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**PLEASE NOTE THE START TIME  
OF 10.30 AM FOR THIS MEETING**

17th May 2016

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 25th May 2016 at **10.30 am** in the Board Room, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

Any questions relating to the agenda or reports should be submitted in writing to the Chairman at the above address at least 24 hours in advance of the meeting being held. The Board may limit the public input on any item based on the number of people requesting to speak and the business of the Board. Enquiries should be made to the Foundation Trust Secretary on 01253 956856 or [judith.oates@bfwhospitals.nhs.uk](mailto: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).	10.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	10.33 am

3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	10.34 am
4	Well Led Governance Review – <b>Mr Tim Crowley (Managing Director at Mersey Internal Audit Agency) and Cath Hill (Director at Advancing Quality Alliance) to attend for this item.</b>	10.35 am
5	National Artificial Eye Service Presentation – <b>Ms Helen Lever (Operational Manager), Mr Philip Hill (Ocular Technician) and Ms Suzanne Johnstone (Administrative Assistant) to attend for this item.</b>	10.50 am
6	Minutes of the Previous Board of Directors' Meeting held in Public on 27th April 2016 – Mr Johnson to report. (Enclosed).	11.05 am
7	Matters Arising:-  a) Action List from the Previous Board of Directors' Meeting held in Public on 27th April 2016 – Mr Johnson to report. (Enclosed).  b) Action Tracking Document – Mr Johnson to report. (Enclosed).  c) Diabetic Foot Service – Professor O'Donnell to report. (Verbal Report).  d) Junior Doctors' Contract – Mrs Oliver to report. (Verbal Report).	11.10 am
8	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	11.15 am
9	Executive Reports:-  a) Assurance Report (exception reporting – Executive Directors/ Committee Chairs to report. (Enclosed).  b) Strategic Work Programme (Efficiency – reducing length of stay to deliver high quality care affordably) – Professor Mark O'Donnell (Lead Clinician), Mrs Michele Ibbs (Lead Non-Executive Director) and Dr Grahame Goode (Lead Divisional Director) to give a presentation.  c) Corporate Documents – Mrs Swift/Mr Bennett to report. (Enclosed):-  <ul style="list-style-type: none"> <li>• Annual Report &amp; Accounts 2015/16.</li> <li>• Quality Report 2015/2016</li> <li>• Annual Report Summary 2015/16</li> </ul> d) Information Commissioner's Office Press Statement regarding Trust Data Breach – Mr Bennett to report. (Enclosed).  <b>Mr Steve Bloor (Chief Information Officer) to attend for this item.</b>  e) Chief Executive's Update – Mrs Swift to report. (Enclosed).	11.20 am
10	Chairman's Report:-  a) Chairman's Update. (Enclosed).  b) Confirmation of Chairman's Action. (Enclosed).  c) Declarations of Interests. (Enclosed).	12.20 pm

	d) Feedback from Fylde & Wyre CCG Meeting held on 24th May 2016 – Mrs Ibbs to report. (Verbal Report).	
11	Key Themes for Team Briefing – Mr Johnson to report. (Verbal Report).	12.30 pm
12	Items for External Communication – Mr Johnson to report. (Verbal report).	12.35 pm
13	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	12.40 pm
14	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.45 pm
15	Any other Business – Mr Johnson to report. (Verbal Report).	12.46 pm
16	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	12.47 pm
17	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.48 pm
18	Trust's Position on the Board Assurance Framework – Mr Johnson to report. (Verbal Report).	12.58 pm
19	Date of Next Meeting – Mr Johnson to report.	12.59 pm
20	Resolution to Exclude Members of the Media and Public  The Board of Directors to resolve "That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960 and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.	1.00 pm
		Total Duration: 2 hours, 30 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 (Interim): Mrs Wendy Swift

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust  
Board of Directors Meeting held in Public  
on Wednesday 27th April 2016 at 10.30 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  
Mr Michael Hearty  
Mrs Michele Ibbs  
Dr Malcolm McIlmurray  
Mr Alan Roff

Executive Directors

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

In Attendance: Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 5

Members of Public (observers) – 6

Members of Staff (observers) – 1

40/16 Chairman's Welcome and Introductions

The Chairman welcomed Governors, members of the public and members of staff to the meeting. The Chairman also welcomed Mr Michael Hearty, newly appointed Non-Executive Director, who was attending his first Board meeting at the Trust.

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

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

The Chairman reminded Board members about the Junior Doctors strike taking place during the day and stated that two/three of the Executive Directors involved in monitoring the situation may be absent for some parts of the meeting.

41/16 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.

42/16 Apologies for Absence

There were no apologies for absence, subject to the possible absence of two/three Executive Directors due to the Junior Doctors strike.

43/16 Patient Story DVD

Mrs Thompson reported that this month's patient story was about a baby girl who suddenly became unwell. Board members were advised that the story highlighted the parents' experience of the service which overall was positive, however, there were some areas for improvement.

Following the DVD being shown, the Chairman stated that the most important message from Dr Verma, Consultant Paediatrician, was that there had been a good outcome for the patient.

**RESOLVED: That the Chairman would write a letter of thanks to Dr Verma.**

Mrs Thompson highlighted the lessons to be learned around the patient's transfer back to Victoria Hospital; it being noted that, when communicating with families, the staff needed to tune in to their expectations in terms of transferring patients from intensive care to a general ward.

Dr McIlmurray referred to an important comment made by Dr Verma about ensuring that the messages within the story were shared with the team.

Mrs Ibbs asked about feedback of the positive comments to the ambulance service. Mrs Thompson advised that comments were usually conveyed to other organisations where appropriate but agreed to check that this had been actioned.

