

PLEASE NOTE THE START TIME FOR THIS MEETING

20th October 2015

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 28th October 2015 at **11.00 am** in the Board Room, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

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

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

AGENDA

Agenda Item Number	Agenda Item	Time
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	11.00 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	11.03 am

3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	11.04 am
4	Feedback from the Previous Patient Story DVD – Professor O'Donnell/Mrs Thompson to report. (Verbal Report)	11.05 am
5	Patient Story DVD – Professor O'Donnell to report.	11.10 am
6	Minutes of the Previous Board of Directors' Meeting held in Public on 30th September 2015 – Mr Johnson to report. (Enclosed).	11.25 am
7	Matters Arising:- a) Action List from the Previous Board of Directors' Meeting held in Public on 30th September 2015 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	11.30 am
8	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	11.34 am
9	Executive Reports:- a) Assurance Report – Mr Doherty to report. (Enclosed):- <ul style="list-style-type: none"> • Strategic Compliance Measures • Compliance Measures • Quality • Workforce • Audit • Finance • Strategy/Risk/Legal/Corporate Assurance 	11.35 am
BREAK		
	b) Quarterly Monitoring Return to Monitor (Quarter 2) – Mr Bennett/Mrs Swift to report. (Enclosed). c) Chief Executive's Update – Mr Doherty to report. (Enclosed).	12.30 pm
10	Chairman's Report:- a) Chairman's Update. (Enclosed). b) Final Schedule of Board Meetings 2016. (Enclosed). c) Final Schedule of Board Committee Meetings 2016. (Enclosed).	12.40 pm
11	Key Themes for Team Briefing – Mr Doherty to report. (Verbal Report).	12.45 pm
12	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	12.50 pm
13	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.55 pm
14	Any other Business – Mr Johnson to report. (Verbal Report).	12.56 pm
15	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	12.57 pm

16	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.58 pm
17	Trust's Position on the Board Assurance Framework – Mr Johnson to report. (Verbal Report).	1.08 pm
18	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	1.09 pm
		Total Duration: 2 hours, 10 minutes



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

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



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

Chief Executive: Mr Gary Doherty

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 30th September 2015 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
Dr Malcolm McIlmurray
Mr Alan Roff
Mr Tony Shaw

Executive Directors

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

In Attendance: Miss Judith Oates – Foundation Trust Secretary
Ms Paula Roles – Deputy Director of Workforce & OD
Mrs Jane Meek – Associate Director of People Effectiveness & Development
Mrs Helen Box – Associate Director of Medical Education
Mr Derek Quinn – Head of Communications

Governors (observers) – 3

Members of Public (observers) – 2

Members of Staff (observers) – 3

89/15 Chairman's Welcome and Introductions

The Chairman welcomed members of the public, including Governors, to the meeting and outlined the house-keeping rules relating to fire alarms, fire exits and mobile phones.

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

90/15 Declarations of Interests

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

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

91/15 Apologies for Absence

There were no apologies for absence.

92/15 Patient Story DVD

Professor O'Donnell gave a brief explanation about the content of the patient story DVD; it being noted that it was a negative story about a patient who had been diagnosed with GAVE Syndrome (Gastric Antral Vascular Ectasia) and which outlined the care and treatment the patient had received at Victoria Hospital.

Following the DVD, Professor O'Donnell commented on the significant pressure in the system and also on the attitude of the consultant involved, which had not been in line with the Trust's values and which was not the behaviour being promoted by himself and the Director of Nursing & Quality. Board members were reminded about the "me test" whereby staff should think about whether their behaviour would have been acceptable to their own relatives. Professor O'Donnell commented that this incident had been very disappointing, however, there was no easy solution due to the behaviours and perceptions that needed to be addressed.

Mrs Thompson commented that patient complaints often related to their first encounter which could affect the whole patient experience and she pointed out that there should be a people-centred approach. Mrs Thompson stated that it was disappointing to hear about the attitude of the ward staff and, although the staff would have been making high risk decisions at that time, the patients and relatives should have been treated appropriately. It was pleasing to note that Ward 12, which had previously had significant issues, had provided an acceptable level of care.

Dr McIlmurray commented that, whilst it was important for Board members to hear these patient stories, the main purpose was for the information to be reflected back to the staff concerned and he asked whether there was a sensitive way of bringing this to the attention of the clinician and whether it could be shared on a one to one basis.

Mr Garrett raised again the issue about staff listening to carers and relatives about their patients and commented that he had been surprised at a recent appointment to hear staff trying to persuade carers not to accompany patients to consultations.

Mr Shaw commented that one of the reasons he wanted to join the Board was to ensure that the voice of carers was heard much more than it had been during his experience at that time. With regard to the attitude of staff, Mr Shaw pointed out the need to consider it from the patients' perspective and he commented that he had found the story moving and disturbing and pointed out that, from his experience on the Patient Complaints Panel, the concerns frequently related to attitude rather than treatment.

Mr Doherty stated that the most important issue was for staff to learn from this experience and he emphasised the need to reinforce the important messages. Mr Doherty further stated that it was important to establish a relationship with the patient and relatives at the start of the experience. It was noted that the expectation was that the clinician concerned would aim to address the issues raised.

Mrs Thompson referred to the issue about carers being involved and she reminded the Board about the quality goal to aim to reach a position whereby all patients and families were involved. It was pleasing to note that improvements had been made on this specific quality goal and that Mrs Thompson had discussed with Mr Roff how to incorporate this into the Quality Strategy.

The Chairman pointed out that the Board was trying to be transparent and therefore these patient stories were shown and discussed at the meetings. The Chairman further stated that he had recently met with Michelle Smith, Chief Executive of the Fylde Coast Carers Trust, who had recently joined the Trust's Council of Governors, and commented that a link with the Carers Trust was an important part of the governance structure.

Mrs Crowshaw asked how the Board would be reassured that staff had been made aware of this patient story. Professor O'Donnell confirmed that the DVD would be shown at the next meeting of the Clinical Policy Forum on 5th October and it would also be uploaded to the intranet.

RESOLVED: That Mrs Thompson would provide feedback to the division about the comments relating to the attitude of the ward staff.

That Mrs Thompson would address the issue raised by Mr Garrett about staff dissuading carers not to accompany patients to appointments.

That Professor O'Donnell would emphasise Board members' comments at the Clinical Policy Forum meeting on 5th October.

That Professor O'Donnell and Mrs Thompson would provide feedback regarding assurance at the next Board meeting immediately before the patient story DVD.

Action To Be Taken Following The Meeting

The Associate Director of Nursing has discussed the comments with the nursing team and the DVD has been shared at the senior nurse meeting.

The Director of Nursing has shared this feedback with the Associate Directors of Nursing to ensure clinic staff offer the patient the option for patients to be accompanied in the clinic session.

Feedback was given at the Clinical Policy Forum on 5th October 2015.

Feedback regarding assurance will be given at the Board meeting on 28th October 2015.

93/15 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 29th July 2015 be approved and signed by the Chairman.

94/15 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 29th July 2015

The Chairman reported that all actions had been completed with the exception of one which was not yet due to be completed.

b) Action Tracking Document

Corporate Documents

It was reported that this item was completed in part and would be fully completed in November as indicated on the action tracking document.

95/15 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

There were no challenges/debates to be raised by Board members.

Executive Reports:-a) Assurance Report

Mr Doherty gave a presentation highlighting key issues around assurance for the Board in relation to the following:-

Compliance Measures

The Trust was compliant with 8 of the 12 measures; it being noted that there were four areas of non-compliance as follows:-

C Difficile – the number of cases was currently 32, 7 of which were due to lapses in care. It was anticipated that the target of 40 would not be exceeded at the year end.

Dr McIlmurray referred to 18 RTT weeks and asked about the accumulated numbers in terms of patients who had breached the target. Mrs Oliver explained that there were approximately 300 general patients and approximately 140 cardiology patients and that the longest wait was 40 weeks and the average wait was 32 weeks. It was noted that the Trust was continuing to measure the three targets for 18 weeks.

Two Week Waiting Time Breast Referral – this measure was currently rated red against a 93% target which was mainly attributable to patient choice and therefore the situation had been conveyed to the CCGs. It was anticipated that the target would not be achieved within the quarter due to the high numbers involved.

62 Day Cancer Screening Waiting Time Standard / 62 Day Cancer Waiting Time Standard – performance against both these standards had yet to be confirmed, however, it was anticipated that the standard would be achieved for Quarter 2.

Other Quality Measures/Issues

- CQC Inspection – positive verbal feedback had been received and the formal report was awaited.
- Never Event – there had been an incident relating to the incorrect lens implant for a cataract operation which had been identified during the follow-up appointment.
- MRSA – there had been three recent cases, all of which were being investigated.
- Nursing & Midwifery Staffing – the Quality Committee had given significant assurance in terms of safe staffing.
- Friends & Family – there was significant assurance in respect of the Friends and Family Test, with 97% and 94% of patients recommending the hospital and A & E respectively.
- Mortality – it was anticipated that mortality rates would continue to reduce. It was noted that the report from AQuA would be discussed by the Mortality Committee, Quality Committee and Board.

Mrs Ibbs asked whether the decrease in mortality rates was seasonal and Mr Doherty confirmed that there was a seasonal pattern.

Mr Edney commented that the figures for July and August were the lowest he had noted and he asked whether there were reasons to be optimistic. Mr Doherty confirmed that they were the lowest figures to date, however, he pointed out that all the data had not yet been received.

Dr McIlmurray reported that it had been noted at the last Mortality Committee meeting that mortality rates were higher amongst those that were compliant with the sepsis pathway rather than those that were non-compliant.

Mrs Crowshaw asked about the newly referred to cause of death, i.e. biliary tract disease, and Professor O'Donnell advised that it was new in terms of the way in which it was coded.

Mr Roff confirmed that mortality rates had been discussed by the Quality Committee and he advised that the figures from last winter were expected to be re-based which may reduce the rates further.

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

- The Committee had discussed the development of the Quality Strategy which it was anticipated would be completed at the same time as the strategic review towards the end of the year. It was noted that the Quality Strategy themes would be around informed, timely and safe care.
- The Committee had discussed the opening of The Harbour by Lancashire Care Foundation Trust which had resulted in greater pressure on the Trust's services, in particular, A & E. It was reported that actions were being taken to deal with the impact as effectively as possible.

Dr McIlmurray asked whether there was a Psychiatric Liaison Team in place and also whether there had been improvements in the way in which mental health patients were treated in hospital. Dr McIlmurray was advised that there was a crisis team within A & E and an out of hours model of care. It was noted that Lancashire Care Foundation Trust had challenges in terms of the number of beds available to them and that joint working was in place.

