 18 weeks standard would be achieved from November onwards.
- A Demand and Capacity Group had been established within the Trust.
- Additional national funding had been given to the Commissioners which would be provided to the Trust for additional activity.

Mrs Oliver advised that it had been agreed with the Commissioners that the Trust would receive PbR payment for the additional activity and Mr Shaw emphasised the need to ensure that the correct payment was received.

#### Cancer 62 Days

- The standard for August had been achieved (above 85%), however, only 70% had been achieved in July.
- The Trust was assessed by Monitor on a quarterly basis in terms of this standard.

#### C Diff

- There had been 25 cases of C Diff in the year to date against an annual trajectory of 28 cases.
- All cases had been reviewed and further work was being undertaken in respect of antibiotic prescribing and hand hygiene.

Mrs Thompson advised that there were no penalty clauses in the domestic services contract for not achieving the standards and confirmed that the Trust had a good working relationship with ISS (cleaning contractor) and she had no concerns about working together to achieve the standards.

Mrs Thompson further advised that one of the major issues relating to C Diff was antibiotic usage; it being noted that a Locum Microbiologist was due to take up post in November to focus on this area, following which there would be an external review of the process.

**RESOLVED: That information about the external review would be circulated to Board members once known.**

It was noted that the Trust was providing care to a proportion of patients who were considered to be high risk in terms of C Diff and that wider health economy discussions were needed in respect of their processes and how to work together to achieve joint aims.

It was reported that, from a public health point of view, Dr Guleri was a strong advocate of hand hygiene. It was further reported that, in respect of high risk patients, consideration was being given to those who would benefit from probiotic drinks.

Dr O'Donnell commented that the national data from Public Health England indicated that there was an increasing number of C Diff incidents across the country this year compared with the previous year.

Mrs Crowshaw challenged whether more work could be undertaken to educate the public and visitors in terms of not bringing infection in to hospital.

The Chairman asked about the penalty for not achieving the target and Mr Doherty advised that the fine was £10,000 per case. Mrs Thompson stated that this was dependent upon whether the case was deemed to be avoidable or unavoidable. The Chairman emphasised the importance of this issue being monitored by the Board.

#### **Action Taken Following The Meeting**

*Dr O' Donnell has written to Professor Wilcox, Medical Microbiology, Leeds Teaching Hospital, to request support with an external peer review.*

#### Dementia

- There had been some improvements but also some deterioration.

With regard to the poor performance in August in respect of dementia screening, Mrs Thompson advised that this was partly due to the fact that the new intake of doctors had not received the relevant training in terms of dementia, however, this was being addressed for future intakes. The Chairman stated that the provision of training should not be dependent upon the enthusiasm of one member of staff.

#### CQC Action Plan / KPIs

- The Trust was on target with the actions from the CQC report.
- The dashboard indicated that 14 KPIs were "green" and 5 KPIs were "red".
- The "red" KPIs related to workforce, medical records eligibility and patient experience.

#### OFSTED Inspection

Mr Roff referred to the OFSTED inspection that had taken place in respect of children's services in Blackpool and Mrs Crowshaw requested some feedback.

Mrs Thompson provided detailed feedback in respect of the processes in place for children's services, safeguarding, CAMHS and highlighted the work on-going to make improvements

Mr Edney commended Mrs Thompson and the Trust for the excellent work being undertaken in respect of children's services/safeguarding/CAMHS.

#### Report from Royal College of Obstetricians & Gynaecologists

Mr Doherty reminded Board members about the background to the visit and report from the Royal College of Obstetricians & Gynaecologists and confirmed that the final report had been received which included the Trust's suggested amendments.

It was noted that the report highlighted a number of actions to be addressed in order to make improvements.

Mr Doherty stated that the CQC would be revisiting the Trust to undertake a further assessment, however, details of the visit had not yet been defined.

**RESOLVED: That the final report would be circulated to Board members.**

At this juncture, Mrs Crowshaw provided feedback from the Quality Committee as follows:-

- With effect from the next Quality Committee meeting, dates would be included for progressing items from limited assurance to full assurance.
- A report would be submitted to the next Quality Committee meeting regarding Section 28 Notices issued by the Coroner; it being noted that there had recently been an increase in the number of notices received, however, it was reported that this was probably due to a recent change in the process which made it mandatory to issue such notices in certain circumstances.

The Chairman commented that good work was being undertaken by the Quality Committee.

***Action Taken Following The Meeting***

*The final report was circulated to Board members on 14/10/14.*

Workforce

Strike Day

Mrs Ingham reported that Unison had confirmed that their members had voted in favour of industrial action and there would be strike action on 13th October from 7.00 am until 11.00 am and action short of strike from 14th to 17th October. It was noted that ballot outcomes were awaited from other Trade Unions who had decided to ballot members for industrial action and action short of strike.

Mrs Oliver confirmed that patients would not be at risk and that safety and quality would remain a priority.

The Chairman commented that it was disappointing that Union representatives did not attend Board meetings held in public.

Sickness Absence / Turnover

- There had been reductions in sickness absence and turnover.

Job Planning

- Further work needed to be undertaken by the end of December to achieve 100% approved job plans compared with the current 45%.

Consultant Recruitment

- There were currently 24 consultant vacancies, with 12 posts under offer.
- The remaining vacant posts were in the "difficult to recruit" specialties.

Mr Garrett asked whether the difficulties related to specialties or location and Mrs Ingham outlined the difficult specialties to be targeted.

Mr Shaw commented that, due to the location/geography of the Trust, it was inevitable that there would be high staff turnover and he emphasised the importance of promoting the Trust to make it attractive to potential candidates.

It was reported that Dr O'Donnell and Mr Doherty had recently met with Professor Neil Johnson, newly appointed Dean of Health & Medicine at Lancaster University, to discuss joint working with the University and the surrounding health care organisations; it being noted that the long term aim was to provide a Northern Lancashire rotation for trainees. Discussion had also taken place regarding joint clinical academic posts and feedback was awaited from Professor Goodacre regarding possible substantive appointments.

Mrs Ingham referred to the AHP focus within the assurance report and confirmed that the Trust had recently experienced an increase in turnover, however, recruitment of AHP staff was not an area of concern. Mrs Ingham also outlined the actions that had been taken to address the comments highlighted in the Staff Friends & Family Test.

Mrs Thompson drew attention to a Professional Advisory Forum taking place on 10th November when AHP staff would be showcasing their work and Board members were asked to support the event.

Mrs Crowshaw asked about promoting the work of healthcare assistants and it was suggested that this issue be addressed at future meetings.

**RESOLVED: That consideration would be given to focusing on a particular staff group at future Workforce Committee meetings.**

Mr Roff stated that discussion about specific focus at Board meetings would take place under item 82/14 (b).

***Action Taken Following The Meeting***

*The issue about focusing on a particular staff group at future Workforce Committee meetings is being addressed.*

Appraisals and Revalidation

Dr O'Donnell explained that it was a statutory requirement to submit the Appraisal and Revalidation Annual Report to the Board; it being noted that the report provided an update on the Trust's progress in implementing the Responsible Officer Regulations and on the Trust's level of compliance against the requirements of the Regulations following the annual audit.

**RESOLVED: That the Trust's progress in implementing the Responsible Officer Regulations be noted.**

**That the Trust's plans for further improvements identified through the annual audit process be approved.**

**That the Trust, as a Designated Body, be confirmed as compliant with the Responsible Officer regulations.**

**That the Annual Report be formally acknowledged and approved.**

**Audit**

Mr Edney provided feedback from the Audit Committee meeting held on 9th September 2014 as follows:-

- There had been good discussion about progress on the assurance framework and Mr Edney expressed thanks to the sub-committee Chairs (Mrs Crowshaw, Mr Doherty and Mr Bennett (deputising for Mrs Ibbs) who had attended the meeting to provide feedback; it being noted that there was high assurance on this subject.
- A number of actions were being progressed and assurance would be sought at the next Audit Committee meeting.

Mr Edney drew attention to two recommendations from the Audit Committee to the Board as follows:-

- That the requirement for Executive Directors to follow up internal audit recommendations arising from reports should be confirmed by the Board and included within the Scheme of Delegation at the first opportunity.
- That the Director of Finance be given the delegated responsibility for fine-tuning the internal audit work plan between meetings of the Audit Committee, taking into account existing priorities and any urgent need to change the plan which may arise from time to time.

**RESOLVED: That the recommendations from the Audit Committee be approved.**

### **Risk**

Mrs Swift referred to the BAF/CRR and requested approval from the Board to the proposed amendments which had been discussed at the Risk Committee the previous week chaired by Mrs Swift.

Mrs Swift commented that the format of the BAF/CRR had significantly improved and that the top risks were clearly highlighted.

Mr Roff commented that the revised documents focused on the risks and were a tremendous improvement.

**RESOLVED: That the suggested amendments/proposals in respect of the Board Assurance Framework and Corporate Risk Register be approved.**

### **Finance**

Mr Doherty reported that there was limited assurance in terms of the overall financial plan for 2014/15 and highlighted the key issues as follows:-

- Deficit of £0.6m for August which was £0.2m worse than plan (due to the significant bed pressures earlier in the year).
- The main variances in August were:
  - Unscheduled Care Division - £0.4m worse than budget.
  - Scheduled Care Division - £0.1m worse than budget.
  - Impact of Vacancies - £0.1m lower than expected.
- Year To Date £3.4m which was £0.6m worse than plan.
- CIP Performance was broadly in line with plan.
- Activity was above contract overall and discussions were taking place with the CCGs.
- CoSR 2 was in line with plan.

It was reported that the financial position was operationally challenging.

Mr Bennett stated that he had not anticipated the level of activity that had taken place during the first half of the year and therefore it was difficult to predict the position for the remainder of financial year; it being noted that if the contract was not amended, there would be financial implications for the remainder of the year.

Mr Bennett advised Board members that urgent discussions were taking place with the CCGs about the finance/activity and he was confident that the Trust would receive additional support for the year to date but was concerned about the year-end position.

Mrs Oliver referred to the challenge around access to GPs and explained that discussions were continuing with FCMS about improved patient access to primary care in order to avoid inappropriate A & E attendances.

#### R & D Proposed Financial Plan

Mr Bennett drew attention to a proposal to consolidate the R & D Division and offer some substantive appointments to staff within the department; it being noted that the majority of staff in the department were on short term or temporary contracts.

It was reported that the formal proposal was to implement a budgeted structure which would provide long term financial stability and security to the Division; it being noted that this would involve budgeted investment on a recurrent basis and an immediate financial benefit to the organisation through the release of funds from the balance sheet.

It was further reported that the proposal allowed for an unallocated element of the budget to be decided in year, however, if additional funding was not received this would form the first part of the contingency should there be a shortfall in R & D income.

Mr Roff supported the proposal but had a few comments to make.

**RESOLVED: That Mr Roff would forward his comments to Dr O'Donnell following the meeting.**

Mrs Ibbs commented that it was a positive way forward, particularly in terms of recruitment and retention, however, she requested a longer term view in the form of a 3-5 year business case detailing the real potential impact.

**RESOLVED: That consideration would be given to producing a 3-5 year business case in respect of R & D.**

The Chairman asked Dr O'Donnell to convey to the R & D Team that the Board was supportive of their proposal and to invite the team to attend a Board Seminar to discuss their future plans.

**RESOLVED: That Dr O'Donnell would convey the Board's message to staff in the R & D Department and arrange attendance at a future Board Seminar.**

**That the proposal to restructure the financial management of the Research and Development Division be approved.**

At this juncture, the Chairman asked members of the public if they had any questions.

***Action Taken Following The Meeting***

*The issue about producing a 3-5 year business case in respect of R & D will be discussed as part of the R & D item at the Board Seminar in November.*

*Dr O'Donnell has emailed the R & D Team on behalf of the Board and a presentation will be given by the R & D Team at the Board Seminar on 26th November 2014.*

Zero Harms – Pressure Ulcers

Mr Barley referred to zero harms and asked about the action being taken in respect of pressure ulcers. Mrs Thompson reported that work had been continuing on this aspect of zero harms for a few years and the Trust compared favourably with other Trusts, however, staff were not complacent and were considering further areas for improvement. It was noted that 12 areas were being reviewed in depth at present including Clifton Hospital and Critical Care.

Key Support Staff

Mr Aspden commented that front line staff were extremely important in the work of the Trust but asked whether any thought been given to key support staff, i.e. IT staff, in view of the increasing demands. Mr Doherty advised that the Trust had invested in IT, particularly in terms of equipment, and that there was a process in place for QuIPP/CIP. Mrs Oliver stated that the focus had been on medical and nursing staff, however, hotspots were being reviewed across the Trust in terms of support. Mrs Swift stated that the Trust was making more effective use of services by sharing posts with external organisations.

Junior Medical Staff Training

Mr Gandhi commented that junior medical staff had been complimentary about their training at this Trust.

At this juncture, the Chairman announced that there would be a break for 10 minutes.

b) Integrated Performance Report

Mr Bennett presented the Integrated Performance Report for information; it being noted that the assurance items had been reported earlier in the meeting.

The Chief Executive commented that the report was good and would be developed on an on-going basis, linked to the Chief Executive's Assurance Report and the Board Assurance Framework.

Mr Roff welcomed the report and the ten strategic measures and commented on the good progress made to date. Mr Roff suggested that the measures should be reviewed by the Board on a quarterly basis, thereby enabling the Board to focus on strategic issues, i.e. HR, Estates, at intervening Board meetings.

The Chairman expressed thanks to Mr Bennett and the team for collating the report.

**RESOLVED:** That the Mortality Summary Lead Director be amended from “Marie Thompson” to “Dr Mark O’Donnell.”

***Action Taken Following The Meeting***

*The IPR has been amended to include Dr Mark O' Donnell as the Mortality Summary Lead Director.*

c) Chief Executive's Update

The Chief Executive's Update was provided for information.

83/14

**Chairman's Report**

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman referred to the Annual Members and Public Meeting which had taken place on 22nd September and commented that the location, attendance, focus and engagement had been good.

**RESOLVED: That consideration would be given to holding future Annual Members and Public Meetings at Blackpool Sixth Form College.**

Mr Shaw congratulated the Communications Department for producing the Annual Report summary document.

**RESOLVED: That future editions would comprise no more than 16 pages.**

**That more than 200 copies would be printed in future years to enable wider distribution.**

Mr Garrett referred to the Chairman's Update and asked about the meeting with Healthwatch. The Chairman stated that Healthwatch was an important stakeholder and that quarterly joint meetings were being arranged with Blackpool and Lancashire Healthwatch. It was noted that the Chairman of Blackpool Healthwatch had recently resigned and a replacement had not yet been appointed.

***Action Taken Following The Meeting***

*The suggestion about holding future Annual Members and Public Meetings at Blackpool Sixth Form College will be considered in 2015.*

*The relevant staff have been informed about the requirements for the Annual Report summary document in 2015.*

b) Confirmation of Chairman's Action for Waivers

Details of the action taken by the Chairman on behalf of the Board of Directors were provided for approval.

**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.**

84/14

a) Non-Executive Director Feedback from Blackpool CCG Governing Body Meeting – 2nd September 2014

Mrs Crowshaw provided feedback from the Blackpool CCG meeting as follows:-

- Five observers were in attendance at the meeting.
- The meeting focused on signing-off reports rather than discussing performance.
- The main area of discussion was around waiting list initiatives and the support being provided by the CCG.
- The second area of discussion was around the Acute Trust; it being noted that the CCG executives had confidence in the Acute Trust, however, the lay members and GPs did not necessarily believe that the over performance by the Trust should be paid for by the CCG or that the Trust spent money wisely.

Mr Bennett referred to the funding for waiting list initiatives and explained that the CCG would receive the £1.8 m national funding which would be paid to the Acute Trust if and when additional activity was undertaken.

Mr Doherty referred to his attendance at an earlier CCG meeting and advised that the GPs had been very interested in the extensivist work that he had described.

With regard to interaction with GPs, Dr O'Donnell referred to a round table discussion he had convened the previous January/February with clinical leads/GPs. It was noted that the meeting had been worthwhile, however, no responses/agenda items had been forthcoming when Dr O'Donnell had endeavoured to arrange a subsequent meeting.

**RESOLVED: That Dr O'Donnell would endeavour to resurrect this initiative.**

***Action Taken Following The Meeting***

*Dr O'Donnell has emailed Dr Doyle and Dr Naughton asking for their views on resurrecting the primary/ secondary care interface meetings and a response is awaited.*

- b) Executive Director Feedback from Fylde & Wyre Annual General Meeting – 12th August 2014

Mrs Swift reported that it had been a good meeting with presentations relating to primary care and extensivist work and also an interactive quiz which was well received.

- c) Annual General Meeting – Spiral Health

Mrs Swift reported that she had attended Spiral's AGM the previous week which focused on the successes and the work undertaken around new models of care.

85/14 Engagement and Communications and Team Briefing

Mrs Ingham gave a presentation outlining the highlights from the Vision & Values engagement events and confirming the "next steps".

Mrs Ingham also referred to discussion at the previous meeting about the format of future Team Briefings; it being noted that it had been agreed that Board members would determine three key messages to be included in the Team Brief.

**RESOLVED:** That the three keys messages for September would be as follows:-

- **Research & Development**
- **Engagement Events**
- **Update from last month's themes.**

**That Mrs Ingham would consider other themes, i.e. safeguarding, national issues/objectives, and awards/recognition from the Annual Members and Public Meeting, and determine those to be included in the Team Brief.**

Mrs Ingham provided further details in relation to the Team Brief as follows:-

- Skype may be used to ensure all staff were captured.
- "Value of the Month" would be included in Grapevine.
- The Team Brief would be visible throughout the Trust 48 hours after it had been issued, i.e. once all staff had been briefed.
- Consideration would be given to using a corporate template for divisional groups.
- All senior managers had received a letter from the Chief Executive to emphasise the importance of Team Brief and the need to provide feedback.

**RESOLVED:** That this format would be trialled for three months and feedback would be requested.

**That the Team Brief would be circulated to Board members as a matter of course.**

It was noted that the Trust's values had been discussed at the Board Development Event the previous day and it had been agreed that, wherever possible, Board discussions and decisions should reflect the Trust's values.

**RESOLVED:** That it would be confirmed at future Board meetings that the proceedings were in line with the Trust's values.

***Action Taken Following The Meeting***

*The three key messages were included in the first new style Team Brief.*

*A formal review will be undertaken in January following the first three months' trial.*

*Team Brief will be circulated monthly to Board members.*

*A standing item entitled "review of meeting" will be included on future agendas.*

86/14 Attendance Monitoring

The Chairman referred to the attendance monitoring form and stated that the Board meetings continued to have good attendance from directors.

87/14 Any other Business

There was no other business.

- 88/14 Items Recommended for Decision or Discussion by Board Sub-Committees
- RESOLVED: That items to be recommended for decision or discussion by Board Sub-Committees would be noted from the minutes of the meeting.**
- 89/14 Questions from the Public
- There were no questions from members of the public.
- The Chairman expressed thanks to the Governors and public members for attending the meeting which he hoped they had found useful.
- 90/14 Date of Next Meeting
- The next Board Meeting in public will take place on Wednesday 29th October 2014 at 9.30 am.
- The Chairman reminded Board members that the next Board meeting would be followed by the Council of Governors meeting with the aim of avoiding duplication of agenda items.
- 91/14 Resolution to Exclude Members of the Media and Public
- The Chairman explained that some items needed to be discussed by the Board in private (Part Two) but assured members of the public that the majority of items were discussed in public (Part One).
- The Chairman stated that the Board was now required to discuss items of a confidential and commercially sensitive nature which would not be disclosed under a Freedom of Information request.
- RESOLVED: 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.**

Board of Directors Meeting Held In Public  
Action List - 24th September 2014

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
82/14 (a) - Quality	24.9.14	<b>C Diff</b>	Circulate information about the external review to Board members once known.	Marie Thompson	31.10.14		Dr O' Donnell has written to Professor Wilcox, Medical Microbiology, Leeds Teaching Hospital, to request support with an external peer review.	Incomplete But Within Date For Delivery	Amber
82/14 (a) - Quality	24.9.14	<b>RCOG Report</b>	Circulate the final report to Board members.	Dr Mark O'Donnell	8.10.14		The final report was circulated to Board members on 14/10/14.	Complete	Green
82/14 (a) - Quality	24.9.14	<b>Consultant Recruitment</b>	Consider focusing on a particular staff group at future Workforce Committee meetings.	Nicky Ingham	31.12.14		The issue about focusing on a particular staff group at future Workforce Committee meetings is being addressed.	Incomplete But Within Date For Delivery	Amber
82/14 (a) - Quality	24.9.14	<b>R &amp; D Proposed Financial Plan</b>	Forward any further comments to Dr O'Donnell following the meeting.	Alan Roff	8.10.14		No further comments received from Alan Roff.	Complete	Green
82/14 (a) 0 Finance	24.9.14	<b>R &amp; D Proposed Financial Plan</b>	Consider producing a 3-5 year business case in respect of R & D.	Tim Bennett/ Dr Mark O'Donnell	26.11.14		This issue will be discussed as part of the R&D item at the Board Seminar in November.	Incomplete But Within Date For Delivery	Amber
82/14 (a) - Finance	24.9.14	<b>R &amp; D Proposed Financial Plan</b>	Convey the Board's message to staff in the R & D Department and arrange attendance at a future Board Seminar.	Dr Mark O'Donnell	1.10.14		Dr O'Donnell emailed the R&D Team on behalf of the Board on 24/09/14. A presentation will be given by the R&D Team at the Board Seminar on 26/11/14.	Complete	Green
82/14 (b)	24.9.14	<b>Integrated Performance Report</b>	Amend the Mortality Summary Lead Director from "Marie Thompson" to "Dr Mark O'Donnell."	Tim Bennett	1.10.14		The IPR has been amended to include Dr Mark O' Donnell as the Mortality Summary Lead Director.	Complete	Green
83/14 (a)	24.9.14	<b>Chairman's Update</b>	Consider holding future Annual Members and Public Meetings at Blackpool Sixth Form College.	Chairman/ Judith Oates	Sep-15		This item will be considered for the AMPM in 2015.	Complete	Green
83/14 (a)	24.9.14	<b>Chairman's Update - Annual Report Summary Document</b>	Ensure that future editions comprise no more than 16 pages.	Wendy Swift	Jun-15		The relevant staff have been notified about this action for 2015.	Complete	Green
83/14 (a)	24.9.14	<b>Chairman's Update - Annual Report Summary Document</b>	Ensure that more than 200 copies are printed in future years to enable wider distribution.	Wendy Swift	Jun-15		The relevant staff have been notified about this action for 2015.	Complete	Green

Board of Directors Meeting Held In Public  
Action List - 24th September 2014

84/14 (a)	24.9.14	<b>Feedback from CCG Meeting</b>	Endeavour to resurrect the round table discussions with clinical leads/GPs.	Dr Mark O'Donnell	31.12.14		Dr O'Donnell emailed Dr Doyle and Dr Naughton on 13/10/14 asking for their views on resurrecting the primary/ secondary care interface meetings. A response is awaited.	Incomplete But Within Date For Delivery	Amber
85/14	24.9.14	<b>Engagement and Communications and Team Briefing</b>	Include the following three keys messages in the September Team Brief - Research & Development, Engagement Events, Update from last month's themes.	Nicky Ingham	24.9.14		This was actioned and included in the first new style Team Brief.	Complete	Green
85/14	24.9.14	<b>Engagement and Communications and Team Briefing</b>	Consider other themes, i.e. safeguarding, national issues/objectives, and awards/recognition from the Annual Members and Public Meeting, and determine those to be included in the Team Brief.	Nicky Ingham	24.9.14		This was actioned and included in the first new style Team Brief.	Complete	Green
85/14	24.9.14	<b>Engagement and Communications and Team Briefing</b>	Trial the format for three months and request feedback.	Nicky Ingham	31.1.15		A formal review will be undertaken in January following the first three months' trial.	Not Yet Due	White
85/14	24.9.14	<b>Engagement and Communications and Team Briefing</b>	Circulate Team Brief to Board members as a matter of course.	Nicky Ingham	26.9.14		Team Brief will be circulated monthly to Board members.	Complete	Green
85/14	24.9.14	<b>Engagement and Communications and Team Briefing</b>	Confirm at future Board meetings that the proceedings are in line with the Trust's values.	Chairman/ Nicky Ingham	on-going		Include "review of meeting" as a standing agenda item.	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
52/14	21.5.14	<b>Governance Review</b>	Liaise with Karen Crowshaw regarding the support needed for the Quality Committee to ensure improved delegation and improved sub-committee structure.	Wendy Swift – Dr Mark O'Donnell/ Marie Thompson	<del>31.8.14</del>	31.10.14	This will be actioned as part of the review of the sub-committee structure. This item will be discussed with Dr O'Donnell and Marie Thompson before the Quality Committee meeting in October. <b>This issue is being addressed by Dr Ellarby and is on target.</b>	Not Complete Within Date For Delivery	Red
67/14	30.7.14	<b>Assurance Report - Audit</b>	Ensure that the work relating to the powers of delegation is accelerated.	Executive Directors	30.9.14	30.11.14	This item is on-going. <b>This issue has been discussed by the Audit Committee and further work needs to be undertaken.</b>	Not Complete Within Date For Delivery	Red
67/14	30.7.14	<b>Assurance Report - Audit</b>	Produce a scheme of delegation for each Board sub-committee and discuss with the relevant sub-committee.	Executive Directors	30.9.14	30.11.14	This item is on-going. <b>This issue has been discussed by the Audit Committee and further work needs to be undertaken.</b>	Not Complete Within Date For Delivery	Red
67/14	30.7.14	<b>Assurance Report - Audit</b>	Circulate to Board members the Audit Committee draft scheme of delegation.	Tim Bennett	<del>31.8.14</del>	9.9.14 – 30.11.14	This item will be circulated to Board members following discussion at the Audit Committee meeting on 9.9.14. This item has not been circulated because further work is required. <b>This issue has been discussed by the Audit Committee and further work needs to be undertaken.</b>	Not Complete Within Date For Delivery	Red
67/14	30.7.14	<b>Integrated Performance Report</b>	Review/agree the timescales for reporting to committees.	Tim Bennett	31.10.14		This may possibly be available in October 2014.	Incomplete But Within Date For Delivery	Amber
67/14	30.7.14	<b>Integrated Performance Report</b>	Assign coloured lines to different committees to identify areas for discussion by each committee.	Tim Bennett	on-going		The Integrated Performance Report is a "work in progress" document.	Incomplete But Within Date For Delivery	Amber
67/14	30.7.14	<b>Nursing, Midwifery and Care Staffing Monthly Report</b>	Provide more information in terms of timescales for moving beyond limited assurance for the wards identified in the report.	Marie Thompson	31.10.14		Divisional plans to address the fill rate are in place, however, improvement is expected to take at least "a quarter period" to be realised.	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**

**29th October 2014**

**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. Quality**

**Quality Committee**

Work continues to support progress on our quality agenda and assurance to the Board is provided from the Quality Committee which met on 23rd October 2014. The meeting was quorate with EDs, NEDs and a Governor attending. Key leads provided assurance reports regarding their areas of quality responsibility which is summarised below.

Assurance Reports from the meeting:

- Zero Harms – Limited Assurance. This relates to higher than expected levels of pressure ulcers in hospital and community. It was agreed to review the internal targets at this stage of the year but to ensure that expected performance is still an improvement on last year's performance (which was a 20-30% reduction) and above the national position.
- Dementia CQUIN – Limited Assurance. Improvement in performance was noted but not all areas are above 90%.
- Clostridium Difficile – Limited Assurance. Up to Quarter 2: 26 cases against an annual objective of 28 cases.

**CQC Engagement Meeting**

This took place on 17th October where the Trust agreed to provide further information regarding the RCOG action plan to provide a view of measurable evidence of how the actions within the plan have been achieved and will be monitored going forward. Once this depth of assurance is provided the CQC team will engage with the Trust in relation to our readiness for review and a potential time frame for a further inspection.

The Trust's CQC action plan was discussed and the current position on the KPIs within the plan were agreed at 12 achieved (in green) and 7 not achieved (in red) which include;

- Improvement in legibility of medical records
- Staff sickness
- Staffing - nursing – registered nurses
- Staffing - medical
- Staffing - AHP's
- Information how to complain
- In patient survey – recommend ward to friends

Shared with the CQC was the CCG assurance process which has been set up and implemented through facilitation of quality assurance visits by CCG teams, which are in line with the standards set and quality assurance process facilitated by the CQC. The care pathway and service assessed this month has been Stroke services following the pathway across acute and community care and the results are awaited.

### **Overall Performance against our Strategic and Compliance Measures**

Our key strategic and compliance metrics are shown in the Integrated Performance Report. Of the 16 compliance measures 4 are red, all of which are covered in detail below. Of our 10 strategic measures, 5 are either red or have a red component within the sub-measures (Harm Free Care, Zero Delays, Pathways, SHMI and Vacancy Levels). All of these are covered in detail below with the exception of Zero Delays, where out of the 8 measures 4 are red. Within these areas performance is improving with the exception of new Ultrasound referrals seen within 24 hours where there has been a small deterioration (albeit performance is marginally better than last year).

### **Friends and Family Test – Significant Assurance**

The number of reviews in September was 2162, which is 272 more than achieved in August, with a net promoter score of 76 in comparison to 75 in August. The latest national data available is for August which shows us as better than average for both A&E (72 Vs a national average of 57) and Inpatients (80 Vs a national average of 74). Response rates for September are; Inpatient – 48.7%, Maternity services – 14.3%, Emergency department – 17.7%. Work is ongoing with the Emergency Department to increase their response rates, with new posters being created to raise awareness for the FFT.

### **Waiting Times in the Emergency Department (A&E) – Significant Assurance**

A & E performance for September was 96.7%.

### **18 week Open pathways – Significant Assurance**

The open pathway performance improved in September with the Trust achieving 93.1% against the national standard of 92%. We anticipate that this standard will continue to improve.

### **Cancer Waiting Times (other than 62 day standard) – Significant Assurance**

Cancer waiting time standards were achieved for the 2 week waiting time from a GP referral, 62 day screening, 31 day general, subsequent treatment and drug standards.

### **Nursing Care Indicators – Significant Assurance**

Divisional scores for September are; Scheduled Care amber (94%), Unscheduled Care green (95%), Women and Children's green (97%) and ALTC red (81%). ALTC since April have made steady improvement month on month and for the same time period last year scored 51% demonstrating positive effects from the quality improvement team projects being implemented in practice. There are no red indicators on the acute site with tissue viability, patients' observation, continence care and property remaining within the amber score.

