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21st January 2014

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 29th January 2014 at **9.30 am** in Rooms 3 and 4, Education Centre, Blackpool Victoria Hospital.

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

Any questions relating to the agenda or reports should be submitted in writing to the Chairman at the above address at least 24 hours in advance of the meeting being held. The Board may limit the public input on any item based on the number of people requesting to speak and the business of the Board. Enquiries should be made to the Foundation Trust Secretary on 01253 306856 or [judith.oates@bfwhospitals.nhs.uk](mailto:judith.oates@bfwhospitals.nhs.uk).

Yours sincerely

J A Oates (Miss)  
Foundation Trust Secretary

**AGENDA**

<b>Agenda Item Number</b>	<b>Agenda Item</b>	<b>Duration</b>
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	9.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.35 am
3	Patient Story DVD – Dr O'Donnell to report.	9.36 am
4	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.56 am
5	Minutes of the Previous Board of Directors' Meeting held in Public on 27th November 2013 – Mr Johnson to report. (Enclosed).	9.57 am

6	<p>Matters Arising:-</p> <p>a) Action List from the Previous Board of Directors' Meeting held in Public on 27th November 2013 – Mr Johnson to report. (Enclosed).</p> <p>b) Board of Directors' Meetings: Action Tracking Document – Mr Johnson to report. (Enclosed).</p>	10.07 am
7	<p>Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).</p>	10.17 am
8	<p>a) Assurance Report from the Chief Executive and Board Statutory Committees/Board Sub-Committees/Reporting Committees. (Enclosed):-</p> <ul style="list-style-type: none"> <li>• <b>Quality</b></li> <li>• <b>Risk</b></li> <li>• <b>Finance</b></li> <li>• <b>Audit</b></li> <li>• <b>Workforce</b></li> <li>• <b>Strategy</b></li> <li>• <b>Board Assurance Framework Summary</b></li> <li>• <b>Corporate Risk Register Summary</b></li> </ul> <p>b) Quarterly Monitoring Return to Monitor – Quarter 3. (Enclosed).</p> <p>c) Chief Executive's Update. (Enclosed).</p>	10.22 am
9	<p>Chairman's Report:-</p> <p>a) Affixing of the Common Seal. (Enclosed).</p> <p>b) Schedule of Board Meetings/Finance Committee Meetings. (Verbal Report).</p> <p>c) Chairman's Update. (Enclosed).</p>	11.30 am
10	<p>Attendance Monitoring – Mr Johnson to report. (Enclosed).</p>	11.40 am
11	<p>Any other Business – Mr Johnson to report. (Verbal Report).</p>	11.41 am
12	<p>Items Recommended for Decision or Discussion by Board Sub-Committees. (Verbal Report).</p>	11.42 am
13	<p>Questions from the Public – Mr Johnson to report. (Verbal Report)</p>	11.43 am
14	<p>Date of Next Meeting – Mr Johnson to report. (Verbal Report).</p>	11.58 am
15	<p>Resolution to Exclude Members of the Media and Public</p> <p>The Board of Directors to resolve "That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest." in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.</p>	11.59 am
		Total Duration – 2 hours, 30 minutes

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust  
Board of Directors Meeting Held in Public  
on Wednesday 27th November 2013 at 9.30 am  
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mrs Karen Crowshaw  
Mr Jim Edney  
Mr Doug Garrett  
Mrs Michele Ibbs  
Mr Tony Shaw

Executive Directors

Mr Gary Doherty – Chief Executive  
Mr Tim Bennett – Director of Finance  
Mrs Nicky Ingham – Director of HR & OD  
Dr Mark O'Donnell – Medical Director  
Mrs Pat Oliver – Director of Operations  
Mrs Marie Thompson – Director of Nursing and Quality  
Mrs Wendy Swift – Managing Director of Community Development and Transformation \*

In Attendance: Mr Feroz Patel – Acting Deputy Director of Finance  
Mr David Holden – Interim Deputy Director of Clinical Affairs & Governance  
Miss Judith Oates – Foundation Trust Secretary

Governors

Mr John Bamford – Public Governor (Wyre Constituency)  
Mr Cliff Chivers – Public Governor (Blackpool Constituency)  
Mr Ramesh Gandhi – Public Governor (Wyre Constituency)  
Mrs Gillian Wood – Public Governor (Fylde Constituency)

Members of Public - 0

127/13 Chairman's Welcome and Introductions

The Chairman welcomed attendees to the Board meeting in public and outlined house-keeping rules in respect of fire alarms 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, he stated that he would accept some questions either during or at the conclusion of the meeting, or both, dependent upon time commitments.

The Chairman did not ask members of the Board to introduce themselves as name plaques had been provided.

The Chairman welcomed the newly appointed Executive Directors, namely Mr Tim Bennett, Director of Finance, and Mrs Nicky Ingham, Director of HR & OD. The Chairman pointed out that Mr Patel was in attendance in his role as Acting Deputy Director of Finance.

\* Non-Voting Executive Directors

At this juncture, the Chairman reminded Board members about the content and importance of the NHS Constitution and quoted the seven principles as follows:-

- The NHS provides a comprehensive service, available to all.
- Access to NHS services is based on clinical need, not an individual's ability to pay.
- The NHS aspires to put patients at the heart of everything it does.
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

128/13 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.

129/13 Apologies for Absence

Apologies for absence were received from Mr Alan Roff, Non-Executive Director, and Mr Robert Bell, Director of Clinical Support and Facilities Management.

130/13 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 the 30th October 2013 be approved and signed by the Chairman.**

131/13 Matters Arising:-

a) Review of Quality Governance Real-Time Data – Feedback from Visit to Birmingham

Dr O'Donnell reported that Steven Bloor, Vicki Ellarby, Tracey Burrell and himself had recently visited University Hospitals Birmingham NHS Foundation Trust to learn about best practice in relation to real-time data; it being noted that NHS England was facilitating a programme and therefore 20 Trusts had been invited to the event in Birmingham to learn more about the real-time data system.

Dr O'Donnell advised the Board that there were decision-making tools within the system but that the system did not offer a full electronic patient record. With regard to real time data, Dr O'Donnell explained that the Matron was provided with a daily report detailing the situation in respect of, for example, VTE, drug dosages, pressure sore incidents, and that an electronic database was available to the staff where performance in their area could be monitored against performance throughout the Trust.

It was noted that those Trusts that had the requisite WiFi and hardware in place could benefit from a programme licence and support from the helpdesk, following which Trusts would be able to purchase additional modules towards the full programme,

Dr O'Donnell stated that it had been an interesting and helpful visit and that the system appeared to be useful, although not comprehensive. It was noted that the Trust had established further contacts with NHS England and was currently considering in-house the benefits of the system.

The Chairman thanked Dr O'Donnell for his feedback and stated that it was positive that NHS England was facilitating the programme.

b) Action List from the Board of Directors Meeting held on 30th October 2013

The Chairman referred to the action list and stated that all the actions had been completed with the exception of one relating to the patient story DVD which was due to be reported to the Board in January 2014.

c) Action List from Previous Board of Directors' Meetings – Action Tracking Document

The Chairman reported that there were two items on the action tracking document as follows:-

Voluntary Services Presentation (42/13)

Mrs Swift reminded the Board that the League of Friends trolley service had recently been disbanded and that a viable proposal was being progressed to launch a new service prior to Christmas.

National Review into the Quality of Care and Treatment (49/13e)

It was noted that this item was due for completion by the 31st December 2013.

132/13

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

It was noted that there had been one challenge/debate outside formal Board Meetings from Non-Executive Directors or Executive Directors.

Mrs Crowshaw reported that it had been raised at a recent Governors' meeting that there should be some Governor representation on Trust committees and Mrs Crowshaw requested support from the Board to appoint a Governor as an observer to the Quality Committee for a trial period.

The Chairman explained that the observer would provide feedback to Mr Askew (Lead Governor) following attendance at meetings and pointed out that this was a good initiative to enable Governors to learn about the work of the Board.

Mr Doherty stated that consideration would need to be given to the selection process for Governors attending Trust committees and Mrs Crowshaw stated that Mr Askew would be asked to nominate three Governors for selection. The Chairman stated that there would need to be some continuity.