**RESOLVED: That Mrs Thompson would check that the positive comments had been conveyed to the ambulance service.**

Mr Garrett asked about the emphasis on further training for all staff in dealing with patients, carers and families, i.e. customer care approach. Mrs Ingham advised that significant work was undertaken formally and there was evidence of lessons learned through the patient story.

Mr Hearty asked about differentiation between understanding and feedback to those involved and the balance between the two and Mrs Ingham stated that it could be identified from the complaints themes, area by area, when intervention was needed to support the teams.

***Action To Be Taken Following The Meeting***

*The Chairman has spoken to Dr Verma and conveyed the Board's thanks to him and the team.*

*The ambulance service is aware of the positive feedback and had been invited to participate in the patient story DVD but declined.*

44/16 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 24th February 2016 be approved and signed by the Chairman.**

45/16

Matters Arising:-

a) Action List from the Board of Directors Meeting held on 24th February 2016

The Chairman reported that 10 actions had been completed, 3 actions were not yet due and 1 action was outstanding action relating to external communication.

Mrs Ingham confirmed that the staff survey results had been submitted to the Strategic Workforce Committee in April and that some of the highlights would be reported later in the meeting within the Chief Executive's Assurance Report.

b) Action Tracking Document

The Chairman reported that there were 2 actions on the tracking document, neither of which were due for completion before May 2016.

46/16

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

The Chairman provided Board members with the opportunity to report on any challenges/debates that had taken place outside formal Board meetings, however, there was no feedback from Board members.

47/16

Executive Reports:-

a) Assurance Report/Exception Report

Mrs Swift reminded Board members about the current transition process between the end of 2015/16 and the start of 2016/17 in terms of the new format around assurance reporting.

Mrs Swift drew attention to the content of the assurance report and gave a presentation about the following:-

Strategic Work Programmes

- There would be focus on a specific strategic work programme at each Board meeting during 2016.

Sustainability and Transformation Plans

- There was a Lancashire 5 Year Sustainability and Transformation Plan and five Health Economy 5 Year Sustainability and Transformation Plans, one of which was for the Fylde Coast.

Strategic Measures

Mrs Swift referred to the Strategic Measures and provided an update as follows:-

- Patients and carers involved in care decisions (green) – 93% achieved against a target of 80%.
- Extensive Care Service (amber) – failed to recruit 500 patients in each area of the service.

It was noted that patients would shortly be recruited from hospital as well as from GPs surgeries.

Mrs Crowshaw asked about the reason for GPs not being able to recruit patients and Mrs Swift advised that patients were given a choice but that not all patients had taken up the offer of the extensive care service.

Dr McIlmurray asked whether the extensive care service was fully staffed and was advised that two consultants had yet to be recruited.

- Harm Free Care (amber) – 93% achieved against a target of 95%.
- Better Care Now (amber) – Mrs Oliver would report later in the meeting.
- Compliance with Stroke Pathway (green) – there were concerns around compliance and therefore there was limited assurance.

It was noted that Mrs Thompson/Professor O'Donnell had requested a pathways review to be undertaken and that the draft report had been checked for factual accuracy and the final draft was expected the following week.

Dr McIlmurray expressed concern that this measure was RAG rated green rather than red and it was acknowledged that the new matrix would need to reflect non-compliance.

- SHMI ((amber) – Professor O'Donnell would report later in the meeting.
- Estates (green) – the planned preventative maintenance programme was on target and the estates plan priorities were being incorporated into the Estates Strategy.

Mr Edney was pleased to note that the RAG rating was green, however, he pointed out that a low target had been set.

- Health Informatics (amber) – implementation of the EMIS project was still delayed and was expected in June with less than six weeks roll-out.
- Continuity of Service Risk Rating (amber) – Mr Bennett would report later in the meeting.
- Trust Vacancy (red) – Mrs Ingham would report later in the meeting.

#### Compliance Measures

It was noted that two of the ten compliance measures were RAG rated red, namely A & E (percentage of patients who had waited more than 4 hours) and 62 day cancer screening waiting time standard.

#### Quality

Mrs Thompson reported that Mr Roff, Professor O'Donnell, Mrs Anderton and herself, together with other members of the Quality Committee, had been working on the development of the Quality Strategy which had been approved by the Quality Committee on 20th April 2016 and which had been provided in the Reference Folder for Board approval.

It was noted that the Quality Strategy was supported by strategic enablers which would be reviewed by the Quality Committee and that each of the quality goals would be monitored through deliverability of the matrix which the team had been working on during the past few weeks. Mrs Thompson stated that she wanted to ensure that the measures supporting delivery of the strategy could be flexed to each key priority.

Mr Roff pointed out the need to identify a small number of items to focus on and drew attention to the presentation slide relating to the three domains, Informed, Timely and Safe (ITS).

**RESOLVED: That the Quality Strategy be approved.**

The Chairman expressed thanks to Mr Roff and the team for the work undertaken which linked into the Trust Strategy and would be monitored going forward.

Mr Roff stated that the year end was a good opportunity to review last year's performance against the Strategic Compliance Measures; it being noted that the indicators in the IPR were reviewed by the Quality Committee and that areas of concern (compliance with pathways) and areas of improvement (patient falls, mortality) were highlighted at the meetings.

Dr McIlmurray commented on the apparent discrepancies in the information relating to the stroke pathway. Mr Roff stated that the target set at the beginning of the year was far too low. Mr Roff also stated that, as Chair of the Quality Committee, he was not satisfied with the level of compliance in respect of any of the pathways.