## **Overall Nursing, Midwifery and Care Staffing Levels – Significant Assurance**

September data submitted showed the Victoria site fill rate to be 92.7%, Clifton Hospital 85.1% and an overall Trust fill rate of 91.6%. Full Assurance was found on 10 of the 40 reporting wards that safe staffing levels for both staff groups, registered and non-registered were demonstrated by 90% or over of the planned hours were worked for both the day shift and the night shift. High assurance was provided by 4 wards. Limited Assurance was provided by the remaining 26 wards as the number of actual nursing staff on duty the previous month compared to the planned staffing level was below 90% fill rate for either day or night shifts, or a combination of both. Divisional plans to address this fill rate are in place, improvement however is expected to take at least a quarter to be realised. It should be noted that 4 wards, although not meeting the 90% fill rate for both the day and night shifts, identified that the staff numbers met the patient care needs based on their acuity, therefore the risk associated with this limited assurance in these instances was low.

## **Dementia Screening – Limited Assurance**

September performance on the 3 measures is Stage 1: 65.7%, Stage 2: 93.3% and Stage 3: 100%. By comparison August performance was 58.8%, 100% and 12.5% respectively.

Actions to improve performance include;

- New daily report for utilisation by audit team to follow up patients who require referral via the e-discharge process to facilitate letter direct to GP using agreed letter.
- The Nurse Director has tasked all Ward Managers to ensure ward round checks of the status of those patients eligible for the dementia assessment and ensure document conducted during the ward round. Escalation process to Lead Consultant and Matron agreed.
- Identified consultant providing training and education sessions with Junior Doctors.
- Consultant level weekly compliance report introduced.
- Nexus Application developed and implemented providing real time view by ward and patient level of those patients who require assessment.
- Dementia assessment document incorporated into the main admission document which will support ease of recording for the junior medical staff.

## **Care Pathways - Limited Assurance**

There are now 8 pathways in use throughout the Trust. The last to be launched was for Acute Abdominal Pain. All pathways show a trend of improvement in compliance: an apparent dip in performance in all pathways in September is because of incomplete data collection. The data team is constructing a new report which will show overall compliance with 'treatment opportunities' rather than compliance with the whole pathway. Three pathways have not shown an improvement in SHMI (Stroke, COPD & Fractured Neck of Femur). The remaining pathways (Pneumonia, Sepsis, AKI, Cardiac Chest Pain) show significant reductions in SHMI compared with the time pre implementation.

## **Mortality – Limited Assurance**

The SHMI indicator preview for the period April 2013-March 2014 shows our figure as 119.7. This is 3.8 points higher than predicted from our internal modelling work and outside the 3% tolerance that we have worked to. The reason for this is a significant national rebase of the mortality data. In view of the rebasing we are highly unlikely to achieve the previously predicted SHMI of 107 by April 2015. Our overall SHMI trend is one of improvement and this is expected to continue.

## **18 Week Waiting Times for Admitted Patients – Limited Assurance**

The Trust failed to achieve the RTT admitted and non-admitted patient targets at the end of September, with the average across the quarter being 84.4% and 94.7% respectively. In line with Monitor guidance, the Trust must report its lowest in month achievement for the quarter. For the admitted target, September was the lowest in month achievement at 80.3% and for the non-admitted target 94.07% was reported, also in September. Independent sector providers have been commissioned to support the Trust in reducing waiting times. Particular focus is given to Orthopaedics, Cardiology, Gynaecology and Urology. Further actions taken to improve performance against the RTT measures include revision of the Trust access policy, improved validation processes and increased training on the application of RTT rules.

## **Cancer – 62 Days from Referral to Treatment – Limited Assurance**

The unvalidated 62 day urgent referral to treatment cancer target will not be finalised until the end of October. The increased volume of referrals received in July and the complexity of the cases treated have contributed to the declining performance against this target in September. Pathology results, reallocation of breaches and the validation of treatments/pathways are still on-going, but will not increase to a level that is sufficient to achieve the overall quarter target of 85%. We expect to deliver this standard from November onwards. Sustainability is dependent on a number of factors, including forthcoming cancer campaigns, volume and complexity of the referrals received and creation of sufficient capacity to reduce waits across all elements of the cancer pathways.

## **Cancer – Patient Survey – Limited Assurance**

In the 2014 patient experience survey 881 eligible patients were sent a postal survey of which 487 provided a response (60% response rate). Analysis of the results indicate that 22.6% of questions scored red, 74.2% of questions scored amber and only 3.2% scored green. It has been agreed that where there are no results produced for tumour sites from the national cancer patient experience survey these MDTs will carry out their own patient experience survey, based on questions used in the national cancer patient survey. Key themes within the red areas were in relation to information-giving, both verbal and in written form, control of symptoms of chemotherapy and pain and access for families to doctors. Each multi-disciplinary team will receive the report and a copy of the patient's comments to compile an action plan within their specific tumour group. Monitoring of the action plans will currently be through the Internal Cancer Stocktake meeting and each team will report their progress at the quarterly operational group meetings.

## **C Difficile – Limited Assurance**

The Trust has exceeded its quarter 2 target of 14 cases. It has also exceeded the Monitor de minimis target which is set as 12 cases per annum, as outlined in the Risk Assessment Framework. It has now also reported 28 cases against a trajectory of 28 cases in 2014/15. Summary of Actions Taken:

- NHS North Region data Q1 performance shows CCGs are 8.6% above the year to date trajectory and providers 6.5% below year to date plan.
- A CDI Improvement action plan has been developed and agreed with Commissioners.
- The Director of Nursing / DIPC has updated the Monitor Relationship Manager of the Trust's CDI performance in August and again on the 6th October 2014.
- Probiotic procedure agreed at Clinical Policy Forum and shared across the organisation.
- An external peer review of the microbiology function will be commissioned.

In line with the new national guidance meetings have been set up with Commissioners to review the RCA findings and to agree whether or not lapses in care have occurred. To date 15 cases have been agreed as a lapse in care, 7 no lapse in care and 4 cases yet to be reviewed by the CCGs.

## **3. Workforce**

### **Sickness Absence – Limited Assurance**

The Trust target for sickness absence is 3.5%. Performance for September is 4.34% which has increased from August (4.22%) and is higher than the same time last year (3.78%). All divisions are working to a detailed action plan to reduce absence across the Trust and progress against plan is reported at the Workforce Committee meeting. Please refer to the Sickness Absence Report – Half Year Results report in the Reference Folder.

### **Turnover – Significant Assurance**

We have recently started to report on two indicators for staff turnover:

- Turnover % (all staff - permanent & temporary contracts) – Rolling 12 months – 10.18% at September
- Turnover % (all permanent staff) – Rolling 12 months – 8.69% at September

The target for each indicator is to be agreed at the Workforce Committee meeting scheduled for 22<sup>nd</sup> October 2014. A recommendation will be submitted suggesting that Turnover for all staff will be =<11% and Turnover % for all permanent staff to be =<9%. If this is acceptable, both indicators would be green for the month of September.

### **Job Planning - Significant Assurance**

As at 26<sup>th</sup> September 2014, 84% of job plans have been signed off at Stage 1. Out of the 30 job plans that have not achieved Stage 1 sign off, 12 have been referred back to Stage 1 discussion. The remaining 18 are either, subject to further departmental review, or are likely to progress to mediation.

A high number of job plans will progress to Stage 3 sign off at the next Steering Group/Consistency Panel in November and it is projected that 100% Consultant job plans will be signed off at Stage 3 by the end of December 2014.

### **Consultant Recruitment Update - Limited Assurance**

There are 24.6 'live' consultant vacancies to date. Out of the 24.6 Consultant vacancies remaining, 7 positions are now under offer (30%) and 2.6 vacancies have been added since last month (1.6 Rheumatologists and 1 replacement Diabetes and Endocrinology). The MEDACS proposal for the first phase of recruitment is now well underway and increased appointments to these vacancies is anticipated over the coming months.

### **Medical Appraisals - Significant Assurance**

The overall completion rate for medical appraisals has increased from 68% to 74%, which is a positive improvement compared to last month. This is broken down further into Consultant appraisal return rate at 75% and 72% for Specialty Doctor and Associate Specialists, an equal 6% increase for both grades.

### **Mandatory Training - Significant Assurance**

Limitations on staff release or time for Mandatory Training remain the main challenge in relation to performance. Compliance has risen again to its highest level at 86% and performance improves every month. Much activity is going on around the Training Needs Analysis and with proposals for realistic reductions in the frequency of training updates and subject matter for staff roles. This would support the Trust to achieve the 90% target. E Learning has become the completion method of choice.

### **Compliance Induction - Limited Assurance**

Limited Assurance mainly due to the low compliance with Local Induction from managers, as performance remains static at 44% in September. Local Induction is changing and will be facilitated to be completed on-line and over a 1 month period rather than 1<sup>st</sup> day, 1<sup>st</sup> week, 1<sup>st</sup> month checklists, to support the improvement of compliance. Corporate Induction is at 84% compliance against a target of 90%. From October onwards, all new starters first day being attendance at corporate induction should see improvements in compliance and attendance.

### **Non-Medical Appraisal - Limited Assurance**

Appraisal for September improved from 67% in August to over 85% at September 30<sup>th</sup>. The appraisal window was extended to the end of September and work continues to amalgamate any paper appraisals submitted to achieve a complete figure closer to the Trust target of 90%. Evaluations of the whole appraisal experiences are all over 90% and positive. A full review of appraisal for next year and its links to the business planning cycle is currently being undertaken with a recommended way forward presented to the Workforce Committee in the next two months.

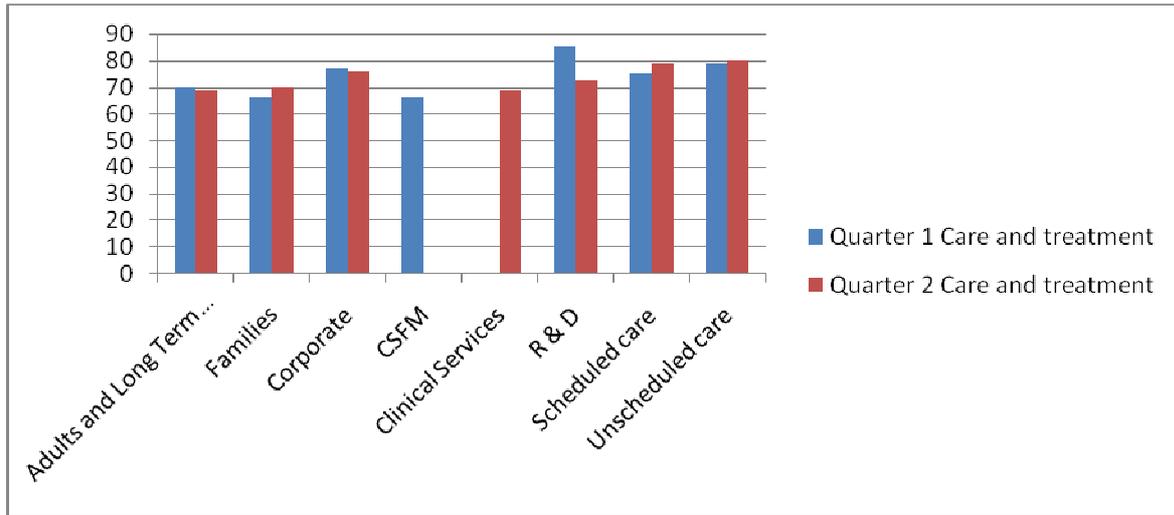
### **Staff Family and Friends Test – Quarter 2**

The association between engaged staff and positive patient experiences is clear. The more engaged staff members are, the better the outcomes for patients and the Trust generally. We have now undertaken a Q 2 Staff FFT which was conducted in September 2014. There are two questions that all organisations are required to ask on a quarterly basis which are:

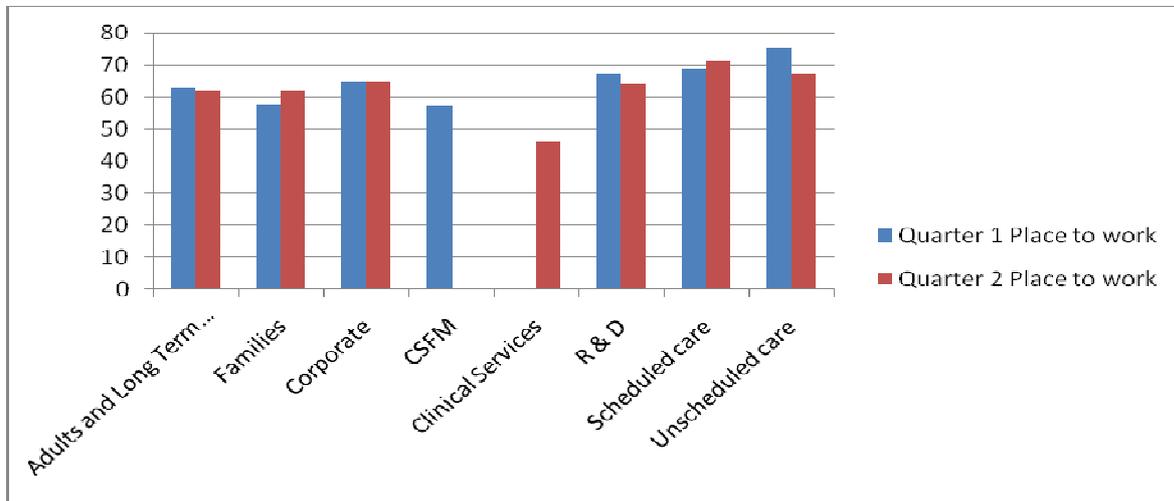
- How likely are you to recommend this organisation to friends and family if they needed care or treatment?
- How likely are you to recommend this organisation to friends and family as a place to work?

In addition to the above questions, the Trust has chosen to ask an additional 7 staff engagement questions in order that a temperature check on engagement can be taken on a more regular basis allowing for areas requiring improvement to be identified and appropriate action taken. The response rate was 29.2% - a marginal increase from 28.6% last month. In respect to the likelihood of recommending the Trust as a place to receive care or treatment, 73% would recommend the Trust, which is a marginal improvement from 72% for Q1. In recommending the Trust as a place to work, 64% would recommend the Trust which is the same as Q1.

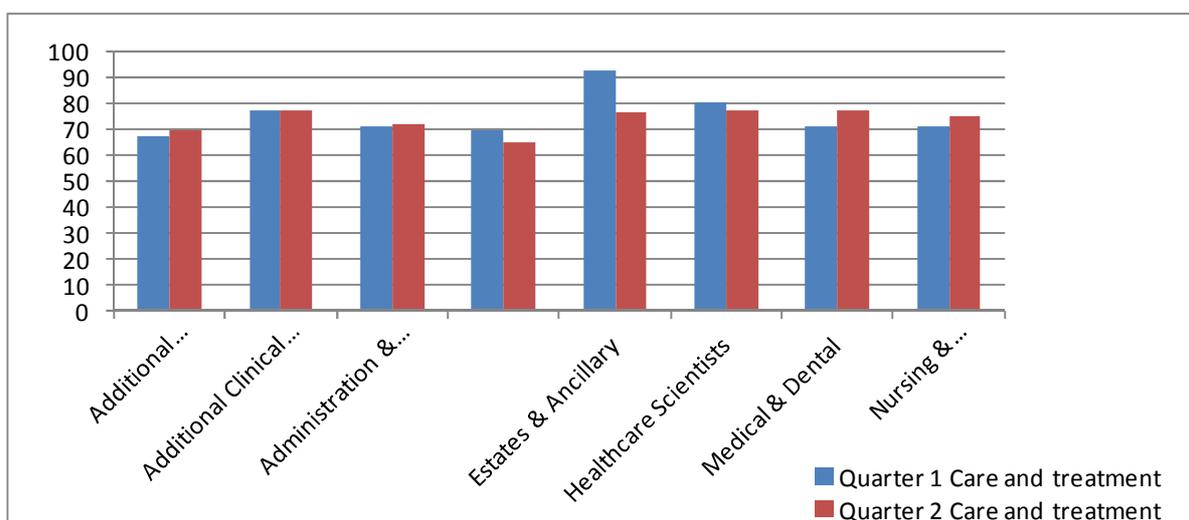
**Graph One - Divisional Breakdown of Staff FFT – Question One**



**Graph Two - Divisional Breakdown of Staff FFT – Question One**

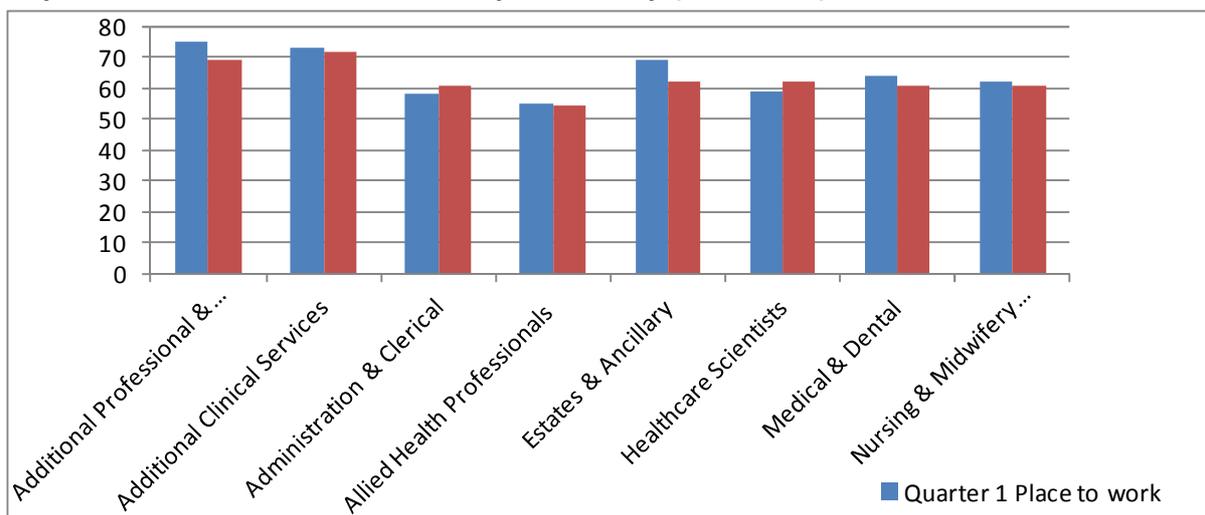


**Graph Three – breakdown of Staff FFT by Staff Group - Question 1**



AHPs rate the Trust lowest for both questions, with a small decrease since Q1. Estates and Ancillary staff scores have seen a significant decrease since Q1. In contrast both Medical and Dental and Nursing and Midwifery staff have shown an increase in question 1.

**Graph Four – breakdown of Staff FFT by Staff Group (Question 2)**



**Graph Five - comparison of the 9 questions from Staff FFT 2014 – quarter 1 to quarter 2.**

Question ref	Description	Benchmark (Results 2013 Staff Survey)	Q1 2014	Q2 2014
1	How likely are you to recommend this organisation to friends and family if they needed care or treatment?	62	72	73
2	How likely are you to recommend this organisation to friends and family as a place to work?	63	64	64
3	Care of patients / service users is my organisation's top priority.	66	74	73
4	I am able to make suggestions to improve the work of my team/department.	79	79	79
5	There are frequent opportunities for me to show initiative in my role.	72	73	72
6	I am able to make improvements happen in my area of work.	62	65	65
7	I look forward to going to work.	59	61	60
8	I am enthusiastic about my job.	75	78	77
9	Time passes quickly when I am working.	79	83	81

■ Met or exceeded benchmark  
■ Within 10% of benchmark  
■ Over 10% under benchmark

Overall the results are positive with all areas showing improvement from last year and the Trust maintaining performance from Q1 to Q2.

#### **4. Audit**

There have been no meetings of the Audit Committee since the last Board meeting.

#### **5. Finance**

##### **Income and Expenditure**

The Trust reported a deficit of £0.6m for September, which is £0.1m worse than plan for the period. The year to date performance at the end of September is a deficit of £4.0m, which is £0.8m worse than the plan for the period. The main in month variances are as follows: -

- A total of £0.5m has been paid by Blackpool CCG and Fylde & Wyre CCG as a contribution towards the cost of the over performance in non-electives in quarter 1 that is currently under the terms of the assured contract. This contribution has been used as mitigation towards the over performance in the Unscheduled Care Division.
- The cost of outsourcing 18 weeks RTT activity is £0.6m in month.
- The Scheduled Care Division performance is £0.5m worse than budget. Income is £0.7m higher than budget. This predominately relates to income from outsourcing 18 week RTT work to independent providers, increased activity on the AMD / DMO / Eylea and Lucentis pathway and increased critical care activity as a result of an increase in Cardiothoracic elective activity. Non-pay expenditure is £1.2m worse than the budget predominately relating to the higher than planned cost of outsourced activity to meet RTT targets and provide rehabilitation services. This is partially offset by the additional Income and pay savings. Additional expenditure has also been incurred in Cardiology linked to increased non-elective and device activity.
- The level of vacancies swept in September was £0.1m lower than plan. The level of vacancies is reducing month on month. The Finance Department is continuing to review the trend on vacancies to establish whether this trend is expected to continue and understand whether recurrent CIP schemes are impacting on the level of vacancies going forward.

##### **Continuity of Service Risk Rating (CoSR)**

The Trust has delivered a Continuity of Services Risk Rating (CoSR) of 2 in line with plan at the end of September predominantly due to the better than planned liquidity position.

##### **Contractual Performance**

- The Trust is cumulatively £1.3m ahead of budget against the Blackpool CCG assured element of the contract and £0.7m ahead of budget against the PbR element of the contract. Although the total over performance is £2.0m the Trust will only receive £0.7m under the terms of the contract. A formal request has been made for a contract variation and a verbal update will be provided.
- In September, the Trust is cumulatively £1.0m ahead of budget against the Fylde and Wyre CCG assured element of the contract and £1.2m behind budget against the PbR element of the contract. The net performance for Fylde and Wyre CCG is therefore £1.2m behind budget.
- Based on the current agreed contract value, the Trust is cumulatively £0.65m ahead of budget against the Specialist Commissioning contract assuming reimbursement at full Payment by Results rules / tariffs.

##### **Cost Improvement Programme (CIP)**

The 2014-15 CIP Programme continues to have a delivery value of £20.6m with a RAG profile of 4% Red, 14% Amber and 82% Green. The programme continues to see positive movement in terms of PID development and submission for new schemes and in terms of progress within existing projects and programmes. As part of the process of preparing an income and expenditure reforecast a full CIP reforecast is required. Contingency and mitigation plans are being considered and will feed into the CIP once identified and processed.

The interviews for the Head of PMO role are scheduled for week commencing 27<sup>th</sup> October and a further update will be provided following completion of the interview process.

### **Capital Expenditure**

Capital expenditure is £1.0m cumulatively below reforecast at the end of September. The Clinical Equipment Replacement scheme is currently ahead of the reforecast but is more than offset by slippage across the other schemes.

### **Cash**

Cash was £7.9m better than plan at the end of September. The main components of the higher than planned cash balance are as follows: -

- March 2014 closing cash position higher than assumed in APR by £2.3m;
- Capital expenditure cash undershoot £2.4m;
- Planned asset sale proceeds not realised (£1.3m);
- Cash impact of I&E under plan (£1.5m);
- Favourable terms from Specialist Commissioners £4.0m;
- CCG income in advance £1.3m;
- Dividend paid lower than plan £0.7m.

The Trust continues to actively manage cash balances and liquidity, the key focus being on working capital movements.

### **Overall Financial Plan**

The 2014-15 Financial Plan forecasts a deficit of £1.3m with a CoSR of 2 throughout the period. The cash balance is forecast to reach a minimum of £13.0m in March 2015. The current CoSR is 2. The cash balance is forecast to reach a minimum of £13.0m in March 2015.

Based upon the planned deficit, the planned CoSR of 2 and the cash balance there is limited assurance that a CoSR of a 2 will be achieved at the end of the financial year. The plan to address the limited assurance will be presented to the Finance Committee on 27<sup>th</sup> October and will consist of 3 key elements:

- Additional income (discretionary and contractual);
- Additional CIPs;
- Divisional improvements.

At this stage it is not possible to provide a precise date of when this assurance level would improve but this is not expected until quarter 4.

## **6. Strategy, Risk and Corporate Assurance**

### **6.1 Strategy & Business Development – Overall Significant Assurance**

#### **Out of Hospital Strategy**

The Fylde Coast Out of Hospital Strategy Executive Steering Group, with representation from the Trust, two CCGs, local authorities, mental health services and the Lancashire Area Team is leading on the redesign of three new clinical models of care linked to the shared strategic vision of community-centred, integrated care provision.

Significant progress has been made in the design of the extensivist service, which will provide proactive, integrated care for patients who are aged over 60, with two or more long term conditions, and at risk of a non-elective admission to hospital in the next 12-months. Detailed implementation plans and an outline business case are in development. Stakeholder engagement will begin during November 2014, which will include sessions with potential service users and their carers in order to seek views on the evaluation of the service (how we will measure success from a patient and carer perspective), Overview and Scrutiny Committees, linked organisations, etc.

## **New Models of Care Network**

The local health economy (LHE) is one of a number of areas across England that will be part of a New Models of Care Network. This is a reflection of our workstreams associated with the out of hospital strategy, and will allow us to share good practice and lessons learned in relation to the implementation of new and redesigned approaches to care provision. The Trust and the LHE will also benefit from support from national teams in relation to organisational development, contracting models, and links to academic institutions.

## **Better Care Together – Lancashire North**

The Trust is continuing to work closely with University Hospitals of Morecambe Bay NHS Foundation Trust and Lancashire North CCG in the development of the Better Care Together programme. A key area within this is the out of hospital strategy for the Lancashire North region, which the Trust will have significant input into through its provision of community services. The Director of Strategy and Director of Finance are attending weekly meetings. On the 2<sup>nd</sup> of October I attended a meeting of the Chief Executives of the relevant provider Trusts (UHMBFT, Lancashire Care FT and Cumbria Partnership FT), where we agreed we should meet on a regular basis going forward.

## **Healthier Lancashire**

The Trust is participating in the 'Healthier Lancashire' programme, which is a county-wide review of the health and care economy, focusing on improving outcomes and ensuring sustainability of services. A number of workstreams have been established, including transformational programmes (in-hospital care, out of hospital care and neighbourhood models, third sector) and enabling programmes (public and stakeholder engagement, use of technology and collaborative leadership). Executive Directors from the Trust are members of the various workstreams.

## **6.2 Corporate Assurance – Significant Assurance**

### **Board Assurance Framework/Corporate Risk Register**

There have been no further updates to the BAF/CRR since the last Board meeting. The documents are included in the Reference Folder for Board members' information.

### **Risk Management**

A Risk Appetite Session with the Board of Directors is scheduled for November 2014. The session will be run by the Trust's internal auditors (KPMG) and will critique the Trust's current approach to risk management, undertake in-depth analysis of individual and collective risk appetites (through a surveys undertaken in advance of the session – this has been distributed to Board members), and share best practice tips. This will provide the Board of Directors with a clear understanding of its risk appetite, the corporate approach to risk and how this will affect the Board Assurance Framework and its links to strategy and risk mitigation

### **Well-Led Governance Review**

Monitor's 'Risk Assessment Framework' serves as guidance for Foundation Trusts in complying with the Continuity of Service and Governance License conditions. The 'Risk Assessment Framework' expects that Trusts undertake an external review of its governance arrangements every three years, which compliance with the 'Well-led framework for governance reviews: guidance for NHS foundation trusts' will achieve. This framework is constructed along 4 domains: Strategy and planning, Capability and culture, Process and structures, Measurement.

In 2014/15 (Year 1), the Trust is undertaking a self-assessment of these domains through the existing Internal Audit programme, coupled with investigative work by the Corporate Assurance Team. This work has commenced, with a review of documentary and practical evidence against each domain and the development of a questionnaire that will be distributed to Board members during November 2014.

## **Trust Membership Report – Six Monthly Update**

The Trust membership is currently 5,585 public members and 6,004 staff members. Membership recruitment initiatives have continued throughout the year using a range of approaches such as Meet & Greet sessions with the Trust governors, distribution of recruitment leaflets to GP surgeries, and continued use of the Trust's Facebook and Twitter social network sites.

Engagement with younger people has been enhanced through the launch of a pilot School/College Liaison scheme with St Mary's Catholic High School, and Trust representation at an 'Invest in our Youth' event and the Blackpool University 'Fresher's Fayre'. A recruitment stand is due to be manned at 'A Slice of Healthcare' Event on 17<sup>th</sup> November 2014. This involves six local schools visiting the Simulation Skills Centre to learn more about careers with the health care sector.

A new strapline of 'Join our Community' has been approved by the Council of Governors. This will be used in all membership materials, and is linked to the new Trust vision and values. The theme continues using action words to explain the different levels of involvement that are available as a member of the Trust: Listen – Learn – Do.

The full report is included in the Reference Folder.

**Gary Doherty**  
**Chief Executive**

**Board of Directors Meeting**

**29<sup>th</sup> October 2014**

<b>Subject:</b>	Quarterly Monitoring Return (Quarter 2, 2014/15)
<b>Report Prepared By:</b>	Feroz Patel, Acting Deputy Director of Finance Victoria Ellarby, Deputy Director of Strategy Simone Anderton, Deputy Director of Nursing Jane Rowley, Head of Performance
<b>Date of Report:</b>	27 <sup>th</sup> October 2014
<b>Service Implications:</b>	Achievement of operational standards Achievement of quality standards
<b>Data Quality Implications:</b>	None
<b>Financial Implications:</b>	Financial and performance implications if the Trust does not meet the Provider License requirements.
<b>Legal Implications:</b>	None
<b>Links to the Principles of The NHS Constitution:</b>	Links to the Principles 1-7
<b>Links to the Trust Way Core Values:</b>	Links to People-centred, Excellence.
<b>Links to Key Organisational Objectives:</b>	It is a requirement of the Trust's Provider license to submit Quarterly Monitoring Returns to Monitor.
<b>Links to Care Quality Commission Quality and Safety Standards</b>	This is linked to all CQC Standards.
<b>In case of query, please contact:</b>	Victoria Ellarby, <a href="mailto:victoria.ellarby@bfwh.nhs.uk">victoria.ellarby@bfwh.nhs.uk</a> , x6732

**Purpose of Report/Summary:**

At the end of October 2014 the Trust is required to submit a return to Monitor, as the regulator of Foundation Trusts, for performance during Quarter 2 (1<sup>st</sup> July 2014 to 30<sup>th</sup> September 2014) of the financial year 2014/15. The report has the following key purposes:

- To set out the Trust's Monitor Governance Statement, Risk Assessment Framework indicative Governance Rating and supporting documentation as at the end of Quarter 2, in accordance with its License and the Monitor Risk Assessment Framework requirements 2014/15; and
- To provide information and assurance to the Board, and to Monitor, that the necessary actions are being implemented to address any issues or concerns raised

**Key Issues:**

The year to date performance at the end of September is a deficit of £4.0m, which is £0.8m worse than the plan submitted to Monitor. The Trust has, however, delivered a Continuity of Services Risk Rating (CoSRR) of 2 in line with the plan.