- The Committee had discussed the latest position relating to the action plan for the Stroke Review. Mr Roff commented that there were a number of recommendations to be addressed and decisions to be made regarding investment; it being noted that insufficient investment could have potential risks for patients.
- The Committee had discussed the limited assurance items and Mr Roff confirmed to the Board that he was satisfied that actions were in place with specified dates for completion.
- The Committee had agreed that it should receive quarterly assurance reports on the quality related measures and Mr Roff stated that he had been authorised, on behalf of the Committee, to report to the Board on the quality related measures in October when the data was available.

With regard to the Better Care measures, it was noted that feedback was awaited from the Chief Executive.

RESOLVED: That Mr Doherty would provide feedback in respect of the Better Care Now measures.

Mrs Crowshaw referred to the issue regarding intensive care which had been mentioned at the strategic review event the previous day. Mr Doherty explained that there were two Intensive Care Units at Victoria Hospital, one for general patients and one for cardiac patients, plus a High Dependency Unit; it being noted that more than one unit would be a challenge in terms of cover arrangements, particularly for cardiac middle grades. Board members were advised that this issue had been highlighted to the Royal College of Anaesthetists and that the solution would be to provide one Intensive Care Unit for the whole Trust, however, it was acknowledged that there would be financial and operational challenges to this solution. Mrs Crowshaw asked for assurance that the arrangements in place were safe and under control. Professor O'Donnell referred to the SUI which had arisen from the historical legacy relating to cross cover which has been highlighted as a serious clinical risk. It was noted that a business case for additional anaesthetic middle grade doctors to cover the Intensive Care Units had been approved by Executive Directors. It was also noted that the action to address the clinical risk recommendation from the Risk Committee to merge the units was progressing. In summary, Board members were assured that the clinical risks were being managed and that the remainder of the actions were being considered as part of the Trust's future strategic development.

The Chairman thanked Mr Roff for his update to the Board from the Quality Committee.

Action To Be Taken Following The Meeting

Feedback regarding the Better Care Now measures will be reported in the CEO Assurance Report to the Board on 28th October 2015.

Workforce

The following areas were highlighted in the presentation:-

- Staff Engagement - Significant Assurance
- Staff Friends and Family Test - Significant Assurance
- Overall Workforce - Limited Assurance
- Sickness Absence - Limited Assurance
- Appraisal Rates - Limited Assurance

It was noted that a detailed presentation relating to workforce would be given under agenda item 8(b).

Audit

Mr Edney provided feedback from the Audit Committee meeting held on 8th September:-

- It had been reported that the Trust was on target to carry out a full well-led review next year, although the update to the Committee in September had been deferred to November. Mr Edney emphasised to the Board the importance of ensuring the review was underway on schedule.
- The Committee had received a report indicating that if all Trusts performed as well as or better than average, they could save money. Mr Edney advised that the Audit Committee would be reviewing in detail areas of value for money at the next meeting with a view to identifying savings beyond the current CIP programme.
- The Audit Committee had received an update regarding the Trust's performance in terms of the identification of, and cost recovery from, chargeable overseas patients and Mr Edney reported that there was enthusiasm within the Trust to move this forward and that support from the Board would be needed. Mr Bennett advised that the basis of the report was to compare the level of overseas income being generated by the Trust against other Trusts.

- The Audit Committee's Terms of Reference had been discussed, in particular the NED membership and it had been recommended to the Board that the quorum be increased from two NEDs to three NEDS. Mr Roff expressed concern regarding this proposal due to the fact that, if a NED was absent unexpectedly at short notice, the meeting would not be quorate. Mr Edney confirmed that on occasions when there were only two NEDs present, the meeting would proceed but the Committee would not be able to make decisions.

RESOLVED: That Mr Edney would ascertain best practice in other Trusts and provide feedback to the Board in October.

Action To Be Taken Following The Meeting

The advice from KPMG is that it is more usual for the Audit Committee NED quoracy to be 3 but it does differ between organisations and that the key question is whether it is felt that the right decisions can be made and approvals given with only 2 NEDs in attendance.

Finance

Mr Doherty reported that there were three key areas driving the financial deficit, namely, activity, core expenditure and CIP slippage.

Mr Shaw referred to the agency spend and staff expenditure and queried the reason for reduced activity when agency spend had increased. Mr Doherty confirmed that agency spend in August had reduced but, overall, expenditure was above plan.

It was noted that there was limited assurance in terms of financial resilience and that initial indications from the six month forecast were that the situation would continue to deteriorate and therefore a recovery plan was needed with weekly monitoring of progress. It was further noted that the importance of engaging with staff should not be under-estimated and that the Executive Team would be meeting with consultant staff in the next two days to explain the situation. It was stated that the message from the Board was that good quality saves money and that the issues of agency spend, length of stay and activity needed to be addressed.

Mrs Ibbs provided feedback from the Finance Committee meeting held on 23rd September:-

- There had been lengthy and robust discussion at the Finance Committee meeting about the control of costs and the need to understand the reasons for escalated costs.
- The Committee had questioned the Trust's responsiveness to manage costs and to undertake the recovery process.
- The Committee had acknowledged the need to address the way in which the business was managed.

RESOLVED: That the financial recovery plan would be discussed further later in the day and submitted to the Board thereafter.

- There had been concern that cash and CIP were reducing and therefore pressure was needed in order to address the shortfall.
- The Committee had considered the trigger points for cash, i.e. at what point should the Committee be concerned, and the actions to be implemented in the event of significant reductions in cash.

Mrs Ibbs advised that other items had been addressed in her assurance report and she emphasised that that there were difficult decisions to be made regarding expenditure and prioritisation.

Mr Bennett reported that agency spend had been lower in August but that it was an unusual month and he referred to the trend which was that expenditure in the first five months of the current year was the same as for nine months the previous year.

It was reported that Monitor had been informed of the current position and that a follow-up telephone call had been scheduled for two weeks' time.

The Chairman requested that the recovery plan be submitted to the next Board meeting together with recommendations for implementation.

RESOLVED: That the recovery plan would be submitted to the next Board meeting, together with recommendations for implementation.

Mrs Ibbs requested assurance from the Executive Team about the control mechanisms now in place.

Mr Roff referred to the comment made at the Strategic Review event the previous day about not all staff understanding the situation. Reference was made to the measures taken by other Trusts, i.e. no increments, and it was queried whether similar action had been taken at this Trust. Mr Doherty advised that some measures had been taken and that discussions would take place during the next few weeks about other measures to be taken; it being acknowledged that more symbolic measures may be needed, preferably with staff engaged in the process.

Mr Edney referred to the seriousness of the situation and stated that, essentially, actions were needed that provided some short term reduction and that management would need to engage with staff to ensure that everyone understood the position and were aware of the actions required in order to make a difference. The Chairman agreed with Mr Edney's comments and emphasised the need for ownership.

Mrs Crowshaw reiterated Mr Edney's comment about the need to consider a range of ideas for the recovery plan due to the turnaround required.

Mrs Crowshaw also referred to specific areas of the IPR that were not backed up in terms of data, namely, out-patients, length of stay and non-elective re-admission.

RESOLVED: That the Executive Team would review the specific areas in the IPR and provide feedback to the Board.

Mrs Crowshaw made reference to the safety thermometer and the fact that one measure relating to maternity had been rated red for six months.

RESOLVED: That Mrs Thompson would respond to Mrs Crowshaw outside the meeting and provide feedback to the Board.

Action To Be Taken Following The Meeting

The financial recovery plan was discussed at the Finance Committee meeting on 20th October 2015. The presentation slides with conclusions and recommendations have been emailed to all Board members and will be discussed at the Board meeting on 28th October 2015.

The IPR has been reviewed and updated.

An email was forwarded to Mrs Crowshaw on 20th October 2015 with an update on the Maternity Safety Thermometer.

Strategy

Strategic Review – work was continuing towards the strategy launch by the deadline of November 2015.

Fylde Coast Out of Hospital Vanguard – the Trust had submitted an application for the Fylde Coast Out of Hospital Vanguard and there had been a presentation on this subject by Dr Weatherburn and Dr Naughton at the Annual Members and Public Meeting on 28th September.

At this juncture, Professor O'Donnell reported that a GP had been appointed to the service to work for six sessions per week and that there had been an expression of interest from a consultant for the third post, therefore there was good assurance that the service would proceed.

Better Care Together (Primary and Acute Care System) – there would be future reports to the Board about joint services.

Acute Collaboration across Lancashire (Acute Vanguard) – the Trust had submitted an application for the Acute Vanguard but, unfortunately, it had been rejected.

Risk and Assurance

Board Assurance Framework – the document had been reviewed by the Risk Committee and workforce and finance had been highlighted as the key risks.

Corporate Risk Register – the document had been reviewed by the Risk Committee and there had been a number of recommended amendments for approval.

The Chairman commented on the item at the end of the agenda relating to the Board Assurance Framework which provided Board members with the opportunity to comment on whether any of the discussions during the meeting altered the Trust's position regarding the BAF.

RESOLVED: That the Board Assurance Framework and Corporate Risk Register be approved.

b) Focus on Workforce

The Chairman reminded Board members about the arrangements to review different themes at Board meetings and he referred to this month's theme relating to workforce.

Mrs Ingham advised the Board that she and her team would be reporting on the work being undertaken around the workforce agenda and she introduced members of her team who would be presenting on their relevant sections:-

- Paula Roles – Deputy Director of Workforce & OD
- Jane Meek – Associate Director of People Effectiveness & Development
- Helen Box – Associate Director of Medical Education
- Derek Quinn – Head of Communications

Mrs Ingham emphasised the importance of having a robust approach for engaging with, and supporting, staff and that this was a major challenge for the workforce team.

At this juncture, two videos were played highlighting the Proud to Be strap-line which featured two members of staff (an Assistant Practitioner and a Staff Nurse).

It was reported that the purpose of the presentation was to ensure that Board members were aware of the breadth of the work to be undertaken in order to achieve the workforce objectives.

Ms Roles reported on the following:-

- Employee Cycle Life
- Marketing and Pre-Recruitment
- Recruitment
- Retention
- Temporary Workforce
- Temporary Staffing Solution

It was reported that a significant amount of time and effort had been invested in recruitment and retention.

With regard to promoting the local area as part of the recruitment drive, it was confirmed that this included the Fylde Coast and not just Blackpool.

With regard to retention, it was noted that future performance would be measured against previous and existing figures.

Mrs Ibbs asked about the timescale for the financial benefit of the Nurse Bench taking effect. Ms Roles reported that there had been a good response to date and that the SLA was in place. It was noted that the numbers on the Bench would be monitored and the data would be analysed. Mrs Thompson confirmed that the Bench would be formally launched on 1st November 2015. Mrs Ibbs asked whether there was an opportunity to bring forward the launch date for the Bench in view of financial situation. Mrs Thompson indicated that infra-structure support was needed in terms of the governance arrangements, however, Mrs Ibbs urged the Executive Team to reconsider the launch date for the Bench.