At this juncture, the Chairman referred to the Terms of Reference for the Blackpool Teaching Hospitals and Fylde Coast Mortality Governance Committee and Mr Roff confirmed that the Terms of Reference had been approved by the Quality Committee on 20th April 2016 and needed to be endorsed by the Board. Mr Edney commented that the focus was on the responsibilities of the Trust and he challenged whether it should include a sentence about gathering information relating to the condition of patients on arrival at hospital. Professor O'Donnell stated that, based on national guidance, the focus was primarily on hospital mortality, however, he confirmed that work with the CCGs had already started regarding end to end pathway care.

**RESOLVED: That the Terms of Reference for the Blackpool Teaching Hospitals and Fylde Coast Mortality Governance Committee be endorsed.**

Mortality

Professor O'Donnell reported that, based on 12 months' internal figures, the Trust's SHMI was 111.8 against a target of 111 by April 2016. It was noted that significant improvement had been made during the past four years from a rating of 123 to 111.8 and that all evidence indicated that there would be further improvement.

Professor O'Donnell further reported that the national data to September 2015 indicated a rating of 115 which matched the Trust's internal modelling; it being noted that the national release of data was 6-9 months in arrears therefore the 111.8 rating would not be reported until the year end.

With regard to the mortality pathway, it was noted that robust discussion had taken place at the Mortality Committee and Quality Committee and work was on-going to review the effect of clinical pathways on mortality.

A & E

Mrs Oliver reported that processes were now in place across the Fylde Coast for out of hours primary care cover.

It was noted that a report relating to the A & E workforce review was being presented to Executive Directors the following week.

It was also noted that sustainability access standards would be monitored by the Finance Committee.

Mrs Crowshaw asked whether any action could be taken from a governance or communication or collaboration point of view regarding primary care cover, social worker initial assessments and mental health pressures, all of which were outside the control of the Trust. Mrs Oliver advised that concerns had been raised at the Fylde Coast Advisory Board meetings and at the Urgent Care Working Group meetings.

#### Workforce & Organisational Development

Mrs Ingham reported that, overall, there was limited assurance in respect of workforce.

It was noted that sickness absence for the year end was 4.25% against the Trust target of 4%.

The headline results from the staff survey were provided to Board members; it being noted that the areas of concern related to bullying and harassment and the quality of appraisals.

Mr Garrett asked whether the outcome from bullying cases was monitored to check whether individuals were satisfied with the outcome and Mrs Ingham advised that this was not currently formally monitored but probably needed to be considered for implementation. Mrs Crowshaw advised that the aim was for zero tolerance in terms of bullying and harassment.

**Post Meeting Note: Mrs Ingham has subsequently confirmed that six monthly audits of bullying and harassment cases are undertaken.**

Mrs Ibbs asked about the increased need to review performance and to ensure greater control and also about how to fully support managers as well as staff in order to lead and manage performance. Mrs Ingham reported that work was undertaken in these areas, however, there was always more work that could be undertaken. It was noted that a trajectory had been set for each division which would be monitored against an action plan.

Dr McIlmurray asked about the sample size of the staff survey and Mrs Ingham confirmed there had been a 34% response rate (from 6,500 staff). Dr McIlmurray commented that the response rate from clinicians was low and that the results reflected mainly the opinion of the nursing staff. Mrs Ingham emphasised the need to engage with individuals to understand the reason for not completing the survey.

Mrs Crowshaw stated that Mrs Ingham had reported on the main part of the Strategic Workforce Committee agenda and provided a further update regarding recruitment and retention; it being noted that there was limited assurance in respect of recruitment and retention and work was continuing in terms of exit interviews and plans for recruiting from abroad and from Dublin. Mrs Thompson reported that the Trust was working with two key universities, namely Cumbria and UCLAN, and that the cap on student numbers was to change which would potentially have an impact on the Trust, with an anticipated reduction in the number of individuals coming forward. It was noted that the Trust was now in discussion with the two universities about being more creative and innovative and enforcing the key message about the approach around growing our own staff into professional nurses.

Mr Roff commented on the need to consider the number of placements in Blackpool and the need for a 2020 strategy. Mr Edney emphasised the importance of engaging with the universities about the course content for nurse training and Mrs Thompson confirmed that this was already in place.

Mrs Crowshaw confirmed that there was limited assurance for the two key strategic workforce risks, i.e. recruitment/retention and engagement.

At this juncture, Dr McIlmurray referred to the Quality section and asked about progress regarding the diabetic foot service. Professor O'Donnell reported that there was no funding attached to this service and that work was on-going with the CCGs about more diabetic care being taken out of the hospital into the community. Dr McIlmurray asked Professor O'Donnell to continue to promote the case for this service.

**RESOLVED: That Professor O'Donnell would provide a progress report at the next meeting.**

***Action To Be Taken Following The Meeting***

*A verbal report will be provided at the Board meeting on 25th May 2016.*

Finance

Mr Bennett reported that the Finance Committee had discussed in detail the plans for 2016/17 going forward.

It was reported that the position at the end of Month 12 was a deficit of £14.6m and that the key issues were as follows:-

- Income was behind plan.
- There had been a significant increase in the number of contracts outside PbR funding.
- There had been a substantive shift in the past few months in terms of agency staffing reduction.
- Reduced rates had been paid to agency staff in line with the Monitor caps and guidance.
- The sale of Bispham Hospital had not been completed by 31st March 2016.
- Expected payments to NHS Property Services had not been made.

Mr Bennett provided an overall summary as follows:-

- Month 12 was £0.2m worse than the forecast.
- The cash position had improved, despite the delay in the sale of Bispham Hospital, but remained an area of concern.
- Pay costs had increased in March and were £0.2m worse than forecast, predominantly linked to an increase in substantive nursing expenditure.
- Income / pay and non-pay mix had changed from the forecast provided in September 2015.
- Despite some improvement, the assurance level remained limited.