The Trust did not achieve the RTT admitted and non-admitted patient targets at the end of September, in alignment with predictions. The average across the quarter was 84.4% for admitted

pathways and 94.7% for non-admitted pathways. There is national expectation for all Trusts to work towards reducing waiting times for elective treatment, and authorisation for all RTT measures to perform under the national standards until the end of November 2014 has been granted.

The unvalidated 62 day urgent referral to treatment cancer target will not be finalised until the end of October. The increased volume of referrals received and the complexity of the cases treated have contributed to the declining performance against this target in September. Pathology results and validation of treatments/pathways are still ongoing, but will not increase to a level that is sufficient to achieve the overall quarter target of 85%.

The Trust had 26 cases of C.Diff at the end of the second quarter, with 15 cases due to lapses in care. There are 7 incidences which are not related to lapses in care, and 4 require final agreement with the appropriate CCG. A root cause analysis has taken place for all 26 cases, with lessons learned discussed with the nurses and clinicians involved in each C.Diff case and their wider colleagues. The Trust has exceeded its quarter 2 target of 14 cases. It has also exceeded the Monitor *de minimis* target which is set as 12 cases per annum, as outlined in the Risk Assessment Framework. It is unlikely that the trajectory of 28 cases in 2014/15 will be achieved.

***It should be noted that the numbers of cases of C.Diff that are recorded as related to lapses in care, not related to lapses in care, and under discussion are different in this paper from that presented to the Quality Committee and the Finance Committee. This is due to updated information becoming available in the intervening period. The likelihood of breaching the target remains unchanged.***

**The Board of Directors is asked to:**

- Approve the submission of the required finance returns as discussed by the Finance Committee;
- Approve the submission of the required healthcare targets and indicators as outlined in the Integrated Performance Report and as discussed at the Quality Committee and Finance Committee;
- Approve the Governance Statement (as outlined in section 3);
- Provide delegated authority to the Chief Executive on behalf of the Trust regarding submission of the Quarterly Monitoring Return (Quarter 2, 2014/15) return to Monitor.

**Risk Rating (Low/Medium/High):**Medium  
**BAF/CRR Number:** BAF 117

**Board Review Date:**  
 29<sup>th</sup> October 2014

**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 type="checkbox"/>	3 <input checked="" type="checkbox"/>
<b>For Information</b>	<b>For Discussion</b>	<b>For Approval</b>

**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 type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>
<b>Not sensitive: For immediate publication</b>	<b>Sensitive in part: Consider redaction prior to release.</b>	<b>Wholly sensitive: Consider applicable exemption</b>

**Reason for level of sensitivity selected:**

FOI Exemption 22 - Information Intended for Future Publication by Monitor

**Board of Directors Meeting**  
**Wednesday 29<sup>th</sup> October 2014**

**Quarterly Monitoring Return (Quarter 2, 2014/15)**

At the end of October 2014 the Trust is required to submit a return to Monitor, as the regulator of Foundation Trusts, for performance during Quarter 2 (1<sup>st</sup> July 2014 to 30<sup>th</sup> September 2014) of the financial year 2014/15.

There are three elements to this submission – financial performance, performance against the governance standards set out in the Risk Assessment Framework, and the Board Governance Statement.

## **1. Financial Performance**

The financial submission (and supporting commentary) consists of the three main financial statements for the period:-

- Income statement (formerly the income & expenditure statement)
- Cash flow statement
- Statement of position (formerly the balance sheet)

Income and cash flow statements are included in the Integrated Performance Report (IPR) presented to the Finance Committee in October 2014.

The year to date performance at the end of September 2014 is a deficit of £4.0m, which is £0.8m worse than the plan submitted to Monitor. The Trust has, however, delivered a Continuity of Services Risk Rating (CoSRR) of 2 in line with the plan.

The Trust now monitors capital expenditure for 2014/15 against a re-forecast, as requested by Monitor and approved by the Finance Committee in July 2014. As at the end of September 2014, the Trust's capital expenditure is within the parameters of this re-forecast.

The Finance Governance Statement requires the Board to confirm or otherwise that it will achieve a CoSRR of 3 for the next 12 months. The Finance Committee and the Board of Directors has approved the Trust's Operational Plan summarising the financial outlook for the next two financial years and has submitted the information to Monitor on the 4<sup>th</sup> April 2014. The 2014/15 Financial Plan forecasts a deficit of £1.3m with a CoSRR of 2 throughout the period.

Therefore, it is recommended that the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a CoSRR of at least 3 over the next 12 months.

## **2. Healthcare Targets and Indicators**

Performance against all targets is reviewed in the Integrated Performance Report. The targets reviewed by Monitor are a subset of these, as set out in the Risk Assessment Framework.

The Trust has reported achievement of all healthcare targets and indicators, with the exception of:

**a. Referral to treatment time, 18 weeks in aggregate, admitted patients and non-admitted patients**

The Trust did not achieve the RTT admitted and non-admitted patient targets at the end of September, in alignment with predictions. The average across the quarter was 84.4% for admitted pathways and 94.7% for non-admitted pathways. However, in accordance with Monitor guidance, the Trust must report its lowest in month achievement for the quarter – this occurred in September 2014 for both the admitted target (80.3%) and the non-admitted target (94.07%).

There is a national expectation for all Trusts to work towards reducing waiting times for elective treatment. Authorisation for all RTT measures to perform under the national standards until the end of November 2014 has been granted (Tripartite letter, 18<sup>th</sup> September 2014).

Independent sector providers have been commissioned to support the Trust in reducing the waiting times for elective treatment. Particular focus has been given to Orthopaedics, Cardiology, Gynaecology and Urology. Actions taken to improve performance against the RTT measures include revision of the Trust Access policy, improved validation processes, increased training on the application of RTT rules, review of daily speciality summaries with identified areas for action, and weekly interrogation of the Trust PTL across all specialities to monitor performance evidence progress towards targets.

**b. Cancer – 62-day waits for referral to first treatment (from urgent GP referral)**

The unvalidated 62-day urgent referral to treatment cancer target will not be finalised until the end of October. The increased volume of referrals received in July and the complexity of the cases treated have contributed to the declining performance against this target in September. Pathology results, reallocation of breaches and the validation of treatments/pathways are still ongoing, but will not increase to a level that is sufficient to achieve the overall quarter target of 85%. Increased monitoring and proactive management across all tumour sites has reduced the number of patients over 62-days carried forward each month from 23 to 12. This improved position has reduced the risk of failing the 62-days standard going forward into Quarter 3.

Sustainability of this performance is dependent on a number of factors, including forthcoming cancer campaigns, volume and complexity of the referrals received and creation of sufficient capacity to reduce waits across all elements of the cancer pathways.

As with the RTT standard detailed above, the Tripartite letter indicates that performance of the 62-day standard should be met and sustained from November 2014 onwards.

**c. C.Diff due to lapses in care**

As at the end of Quarter 2, the Trust has had 26 cases of C.Diff, with 15 cases due to lapses in care. There are 7 incidences which are not related to lapses in care, and 4 require final agreement with the appropriate CCG.

This is against a total year end trajectory of 28 cases. Assuming a linear distribution of cases throughout the year, the trajectory for the end of quarter 2 was 14 cases. The Trust has therefore exceeded its quarter 2 target of 14 cases. It has also exceeded the Monitor *de minimis* target which is set as 12 cases per annum, as outlined in the Risk Assessment Framework.

All incidences of CDiff have had a full root cause analysis (RCA) completed, lapses in care have been communicated to the teams and their wider colleagues. There have been 17 lapses in care identified and these have been associated with inappropriate antibiotic prescribing. Actions currently in progress to address lessons learned include a revision and re-launch of the antibiotic formulary, introduction of 48-hour review stickers, and implementation of prescribing Actimel for those patients who are at high risk of

acquiring CDiff when antibiotic treatment is prescribed. There has been a focus on increasing communication between nurses, pharmacists and doctors to ensure that patients on antibiotics are easily identified to ensure targeted review.

Infection Prevention standards have been reviewed, including raising the profile of hand hygiene for both staff and patients and ensuring that covert audits are performed. Where there has been an increase in the number of cases seen, specimens have been sent for typing to identify if there have been any areas of cross contamination. In areas where there has been increased incidence, the Trust has reviewed the cleaning processes by both the domestics and the nursing staff to ensure that practices are adhered to. The profile of the importance of environmental cleaning has been raised and extra training provided. The use of a hydrogen peroxide fogging system to clean the environment and equipment remains ongoing, and the level of cleaning has increased in some areas to include the use of chlorine based products. There has also been additional training for staff on the cleaning of patient equipment, standards of which are measured using ATP Bioluminescence testing.

All these measures remain ongoing and are reviewed against the Trust's action plan. The Trust is also working with the whole health economy to identify themes from RCA's in both the primary care and hospital settings to identify any opportunities for joint improvement work.

It is unlikely that the trajectory of 28 cases in 2014/15 will be achieved. Work is ongoing to significantly reduce the number of incidences over the remaining two quarters.

With regards to the revised predicted actual performance it is difficult to ascertain but it is intended that with the above actions the Trust will see a significant reduction of incidences over the next six months.

#### d. Care Quality Commission

Following the CQC inspection in 2013/14, the published reports highlighted a number of areas that the Trust must address in relation to the safety of care provision. It is proposed that the Trust submits the following responses for Quarter 2:

Area	Actual Q1	RAG	Actual Q2	RAG
Risk of, or actual, failure to deliver Commissioner Requested Services	No	•	No	•
CQC compliance action outstanding (as at time of submission)	Yes	•	Yes	•
CQC enforcement action within last 12 months (as at time of submission)	No	•	No	•
CQC enforcement action (including notices) currently in effect (as at time of submission)	No	•	No	•
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	Yes	•	Yes	•
<b>Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)</b>	<b>Yes</b>	<b>•</b>	<b>No</b>	<b>•</b>
Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	•	No	•

The three sections where the Trust declared a Red rating at the end of quarter 1 were in relation to the recent CQC inspection. The overall rating for the Trust was "requires improvement" (considered to be a moderate CQC concern) and the rating for maternity and family planning was "inadequate" (considered to be a major CQC concern). The Trust was issued with a number of compliance actions, which have not yet

been closed (CQC compliance action outstanding). Steps have already been taken to address specific and general areas of concern, and ongoing action plans are in place.

The Trust has subsequently received a report from the Royal College of Obstetricians and Gynaecologists in relation to the CQC rating for maternity services and, although a re-inspection by the CQC has not yet occurred, representatives from Monitor have advised the Trust to amend its Quarter 2 return to indicate that it does not have any major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission). This is highlighted in the table above.

All other responses remain the same as at the end of quarter 1.

### **3. Board of Directors Governance Statement**

The Board of Directors is required to confirm / not confirm its agreement with the following two statements:

- a. The Board anticipates that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months

**The Board of Directors is asked to approve a submission of “Not confirmed”, as the Trust is planning to deliver a CoSRR of a 2 (in alignment with the operational plan).**

- b. The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.

**The Board of Directors is asked to approve a submission of “Not confirmed”, as the Trust is unlikely to meet its C.Diff trajectory for the financial year.**

### **4. Recommendations**

The Board of Directors is asked to:

- Note and discuss the content of the report;
- Approve the submission of the required finance returns as discussed at the Finance Committee;
- Approve the submission of the required healthcare targets and indicators as outlined in the Integrated Performance Report, and as discussed at the Quality Committee and the Finance Committee;
- Approve the Board of Directors Governance Statement (as outlined in section 3);
- Provide delegated authority to the Chief Executive on behalf of the Trust regarding submission of the Quarterly Monitoring Return (Quarter 2, 2014/15) return to Monitor.

**Tim Bennett**  
Director of Finance and Performance

**Marie Thompson**  
Director of Nursing and Quality

**Pat Oliver**  
Director of Operations

**Wendy Swift**  
Director of Strategy / Deputy Chief Executive

27<sup>th</sup> October 2014



# Integrated Performance Report September 2014

Version 1



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## **Executive Summary – Lead Director: Gary Doherty**

Performance highlights in the month include the achievement of the ED performance standard (including the Urgent Care Centre), the RAMI and the SHMI continue to trend downwards and following rebasing of the RAMI the 100 standard for the rolling 12 month period was achieved at the end of August. RTT Open pathways performance was 93.01% in September.

The principle concerns around performance include the financial performance which was worse than plan and the continuing expected deterioration in the RTT Admitted pathways and Non-admitted pathways performance which ended the month at 80.31% and 94.07% respectively.

### **Key Performance Indicators**

#### **Mortality (page 8)**

Delays in receipt of national datasets from HES and ONS remain, however the report has been updated to the end of August 2014 where data is available.

- RAMI has now been rebased for 2014. The trend remains downward with August data showing achievement of the 100 standard for the rolling 12 month period.
- HSMR rolling 12 month position has stayed stable. Palliative care coding is a major contributor to the HSMR remaining static and not reducing in line with SHMI and RAMI. Palliative care coding has improved to around 1.1% of activity, this is still well below the national average of approximately 1.26% (HED data from March 2014). Continued improvement in the capture of palliative care within the casenotes and subsequent coding should see HSMR reduce in line with SHMI and RAMI.
- SHMI 12 month rolling position continues to trend downwards with an estimated August index below 110.
- The three conditions with the highest excess deaths using SHMI are:
  - Stroke
  - Pneumonia
  - COPD

Crude mortality in hospital for August is lower than the same month in the previous year.

#### **Quality – Patient Safety (Page 13)**

- C-Diff is worse than trajectory year to date with 26 against an annual target of 28.
- Medication errors resulting in near miss and serious harm are above trajectory in month, and medication errors resulting in near miss, low, minor and serious harm are all above trajectory year to date, although the figures are currently unvalidated and subject to change.
- Hospital acquired pressure ulcers, both spot prevalence and actual are above trajectory in month and year to date for all stages. Non hospital acquired pressure ulcers actual are above than trajectory in month and year to date for stage 2, 3 and 4. Whilst Non hospital acquired pressure ulcers spot prevalence are below trajectory in month for all stages, year to date for all stages remains above trajectory. In both the acute, community and combined setting the Trust is below the national median for

incidence of new pressure ulcers, but above the national median for new and old in total. Work is ongoing with divisions to support an improvement drive through lessons learned and address specific standards with regards documentation, planning and implementing care.

- There were 112 falls in September against a target of 108. Year to date, patient falls resulting in low harm are worse than trajectory and there have been 2 patient falls resulting in serious harm this month, although these incidents are currently unvalidated and subject to further investigation. The Falls Steering Group has carried out a review of the NICE guidance regarding falls and an action plan has been developed to address gaps, this will include a review of good practice and service development needs. Progress will be monitored via the Falls Steering Group.
- Harmfree care has improved slightly in month in both the acute, community and combined settings.
- Clinical Audit compliance has increased by 1% to 72% (red) this month and areas of concern have been escalated according to the policy to support individuals.
- TARN remains red overall. Time to CT continues to be an area of non-compliance with time to consultant also falling below target in month. In all other areas the TARN metrics are green.
- Dementia compliance for points 2 and 3 in month demonstrated improvement and both attained above the 90% standard with point 3 improving significantly to 100%. Point 1, although deteriorated slightly in month still attained 65%. It should be noted however, that these figures are not yet validated. A DoN directive with escalation is being sent to all ward managers and proposals to capture the patients requiring further memory assessment have been implemented.

### **Financial Performance (Page 20)**

- **Income and Expenditure is worse than plan in September:** The Trust reported a deficit of £0.6m for September, which is £0.1m worse than plan for the period. The year to date performance at the end of September is a deficit of £4.0m, which is £0.8m worse than the plan for the period. The Trust has developed an income and expenditure reforecast. This is the subject of a separate Finance Committee paper. In response to the income and expenditure reforecast required improvement targets have been identified for each division and divisional reforecast improvement plans are being developed and implemented. A verbal update will also be provided at the meeting.
- **Cash £7.9m better than plan at the end of September:** The main variances relate to the favourable payment terms provided by Specialist Commissioners and CCG's and also capital expenditure being lower than the original plan.
- **CIP Performance is broadly in line with the plan for September:** The year to date performance is broadly in line with the planned savings target of £4.6m at the end of September.
- **Continuity of Services Risk Rating (CoSR):** Despite the ongoing adverse cumulative income and expenditure variance the Trust has delivered a Continuity of Services Risk Rating (CoSR) of 2 in line with plan at the end of September. The shortfall in the income and expenditure position continues to be offset by the liquidity position.
- **Capital Expenditure £1.0m below reforecast for September:** The Clinical Equipment Replacement scheme is currently ahead of the reforecast but is more than offset by slippage across the other schemes.
- **Overall Financial Assurance – Limited Assurance:** The Trust has achieved a CoSR of 2. The 2014-15 Financial Plan forecasts a deficit of £1.3m with a CoSR of 2 throughout the period. The cash balance is forecast to reach a minimum of £13.0m in March 2015. Based upon the planned deficit, the planned CoSR of 2 and the cash balance there is limited assurance that a CoSR of a 2 will be achieved at the end of the financial year.

## Operational Performance (Page 40)

- **A&E:** The Trust achieved a performance of 96.7% in September. The average quarterly performance is above target at 96.7%.
- **18 Weeks:** The Trust achieved one of the three RTT measures in September. The Admitted performance was 80.31% against the 90% target, Non-admitted was 94.07% (target 95%) and Open pathways was 93.01% (target 92%). The Trust is intending for these 3 performance measures to decline further in October and November, whilst the 18 week and waiting list management work is undertaken. The Trust is on track with the outsourced activity, predominantly relating to Orthopaedics, Gynaecology and General Surgery. Monitoring continues to ensure we are back on track for quarter 3.
- **Cancer:** August performance for the 62 day urgent referral to treatment (target 85%) achieved the required standard at 87.2%. The unvalidated September performance for the 62 day standard is 75.0%. The combination of July and September performance across this standard does not achieve the quarterly performance target. All the associated patient pathways are being reviewed across the quarter to confirm the impact of an increased referral rate and the complexity of the pathways.
- **Outpatients:** The Trust continues to maintain a new to follow up ratio slightly below the contracted limit of 1:2.6. The number of patients who Did Not Attend their outpatient appointment is above the monthly target of 8.3% with an unvalidated performance of 8.7%, a slight improvement from the previous month.
- **Length of Stay:** Emergency length of stay has reduced to 4.57 days, however this is still above the 4.3 day target. The elective length of stay for September has increased to 3.31 days, however remains below the target figure of 3.5 days. The Trust overall length of stay has reduced again this month to 4.38 days, remaining slightly above the target level of 4.3 days.
- **Theatre Utilisation:** Theatre utilisation rates remain above the 95% target for the 6th consecutive month.
- **Readmissions:** The readmission rate for both Elective and Non-Elective admissions remains above the monthly target for the period (the figures are for half the month and are not validated). The readmission rate for the month is expected to be higher than the monthly target for both.
- **Diagnostics:** The number of patients waiting over 6 weeks for a diagnostic test (Cystoscopy) has increased further from the previous month to 262 patients. The target is for less than 1% of patients to be waiting for a diagnostic test and the Trust is currently reporting 7.52%. These waiting time breaches are all found within urology. An independent sector provider has been commissioned to assist with supporting the Trust to reduce the waiting time to below 6 weeks by the end of October.

## **Workforce Performance (Page 48)**

- **Sickness absence** continues to increase and is significantly higher than the same time last year. HR Business Partners offer assurance that the absence policy is implemented consistently across the Trust with monitoring and support in place for absent staff. Long term sickness absence levels have increased; divisional HR teams continue to monitor closely.
- **Total Agency / Bank / Locum Spend:** Costs have reduced overall, particularly for Medical spend, however, Other Agency and Other Bank spend has increased significantly. These categories include HCA and support staff, maintenance and works, profession of Medical Science staff, scientific, professional and technical staff. Divisional HR Business Partners will be investigating the usage of agency / bank / locum within their divisions to provide assurance that relevant controls are in place around usage and spend.
- **Appraisals:** At the closure of the appraisal window for non-medical staff on 30th September 2014, the appraisal completion rate for this group is 82.72% which is a significant improvement from the previous month at 67.2%. Overall Trust completion rate is 82.25%.

# Strategic & Compliance Reporting – Lead Director: Gary Doherty

Annual				12 Month Rolling	COMPLIANCE				Variance		Quarterly performance				Full Year		TOLERANCES		
2011/12	2012/13	2013/14			Measure	Target	Performance for Quarter	Actual - Target	RAG	Q1	Q2	Q3	Q4	Target	Forecast	On target	Of concern	Action required	
2	3	3		1	MRSA	0	0	0.0%	Green	Green				<=0	Green	0		1	
53	28	20		32	Clostridium Difficile	14	16	2	Red	Red				<=29	Red	<=28		>=29	
96%	97%	96%		94%	A&E % of patients who have waited less than 4 hours	95%	96.7%	1.7%	Green	Green				95%	Green	>95%	=95%	<95%	
92%	95%	94%		91%	18 weeks admitted pathways	90%	84.4%	-5.6%	Red	Red				>=90%	Red	>90%	=90%	<90%	
96%	98%	97%		97%	18 weeks non-admitted pathways	95%	94.7%	-0.3%	Red	Red				>=95%	Green	>95%	=95%	<95%	
93%	95%	96%		94%	18 weeks open pathways less than 18 weeks	92%	92.0%	0.0%	Green	Green				>=92%	Green	>92%	=92%	<92%	
95%	95%	95%		95%	2wk waiting time urgent GP referral	93%	95.3%	2.3%	Green	Green				93%	Green	>93%	=93%	<93%	
95%	95%	95%		95%	2wk waiting time breast referral	93%	96.7%	3.7%	Green	Green				93%	Green	>93%	=93%	<93%	
91%	94%	93%		94%	62 day cancer screening waiting time standard	90%	92.9%	2.9%	Green	Green				90%	Green	>90%	=95%	<95%	
89%	86%	88%		87%	62 day cancer waiting time standard	85%	77.3%	-7.7%	Red	Red				85%	Green	>85%	=85%	<85%	
100%	99%	99%		99%	31 day general	96%	99.1%	3.1%	Green	Green				96%	Green	>96%	=96%	<96%	
100%	98%	100%		100%	31 day subsequent drugs	98%	100%	2.0%	Green	Green				98%	Green	>98%	=98%	<98%	
99%	99%	99%		98%	31 day subsequent surgery	94%	100%	6.0%	Green	Green				94%	Green	>94%	=94%	<94%	
					CHS Data completeness referral to treatment information	50%	100%	50.0%	Green	Green				50%	Green	>50%	=50%	<50%	
					CHS Data completeness referral information	50%	80%	29.9%	Green	Green				50%	Green	>50%	=50%	<50%	
					CHS Data completeness treatment activity information	50%	91%	41.3%	Green	Green				50%	Green	>50%	=50%	<50%	

Annual				12 Month Rolling	STRATEGIC				Variance		Quarterly performance				Full Year		TOLERANCES		
2011/12	2012/13	2013/14			Ref	Measure	Quarter Plan	Performance for Quarter	Actual - Target	RAG	Q1	Q2	Q3	Q4	Target	Forecast	On target	Of concern	Action required
87%	83%	85%			1	% of Patients & Carers involved in care decisions	73.0%	88%	15.3%	Green	88%	88%		73.0%	85%	>73%	=73%	<73%	
					2	Zero inappropriate admissions - %													
		95%			3a	Harm Free Care % (Acute)	95%	93%	-2%	Red	94%	93%		95%		>95%	=95%	<95%	
		93%			3b	Harm Free Care % (Community)	95%	92%	-3%	Red	93%	92%		95%		>95%	=95%	<95%	
		94%			3c	Harm Free Care % (Combined)	95%	92%	-3%	Red	93%	92%		95%		>95%	=95%	<95%	
		40%			4a	Zero delays - % new OT referrals seen within 24 hours	90%	84%	-6%	Red	34%	84%		90%	90%	>90%	=90%	<90%	
		85%			4b	Zero delays - % new Physio referrals seen within 24 hours	80%	82%	2%	Green	73%	82%		90%	90%	>90%	=90%	<90%	
		62%			4c	Zero delays - % new HDT referrals seen within 24 hours	90%	95%	5%	Green	67%	95%		90%	90%	>90%	=90%	<90%	
		47%			4d	Zero delays - % new CT referrals seen within 24 hours	90%	73%	-17%	Red	45%	73%		90%	90%	>90%	=90%	<90%	
		46%			4e	Zero delays - % new Ultrasound referrals seen within 24 hours	90%	47%	-43%	Red	51%	47%		90%	90%	>90%	=90%	<90%	
					4f	Zero delays - % new specialty-specialty referrals seen within 24 hours	90%	74%	-16%	Red		74%		90%	90%	>90%	=90%	<90%	
					4g	Zero delays - % outlying patients transferred to correct ward within 24 hours	90%	91%	1%	Green		91%		90%	90%	>90%	=90%	<90%	
					4h	Zero delays - % new echo referrals seen within 24 hours	80%	97%	17%	Green	41%	97%		90%	90%	>90%	=90%	<90%	

Annual			
2011/12	2012/13	2013/14	12 Month Rolling
			43.15%
			51.98%
			55.29%

STRATEGIC					Variance	
Ref	Measure	Month Plan	Performance for Month	Actual - Target	RAG	
5a	% compliance with sepsis pathway	40%	47.5%	7.5%	Red	
5b	% compliance with stroke pathway	80%	69.6%	-10.4%	Red	
5c	% compliance with pneumonia pathway	60%	47.5%	-12.5%	Red	
5d	% compliance with cardiac chest pain pathway	92%	40.0%	-52.0%	Red	
5e	% compliance with acute kidney injury pathway	50%	75.0%	25.0%	Green	
5f	% compliance with Chronic Obstructive Pulmonary Disease pathway	TBD	72.2%			
5g	% compliance with Fractured Neck of Femur pathway	TBD	34.5%			

Monthly performance												
Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	
39.3%	42.9%	47.0%	49.2%	52.7%	47.5%							
56.3%	47.8%	75.0%	58.7%	77.3%	69.6%							
63.1%	56.6%	69.1%	79.7%	77.8%	74.4%							
83.1%	58.7%	53.3%	73.1%	59.8%	75.0%							
	28.0%	54.9%	60.0%	80.0%	75.0%							
		60.4%	58.8%	63.3%	72.2%							
		100.0%	25.0%	48.4%	34.5%							

Full Year		TOLERANCES		
Target	Forecast	On target	Of concern	Action required
40%		>40%	=40%	<40%
80%		>80%	=80%	<80%
60%		>60%	=60%	<60%
92%		>92%	=92%	<92%
50%		>50%	=50%	<50%
TBD				
TBD				

Cardiac Chest Pain Pathway is the % of Patients Compliant excluding PCI treatment

Chronic Obstructive Pulmonary Disease is the % of Patients Compliant excluding COPD end stage tool and COPD discharge bundle

Fractured Neck of Femur is the % of patients Compliant excluding Orthogeritrician

Annual			
2011/12	2012/13	2013/14	12 Month Rolling
126	118	117	115
		2	2

STRATEGIC					Variance	
Ref	Measure	Quarter Plan	Performance for Quarter	Actual - Target	RAG	
6	SHMI (rolling 12 months)	109.5	114	4.5	Red	
7	Continuity of service risk rating	2	2	0	Green	
8	Trust vacancy (Clinical Staff Only) %				Red	
9	Outpatients - N:FU ratio				Green	
10	Community - Increase/(decrease) in the number of NEL bed days per patient on the community matron caseload against the corresponding month in 2013-14	Available from Q3				

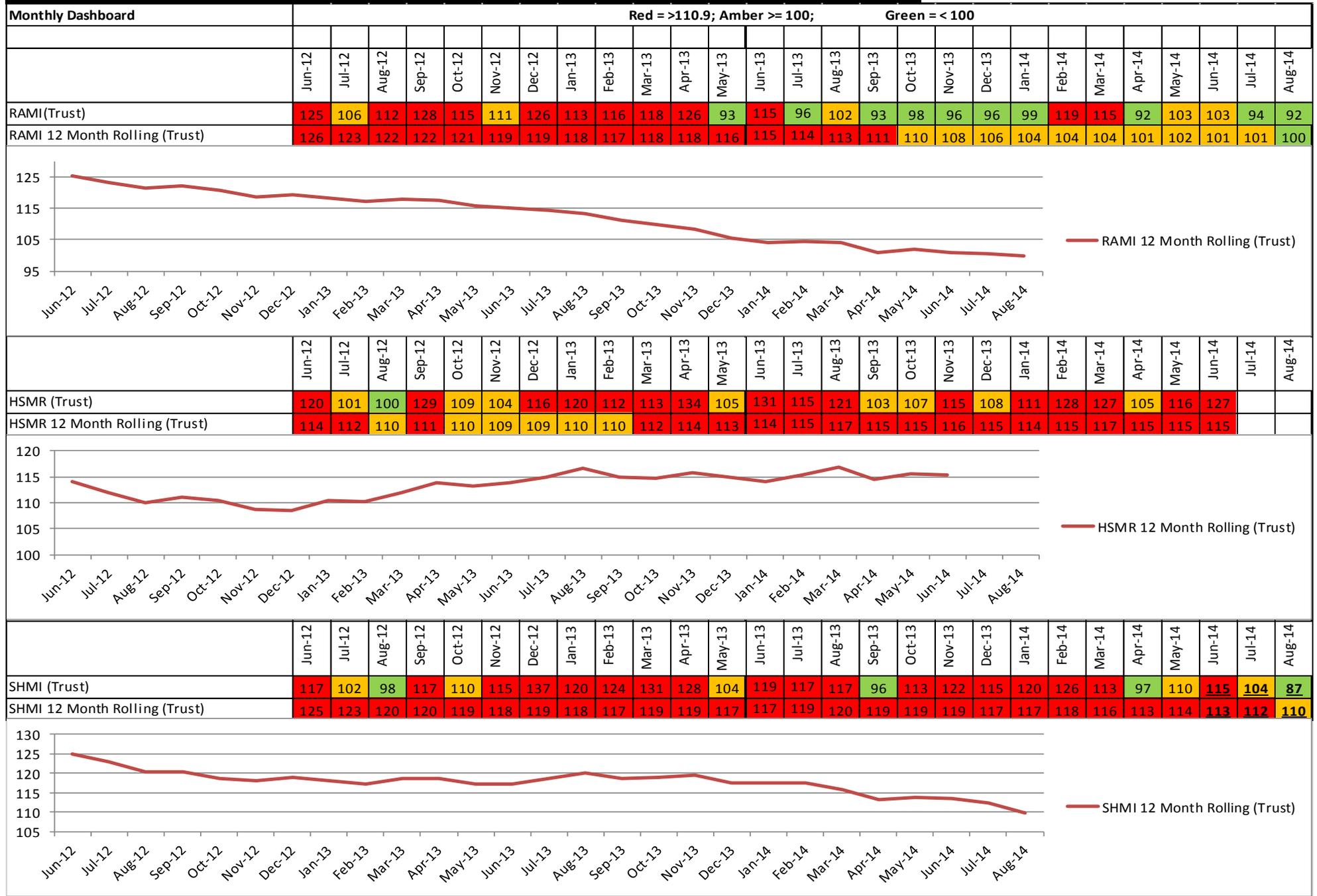
Quarterly performance			
Q1	Q2	Q3	Q4
117.2	114		
2	2		
Available from Q3			

Full Year		TOLERANCES		
Target	Forecast	On target	Of concern	Action required
2		2		<2
4.20%		<4.2%	=4.2%	>4.2%
Available from Q3				

# Key

-  = Validated compliant performance
-  = Unvalidated compliant performance
-  = Validated non-compliant performance
-  = Unvalidated non-compliant performance
-  = Performance is an area for concern
-  = No target in period and / or not RAG rated
-  = Not applicable N/A
-  = To be confirmed TBC
-  = In arrears
-  = Information not currently available
-  = Information outstanding

# Mortality – Two Year Trends – Lead Director : Mark ODonnell



## Mortality Data – Lead Director : Mark ODonnell

Mortality * individual months	Mar-13	2012/13 Outturn	2013/14 Outturn	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
No of Deaths	174	1765	1688	101	130	150	149	155	149	159	115	159	155	132
of Discharges	9,414	109361	104099	8,314	8,969	8,617	8,407	8,769	8,088	8,677	8,536	8,935	8,660	9,617
% Deaths	1.85%	1.61%	1.62%	1.21%	1.45%	1.74%	1.77%	1.77%	1.84%	1.83%	1.35%	1.78%	1.79%	1.37%
HSMR	113	112	117	103	107	115	108	111	128	127	107	114	128	109
SHMI	131	119	116	96	113	122	115	120	126	113	96	104	119	118

HSMR ** rolling 12 months	Mar-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Overall Observed Deaths	1,531	1524	1,499	1,488	1,496	1,474	1,450	1,446	1442	1,428	1,449	1,470	1,481
Overall Expected Deaths	1,368	1,307	1,305	1,298	1,293	1,282	1,272	1,253	1235	1,246	1,255	1,273	1,288
Overall HSMR	112	117	115	115	116	115	114	115	117	115	115	115	115

SHMI ** rolling 12 months	Mar-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Overall Observed Deaths	2,430	2,421	2,421	2,424	2,389	2,381	2,370	2,340	2,267	2,303	2,332	2,348	2,323
Overall Expected Deaths	2,049	2,042	2,037	2,031	2,034	2,028	2,017	2,019	2,004	2,040	2,079	2,116	2,016
Overall SHMI	119	119	119	119	117	117	118	116	113	113	112	111	115

# **Mortality Summary – Lead Director: Mark O'Donnell**

Delays in receipt of national datasets from HES and ONS remain, however the report has been updated to the end of August 2014 where data is available.