Mr Edney referred to the arrangement whereby staff on the Bench would be paid on a weekly basis and commented that he understood the reason for staff preferring to be paid weekly but pointed out that this was a more expensive option for the Trust and queried whether the savings outweighed the costs.

Mrs Crowshaw acknowledged the need for a robust plan in terms of the governance arrangements and commented that reducing or removing agency staff due to the launch of the Bench would be a real success story.

Mrs Meek reported on the following:-

- Entry Point into the Trust
- Care Certificates
- Project Search
- Military Veterans
- Return to Practice
- Non-Commissioned Nursing Programme
- Cultural Transformation
- Leadership and Management
- Staff Engagement Update

It was reported that recruitment was a key issue for the Trust and Mrs Meek explained the work being undertaken to attract staff.

The Chairman reported that he had recently visited the Medical Records Department and that the team had been particularly enthusiastic about the opportunity to recruit apprentices, rather than agency staff, and also about the recent implementation of Project Search.

With regard to the Non-Commissioned Nursing Programme, it was noted that the Trust was liaising with Lancashire Teaching Hospitals who had commissioned a programme with Bolton University for 40 places per year. Mrs Meek advised that a business case was being prepared for submission to a future Board meeting.

Mrs Meek reported that there was a high percentage spend on Band 7 staff and emphasised the importance of having appropriate leadership and management arrangements in place. In response to a question from Mr Shaw, it was confirmed that the difficult to reach groups in terms of medical engagement included those in the community.

Mrs Box reported on Medical Education as follows:-

- Research
- Students
- Trainees
- Simulation & Clinical Skills

The Chairman commented that the information about medical education was really helpful because the Board was not always made aware of the context.

In response to a question from Dr McIlmurray, Professor O'Donnell confirmed that there had been no progress in terms of the discussions with Lancaster University regarding the Intercalated MSc Programme.

RESOLVED: That Professor O'Donnell would contact Lancaster University to progress discussions.

Mrs Meek reported on work being undertaken in respect of Health & Well-Being. Mr Garrett referred to the health checks and asked whether they were self referral. Mrs Meek advised that staff could access the service but that staff were not routinely checked.

Mr Quinn reported on Communications as follows:-

- Team Brief
- The Pulse
- Celebrating Success
- DVDs
- Social Media

Mr Shaw referred to The Pulse and asked whether there was a danger of providing too much information to staff. Mr Quinn confirmed that The Pulse was printed and issued on a bi-monthly basis.

Mrs Ingham reported on the Key Workforce Performance Indicators and the Strategic Workforce Measures and advised that she would distribute information that had been discussed at the Strategic Workforce Committee meeting regarding the strategic workforce measures; it being noted that Mrs Crowshaw would be reporting on these measures to the Board on a quarterly basis.

In summary, Mrs Ingham advised the Board that there was a significant amount of work to be undertaken and that Board members should not underestimate the level of engagement needed with staff in terms of the financial challenge.

The Chairman thanked Mrs Ingham and her team for their presentation and teamwork.

Mrs Crowshaw reiterated Mrs Ingham's comments in terms of the financial challenge and engagement with staff; it being noted that there needed to be a focus on delivery and consideration of long term measures, i.e. year on year costs of absence.

The Chairman emphasised the need for departments to take ownership of the challenges.

RESOLVED: That consideration would be given to the framework for the Board in terms of future feedback on workforce issues.

Action To Be Taken Following The Meeting

Feedback is awaited regarding the Intercalated MSc Programme.

Consideration is being given to the framework for the Board in terms of future feedback on workforce issues.

c) Medical Appraisal and Revalidation Report

Professor O'Donnell referred to the medical revalidation regulations introduced in 2012 and reminded the Board that he was the Trust's nominated Responsible Officer.

Professor O'Donnell stated that it was a requirement from NHS England that a Medical Appraisal and Revalidation Report be submitted to, and accepted by, the Board and that the Board had a statutory duty to support the Responsible Office in discharging his duties under the Responsible Officer Regulations. Professor O'Donnell provided assurance that the Trust was compliant with all the requirements.

Mr Roff commented that it was important that staff were aware of the need to raise issues during their appraisal and that this needed to be incorporated into the appraisal process. Professor O'Donnell confirmed that this issue was being addressed by Dr Gulati.

Mr Bennett asked about the consequences for staff who did not have an appraisal and Professor O'Donnell confirmed that they would not be compliant with the revalidation process and therefore would be unable to practice.

RESOLVED: That the recommendation that the organisation, as a Designated Body, was compliant with the Responsible Officer Regulations be approved.

f) Chief Executive's Update

The Chief Executive's Update was provided for information.

97/15

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

b) Schedule of Board Meetings for 2016

The schedule of Board Meetings for 2016 was provided for approval.

RESOLVED: That Board members would advise Miss Oates about any issues with the proposed dates.

Action To Be Taken Following The Meeting

Comments have been received from some Board members and a final schedule of Board meeting dates and Board Committee meeting dates has been circulated.

c) Feedback from Blackpool CCG Meeting – 1st September 2015

Mrs Ibbs provided feedback from the Blackpool CCG Meeting held on 1st September 2015 as follows:-

- The main item on the agenda was the financial situation.
- The CCG was unable to give assurance in terms of its financial position towards the year end and was therefore required to submit a plan to NHS England by 7th September.
- There had been discussion around the costs being incurred.

Mrs Ibbs stated that she did not find some of the comments from the CCG particularly helpful, some of which showed a lack of understanding about the aims of the health economy.

Mrs Ibbs confirmed that she had provided feedback to the Chairman following the meeting.

d) Feedback from Fylde & Wyre CCG Meeting – 22nd September 2015

Mr Edney provided feedback from the Blackpool CCG Meeting held on 22nd September 2015 as follows:-

- There was a large agenda and the meeting was very businesslike.
- The CCG had been shortlisted in the HSJ Awards.

At this juncture, the Trust congratulated the CCG for being shortlisted in the HSJ Awards.

- Andrew Harrison had been introduced as the newly appointed Chief Finance Officer.
- They were experiencing similar issues to the Trust in terms of recruitment and retention.
- The forecast in primary care was that 50% of GPs were expected to leave their practice and the challenge around this needed to be shared with other employers.
- The problems relating to recruitment would have an impact on the pace at which new models of care could be introduced.
- There had been a presentation by the North West Ambulance Service Trust.
- There was over performance against certain contracts with the Trust.

Mr Edney commented that the CCG and Trust had a positive working relationship. The Chairman stated that the last Board to Board meeting had been positive and the next meeting, which had recently been postponed, was in the process of being re-arranged.

- 98/15 Three Key Themes for Team Briefing
- Board members discussed the key themes from the meeting to be cascaded to staff via the Team Brief and the following three themes were agreed:-
- Finance
 - Patient Story
 - Workforce
- RESOLVED: That the above key themes would be included in the Team Brief.**
- That the patient story DVD would be shown at the Team Brief.**
- Mr Bennett stated that the financial position needed to be emphasised to staff and Mrs Ibbs stated that the Board needed to be clear about the messages to be conveyed to staff. The Chairman suggested arranging a special edition Team Brief to highlight the seriousness of the financial position. It was noted that a robust communications plan would be needed.
- RESOLVED: That consideration would be given to arranging a special edition Team Brief.**
- Mr Shaw suggested using the strap-line “let’s get it and get on with it”. Mr Shaw also suggested that the hashtag (#GP2W) relating to cultural transformation be explained and promoted to staff.
- Action To Be Taken Following The Meeting***
The key themes have been included in Team Brief.
- The patient story DVD was shown at the Team Brief on 6th October 2015.*
- A “finance” focussed Team Brief has taken place.*
- 99/15 Trust Values / Value of the Month
- It was noted that examples relating to “living the values” included the presentations at the Annual Members and Public Meeting, the water purity issues and the MacMillan Coffee Morning.
- 100/15 Attendance Monitoring
- The attendance monitoring form indicated continued good attendance from Board members.
- 101/15 Any other Business
- There was no other business.
- 102/15 Items Recommended for Decision or Discussion by Board Sub-Committees
- RESOLVED: That items to be recommended for decision or discussion by Board Committees would be noted from the minutes of the meeting.**
- 103/15 Questions from the Public
- The Chairman gave members of the public the opportunity to ask questions.
- i) Financial Position
- Nic Fogg from Fylde Coast 38 Degrees referred to Mr Bennett’s comment earlier in the meeting about the Trust having spent the equivalent in 5 months this year as in 9 months the previous year and he asked about the discrepancy.

It was reported that there were a number of factors as follows:-

- Despite efforts to recruit and retain staff, there remained a shortfall.
- There were a number of difficult to recruit to posts, i.e. middle-grade doctors and doctors in training.
- There were insufficient doctors on the rota in the North West and the fill rate was not as high as in other areas which resulted in a gap which had to be filled with agency staff.
- There was an increase in demand and workload.

The Chairman confirmed that the Board had an intense focus on this issue to ensure improvements were made.

Mrs Thompson reported that there had been a full review of nurse staffing levels during the past six months and further investment had been agreed. Mr Doherty reported that, despite investment of £1.3 million for 2015/16, the number in post had not necessarily increased and therefore agency costs had increased.

ii) Patient Story

Mr Hameed (Public Governor) referred to the patient story earlier in the meeting and commented that it gave the impression and perception that the doctor was at fault which had resulted in the patient's death.

The Chairman stated that, in order to ensure openness and transparency, both positive and negative patient stories were presented to the Board.

iii) Nurse Staffing

Mr Hameed referred to the UCLAN medical education programme introduced earlier in the year and pointed out that this was restricted to overseas students. Mr Hameed stated that the Trust would be training these students, which was a cost in time and money, but that the students would not be working at the Trust at the end of their training.

Mr Roff stated that he was a former employee of UCLAN and could confirm that UCLAN was not authorised by the Government to take students from the UK although it was hoped that the Government would relent from opposing UK students.

Mr Edney declared an interest in this discussion in his capacity as a Board member at UCLAN. Mr Edney confirmed that Mr Roff's comments were correct.

Mr Hameed was of the opinion that the Trust should only become involved in the programme if it was of benefit to the Trust. The Chairman reiterated previous comments that the Trust was not responsible for this programme.

104/15

Trust's Position on the Board Assurance Framework

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

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

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

105/15 Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 28th September 2015 at 9.30 am.