Mrs Ibbs reported that the Finance Committee had recorded that the Executive Directors had produced a proactive recovery plan and that the manner in which the recovery plan had been impressed across the Trust was good; it being noted that there had been much more engagement with the divisions and accountability for budgets.

Mrs Ibbs pointed out, however, that as a Trust and as a Board, the work on these detailed plans was behind schedule and therefore there was a level of shortfall against the target. It was noted that the Executive Directors would be discussing this at the TMT meeting the following day and real honesty about the deliverability of the schemes would be welcomed.

It was noted that the Board would need to make some difficult decisions regarding turnaround measures and that the Council of Governors in particular would need to understand the nature of these decisions, for example, the increased car parking charges for patients and the public with effect from 2nd May 2016.

#### Risk and Assurance

It was noted that the Board Assurance Framework and Corporate Risk Register were included in the Reference Folder and required ratification by the Board.

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

#### Audit

Mr Edney reported that the Audit Committee had met on 19th April 2016 and the Audit Committee Assurance Report was included in the Reference Folder. It was noted that a number of areas of significant assurance had been highlighted at the meeting and that discussion had taken place in respect of the following:-

- The Annual Report and Accounts (which was included as a separate item on the Board agenda).
- Freedom to Speak Up (a report would be submitted to the Strategic Workforce Committee and the Board).
- The overall opinion of the Internal Auditors on the Trust's overall framework of governance, risk management and control for 2015/16 (which was "significant with minor improvements").
- The Counter Fraud Work Programme for 2016/17 (to include a message in Team Brief about the endorsement of the Counter Fraud Strategy by the Audit Committee and the Board).

**RESOLVED: That a message about raising awareness of the Trust's Counter Fraud Strategy be included in Team Brief.**

#### ***Action To Be Taken Following The Meeting***

*This message will be included in the Team Brief in June.*

#### Strike Update

Mrs Oliver provided assurance to the Board in respect of the junior doctors strike as follows:-

- No patients had come to any harm and the level of care had been safe and of high quality.
- There were controlled arrangements in place and the staff had been very supportive.
- A questionnaire would be issued to ensure that there were lessons learned.

- Consultants and staff had been helpful in performing “any other duties”.
- The junior doctors had acted professionally during the strike and had worked with the Resuscitation Team to provide cardiac arrest training and had completed aspects of their mandatory training.
- A “thank you” to staff would be issued across the organisation following the end of the two day strike.

**RESOLVED: That Mrs Oliver would ensure that the Board’s appreciation was conveyed to the appropriate staff.**

***Action To Be Taken Following The Meeting***

*This item was actioned via the Team Brief when thanks were conveyed to all staff involved.*

b) Quarterly Monitoring Return to Monitor (Quarter 4)

Mr Bennett drew attention to the Quarterly Monitoring Return for Quarter 4 and, in particular to Appendix B, and he highlighted the declaration relating to governance in relation to the achievement of targets and indicators which was previously “confirmed” and was now recommended as “not confirmed”; it being noted that it was not expected that the Trust would achieve all the performance standards in all quarters in 2016/17, in particular the A & E standard, however, it was anticipated they would be achieved for the year 2016/17.

Mr Roff asked for guidance from Mr Bennett and Mrs Swift about the implications of making the “not confirmed” statement. Mr Bennett referred to the STP which was expected to be £10m, however, there were a number of conditions attached to it, particularly around performance standards. It was noted that the Trust had been asked to agree the performance trajectory for 2016/17 and that this demonstrated non-achievement quarter by quarter in terms of Monitor’s standard.

Mr Roff suggested including the reason for the “not confirmed” statement, i.e. that the targets would not be achieved in each quarter, however, they would be achieved at the year end.

**RESOLVED: That an additional sentence would be included in Appendix B (free text section) about the reason for the “not confirmed” statement around targets and indicators.**

**That the Quarter 4 Monitoring Return be approved and submitted to Monitor, subject to the agreed amendment.**

***Action To Be Taken Following The Meeting***

*These items have been actioned.*

c) Annual Report & Accounts 2015/16 and Quality Report 2015/16

It was noted that the draft Annual Report & Accounts and Quality Report were included in the Reference Folder for review/comment.

It was reported that the Audit Committee was monitoring the process for completion/submission of the Annual Report & Accounts and Quality Report and that the Audit Committee would meet immediately prior to the Board meeting in May to review the Annual Accounts.

It was noted that there were two recommendations from the Audit Committee in respect of the Annual Report as follows:-

- To include a statement of compliance with Monitor's Code of Governance.
- To include the following statement about the Trust being a "going concern":-

*"After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the Trust is adopting the going concern basis in the preparation of the accounts."*

**RESOLVED: That the suggested sections of the Annual Report would be shared with the Readers Panel.**

**That the final draft of the Annual Report & Accounts and Quality Report would be submitted to the Board in May 2016.**

***Action To Be Taken Following The Meeting***

*These items have been actioned.*

d) Trust Strategy Launch

Mrs Swift reported that the Trust had now launched its 5 year strategy and she gave a brief presentation incorporating the DVD. Copies of the leaflet, plan on a page, staff survey and roadshow schedule were circulated to Board members.

It was noted that a separate strategy session was being organised for Governors and that Governors would be invited to attend the roadshows.

Mrs Crowshaw provided feedback from the first strategic roadshow which had taken place the previous week; it being noted that the staff engagement had been excellent and there was good evidence that junior staff could be listened to and could make a difference.

Mrs Ibbs commented on the good work in bringing together all the strategic work and congratulated Mrs Ingham, Mr Quinn and Dr Ellarby.