## **Key points:**

- RAMI has now been rebased for 2014. The trend remains downward with August data showing achievement of the 100 standard for the rolling 12 month period.
- HSMR rolling 12 month position has stayed stable. Palliative care coding is a major contributor to the HSMR remaining static and not reducing in line with SHMI and RAMI. Palliative care coding has improved to around 1.1% of activity, this is still well below the national average of approximately 1.26% (HED data from March 2014). Continued improvement in the capture of palliative care within the casenotes and subsequent coding should see HSMR reduce in line with SHMI and RAMI.
- SHMI 12 month rolling position continues to trend downwards with an estimated August index below 110.
- The three conditions with the highest excess deaths using SHMI are:
  - Stroke
  - Pneumonia
  - COPD

Crude mortality in hospital for August is lower than the same month in the previous year.

Heatmap – this report shows excess deaths and SHMI with larger boxes indicating highest numbers of excess deaths by condition and darkest colours representing highest SHMI scores. Very high SHMI scores can be skewed in conditions with very low volumes of patients, the exception report by SHMI limits this by only showing conditions with 10 or more deaths over the period. The three conditions with highest SHMI values with 10 or more deaths are:

- Phlebitis; thrombophlebitis and thromboembolism, varicose veins of lower extremity, haemorrhoids, other diseases of veins and lymphatics
- Abdominal pain
- Heart valve disorders

NB: It is important to note that in October, SHMI preview indicator data shows a significant shift in SHMI values nationally due to lower than anticipated crude mortality which will impact on the SHMI calculations for the Trust moving forwards.

# Quality – National CQUIN – Lead Director: Marie Thompson

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Q3	Q4
Acute and Community	National 1.1	Friends and Family Test – Implementation of Staff FFT	Provider to demonstrate to commissioner that staff FFT has been delivered across all staff groups as outlined in guidance.	Monthly	National Submission										
Acute and Community	National 1.2	Friends and Family Test – Early Implementation	Full delivery of FFT across all services delivered by the provider as outlined in guidance	Monthly	National Submission										
Acute and Community	National 1.3	Friends and Family Test-Increased or Maintained Response Rate	A response rate for Quarter 4 that is at least 20% for A&E services and at least 30% for inpatient services	Monthly	National Submission										
Acute and Community	National 2.1	Safety Thermometer-Pressure Ulcer	National Median - New Pressure Ulcers	Monthly	Local Submission	1.03	1.035	1.035	3.1	1.02	1.015	1	3.03		
			Acute Median - New Pressure Ulcers			0.51	0.705	0.705	1.92	0.705	0.775	0.985	2.47		
			Overall Community Median - New Pressure Ulcers			0.655	0.69	0.625	1.97	0.625	0.625	0.625	1.88		
			N Lancs Median - New Pressure Ulcers			0.781	0.781	0.632	2.194	0.88	0.82	0.86	2.56		
			Fylde & Wyre Median - New Pressure Ulcers			1.063	1.063	1.164	3.29	1.3	1	1.1	3.4		
			Blackpool Median - New Pressure Ulcers			0.471	0.352	0.132	0.955	0.13	0.51	0.13	0.77		
			Trust Median - New Pressure Ulcers			0.63	0.77	0.65	2.05	0.65	0.65	0.705	2.01		
			National Median - New & Old Pressure Ulcers			4.665	4.69	4.675	14.03	4.66	4.625	4.61	13.9		
			Acute Median - New & Old Pressure Ulcers			3.995	3.995	3.995	11.985	4.075	4.715	5.21	14		
			Overall Community Median - New & Old Pressure Ulcers			5.69	5.7	5.7	17.09	5.79	6.32	6.32	18.43		
			N Lancs Median - New & Old Pressure Ulcers			4.8	4.8	4.8	14.4	6	6	6	18		
			Fylde & Wyre Median - New & Old Pressure Ulcers			6	6.2	6.2	18.4	6.72	6.73	6.9	20.35		
			Blackpool Median - New & Old Pressure Ulcers			5.7	5.8	5.8	17.3	5.81	6.59	6.56	18.96		
			Trust Median - New & Old Pressure Ulcers			4.8	4.8	4.7	14.3	4.7	5.625	5.795	16.12		
			30 % reduction Community acquired S2 Pressure Ulcers			5	8	14	14	7	5	4	16		
30 % reduction Community acquired S3 Pressure Ulcers	0	0	1	1	3	1	1	5							
50 % reduction Community acquired S4 Pressure Ulcers	0	2	2	3.1	1.02	1.015	1	3.03							

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Q3	Q4	
Acute and Community	National 3.1	Dementia-Find, Assess, Investigate and Refer	1) Number of patients >75 admitted as an emergency who are reported as having: known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question, excluding those for whom the case finding question cannot be completed for clinical reasons (e.g. coma).	Monthly	National Submission	58.9	64.5	75.6	77.6	77.6	58.8	65.7				
			2) Number of above patients reported as having had a diagnostic assessment including investigations			58.5	50	58.6	85.3	85.3	100	93.3				
			3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners			53.8	33.3	26.3	23.1	23.1	12.5	100				
Acute and Community	National 3.2	Dementia-Clinical Leadership	Provider must confirm named lead clinician and the planned training programme (to be determined locally) for dementia for the coming year.	Payment will be made at the end of the year, provided the planned training programme has been undertaken	Provider report	Report due at end of year - progress update for Board will be provided at end of Q2										
		Named Lead Clinician for Dementia and appropriate training for staff														

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Q3	Q4
Acute and Community	National 3.3	Dementia- Supporting carers Ensuring carers feel supported	Provider must demonstrate that they have undertaken audit of carers of people with dementia to test whether they feel supported and reported the results to the Board. Provider.	Monthly	Audit report										
Acute and Community	Regional 1.1	Regional AQ indicators:-	Compliance with Regional AQ indicators	As per AQ regional publications	AQ report										
		Pneumonia				73.13%	72.94%	86.67%							
		Stroke				62.16%	44.23%	58.97%							
		CABG				82.61%	95.65%	86.67%							
		Heart failure				96.55%	72.73%	92.11%							
		Hip and Knee				89.33%	83.33%	88.68%							
		COPD													
		Hip #													
		Sepsis													
		Acute Kidney Injury													
		Diabetes													
		Alcoholic Liver Disease													
		Acute and Community				Local 1.1	High Impact Innovations (HII)	1.1. a) Supporting people to manage long term health conditions using telecare or other high impact innovations.	HII Quarter 1	BTH to scope and agree best use of resources with commissioners					

Provider	Reference	Operational Standard	Comments	Frequency	Submission	April	May	June	Q1	July	Aug	Sept	Q2	Q3	Q4
Acute and Community	Local 1.1	High Impact Innovations (HII) contd.	Development of health single record	Quarter 1 Plan to scope	Provider report										
				Quarter 3 Delivery plan shared with Commissioners											
				Q4 Progress report											
Acute and Community	Local 1.2	Harm free care & Open and Honest Care	•NHS Safety Thermometer	Monthly	Provider report linking all aspects of data to evidence harm free care, effectiveness and patient safety										
			•Information on healthcare associated infection, (MRSA and C Diff)												
			•Pressure ulcers												
			•Falls causing moderate or greater harm												
			•Information on staff experience												
			•Information on patient experience including Friends and Family Test												
			•A patient story												
			•An improvement story describing what the trust has learnt and what improvements they are making.												

## Quality – Patient Safety – Lead Director: Marie Thompson

Quality – Patient Safety	2013-14 Outturn	Target (month)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Clostridium Difficile	26		3	4	3	4	4	8							26	28
MRSA Bacteraemia	1		0	0	1	1	0	0							2	0
% Compliance Hand Hygiene Audits	N/A		100%	99%	100%	n/a	n/a	99%							N/A	95%
% Compliance Commode Audits	N/A		97%	97%	91%	94%	94%	79%							N/A	95%
% Compliance Environment Audits	N/A		99%	99%	99%	99%	n/a	95%							N/A	95%
Medication errors resulting in Near Miss	220	154 (12.8)	23	36	26	25	21	19							150	154
Medication errors resulting in Low Harm	846	592.2 (49)	57	66	71	64	47	35							340	592.2
Medication errors resulting in Minor Harm	293	205.1 (17)	31	24	19	16	18	11							119	205.1
Medication errors resulting in Serious Harm	17	11.9(1)	1	2	3	2	3	2							13	11.9
Medication errors resulting in Major Harm	2	1.4(0)	0	0	0	0	0	0							0	1.4
Medication errors resulting in Disaster Harm	0	0	0	0	0	0	0	0							0	0
New Hospital acquired pressure ulcers stage 2 actual	166	83(7)	6	15	19	17	26	20							103	83
New Hospital acquired pressure ulcers stage 3 actual	13	0	3	2	2	1	2	0							10	0
New Hospital acquired pressure ulcers stage 4 actual	0	0	0	0	0	0	0	1							2	0
New Hospital acquired pressure ulcers stage 2 spot prevalence	45	23(1.9)	4	7	2	6	7	7							33	23
New Hospital acquired pressure ulcers stage 3 spot prevalence	6	0	0	1	0	0	0	0							1	0
New Hospital acquired pressure ulcers stage 4 spot prevalence	0	0	0	0	0	0	0	0							0	0
New Community acquired pressure ulcers, trust attributable stage 2 actual	439	307 (25.6)	35	43	37	52	72	63							302	307
New Community acquired pressure ulcers, trust attributable stage 3 actual	58	41 (3.4)	5	8	7	12	6	3							41	40.6
New Community acquired pressure ulcers, trust attributable stage 4 actual	14	9.8(0.8)	0	4	3	1	5	2							15	7
New Community acquired pressure ulcers, trust attributable stage 2 spot prevalence	72	50(4.2)	5	3	6	7	5	4							30	50.4
New Community acquired pressure ulcers, trust attributable stage 3 spot prevalence	14	9.8(0.8)	0	0	1	3	2	0							6	9.8
New Community acquired pressure ulcers, trust attributable stage 4 spot prevalence	10	5(0.4)	0	2	0	0	2	0							4	4.8

Quality – Patient Safety	2013-14 Outturn	Target (month)	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Safety Thermometer (ST)- Harm free care % - Acute	94.56%	95.00%	94.71%	92.26%	93.59%	92.85%	92.34%	93.0%							93.12%	95%
Safety Thermometer (ST)- Harm free care % - Community	94.12%	95.00%	93.33%	90.98%	93.60%	92.17%	91.11%	93.8%							92.49%	95%
Safety Thermometer (ST)- Harm free care % - Combined	94.31%	95.00%	93.93%	91.59%	93.60%	92.45%	91.62%	93.5%							92.77%	95%
Safety Thermometer (ST)- Harm free care % - Maternity	Not due to commence until Sept / Oct 2014															
Urinary Catheter: % of patients with an inappropriate urinary catheter in situ																
Urinary Catheter: % of patients with a urinary tract infection due to urinary catheter					0	0	1%	1.8%								
Patient Falls resulting in low harm (number)	1534	1074 (89.5)	113	148	114	131	94	89							689	1074
Patient Falls resulting in minor/moderate harm (number)	281	197 (16.4)	25	15	25	25	13	21							124	197
Patient Falls resulting in serious and above harm (number)	39	27(2.25)	5	5	1	3	4	1							19	27
Patient Falls resulting in major harm and above harm (number)	5	4(0.33)	0	0	0	0	0	1							1	4
Patient Falls resulting in disaster harm (number)	1	0	0	1	0	0	0	0							1	0

Quality – Patient Safety	2013-14 Outturn	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
% patients who have received a VTE Risk Assessment	99.87%	99.82%	99.87%	99.76%	99.98%	99.91%	99.85%							N/A	96%
Hospital Acquired Pulmonary Embolism		2	1	4	1	0	0							8	24
Hospital Acquired Deep Vein Thrombosis		6	2	1	0	0	0							9	34
% of dementia assessments completed – screening question	65.20%	58.90%	64.50%	75.60%	77.60%	58.80%	65.70%							N/A	90%
% of initial dementia assessments completed – dementia assessment (AMTS10)	77.60%	58.50%	50%	58.60%	85.30%	100.00%	93.30%							N/A	90%
% of initial dementia assessments completed – referral for memory clinic	0%	53.80%	33.30%	26.30%	23.10%	12.50%	100%							N/A	90%
% compliance with Nursing Care Indicators - Acute	95.00%	96.30%	96.40%	96.30%	96.10%	95.90%	95%							N/A	95%
% compliance with Nursing Care Indicators - ALTC	77%	73.90%	75.10%	76.5%	76.8%	80.1%	81%							N/A	95%
Number of Reported Incidents	14361	1281	1238	1335	1510	1427	1518							6882	N/A
Number of Patient Safety Incidents (NPSA Reportable)	10969	1033	1044	946	1117	1083	1117							6340	N/A
Number of Near Misses	1592	195	195	150	206	243	227							1216	N/A
Number of SUI/StEIS incidents	39	7	15	7	21	5	8							63	N/A
Number of Never Event Near Misses	0	0	0	0	0	0	0							0	0
Number of Never Events	1	0	0	0	1	0	0							1	0
Number of new clinical negligence claims	170	8	28	26	34	12	16							124	N/A
Number of new personal injury claims	19	1	1	4	4	0	2							12	N/A
%Clinical Audit Compliance	94%	93%	89%	89%	91%	71%	72%							N/A	95%
% NICE Compliance	84%	86%	87%	87%	87%	88%	84%							N/A	95%
% TARN compliance														N/A	Compliant
Participated NCEPOD studies %	12 of 12 100%	13 of 13 100%							100%	100%					
Number of participated studies with fully implemented action plans and recommendations following published report ( 10 reports published)	4 of 10	4 of 10	4 of 10	5 of 10	5 of 10	5 of 10	5 of 10							N/A	N/A
Number of participated studies with action plans in place to implement recommendations following published report ( 10 reports published)	6 of 10	6 of 10	6 of 10	5 of 10	5 of 10	5 of 10	5 of 10							N/A	N/A
Number of participating studies awaiting publication of report	1	2	2	2	2	2	3							N/A	N/A
Number of participating studies with data collection in progress	1	1	1	0	0	1	0							N/A	N/A

# **Quality – Patient Safety Summary – Lead Director: Marie Thompson**

**Clostridium Difficile (C. Diff):** C-Diff is above than trajectory YTD with 26 against an annual target of 28. All are subject to a RCA.

**Medication Errors:** Medication errors resulting in near miss and serious harm are above trajectory in month, and medication errors resulting in near miss, low, minor and serious harm are all above trajectory year to date, although the figures are currently unvalidated and subject to change. The cumulative totals for all levels of Medication errors are all on or below trajectory. These are being monitored via the Medicines Management Committee and managed with the divisions.

**Pressure Ulcers:** Hospital acquired pressure ulcers, both spot prevalence and actual are above trajectory in month and year to date for all stages. Non hospital acquired pressure ulcers actual are above than trajectory in month and year to date for stage 2, 3 and 4. Whilst Non hospital acquired pressure ulcers spot prevalence are below trajectory in month for all stages, year to date for all stages remains above trajectory. In both the acute, community and combined setting the Trust is below the national median for incidence of new pressure ulcers, but above the national median for new and old in total. Work is ongoing with divisions to support an improvement drive through lessons learned and address specific standards with regards documentation, planning and implementing care. The DDoN and ADoN have just completed their meetings with individual acute ward managers and Matrons to identify improvement plans and ensure support requirements are identified and put in place. Information is being collated and will be reported to the Director of Nursing over the coming weeks. They will also be meeting with 'best practise' areas to identify where lessons can be learnt and shared to support an improvement drive. This process will be reviewed in the New Year for the community services. The ALTC Division have also held a series of 'Call to Action' events. A Tissue Viability Nurse Consultant from another Trust has agreed to undertake an external peer review of practice in the ALTC Division.

**Harm Free Care:** Harmfree care has improved slightly in month in both the acute, community and combined settings. In September, 690 out of 742 hospital patients received harm-free care, 92.99% compared with 92.34% of patients last month. In the community, 964 out of 1058 patients received harm-free care, 93.77% compared with 91.11% last month. The combined figure for the Trust for harm-free care was 93.45%, up 1.83% compared to last month. In the population of 1770 patients surveyed, 116 harms occurred. Eighteen of forty-one hospital wards (45%) and twenty-one out of forty-one community teams (47.0%) provided harm-free care this month. This equates to 39 out of 82 (48.1%) of Blackpool Teaching Hospitals nursing areas providing harm-free care.

**Falls:** There were 112 falls in September against a target of 108.4, though the figure for this month may rise as the incident reporting system data matures. YTD however, patient falls resulting in low harm are above trajectory and there have been 2 patient falls at level 4 harm this month (serious and above), although these incidents are currently unvalidated and subject to further investigation. Further details will be reported in future IPR's. The falls steering group has carried out a review of the NICE guidance regarding falls and an action plan has been developed to address gaps, this will include a review of good practise and service development need. Progress will be monitored via the falls steering group.

**Dementia:** Dementia compliance for points 2 and 3 in month demonstrated improvement and both attained above the 90% standard with point 3 improving significantly to 100%. Point 1, although deteriorated slightly in month still attained 65%. It should be noted however, that these figures are not yet validated. A DoN directive with escalation is being sent to all ward managers and proposals to capture the patients requiring further memory assessment have been implemented.

**Nursing Care Indicators:** The acute overall score is 94.7%, a decrease of 1.2% since last month. Observations, Property, Continence Care, and Tissue viability criteria were below 95%. In the Community setting whilst overall compliance remains low there has been an improvement trend with the overall score rising from 30% following introduction in April 2013 to 80.7% this month. The result for the Trust combined has decreased from 91.9% last month to 91.5%. There remain trends in areas of non-compliance: frequency of observations, recording fluid balance, tissue viability management, in particular, delivery of care as planned and completion of the intentional rounding tool and completion of nursing assessments on admission or re-assessment. These areas also reflect findings from SUI's. Divisions are addressing locally areas of non-compliance via meetings with ADoN'S/Matrons and ALTC have held a series of 'Call to Action' events to raise awareness and engagement.

**Patient Safety Incidents:** The number of patient safety incidents reported in September continues to rise and the figure is above plan for increasing patient safety reporting (>850). The cause groups for the highest recorded incidents in month are Patient Accidents - Falls, Sharps, Cuts, Collisions & Burns, followed by Skin/Tissue damage, Documentation and Medication Errors. Trends and themes from incidents are reported to Divisional Quality Managers, who are responsible for sharing these and lessons learned through Divisional Governance meetings and local Ward and Team meetings. The LIRC Committee (Learning from Incidents & Risk) Committee meets bi-monthly to review learning from incidents and commissions project groups to review high risk trends.

**Serious Untoward Incidents:** All Serious Untoward Incidents are now reported through StEIS. There continues to be an increase in month in reporting to StEIS. Stage 3/4 Pressure Ulcer incidents are now automatically reported to StEIS when reported, and downgraded if found to be either non Trust attributable or unavoidable. This increase in StEIS reporting reflects the organisation's commitment to being an open and transparent organisation and is supported by the local Clinical Commissioning Groups as a way of improving national learning. There are no recorded 'Never Events' in September. The highest cause group for SUI's reported in September is Skin/Tissue Damage.

**Clinical Audit:** Clinical Audit compliance has increased by 1% (red) to 72% this month and areas of concern have been escalated according to the policy to support individuals. This reflects the challenges of the divisions having no Quality Manager in post.

**TARN:** TARN remains red overall. Time to CT continues to be an area of non-compliance with time to consultant also falling below target in month. In all other areas the TARN metrics are green.

### **Pathways:**

- Sepsis: September performance deteriorated in month with overall compliance of pathway implementation, but the 40% target was achieved. The associated SHMI continues to improve. Main areas of non-compliance remain:
  - Serum lactate taken at ward level/AMUB;
  - Blood cultures.
- Stroke: September performance has deteriorated slightly in month with overall compliance of pathway implementation. Despite the improvement in overall compliance, the target of 80% has however not been achieved. The associated SHMI has also increased and will require further investigation. Main areas of non-compliance remain:
  - Referral to stroke team within an hour of episode;
  - Rosier completed according to pathway timescale.
- Pneumonia: September deteriorated slightly with the overall compliance of pathway implementation; however the 60% target was achieved. The associated SHMI continues to improve. Main areas of non-compliance remain:
  - CURB score not recorded;
  - Blood cultures not taken prior to administration of antibiotics.
- Cardiac Chest Pain: September deteriorated slightly with the overall compliance of pathway implementation. The target of 92% has not been achieved. The performance excluding PCI patients has however improved in month. The associated SHMI continues to improve. Main areas for non-compliance are:
  - Non documentation of the TIMI score;
  - Baseline bloods taken within 30 minutes of arrival at the hospital.
- COPD: September performance improved with overall compliance of pathway implementation. The performance target for this pathway has yet to be agreed. The associated SHMI remains static. Main areas of non-compliance are:
  - Undertaking the end stage COPD assessment;
  - Implementing the discharge bundle.
- FNOF: Overall performance to date is very poor 0%. Where non-compliance is identified, a daily report is sent to the named consultant for discussion with the identified treating doctor. Individual doctors' compliance continues to improve due to the work and education that has been implemented in A&E. Pathway checklists have been seen more within patients case notes once the diagnosis has been made.
  - Main areas of non-compliance are;
  - IV Paracetamol to all patients according to the pathway timescale;
  - Ortho-geriatrician review every 24 hours post operation;
  - Operation performed within 36 hours of admission.

**NCEPOD:** No further progress with implementing NCEPOD recommendations has been made during September. This is being addressed with the relevant leads and a plan has been developed to drive forward. This is being led by the Trust Ambassador and Reporter.

**NICE:** Compliance with NICE guidance has fallen in month to 84% compliance (red) for the first time in 6 months, areas of concern have been escalated according to the policy to support individuals. This reflects the challenges of the divisions having no Quality Manager in post.

## Quality – Patient Experience (Local Surveys) – Lead Director: Marie Thompson

Quality – Patient Experience	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Complaints Formal (number)	46	40	33	38	36	38							86	N/A
Complaints Informal (number)	167	161	123	142	107	149							328	N/A
Mixed Sex Accommodation Breach Scheduled care	0	0	0	0	0	0							0	0
Mixed Sex Accommodation Breach Unscheduled care	0	0	0	1	0	0							1	0
<b>Local Inpatient Survey</b>														National Comparison Baseline
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	69%	67%	65%	67%	69%	68%							N/A	69.3%
Were you involved as much as you wanted to be in decisions about your care and treatment?	91%	87%	87%	89%	88%	88%							N/A	90.1%
Were you given enough privacy when discussing your condition or treatment?	96%	95%	95%	94%	94%	94%							N/A	93.6%
Did you feel you were involved in decisions about your discharge from hospital?	85%	84%	82%	80%	88%	82%							N/A	84.4%
Did a member of staff explain the purpose of the medicines you were to take home in a way you could understand?	88%	87%	85%	89%	88%	87%							N/A	91.9%
Did a member of staff tell you about any danger signals you should watch for after you went home?	61%	60%	62%	59%	57%	58%							N/A	64.9%
Did hospital staff tell you who to contact if you were worried about your condition or treatment?	77%	71%	75%	72%	75%	75%							N/A	77.8%
Overall, did you feel you were treated with respect and dignity?	98%	96%	96%	98%	99%	97%							N/A	97.1%
Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	27%	31%	31%	29%	26%	28%							N/A	24.7%
During your hospital stay, were you ever asked to give your views on the quality of care?	23%	21%	23%	21%	20%	24%							N/A	20.5%

## Quality – Patient Experience (Local Surveys) – Lead Director: Marie Thompson

Quality – Patient Experience	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Target
Local Outpatient Survey														National Comparison Baseline
Were you told how long you would have to wait? Using, yes but the wait was shorter, yes I had to wait as long as I was told	32%	35%	36%	37%	40%	34%							N/A	30.3%
Did someone apologise for the delay? Using yes	49%	48%	53%	48%	49%	49%							N/A	Not in National Survey
In your opinion, how clean was the Outpatients Department? Using very clean & fairly clean	100%	99%	99%	99%	100%	99%							N/A	98.5%
If you had important questions to ask the doctor, did you get answers that you could understand? Using yes, definitely & yes, to some extent	98%	97%	97%	98%	97%	98%							N/A	95.8%
If you had important questions to ask any other professional, did you get answers that you could understand? Using yes, definitely & yes, to some extent	97%	97%	98%	96%	95%	99%							N/A	95.9%
Were you involved as much as you wanted to be in decisions about your care and treatment? Using yes, definitely & yes, to some extent	94%	95%	95%	96%	96%	95%							N/A	94.4%
Were you given enough privacy when discussing your condition and treatment? Using yes, definitely & yes to some extent	99%	99%	100%	99%	99%	99%							N/A	98.6%

## Quality – Patient Experience Summary – Lead Director: Marie Thompson

- **Complaints:** In September there were 8,643 admissions to Blackpool Teaching Hospitals NHS Foundation Trust. There were 38 formal complaints received, which equates to 0.43 % of all hospital admissions.
- **Single Sex Accommodation:** There has been one breach of single sex accommodation year to date.
- **Local Inpatient Survey:** We use 6 key questions for our local inpatient survey. This month's results are:
  - 28% of patients received information on how to complain.
  - 84% of patients felt Drs and Nurses worked well together.
  - 88% of patients felt involved in decisions about their treatment.
  - 82% involved in their discharge.
  - 87% of patients are likely to recommend our services to their friends and family.
  - 85% felt their care was excellent or very good.
- **Local Outpatient Survey:** We use 4 key questions for our monthly outpatient survey. This month's results are:
  - 99% of patients felt they were given privacy within the Outpatient Department.
  - 91% are likely to recommend the Outpatient Department to their friends and families.
  - 95% felt involved in the decisions about their care and treatment within the Outpatient Department.
  - 88% felt their overall care was very good or excellent.

We also have details of patient feedback at a consultant level which is displayed on Sharepoint.

- **Friends & Family Test:** In September we had 2,162 responses to the FFT test. 17.7% rate for A&E, 48.7% rate for inpatient wards, 14.3% rate for maternity surveys. The expected response rate is currently at 15%. The net promoter score for September has increased slightly to 76.
- **Friends & Family Test Maternity:** The FFT test within maternity has 4 key touch points all 4 areas are expected a 15% return rate but we report a cumulative response rate. Antenatal response rate 16.4%, Birth 4.8%, Postnatal care on ward 20.9%, Community postnatal care 15.4%.
- **Shared decision making:** The trust has been working with AQUA to deliver a shared decision train the trainer, this is to conclude in November 2014, then the shared decision model will be implemented more across the Trust clinical divisions.

# Finance – Lead Director: Tim Bennett

For year ending 31  
March 2015

	Current Month - Month 06				Year to Date - Month 06				Annual Budget £m
	Budget	Reforecast	Actual	Variance against Budget	Budget	Reforecast	Actual	Variance against Budget	
	£m	£m	£m	£m	£m	£m	£m	£m	
Income	30.0	30.0	31.1	1.2	179.9	179.9	181.5	1.6	361.0
Pay	(19.7)	(19.7)	(19.9)	(0.2)	(118.8)	(118.8)	(119.6)	(0.9)	(237.4)
Other Operating Costs	(9.7)	(9.7)	(10.8)	(1.1)	(58.5)	(58.5)	(60.1)	(1.7)	(113.2)
EBITDA	0.5	0.5	0.4	(0.1)	2.6	2.6	1.7	(0.9)	10.4
Non Operating Costs	(1.0)	(1.0)	(1.0)	0.0	(5.8)	(5.8)	(5.7)	0.1	(11.7)
Surplus / (Deficit)	(0.4)	(0.4)	(0.6)	(0.1)	(3.2)	(3.2)	(4.0)	(0.8)	(1.3)

Cash Balance	29.0	29.0	36.9	7.9	29.0	29.0	36.9	7.9	13.0
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Capital Expenditure**	(0.5)	(1.7)	(1.0)	0.7	(5.8)	(7.2)	(6.2)	1.0	9.6
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\*\* See Capital Expenditure / Estate Section.