Board of Directors Meeting Held In Public
Action List - 30th September 2015

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
92/15	30.9.15	Patient Story DVD	Provide feedback to the division about the comments relating to the attitude of the ward staff.	Marie Thompson	28.10.15		Associate Director of Nursing has discussed with the nursing team and the DVD has been shared at the senior nurse meeting.	Complete	Green
92/15	30.9.15	Patient Story DVD	Address the issue raised by Doug Garrett about staff dissuading carers not to accompany patients to appointments.	Marie Thompson	28.10.15		Director of Nursing has shared this feedback with the Associate Directors of Nursing to ensure clinic staff offer the patient the option for patients to be accompanied in the clinic session.	Complete	Green
92/15	30.9.15	Patient Story DVD	Emphasise Board members' comments at the CPF on 5.10.15	Mark O'Donnell	5.10.15		This item has been actioned.	Complete	Green
92/15	30.9.15	Patient Story DVD	Provide feedback regarding assurance at the next Board meeting immediately before the patient story DVD.	Mark O'Donnell/ Marie Thompson	28.10.15		Feedback regarding assurance will be provided at the Board meeting on 28.10.15.	Complete	Green
96/15 (a)	30.9.15	Assurance Report - Other Quality Measures/Issues	Provide feedback in respect of the Better Care Now measures.	Gary Doherty	28.10.15		This issue will be reported in the CEO Assurance Report to the Board on 28.10.15.	Complete	Green
96/15 (a)	30.9.15	Assurance Report - Audit	Ascertain best practice in other Trusts and provide feedback to the Board in October.	Jim Edney	28.10.15		The advice from KPMG is that it is more usual for the Audit Committee NED quorum to be 3 but it does differ between organisations and that the key question is whether it is felt that the right decisions can be made and approvals given with only 2 NEDs in attendance.	Complete	Green
96/15 (a)	30.9.15	Assurance Report - Finance	Discuss further the financial recovery plan later in the day and submit to the Board thereafter.	Tim Bennett	28.10.15		Discussed at the Finance Committee meeting on 20.10.15. Presentation with conclusions and recommendations emailed to all Board members and to be discussed at the Board meeting on 28.10.15.	Complete	Green
96/15 (a)	30.9.15	Assurance Report - Finance	Submit the recovery plan to the next Board meeting together with recommendations for implementation.	Tim Bennett	28.10.15		Discussed at the Finance Committee meeting on 20.10.15. Presentation with conclusions and recommendations emailed to all Board members and to be discussed at the Board meeting on 28.10.15.	Complete	Green

Board of Directors Meeting Held In Public
Action List - 30th September 2015

96/15 (a)	30.9.15	Assurance Report - Finance	Review specific areas of the IPR and provide feedback to the Board.	Executive Team	28.10.15		This item has been actioned.	Complete	Green
96/15 (a)	30.9.15	Assurance Report - Finance	Respond to Karen Crowshaw about the safety thermometer outside the meeting and provide feedback to the Board.	Marie Thompson	28.10.15		Email sent to Karen Crowshaw on 20.10.15 with an update on the Maternity Safety Thermometer.	Complete	Green
96/15 (b)	30.9.15	Focus on Workforce	Contact Lancaster University to progress discussions about the Intercalated MSc Programme.	Mark O'Donnell	28.10.15		Feedback is awaited.	Not Yet Due	White
96/15 (b)	30.9.15	Focus on Workforce	Consider the framework for the Board in terms of future feedback on workforce issues.	Nicky Ingham	28.10.15		Future feedback is being considered..	Not Yet Due	White
97/15 (b)	30.9.15	Schedule of Board Meetings for 2016	Advise Judith Oates about any issues with the proposed dates.	Board Members	7.10.15		Comments have been received from some Board members and a final schedule of Board meeting dates and Board Committee meeting dates has been circulated.	Complete	Green
98/15	30.9.15	Three Key Themes for Team Brief	Include the agreed key themes in Team Brief.	Nicky Ingham	6.10.15		This item has been actioned.	Complete	Green
Jan-00	30.9.15	Three Key Themes for Team Brief	Arrange for the patient story DVD to be shown at the Team Brief.	Mark O'Donnell	6.10.15		This item has been actioned.	Complete	Green
98/15	30.9.15	Three Key Themes for Team Brief	Consider arranging a special edition Team Brief.	Gary Doherty	6.10.15		A 'finance' focussed Team Brief has taken place.	Complete	Green

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

Board of Directors Meeting
Action Tracking Document

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
26/15 (c)	25.2.15	Implementation of the Fit & Proper Persons Test Requirements	Ensure that future pre-election information for Governors includes details about the Fit and Proper Persons Test and the requirement for candidates to complete the declaration if and when elected to the Council.	Wendy Swift	31.12.15		Pre-election information will be produced for the next Governor elections in May 2016 which will take account of the Fit & Proper Persons Test and the recommendations from the KPMG Governance Review.	Not Yet Due	White
61/15 (b)	20.5.15	Corporate Documents	Complete the process for the corporate documents.	Wendy Swift	26.11.15		This item is being addressed and was completed for the Audit Committee meeting in September and will be completed in advance of the Audit Committee meeting in November.	Not Yet Due	White
62/15 (d)	20.5.15	Presentations - Healthier Workforce Project	Arrange for a further update to be given to the Board in twelve months' time.	Chairman/ Judith Oates	May-16		This item has been included on the Work Plan for May 2016.	Not Yet Due	White
79/15 (a)	29.7.15	Cancer Care Management - Peer Reviews	Discuss with Malcolm McIlmurray the issue of patients being seen within 24 hours by an Oncologist.	Pat Oliver	30.9.15	30.11.15	Arrangements are being made for Dr McIlmurray to meet with Dr Bezecny and the Acute Oncology Nurses (Alison Melvin and Sue Faul) who support in patient reviews.	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

28th October 2015

Chief Executive's Assurance Report

1. Introduction

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

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

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

2. Strategic Measures

A summary of our performance against the Strategic Measures is shown below. Further detail is available on the Integrated Performance Report.

Measure	Q1	Q2
Patients & Carers involved in care decisions	Green	Green
Extensive Care Service	Green	Yellow
Harm Free Care (Combined)	Yellow	Yellow
Better Care Now (Quality)	Yellow	White
Compliance with Stroke Pathway	Green	Green
SHMI (rolling 12 months)	Red	Red
Estates	Green	Green
Health Informatics	Yellow	Yellow
Continuity of Service Risk Rating	Yellow	Yellow
Trust Vacancy (Medical & Nursing Staff Only)	Red	Yellow

Patients & Carers involved in care decisions - Significant Assurance

This is measured via monthly/quarterly surveys. Performance is just over 90% compared to a target of 80%.

Extensive Care Service – Limited Assurance (given position on caseload)

Five key measures are tracked on the Extensive Care Dashboard: commencement date, number of patients referred, active caseload, wait from referral to initial assessment, Patient Friends and Family Test. For Q2, 2 are green and 1 is red. The red rating is for active caseload, which is clearly one of our key metrics. Discussions are underway with CCG colleagues to address this. The overall rating is amber.

Harm Free Care – Limited Assurance

The combined Acute/Community figures for the Trust for Harm-Free Care (old and new harms) improved in September to 94.8% (93.6% August). For new harms only, the figure for the acute, community and combined settings are all over 96%, and the target has therefore been achieved in September. Harm Free Care in the Maternity setting has not yet been made available for September as this is received from a national source. Hospital acquired and non-hospital acquired pressure ulcers are above trajectory year to date. As part of the Sign up to Safety Campaign, funding has been allocated to employ an additional Tissue Viability Nurse to support clinical teams in managing patients who are at high risk of skin damage. A Fylde Coast falls awareness week took place from 19th -23rd October with a number of events across the Trust and Health Economy to raise awareness.

Better Care Now (Quality) – Information not available

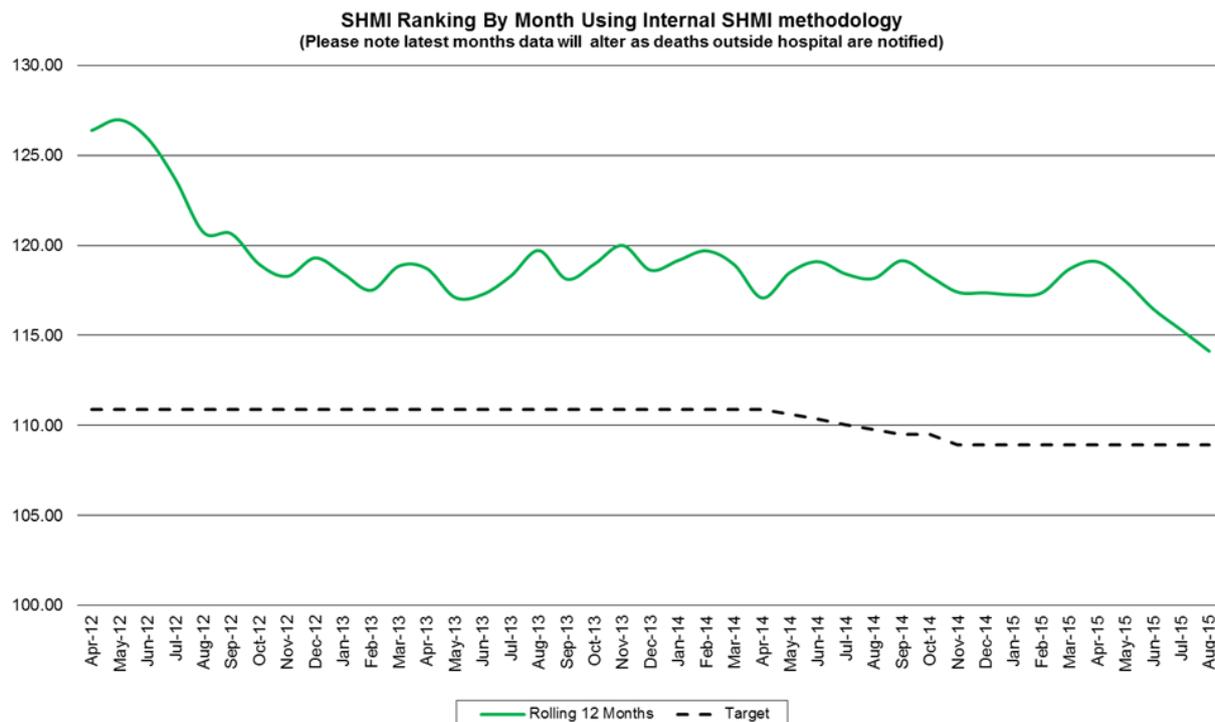
Further to consideration at the Quality Committee a revised measure of quality was requested. Whilst work has continued on the Better Care Now theme the revised measure has not been agreed in time for producing the IPR or this assurance report. Therefore performance for the quarter has been blanked out in both this report and the IPR. However, the Better Care Now programme has continued to operate and deliver improvements in pathway measures and time to assessment. It is expected that the agreed strategic measure will have been finalised prior to the Board meeting.