Mr Hearty emphasised the importance of engagement being a two way dialogue and the importance of listening to the views of staff. Mrs Ingham pointed out that the roadshows would enable staff to become involved.

Professor O'Donnell reported on one of the 7 strategic work programmes relating to "transforming non-elective points of entry into the hospital to improve patient experience and flow" and he outlined the work already undertaken and the plans in place in terms of ward rationalisation for the Integrated Assessment Unit, Cardiology, General Surgery, Respiratory, Care of the Elderly/General Medicine, Emergency Footprint and other Medical Specialties.

It was noted that all ward moves were enablers for the delivery of better care and that other issues which would be facilitated by these moves were under the Better Care Now workstream. Mrs Swift stated that the timescale for the completion of the ward moves was the end of June 2016.

The Chairman stated that the key message was that key quality schemes were being carried out against tight finances.

Mrs Crowshaw asked whether there was sufficient capacity in the Out-Patient Department and was advised that there was capacity to follow patients through within the Acute Medical Unit and Surgical Assessment Unit.

The Chairman commented on an encouraging piece of work which had involved significant input from the clinicians.

e) Chief Executive's Update

The Chief Executive's Update was provided for information.

48/16

**Chairman's Report**

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman commented on the increased pace of engagement with other Trusts and stated that he would update Board members in due course about the collaborative arrangements going forward.

b) Feedback from CCG Meetings

The Chairman referred to his attendance at the Blackpool CCG meeting on 5th April 2016 and commented on the positive views about joint working.

49/16

Key Themes for Team Brief

Board members considered the key themes from the meeting to be cascaded to staff via the Team Brief and the following items were highlighted:-

- Awareness of Counter Fraud Strategy
- Launch of Quality Strategy
- Launch of Trust Strategy
- Staff Letter regarding Finances
- Junior Doctors Strike

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

***Action To Be Taken Following The Meeting***

*This item has been actioned with the exception of the Counter Fraud Strategy which will be included in the Team Brief in June 2016.*

50/16

Items for External Communication

Board members considered items for external communication.

**RESOLVED: That the following item would be considered for external communication:-**

- **Junior Doctors Strike – good work around mandatory training.**

***Action To Be Taken Following The Meeting***

*This item has been actioned.*

51/16

Trust Values / Value of the Month

The Chairman referred to the Value of the Month for April, which was "excellence", and he asked Board members for examples.

Professor O'Donnell referred to the manner in which staff had pitched in to ensure that patients had been cared for to the expected level during the junior doctor's strike.

It was noted that the Value of the Month for May was "people-centred".

- 52/16            Attendance Monitoring
- The attendance monitoring form indicated continued good attendance from Board members; it being noted that the absence of two Executive Directors for part of the meeting had been unusual.
- 53/16            Any other Business
- There was no other business.
- 54/16            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.**
- 55/16            Questions from the Public
- The Chairman gave members of the public the opportunity to ask questions.
- a) Fylde & Wyre Patient Participation Group
- George Holden – Public Governor (Blackpool Constituency)*
- Mr Holden asked how the 5 year strategy, and in particular the information regarding the roadshows, would be communicated and encouraged to staff.
- It was reported that further information would be provided at the Council of Governors meeting in the afternoon and that a separate strategy session was being organised for Governors following which they would be able to disseminate information to members.
- 56/16            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 there was nothing heard during the meeting that altered the Trust's position with regard to the Board Assurance Framework.**
- 57/16            Date of Next Meeting
- The next Board Meeting in Public will take place on Wednesday 25th May 2016.

Board of Directors Meeting Held In Public  
Action List - 27th April 2016

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
43/16	27.4.16	<b>Patient Story DVD</b>	Write a letter of thanks to Dr Verma.	Chairman	11.5.16		The Chairman has spoken to Dr Verma and conveyed the Board's thanks to him and the team.	Complete	Green
			Check that the positive comments have been conveyed to the ambulance service.	Marie Thompson	11.5.16		The ambulance service is aware of the positive feedback and had been invited to participate in the patient story DVD but declined.	Complete	Green
47/16 (a)	27.4.16	<b>Assurance Report/Exception Report - Quality (Diabetic Foot Service)</b>	Provide a progress report at the next meeting.	Mark O'Donnell	25.5.16		A verbal report will be provided at the Board meeting on 25.5.16.	Complete	Green
47/16 (a)	27.4.16	<b>Assurance Report/Exception Report - Audit</b>	Include within Team Brief a message about raising awareness of the Trust's Counter Fraud Strategy.	Nicky Ingham	3.5.16	7.6.16	This message will be included in the Team Brief in June.	Incomplete But With Revised Date For Delivery	Amber
47/16 (a)	27.4.16	<b>Assurance Report/Exception Report - Strike Update</b>	Ensure that the Board's appreciation is conveyed to staff.	Pat Oliver	11.5.16		This item was actioned via the Team Brief when thanks were conveyed to all staff involved.	Complete	Green
47/16 (b)	27.4.16	<b>Quarterly Monitoring Return to Monitor</b>	Include in Appendix B an additional sentence about the reason for the "not confirmed" statement around targets and indicators.	Tim Bennett	30.4.16		This item has been actioned.	Complete	Green
			Submit the statement to Monitor, subject to the agreed amendment.	Judith Oates	30.4.16		This item has been actioned.	Complete	Green
47/16 (d)	27.4.16	<b>Annual Report &amp; Accounts and Quality Report</b>	Share the suggested sections of the Annual Report with the Readers Panel.	Wendy Swift	4.5.16		This item has been actioned.	Complete	Green
			Submit the final draft of the Annual Report & Accounts and Quality Report to the Board in May 2016.	Tim Bennett/ Wendy Swift	25.5.16		This item has been included on the draft agenda for the meeting on the 25.5.16.	Complete	Green
49/16	27.4.16	<b>Key Themes for Team Brief</b>	Include the agreed themes in the Team Brief.	Nicky Ingham	3.5.16		This item has been actioned with the exception of the Counter Fraud Strategy which will be included in the Team Brief in June 2016.	Complete	Green