	Mth 01	Mth 02	Mth 03	Mth 04	Mth 05	Mth 06	Mth 07	Mth 08	Mth 09	Mth 10	Mth 11	Mth 12
Continuity of Service Risk Rating (CoSR)												
Plan	2	2	2	2	2	2	2	2	2	2	2	2
Actual	2	2	2	2	2	2						

	2013-14	Mth 01	Mth 02	Mth 03	Mth 04	Mth 05	Mth 06	Mth 07	Mth 08	Mth 09	Mth 10	Mth 11	Mth 12
Income received from the provision of goods and services that do not benefit the NHS	0.50%	0.50%	0.50%	0.60%	0.50%	0.56%	0.56%						

	Mth 01	Mth 02	Mth 03	Mth 04	Mth 05	Mth 06	Mth 07	Mth 08	Mth 09	Mth 10	Mth 11	Mth 12
	£m											
CIP (see separate section below)												
Plan	0.5	0.5	0.6	0.9	1.1	1.1	2.4	2.4	2.6	2.6	2.9	2.9
Actual	0.5	0.5	0.6	0.9	1.2	1.1						

## Finance Summary – Lead Director: Tim Bennett

- **Income and Expenditure is worse than plan in September:** The Trust reported a deficit of £0.6m for September, which is £0.1m worse than plan for the period. The year to date performance at the end of September is a deficit of £4.0m, which is £0.8m worse than the plan for the period.

The main in month variances are as follows: -

- A total of £0.5m has been paid by Blackpool CCG and Fylde & Wyre CCG as a contribution towards the cost of the over performance in non-electives in quarter 1 that is currently under the terms of the assured contract. This contribution has been used as a mitigation towards the overperformance in the Unscheduled Care Division.
  - The cost of outsourcing 18 weeks RTT activity is £0.6m in month.
  - The Scheduled Care Division performance is £0.5m worse than budget. Income is £0.7m higher than budget. This predominately relates to income from outsourcing 18 week RTT work to independent providers, increased activity on the AMD / DMO / Eylea and Lucentis pathway and increased critical care activity as a result of an increase in Cardiothoracic elective activity. Non-pay expenditure is £1.2m worse than the budget predominately relating to the higher than planned cost of outsourced activity to meet RTT targets and provide rehabilitation services. This is partially offset by the additional Income and pay savings. Additional expenditure has also been incurred in Cardiology linked to increased non-elective and device activity.
  - The level of vacancies swept in September was £0.1m lower than plan. The level of vacancies is reducing month on month. The Finance Department is continuing to review the trend on vacancies to establish whether this trend is expected to continue and understand whether recurrent CIP schemes are impacting on the level of vacancies going forward.
- **Continuity of Services Risk Rating (CoSR):** The Trust has delivered a Continuity of Services Risk Rating (CoSR) of 2 in line with plan at the end of September predominantly due to the better than planned liquidity position.
- **Contractual Performance:**
    - The Trust is cumulatively £1.3m ahead of budget against the Blackpool CCG assured element of the contract and £0.7m ahead of budget against the PbR element of the contract. Although the total overperformance is £2.0m the Trust will only receive £0.7m under the terms of the contract. A formal request has been made for a contract variation and a verbal update will be provided.
    - In September, the Trust is cumulatively £1.0m ahead of budget against the Fylde and Wyre CCG assured element of the contract<sup>1</sup> and £1.2m behind budget against the PbR element of the contract. The net performance for Fylde and Wyre CCG is therefore £1.2m behind budget.
    - Based on the current agreed contract value, the Trust is cumulatively £0.65m ahead of budget against the Specialist Commissioning contract assuming reimbursement at full Payment by Results rules / tariffs.
- **Capital Expenditure £1.0m below reforecast for September:** The Clinical Equipment Replacement scheme is currently ahead of the reforecast but is more than offset by slippage across the other schemes.

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<sup>1</sup> In the August report, the assured element of the Fylde & Wyre CCG contract was incorrectly stated as being behind budget by £0.8m when in fact it was £0.8m ahead of budget.

- **Cash £7.9m better than plan at the end of September:** The main components of the higher than planned cash balance are as follows: -
  - March 2014 closing cash position higher than assumed in APR by £2.3m;
  - Capital expenditure cash undershoot £2.4m;
  - Planned asset sale proceeds not realised (£1.3m);
  - Cash impact of I&E under plan (£1.5m);
  - Favourable terms from Specialist Commissioners £4.0m;
  - CCG income in advance £1.3m;
  - Dividend paid lower than plan £0.7m.

The Trust continues to actively manage cash balances and liquidity, the key focus being on working capital movements.

- **Key risks to the plan:** There are a number of risks associated with the plan, including: -
  - Continued growth in NEL activity that is not reimbursed by commissioners under the terms of the assured contract and that also displaces elective activity. Meetings held with the CCG leads to discuss this were held in early September. To date, a sum of £0.5m has been paid to support the year to date overperformance in non-electives.
  - The independent review of Cardiac Services is delayed and Specialist Commissioners refuse to pay for overperformance.
  - Additional expenditure over and above the currently planned level is incurred to RTT and cancer targets, winter pressures and other pressures.
  - Lower than planned CIP achievement.
  - Lower than planned non-recurrent vacancy savings.
  - Higher than planned capital expenditure and severance payments with a resultant adverse impact on liquidity.

- **Reforecast:**

The Trust has developed an income and expenditure reforecast. This is the subject of a separate Finance Committee presentation. In response to the income and expenditure reforecast required improvement targets have been identified for each division and divisional reforecast improvement plans are being developed and implemented. A verbal update will also be provided at the meeting.

The divisional variances and required improvement targets are as follows: -

Division	Annual Budget (as at Month 05) £'000s	Month 05 Reforecast £'000s	Variance £000s	Required Improvement £'000s
General Surgery	(£6,802)	(£6,986)	(£184)	}
Specialist Surgery	£16,027	£16,064	£37	} £523
Cardiac	£9,755	£9,141	(£614)	}
Unscheduled Care	£22,913	£19,406	(£3,506)	£460
Adults	£486	£617	£132	£313
Families	£9,810	£10,127	£317	£172
CS	(£9,921)	(£9,958)	(£37)	£135
FM	(£29,033)	(£29,294)	(£261)	£192
Central Support Services	(£21,969)	(£22,210)	(£240)	£79
<b>Total</b>	<b>(£8,734)</b>	<b>(£13,093)</b>	<b>(£4,359)</b>	<b>£1,874</b>

The Trust has submitted a capital expenditure reforecast to Monitor and is now monitoring capital expenditure against the reforecast.

- **Overall Financial Assurance – Limited Assurance:** The 2014-15 Financial Plan forecasts a deficit of £1.3m with a CoSR of 2 throughout the period. The current CoSR is 2.

The cash balance is forecast to reach a minimum of £13.0m in March 2015.

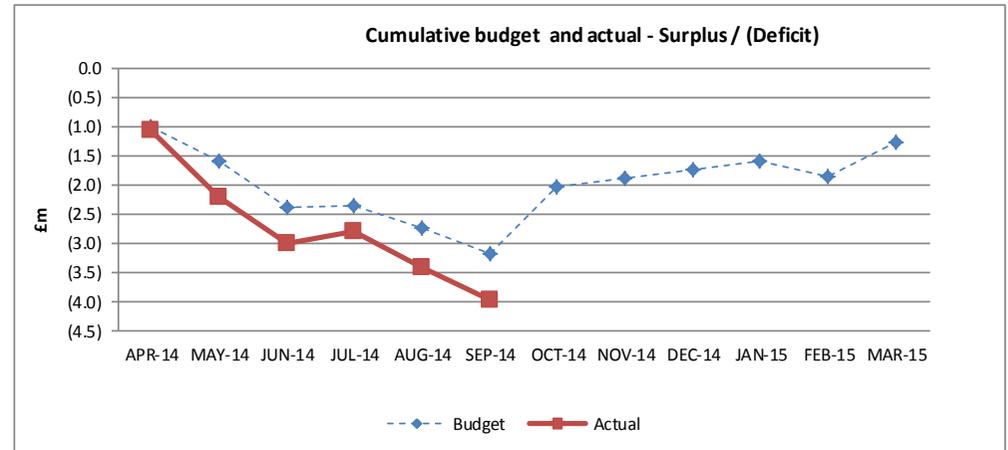
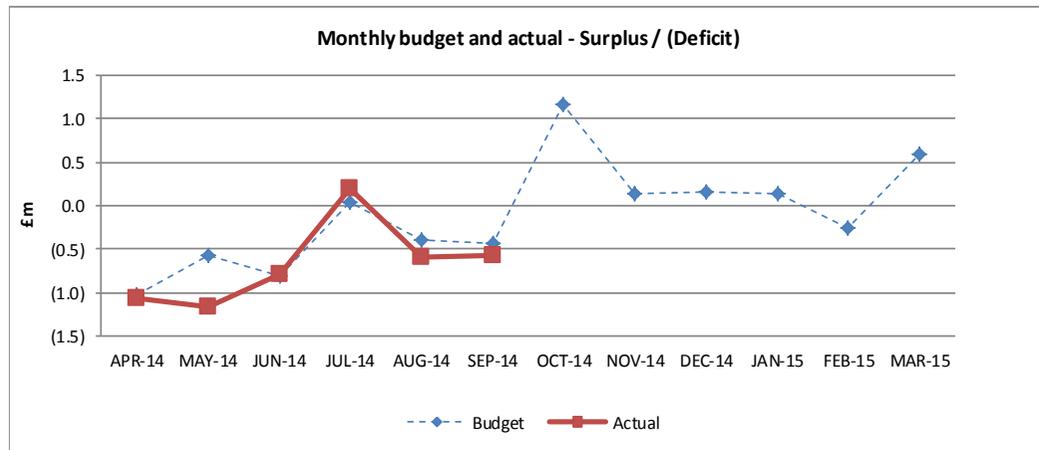
Based upon the planned deficit, the planned CoSR of 2 and the cash balance there is limited assurance that a CoSR of a 2 will be achieved at the end of the financial year. The plan to address the limited assurance will be presented to the Finance Committee on 27<sup>th</sup> October and will consist of 3 key elements:

- Additional income (discretionary and contractual)
- Additional CIPs
- Divisional improvements (as above)

At this stage it is not possible to provide a precise date of when this assurance level would improve but this is not expected until quarter 4.

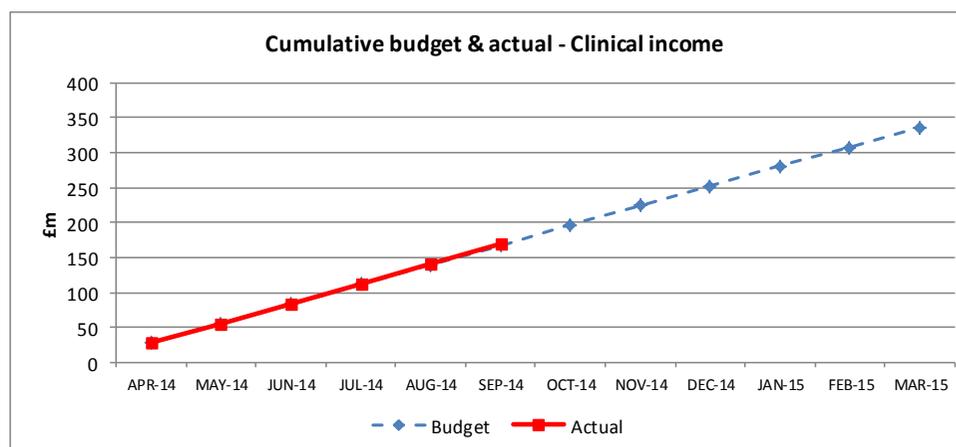
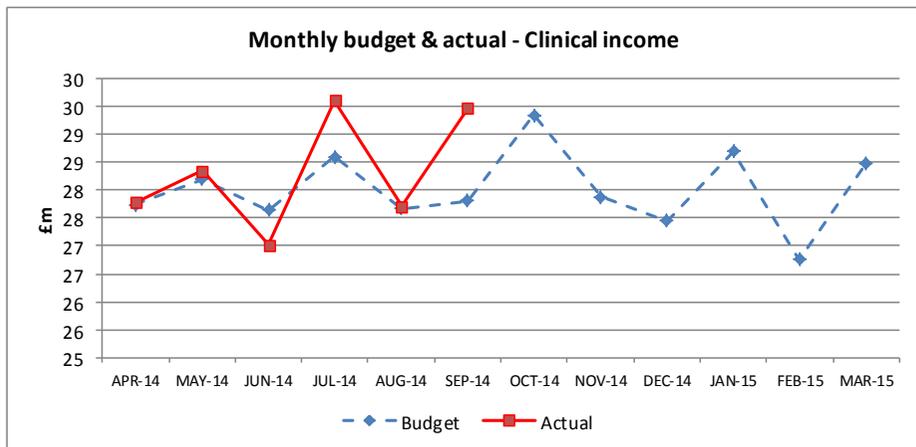
## Annex A1 – Income and Expenditure Performance for the period ending 30<sup>th</sup> September 2014

2013/14 Outturn	Current Month					Category	Year To Date					Annual			
	Budget	Reforecast	Actual	Variance against Budget			Budget	Reforecast	Actual	Variance against Budget		Budget	Reforecast	Variance	
£'m	£'m	£'m	£'m	£'m	%		£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	%
346.8	28.0	28.0	29.5	1.4	5.0%	Clinical income	168.6	168.6	170.4	1.8	1.1%	338.6	338.6	0.0	0.0%
23.9	1.9	1.9	1.7	(0.2)	(12.5%)	Other operational income	11.3	11.3	11.1	(0.2)	(1.5%)	22.5	22.5	0.0	0.0%
<b>370.7</b>	<b>30.0</b>	<b>30.0</b>	<b>31.1</b>	<b>1.2</b>	<b>3.9%</b>	<b>Total income</b>	<b>179.9</b>	<b>179.9</b>	<b>181.5</b>	<b>1.6</b>	<b>0.9%</b>	<b>361.1</b>	<b>361.1</b>	<b>0.0</b>	<b>0.0%</b>
(356.1)	(29.4)	(29.4)	(30.7)	(1.3)	(4.5%)	Operating expenditure	(177.2)	(177.2)	(179.8)	(2.6)	(1.4%)	(350.7)	(350.7)	0.0	0.0%
<b>14.6</b>	<b>0.5</b>	<b>0.5</b>	<b>0.4</b>	<b>(0.1)</b>	<b>(25.9%)</b>	<b>EBITDA</b>	<b>2.6</b>	<b>2.6</b>	<b>1.7</b>	<b>(0.9)</b>	<b>(34.4%)</b>	<b>10.4</b>	<b>10.4</b>	<b>0.0</b>	<b>0.0%</b>
(11.5)	(1.0)	(1.0)	(1.0)	0.0	1.2%	Non-operating expenditure	(5.8)	(5.8)	(5.7)	0.1	2.1%	(11.7)	(11.7)	0.0	0.0%
<b>3.2</b>	<b>(0.4)</b>	<b>(0.4)</b>	<b>(0.6)</b>	<b>(0.1)</b>	<b>(28.8%)</b>	<b>Surplus/(deficit)</b>	<b>(3.2)</b>	<b>(3.2)</b>	<b>(4.0)</b>	<b>(0.8)</b>	<b>(24.7%)</b>	<b>(1.3)</b>	<b>(1.3)</b>	<b>0.0</b>	<b>0.0%</b>



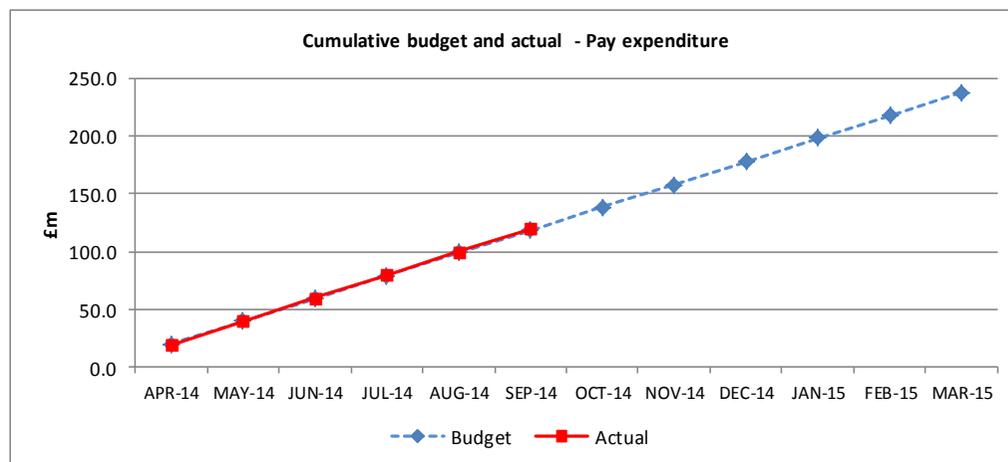
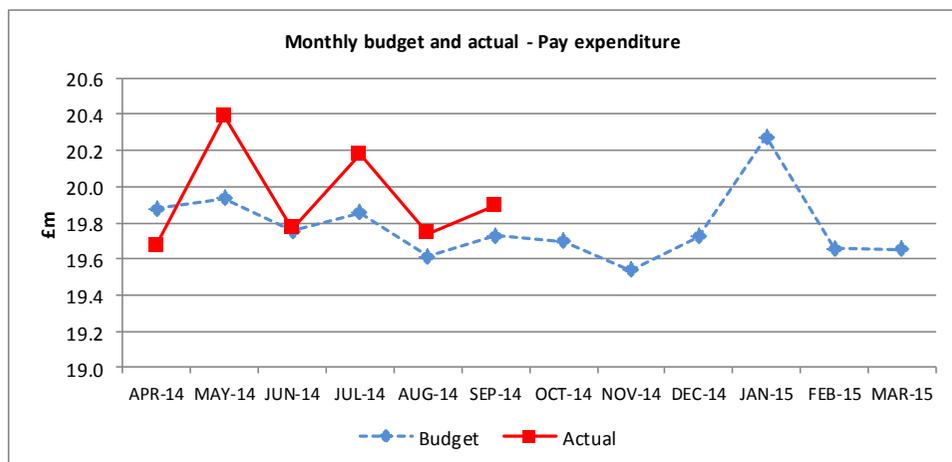
## Annex A2 – Clinical Income by Point of Delivery for the period ending 30<sup>th</sup> September 2014

2013/14 Outturn £'m	Current Month					Year To Date					Annual				
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %		
<b>Clinical Income</b>															
74.4	6.2	6.2	6.3	0.1	2%	37.3	37.3	37.4	0.1	0%	74.0	74.0	0.0	0%	0%
58.4	4.8	4.8	5.3	0.4	9%	28.4	28.4	29.2	0.7	3%	58.3	58.3	0.0	0%	0%
3.5	0.4	0.4	0.3	(0.0)	(2%)	2.4	2.4	2.3	(0.1)	(4%)	5.0	5.0	0.0	0%	0%
4.0	0.2	0.2	0.3	0.0	17%	1.7	1.7	1.8	0.1	7%	3.4	3.4	0.0	0%	0%
29.5	2.7	2.7	2.7	(0.0)	(1%)	15.9	15.9	15.6	(0.3)	(2%)	31.6	31.6	0.0	0%	0%
8.2	0.6	0.6	0.7	0.0	4%	4.1	4.1	4.2	0.0	1%	8.2	8.2	0.0	0%	0%
68.5	5.8	5.8	5.8	(0.0)	(0%)	34.4	34.4	34.5	0.1	0%	66.5	66.5	0.0	0%	0%
100.3	7.3	7.3	8.1	0.8	11%	44.3	44.3	45.4	1.2	3%	89.2	89.2	0.0	0%	0%
<b>346.8</b>	<b>28.0</b>	<b>28.0</b>	<b>29.5</b>	<b>1.4</b>	<b>5%</b>	<b>168.6</b>	<b>168.6</b>	<b>170.4</b>	<b>1.8</b>	<b>1%</b>	<b>336.2</b>	<b>336.2</b>	<b>0.0</b>	<b>0%</b>	<b>0%</b>



### Annex A3 – Pay Expenditure for the period ending 30<sup>th</sup> September 2014

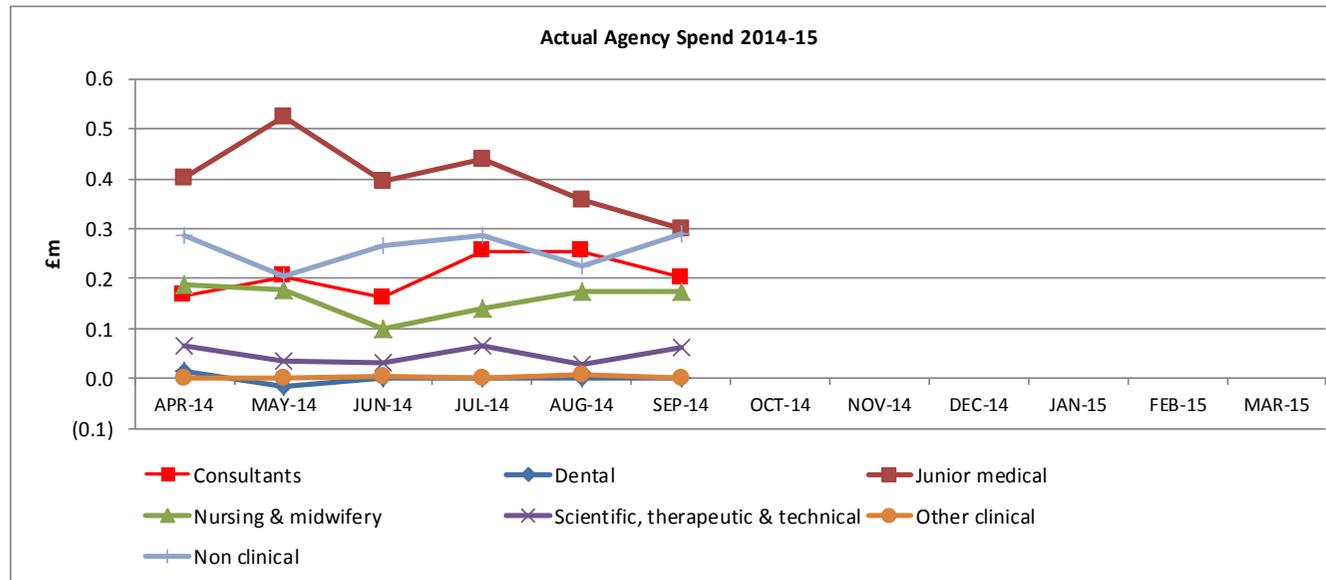
2013/14 Outturn £'m	Current Month					Year To Date					Annual					
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %			
<b>Pay - Payroll</b>																
(28.4)	(2.3)	(2.3)	(2.6)	(0.3)	(15%)	Consultants		(14.0)	(14.0)	(14.9)	(0.8)	(6%)	(26.0)	(26.0)	0.0	(0%)
(1.5)	(0.1)	(0.1)	(0.1)	0.0	15%	Dental		(0.8)	(0.8)	(0.7)	0.0	6%	(1.5)	(1.5)	0.0	(0%)
(18.9)	(1.6)	(1.6)	(1.6)	(0.0)	(2%)	Junior medical		(9.6)	(9.6)	(9.4)	0.3	3%	(19.4)	(19.4)	0.0	(0%)
(81.4)	(6.9)	(6.9)	(6.7)	0.2	3%	Nursing & midwifery		(41.9)	(41.9)	(41.6)	0.3	1%	(86.2)	(86.2)	0.0	(0%)
(34.1)	(3.1)	(3.1)	(3.0)	0.1	4%	Scientific, therapeutic & technical		(18.6)	(18.6)	(17.9)	0.7	4%	(37.7)	(37.7)	0.0	(0%)
(15.8)	(1.3)	(1.3)	(1.3)	0.1	6%	Other clinical		(8.1)	(8.1)	(7.7)	0.4	5%	(16.3)	(16.3)	0.0	(0%)
(41.1)	(3.9)	(3.9)	(3.5)	0.3	8%	Non clinical		(22.9)	(22.9)	(21.0)	1.9	8%	(44.2)	(44.2)	0.0	(0%)
<b>(221.1)</b>	<b>(19.3)</b>	<b>(19.3)</b>	<b>(18.9)</b>	<b>0.4</b>	<b>2%</b>	<b>Total payroll pay costs</b>		<b>(115.9)</b>	<b>(115.9)</b>	<b>(113.2)</b>	<b>2.8</b>	<b>2%</b>	<b>(231.4)</b>	<b>(231.4)</b>	<b>0.0</b>	<b>(0%)</b>
<b>Pay - Agency</b>																
(2.4)	(0.1)	(0.1)	(0.2)	(0.1)	(70%)	Consultants		(0.8)	(0.8)	(1.2)	(0.4)	(55%)	(1.7)	(1.7)	0.0	(0%)
(0.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Dental		(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	0.0	(0%)
(5.1)	(0.3)	(0.3)	(0.3)	(0.0)	(7%)	Junior medical		(1.7)	(1.7)	(2.4)	(0.7)	(43%)	(3.5)	(3.5)	0.0	(0%)
(3.0)	(0.0)	(0.0)	(0.2)	(0.2)	(2747%)	Nursing & midwifery		(0.0)	(0.0)	(1.0)	(0.9)	(2620%)	(0.1)	(0.1)	0.0	(0%)
(1.3)	(0.0)	(0.0)	(0.1)	(0.1)	(1094%)	Scientific, therapeutic & technical		(0.0)	(0.0)	(0.3)	(0.3)	(796%)	(0.1)	(0.1)	0.0	(0%)
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Other clinical		(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	0.0	(0%)
(3.4)	(0.0)	(0.0)	(0.3)	(0.2)	(608%)	Non clinical		(0.3)	(0.3)	(1.6)	(1.3)	(474%)	(0.5)	(0.5)	0.0	(0%)
<b>(15.3)</b>	<b>(0.4)</b>	<b>(0.4)</b>	<b>(1.0)</b>	<b>(0.6)</b>	<b>(129%)</b>	<b>Total agency pay costs</b>		<b>(2.8)</b>	<b>(2.8)</b>	<b>(6.5)</b>	<b>(3.6)</b>	<b>(129%)</b>	<b>(5.9)</b>	<b>(5.9)</b>	<b>0.0</b>	<b>(0%)</b>
<b>(236.4)</b>	<b>(19.7)</b>	<b>(19.7)</b>	<b>(19.9)</b>	<b>(0.2)</b>	<b>(1%)</b>	<b>Total pay costs</b>		<b>(118.8)</b>	<b>(118.8)</b>	<b>(119.6)</b>	<b>(0.9)</b>	<b>(0.0)</b>	<b>(237.3)</b>	<b>(237.3)</b>	<b>0.0</b>	<b>(0%)</b>



**Note:** With effect from August, whole time equivalents will be included in the pay cost report to identify whether agency staff are filling gaps / vacancies.

### Annex A4 – Agency Expenditure for the period ending 30<sup>th</sup> September 2014

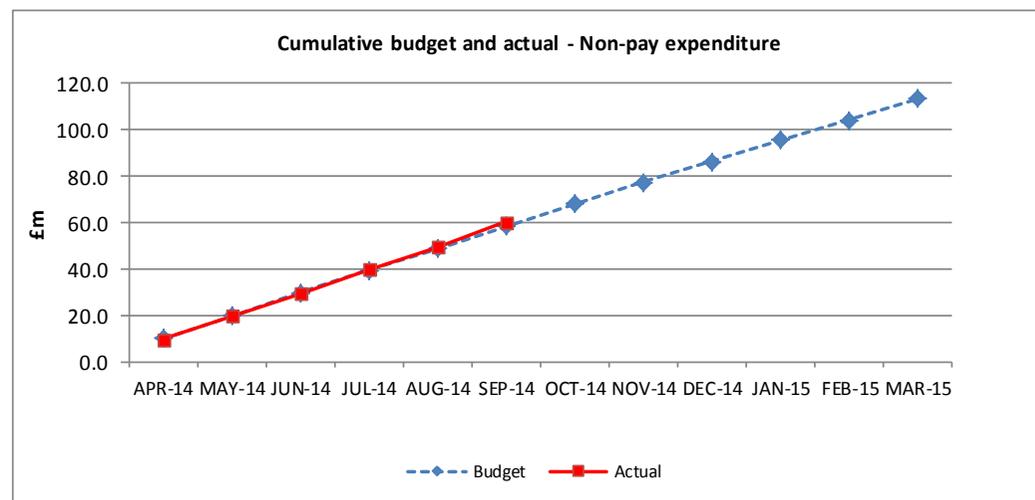
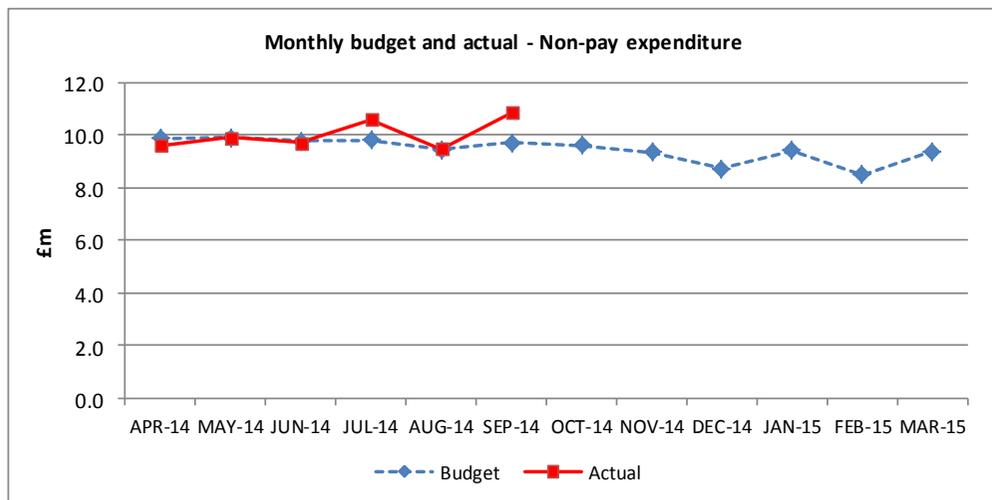
2013/14 Outturn £'m	Current Month					Year To Date					Annual				
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %		
<b>Pay - Agency</b>															
(2.4)	(0.1)	(0.1)	(0.2)	(0.1)	(70%)	Consultants	(0.8)	(0.8)	(1.2)	(0.4)	(55%)	(1.7)	(1.7)	0.0	(0%)
(0.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Dental	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	0.0	(0%)
(5.1)	(0.3)	(0.3)	(0.3)	(0.0)	(7%)	Junior medical	(1.7)	(1.7)	(2.4)	(0.7)	(43%)	(3.5)	(3.5)	0.0	(0%)
(3.0)	(0.0)	(0.0)	(0.2)	(0.2)	(2747%)	Nursing & midwifery	(0.0)	(0.0)	(1.0)	(0.9)	(2620%)	(0.1)	(0.1)	0.0	(0%)
(1.3)	(0.0)	(0.0)	(0.1)	(0.1)	(1094%)	Scientific, therapeutic & technical	(0.0)	(0.0)	(0.3)	(0.3)	(800%)	(0.1)	(0.1)	0.0	(0%)
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Other clinical	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	0.0	(0%)
(3.4)	(0.0)	(0.0)	(0.3)	(0.2)	(608%)	Non clinical	(0.3)	(0.3)	(1.6)	(1.3)	(474%)	(0.5)	(0.5)	0.0	(0%)
<b>(15.3)</b>	<b>(0.4)</b>	<b>(0.4)</b>	<b>(1.0)</b>	<b>(0.6)</b>	<b>(129%)</b>	<b>Total agency pay costs</b>	<b>(2.8)</b>	<b>(2.8)</b>	<b>(6.5)</b>	<b>(3.6)</b>	<b>(129%)</b>	<b>(5.9)</b>	<b>(5.9)</b>	<b>0.0</b>	<b>(0%)</b>



**Note:** With effect from August, whole time equivalents will be included in the pay cost report to identify whether agency staff are filling gaps / vacancies.