**RESOLVED: That approval be given for a Governor to be appointed to the Quality Committee as an observer for a trial period.**

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

*Following liaison with Peter Askew (Lead Governor), Gillian Wood (Elected Governor for the Fylde Constituency) has been nominated to join the Quality Committee as an observer for a trial period.*

133/13

- a) Assurance Report from the Chief Executive and Board Committees/ Reporting Committees:-

#### **Introduction**

The Chairman referred to the Chief Executive's Assurance Report which was the main item on the agenda. It was noted that the Chief Executive, in conjunction with the Executive Directors, had prepared a detailed report outlining the level of assurance in relation to key areas.

The Chief Executive gave a presentation which focused on assurance around quality and finance and which included updates which had not been available at the time the report was prepared.

#### **Quality**

##### Keogh Review Update

It was noted that there were now two actions rated "red", namely, the roll-out of the new incident system and the patient experience revolution training for medical staff.

With regard to the roll-out of the new incident system, Mr Doherty reported that it had been concluded that the system from the Women's and Children's Division would not be rolled-out across all elements of the Trust and that a local plan for implementation had been devised which was not currently on target.

With regard to the patient experience revolution training for medical staff, Mr Doherty reminded Board members that, in line with the action plan, the Trust was required to consider whether this should be mandatory and this had been partly considered during a recent review of training and development and, although this may be revisited, it was not supported at that point.

Mrs Crowshaw expressed thanks to Simone Anderton and Dr Nigel Randall for their support and engagement with regard to the patient experience revolution training for medical staff.

Mr Doherty also reported on the following issues as part of the Keogh Review Update:-

- The measures of success which currently indicated four red KPIs in relation to the Friends & Family test, nurse recruitment, medical consultant ratios and involvement in discharge decisions.
- The progress being made in respect of patient pathways, in particular the launch of the Cardiac Chest Pain Pathway and the benefits of the previously launched pathways for sepsis and pneumonia.
- The number of medical vacancies, which was currently 47, and the work on-going to address the shortfall in staffing.

- The positive CCG assurance visit which had taken place on the 14th November 2013 and which focused on maternity services and those areas highlighted from the Keogh Review. With regard to maternity services, it was noted that all areas had been rated “green” with the exception of one “amber” rating in relation to the need for “a co-ordinated approach to the implementation of the change within the Trust and the focus should be on a bottom-up approach to change, rather than top-down”. It was noted that the initial comments had been reported to the maternity staff.

Mr Garrett asked whether the CCG visit had been instigated by the Trust or the CCG and Mrs Thompson explained that the CCG was held to account in terms of assurance and therefore the visit was of benefit to the CCG and to the Trust. It was noted that the formal report had been received the previous evening.

**RESOLVED: That the formal report would be submitted to the next Board meeting.**

- The 12 month rolling programme in respect of SHMI which highlighted the improvements from April 2012 and estimated a figure of 110 for the year end which was within the expected range.
- Other key areas and issues in respect of positive assurance (performance against national targets, formal patient safety walkabouts, local monitoring/targets) and limited assurance (complaints, A&E, C Difficile).

***Action Taken Following The Meeting***

*The CCG has advised that the formal report from the CCG Assurance Visit will not be available until the end of January. It will be circulated to Board members as soon as it is available.*

Complaints

It was reported that the CQC had visited the Trust the previous day to review the Trust’s overall governance system in terms of complaints; it being noted that the team had visited three clinical areas (A&E, Stroke Unit, Out-Patient Department), reviewed Ombudsman cases, met with the Executive Team and provided initial feedback to the Chief Executive.

Mr Doherty was pleased to report that the initial feedback had been positive, indicating that there had been evidence of progress in terms of the actions and evidence of improvements in terms of timeliness, however, it was not possible to assess the outcome of the visit until the final report was received.

It was noted that the CQC team had taken a random sample of complaint folders and would be contacting the patients to obtain feedback, subject to consent from the patients, and would provide feedback to the Trust within their final report.

A & E Waiting Times

It was noted that performance in respect of A&E waiting times for Quarter 3 was currently 93.8% and Mr Doherty highlighted the actions being taken to improve the situation.

C Difficile

It was noted that the expectation nationally was for no more than 22 C Diff cases for the period 1st April to 31st December 2013 and for no more than 29 cases to the year end and that there had been 21 cases to date.

At this juncture, the Chairman reminded Board members that Mrs Crowshaw chaired the Quality Committee but that there had not been a meeting subsequent to the previous month's Board meeting, therefore there was nothing specific to report. Mrs Crowshaw referred to the success of the first three pathways that had been launched and asked about the plans for future monitoring. Mr Doherty responded that, in an ideal world, there would be an electronic patient records system but, at present, monitoring was undertaken by staff walking around the wards and that consideration would be given to whether monitoring should continue in this format, particularly within existing resources.

Mr Edney commented that he was impressed by the improvements in respect of the pathways. It was noted that the plan estimated a 25% improvement each month and Mr Edney requested a regular report to the Board in respect of progress.

With regard to the Keogh Action Plan, Mr Edney asked how the Board could be assured that satisfactory progress was being made. The Chief Executive made reference to the CQC inspection in January 2014 which would have a different methodology to that of the Keogh Review. The Chairman also made reference to the monthly meetings with Monitor.

With regard to staffing levels, Mrs Crowshaw acknowledged that progress was being made in respect of nurse recruitment but asked for assurance around safe staffing levels on the wards and the implications of not having safe staffing levels. Mrs Thompson stated that a national system for reporting staffing levels would be implemented by April 2014, however, at present, the Executive Team received details of the staffing levels via the night report.

**RESOLVED: That progress in respect of reporting staffing levels would be reported to the Quality Committee.**

Mr Garrett referred to Dr O'Donnell's report earlier in the meeting regarding electronic reporting and was therefore surprised to note the use of a paper system and challenged whether staff were provided with the right tools for the job. Mrs Oliver reported that there had been several discussions about this with staff but that, in the absence of a suitable electronic system, the present system would continue. It was noted that Dr O'Donnell and colleagues would be visiting Aintree University Hospitals NHS Foundation Trust the following week to learn about their systems in place.

Mr Shaw emphasised the importance of being able to monitor our staffing levels to cope with the type of patients on the wards based on real demand.

The Chairman commented that the future strategy for IT would be discussed by the Board in due course.

***Action Taken Following The Meeting***

*This item will be included on the agenda for the Quality Committee meeting on the 24th February 2014.*

**Finance**

The Chairman reported that he had chaired the Finance Committee meeting on the 25th November and, as a result of the discussions at that meeting, he could only give limited assurance to the Board in terms of the Trust's financial position and pointed out that there were some internal measures that needed to be implemented in order to address the financial requirements for 2013/14. It was noted that all Board members would be invited to attend next month's Finance Committee meeting.

Mr Doherty highlighted the key issues and key actions and explained that, if the Trust continued as at present, a CoS rating of 3 would not be achieved, therefore a recovery plan had been enacted with the aim of delivering a year end surplus of in excess of £3 million, therefore delivering a CoS rating of 3.

Mr Doherty further explained some of the actions being taken to deliver the recovery plan and agreed to provide further feedback at the next meeting.

**RESOLVED: That Mr Doherty would provide feedback at the next meeting in terms of the actions being taken to deliver the recovery plan.**

The Chairman emphasised the need to have a sustainable financial plan for future years.

Mrs Ibbs referred to the positive discussions at the Finance Committee meeting and emphasised the importance of the Executive Team having support from the NEDs and other Board members in their strive for a CoS rating of 3.

At this juncture, the Chairman gave members of the public the opportunity to ask questions.

*Mr John Bamford (Public Governor – Wyre Constituency) – congratulations to the Trust on the implementation of pathways and their impact.*

*Mr Bamford asked three questions as follows:-*

- 1. Are we feeding back to staff about pathways so they are aware of the results?*
- 2. Does the Trust agree that the quality objectives need to be driven by the needs of patients rather than the requirements of regulators?*
- 3. IT is a key issue. Do we have resources in place in the Trust to lead the development of IT? There does not appear to be an integrated strategy.*

Mr Doherty responded to Mr Bamford as follows:-

1. Any member of staff in the Trust with access to a computer can look at the data in real time and there have been a lot of hits. Each time we launch a new pathway we spend the first session discussing the previously launched pathway.
2. The Trust's quality agenda was in place before the Keogh Review took place, therefore the work is not just about responding to the review and the regulator's requirements.
3. There is a challenge with regard to IT and we may need some additional help to develop a comprehensive information strategy. There are currently some very successful initiatives underway, for example, the MIG to help join up primary and secondary care information, however, overall the Trust's strategy is not clear or fully integrated. Consideration is being given to how we can best provide the leadership needed to develop the strategy.