Board of Directors Meeting Held In Public  
Action List - 27th April 2016

49/16	27.4.16	<b>Items for External Communication</b>	Consider "junior doctors strike" as an item for external communication.	Nicky Ingham	3.5.16		This item has been actioned	Complete	Green
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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
62/15 (d)	20.5.15	<b>Presentations - Healthier Workforce Project</b>	Arrange for a further update to be given to the Board in twelve months' time.	Judith Oates	May-16	Jul-16	This item has been deferred to a future meeting.	Incomplete But With Revised Date For Delivery	Amber
2016/8 (f)	27.1.16	<b>Well Led Review</b>	Write to Monitor within 60 days of the submission of the review to the Board.	Chairman	tbc		This item will be actioned within 60 days of the submission of the review to the Board. The scope of the review has been drafted, evidence provided and a timetable of interviews, Committee observations and external stakeholder discussions are being developed.	Not Yet Due	White
28/16 (a)	24.2.16	<b>Sustainability and Transformation Plan</b>	Liaise with the CCGs regarding a joint communication about the statement.	Wendy Swift	31.5.16		This issue will be addressed in May 2016 when the contract has been finalised.	Not Yet Due	White
31/16	24.2.16	<b>Items for External Communication</b>	Consider the three agreed items for external communication.	Nicky Ingham	9.3.16		An article was written about the royal visit to the NAES and an article about the Cystic Fibrosis development has been submitted to, and published by, the Gazette. The CCG joint statement will be actioned after all Boards have given their approval.	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  
Action Tracking Document

**Board of Directors Meeting**

**25th May 2016**

**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. Compliance Measures**

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

The 4 Hour A&E target was not achieved in April at 90.07%. A&E attendances are 3% higher in comparison to April 2015. Quality indicators, including time to initial assessment, time to treatment decision and total time in A & E are improving but not at the rate required to achieve the 91% minimum standard. Spikes in ambulance activity, alongside patients attending in short periods of time, have continued to contribute to the compromised performance across the standard. Delivery of the ambulance turnaround and time to triage remain consistently high. The Medical Director, Director of Nursing & Quality and Director of Operations continue to work closely with the A&E team in order to maintain patient safety and quality standards. The Division has been tasked with producing a comprehensive recovery plan by 1st June 2016 to be reviewed by the Executive Team.

The Sustainability A & E standard agreed with Commissioners for April is 91%. This was subject to a number of external factors being met, including a maximum 1.6% increase in A & E attendance. NHS Improvement has asked all Trusts for a revised submission of the sustainability access standards by 23rd May 2016. At the present time we are working closely with our local CCGs to consider the appropriateness of the current A & E trajectory given some of the pressures outwith the Trust's control.

**18 Week Open Pathways – Significant Assurance**

The Trust achieved the open pathway performance at 94.5 % (target 92%).

**Cancer Waiting Times – Limited Assurance**

The Trust achieved the 62 day urgent referral to treatment target standard in March at 89.86% (target 85%). The quarterly performance is currently being validated to take into account any agreed re-allocations between Trusts.

The 62 day screening target was achieved in March at 100% (target 90%). Overall there were 24.5 accountable treatments with 2.5 breaches throughout the quarter, as a result of which the quarterly target was not achieved.

The Trust achieved the 2 week Breast symptomatic target for March with the validated position reporting 98.1% (target 93%) meaning achievement for the month and quarter.

### **C Difficile / MRSA – Limited Assurance**

The year 2015/16 ended on 66 cases against a trajectory of 40 avoidable cases.

In total 43 cases (3 over trajectory) were deemed avoidable i.e. a lapse in care was identified which contributed towards the infection such as inappropriate antibiotic prescribing and 23 cases were deemed unavoidable as no lapse in care was identified.

To address this, the IP team and Practice Development staff in the Unscheduled Care Division have provided extra training to address any nursing or environmental issues that could have contributed towards the increased rate of CDI last year. Such issues include the management of patients with diarrhoea and decontamination of patient equipment.

The trajectory for 2016/17 is once again 40 avoidable cases. We had no cases in April and have had one case so far in May for which an RCA is underway.

There has been one case of MRSA attributed to the Trust and this was a contaminant to a blood culture bottle.

### **3. Other Quality Measures/Plans**

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

In April an overall fill rate of 87.6% was achieved against the Trust internal position of 90%. The need to continue to support medical escalation beds on the Victoria Hospital site is a contributory factor to the Registered Nurses day fill rate and also the number of vacancies to recruit to at Clifton Hospital is impacting on the overall fill rate of Registered Nurses and care staff across days and nights. Active recruitment continues and as a short term measure the Bench will be offering an enhanced rate for shifts at Clifton Hospital.

#### **Patient Experience/Friends and Family Test – Significant Assurance**

On 1st April the Trust changed to a new provider 'Optimum' for provision of the Friends and Family Test. Overall the Trust achieved a rating of 94.28% based on 3,426 responses. Inpatients achieved 92% (March National % = 96%), A & E 92% (National 84%), Maternity 98% (96%), OPD / Day Case 97% (National 93%) Community (ALTC) 99% and Paediatrics/ Family services 97% (Community Services national 95%).

#### **Regulation 28 Report (Preston Coroner) – for information**

The Trust received a Regulation 28 report following the Coroner's investigation and inquest hearing on 5th April 2016 into the death of a lady in August 2014 who was on the district nurse caseload and being cared for in a nursing home.