Compliance with Stroke Pathway – Limited Assurance

We have rated this as green but it should be noted that we are still in discussion regarding the most appropriate targets for the “opportunities to care” approach. At the Mortality Committee meeting I used a target of 90% to consider performance against all pathways on the opportunities to care method. Stroke performance in Q2 was 89% so the green rating needs to be seen in this context. Having reviewed performance against all pathways the Committee agreed that AKI (Acute Kidney Injury) Pathway compliance was of greatest concern. A targeted approach as part of the Sign Up To Safety work is being undertaken with the Critical Care Outreach Team and the Medical Director to support improvement.

Mortality – Limited Assurance

The local SHMI continues to show an improvement. A preview of the latest national release for SHMI gives the Trust figure at 116 for the period March 2014 – April 2015. This is approximately 2 points better than our internal modelling had predicted.



The AQuA review (first draft) was considered at the Mortality Committee meeting. We will shortly be meeting with the CCGs more formally to agree any key additional actions. It is likely that care of the deteriorating patients and improved whole system mortality reviews will be two key actions to be addressed.

Estates - Significant Assurance

Pending our clinical strategy, which will allow us to reformulate our estates strategy, we have based this measure on the Achievement of our Planned Preventative Maintenance programme, which is on track.

Health Informatics – Limited Assurance

Combination of three indicators: PC replacement, EPMA (electronic prescribing) project status, EMIS community system project status. Two are on target, with one (EMIS) having an amber rating.

Continuity of Service Risk Rating – Limited Assurance

See Finance section.

Trust Vacancy (Medical & Nursing Staff Only)

Q2 performance is a vacancy rate of 4% against a target of 2%. See workforce section for more details.

3. Compliance Measures

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

The A&E 4 hour performance standard was achieved in September with performance showing 95.58%. The quarter performance was achieved at 96.37%.

18 Week Open Pathways – Significant Assurance

The Trust achieved all three RTT compliance measures in September. The Admitted performance was 91.8% (target 90%), Non-admitted was 95.4% (target 95%) and Open pathways was 95.1% (target 92%).

Cancer Waiting Times – Limited Assurance

At this stage we are only able to give the unvalidated position for September for the 62 day urgent referral to treatment cancer target (target 85%) due to finalising of figures for diagnostics and reallocation of breaches with other Trusts.

The unvalidated position for September is 89.4%. Even with breach reallocations we have achieved Quarter 2. The 62 day screening target unvalidated position for September is currently at 96% (target 90%). We have achieved the standard for Quarter 2.

The Trust will not achieve the 2 weeks breast symptomatic (target 93%) for Quarter 2 with the unvalidated position reporting at 90.4%. The unvalidated performance for September is currently at 86.4%. This is all attributable to patient choice.

All other cancer targets were met.

C Difficile – Significant Assurance (wrt lapses of care)

At the end of September we have had 34 cases of C Diff, 11 agreed 'no lapse' in care, 9 agreed 'lapse' in care and 14 cases under review. October to date there has been 3 cases.

4. Other Quality Measures/Plans

MRSA – Limited Assurance

A new case of MRSA Bacteraemia from a patient on Cardiac ITU was reported on 12th October. The patient had received pre-op screening and was negative for MRSA but positive for MSSA. The appropriate decolonisation regime was followed. Surgery (CABG) as planned on 6th October, patient developed signs of sepsis on 10th October, blood culture confirmed MRSA Bacteraemia. A post infection review meeting will be held with commissioners (East Lancashire) on 26th October to review the RCA and to determine if the case was avoidable.

One of the August patients who had and MRSA Bacteraemia (CITU) and was readmitted to East Lancashire Hospitals with a further episode of MRSA Bacteraemia, the Trust has been informed by the CCG that following the regional PIR this case has been attributed to BTH. Our current position is therefore 5 cases.

Overall Nursing, Midwifery and Care Staffing Levels – Significant Assurance

During September, the planned Nursing and Midwifery staffing and care staff levels for the 40 planned inpatient wards at Blackpool Teaching Hospitals were compared with the actual staffing levels on a daily basis. This provided the Trust with a percentage fill rate for each ward day and night and an overall percentage fill rate. In September the percentage fill rates for registered Nurses/Midwives at the Victoria and Clifton sites and for the Trust overall were 90.8%.

Patient Experience/Friends and Family Test – Significant Assurance

Overall the Trust achieved 96% in the September FFT. Inpatient and daycases 96% (National data Aug 15 96%), A & E 94% (National 88%), Maternity 95% (National 96%) and Community 99% (96%)

5. Quality Committee

The Quality Committee met on 23rd September and a report was given at the September Board meeting. A report from the Chair of the Committee on the quality measures in the Strategic indicators in the IPR is included in the Reference Folder.

6. Workforce

Staff Engagement and Staff Friends and Family Test – Significant Assurance

The Staff Friends and Family Test (quarter 2) reports our highest scores to date with an overall Trust engagement score of 4.00. Overall, 80% of our staff would recommend the Trust as a place to receive care or treatment and 70% of staff would recommend the Trust as a place to work. Both of these scores are above the Picker average for this quarter.

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

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

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

Overall Workforce Assurance – Limited Assurance

The assurance rating is reflective of the Trust's position with regard to agency spend and its target to reduce spend on agency nursing to the 3% cap stipulated by Monitor. A number of meetings have taken place across the Trust to raise awareness of the Trust's financial situation and the controls of agency spend to the current financial position. A robust authorisation process has been put in place to control spend across all divisions and staff groups. This includes ensuring all agency requests for Medics, Nursing and AHPS are submitted to Medacs to increase visibility of all agency activity for these staff groups and provide assurance that we have obtained the most favourable agency rates. Significant progress has been made with the implementation of Establishment Control within the ESR system and the information will be shared with divisional management teams during October/early November to help inform of where 'hotspots' exist within the division around contracted staffing levels.

Work continues to ensure that the principles within the Job Planning Framework are reflected in the job plans produced by the Trust and the appointment of Dr Harper as Deputy Medical Director has led to additional challenges being added into the job planning system. There is a workshop planned with the Workforce Business Partners to improve their knowledge of job planning to assist driving forward job planning and continuing to improve the information and data held with the system.

There continues to be a high volume of recruitment activity and as a result the maximum number for each induction has been raised to 90. The gap between leavers and starters within nursing has closed slightly with this now averaging at 7 per month. International recruitment activity is continuing with a trip to Greece which will be around the beginning of November 2015 and a further trip to Spain booked for mid November 2015. The news that nursing has been added to the shortage occupation list has triggered thoughts that a trip to the Philippines would be successful and planning for this is underway.

Sickness Absence – Limited Assurance

The Trust sickness absence percentage remains stable at 4.08% for September and only fractionally over the Trust target of 4% with the year to date figure reported at 4.06%. From the latest benchmarking data available (as at June 2015 sourced from EWIN), Blackpool Teaching Hospitals (BTH) ranks at 9th= out of the 28 North West Acute Trusts at 3.8% against the North West Acute average of 4.1%. Nationally, we rank joint 39th out of 80 Acute Trusts and we performed above the national Acute average of 4.1%. Further analysis has been undertaken to identify any trends in absence reason codes by age band and by staff group which will be reported in the quarterly sickness absence report at the Operational Workforce Committee meeting in November.

Medical Appraisal Rates – Significant Assurance

The overall medical appraisal rate was 91.5% at the end of September 2015, which breaks down into 91% for consultant colleagues and 93% for all other groups of doctors. Representatives of the Trust attended a meeting on 7th September 2015 with NHS England North in relation to medical appraisal uptake; they were provided assurance that from NHS England's perspective the Trust position was improved and the Trust should take steps to ensure an uptake rate of >90% going forward.

Non-Medical Appraisal Rates – Limited Assurance

The appraisal window operates between April and August. At the end of August 2015, 78% of the workforce had completed an appraisal compared to 82% in 2014. There are a number of factors contributing to the reduction in completion between 2014 – 2015. The main issue relates to changes to the ESR interface with the appraisal system which was implemented to ensure that all staff are captured in the appraisal process. Although appraisal completion figures for 2015 are lower than 2014, over 4690 employees still completed an appraisal.

Mandatory Training – Limited Assurance

Overall compliance with mandatory training at the end of September was 85%, which was a reduction of 1%. Actions being taken to improve compliance figures include targeting training at employees who are non-compliant, working with managers to ensure attendance at training and increasing the number of training sessions delivered. The Trust's approach to mandatory training is being reviewed to identify areas for improvement.

Induction - Significant Assurance

Corporate Induction has also been affected by the increased number of new starters over the last few months and for the first time since the 'first day in post' process was introduced it has fallen below 100% to 97% - reflecting a delay in attendance at the Trust Induction given the limitation in resources to accommodate the increased quantity of new starters. L&D have immediately increased capacity to 90 seats to pull back the process in line with the 'first day in post' policy. Local induction remains the same at 84% - L&D will continue to chase non-completion with escalation to divisional leads to ensure this improves.

The Strategic Workforce Committee recommends that the Board takes the following actions:

- To **NOTE** the agreed strategic priorities for the Strategic Workforce Committee for 2015/16.
- To **NOTE** the request for a comprehensive plan in relation to the medical workforce including recommendations on appropriate capping of medical agency.
- To **NOTE** the request for a detailed plan to achieve the sustainable workforce by 2020.
- To **NOTE** the progress against the five key work streams within the Workforce Strategy and the requirement to refresh the current actions and priorities ensuring the appropriate focus is on the key challenges i.e. finance medical workforce and general recruitment and retention.

- To **NOTE** the **LIMITED ASSURANCE** in respect of overall Workforce with **LIMITED ASSURANCE** in respect of Attract, Recruit and Retain appropriate skilled staff and **SIGNIFICANT ASSURANCE** in respect of Failure to Engage and motivate.

7. Audit

There have been no meetings of the Audit Committee since the last Board meeting. The next Audit Committee meeting is scheduled for 26th November 2015.

8. Finance

Income and Expenditure

The Trust incurred a deficit (pre-mitigations) of £1.6m in September which is £0.9m worse (pre-mitigations) than the Annual Plan submitted to Monitor. The Trust has identified a number of further one-off and / or non-recurrent mitigations which have been utilised to offset the underlying month 06 financial performance. The mitigations have been utilised to provide time to understand the impact of the financial performance on the year end income and expenditure and cash forecasts and to develop a Trust Recovery Plan. The reported deficit (post mitigations) is £1.3m in September which is £0.6m worse than the Annual Plan submitted to Monitor. The year to date deficit of £10.0m (post mitigations) is £1.5m worse than the Annual Plan.