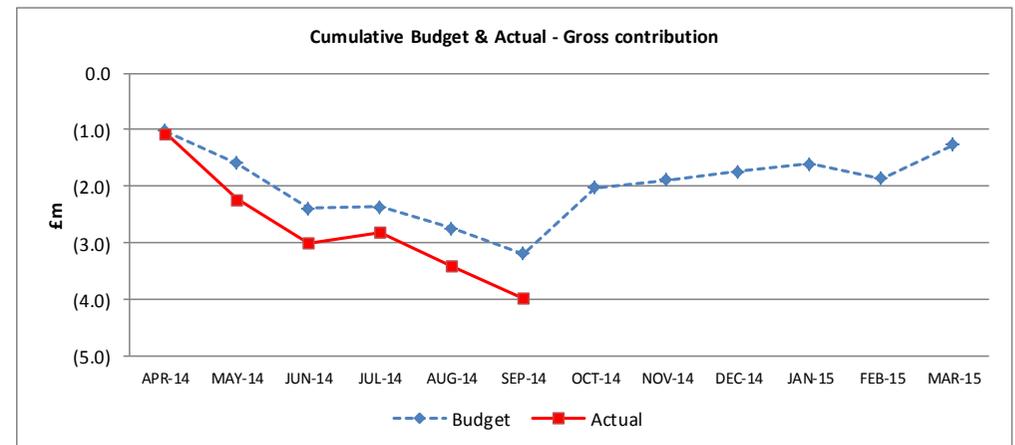
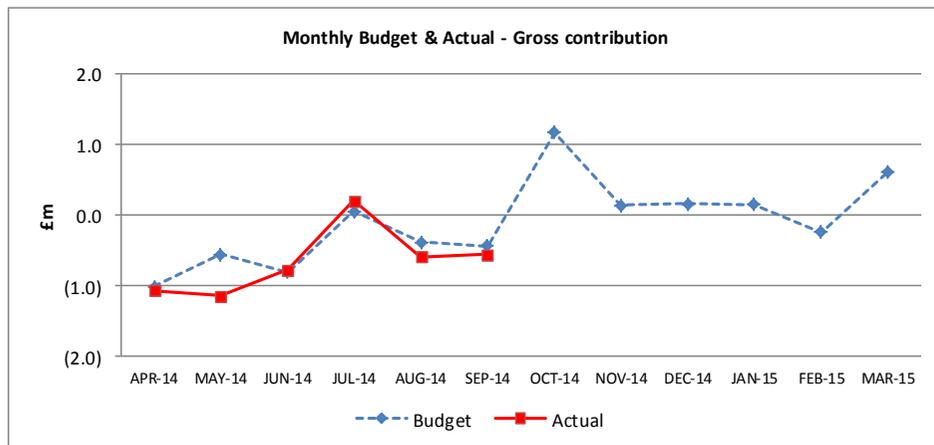
### Annex A5 – Non-Pay Expenditure for the period ending 30<sup>th</sup> September 2014

2013/14 Outturn £'m	Current Month					Year To Date					Annual									
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget £'m %		Budget £'m	Reforecast £'m	Variance £'m %							
(24.2)	(2.1)	(2.1)	(2.1)	(0.1)	(4%)	<b>Drugs costs</b>						(12.1)	(12.1)	(12.7)	(0.5)	(4%)	(24.0)	(24.0)	0.0	(0%)
<b>Other non-pay costs</b>																				
(42.3)	(3.2)	(3.2)	(3.6)	(0.4)	(13%)	Clinical supplies & services		(19.9)	(19.9)	(20.7)	(0.9)	(4%)	(35.7)	(35.7)	0.0	(0%)				
(8.1)	(0.7)	(0.7)	(0.7)	0.0	6%	General supplies & services		(4.0)	(4.0)	(4.0)	0.0	0%	(7.9)	(7.9)	0.0	(0%)				
(14.6)	(1.3)	(1.3)	(1.3)	0.0	3%	Establishment expenditure		(8.1)	(8.1)	(7.0)	1.1	14%	(16.2)	(16.2)	0.0	(0%)				
(0.2)	(0.0)	(0.0)	(0.0)	0.0	95%	Ambulances		(0.1)	(0.1)	(0.1)	0.0	6%	(0.2)	(0.2)	0.0	(0%)				
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Research & Development		(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	0.0	(0%)				
(15.3)	(1.1)	(1.1)	(1.2)	(0.1)	(10%)	Premises & fixed plant		(7.0)	(7.0)	(7.4)	(0.4)	(6%)	(14.4)	(14.4)	0.0	(0%)				
(14.8)	(1.3)	(1.3)	(1.9)	(0.6)	(51%)	Other		(7.3)	(7.3)	(8.3)	(1.0)	(13%)	(14.9)	(14.9)	0.0	(0%)				
(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0%)	Other Finance Cost		(0.0)	(0.0)	(0.0)	(0.0)	(0%)	(0.0)	(0.0)	0.0	(0%)				
<b>(95.4)</b>	<b>(7.6)</b>	<b>(7.6)</b>	<b>(8.7)</b>	<b>(1.1)</b>	<b>(14%)</b>	<b>Total other non-pay costs</b>						<b>(46.3)</b>	<b>(46.3)</b>	<b>(47.5)</b>	<b>(1.1)</b>	<b>(2%)</b>	<b>(89.4)</b>	<b>(89.4)</b>	<b>0.0</b>	<b>(0%)</b>
<b>(119.6)</b>	<b>(9.7)</b>	<b>(9.7)</b>	<b>(10.8)</b>	<b>(1.1)</b>	<b>(12%)</b>	<b>Total operational costs</b>						<b>(58.5)</b>	<b>(58.5)</b>	<b>(60.1)</b>	<b>(1.7)</b>	<b>(3%)</b>	<b>(113.4)</b>	<b>(113.4)</b>	<b>0.0</b>	<b>(0%)</b>



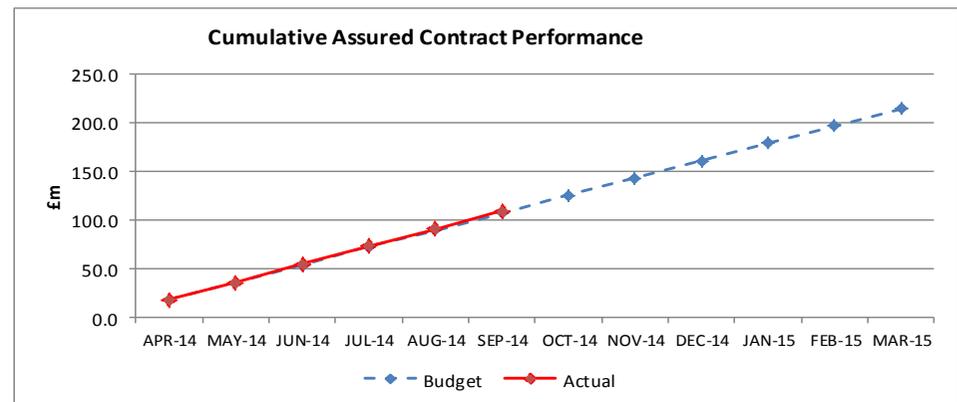
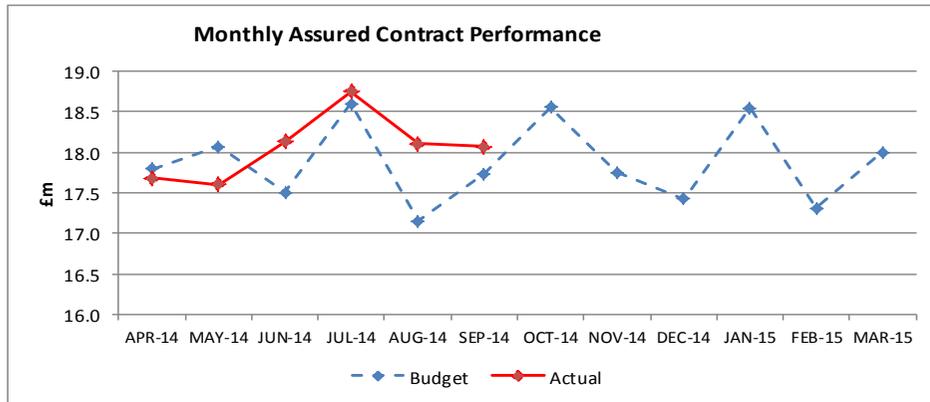
## Annex B – Divisional Gross Contribution Performance for the period ending 30<sup>th</sup> September 2014

2013/14 Outturn £'m	Current Month						Division	Year To Date					Annual			
	Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget				Budget £'m	Reforecast £'m	Actual £'m	Variance against Budget		Budget £'m	Reforecast £'m	Variance	
				£'m	%					£'m	%			£'m	%	
17.5	1.7	1.7	1.2	(0.5)	(30%)	Scheduled Care	9.3	9.3	8.5	(0.8)	(9%)	18.9	18.9	0.0	0%	
25.5	2.2	2.2	2.3	0.1	5%	Unscheduled Care	11.4	11.4	10.4	(1.0)	(9%)	23.2	23.2	0.0	0%	
(0.6)	0.0	0.0	0.1	0.0	67%	Adult Community Services / Long Term Conditions	0.4	0.4	0.6	0.2	55%	(0.4)	(0.4)	0.0	0%	
8.2	0.7	0.7	0.8	0.1	20%	Families	4.5	4.5	5.1	0.5	12%	9.2	9.2	0.0	0%	
(10.9)	(1.0)	(1.0)	(1.0)	0.0	4%	Clinical Support	(5.2)	(5.2)	(5.1)	0.0	1%	(10.4)	(10.4)	0.0	0%	
(28.6)	(2.5)	(2.5)	(2.5)	0.0	0%	Facilities Management	(14.7)	(14.7)	(14.7)	0.0	0%	(29.1)	(29.1)	0.0	0%	
3.4	(0.9)	(0.9)	(0.6)	0.3	37%	Corporate Services	(4.1)	(4.1)	(3.1)	1.0	25%	(9.8)	(9.8)	0.0	0%	
0.0	0.3	0.3	0.0	(0.3)	(100%)	CIP	0.9	1.0	0.0	(0.9)	(100%)	8.9	8.9	0.0	0%	
<b>14.6</b>	<b>0.5</b>	<b>0.5</b>	<b>0.4</b>	<b>(0.1)</b>	<b>(26%)</b>	<b>EBITDA</b>	<b>2.6</b>	<b>2.6</b>	<b>1.7</b>	<b>(0.9)</b>	<b>(34%)</b>	<b>10.4</b>	<b>10.4</b>	<b>0.0</b>	<b>0%</b>	
(11.5)	(1.0)	(1.0)	(1.0)	0.0	1%	Non-operating expenditure	(5.8)	(5.8)	(5.7)	0.1	2%	(11.7)	(11.7)	0.0	0%	
<b>3.2</b>	<b>(0.4)</b>	<b>(0.4)</b>	<b>(0.6)</b>	<b>(0.1)</b>	<b>(29%)</b>	<b>Surplus/(deficit)</b>	<b>(3.2)</b>	<b>(3.2)</b>	<b>(4.0)</b>	<b>(0.8)</b>	<b>(25%)</b>	<b>(1.3)</b>	<b>(1.3)</b>	<b>0.0</b>	<b>0%</b>	



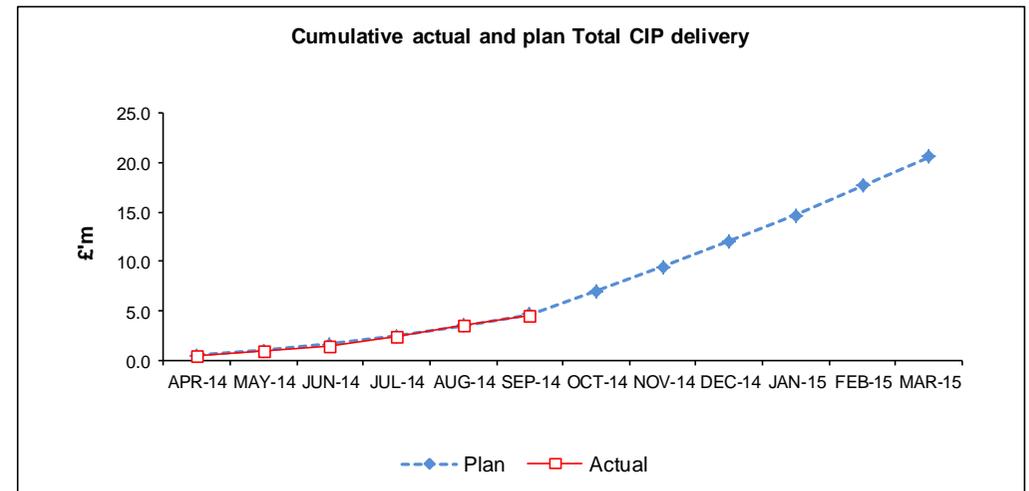
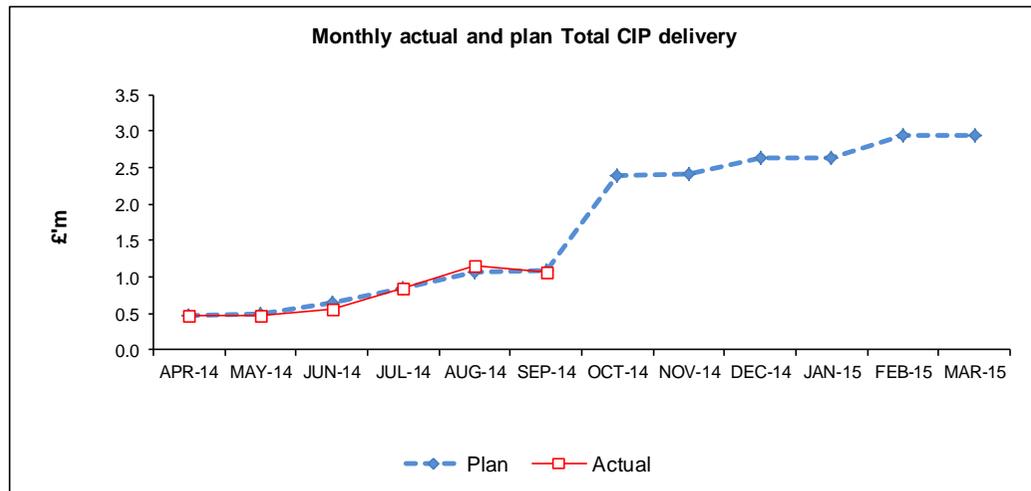
### Annex C – Clinical Contract Performance (Assured Contract) for the period ending 30<sup>th</sup> September 2014

2013/14 Outturn £'m	Current Month					Year To Date				Annual							
	Budget £'m	Actual £'m	Variance against Budget			Budget £'m	Actual £'m	Variance against Budget		Reported Income £'m	Reported Variance £'m	%	Budget £'m	Reforecast £'m	Variance £'m		%
			£'m	%				£'m	%						£'m	£'m	
<b>NHS Blackpool CCG</b>																	
4.8	0.4	0.4	(0.0)	(3%)	A&E	2.4	2.3	(0.1)	(3%)	2.4	0.0	0%	4.8	4.8	0.0	0%	
19.7	1.8	1.8	(0.1)	(3%)	Electives Including Daycases	10.4	10.3	(0.1)	(1%)	10.3	(0.1)	(1%)	21.1	21.1	0.0	0%	
33.9	2.9	3.0	0.1	4%	Emergencies	17.6	19.4	1.8	10%	17.8	0.2	1%	35.6	35.6	0.0	0%	
12.4	1.2	1.1	(0.0)	(1%)	Outpatient Attendances	6.8	6.8	(0.0)	(0%)	6.8	(0.0)	(0%)	13.5	13.5	0.0	0%	
2.1	0.1	0.1	0.0	22%	Outpatient Procedures	0.8	0.9	0.1	7%	0.9	0.1	7%	1.6	1.6	0.0	0%	
2.8	0.2	0.2	0.0	29%	Critical Care Beddays	1.0	1.2	0.1	14%	1.2	0.1	14%	2.2	2.2	0.0	0%	
3.5	0.3	0.3	0.0	3%	Direct Access Diagnostics	1.9	2.0	0.1	4%	2.0	0.1	4%	3.8	3.8	0.0	0%	
	1.8	1.8	0.0	0%	Community	10.5	10.5	0.0	0%	10.5	0.0	0%	20.9	20.9	0.0	0%	
20.9	1.4	1.4	0.0	1%	Other Clinical Income	8.3	8.5	0.2	3%	8.7	0.5	5%	16.6	16.6	0.0	0%	
<b>100.1</b>	<b>10.1</b>	<b>10.2</b>	<b>0.1</b>	<b>1%</b>	<b>NHS Blackpool CCG Total</b>	<b>59.8</b>	<b>61.8</b>	<b>2.1</b>	<b>3%</b>	<b>60.5</b>	<b>0.7</b>	<b>1%</b>	<b>120.0</b>	<b>120.0</b>	<b>0.0</b>	<b>0%</b>	
<b>NHS Fylde &amp; Wyre CCG</b>																	
2.8	0.2	0.2	0.0	7%	A&E	1.4	1.4	(0.0)	(1%)	1.4	0.0	0%	2.8	2.8	0.0	0%	
17.5	1.6	1.5	(0.0)	(1%)	Electives Including Daycases	9.2	8.5	(0.6)	(7%)	8.5	(0.6)	(7%)	18.5	18.5	0.0	0%	
24.4	2.0	2.2	0.2	9%	Emergencies	12.7	13.5	0.9	7%	12.7	0.0	0%	25.5	25.5	0.0	0%	
10.3	1.0	0.9	(0.0)	(2%)	Outpatient Attendances	5.7	5.5	(0.2)	(4%)	5.5	(0.2)	(4%)	11.3	11.3	0.0	0%	
2.0	0.1	0.1	0.0	17%	Outpatient Procedures	0.7	0.8	0.0	6%	0.8	0.0	6%	1.5	1.5	0.0	0%	
1.8	0.2	0.1	(0.1)	(64%)	Critical Care Beddays	1.0	0.8	(0.2)	(23%)	0.8	(0.2)	(23%)	2.0	2.0	0.0	0%	
3.4	0.3	0.3	0.0	9%	Direct Access Diagnostics	1.7	1.7	0.0	1%	1.7	0.0	2%	3.4	3.4	0.0	0%	
	1.2	1.2	0.0	0%	Community	7.0	7.0	0.0	0%	7.0	0.0	0%	13.9	13.9	0.0	0%	
17.6	1.3	1.4	0.1	7%	Other Clinical Income	7.8	7.8	0.0	0%	7.5	(0.2)	(3%)	15.4	15.4	0.0	0%	
<b>79.9</b>	<b>7.7</b>	<b>7.9</b>	<b>0.2</b>	<b>2%</b>	<b>NHS Fylde &amp; Wyre CCG Total</b>	<b>47.1</b>	<b>46.9</b>	<b>(0.2)</b>	<b>(0%)</b>	<b>45.9</b>	<b>(1.2)</b>	<b>(3%)</b>	<b>94.4</b>	<b>94.4</b>	<b>0.0</b>	<b>0%</b>	
<b>180.0</b>	<b>17.8</b>	<b>18.1</b>	<b>0.3</b>	<b>2%</b>	<b>Assured Contract Performance</b>	<b>106.9</b>	<b>108.8</b>	<b>1.9</b>	<b>2%</b>	<b>106.4</b>	<b>(0.5)</b>	<b>(0%)</b>	<b>214.4</b>	<b>214.4</b>	<b>0.0</b>	<b>0%</b>	



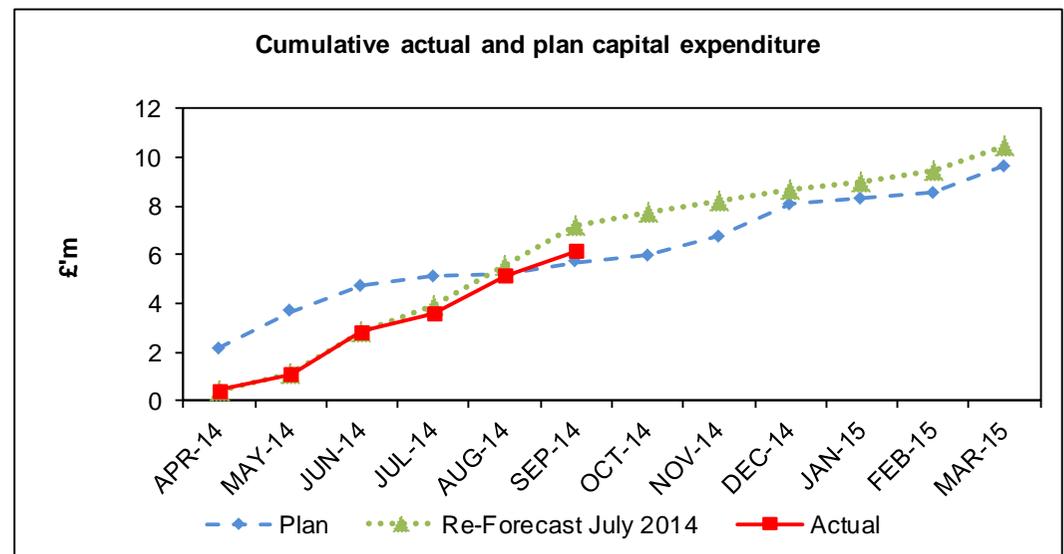
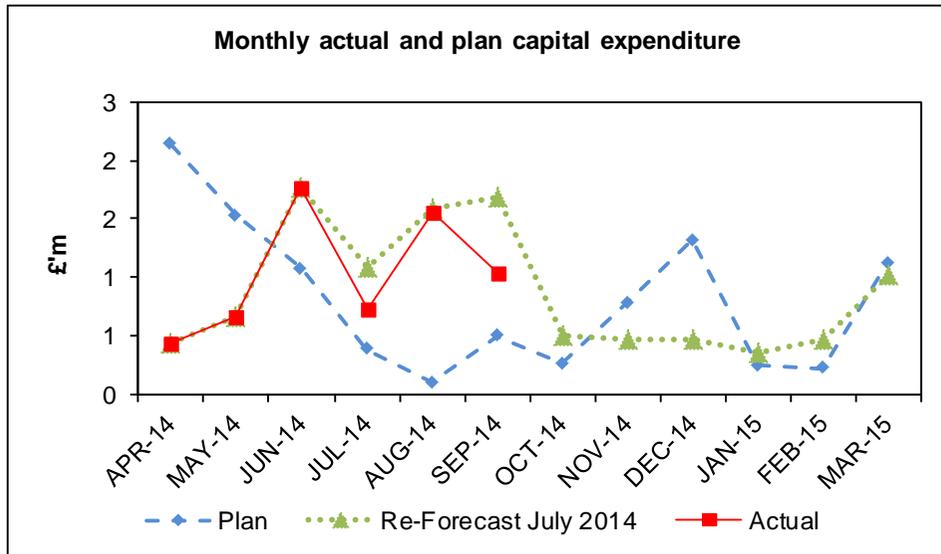
### Annex D – CIP Performance by Theme for the period ending 30<sup>th</sup> September 2014

2013/14 Outturn £'m	Current Month						Year To Date						Annual			
	Plan	Reforecast	Actual	Variance against Plan		Theme	Plan	Reforecast	Actual	Variance against Plan		Plan	Reforecast	Variance		
	£'m	£'m	£'m	£'m	%		£'m	£'m	£'m	£'m	%	£'m	£'m	£'m	%	
	0.0	0.0	0.0	(0.0)	(100%)	Better Care Now	0.1	0.1	0.0	(0.1)	(100%)	1.2	1.2	0.0	0%	
	0.4	0.4	0.6	0.2	56%	Divisional	1.9	1.9	2.6	0.7	40%	7.4	7.4	0.0	0%	
	0.1	0.1	0.0	(0.0)	(78%)	Income Generation	0.2	0.2	0.1	(0.0)	(25%)	0.5	0.5	0.0	0%	
	0.1	0.1	0.0	(0.0)	(12%)	Medicines Management	0.3	0.3	0.2	(0.2)	(54%)	0.7	0.7	0.0	0%	
	0.0	0.0	0.1	0.1	0%	Outpatients	0.0	0.0	0.2	0.2	0%	1.0	1.0	0.0	0%	
	0.3	0.3	0.2	(0.1)	(25%)	Procurement	1.0	1.0	0.6	(0.3)	(34%)	4.3	4.3	0.0	0%	
	0.1	0.1	0.1	0.0	51%	Technical Flexibilities	0.3	0.3	0.7	0.5	187%	0.8	0.8	0.0	0%	
	0.0	0.0	0.0	(0.0)	(100%)	Theatre Productivity	0.1	0.1	0.0	(0.1)	(100%)	1.3	1.3	0.0	0%	
	0.2	0.2	0.0	(0.2)	(90%)	Workforce	0.9	0.9	0.2	(0.6)	(75%)	3.5	3.5	0.0	0%	
<b>0.0</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>(0.0)</b>	<b>(1%)</b>	<b>TOTAL</b>	<b>4.6</b>	<b>4.6</b>	<b>4.6</b>	<b>(0.0)</b>	<b>(1%)</b>	<b>20.6</b>	<b>20.6</b>	<b>0.0</b>	<b>0%</b>	



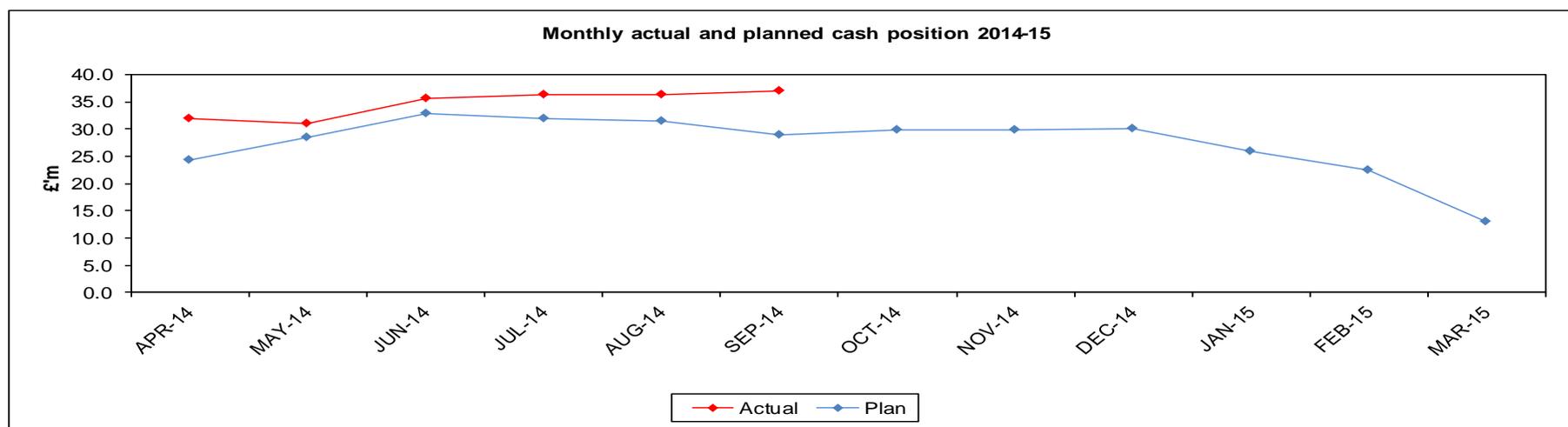
### Annex E – Capital Expenditure for the period ending 30th September 2014

2013/14 Outturn £'m	Re- Forecast £'m	Current Month				Re- Forecast £'m	Year To Date			Re- Forecast £'m	Annual		
		Actual £'m	Variance £'m	%			Actual £'m	Variance £'m	%		Forecast £'m	Variance £'m	%
(0.5)	(0.2)	(0.1)	0.1	46%	Base Capital	(0.4)	(0.2)	0.2	50%	(0.8)	(0.8)	0.0	0%
(11.6)	0.0	(0.1)	(0.1)	(100%)	Main entrance/multistorey car park	(0.9)	(0.9)	0.0	0%	(0.9)	(0.9)	0.0	0%
0.0	(0.1)	(0.0)	0.1	90%	Poulton Office closure	(0.5)	(0.2)	0.3	60%	(0.5)	(0.5)	0.0	0%
(0.9)	0.0	0.0	0.0	0%	Womens & Childrens	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
(0.4)	0.0	0.0	0.0	0%	Stroke Unit	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
(0.5)	(0.3)	(0.2)	0.1	33%	Electronic information projects	(0.9)	(0.5)	0.4	41%	(1.5)	(1.5)	0.0	0%
(3.3)	(0.6)	(0.4)	0.2	33%	Clinical equip. replacement/enabling	(3.3)	(3.6)	(0.3)	(10%)	(5.4)	(5.4)	0.0	0%
0.0	(0.3)	(0.1)	0.2	67%	Improvement Maternity Care	(0.4)	(0.2)	0.2	60%	(0.5)	(0.5)	0.0	0%
(1.0)	(0.2)	(0.1)	0.1	50%	Energy Efficiency/Salix Energy Scheme	(0.8)	(0.6)	0.2	24%	(0.8)	(0.8)	0.0	0%
(0.6)	0.0	0.0	0.0	0%	EPR	0.0	0.0	0.0	0%	0.0	0.0	0.0	0%
<b>(18.8)</b>	<b>(1.7)</b>	<b>(1.0)</b>	<b>0.7</b>	<b>40%</b>	<b>Total</b>	<b>(7.2)</b>	<b>(6.2)</b>	<b>1.0</b>	<b>14%</b>	<b>(10.5)</b>	<b>(10.5)</b>	<b>0.0</b>	<b>0%</b>