The key matters of concern detailed in the report were –

- 1) No appropriate care plan developed by the District Nursing Service.
- 2) The District Nursing Service is compromising patient care by not following NMC guidance or record keeping.
- 3) The District Nursing Service is compromising patient care by not following NICE guidance.

The Trust is undertaking an investigation which will be completed by 9th June 2016.

#### **4. Workforce**

##### **Overall Workforce Assurance – Limited Assurance**

The levels of recruitment activity and the collaborative work that is underway across the organisation is having the desired effect of reducing the gap between established and actual staffing levels which will impact in some areas on reducing agency usage. It is encouraging to see sickness absence reduce in month and be favourable compared to the same time last year. With the re-opening of the appraisal window, focus will be given to the quality of the appraisal completion as well as the percentage completion across the Trust this year. Targeted training is being offered on this by the Learning and Development Team.

##### **Staff in Post – Limited Assurance**

Recruitment activity continues to remain high for April and this will need to continue to meet our strategic ambition to reduce our vacancies. There are currently 494 posts under offer and 142 of these have a start date booked. Time to recruit has increased slightly to 9.5 weeks, however, the work carried out with the PMO to develop service level agreements with the Finance and HR Teams will help to reduce this and it is anticipated that this will improve in May.

There are further international nurse recruitment events planned and these will continue throughout the year. The plan to recruit in the Philippines is also nearing completion and will be presented to the Executive Team and, if approved, will reduce the need for further European recruitment events. The Dublin event proved popular and work continues to ensure this is followed up and the success properly evaluated. The TRAC recruitment system was used to capture all those interested on the day and then used to follow up and send suitable vacancies to prospective candidates. This will be replicated at the NMC recruitment event in Manchester in June.

##### **Agency Spend - Compliance with Monitor Agency Capping Levels**

Medical agency spend appears to have increased significantly in April from that reported in March and this is currently under investigation and is partly attributable to a combination of prior year adjustments combined with a review of accruals which was undertaken at the end of the previous financial year. Work is on-going to review agency medical usage going forward and also the fluctuations in usage by the relevant Finance Teams. However it is encouraging to see a reduction again in the Nursing Agency spend which is being reported as 2.2% of spend compared to 2.8% reported in March.

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

Sickness absence has reduced since March 2016 to 4.18% and is favourable when compared to the same month last year.

##### **Medical Appraisal Rates – Significant Assurance**

The medical appraisal rate is currently 90.47% at the end of April 2016 and remains above the 90% target set by NHS England North. This consists of 90% Consultant compliance and 92% all other medical colleagues' compliance. A noted reduction in the consultant percentage rate has meant a slight reduction overall in the Trust medical appraisal rate but remains within target.

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

Mandatory Training has increased in month by 1% to 85%. Low areas of compliance remain with practical elements (BLS and Manual Handling which are classroom based). Non-compliance is being addressed by learning and development, the subject matter experts and managers. Extra sessions are being provided where required. Other subjects will continue to be monitored closely.

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

Trust induction remains at 100%. Local Induction has increased by 2% and work continues with Managers to ensure continuous improvement in compliance.

## **HENW Postgraduate Monitoring Visit**

On 14th April 2016 the Trust underwent its bi-annual quality monitoring visit from Health Education North West (HENW). The purpose of the visit was to ensure compliance against the new quality standards on education and training published by the GMC in January 2016. While the visiting team identified some issues for remedial action, the feedback was generally very positive. Subsequent to the visit, the Medical Education Team has received a report on the issues raised around patient safety. An action plan and response is currently in progress and is due to be submitted to HENW by 27th May 2016. Going forward, HENW will share a full report on the outcome of the visit and a comprehensive action plan will be formulated and monitored accordingly through the Medical Education internal quality assurance programme.

### **5. Audit**

A verbal report will be provided to the Board following the Audit Committee meeting taking place immediately prior to the Board meeting.

### **6. Finance**

The Finance Committee met on 18th May 2016 and the Assurance Report is included in the Reference Folder.

#### **Income and Expenditure**

The Trust incurred a deficit of £1.3m in April which is £0.1m worse than the Annual Plan submitted to Monitor.

- Income was £0.1m better than planned in April with clinical income £0.1m better than planned.
  - Within clinical income, the main over-performing areas were non-electives at £0.3m, which was predominantly linked to cardiac and general medicine activity. The main under-performing income areas were excess bed days £0.1m and outpatient attendances £0.1m. The strike action in April had the greatest impact in outpatient activity. A small number of elective theatre lists were cancelled but the majority of patients were rebooked within existing theatre sessions with minimal impact on activity levels overall.
  - Other clinical income was £0.1m lower than plan with private patients income £0.1m lower than plan.
  - Non-clinical income is in line with plan in April.
- Pay expenditure is marginally worse than the plan in the month. Substantive pay is £0.2m better than plan in the month which is offset by agency pay expenditure which is £0.2m worse than plan in the month.
- Drug expenditure is £0.1m worse than the plan in April driven by higher than planned PbR excluded drugs (£0.1m).
- Clinical Supplies is £0.4m worse than the plan in April and driven by PbR excluded devices (£0.1m) and over-performance in Cardiac.
- Other non-pay expenditure is £0.3m better than the plan in April.

#### **Cash**

The cash balance at the end of April was £5.1m higher than the plan. The main components of the higher than plan cash balance are: -

- Planned settlement of NHS Property Services invoices deferred pending continued negotiation (£2.0m);
- Planned relaxation of supplier stretch deferred pending confirmation of commissioner receipts due 1st May (£1.5m);
- Increase in deferred income due to preferential payment terms from commissioners commencing in April but planned for May (£3.3m);
- Delay in the sale of Bispham Hospital planned in April (£1.5m).