Mr Patel reported that staff comments had been taken on board with regard to terminals and hardware and there was now a refresh plan based on a 1 - 2 year programme.

*Mr Ramesh Gandhi (Public Governor – Wyre Constituency) – are we doing anything different with regard to C Diff cases?*

Mr Doherty confirmed that there had been no specific changes but that the target became more difficult each year.

**Action Taken Following The Meeting**

*Feedback in terms of the actions being taken to deliver the recovery plan will be included in the CEO Assurance Report to the Board in January 2014.*

b) Review of Strategic and Compliance Reporting Measures

Mrs Swift gave a brief presentation outlining the existing performance reporting and the proposals for future reporting; it being noted that a small working group had been reviewing the arrangements.

Board members were reminded that Mr Roff had commented at the previous Board meeting that there were a number of targets with invalidated numbers and he had requested that the targets be reviewed to ensure that they were meaningful to the Board.

It was noted that the key message to the Board was that these indicators were important measures for the organisation and the key question was whether they should be discussed in detail by the Board and, if so, in which format.

Mrs Swift proposed that one Non-Executive Director be nominated to work with the Informatics Lead and herself to provide a sample report.

Mr Edney agreed that this was the right way of focusing as a Board and being monitored effectively via the new committee structure.

It was noted that, once the indicators had been agreed, the Board would need to focus on those indicators rated "red" and the action being taken to make improvements.

Mr Edney stated that the issue was about ensuring the target was correct in the first place and emphasised the need to take strategic views on finance and other issues.

**RESOLVED: That this work would be taken forward by including more of a strategic element.**

**That a Non-Executive Director would be nominated to work with the Director of Strategy.**

**That a draft report would be developed and submitted to the Board for approval.**

**Action Taken Following The Meeting**

*The Chairman has asked Alan Roff to be the NED representative and arrangements have been made for him to meet with Wendy Swift and Steven Bloor on the 28th January 2014 to discuss the reporting requirements and also the requirement for NED involvement.*

*A draft report will be developed and supported to the Board for approval following the meeting on the 28th January 2014.*

c) Strategic Issues – Planning Timetable and Integrated Transformation Fund

Mrs Swift briefed Board members about the Integrated Transformation Fund which was about closer working between health and social care and about a single pooled budget agreed between Local Authorities and the NHS.

Board members listened to a DVD from The Kings Fund relating to a patient's journey within the health and social care system.

Following the DVD, Mrs Swift gave a presentation outlining the arrangements for the Integrated Transformation Fund including the funding, performance, distribution, national conditions, key dates, planning cycle, budgets, sample model for Blackpool and mapping of existing services.

It was acknowledged that there was significant work to be undertaken by February 2014 and the Chairman stated that this issue would no doubt be revisited at future meetings.

134/13

### **Chairman's Report**

#### a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman reported that he had spent some time continuing and improving relationships with stakeholders which was an important role for all NEDs.

135/13

#### Attendance Monitoring

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

136/13

#### Any other Business

##### a) PLACE Report

Mr Garrett referred to the PLACE report and commended the statistics but expressed concern regarding the fact that the issues relating to Clifton Hospital were to be addressed by approaching the Charitable Funds Committee.

Mr Garrett also highlighted the reference to freezing non-clinical recruitment and challenged whether the ramifications of freezing non-clinical posts was being addressed. Mr Doherty confirmed that the recruitment freeze related to corporate posts.

##### b) Thank You

The Chairman expressed thanks to Feroz Patel for his contribution to the Board during the past 12 months in his role as Acting Director of Finance.

137/13

#### Items Recommended for Decision of Discussion by Board Sub-Committees

There were no items recommended for decision of discussion by Board Sub-Committees.

138/13

#### Questions from the Public

At this juncture, the Chairman gave members of the public a further opportunity to ask questions.

*Mr Ramesh Gandhi (Public Governor – Wyre Constituency) – Wyre CCG has already started consultation regarding priorities and asking residents what can they do to improve things and how can they reduce times.*

The Chairman stated that the Trust would be discussing priorities with the CCGs.

*Mr John Bamford (Public Governor – Wyre Constituency) – it is clear that the Integrated Transformation Fund will have a significant impact. Do you feel you have sufficient resources to deal with this? Agree it is the right way forward but the timescale is tight.*

Mr Doherty reported that, because the Trust had strong existing relationships with primary and social care and had already developed a vision for emergency care, the Trust was in a good position to be able to submit plans by the required date of February 2014. It was noted, however, that the real challenge was delivering the level of transformation required which was of such a scale that it would be a major challenge and this would need to be kept under close review.

139/13

Date of Next Meeting

The next Board Meeting held in public will take place on Wednesday 29th January 2014 at 9.30 am.

140/13

Resolution to Exclude Members of the Media and Public

The Chairman explained that the Board was now required to discuss items of a confidential and commercially sensitive nature which would not be disclosed under a Freedom of Information request.

**RESOLVED: That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.” in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.**

The Chairman thanked Board members and Governors for their attendance.

At this juncture, discussion took place about the lack of attendance at Board meetings by members of the public, which Board members considered disappointing.

**RESOLVED: That, in order to increase awareness about Board meetings being held in public, information about future meetings would be included in the Members’ Newsletter (to be issued in early December), the Governors’ Bulletin (to be issued prior to Christmas) and the Press Release (to be issued in January 2014).**

***Action Taken Following The Meeting***

*Information about future Board meetings has been included in the Members’ Newsletter and the Governors Bulletin. The Press Release will be issued following confirmation of the schedule of Board Meetings and Finance Committee Meetings in January 2014.*

Board of Directors Meeting Held In Public  
Action List - 27th November 2013

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date to be Completed	Progress	Current Status	RAG Status	Date Closed by Board
132/13	27.11.13	Overview of Challenges and Debates Outside Formal Board Meetings	Appoint a Governor to the Quality Committee as an observer for a trial period.	Chairman	20.2.14	Following liaison with Peter Askew (Lead Governor), Gillian Wood (Elected Governor for the Fylde Constituency) has been nominated to join the Quality Committee as an observer for a trial period.	Complete	Green	
133/13(a)	27.11.13	CEO Assurance Report (Quality) - Keogh Review Update	Submit the formal report from the CCG assurance visit to the next Board meeting.	Gary Doherty	29.1.14	The CCG has advised that the formal report from the CCG Assurance Visit will not be available until the end of January. It will be circulated to Board members as soon as it is available.	Incomplete But Within Date For Delivery	Amber	
133/13(a)	27.11.13	CEO Assurance Report (Quality) - C Diff	Report progress in respect of safe nurse staffing levels to the Quality Committee.	Marie Thompson	24.2.14	This item will be included on the agenda for the Quality Committee meeting on 24.2.14.	Incomplete But Within Date For Delivery	Amber	
133/13(a)	27.11.13	CEO Assurance Report (Finance)	Provide feedback at the next meeting in terms of the actions being taken to deliver the recovery plan.	Gary Doherty	29.1.14	Feedback will be included in the CEO Assurance Report to the Board in January 2014.	Incomplete But Within Date For Delivery	Amber	
133/13(b)	27.11.13	Review of Strategic and Compliance Reporting Measures	Include a more strategic element in future reporting measures.	Wendy Swift	29.1.14	This item will be actioned following the meeting on 28.1.14.	Incomplete But Within Date For Delivery	Amber	
133/13(b)	27.11.13	Review of Strategic and Compliance Reporting Measures	Nominate a NED to work with the Informatics Lead on future reporting measures.	Chairman	29.1.13	The Chairman has asked Alan Roff to be the NED representative and arrangements have been made for him to meet with Wendy Swift and Steven Bloor on 28.1.14 to discuss the reporting requirements and also the requirement for NED involvement.	Incomplete But Within Date For Delivery	Amber	
133/13(b)	27.11.13	Review of Strategic and Compliance Reporting Measures	Develop a draft report on future reporting measures for submission to the Board for approval.	Wendy Swift	29.1.14	This item will be actioned following the meeting on 28.1.14.	Incomplete But Within Date For Delivery	Amber	
140/13	27.11.13	Resolution to Exclude Members of the Media and Public	Include information about future meetings in the Members' Newsletter (to be issued in early December), the Governors' Bulletin (to be issued prior to Christmas) and the Press Release (to be issued in January 2014).	Judith Oates	5.2.14	Information about future Board meetings has been included in the Members' Newsletter and the Governors Bulletin. The Press Release will be issued following confirmation of the schedule of Board Meetings and Finance Committee Meetings in January 2014.	Incomplete But Within Date For Delivery	Amber	