## Annex F – Cash Position for the period ending 30th September 2014

	April £'m	May £'m	June £'m	July £'m	August £'m	September £'m	October £'m	November £'m	December £'m	January £'m	February £'m	March £'m
<b>Balance b/f</b>	<b>25.3</b>	<b>32.0</b>	<b>31.9</b>	<b>35.6</b>	<b>36.3</b>	<b>36.2</b>	<b>36.9</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cashflow</b>												
EBITDA	(0.1)	(0.2)	0.2	1.0	0.3	0.4	2.2	1.2	1.2	1.2	0.8	1.6
Movement in working capital	7.3	2.9	2.0	0.5	(0.3)	2.1	(0.9)	(1.0)	0.1	(4.5)	(4.0)	(7.0)
<b>Cash Flow from operations</b>	<b>7.2</b>	<b>2.6</b>	<b>2.2</b>	<b>1.5</b>	<b>(0.0)</b>	<b>2.5</b>	<b>1.3</b>	<b>0.2</b>	<b>1.3</b>	<b>(3.3)</b>	<b>(3.2)</b>	<b>(5.3)</b>
<b>Capital expenditure</b>												
Capex Spend	(0.5)	(2.7)	0.0	(1.0)	(1.4)	(0.6)	(0.5)	(0.3)	(0.8)	(0.8)	(0.2)	(0.5)
Cash receipt from asset sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Cash Flow before financing</b>	<b>6.7</b>	<b>(0.1)</b>	<b>2.2</b>	<b>0.5</b>	<b>(1.5)</b>	<b>1.9</b>	<b>0.8</b>	<b>(0.0)</b>	<b>0.6</b>	<b>(4.1)</b>	<b>(3.4)</b>	<b>(5.8)</b>
<b>Financing</b>												
PDC received	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividend paid	0.0	0.0	0.0	0.0	0.0	(1.4)	0.0	0.0	0.0	0.0	0.0	(2.1)
Interest paid loans and leases	0.0	0.0	(0.2)	0.0	0.0	(0.5)	0.0	0.0	0.0	0.0	0.0	(0.6)
Drawdown of loans	0.0	0.0	1.6	0.2	1.4	1.8	0.0	0.0	0.0	0.0	0.0	0.3
Repayment of loans	0.0	0.0	(0.3)	0.0	0.0	(1.2)	0.0	0.0	(0.3)	0.0	0.0	(1.2)
<b>Net Cash Inflow</b>	<b>6.7</b>	<b>(0.1)</b>	<b>3.7</b>	<b>0.7</b>	<b>(0.1)</b>	<b>0.6</b>	<b>0.8</b>	<b>(0.0)</b>	<b>0.2</b>	<b>(4.1)</b>	<b>(3.4)</b>	<b>(9.4)</b>
<b>Balance C/F</b>	<b>32.0</b>	<b>31.9</b>	<b>35.6</b>	<b>36.3</b>	<b>36.2</b>	<b>36.9</b>						
<b>Planned balance c/f</b>	<b>24.3</b>	<b>28.5</b>	<b>32.8</b>	<b>31.8</b>	<b>31.4</b>	<b>29.0</b>	<b>29.8</b>	<b>29.8</b>	<b>30.0</b>	<b>25.9</b>	<b>22.4</b>	<b>13.0</b>





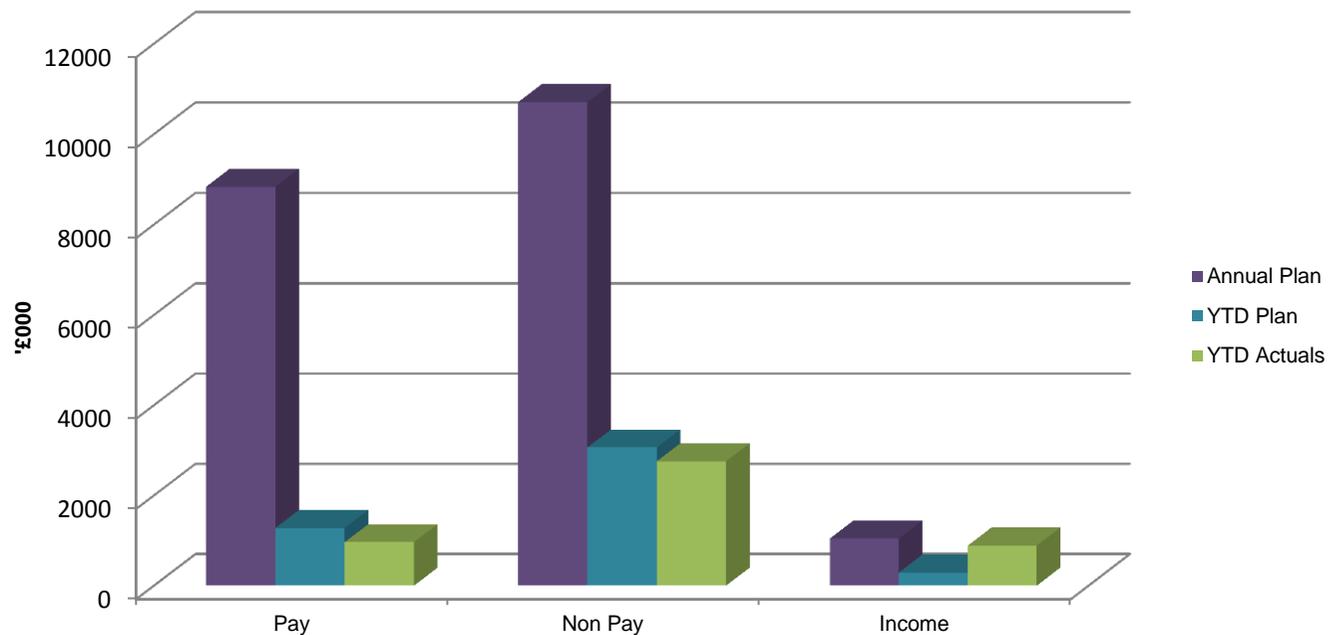
# CIP – Lead Director: Tim Bennett

Theme / Theme Group	Annual Planned Savings		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Better Care Now - Waits	600,000	Plan Actual Variance	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	16,667 0 (16,667)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	100,000 0 (100,000)
Better Care Now - Alternative to Hospital	600,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	100,000 0 (100,000)	100,000 0 (100,000)	100,000 0 (100,000)	100,000 0 (100,000)	100,000 0 (100,000)	100,000 0 (100,000)	0 0 0
Outpatients	1,000,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 16,667 16,667	0 41,667 41,667	0 91,667 91,667	166,667 0 (166,667)	166,667 0 (166,667)	166,667 0 (166,667)	166,667 0 (166,667)	166,667 0 (166,667)	166,667 0 (166,667)	0 150,000 150,000
Theatre Productivity (incl Stock Management)	1,250,000	Plan Actual Variance	10,417 0 (10,417)	10,417 0 (10,417)	10,417 0 (10,417)	18,750 0 (18,750)	18,750 0 (18,750)	18,750 0 (18,750)	172,083 0 (172,083)	172,083 0 (172,083)	192,083 0 (192,083)	192,083 0 (192,083)	217,083 0 (217,083)	217,083 0 (217,083)	87,500 0 (87,500)
Workforce - Specialist Nurse Review	250,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	0 0 0
Workforce - Job Planning	250,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	41,667 0 (41,667)	0 0 0
Workforce - Reduction In Agency Spend	3,000,000	Plan Actual Variance	85,750 105,086 19,336	85,750 21,295 (64,455)	117,551 21,524 (96,027)	121,028 21,524 (99,504)	221,028 21,524 (199,504)	221,028 21,524 (199,504)	329,144 0 (329,144)	329,144 0 (329,144)	327,394 0 (327,394)	327,394 0 (327,394)	417,394 0 (417,394)	417,394 0 (417,394)	852,135 212,477 (639,658)
Technical Flexibilities	750,000	Plan Actual Variance	0 173,466 173,466	0 65,417 65,417	0 65,417 65,417	83,333 65,417 (17,917)	83,333 223,417 140,083	83,333 125,417 42,083	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	83,333 0 (83,333)	250,000 718,549 468,549
Income Generation	500,000	Plan Actual Variance	0 0 0	0 33,333 33,333	0 16,667 16,667	55,556 0 (55,556)	55,556 6,944 (43,056)	55,556 12,500 (43,056)	55,556 0 (55,556)	55,556 0 (55,556)	55,556 0 (55,556)	55,556 0 (55,556)	55,556 0 (55,556)	55,556 0 (55,556)	166,667 125,000 41,667
Procurement	4,300,000	Plan Actual Variance	86,685 5,617 (81,068)	86,685 19,117 (67,568)	132,685 112,476 (20,208)	145,184 177,489 32,304	261,185 127,245 (133,939)	261,184 196,518 (64,667)	391,852 0 (391,852)	389,635 0 (389,635)	554,351 0 (554,351)	559,351 0 (559,351)	721,852 0 (721,852)	709,351 0 (709,351)	973,608 638,465 (335,143)
Medicines Management	685,000	Plan Actual Variance	57,083 0 (57,083)	57,083 3,761 (53,322)	57,083 62,475 5,392	57,083 20,211 (36,873)	57,083 21,855 (35,228)	57,083 49,999 (7,084)	57,083 0 (57,083)	57,083 0 (57,083)	57,083 0 (57,083)	57,083 0 (57,083)	57,083 0 (57,083)	57,083 0 (57,083)	342,500 158,301 (184,199)
Endoscopy	185,000	Plan Actual Variance	0 0 0	0 0 0	0 0 0	0 0 0	0 6,504 6,504	0 (96) (96)	30,833 0 (30,833)	30,833 0 (30,833)	30,833 0 (30,833)	30,833 0 (30,833)	30,833 0 (30,833)	30,833 0 (30,833)	0 6,408 6,408
Divisional	7,215,000	Plan Actual Variance	226,528 196,813 (29,715)	244,445 320,437 75,992	304,513 291,132 (13,381)	350,500 555,610 205,110	363,254 656,192 292,938	370,481 579,202 208,721	846,679 0 (846,679)	855,118 0 (855,118)	890,867 0 (890,867)	890,872 0 (890,872)	930,873 0 (930,873)	940,869 0 (940,869)	1,859,720 2,599,386 739,666
<b>Total Trust CIP Programme</b>	<b>20,585,000</b>	<b>Plan Actual Variance</b>	<b>483,129 480,982 (2,148)</b>	<b>501,047 463,360 (37,687)</b>	<b>638,915 569,691 (69,225)</b>	<b>848,101 856,916 8,815</b>	<b>1,076,855 1,160,903 84,048</b>	<b>1,084,083 £1,076,731 (7,352)</b>	<b>2,399,897 0 (2,399,897)</b>	<b>2,406,120 0 (2,406,120)</b>	<b>2,624,834 0 (2,624,834)</b>	<b>2,629,840 0 (2,629,840)</b>	<b>2,947,341 0 (2,947,341)</b>	<b>2,944,837 0 (2,944,837)</b>	<b>4,632,130 4,608,586 (23,544)</b>

## CIP Summary – Lead Director: Tim Bennett

The 2014-15 CIP Programme continues to have a delivery value of £20.6m with a RAG profile of 4% Red, 14% Amber and 82% Green. The programme continues to see positive movement in terms of PID development and submission for new schemes and in terms of progress within existing projects and programmes. As part of the process of preparing an income and expenditure reforecast a full CIP reforecast is required. Contingency and mitigation plans are being considered and will feed into the CIP once identified and processed.

### Delivery of 2014-15 Savings Programme by Type of Savings



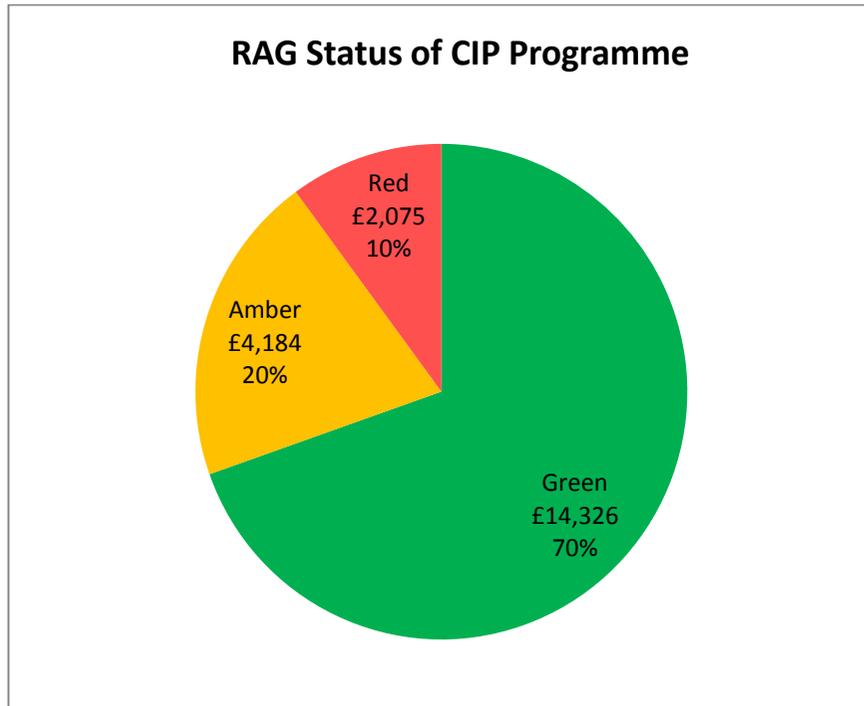
**CIP Summary (Continued) – Lead Director: Tim Bennett**

**Monthly Profile of 2014-15  
Savings Programme**



# CIP Summary (Continued) – Lead Director: Tim Bennett

The CIP status as at month 6.



RAG Rating	Total Value of Schemes	% of Target
Green	£14,326	69.6%
Amber	£4,184	20.3%
Red	£2,075	10.1%
<b>Totals</b>	<b>£20,585</b>	<b>100.0%</b>

## Capital Expenditure / Estate – Lead Director: Tim Bennett

Indicator	Unit	Month 06 Re-Forecast	Month 06 Actual	Variance		YTD Re-Forecast M06	YTD Actual M06	Variance	Annual Plan		
Capital	Building Schemes	£m	(0.8)	(0.5)	0.3	G	(3.0)	(2.0)	1.0	(3.6)	G
	Electronic Information Projects	£m	(0.3)	(0.1)	0.2	G	(0.9)	(0.5)	0.4	(1.5)	G
	Equipment Replacement	£m	(0.6)	(0.4)	0.2	G	(3.3)	(3.7)	(0.4)	(5.4)	R
	Total Capital Expenditure	£m	(1.7)	(1.0)	0.7	G	(7.2)	(6.2)	1.0	(10.5)	G

Major Capital Projects	RAG		Next Major Milestone	Date
	Program	Budget		
	RAG	RAG		
Main Entrance / Multi-storey Car Park	G	G	Final account negotiated, building fully occupied and operational. Minor works still outstanding to complete the scheme.	Nov-14
Energy Efficiency Scheme	G	G	The final Salix loan instalments has now been received by the Trust.	Oct-14
Poulton Office Closure	G	G	The Trust is currently negotiating additional dilapidation costs.	Oct-14
Clifton hospital development	G	G	Works in progress – scheduled completion of December 2014.	Dec-14
Improvement in Maternity Care	R	G	Works have now commenced – 12 – 14 week scheme.	Dec-14
Clinical Equipment Replacement	G	G	Prioritisation of remaining bids currently on-going.	Oct-14
Electronic Information Projects	G	G	Alternative financing options are still being explored for the Core Network & Desktop Replacement programs.	Oct-14

## **Capital Expenditure / Estate Summary – Lead Director: Tim Bennett**

- **Main Entrance / Multi-storey Car Park:** The scheme final account has been agreed with Willmott Dixon. The building is fully occupied and operational and any outstanding defects are being rectified.
- **Energy Efficiency Scheme:** The final Salix loan payment has now been received by the Trust in relation to the completed works.
- **Poulton Office Closure:** The building has been handed back to Glasdon. A secondary dilapidation claim has now been received for £74k. A Section 18 report is being prepared which will aid negotiation to minimise any settlement.
- **Clifton Hospital Development:** An order has now been placed with Wardens, the approved main contractor. Works have now commenced with an expected completion date of December 2014.
- **Improvement in Maternity Care:** The scheme is fully funded by the Department of Health. An order has now been placed with Wardens, the approved main contractor. Works have now commenced with an order being processed for the associated equipment purchases.
- **Clinical Equipment Replacement:** The Medical Devices Steering Committee has placed a hold on escalating further equipment approvals to the Capital Strategy Group whilst it re-prioritises remaining bids to ensure that full year expenditure comes within budget.
- **Electronic Information Projects:** All urgent schemes have now been approved and ordered with the exception of Core Network & Desktop replacement programs, alternative financing options are currently being worked up with Procurement to support these.

# Operations – Lead Director: Pat Oliver

Delivery: To exceed all national and local standards of service delivery															
Key Measures	Annual Target	Monthly Target	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Maximum 4 hour wait in A & E from arrival to admission, transfer or discharge*	95%	95%	86.53%	93.04%	92.61%	97.82%	95.27%	93.56%	92.48%						
A&E plus UCC	95%	95%	88.64%	94.20%	93.73%	98.06%	96.07%	97.28%	96.70%						
Total time in A&E (95th Percentile)	<=240 min	<=240 min	465	321	343	238	241	290	329						
Total time in A&E - patients not requiring admission to hospital	<=240 min	<=240 min	278	239	239	233	237	239	239						
Total time in A&E - patients who needed admission to hospital	<=240 min	<=240 min	634	523	533	310	449	403	478						
Time to initial assessment (95th Percentile)	15 minutes	15 minutes	26	25	23	19	18	17	16						
Time to treatment decision (median)	60 minutes	60 minutes	89	72	87	66	83	73	85						
Unplanned reattendance rate	5%	5%	4.00%	4.04%	4.34%	3.84%	4.71%	4.37%	4.51%						
Left without being seen	5%	5%	2.32%	1.92%	2.62%	2.29%	2.93%	2.74%	2.59%						
18-weeks (Admitted adjusted Pathways)*	N/A	>=90%	90.84%	90.04%	90.93%	88.09%	87.32%	85.57%	80.31%						
18-weeks (Non-admitted Pathways)*	N/A	>=95%	95.39%	96.41%	96.19%	95.41%	94.64%	95.44%	94.07%						
Open Pathways - 92% Target	N/A	>=92%	92.13%	92.78%	92.37%	92.36%	91.87%	91.17%	93.01%						
% Top 15 diagnostic waits >6 weeks	<=1%	<=1%	3.96%	2.61%	1.85%	1.52%	2.82%	5.12%	7.56%						
Maximum 2 week wait from urgent GP referral to outpatient appt for all urgent suspected cancer referrals*	N/A	>=93%	97.10%	93.50%	96.70%	96.00%	95.00%	94.32%	93.80%						
Symptomatic breast [not thought to be cancer]	N/A	>=93%	97.20%	93.80%	98.90%	98.10%	95.60%	93.00%	92.40%						
Maximum 62 day wait from urgent referral to treatment for all cancers*	N/A	>=85%	91.70%	94.50%	80.60%	86.50%	70.40%	86.21%	75.00%						
62 day Screening performance target	N/A	>=90%	100.00%	100.00%	93.30%	93.80%	93.30%	94.44%	90.90%						
Maximum 31 day wait from diagnosis to treatment for all cancers*	N/A	>=96%	99.30%	100.00%	98.50%	98.10%	98.70%	100.00%	98.50%						
31 day Subsequent treatment (surgery)	N/A	>=94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
31 day Subsequent treatment (drugs)	N/A	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%						
62 day Upgrade performance target	N/A	>=90%	85.50%	91.30%	93%	95.10%	91.90%	82.35	81.80%						
Cancelled Operations (Reportable cancellations compared to total elective admissions)	N/A	<=0.8%	0.81%	0.64%	0.86%	0.53%	0.65%	0.60%	0.80%						
Reduction in number of Cancelled operations	<=252	<=21	38	29	41	25	35	29	40						

## Operations (Continued) – Lead Director: Pat Oliver

Key Measures	Annual Target	Monthly Target	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Percentage of TIA cases with a higher risk of stroke who are treated within 24 hours (F&W CCG)	60%	60%	57.14%	66.67%	46.43%	29.41%	73.33%	66.67%	42.85%						
Percentage of TIA cases with a higher risk of stroke who are treated within 24 hours (Blackpool CCG)	60%	60%	72.73%	75.00%	56.25%	48.15%	36.36%	47.83%	22.22%						
New to Follow-up ratio (CHKS)	<= 1 : 2.6	<= 1 : 2.6	1:2.3	1:2.4	1:2.3	1:2.4	1:2.4	1:2.5	1:2.4						
DNA (CHKS)	8.30%	8.30%	8.20%	8.50%	8.60%	8.60%	8.30%	8.80%	8.70%						
Spell Average Length of Stay (all admissions excluding day cases) CHKS	R = >4.7 A = >4.3<=4.7 G = <=4.3		4.95	4.85	5.21	4.82	4.58	4.57	4.38						
Spell Average Length of stay (Elective Admissions exc day case) CHKS	R = >3.68 A = >3.5<=3.68 G = <=3.5		3.66	3.56	3.38	3.58	3.14	3.28	3.31						
Spell Average Length of Stay (Non-Elective Admission exc. day case) CHKS	R>=5.03 A>4.3<5.03 G<=4.3		5.15	5.06	5.48	5.02	4.82	4.81	4.57						
30 day Readmission following daycase & elective (CHKS)	3.10%	3.10%	3.20%	3.60%	4.10%	3.40%	3.40%	3.70%	In Arrears						
30 day Readmission following non-elective admission (CHKS)	10.60%	10.60%	11.60%	12.30%	12.40%	12.70%	12.40%	12.80%	In Arrears						
Total Pre-op Bed Days - Number of patients admitted >1 day pre-op (based on National Standard Methodology)	N/A	475	523	527	522	394	527	366	463						
Total number of bed days	N/A	3821	3858	4160	4646	3996	3651	2563	3366						
Elective Pre-op Bed Days Number of patients admitted >1 day pre-op (based on National Standard Methodology)	N/A	26	11	23	23	10	25	6	23						
Total Number of Elective Bed Days	N/A	261	158	214	211	59	163	71	148						
Non - Elective Pre-op Bed Days Number of patients admitted >1 day pre-op (based on National Standard Methodology)	N/A	449	512	504	499	384	502	360	440						
Total Number of Non - Elective Bed Days	N/A	3561	3700	3946	4435	3937	3488	2492	3218						
Day Case Rate - basket of 25	>=87.3%	>=87.3%	89.39%	86.72%	86.27%	87.53%	86.93%	88.86%	88.48%						
Theatre Utilisation	>=95%	>=95%	100.00%	100.00%	100.00%	99.61%	98.82%	100.00%	99.82%						

## Operations Summary – Lead Director: Pat Oliver

- **A&E:** The Trust achieved a performance of 96.7% in September. The average quarterly performance is above target at 96.7%.
- **18 Weeks:** The Trust achieved one of the three RTT measures in September. The Admitted performance was 80.31% against the 90% target, Non-admitted was 94.07% (target 95%) and Open pathways was 93.01% (target 92%). The Trust is intending for these 3 performance measures to decline further in October and November, whilst the 18 week and waiting list management work is undertaken. The Trust is on track with the outsourced activity, predominantly relating to Orthopaedics, Gynaecology and General Surgery. Monitoring continues to ensure we are back on track for quarter 3.
- **Cancer:** August performance for the 62 day urgent referral to treatment (target 85%) achieved the required standard at 87.2%. The unvalidated September performance for the 62 day standard is 75.0%. The combination of July and September performance across this standard does not achieve the quarterly performance target. All the associated patient pathways are being reviewed across the quarter to confirm the impact of an increased referral rate and the complexity of the pathways.
- **Outpatients:** The Trust continues to maintain a new to follow up ratio slightly below the contracted limit of 1:2.6. The number of patients who Did Not Attend their outpatient appointment is above the monthly target of 8.3% with an unvalidated performance of 8.7%, a slight improvement from the previous month.
- **Length of Stay:** Emergency length of stay has reduced to 4.57 days, however this is still above the 4.3 day target. The elective length of stay for September has increased to 3.31 days, however remains below the target figure of 3.5 days. The Trust overall length of stay has reduced again this month to 4.38 days, remaining slightly above the target level of 4.3 days.
- **Theatre Utilisation:** Theatre utilisation rates remain above the 95% target for the 6th consecutive month.
- **Readmissions:** The readmission rate for both Elective and Non-Elective admissions remains above the monthly target for the period (the figures are for half the month and are not validated). The readmission rate for the month is expected to be higher than the monthly target for both.
- **Diagnostics:** The number of patients waiting over 6 weeks for a diagnostic test (Cystoscopy) has increased further from the previous month to 262 patients. The target is for less than 1% of patients to be waiting for a diagnostic test and the Trust is currently reporting 7.52%. These waiting time breaches are all found within urology. An independent sector provider has been commissioned to assist with supporting the Trust to reduce the waiting time to below 6 weeks by the end of October.

## Referrals – Lead Director: Pat Oliver

Referral Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	% Change on previous year
<b>A&amp;E</b>	184	202	205	209	172	214							1186	(8%)
<b>Anaesthetics</b>	48	37	74	54	161	110							484	105%
<b>Audiology Diagnostic</b>	65	80	73	101	53	126							498	(27%)
<b>Bone &amp; Marrow Transplantation</b>	2	5	0	2	1	5							15	(6%)
<b>Breast Surgery</b>	382	275	278	263	258	296							1752	11%
<b>Cardiology</b>	1768	1818	1636	1970	1760	1803							10755	(4%)
<b>Cardiothoracic Surgery</b>	86	78	111	100	121	112							608	0%
<b>Clinical Haematology</b>	70	62	75	78	64	75							424	18%
<b>Colorectal Surgery</b>	189	188	180	232	156	237							1182	6%
<b>Community Paediatrics</b>	30	23	8	11	21	42							135	N/A
<b>Dermatology</b>	675	706	771	769	547	773							4241	2%
<b>Diabetic Medicine</b>	43	35	52	45	27	40							242	(9%)
<b>Dietetics</b>	55	34	23	47	30	48							237	(40%)
<b>Endocrinology</b>	74	66	95	95	53	115							498	11%
<b>ENT</b>	650	759	779	701	521	809							4219	(4%)
<b>Gastroenterology</b>	399	322	425	408	284	391							2229	6%
<b>General Medicine</b>	72	80	81	87	54	68							442	(18%)
<b>General Surgery</b>	323	323	501	712	402	809							3070	52%
<b>Gynaecology</b>	447	466	456	456	349	526							2700	(23%)
<b>Infectious Diseases</b>	17	22	16	7	5	17							84	(24%)
<b>Lung Function Diagnostic</b>	136	152	168	142	138	163							899	(13%)
<b>Medical Oncology</b>	116	120	109	134	118	124							721	2%
<b>Midwifery Led Care</b>	100	197	150	228	120	137							932	204%

## Referrals (Continued) – Lead Director: Pat Oliver

Referral Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	% Change on previous year
Obstetrics	399	387	324	402	237	206							1955	(15%)
Ophthalmology	1131	1069	1036	1197	974	1095							6502	(12%)
Oral Surgery	407	404	373	354	305	388							2231	(5%)
Orthodontics	23	23	14	22	9	15							106	563%
Orthopaedics	1189	1249	1317	1309	1038	1341							7443	3%
Paediatrics	267	322	295	317	209	337							1747	40%
Pain Management	77	94	122	112	109	159							673	4%
Palliative Medicine	1	3	7	4	3	3							21	40%
Plastic Surgery	81	73	60	76	76	64							430	3%
Podiatry	69	84	68	80	63	92							456	(8%)
Research Nurse	14	20	12	14	13	11							84	(7%)
Rheumatology	225	178	195	168	135	173							1074	2%
Sleep Studies	35	45	52	49	32	53							266	3%
Surgical Appliances	252	286	275	308	190	283							1594	3%
Thoracic Medicine	181	187	191	199	144	201							1103	3%
TIA	27	47	45	40	43	32							234	90%
Urology	595	557	516	523	338	515							3044	18%
Vascular Surgery	124	138	106	135	70	143							716	9%
<b>Total</b>	11028	11216	11274	12160	9408	12214							67300	0.86%
<b>% Change on previous year</b>	(1.3%)	(1.1%)	2.0%	0.24%	(15%)	12.9								

## Activity – Lead Director: Pat Oliver

Outpatients	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
New	7213	7142	7076	7269	8290	6376	7915							44068	(1%)
Follow Up	17009	17766	16757	17655	19269	17390	18106							106943	(1%)
Outpatient procedures	1420	1496	1453	1460	1827	1464	1614							9314	9%
Total	25642	26404	25286	26384	29386	25230	27635							160325	0%
% change on previous year	7%	(1%)	(4%)	3%	0%	(1%)	2%								
Elective Spells	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Daycase	3676	3550	3728	3664	4174	3605	3876							22597	3%
Overnight	665	644	658	651	712	733	715							4133	1%
Total	4341	4194	4386	4315	4886	4338	4591							26710	3%
% change on previous year	(16%)	(2%)	(2%)	3%	6%	2%	10%								
Births	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Total	245	265	257	242	300	275	274							1613	5%
% change on previous year	7%	1%	(3%)	(2%)	18%	7%	7%								
A&E Attendances	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Total	7274	6910	7618	7463	7775	7013	7382							44161	4%
% change on previous year	4%	(2%)	10%	5%	2%	(1%)	8%								
Non Elective Spells	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD Total	% Change on previous year
Unscheduled	1809	1777	1993	1900	1942	1891	1737							11240	6%
Scheduled	926	945	983	927	931	920	963							5669	3%
Families	1120	1107	1087	950	1147	836	1116							6243	11%
Total	3855	3829	4063	3777	4020	3647	3816							23152	6%
% change on previous year	4%	5%	9%	6%	7%	2%	9%								

### Note:

1. Excludes private patients.

## Waiting Times & RTT – Lead Director: Pat Oliver

Waiting Times & RTT	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Outpatient Total Waiting List	7521	7959	8114	8247	8025	7606	8171						
Outpatient Long Waiters 6wks over (see note 1)	349	403	429	415	471	599	531						
Outpatient 13wk Waiters (QM08) (see note 2)	8	19	19	16	21	27	34						

Elective Total Waiting List	6841	6876	6801	6541	6401	6122	6112						
Elective Waiting 10wks and over	1600	1700	1812	1738	1480	1508	1451						
Elective Waiting 26wks and over	616	655	707	637	676	633	610						

Diagnostics (DM01) Number Waiting 6wks or more	142	92	77	53	92	166	262						
Diagnostics (DM01) % waiting over 6wks	3.95	2.6	1.85	1.52	2.82	5.12	7.52						

RTT Admitted 18wk Backlog	144	139	136	188	227	244	352						
RTT Non-Admitted 18wk Backlog	170	131	150	189	243	168	285						
RTT waiting 35wks and over	102	109	105	125	137	144	163						

### **Notes:**

1. Cardiology wait 4 weeks and over.
2. Excludes private patient, obstetric and referrals to nurses and other non-consultants.