The Trust Recovery Plan was presented to the Finance Committee on the 20th October. The key components of the plan are:

- Measures to reduce agency expenditure
- Measures to deliver our planned CIP schemes
- Measures to recover our income position by catching up on planned activity

The likely year end position is being worked upon. At this stage our view is that it is likely our deficit will be higher than £11M. To support delivery of the plan enhanced accountability and performance management arrangements are being considered.

Cash

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

- Cash impact of I&E under plan (£1.9m);
- Non-cash impact of provision reversals (£1.3m);
- Increase in accrued income due to delay in invoicing of activity (£1.7m)
- Favourable payment terms from Specialist Commissioners £3.1m;
- Capital expenditure cash undershoot £0.6m;
- Financing cost improvements £0.4m;
- Other working capital movements £1.0m.

The Trust expects cash balances to reduce to £7.8m due mainly due to the planned deficit. If the actual deficit is higher this will reduce the cash balances further. The Finance Committee have set trigger points at which further actions to preserve cash and maintain liquidity would be enacted.

CIP Performance

The Trust has delivered £1.4m CIP in September against a plan of £1.7m. The worse than planned delivery in month predominantly relates to a prior month reduction in the Pre-Op Assessment Theme delivery and lower than planned delivery against the Workforce, Better Care Now – Alternative to Hospital, Extensivist, Collaborative Working and Outpatients Themes. The Trust is currently reviewing all of the amber rated schemes for inclusion in the Trust Recovery Plan to establish why the schemes are not delivering, when the schemes are currently forecasted to start delivering and become green rated schemes (and the relevant budget adjustments can be actioned) or whether the schemes are not currently forecasted to deliver and need to be red rated schemes and escalated accordingly.

Continuity of Services Risk Rating (CoSR)

The Trust has delivered a Continuity of Services Risk Rating (CoSR) of 1 in line with the Annual Plan submitted to Monitor. From the 1st August the Continuity of Services Risk Rating (CoSR) has been replaced by the Financial Sustainability Risk Rating (FSRR) as prescribed by Monitor in the Risk Assessment Framework which was updated in August. The Trust has delivered a Financial Sustainability Risk Rating (FSRR) of 2.

Capital Expenditure

Capital expenditure is under plan to the end of September. This is predominantly due to slippage in the signing of contracts relating to the electronic information project. The Trust is currently reviewing the 2015-16 capital expenditure forecast.

Financial Assurance

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

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

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

Financial Resilience – Limited Assurance based on financial performance being currently worse than the Trust's 2015-16 Financial Plan.

Financial Sustainability – Limited Assurance based on the view that the existing strategy is not sufficient to ensure financial sustainability at 3 and 5 years.

Based on the Finance Committee's consideration of the matters placed before it, the Finance Committee recommends two items to the Board as follows:-

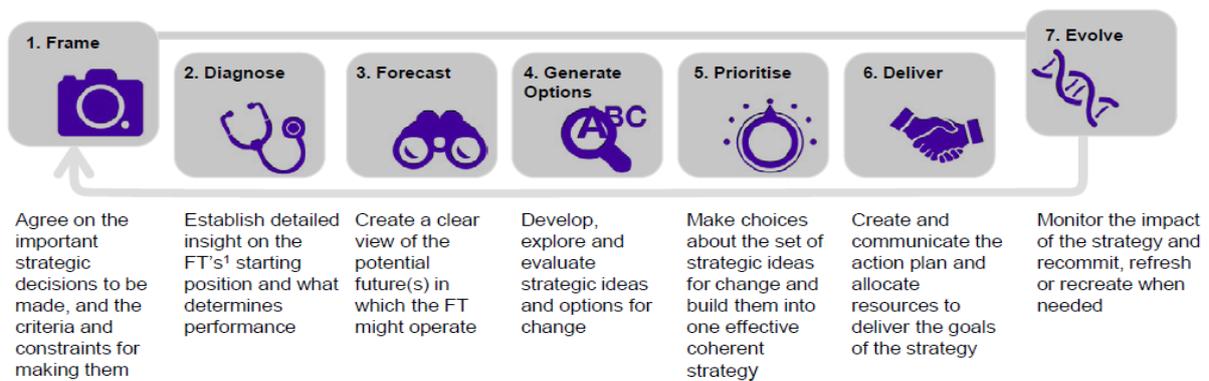
- That the Board endorses the view of the Director of Finance and Performance that there is **Limited Assurance** related to **Financial Resilience** (based on current delivery of a CoSRR of 1 in line with the Trust's 2015-16 financial plan) and **Limited Assurance** related to **Financial Sustainability** (because the existing strategy is not sufficient to ensure financial sustainability at 3 and 5 years).
- That the Board approves the recommended response to Monitor in the Quarter 2 Monitoring Return.

9. Strategy / Risk / Legal / Corporate Assurance

9.1 Strategy

Strategic Review

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



The Trust has completed the 'Diagnose', 'Forecast' and 'Generate Options' stages of the review, and has now entered the 'Prioritise' stage. The 'Generate Options' stage included both a 'bottom up' and 'top down' approach, taking ideas from clinically-led strategic working groups and from the Board of Directors. The initial outputs from this stage were reviewed at an event on 29th September 2015. This included:

- Discussion on the requirements to address key challenges over three different horizons (year 1, years 2 – 3, and year 3+)
- Discussion on the extent to which the ideas generated to date address these key challenges
- Initial prioritisation exercise on the ideas generated to date

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



Key next steps are:

- Identification of quantified strategic ambitions across the four domains (finance, quality, operations, workforce)
- Completion of detailed impact assessments associated with schemes that will deliver the 'strategic imperatives' for year 1
- Completion of scoping work for years 3+, including Trust wide enablers
- Finalise portfolio of initiatives and identify resources required to implement
- Presentation of portfolio of initiatives to wider stakeholders (internal and external)

A dedicated strategy review session will be held with the Board of Directors during early November before the wider stakeholder event on 24th November 2015.

Fylde Coast Out of Hospital Strategy (Multispecialty Community Provider)

The Fylde Coast health and social care economy has been selected as a Vanguard site, for the provision of the Extensive Care Service and Enhanced Primary Care. The health economy's 'value proposition' has been approved by the NHS England New Models of Care Team and £4.26m of funding has been allocated by NHS England. We anticipate this funding will be transferred to the health economy in the coming weeks.

Extensive Care Service

The service went live across two sites – Moor Park (Blackpool CCG) and Lytham (Fylde and Wyre CCG) – on 29th June 2015. An evaluation day was held on 25th September 2015, at which commissioner and provider representatives assess the success of the service to date, including patient referral and assessment processes, the use of electronic patient records, and the clinical / non-clinical staffing model (particularly the new role of the Wellbeing Support Worker). Several learning points were identified, which will be implemented prior to further rollout.

Enhanced Primary Care (EPC)

Blackpool CCG has focused on the establishment of neighbourhood-based teams, with the Trust's community nursing and therapy teams now assigned into these neighbourhoods. Fylde and Wyre CCG has focused on the design of revised care models that will better support patients with one or two long term conditions, with clinically-led design groups established (which are linked to the work being undertaken as part of the Trust's strategic review). Health economy wide planning and design workshops are taking place across November 2015.

Better Care Together (Primary and Acute Care System)

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

Acute Collaboration across Lancashire (Acute Vanguard)

The Trust was not successful in its partnership bid (with three other NHS Trusts in Lancashire (Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, East Lancashire Hospitals NHS Trust) to be a Vanguard location for collaborative provision of acute services. However, we continue to work collaboratively with other providers in the development of federated models of service provision.

8.2 Risk

There has not been a meeting of the Risk Committee since the last Board meeting. The next Risk Committee meeting is scheduled for 17th November 2015. The current Board Assurance Framework and Corporate Risk Register are included in the Reference Folder.

8.3 Legal

There are no issues to report.

8.4 Corporate Assurance

Well Led Review

Board members will be aware that the Governance Arrangements Review (including elements of the Well-led Framework) was completed by KMPG as part of the Internal Audit Plan, with an assurance level of "Significant Assurance with Minor Improvement Opportunities". The Audit Committee reviewed the updated management responses in September 2015, and all actions are progressing to the Internal Auditors satisfaction. The Director of Strategy/Deputy Chief Executive and the Director of Finance and Performance have had an initial meeting with an external auditing firm to explore a proposal to undertake a Monitor approved Well-led Review.

Terms of Reference Review

The Corporate Assurance Department, together with the Chairs of the Board of Directors and Board Committees, the Council of Governors and its committees and the Corporate Trustee, have undertaken a full review of their Terms of Reference aligning them with the Reservations of Powers and Scheme of Delegation.

All the Terms of Reference have been submitted to the relevant Committee for validation and the following recommendations require ratification from the Board of Directors or Council of Governors. A report is to be submitted to both meetings for ratification. The key recommendations for the Board are to:-

- Ratify all the Terms of Reference (Board of Directors, Audit Committee, Quality Committee, Finance Committee, Strategic Workforce Committee, Risk Committee, Strategy and Assurance Committee, Remuneration Committee, Corporate Trustee), including the below changes:-
 - Increase the quoracy of the Audit Committee from 2 to 3 Non-Executive Directors. Resilience could be achieved by inviting each Chair of the other Board-Committees to attend on a rotational basis to provide assurance from their Committee.
 - Retain the 'validate' and 'ratify' terminology in the Strategy and Assurance Committee Terms of Reference to maintain consistency.
 - Retain the current quoracy levels with just committee members and do not include attendees.
 - Agree that the revised alternate Non-Executive Directors cover statement be used in all Terms of Reference.
 - Agree that the minutes of each meeting are not presented to the Board and that the Chairs Assurance Report should continue in their place.
- Ensure that members of these Committees are reminded that agenda items need to be submitted in a timely manner to ensure compliance with the Terms of Reference.
- Endorse a Committee/Meeting Effectiveness Review of all these meetings led by the Corporate Assurance Department.
- Endorse the review of the Sub-Committees of the Board-Committees to review their Terms of Reference and conduct a Committee Effectiveness Review to evaluate each meeting.

Membership Report

The Trust membership is currently 5,436 public members and 6,033 staff members. Membership recruitment initiatives have continued throughout the past six months 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. The Trust has delivered two successful Health Seminars since April 2015 in relation to 'Electronic Prescribing & Medicine Management' and 'Chief Executive's Question Time'. The full report is included in the Reference Folder.