Board of Directors Meeting Held In Public  
Action List - 27th November 2013

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	Progress	Current Status	RAG Status
42/13	27.3.13	<b>Voluntary Services Presentation</b>	Report progress from the Voluntary Services Committee to the Board in six to nine months' time including the suggestion of a Volunteers' Conference and also a Volunteer's Story to the Board.	Wendy Swift	<del>25.9.13</del> — 26.2.14	This item has been included on the draft agenda for the Board meeting in September 2013. There is activity on-going with navigation training and an event for the League of Friends took place on 11.10.13 to recognise their significant contribution to the hospital. A report will be provided following the opening of the new main entrance	Not Complete Within Date For Delivery	Red

RAG Rating	
Green	Complete within date for delivery
Amber	Incomplete but within date for delivery
Red	Not complete within date for delivery
White	Not yet due

**Board of Directors Meeting**

**29th January 2014**

**Chief Executive's Assurance Report**

**1. Introduction**

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

- No assurance - little or no prospect of recovering the position/delivering going forward.
- Limited assurance - improvements are expected but full delivery is considered high risk.
- High assurance - significant improvements are expected and full delivery is considered likely.
- Full assurance - full delivery is expected.

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

- Quality
- Risk
- Workforce
- Audit
- Finance
- Strategy

**2. Quality**

Overall we are making good progress in improving the quality of our services and overall I would give high assurance in this area. The following items are raised as areas where the Board can take positive assurance:

**External Assurance**

**Quality Assurance Review from our CCG**

At the last Board meeting I reported that on 14th November 2013 we had a Quality Assurance Review from our Clinical Commissioning Group (CCG). The team who visited us included GPs, Nurses, lay members and colleagues from Healthwatch (the independent patient champion). As yet we have not received the final report on the review but the informal feedback was very positive.

**CQC Unannounced Inspection - Complaints**

The Board will recall that on the 11th June 2013 we received an unannounced CQC inspection which examined the following standards:

- Respecting and involving people who use services
- Consent to Care and Treatment
- Care and Welfare of People who use services
- Assessing and monitoring the quality of service provision.

The CQC found that we met all of the standards with the exception of complaints. We received a follow-up unannounced inspection on 26 November 2013, which tested our own Trust systems/performance levels but also involved contacting a sample of patients who had complained to assess their experience of the process. We received the final report on the follow-up inspection in December which showed we are now fully compliant.

### **CQC Unannounced Inspection – Bispham**

An unannounced CQC visit took place at Bispham on the 18<sup>th</sup> December 2013 to review the orthopaedic rehabilitation service. The review was very complimentary and no concerns were identified.

### **CQC Hospital Inspection**

As part of the review process the CQC pulled together an analysis of our performance, which highlights the following areas of positive assurance:

- No Never Events (Dec 12 – Dec 13)
- Reporting of Incidents to the National Reporting and Learning System were at expected levels
- Patients suffering Grade 3 and 4 Pressure Ulcers consistently below the England Average
- Proportion of Patients with new VTE below England Average
- Proportion of Patients with Catheter Associated UTI below England Average
- Recent improvements in the number of harmful falls
- Medication Errors - similar to expected
- MRSA and C Diff on target
- National Adult Inpatient Survey – within the expected range for 9 out of the 10 domains.
- Friends and Family Test – above national average
- NHS Choices – comments posted praise the excellent care and teamwork of staff. Overall, Trust rated as 3.5/5, scored 4 /5 stars for cleanliness and same sex accommodation.
- Patient-led Assessments of the Care Environment 2013 – scored very well
- Meeting all national waiting times targets in 2012/13

The data pack also highlights a number of areas of concern including:

- Higher than expected mortality rates in 2012/13
- National Cancer Patient Experience Survey 12/13 – Bottom 20% nationally for 12 out of 69 questions
- Higher than expected levels of cancelled operations

Sir Mike Richards (Chief Inspector of Hospitals) and a multi-professional inspection team visited the Trust on the 15th and 16th January. The team carried out a very thorough review involving the public, patients and staff. All clinical areas were visited at the Blackpool Victoria Hospital, Clifton Hospital and Fleetwood Hospital. Sir Mike Richards provided some initial, high level feedback which emphasised the effort we had put into planning and organising the review, the warm welcome they had received and the commitment of all our staff to providing high quality care. In addition to highlighting a number of other positive achievements and services they also raised some high level concerns, including how busy we are at the moment, as well as some specifics. The next stage of the inspection is the unannounced visit or visits which will take place within the next two weeks.

It is difficult for us to know how the review team will balance the many positives they have seen against their concerns. We should get a draft report by the end of February/early March giving us an overall rating of: Outstanding, Good, Requires Improvement or Inadequate. In addition the inspectors will give an individual rating to eight key areas which are: A & E, Medical Services (including frail elderly), Surgical services including theatres, Maternity, Children's services, End of Life Care and Outpatients.

### **Friends and Family Test Scores**

Taking our combined A&E and in-patient score for the latest period published (December), we are 73 which is higher than the England average. Our response rate for A&E has significantly improved to 17.7% in December. The Maternity FFT commenced in October, December generated a response rate of 9.8% and further actions are being considered by the Maternity team to look at how they can increase the response rate.

### **KPMG Risk Management Assurance Report: Trust Action Plan**

The action plan outlining progress on the implementation of the recommendations following the review by KPMG has been further updated. There are currently 6 outstanding actions and 27 completed actions (details of which are provided in the Reference Folder).

### **KPMG Quality Governance Review: Trust Action Plan**

The action plan outlining progress on the implementation of the recommendations following the review by KPMG has been further updated. There are currently 3 outstanding actions and 33 completed actions (details of which are provided in the Reference Folder).

### **KPMG Governance Arrangements: KPMG Recommendations and Trust Responses**

Following KPMG's in-depth review of governance processes in 2012/13, there have been a number of revisions to the Board and Committee structure. As a result, KPMG has recently undertaken a further review, the purpose of which is to provide assurance over the design and operation of the governance arrangements within the Trust. The review focussed on the following areas:-

- The revised Board and Committee structure.
- Whether the Board and Sub-Committees are operating effectively.
- Whether action plans are monitored and reported appropriately.

The conclusion from KPMG on the overall design and operation of governance arrangements is significant assurance, however, there is a low risk that objectives may not be fully achieved and therefore some minor improvements are required to enhance the adequacy and/or effectiveness of governance. KPMG has issued 10 recommendations for implementation by the Trust (details of which are provided in the Reference Folder).

### **Internal Assurance**

#### **Keogh Action Plan**

The updated action plan is included in the Reference Folder and it is evident that overall we continue to make good progress. In agreement with our Commissioners, we have revised the key performance indicators on the plan which will ensure that we continue sustained progress and achieve performance in line or better than national average. To ensure that we maintain improved performance on our Care Pathway implementation the Trust has supported additional resource for the Clinical Audit Department so we can maintain real time monitoring as we expand the number of pathways in clinical practice.

#### **Formal Patient Safety Walkabouts**

The Executive Team visited Ward 16 (Urology) on the 14<sup>th</sup> November 2013. The overall feedback was positive. Staff demonstrated their commitment to provide excellent patient care. They explained that they used the Dementia Risk Assessment and the Butterfly Scheme to ensure a positive patient experience. The main concerns expressed by staff were in relation to pressure on beds and lack of space for patients undergoing trial without catheter.

#### **Non-Executive Directors' Visit – National Artificial Eye Service (25th November 2013)**

NEDs Tony Shaw and Michele Ibbes visited the NAES and, after an introduction to the business and the manufacturing process by Helen Loddington (Operational Manager), were taken on a tour of the production facility. The NEDs were advised that the NAES was currently in the process of assessment for a European Standard which would allow further sales development into Europe - the service already supplies artificial eyes to Northern Ireland and as well as Scotland, Wales and England. The skills and expertise of the team in production and client/patient service impressed both NEDs with their high standard of knowledge, their workmanship and professionalism. The support given to patients from initial consultation onwards by the field-based team was explained and seemed to exemplify the best in patient-centric care. Tony and Michele were pleased to see a highly efficient service, well-run and with much potential for future income development which the management team is keen to pursue with the Trust's support.