## **Referrals, Activity & Waiting Times & RTT Summary – Lead Director: Pat Oliver**

- **GP Referrals:**

GP referral rates are at the expected for this point in the year, taking into account the issues experienced in August with the booking system. At the end of August there was a national issue with the Choose and Book system which created delays by not allowing the registration of referrals for a period of between 7-10 days. Patients were diverted to the TAL system and the booking of all appointments took place as soon as the issues were fixed. This accounts for the increase in referrals in the early part of September.

- **Activity:**

Outpatient activity overall shows an increase of 2% in comparison to September last year.

September continues to see an increase in activity for A&E in comparison to the same point in time last year of 8%. The upward trend in non-elective admissions has also continued into September with activity showing an increase of 9% above the September 2013 level.

Inpatient and Daycase activity is 10% higher than at the same point in time last year.

# Workforce – Lead Director: Nicky Ingham

Component	Mar-14	Targets/ Budget	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Average
Staff in Post (Fixed Term & Perm) FTE	5585.21	N/A	5618.93	5620.78	5604.89	5581.84	5557.46	5631.40							N/A	5596.78
Sickness % (in Month)	4.12%	3.50%	3.94%	3.89%	4.23%	4.38%	4.22%	4.34%							4.17%	N/A
Sickness % (in Month) 2013-14 for comparison	3.85%	3.50%	4.16%	3.35%	3.34%	3.56%	3.63%	3.78%	3.85%	4.03%	4.39%	4.53%	4.52%	4.12%	3.94%	N/A
No. of staff >= trigger of 4 episodes in rolling 12 month period	524	N/A	564	462	482	480	492	493							N/A	496
No. of Staff absent for 29 days +	127	N/A	153	149	175	162	189	190							N/A	166
Trust Vacancy Rate %	6.10%	4.20%	6.70%	8.41%	9.01%	9.77%	9.60%	8.84%							N/A	N/A
No. of jobs being actively recruited by FTE	342.1	N/A	375	473	506	546	534	515							N/A	487
Average time to fill vacant posts (Weeks)	11.34	<14 wks	10.09	9.13	10.64	11.84	11.11	10.93							N/A	10.56
Turnover % (including substantive medics) – Rolling 12 months	9.79%	<=9%	9.77%	11.22%	10.35%	12.07%	10.62%	10.18%							N/A	10.81%
Turnover % (all permanent staff) – Rolling 12 months	8.18%	<=9%	8.70%	11.20%	8.94%	9.17%	9.06%	8.69%							N/A	9.29%
Non-medical Appraisal Compliance %	73.00%	>=90%	73.00%	1.88%	15.11%	62.00%	67.20%	82.72%							50.32%	N/A
Medical Appraisal Compliance %	81.00%	>=90%	82.00%	84.00%	86.00%	68.40%	68.29%	73.80%							77.08%	N/A
Total Appraisal Compliance %	N/A	>=90%	N/A	N/A	18.30%	64.20%	66.34%	82.25%							57.77%	N/A
Medical Agency Spend	£644,016	£406,928	£586,681	£711,932	£556,962	£695,348	£613,959	£501,444							£3,666,326	£632,976
Medical Locum Spend	£117,560	£42,907	£73,777	£70,709	£55,838	£58,406	£76,399	£49,530							£384,659	£67,026
Nursing Agency Spend	£353,114	£4,667	£186,390	£178,014	£99,387	£139,413	£175,011	£173,222							£951,437	£155,643
Nursing Bank Spend	£104,664	£13	£127,033	£127,199	£81,495	£129,290	£104,167	£113,485							£682,670	£113,837
A & C Agency Spend	£255,855	£19,259	£270,638	£197,589	£231,231	£266,021	£213,138	£258,338							£1,436,955	£235,723
A & C Bank Spend	£19,536	£2	£1,725	£1,521	£2,290	£3,452	£2,669	£2,530							£14,187	£2,331
Other Agency Spend	-£4,637	£7,299	£67,149	£34,727	£35,988	£66,565	£34,765	£65,789							£304,983	£47,839
Other Bank Spend	£148	£2,521	£1,093	£1,389	£1,640	£960	£285	£770							£6,137	£1,073
Grand Total of Agency/Bank/Locum Spend	£1,490,256	£483,596	£1,314,486	£1,323,079	£1,064,830	£1,359,455	£1,220,392	£1,165,109							£7,447,351	£1,256,448
% of above spend against Pay Bill	7.60%	2.40%	6.68%	6.49%	5.39%	6.74%	6.18%	5.86%							6.22%	N/A
Mandatory Training Trust Compliance %	79.00%	>=90%	82.00%	80.00%	83.00%	83.00%	83.55%	83.18%							N/A	82.31%
Local Induction Compliance %		>=90%	43.50%	43.00%	52.00%	52.00%	43.93%	46.61%							N/A	46.89%
Trust Induction Compliance %	87.00%	>=90%	87.00%	83.00%	85.00%	87.00%	87.01%	85.12%							N/A	85.80%
Number of Exclusions (cumulative)	2	N/A	2	2	2	4	3	4							N/A	3.0
Number of open Exclusion cases (new this month)	1	N/A	0	0	1	1	0	1							N/A	0.5

Component	Mar-14	Targets/ Budget	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Average
Number of open Whistleblowing cases (cumulative)	2	N/A	4	4	4	4	1	0							N/A	2.8
Number of open Whistleblowing cases (new this month)	0	N/A	2	0	0	0	0	0							N/A	0.3
Management Referrals offered Appt. within 10 days %	100.00%	100%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							N/A	100.00%
Family & Friends Test out of 5 (Quarterly)	n/a	/5	3.89			3.88										3.89
Recommend to Friends & Family for care and treatment %	n/a	TBC	73%			73%										73%
Recommend to Friends & Family as a place to work %	n/a	TBC	64%			64%										64%

Sickness	>4.5%	Turnover	>=11.0%	Mandatory Training	<=80.0%	Appraisal	<=70.0%	Trust Induction	<=70.0%	Local Induction
	>3.5% and <4.5%		>9.0% and <11.0%		>80.0% and <90.0%		>70.0% and <90.0%		>70.0% and <90.0%	
	<-3.5%		<-3.5%		>=90%		>=90.0%		>=90.0%	

## Workforce Summary – Lead Director: Nicky Ingham

- **Sickness absence** continues to increase and is significantly higher than the same time last year. HR Business Partners offer assurance that the absence policy is implemented consistently across the Trust with monitoring and support in place for absent staff. Long term sickness absence levels have increased; divisional HR teams continue to monitor closely.
- **Appraisals:** At the closure of the appraisal window for non-medical staff on 30th September 2014, the appraisal completion rate for this group is 82.72% which is a significant improvement from the previous month at 67.2%. Overall Trust completion rate is 82.25%.
- **Turnover:** We have recently started to report on two indicators for turnover:
  - Turnover % (all staff - permanent & temporary contracts) – Rolling 12 months – 10.18% at September;
  - Turnover % (all permanent staff) – Rolling 12 months – 8.69% at September.

The target for each indicator has yet to be agreed at the Workforce Committee meeting scheduled for 22<sup>nd</sup> October 2014. A recommendation will be submitted suggesting that Turnover % (all staff) should be =<11% and Turnover % (all permanent staff) should be =<9%. If this is acceptable, both indicators will be green for the month of September.

- **Lapsed Professional Registration:** The number of lapsed registrations on the 1<sup>st</sup> October was high at 10 however all have since been resolved. In line with policy, those staff affected acted as HCA's pending confirmation of their PIN renewal and their pay was amended accordingly.
- **Mandatory Training** completion remains the same. Our focus is to increase the safeguarding children level 2 figure. A workbook will be released w/c 13th October and will be sent to non-compliers for completion. An e-learning package will be available in the New Year. Work continues on increasing general compliance and all support/guidance remains. A divisional RAID with Unscheduled Care will be taking place during October.
- **Exclusions & Whistleblowing Cases:** An extra line has been added against both of these categories which now report 'new' cases opened in month and then the cumulative total of open cases.
- **Total Agency / Bank / Locum Spend:** Costs have reduced overall, particularly for Medical spend, however, Other Agency and Other Bank spend has increased significantly. These categories include HCA and support staff, maintenance and works, profession of Medical Science staff, scientific, professional and technical staff. Divisional HR Business Partners will be investigating the usage of agency / bank / locum within their divisions to provide assurance that relevant controls are in place around usage and spend.

# Blackpool Teaching Hospitals Board Assurance Framework

**Executive Document Owners:** Chief Executive, Director of Strategy, Director of Workforce and Organisational Development, Director of Finance, Director of Operation, Director of Nursing and Quality and Medical Director

**Non-Executive Document Owners:** Chairman and Non-Executive Directors

		Likelihood Rating				
		Almost Certain	Likely	Possible	Unlikely	Rare
Consequence Rating		5	4	3	2	1
Catastrophic	5	25	20	15	10	5
Major	4	20	16	12	8	4
Moderate	3	15	12	9	6	3
Minor	2	10	8	6	4	2
Insignificant	1	5	4	3	2	1

Board Assurance Framework Action Table	
Risk Colour	Action
<b>GREEN</b>	<ul style="list-style-type: none"> <li>No further action is required.</li> <li>Supervision is required to ensure that all the controls are actually used ensure the risk remains within this colour band.</li> </ul>
<b>YELLOW</b>	<ul style="list-style-type: none"> <li>If the risk can be reduced further consideration may be given to a more cost effective solution or improvement that imposes no or limited additional cost burden.</li> <li>If no additional controls can be implemented and the risk cannot be reduced further, supervision must be in place to ensure that the controls are used and remain effective to ensure that the risk remains within this colour band.</li> </ul>
<b>AMBER</b>	<ul style="list-style-type: none"> <li>If the risk can be reduced further efforts should be made to reduce the risk, but the costs, time and effort necessary for prevention should be measured and be in proportion to the risk. Risk reduction measures should be implemented within a defined time period.</li> <li>If no additional controls can be implemented and the risk cannot be reduced further, supervision must be in place to ensure that the controls are used and remain effective to ensure that the risk remains within this colour band.</li> </ul>
<b>RED</b>	<ul style="list-style-type: none"> <li>Efforts must be made to reduce the risk to an acceptable level. Where the risk involves work in progress, urgent remedial action to avoid or reduce the risks must be taken. Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk to an acceptable level.</li> </ul>

No	Objectives
1	To provide an holistic model of care, with treatment undertaken in community settings wherever possible
2	To prevent unnecessary emergency admissions to hospital through new service models that provide enhanced support in community settings and integrated care for the most needy and frail patients
3	To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes
4	To be financially viable, managing services within available resources, allowing us to invest in our future
5	To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services

Risk Ref	Objective	Exec Director	Principal Risk (what could prevent the objective being achieved)	Previous CxL	Current			Consequence of Failing (what will happen if the trust fails to manage the risk)	Key Controls & Systems (what are we doing now to manage the risk)	Gaps in Control (are any of the controls failing)	Assurance on Controls (where can evidence be gained that the controls are working)	Action Required & Progress (do you need to do more)	Date Last Reviewed	Next Review Date
					C	L	CxL							

Workforce 1	1 & 2 & 4 & 5	D of W & OD	The Trust and health economy are unable to attract, recruit and retain appropriately skilled staff to meet the needs of the health economy compounded by the poor attendance of agency staff.	20	4	5	20	Quality of service impacted. Staffing levels unsafe. Impact on operational targets and/or costs.	Divisional Workforce Plans. Working on models of health care with the CCGs. Performance management of the agency contract. Focus on Recruitment and Retention. Ongoing active recruitment to 80wte nurse and 25wte Consultant positions.	Reliance on Agency Staff.	Workforce Committee established chaired by the Director of Workforce provides reports to the Quality Committee Trust Board on progress and areas of concern with associated action plans. This will ensure that any adverse change in performance is quickly escalated.	Trust wide workforce plan to be submitted by 30 July 14. Trust workforce plan submitted to HEE NW on 15.07.14 for Education Commissioning Return. Develop health economy workforce plans. A significant amount of work has already been completed by divisions as part of the annual return. Three further meetings planned with HR Business Partners to finalise divisional workforce plans by end of Sept 14.  Report to Director of Ops with regards to unfilled shifts. Review Agency contracts - Medical Agency work stream in week 2 of 8 week roll out to use Medacs for Medical Agency usage.  Review of Fylde Office Bureau staff usage currently underway to be completed by end of August. A separate work stream reviewing Nursing Agency usage is also underway.  Trust workforce plan submitted to HENW to inform education commissioning. Work on-going to develop and finalise divisional workforce plans by end September 2014. Agency Spend Project has delivered new contract with Medacs for supply of medical locums and the Trust is working with Medacs on a number of permanent medical vacancies. Medacs contract to be extended to AHPs. International recruitment campaign to begin in September to recruit 87WTE nurses. Working Group (DDON, ADONs and DD Workforce) to develop plans for longer term recruitment and retention activity. Review of A&C agency usage completed with recommendations for conversion to permanent appointments to be made. Progress on medical, nursing and AHP recruitment is a standing item at Workforce Committee, together with a quarterly report on recruitment and retention. Workforce Strategy has been approved, with specific actions in relation to recruitment and retention in the year one implementation plan. Staff engagement activity will also contribute to improving our ability to recruit and retain.	05.09.14	01.11.14
Workforce 2	1 & 2	D of W & OD	Inability to fully engage and motivate staff to respond positively to change and contribute towards continuous improvements.	12	4	3	12	Quality of service impacted. Impact on operational targets and reputation of the Trust.	Full implementation of the workforce strategy. Revision of related policies. Revision of leadership and management programme, supported by assessment of current leadership and management competence. Introduction of revised HR Skills Programme to include managing change	Disengagement and resistance leading to lost productivity and innovation. Monitor Staff Survey and FFT results. Monitor Trust performance dashboard.	Workforce Committee established chaired by the Director of Workforce provides reports to the Quality Committee/Board of Directors ensuring any adverse issues are quickly escalated.	Correlate workforce data with Trust performance data to create a people management early warning system. Implement Medical Engagement Plan. Closely monitor FFT and Staff Survey outputs for deterioration.	05.09.14	01.11.14

Finance 1	4 & 5	D of F	The Trust is unable to achieve the Cost Improvement Programme, in part from a failure to control agency staff.	20	5	4	20	Depending on the scale of non-achievement this could range from a failure to hit financial targets through to a solvency concern.	CIP Director appointed. PMO established. New governance framework for CIP. CIP Work stream on reducing agency expenditure. Plan to reduce agency spend developed by Director of HR&OD.	Plan currently only addresses 2014/15. Reliance on Agency Staff.	CIP Programme Board established chaired by CEO provides regular reports to the Finance Committee & Trust Board on progress. This will ensure that any shortfall in CIP or slippage is quickly escalated.	Marginally behind plan at month 5 on I&E although CIP is ahead of plan year to date. CoS rating being maintained at level 2 due to better than planned liquidity position. Ongoing monitoring of the existing key controls.	10.09.14	01.11.14
Finance 2	4	D of F	Unable to maintain sufficient cash balances to meet the Trusts service requirements	20	5	4	20	Solvency - the Trust would not be able to meet its financial obligations as they fall due.	Cash Committee. Rolling cashflow forecast. Capital Steering Group.	Insufficient focus at Trust Board on cashflow position.	The cashflow forecasts are reported to the Finance Committee and any cash shortfall would be identified in sufficient time for remedial action to be taken.	Implement action plan from External Finance Health Check - Grant Thornton. Updated report to be taken to next Finance Committee.	10.09.14	01.11.14
Finance 3	1 & 2	D of F	Lack of sufficient funding to support or inability to plan/implement the transition of care from acute focused to community based care.	16	4	4	16	Unable to achieve CIPs and future changes.	Working on models of health care with the CCGs. Non-recurrent funding has been allocated by CCGs.	Funding is provided by CCG's and may not be sufficient.	Fylde Coast Commissioning Advisory Board. In addition a new out of hospitals strategy group has been established. This in turn has set up a Finance and Activity group consisting of all local DoFs with a clear remit to review transitional funding requirements.	Good progress made on "service blue print", which will assist more accurate costing. Successful event held with NHS England & Monitor to pitch for national Accelerator Pilot status. No further update at this time.	10.09.14	01.11.14
Finance 4	4	D of F	Commissioners unable to fund overperformance on the PBR elements of the contract.	12	4	3	12	The Trust would either incur a bigger deficit or would have to restrict access to services.	Quarterly sign reconciliation and sign off.	Specialist Commissioning is a high contractual risk. Unclear how dispute resolution would work for these services.	Regular reports to the Finance Committee. If the CCGs were unable to pay for contract activity the remedies within the NHS standard contract would be enacted.	Establish internal contract working group to monitor progress and escalate if issues of concern emerge. The Trust is significantly ahead of plan on the assured element of the contract at month 5 and a formal request has been made to the two local CCGs to initiate a contract variation.	10.09.14	01.11.14

Finance 5	4	D of O	Failure to achieve/maintain performance standards (4hr/18 week/cancer) impacting adversely either on quality of service or costs/income or both	12	4	4	16	The Trust would not be delivering the required quality of services, would incur a bigger deficit or would have to restrict access to services.	PTL Position for each sub speciality reviewed weekly. Monthly performance meetings with divisions. Independent review through the National Intensive support team	No agreement with specialist commissioners. No capacity to outsource cardiac activity.	PTL Meeting. Finance Committee Board	Finalise 18 week position for each sub speciality and agree contract with specialist commissioners.	12.05.2014	01.11.14
Services 1	2 & 3	D of S	Trust does not have robust enough planning/joint working with partners to deliver objectives around community centred care or regional partnerships	8	4	2	8	The Trust would be unable to deliver the required quality of services within the resources available	Plan on a page. Service by Service review undertaken by the Director of Strategy. Working across Lancashire with partnership trusts.	Other organisations are statutory bodies that are independent and have their own agendas/pressures.	CQC Inspector. Service specifications issued by Specialists Commissioners. Fylde Coast Commissioning Advisory Board. Trust Board.	Service by Service Report to be presented to the Trust Board. Involvement of all providers in the establishment of new models. External assessment by NHS England and Monitor supports view that strong partnership arrangements are in place with CCGs. Continued engagement with CCGs and local authorities in development of new models of care. CCG and GP representatives to participate in "delivering the strategy away day"	10.09.14	01.11.14
Services 2	4	D of S	Impact of Better Care Fund.	12	4	3	12	The Trust would be unable to deliver the required quality of services within the resources available if funding is transferred without the necessary service transformation	Better Care Steering Group attended by the Director of Strategy. Chairman/CEO/Director of Strategy attended the Health and Wellbeing Board. Good relationships with both Local Authority and CCGs.	Unclear on how Better Care will work.	Regular reports by the Director of Strategy to Finance Committee and Trust Board.	National position still unclear. Being progressed as part of service planning for Extensivist and Extended Primary Care. Further clarity has been provided regarding targets and financial penalties associated with better care fund. Trust is participating in resubmissions from 2 local CCGs.	10.09.14	01.11.14
Pt Exp 1	3	M D	Failure to improve the Trusts risk adjusted mortality rates	15	5	3	15	We would not be providing the quality of care we should be. Loss of confidence from key stakeholders e.g. patients, CCGs, Monitor etc	Mortality rates are tracked at performance meetings. Ongoing programme of work to develop pathways for high mortality conditions. The Liverpool Care Pathway has been suspended and replaced by a care plan which was launched at the start of July.	Challenges on recruitment, funding, IT, and socio economic factors. Staff and clinical engagement.	Mortality Board. Trust Board. Weekly meetings of Mortality reduction steering group.	Continue to monitor mortality rates and ensure they are discussed at Performance Meetings and the Trust Board. Present 3 month Audit Data to the Trust Board via the Quality Committee. The latest national SHMI figure is 118 and represents mortality between Jan-Dec 2013. Our internal modelling indicates our current rate to be 110.9	14.06.14	01.11.14

Pt Exp 2	1	D of N & Q	Failure to deliver a positive patient experience including failure to deliver targets for infection control	9	3	3	9	We would not be providing the quality of care we should be. Loss of confidence from key stakeholders e.g. patients, CCGs, Monitor etc	National Patient Survey. Local Patient Survey. Family and Friends Test. Complaints Process.	Challenges on recruitment, funding, IT, and socio economic factors. Staff and clinical engagement.	Quality Committee. Patient Involvement Committee.	Continue to review key controls and ensure they are in place. FFT Net Promoter Score June 73. Tell Us Campaign to increase awareness of how to complain is being implemented. The risk is being reviewed by the Director of Nursing again pending the Risk Committee on 19th September 2014	13.06.14	01.11.14
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Board of Directors Meeting

29<sup>th</sup> October 2014

<b>Subject:</b>	Chief Executive's Update	
<b>Report Prepared By:</b>	Gary Doherty	
<b>Date of Report:</b>	24 <sup>th</sup> October 2014	
<b>Service Implications:</b>	For the Board to be updated on matters the Chief Executive has been involved in.	
<b>Data Quality Implications:</b>	None.	
<b>Financial Implications:</b>	QulPP essential to sustainability.	
<b>Legal Implications:</b>	None.	
<b>Links to the Principles of The NHS Constitution:</b>	Links to the Principles of the NHS Constitution throughout.	
<b>Links to the Trust Way Core Values:</b>	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 Blackpool Way.	
<b>Links to Key Organisational Objectives:</b>	Providing 'Best in NHS' Care for our patients.	
<b>Links to Care Quality Commission Quality and Safety Standards</b>	Links to all CQC outcomes	
<b>In case of query, please contact:</b>	Gary Doherty, Chief Executive (ext 6853)	
<b>Purpose of Report/Summary</b> To provide the Board of Directors with an overview of activities during the past two months.		
<b>Key Issues:</b> None to highlight specifically.		
<b>The Board is asked to:</b> Review and note the contents of the report.		
<b>Risk Rating (Low/Medium/High):</b> Low <b>BAF/CRR Number:</b> N/A		<b>Board Review Date:</b> September 2014
<b>Report Status:</b> the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 For Information	<input type="checkbox"/>	2 For Discussion
		<input checked="" type="checkbox"/>
		3 For Approval
		<input type="checkbox"/>
<b>Document Status:</b> 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 Not sensitive: For immediate publication	<input checked="" type="checkbox"/>	2 Sensitive in part: Consider redaction prior to release.
		<input type="checkbox"/>
		3 Wholly sensitive: Consider applicable exemption
		<input type="checkbox"/>

<b>Reason for level of sensitivity selected</b>	N/A
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**Board of Directors Meeting**

**29<sup>th</sup> October 2014**

**CHIEF EXECUTIVE UPDATE**

There are a number of external/internal CEO activities since the last meeting that I would draw to the Board's attention in addition to those mentioned in the CEO assurance report:

On the 22nd September Professor O Donnell and I met with the new Dean of Health and Medicine at Lancaster University. Professor Neil Johnson is a GP and has joined Lancaster in August from Warwick Medical School where he was Pro-Dean Education.

On the 26th September I spent the afternoon in Highfurlong School. We provide physiotherapy and other services to this school, which for students who have physical disabilities or profound, multiple and complex learning difficulties.

On the 29th September I met with staff from the Musculoskeletal service at Lytham Primary Care Centre. The service sees just under 3,000 patients a year and, for many patients, can provide a "one stop service" where problems are diagnosed and treated at one visit. Some of the expert physiotherapists are dual qualified as sonographers so they are able to scan patients and then provide treatment such as soft tissue and joint injections. On the 29<sup>th</sup> September I also spent some time at Trinity House Hospice

On the 9th October I attended my first AQuA Board meeting as a Non Executive Director. I also gave a presentation at the North West Finance Directors Contact Conference.

On the 15<sup>th</sup> October I met the staff and mums/dads/babies involved in the Family Nurse Partnership. FNP is a structured programme of intensive home visits, delivered by highly trained family nurses to women who are pregnant with their first baby. FNP was developed in America and is proven to have a range of benefits for mum and baby, both in terms of health and wellbeing and also helping the return to education/training/employment. Initially part of a pilot scheme, FNP is now being rolled out across the country.

On the 17th October joined a panel including Dr Amanda Doyle and Roy Fisher from Blackpool Clinical Commissioning Group, Gordon Marsden MP, the Director of Adult Services and the CEO for Lancashire Care Foundation Trust for a public Q&A session organised by Blackpool Healthwatch.

On the 20th October I spent the afternoon shadowing/meeting a range of Community staff including Occupational Therapists, District Nurses and the Care Home team.

On the 24th October I carried out a Formal Patient Safety Walkabout at Poulton Clinic. That evening I attended the Parkinson's Gala Dinner, along with the Mayor of Blackpool Councillor Val Haynes.

Following nominations from members of staff I have taken a number of people for "coffee & cake" including staff from Ward 19 and HR. Following staff nomination I delivered cakes/biscuits to cardiology staff in the catheter lab. I also held two "breakfast with the CEO and MD" meetings, which are open to all consultants.

**Gary Doherty**  
**Chief Executive**

**Board of Directors Meeting**

**29th October 2014**

**Chairman's Update**

**Trust Activities**

- The Annual Members and Public Meeting took place on 22nd September at Blackpool Sixth Form College and included six presentations including two clinical presentations entitled "A New Model for Comprehensive Care in the Community" and "The Families Division – Together We Raise Tomorrow". The location, attendance, focus and engagement were excellent.
- A Board Development event was held on 23rd September facilitated by Carol Rothwell from Rothwell Douglas Limited. Board members have provided feedback on the event and the Chief Executive, Director of Workforce & OD and I have a follow-up meeting with Carol Rothwell on 7th November to agree the "next steps".
- I visited the National Artificial Eye Service on 21st October and met with Helen Lever, Operational Manager; Ken Barratt, Production & Quality Manager; and Linda Marini Cartmell, Patient Services Manager.
- I attended an Advisory Appointments Committee for the recruitment of a Consultant Paediatrician on 30th September. Dr Nicola Cable was appointed (for 7 sessions per week) and will commence in post early in 2015 and Dr Eddie Estlin was appointed (for 3 sessions per week) and will commence in post in December 2014.
- Malcolm McIlmurray deputised at an Advisory Appointments Committee on 10th October for the recruitment of a Consultant Psychiatrist, however, no appointment was made.
- I visited the District Nursing Team at Carnforth Clinic and Queen Victoria Centre on 3rd and 7th October respectively and met with Jackie Corrie and Judith Lennon and their respective teams.
- On 13th October I had lunch with the Bishop of Blackburn and the Chaplaincy Team.

**Governors and Membership**

- The newly elected Governors were invited to attend an informal introductory meeting on 30th September during which the Chief Executive and I presented on the "Current & Future Challenges / Vision & Values" and the "Role of the Governor" respectively. The meeting was well attended and feedback from the Governors was good.
- I have now met individually with all the newly elected Governors in order to learn more about their background and to discuss how to make the best use of their time during their term of office on the Council.
- The Chief Executive and I have met with individual Governor Constituencies (Appointed / Blackpool / Staff / Wyre) during October and are scheduled to meet with the remaining Governor Constituencies (Lancashire & South Cumbria / North of England / Fylde) during November.

## **External Relations**

- I attended the Foundation Trust Network Chairs/CEOs Meeting on 18th September which included an update and dialogue about Strategic and Policy issues, Challenges in Health and Social Care and Boards & Board Leadership – Learning from the Savile Investigation.
- I attended an Annual Healthcare Dinner on 1st October which was hosted by Odgers Berndston and included Alan Milburn as the guest speaker.
- I was invited by Blackpool CCG to be a member of the interview panel for the appointment of a Lay Member and interviews took place on 8th and 15th October.

## **Future Meetings**

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

- Quarterly meeting with Mary Dowling, Chairman of Fylde & Wyre CCG, on 27th October.
- Advisory Appointments Committee for Consultant Radiologist and Consultant in Emergency Medicine – 31st October.
- Meeting with the Archbishop of York and Economic Leaders at Blackpool Town Hall – 4th November.
- Monitor Visit – 6th November.

Ian Johnson  
Chairman

Board of Directors Meeting

29th October 2014

Affixing of the Common Seal

The Board of Directors is requested to confirm the affixing of the Common Seal as follows:-

<u>Number</u>	<u>Date</u>	<u>Contract Details</u>
1	24.10.14	Heathcroft Transfer – Retail Units

Judith Oates  
Foundation Trust Secretary

**Board of Directors Meetings – Attendance Monitoring  
1st April 2014 to 31st March 2015**

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

\* Extraordinary Board Meetings

Attendees	30.4.14	21.5.14	30.7.14	24.9.14	29.10.14	17.12.14
Ian Johnson (Chairman)	G	G	G	G		
Tony Shaw	G	Y	G	G		
Karen Crowshaw	Y	G	G	G		
Doug Garrett	G	G	G	G		
Alan Roff	G	G	G	G		
Jim Edney	G	G	G	G		
Michele Ibbs	Y	G	G	G		
Malcolm McIlmurray	B	B	B	Y		
Gary Doherty	G	G	G	G		
Marie Thompson	G	G	G	G		
Dr Mark O'Donnell	G	G	G	G		
Pat Oliver	G	G	G	G		
Wendy Swift	G	G	G	G		
Nicky Ingham	G	G	G	G		
Tim Bennett	G	G	G	G		