**Gary Doherty
Chief Executive**

Board of Directors Meeting

28th October 2015

Subject:	Quarterly Monitoring Return (Quarter 2, 2015-16)
Report Prepared By:	Paul Cunday, Assistant Director of Finance Simone Anderton, Deputy Director of Nursing Jane Rowley, Head of Performance
Date of Report:	22 nd October 2015
Service Implications:	Achievement of operational standards Achievement of quality standards
Data Quality Implications:	None
Financial Implications:	Financial and performance implications if the Trust does not meet the Provider License requirements.
Legal Implications:	None
Links to the Principles of The NHS Constitution:	Links to the Principles 1-7
Links to the Trust Way Core Values:	Links to People-centred, Excellence.
Links to Key Organisational Objectives:	It is a requirement of the Trust's Provider license to submit Quarterly Monitoring Returns to Monitor.
Links to Care Quality Commission Quality and Safety Standards	This is linked to all CQC Standards.
In case of query, please contact:	Paul Cunday, paul.cunday@bfwh.nhs.uk x6846

Purpose of Report/Summary:

At the end of September 2015 the Trust is required to submit a return to Monitor, as the regulator of Foundation Trusts, for performance during Quarter 2 (1st July 2015 to 30th September 2015) of the financial year 2015-16. 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 2015-16; and
- To provide information and assurance to the Board, its Committees, and 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 Quarter 2 is a deficit of £10.0m, which £1.5m worse than the plan submitted to Monitor. From the 1st August the Continuity of Services Risk Rating (CoSR) has been replaced by the Financial Sustainability Risk Rating (FSRR) as prescribed by Monitor in the Risk Assessment Framework which was updated in August. The Trust has delivered

a Financial Sustainability Risk Rating (FSRR) of 2.

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

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

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

Therefore, it is recommended that the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a Financial Sustainability Risk Rating (FSRR) of at least 3 over the next 12 months.

The 2 week Breast symptomatic target will not be achieved for Quarter 2.

The Trust has had 34 cases of C.Diff in the first two quarters. The Trust currently has 9 agreed lapses in care cases of C.Diff at the end of quarter 2 with a further 14 cases awaiting final agreement.

Root cause analysis have taken place for all cases with lessons learned being discussed with the nurses and clinicians at team level whilst clarity of categorisation of lapse / none lapse in care takes place with CCG's.

The Board of Directors is asked to:

- Approve the recommendation that a submission of "Not confirmed" is entered against the Board of Directors Governance statement in relation to the FSRR, as the Trust is not planning / forecasting to deliver a FSRR of a 3;
- Approve the recommendation that a declaration of "Not confirmed" that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the plan;
- Approve the recommendation that a submission of "Confirmed" is entered against the Board of Directors Governance statement in relation to the achievement of targets and indicators;
- Approve the recommendation that a submission of "achieved" is entered against compliance with the criteria that the Trust must meet in relation to Learning Disability Access;
- Provide delegated authority to the Chief Executive on behalf of the Trust regarding submission of the Quarterly Monitoring Return (Quarter 2, 2015-16) return to Monitor.

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

Board Review Date:
 27th January 2016

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"/>
For Information	For Discussion	For Approval

Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>
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Not sensitive: For immediate publication	Sensitive in part: Consider redaction prior to release.	Wholly sensitive: Consider applicable exemption
Reason for level of sensitivity selected:	FOI Exemption 22 - Information Intended for Future Publication by Monitor	

Board of Directors

28th October 2015

Quarterly Monitoring Return (Quarter 2, 2015-16)

At the end of September 2015, the Trust is required to submit a return to Monitor, as the regulator of Foundation Trusts, for performance during Quarter 2 (1st July 2015 to 30th September 2015) of the financial year 2015-16.

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 2015.

The year to date performance at the end of Quarter 2 is a deficit of £10.0m, which is £1.5m worse than the plan submitted to Monitor. From the 1st August the Continuity of Services Risk Rating (CoSR) has been replaced by the Financial Sustainability Risk Rating (FSRR) as prescribed by Monitor in the Risk Assessment Framework which was updated in August. The Trust has delivered a Financial Sustainability Risk Rating (FSRR) of 2.

Capital expenditure is under plan to the end of September: The underspend is predominantly due to slippage in the signing of contracts relating to the electronic information project. The Trust is currently reviewing the 2015-16 capital expenditure forecast.

The Finance Governance Statement requires the Board to confirm or otherwise that it will achieve a Financial Sustainability Risk Rating (FSRR) of at least 3 for the next 12 months. The Finance Committee and the Board of Directors have approved the Trust's Forward Financial Plan Return setting out the Financial Plan for 2015-16. This was submitted to Monitor on the 14th May 2015.

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

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

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

Therefore, it is recommended that the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a Financial Sustainability Risk Rating of at least 3 over the next 12 months (Appendix B).

In addition, based on the Trust currently reviewing the 2015-16 capital expenditure forecast it is recommended that the Board of Directors declares “Not confirmed” that the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the plan. (Appendix B)

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 (Appendix A).

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

a. Cancer – 2 week Breast Symptomatic

Exhibited (non-cancer) breast symptoms - cancer not initially suspected.

The Trust will not achieve the 2 week Breast symptomatic (target 93%) for Quarter 2 with the unvalidated quarterly position reporting at 90.4%. Performance in July did not meet the standard at 90.2%, August achieved at 94.3% and the unvalidated position for September is currently at 86.4%. – **forecast non-achievement for month and quarter.**

Local commissioners were advised in July of the impact that patient choice is having on the achievement of this national performance standard. Predominantly the issue relates to patients being referred to the Trust whether they are available to attend the appointment or not. This trend is continuing through September and October and will compromise the Quarter 3 performance. The Trust is working to manage the risks within the system and ensure no avoidable delays occur. Formal escalation processes are in place across each element of the pathway. Pathway reviews, Capacity & Demand analysis and targeted action plans are being driven alongside the micro-management of the Patient Target Lists.

b. C.Diff due to lapses in care

As at the end of quarter 2, the Trust has 9 agreed lapses in care cases of C.Diff.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sept-15	Total YTD
	2	5	9	2	9	7	34
Agreed with CCG as a lapse in care	1	4	3		1		9
Agreed with CCG as no lapse in care	1	1	6		3		11
Under review				2	5	7	14

For the first 6 months there have been 9 agreed lapses in care with 11 agreed no lapses in care. There are 15 RCA's under review, the two incidences in July require further discussion and are forecast to be lapses in care. This will give the Trust 11 cases for agreed lapses in care and 11 cases for no lapse in care. Working on this basis the Trust would end the year on 34 cases due to lapse in care and 34 cases due to no lapse in care. Based on the performance for the first 6 months, there have been 34 cases which would lead to the assumption that by the end of March 2016 the Trust will have had 68 cases in total against a trajectory of 40.

A fourth microbiologist will be joining the team in November 2015 who will support the ongoing work across the organisation to reduce prevalence. This includes; continuing root cause analysis of all cases with follow up on themes regarding anti-microbial management with clinical teams, proactive deep clean programme, facilitation of range of infection prevention audits, provision of e learning programme and continued work on bowel management programme.

c. Care Quality Commission

This section remains the same as for previous quarters until the September inspection report is released

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 1 (no change from the submission as at the end of last year's Quarter 4):

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

The three sections where the Trust declared a Red rating at the end of quarter 2 were in relation to the CQC inspection in 2013-14. 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 have been completed with evidence available on all actions noted.

The Trust subsequently received a report from the Royal College of Obstetricians and Gynaecologists in relation to the CQC rating for maternity services and, re-inspection by the CQC has occurred and we await the final report.

d. Learning Disability Access

Following the publication of the Guidance on Completing Monitor's Q3 Reporting Template, the Trust now has to declare whether it complies with requirements regarding access to healthcare for people with a learning disability. There are six criteria that the Trust must meet based on recommendations set out in Healthcare for all (DH, 2008). The questions posed are:

- i. Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

The Trust has a mechanism to identify and flag patients with Learning Disabilities. The pathway that this then identifies is being embedded through the support of local learning disabilities services and has been incorporated into the revised version of the Trusts Guidelines.

- ii. Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria:

- a. treatment options;
- b. complaints procedures; and
- c. appointments?

- iii. Trust guidelines will continue to trigger the use of leaflets and information provided to patients / carers and staff via the Easy Health website with the development of some Trust specific leaflets developed with stakeholder involvement. Bedside folder information is currently being developed in easy read format.

- iv. Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

Current protocols provide specific signposting to the Trust Learning Disability Link Nurse and will continue to be supported through the Trusts clinical link nurse system.

- v. Does the NHS foundation trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?

Relaunch of training for Trust link nurses has commenced and e learning package for all staff is currently being transferred onto the Trust e learning system.

- vi. Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

The Trust works with Empowerment to access self-advocate input.

- vii. Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

The Trust receives Learning and Disability feedback from concerns and complaints that are raised. The Trust also uses a specific Family and Friends test for people with Learning Disabilities although the effectiveness of this is currently being evaluated. The Trust also uses patient story's to highlight the difficulties patients with Learning Disabilities have.

3. Board of Directors Governance Statement

The Board of Directors will be required to confirm / not confirm its agreement with the following three statements:

- a. The Board anticipates that the Trust will continue to maintain a Financial Sustainability Risk Rating (FSRR) of at least 3 over the next 12 months

The Finance Committee recommends a submission of “Not confirmed” to the Board of Directors, as the Trust is not planning / forecasting to deliver a FRRR of a 3. (Appendix B).

- b. The Trust must declare whether the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the plan.

The Finance Committee recommends a declaration of “Not confirmed” that the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the plan. (Appendix B).

- c. 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 Finance Committee recommends a submission of “Confirmed”. (Appendix B).