## Other Key Performance Measures

A range of local key indicators provide positive assurance regarding quality including:

- **SHMI Rates** – Our rates have been falling consistently for some time – for example the recent nationally released figures show a reduction from 126 to 117 comparing March 2012 to March 2013. Our current calculation shows a rolling 12 month figure to December of 112 and given the actions underway we project a figure of 110.9 by the end of April 2014 (which would be within the expected range for this Trust).
- **Waiting Times** – All national standards (18 weeks, cancer etc) were delivered for Q3 except A&E,
- **Infection Control** – We continue to forecast delivery of the MRSA trajectory target. We achieved Quarter 3 performance for C Diff with 21 cases against a quarter trajectory of 22, the annual trajectory is 29 cases and we are forecasting delivery.
- **Nursing Care Indicators** - Hospital nursing care indicators overall are green for December 13 and there is evidence of continuous improvement in Community, achieving an overall position of 67%. Tissue Viability standards continue to be the area of focus. The Indicators cover eleven target areas in Unscheduled Care, ten in Scheduled Care, twelve in Families and five in Adults and Long Term Conditions.
- **Complaints** – The Quarter 3 patient experience report is contained within the reference folder. There has been a decrease in the number of complaints received comparing Q2 to Q3. The total number of complaints received regarding hospital care (110) equates to 0.43% of our hospital admissions. Unscheduled care has shown good progress in improving their complaint response performance to 95%. The new complaints process has been introduced and also the new complaints review panel commences this month.

The following are raised as areas where either current performance or potential/perceived performance issues are such that I cannot give complete assurance to the Board.

### Waiting times in the Emergency Department (A&E)

Our Quarter 3 performance against the 95% target was 94.2%. We met the 95% target for December but were unable to pull back the underperformance from October & November. Early January has been very challenging due to low levels of discharges and high admissions. The extra winter bed capacity is in place on Ward 10 and Ward 2 at Clifton Hospital. ED attendances and admissions to the hospital are running at expected levels – the key challenge is lower than planned levels of discharges.

Our immediate actions/ongoing service improvements include;

- Open book visibility of Social Services referrals and management plans/waits
- Agreement to use 10 Cardiology beds as escalation (without affecting cardiology activity)
- Expansion in the of number nursing homes targeted for Home Care project support in Blackpool, with Fylde & Wyre beginning their version of the project on the 9th Jan 2014
- Imaging capacity expansion and daily monitoring of imaging waits
- Meetings with clinical teams with a length of stay higher in December 13 than December 12
- PCAU staffing to review GP referrals and reduce attendances in A&E, with PCAU to take all clinically appropriate GP referrals
- Introduction of the Medication Delivery Service to facilitate earlier discharge
- Support has also been obtained from both ward managers and consultants for definite discharges to be prioritised appropriately during ward rounds and junior doctors allowed to complete take home prescriptions for this patient immediately, returning to the ward round after this task has been completed.
- The Better Care Now Waits Project, specifically through the implementation of daily board rounds and referrals between specialities being seen within 24 hours.
- Reviewing the acceptance process for community hospital beds.
- Review of medical rotas on A&E and AMU is currently ongoing to ensure medical capacity is fully maximised and aligned to the demands on the services.

Weekly performance phone calls are taking place in order to brief Monitor with regards to the current performance and the actions we are taking to return to the required standard.

**Complaints** – 121 complaints were received with over 50% relating to the theme of treatment issues. Scheduled Care complaint response performance has deteriorated to 59%. An action plan is in place.

### **3. Risk Committee**

The Risk Committee of the Trust met on 21 January 2014 to review the Board Assurance Framework and Corporate Risk Register. In addition, the Chief Executive's Office, Communications and Fundraising risk registers were considered. The Committee also took time to consider the top risks in the Trust. From the registers and as at 21 January 2014 the top risks in the Trust to be reported to the Board (i.e. scoring 16 and above) are:

- Finance Department - Under Achievement QUIPP – 20
- Unscheduled Care - Deliver safe and high quality care to medical patients through Winter - 20
- Surgery - Increased Orthopaedic Service Demand – 20
- CSFM – medical records/timely implementation of an electronic document management system (EDMS) – 16
- Human Resources - Mandatory Training Compliance – 16
- Non- achievement of Monitor's Compliance Framework performance measures (18 weeks RTT, Cancer & A&E) – 16
- Use of Cardiac Day Case Unit (CDCU) to nurse medical escalation patients – 16
- Unscheduled Care - A&E Performance - 16
- Availability of pressure redistribution products (dynamic mattresses) – 16
- Lack of a Ward Based Pharmacist on Wards 10, 16, SAU, DSU & Pre-op – 16.

The Nursing and Quality Directorate is reviewing the Board Assurance Framework (BAF), Corporate Risk Register (CRR) and Divisional Risk Registers. The aim of this review is to simplify the format, improve the timeliness of reporting within the Trust, ensure the Board can obtain "live" reporting on the top strategic and operational risks within the Trust and ensure that the Risk agenda is fully linked into the Board and divisional agenda. A Non Executive Director will be asked to participate in this review.

The Committee received an updated assurance report which provided information on health and Safety, Emergency Planning, Health Informatics and the new working arrangements with the NHS litigation Authority.

The Committee noted that work will be undertaken in the near future to review the Terms of Reference of the Trust sub-committees.

### **4. Workforce**

#### **Medical Appraisals – Limited Assurance**

The overall completion rate for all medical appraisals is 72% for December 2013. This includes an increase for consultants to 80% for December 2013, based on those consultants who have provided evidence that an appraisal has taken place within the last 12 months. For SAS doctors (Specialty Doctors & Associate Specialists) the appraisal rate increased to 56%.

#### **Job Planning – High Assurance**

A project is underway to ensure all consultant job plans are reviewed, and held centrally and electronically in a consistent manner on the new e-job planning system (Allocate). All divisions are currently undergoing a data gathering exercise as part of a job planning review process, building on pre-existing job plans. It is anticipated that one to one job plan discussions will start to take place from mid-February 2014 onwards.

### **Mandatory Training – Limited Assurance**

Mandatory training has increased to 78% for the Trust overall for December, this is an increase from 75% average compliance in the previous month. Staff with full compliance in all their subjects has increased slightly by 2% to 24%. The e-learning project is continuing to expand with around 1000 staff, up from 122 staff, accessing over 3000 modules between them. Workbooks are still being completed, problem subject areas are being targeted, and the possibility of more new cascade trainers is being investigated by a gap analysis and extra practical sessions still take place across the Trust. Staff and managers continue to be contacted individually by Learning & Development about their progress. Drop in events remain popular and are being held across the Trust.

### **Compliance Induction – Limited Assurance**

Compliance induction has remained static at 85% in December 2013. Learning & Development continue to cross-check names with assignment change information for new starters or leavers. Trust induction programmes take place approximately each fortnight, with more dates added to meet staff turnover, including extra programmes for overseas nurse groups. The new style induction programme over 2 days rather than 3 days is working well, requiring less staff release time. The Associate Director of OD has formed a team to look at induction further including how induction might be linked with the one HR gateway system as part of the 'on boarding process' for new staff.

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

At the close of the appraisal window, the completion rate was 73%, an increase from 68%. Throughout April to September 2013 a total of 750 community staff were trained in the appraisal system and process. The lower completion rate than in previous years has been linked to the newness of the appraisal system for community staff and the extension of the appraisal window. In future the appraisal window will return to a 3 month period from April to June, and extra training is planned for February to May. A newly formed group is currently looking at a performance framework around appraisal compliance alongside other key performance indicators.

## **5. Audit**

The next Audit Committee meeting is January 28th. A verbal update on any key issues will be given at the Board meeting.

## **6. Finance**

Meetings of the Finance Committee took place on the 25<sup>th</sup> November 2013 and 16<sup>th</sup> December 2013.

There are a range of key issues to bring to the Board's attention, whereby for each area there is currently limited assurance.

### **Financial Plan as at December 2013**

The Trust has submitted an in year financial reforecast to Monitor and the Trust is therefore monitoring and reporting performance against the reforecast for the remainder of the year.

The Trust achieved a deficit of £0.2m for December, which is £0.3m better than the reforecast for the period. The main variances to the reforecast related to higher than forecast clinical income and lower than forecast pay expenditure offset by higher than forecast non-pay expenditure. The year to date performance at the end of December is a surplus of £2.0m, which is £0.3m better than the reforecast for the period.

The Specialist Commissioners are currently disputing whether they should pay for between £1.8m and £2.5m of Chemotherapy activity. The Specialist Commissioners have advised that they are in the process of writing to the Trust setting out the reasons for disputing payment.

### **Operational Budgets**

The main concerns in the year to date performance are:

-

- **Income** – Income is £0.4m better than the reforecast, with clinical income including the impact of the assured contract currently £0.4m better than the reforecast. Non-clinical income is in line with the reforecast.
- **Pay Expenditure** – Pay expenditure is £0.2m better than the reforecast with lower than forecast expenditure on consultants, junior medical, nursing, midwifery and health visitors, scientific, therapeutic and technical staff and other clinical staff.
- **Non-Pay Expenditure** – Non-pay expenditure is £0.3m worse than the reforecast. Drug expenditure is £0.2m better than the forecast mainly linked to the receipt of a credit note totalling £0.1m from Lloyds relating to the previous year. Clinical supplies expenditure is £0.1m worse than the reforecast linked to higher than forecast device activity in the Cardiac specialties. Other non-pay expenditure is £0.3m worse than the reforecast as a result of cost pressures in the Scheduled Care Division.

### **Quality, Innovation, Productivity and Prevention (QulPP) – Limited Assurance**

The current QulPP performance is £0.1m worse than the reforecast with lower than forecasted delivery across the Corporate, Management & Utilisation of Assets, Planned Care and Workforce & Medical Staffing Themes. Planning for 2014-15 is underway, with themes, financial targets and scheme proposals being discussed at Executive Director and Trust Management Team meetings.

### **Cash Balances**

The end of December cash balance is £17.2m which is £2.0m better than the reforecast for the period predominantly linked to financial performance being marginally above forecast in conjunction with a receipt in advance of £1.5m. The Trust continues to actively manage cash balances and liquidity, the key focus being on working capital movements. Active management of cash balances continues in 2013-14 as the impact of significant capital payments relating to the MECP scheme which is near completion impacts on the underlying cash position.

### **Year End Forecast – Limited Assurance**

Based upon the year-end forecast, the limited headroom to achieve a CoSR of 3 and risks associated with the year-end forecast there is limited assurance that a CoSR of a 3 will be achieved at the end of the financial year.

### **Risks and Management Actions**

The Trust has enacted a number of management actions, including:

- Implementation of a £0.7m Scheduled Care Rapid Improvement Programme;
- Delivery of the Expenditure Control Group actions to deliver an improvement in performance of £0.5m namely:
  - Reduction in annual leave carry over / accrual (£200k);
  - Utilisation of Salary Sacrifice income (£130k);
  - Stationery expenditure control (£64k);
  - Payables review (£87k);
  - Other expenditure control (£19k)
- The CCGs fund the agreed £3.0m Transformational Resource;
- Receipt and utilisation of winter monies of £1.4m;
- Utilisation of net balance sheet flexibility of £1.2m.

On the basis that we deliver the above actions we will deliver a year end surplus of over £3.0m and so deliver a CoSR of 3. It is important to note that these are short-term actions to meet the financial requirements of 2013-14, and the Trust will need to make substantial savings focussed on restructuring of services to meet the medium to long-term challenges.

## 7. Strategy

### Wayfinding Strategy

The Wayfinding Strategy was discussed and agreed at the Trust Management Team meeting. A working group has been established to identify and resolve the issues relating to the Wayfinding Strategy. These include issues relating to IT and information for patients. A detailed action plan and the costs to implement the Strategy will be available in February.

### Better Start Bid

Directors are aware that the Trust is working closely with the NSPCC, Blackpool Council and One Blackpool in a bid to receive funding of up to £50 million over 8 to 10 years to invest in children's services pre birth up to age 4 years. The project focuses on seven authority wards in Blackpool. The bid has to be submitted by the end of February 2014. Over the last few weeks a number of meetings have been held with the Big Lottery, their representatives and representative parents in Blackpool to develop our bid. The feedback has been very positive. A full update on the bid details will be available for the next meeting.

### Annual and Strategic Plans

The NHS Trust Development Agency has issued "Securing Sustainability - Planning Guidance for NHS Trust Boards 2014/15 to 2018/19". The guidance sets out what NHS Boards should focus on to be able to continue to deliver high quality care today whilst taking all necessary action to ensure they can continue to do so in future.

The requirements for Plan submissions are:

31 December 2013	<b>Planning timetable:</b> Each NHS Trust is expected to produce its own timetable for the development of its operational and strategic plan, including key Board milestones and commissioner meetings. This is to enable the process for plan development to be clear to all involved and aligned with the expected commissioning timetable.
28 February 2014	<b>Contract signature:</b> Contracts signed with commissioners covering both heads of terms and detailed activity profiles. This will form the basis of a full two year plan submission to the TDA.
31 March 2014	<b>Two year plan completion:</b> Each NHS Trust is expected to produce its two year Board-signed off and commissioner-aligned Operating Plan covering finance, quality, workforce and delivery. Provider operational budgets set and all two year cost improvement plans reviewed and signed off by the Medical Director and Nursing Director.
20 June 2014	<b>Five year plan completion:</b> Five year Board- signed off and commissioner-aligned Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) produced.
30 September 2014	<b>Development Support Plans</b> agreed and signed off between each NHS Trust and the NHS TDA.

We have agreed a Planning Timetable with our CCG colleagues and we are now working closely with them to develop aligned plans.

Work is ongoing across Lancashire to develop strategies for acute hospital care and out of hospital care. In taking this work forward a number of events/meetings that have taken place since the last Board meeting are worthy of note:

- 29th November – NW Leadership Summit
- 4th December – Lancashire Wide Strategy Event
- 13th December – Lancashire Leadership Forum
- 17th December – Executive Team to Team meeting with Lancashire Teaching Hospitals NHS Trust

Detailed discussions will take place with all Divisions, the Board of Directors and Governors over the next few weeks.

## **8. Board Assurance Framework/Corporate Risk Register (for approval)**

The Board Assurance Framework and the Corporate Risk Register summary documents were discussed at the Risk Committee meeting on 21st January 2014 and are included within the Reference Folder.

## **9. Compliance Monitoring Assurance Report (for approval)**

A report in respect of the Quarterly Monitoring Return to Monitor (Quarter 3) is attached.

The Board is requested to:-

- Approve the submission of finance returns as per the finance report.
- Approve the completion of 'Confirmed' for Finance by the Chief Executive on behalf of the Board.
- Approve the completion of 'Confirmed' for Governance by the Chief Executive on behalf of the Board.

**Gary Doherty  
Chief Executive**

# Worksheet "Governance Statement"

[Click to go to index](#)

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

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

**For finance, that:**

**Board Response**

4 The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. Confirmed

**For governance, that:**

11 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 page 21, Diagram 6) which have not already been reported. Confirmed

Signed on behalf of the board of directors

Signature

Signature

**Name**

**Name**

**Capacity**

**Capacity**

**Date**

**Date**

**Notes:** Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.

*In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.*

*This may include include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.*

*Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.*

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

A

B

C

**Board of Directors Meeting**

**29th January 2014**

<b>Subject:</b>	Q3 Monitoring Return
<b>Report Prepared By:</b>	Feroz Patel, Acting Deputy Director of Finance
<b>Date of Report:</b>	23rd January 2014
<b>Service Implications:</b>	None
<b>Data Quality Implications:</b>	None
<b>Financial Implications:</b>	Financial Implications if the Trust does not meet the Provider License requirements.
<b>Legal Implications:</b>	None
<b>Links to the Principles of The NHS Constitution:</b>	Links to the Principles 1-7
<b>Links to the Blackpool Way:</b>	Continuous Improvement – it is a requirement of the Trust’s License to submit Quarterly Monitoring Returns to Monitor.
<b>Links to Key Organisational Objectives:</b>	Top 10% and delivering value for money – it is a requirement of the Trust’s Terms of Authorisation to submit Quarterly Monitoring Returns to Monitor.
<b>Links to Care Quality Commission Quality and Safety Standards</b>	This is linked to all the CQC Standards.
<b>In case of query, please contact:</b>	Feroz Patel, 01253 306604, feroz.patel@bfwh.nhs.uk
<b><u>Purpose of Report/Summary:</u></b>	
<p>At the end of January 2014 the Trust is required to submit monitoring returns to Monitor, as the regulator, for performance for the year to the end of Quarter 3 (31<sup>st</sup> December 2013). The report has the following key purposes:</p> <ul style="list-style-type: none"> <li>• To set out the Trust’s Monitor Governance Declaration, Governance Risk Rating and supporting documentation as at quarter 3, in accordance with its License and the Monitor Compliance Framework requirements 2013/14 and,</li> <li>• To provide information and assurance to the Board, and to Monitor, that the necessary actions are being implemented to address any issues or concerns raised</li> </ul>	
<b><u>Key Issues:</u></b>	
<p>The Trust has submitted an in year financial reforecast to Monitor and the Trust is therefore monitoring and reporting performance against the reforecast for the remainder of the year.</p> <p>The Trust has achieved a surplus of £2.0m, which is £0.3m better than the reforecast for the period and results in a Continuity of Services Risk Rating (CoSR) of 3 at the end of Quarter 3.</p> <p>The Trust is forecasting a year-end surplus of £3.2m which would result in a Continuity of Services Risk Rating (CoSR) of 3 at the year end.</p>	

The 2014-15 financial planning work is ongoing and as part of this work the Trust is assessing the 2014-15 QIPP required to continue to achieve a Continuity of Services Risk Rating (CoSR) of 3.