4. Recommendations

The Board of Directors is asked to:

- Note the content of the report;
- Note the discussions that have been held at the Finance Committee;
- Approve the recommendation that a submission of “Not confirmed” is entered against the Board of Directors Governance statement in relation to the FSRR, as the Trust is not planning / forecasting to deliver a FSRR of a 3.
- Approve the recommendation that a declaration of “Not confirmed” that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the plan.
- Approve the recommendation that a submission of “Confirmed” is entered against the Board of Directors Governance statement in relation to the achievement of targets and indicators.
- Approve the recommendation that a submission of “achieved” is entered against compliance with the criteria that the Trust must meet in relation to Learning Disability Access.
- Provide delegated authority to the Chief Executive on behalf of the Trust regarding submission of the Quarterly Monitoring Return (Quarter 2, 2015-16) 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

Appendix A – Targets and Indicators

Declaration of risks against healthcare targets and indicators for 2015/16 by Blackpool Teaching Hospitals NHS Foundation Trust													
		Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 1				Quarter 2			
				Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.													
Key:													
must complete													
may need to complete													
Target or Indicator (per Risk Assessment Framework)													
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	i	92%	1.0	No	0	95.5%	Achieved		0	95.1%	Achieved		0
A&E Clinical Quality - Total Time in A&E under 4 hours	i	95%	1.0	No	0	96.5%	Achieved		0	96.4%	Achieved		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	i	85%	1.0	No	0	80.8%	Not met	Please see additional comments	1	88.3%	Achieved		0
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	i	90%	1.0	No	0	86.2%	Not met	Please see additional comments	1	90.8%	Achieved		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	i					82.1%				87.1%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	i					0.0%				0.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	i	94%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - drug treatments	i	98%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	i	94%	1.0	No	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	i	96%	1.0	No	0	99.8%	Achieved		0	99.6%	Achieved		0
Cancer 2 week (all cancers)	i	93%	1.0	No	0	94.0%	Achieved		0	95.8%	Achieved		1
Cancer 2 week (breast symptoms)	i	93%	1.0	No	0	94.8%	Achieved		0	90.4%	Not met	Please see additional comments	1
Care Programme Approach (CPA) follow up within 7 days of discharge	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Care Programme Approach (CPA) formal review within 12 months	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Admissions had access to crisis resolution / home treatment teams	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams OLD measure - use until Q1 2016/17	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	i	75%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	i	75%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 19 Minute Transportation Time	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
C.Diff due to lapses in care (YTD)	i	18	1.0	No	0	2	Achieved	Please see additional comments	0	9	Achieved	Please see additional comments	0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i					16				34			
C.Diff cases under review	i					2				14			
Minimising MH delayed transfers of care	i	<=7.5%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (from Q3 2015/16)	i	50%				0.0%	Not relevant			0.0%	Not relevant		0
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (from Q4 2015/16)	i	75%				8.0%	Not met			12.0%	Not met		
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (from Q4 2015/16)	i	95%				61.0%	Not met			60.0%	Not met		
Data completeness, MH: identifiers	i	97%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Data completeness, MH: outcomes	i	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Compliance with requirements regarding access to healthcare for people with a learning disability	i	N/A	1.0	No	0	N/A	Achieved		0	N/A	Achieved		0
Community care - referral to treatment information completeness	i	50%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		0
Community care - referral information completeness	i	50%	1.0	No	0	81.1%	Achieved		0	75.7%	Achieved		0
Community care - activity information completeness	i	50%	1.0	No	0	87.4%	Achieved			89.8%	Achieved		0

Declaration of risks against healthcare targets and indicators for 201516 by Blackpool Teaching Hospitals NHS Foundation Trust

	Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 1				Quarter 2			
			Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A
 NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:
 must complete
 may need to complete

Target or Indicator (per Risk Assessment Framework)

Risk of, or actual, failure to deliver Commissioner Requested Services		N/A		No		No				No	
Date of last CQC inspection	i	N/A		N/A						21st and 22nd September	
CQC compliance action outstanding (as at time of submission)		N/A		Yes		Yes				Yes	
CQC enforcement action within last 12 months (as at time of submission)		N/A		No		No				No	
CQC enforcement action (including notices) currently in effect (as at time of submission)		N/A		No		No				No	
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A	Report by Exception	Yes		Yes				Yes	
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		Yes		Yes				Yes	
Overall rating from CQC inspection (as at time of submission)	i	N/A		N/A		N/A				Requires improvement	
CQC recommendation to place trust into Special Measures (as at time of submission)		N/A		N/A		N/A				No	
Trust unable to declare ongoing compliance with minimum standards of CQC registration		N/A		No		No				No	
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)		N/A		N/A		N/A				N/A	
Results left to complete:	0	i				0				0	
Checks Count:	4	i									
Checks left to clear:	2	i								OK	
Service Performance Score					0			1			1

Appendix B - Board of Directors Governance Statement

[Click to go to index](#)

In Year Governance Statement from the Board of Blackpool Teaching Hospitals N

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)

Board Response

For finance, that:

The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.

Not Confirmed

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.

Not Confirmed

For governance, that:

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.

Confirmed

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework, Table 3) which have not already been reported.

Confirmed

Consolidated subsidiaries:

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.

0

Signed on behalf of the board of directors

Signature _____

Name

Capacity

Date

Signature _____

Name

Capacity

Date

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A The 2015/16 Financial Plan submitted to Monitor includes the following: -

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

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

Therefore, the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a Financial Sustainability Risk Rating (ERRR) of at least 3 over the next 12 months.

B

C

Board of Directors Meeting

28th October 2015

Subject:	Chief Executive's Update
Report Prepared By:	Gary Doherty
Date of Report:	19 th October 2015
Service Implications:	For the Board to be updated on matters the Chief Executive has been involved in.
Data Quality Implications:	None.
Financial Implications:	QuIPP essential to sustainability.
Legal Implications:	None.
Links to the Principles of The NHS Constitution:	Links to the Principles of the NHS Constitution throughout.
Links to the Trust Way Core Values:	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust Way.
Links to Key Organisational Objectives:	Providing "Best in NHS" Care for our patients.
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes
In case of query, please contact:	Gary Doherty, Chief Executive (ext 6853)

Purpose of Report/Summary

To provide the Board of Directors with an overview of activities during the month.

Key Issues:

None to highlight specifically.

The Board is asked to:

Review and note the contents of the report.

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

Board Review Date: November 2015

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

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

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

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

Board of Directors Meeting

28th October 2015

Chief Executive's Update

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

- 21st & 22nd September – CQC visit, focusing on Maternity, Gynaecology and A&E
- 24th September – meeting with Ben Wallace, the MP for Wyre & Preston North
- Mid Sept to early October – meetings with the Wyre Governor Constituency, Appointed Governor Constituency, Fylde Governor Constituency and the Staff Governor Constituency
- 28th September - Annual Members and Public Meeting followed by awards ceremony (Long Service Staff Achievements, Cardiac Nurse of the Year, Dottie Hall Memorial and Going the Extra Mile)
- 5th October - North West Coast Clinical Research Network Partnership Group
- 9th October – Celebrating Success Nominations Event
- 16th October - Parkinson's UK event at the Savoy Hotel

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

- Afternoon at Ward 1, Clifton Hospital who have been shortlisted for the very prestigious Health Service Journal Awards 2015 for compassionate patient care
- Morning with the cardiac rehab team and patients at the Stanley Park Leisure Centre in Blackpool
- Morning with the inpatient tobacco liaison team visiting Ward 12 and AMU
- Visiting Ward 7 and Ward 12 to support the Macmillan World's Biggest Coffee morning
- Afternoon with the Lancaster Care Home Support Team, spending some time with the team and then speaking to residents and staff in two nursing homes
- Coffee & cake with nominated staff from cardiac services, sexual health services and health visiting

Gary Doherty
Chief Executive

Board of Directors Meeting

28th October 2015

Chairman's Update

Trust Activities

- I met with the Board Committee Chairs on 29th September and the main area of discussion was in relation to the operation, membership and structure of the Board Committees.
- I attended the Trust Strategy Review Event on 29th September and positive comments have been received from attendees about the event. Work is continuing into the next stage which will be extremely challenging.
- I visited Halton GP Practice Stop Smoking Clinic on 2nd October which is part of the Trust's Community Services and which provides a valuable service in the local community.

Governors and Membership

- I chaired the Annual Members and Public Meeting on 28th September which included statutory presentations from the Chief Executive, Director of Finance & Performance and Lead Governor and also a presentation from Dr Andrew Weatherburn and Dr Tony Naughton regarding New Models of Care for Extensive Care and Enhanced Primary Care.
- I have met with two of our newly Appointed Governors as follows:-
 - Michelle Smith from the Carers Trust Fylde Coast Carers Centre on 29th September.
 - Dr Amelia Hunt from the University of Lancaster on 21st October.

Future Meetings

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

- NHS Providers North West – 22nd October
- Pearse Butler (Chairman at University Hospitals of Morecambe Bay) – 27th October
- Celebrating Success Awards and Celebration Ball – 6th November
- NHS Providers Annual Conference – 10th/11th November

**Ian Johnson
Chairman**

Board of Directors Meetings held in Public

Schedule of Meetings for 2016

Wednesday 27th January

Wednesday 24th February

Wednesday 27th April

Wednesday 25th May

Wednesday 27th July

Wednesday 28th September

Wednesday 26th October

Wednesday 30th November

Schedule of Meetings for 2016
Board of Directors and Board Committees

	January	February	March	April	May	June	July	August	September	October	November	December
Board of Directors (inc Part Two) (9.30 am)	27	24	N/A	27	25 (10.30)	N/A	27	N/A	28	26	30	N/A
Strategy & Assurance Committee (9.30 am)	N/A	N/A	30	N/A	N/A	29	N/A	31	N/A	N/A	N/A	21 (10.30)
Corporate Trustee (12.30 pm approx)	N/A	24	N/A	N/A	25	N/A	N/A	31	N/A	N/A	30	N/A
Board Seminar (1.30 pm approx)	27	24	30	27	25	29	27	31	28	26	30	21
Audit Committee (9.30 am)	19	N/A	N/A	19	25 (8.30)	N/A	5	N/A	6	N/A	8	N/A
Finance Committee (9.00 am)	20	17	21 (Mon)	20	18	22	20	24	21	19	23	21 (8.30)
Quality Committee (1.00 pm)	20	N/A	23	N/A	18	N/A	20	N/A	21	N/A	23	N/A
Strategic Workforce Committee (2.00 pm)	21	N/A	N/A	19	N/A	N/A	19	N/A	N/A	20	N/A	N/A
Risk Committee (1.00 pm)	18 (12.30)	N/A	15	N/A	10	N/A	19 (11.00)	N/A	20	N/A	15	N/A

	January	February	March	April	May	June	July	August	September	October	November	December
Remuneration Committee (to be confirmed)	N/A	N/A	N/A	TBC	N/A	N/A	N/A	N/A	TBC	N/A	N/A	N/A
Charitable Funds Committee (2.00 pm)	19	N/A	N/A	19	N/A	N/A	19	N/A	N/A	18	N/A	N/A

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

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

* Extraordinary Board Meetings

Attendees	29.4.15	20.5.15	29.7.15	30.9.15	28.10.15	25.11.15	27.1.16	24.2.16
Ian Johnson (Chairman)	G	G	G	G				
Tony Shaw	Y	Y	G	G				
Karen Crowshaw	G	G	G	G				
Doug Garrett	G	G	G	G				
Alan Roff	G	G	G	G				
Jim Edney	G	G	G	G				
Michele Ibbs	G	G	G	G				
Malcolm McIlmurray	G	G	G	G				
Gary Doherty	G	G	G	G				
Marie Thompson	G	G	G	G				
Professor 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				