**The Committee is asked to:**

- Approve the submission of finance returns as per the finance report.
- Approve the completion of Confirmed for Finance by the Chief Executive on behalf of the Board.
- Approve the completion of Confirmed for Governance by the Chief Executive on behalf of the Board.
- Following Board approval, quarter 3 return to be submitted to Monitor.

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

**Board Review Date:**  
 31st January 2014

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

1 <input type="checkbox"/> <b>For Information</b>	2 <input type="checkbox"/> <b>For Discussion</b>	3 <input checked="" type="checkbox"/> <b>For Approval</b>
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**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"/> <b>Not sensitive: For immediate publication</b>	2 <input checked="" type="checkbox"/> <b>Sensitive in part: Consider redaction prior to release.</b>	3 <input type="checkbox"/> <b>Wholly sensitive: Consider applicable exemption</b>
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**Reason for level of sensitivity selected:**

FOI Exemption 22 - Information Intended for Future Publication by Monitor

**Board of Directors Meeting**

**29th January 2014**

**Q3 Monitoring Return**

At the end of January 2014 the Trust is required to submit monitoring returns to Monitor, as the regulator, for performance for the year to the end of Quarter 3 (31<sup>st</sup> December 2013).

There are three elements to this submission, financial performance and performance against the governance standards set out in the Compliance Framework.

**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)

These are included within the finance report that will be discussed at the Finance meeting.

The Trust has submitted an in year financial reforecast to Monitor and the Trust is therefore monitoring and reporting performance against the reforecast for the remainder of the year.

The Trust has achieved a surplus of £2.0m, which is £0.3m better than the reforecast for the period and results in a Continuity of Services Risk Rating (CoSR) of 3 at the end of Quarter 3.

The Trust is forecasting a year-end surplus of £3.2m which would result in a Continuity of Services Risk Rating (CoSR) of 3 at the year end.

There are a number of risks to the achievement of a CoSR of 3, including: -

- Additional expenditure over and above the currently forecasted level is incurred to meet Winter pressures including the transfer of Orthopaedic Rehabilitation Services;
- Availability of resource from commissioners for either:
  - a. transformation from the Blackpool CCG and Fylde & Wyre CCG; or
  - b. overperformance by Specialist Commissioners;;
- Further deterioration of QuIPP achievement, and
- Recruitment to key front-line posts delayed.

The Specialist Commissioners are currently disputing whether they should pay for between £1.8m and £2.5m of Chemotherapy activity. The Specialist Commissioners have advised that they are in the process of writing to the Trust setting out the reasons for disputing payment.

In response to the deterioration of the forecast, the Trust has enacted the following management actions: -

- Implementation of the Scheduled Care Rapid Improvement Programme to deliver an improvement in performance of £0.7m;
- Implementation of the Expenditure Control Group actions to deliver an improvement in performance of £0.5m;

- Reduction in annual leave carry over / accrual (£200k);
- Utilisation of Salary Sacrifice income (£130k);
- Stationery expenditure control (£64k);
- Payables review (£87k);
- Other expenditure control (£19k).
- The CCGs fund the agreed £3.0m Transformational Resource;
- Receipt and utilisation of winter monies of £1.4m;
- Utilisation of net balance sheet flexibility of £1.2m.

The Finance declaration requires the Board to confirm or otherwise that it will achieve a CoS rating of 3 for the next 12 months. This report has focused on performance for the remainder of the current year but this still leaves the Board to consider what is likely to happen for the first 3 quarters of 2014/15. The Board received a presentation in December on the financial outlook for 2014/15 and discussed the implications of a number of different scenarios. In particular the level of CIP required to achieve a CoS rating of 3 was above that achieved in the current year. This is inherently high risk particularly in the absence of a detailed plan to demonstrate how this level of CIP would be achieved. However, at this stage this must be seen as a work in progress. Likewise we have not received contract offers from our main commissioners. Therefore, it is recommended that at this stage the Board approve the declaration of remaining at a 3 pending completion of the annual plan and finalising of contracts and that regular updates are provided on both matters.

Based on the above it is recommended to approve the completion of 'Confirmed' for Finance by the Chief Executive on behalf of the Board.

### **Governance Standards**

Performance against all targets is reviewed in the Compliance Monitoring report. The targets reviewed by Monitor are a subset of these, as set out in the Compliance Framework.

The Board is required to make a self-declaration, stating whether targets have been achieved as per the attached. The Trust is predicting to achieve all targets for quarter 3 with the exception of A&E.

All standards were delivered for Q3 except A&E, where performance was 94.2%. The Trust met the 95% target for December but were unable to pull back the underperformance from October & November. Early January has been very challenging due to low levels of discharges and high admissions. Weekly performance phone calls are taking place in order to brief Monitor with regards to the current performance and the actions being taken to return to the required standard.

Final validation of all cancer data and confirmation of pathology is still on-going at time of this report.

C Diff achieved Q3 position remaining under the annual trajectory of 29 cases.

Based on our current prediction of achievement of all targets, except A&E the compliance framework score will be one, which results in a risk rating of AMBER - GREEN.

Therefore, based on the above it is recommended to approve the completion of 'Confirmed' for Governance by the Chief Executive on behalf of the Board.

### **Quality**

The Board is required to confirm that it is satisfied that it has systems and processes in place to monitor and continually improve the quality of healthcare provided to its patients, having regard to Monitor's Quality Governance Framework.

The following Committees provide assurance to the Board of Directors via a CEO assurance report regarding internal controls:

- 1) Finance Committee
- 2) Quality Committee
- 3) Risk Committee
- 4) Strategy and Assurance Committee

The assurance process is supported by:

- Proactive and Reactive Risk Management via Adverse Events Management
- Risk Register Framework – Quarterly Monitoring of Board Assurance Framework / Corporate Risk Registers
- Compliance with Health and Safety National and Local Standards
- Compliance with Risk Management National and Local Standards

A critical review has been undertaken of the work of the Risk Committee to provide assurance to the Board with regard to internal controls.

The Board is assured of compliance through a number of reports submitted for information and discussion at times throughout the year for example:

Monthly Reports and Reviews:

- Care Quality Commission Compliance Indicators Report
- Progress on the Trust's Quality and Risk Profile results from the Care Quality Commission
- StEIS/Serious Incidents/Never Events/External Reviews Report
- Compliance Monitoring Report.
- Friends and Family Survey Report.
- Medical Care Indicators
- Nursing Care Indicators
- Patient Safety and Quality Report

Quarterly / Six Monthly Reports & Reviews:

- Patient Experience Report
- Patient Story DVD
- National Staff Survey Results and Action Plan.
- Patient Safety Walkabout Reports.
- Review of internet homepage which publishes triangulated up-to-date performance data
- 'Knowing how we are doing' boards.
- External intranet – publication of key quality, safety and patient experience measures and performance data and public feedback is taken into account.
- QuIPP programme, quality and safety reviews.
- Review of Board Assurance Framework and Corporate Risk Register
- Clinical Audit Activity Report
- Governance Report
- Staff involved in roll out of the Productive Ward and ward managers given ownership to ensure necessary changes are made within the ward environment.

These reports listed above and others assure the Board of compliance and that the Trust is continually working to improve the quality of healthcare to its patients.

Therefore, based on the above it is recommended to approve the completion of 'Confirmed' for Governance by the Chief Executive on behalf of the Board.

The Board is asked to:

- Approve the submission of finance returns as per the finance report.
- Approve the completion of 'Confirmed' for Finance by the Chief Executive on behalf of the Board.
- Approve the completion of 'Confirmed' for Governance by the Chief Executive on behalf of the Board.
- Following Board approval, quarter 3 return to be submitted to Monitor.

Tim Bennett  
Director of Finance

Pat Oliver  
Director of Operations

Marie Thompson  
Director of Nursing & Quality

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

<b>Subject:</b>	Chief Executive's Update	
<b>Report Prepared By:</b>	Gary Doherty	
<b>Date of Report:</b>	22 <sup>nd</sup> January 2014	
<b>Service Implications:</b>	For the Board to be updated on matters the Chief Executive has been involved in.	
<b>Data Quality Implications:</b>	None.	
<b>Financial Implications:</b>	QuIPP essential to sustainability.	
<b>Legal Implications:</b>	None.	
<b>Links to the Principles of The NHS Constitution:</b>	Links to the Principles of the NHS Constitution throughout.	
<b>Links to the Blackpool Way:</b>	The Blackpool Way is in place to promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Blackpool Way.	
<b>Links to Key Organisational Objectives:</b>	Providing 'Best in NHS' Care for our patients.	
<b>Links to Care Quality Commission Quality and Safety Standards</b>	Links to all CQC outcomes	
<b>In case of query, please contact:</b>	Gary Doherty, Chief Executive (ext 6853)	
<b>Purpose of Report/Summary:</b> - To provide the Board of Directors with an overview of activities during the past two months.		
<b>Key Issues:</b> None to highlight specifically.		
<b>The Board is asked to:</b> Review and note the contents of the report.		
<b>Risk Rating (Low/Medium/High):</b> Low	<b>Board Review Date:</b> March 2013	
<b>BAF/CRR Number:</b> N/A		
<b>Report Status:</b> the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 For Information	2 For Discussion	3 For Approval
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Document Status:</b> the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.		
1 Not sensitive: For immediate publication	2 Sensitive in part: Consider redaction prior to release.	3 Wholly sensitive: Consider applicable exemption
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reason for level of sensitivity selected</b>		

**Board of Directors**

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

**CHIEF EXECUTIVE UPDATE**

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

**December 2013**

On 2nd December I gave a reading at the Tree of Lights Ceremony, an opportunity for bereaved families and friends to remember their loved ones. It was a very special event which included the opportunity to enter names of loved ones into a special Book of Remembrance, which was on display in the Hospital Chapel throughout December, a special tree lighting ceremony with music and readings, and seasonal refreshments.

During late December I spent a morning or afternoon on my "buddy" Wards (8, 11, 18, 19, 23 & 24) where I worked either as a Health Care Assistant or as a Housekeeper. On Christmas Day I came into the Trust with my children and visited all my buddy wards as well as the Emergency Department (A&E) and the Medical Assessment Unit.

Dr Mark O Donnell and I attended the launch of the Greater Manchester, Lancashire & South Cumbria Clinical Senate. Clinical senates are intended to help Clinical Commissioning Groups and Health & Wellbeing Boards make the best decisions about leadership at a strategic level.

On the 19th December we were visited by Charlie Massey, Director General at the Department of Health. Mr Massey is one of the most senior civil servants in the DoH – his areas of responsibility include everything from responding to the Francis Inquiry to relationships with key trade unions. Charlie visited the Trust for days spending time with staff in a wide range of areas including cardiac, surgery, medicine, pathology and families as well as spending a morning with a district nurse.

**January 2014**

In January I spent some time in a number of clinical areas such as the Emergency Department (A&E) and the Surgical Assessment Unit. I also spent a day with our school nursing team, including visits to three local schools (Unity Academy, Claremont Community Primary School & Children's Centre and Bispham Endowed C of E Primary School) where I spent some time with the children and the teachers including meetings with the Headmasters/mistresses.

On 21<sup>st</sup> January Pat Oliver and I attended the Fylde Community Focus Scrutiny Committee to give an update on our Keogh and CQC Reviews. The day after I opened and closed a multi disciplinary, multi-organisational training event focusing on how we will roll out, and strengthen, our plans to improve the end of life care for patients.

Important events in the remainder of January include:

- A North West Deanery visit to assess the quality of the education and support we give to trainee doctors
- A conference call with Monitor
- A meeting with colleagues from Blackpool Health Watch
- CEO Question Time on 28th Jan, 10 – 11 am in the Lecture Theatre, Education Centre, BVH.
- Consultant interview (cardiac anaesthesia)

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

Board of Directors Meeting

29th January 2014

Affixing of the Common Seal

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

<u>Number</u>	<u>Date</u>	<u>Contract Details</u>
1	20.12.13	Deed of Grant to Electricity North West Limited (relating to cable easement beneath the part of Whinney Heys Road being acquired from the Council).
2	10.1.14	Transfer Deed for the Acquisition of part of Whinney Heys Road.
3	10.1.14	Deed of Grant to United Utilities (relating to foul and/or surface water sewers and water pipes in land at Whinney Heys Road).
4	10.1.14	Deed of Grant to National Grid (relating to land at Whinney Heys Road)

Judith Oates  
Foundation Trust Secretary

**Board of Directors Meeting**

**29th January 2014**

**Chairman's Update**

**Trust Activities**

- I chaired the Employer Based Awards Committee on the 26th November to determine consultants' clinical excellence awards.
- As mentioned in the Chief Executive's Update, the Tree of Lights Ceremony took place in December and I, together with the Chief Executive and Director of Nursing, gave a reading.
- Karen Crowshaw deputised at the Celebrating Success Family Event on the 6th December, along with Gary Doherty, which was attended by the winners and runners-up of the Celebrating Success Awards, together with their families.
- Tony Shaw deputised at an Appointments Advisory Committee for ENT Consultant posts on the 12th December. Mr Paul Hans and Mr Vivek Malik were appointed and their dates of commencement are 14th April 2014 and 1st September 2014 respectively
- I had an introductory meeting with John Marsden, Counter Fraud Officer, on the 17th January.
- I attended part of the Transforming End of Life Care Event on the 22nd January which was extremely well attended.

**Governors and Membership**

- I met with Peter Askew (Lead Governor) and HR representatives to discuss a further development programme for Governors, similar to that provided early in 2013. The aim of the training is to support and enable new Governors to carry out their role effectively and it is proposed that three half-day core workshops take place in March/April/May 2014.
- I met with John Kersey and Phillip Hargreaves from the Institute of Directors, together with Gary Doherty, Dr Mark O'Donnell and Peter Askew, to discuss the possibility and benefits of the IoD becoming one of the ten organisations selected to nominate an Appointed Governor to our Council of Governors. Arrangements are being made for Phillips Hargreaves to meet further with Dr O'Donnell, following which a proposal will be submitted to the Council of Governors.

**External Relations**

- On the 3rd December I, together with some of the Executive Directors, attended our monthly performance review meeting with Monitor. The next meeting, via video-conference, is scheduled for the 27th January 2014.
- I attended an NHS Merger Workshop in London on the 3rd December which included discussion about the principles for delivering value from mergers and delivering medium term benefits from clinical reconfiguration.
- I met with Roy Fisher, Chairman of Blackpool CCG, on the 11th December.

- I attended a Farewell Reception for Mike Farrar on the 17th December which was very well attended and provided an opportunity to meet with partners and stakeholders.
- As mentioned in the Chief Executive's Update, Charlie Massey (Director General at the Department of Health) visited the Trust on the 19th/20th December. I met with Mr Massey at the beginning and the end of his visit and his feedback about the Trust was extremely positive.
- As mentioned in the Chief Executive's Assurance Report, Sir Mike Richards (Chief Inspector of Hospitals) and a multi-professional inspection team visited the Trust on the 15th and 16th January to undertake a detailed review of various areas of the Trust. More detailed information is provided in the Assurance Report.

### **Future Meetings**

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

- Appointments Advisory Committee for a Consultant Cardiac Anaesthetist – 31st January.
- Meeting with Derek Brown, Chairman at Lancashire Care Trust – 5th February.
- Introductory Meeting with Mary Dowling, newly appointed Chairman at Fylde & Wyre CCG – 7th February.
- Board Away Day – 11th February.
- Half Day Visit to the Patient Relations Team – 18th February.

### **Legal Update**

The latest health legal update is included in the Reference Folder in order that Board members are aware of the current key legal issues. The reports covers NHS Commercial, NHS Management, Regulatory, Employment, Patient Matters and Legal Processes.

Ian Johnson  
Chairman