## **CIP Performance**

The Trust has delivered £0.5m CIP in April which is £0.3m worse than the plan. The worse than planned delivery in month predominantly relates to lower than planned delivery against the Scheduled Care Division, Income / Data Quality Improvements, Medical Agency, Procurement, Unscheduled Care Division, Best Practice Tariff and Theatres Themes.

## **Financial Sustainability Risk Rating (FSRR)**

The Trust has delivered a FSRR of 2 which is in line with the Annual Plan submitted to Monitor.

## **Capital Expenditure**

Capital expenditure was £0.2m lower than plan in April and continues to be monitored by the Capital Strategy Committee.

## **Financial Assurance:-**

### **Financial Resilience**

**Limited Assurance** due to the financial position being behind plan and not yet having fully developed plans for the 2016-17 CIP target.

### **Financial Sustainability**

**Limited Assurance** based on the view that financial sustainability is dependent upon the successful implementation of the 5 year strategy.

## **7. Strategy / Risk / Legal / Corporate Assurance**

### **7.1 Trust Strategy**

The Trust has developed a strategy for the coming five years, describing a vision for the future of the Trust. The Trust's ambitions underpinning this vision are challenging, with aspirations to reach the highest levels of clinical quality, patient experience, operational performance, and staff satisfaction as well as delivering a healthy financial services risk rating.

Seven work programmes have been identified to ensure delivery of these ambitions, with some focused on changes that are predominantly within the gift of the Trust and others inextricably linked to partnership working across the local and regional health and social care economies. All work programmes have a Lead Executive Director, Non-Executive Director and Divisional Director. An assessment centre and interviews for clinical leads are scheduled for May/June 2016.

A revised governance structure will be implemented from 1st June 2016, which will see the establishment of a Transformation Executive Board that will be chaired by the Chief Executive and will monitor progress against the achievement of the strategic ambitions.

The development of revised performance reporting is underway, with a pie chart being used to show quarterly progress against the delivery plan for the strategic ambitions. The Trust has deliberately selected a Red/Green rating system (i.e. excluding Amber) which demonstrates very clearly whether progress is on track.

Communications and engagement activities associated with the Trust strategy are well underway, with the following actions completed:

- Consistent 'branding' and messaging associated with the strategy and work programmes. ***Together we can...*** will feature on all associated materials;
- A dedicated website, containing detailed information about the work programmes;
- A number of 'motion graphics' which are short films that are available on the website and can be used in various settings. These describe the vision, ambitions and strategic work programmes as well as setting out expectations regarding leadership behaviours and participation from the Trust's clinical and operational leaders;

- Various materials to support engagement across the Trust, including a 'strategy on a page', a 4-page booklet, and a z-card.
- Use of social media (Facebook and Twitter - #BTHtogether) to promote the strategy and associated activities.

To date, seven roadshows have been held across various sites (Blackpool Victoria Hospital, Lytham, Whitegate Drive, Lancaster and Fleetwood) with more than 180 staff attending from a wide range of roles and geographic bases. Two further sessions are planned (Blackpool Victoria Hospital and Lytham), with more than 50 staff booked to attend. Due to this demand, additional sessions are being scheduled for June and July.

There has been a good mix of clinical and non-clinical staff in attendance, although there have been notable exceptions from areas such as divisional / departmental management, medical staff, catering and porters. A detailed evaluation of staff groups attending is being undertaken by the Learning and Development Team.

Evaluation forms completed on the day of the roadshows have demonstrated very positive responses. Staff like the format of the roadshows as an opportunity for interactive group work and conversation, including opportunity to ask questions, and are keen to be kept informed of the changes that are proposed and be involved in designing the detail underpinning the projects.

## **7.2 Risk Management**

### **Board Assurance Framework (BAF) – for information**

The BAF was discussed at the Executive Directors Meeting on 4th April and reported to the Board on 27th April. A review is now being undertaken in light of the newly launched Trust Strategy to align it with compliance requirements from the Risk Assessment Framework for consultation with the Board and Board Committees to ensure the BAF is fit for purpose.

The BAF is included in the Reference Folder for information and discussion.

### **Corporate Risk Register (CRR) – for ratification**

Twelve risks were reviewed at the Executive Directors meeting on 25th April after being deferred from the meeting on 4th April.

Nine risks were added to the CRR:-

- Gastroenterology Equipment – agreed at a score of 20.
- Braun Infusion Pumps – agreed at a score of 20.
- Storz Intubating Scopes – agreed at a score of 15.
- Staffing Levels in Theatres – agreed at a score of 15.
- EP Waiting List Size – agreed at a score of 20.
- Catheter Laboratory Upgrade – agreed at a score of 20.
- Referrals into the Extensivist Service - agreed at a score of 15.
- Remodelling of Intermediate Care – agreed at a score of 20.
- CQUIN, RRT and Cancer Delivering in Scheduled Care – agreed at a score of 20.

Two risks were reviewed by the Divisions and scores reduced to below CRR level:-

- Delays in early review of diabetes patients (foot service) – reduced to a score of 12.
- ENT Equipment – reduced to a score of 5.

One risk was deferring again:-

- Medical Staffing in the Extensivist Service – Newly appointed GP – score should reduce.

The Corporate Risk Register is included in the Reference Folder for discussion and ratification.

## **Corporate Assurance**

### **Well-led Governance Review – for information**

The Well-led Governance Review is a separate item on the agenda. Representatives from MIAA and AQuA will be attending the Board meeting to report on the review process and will provide an overview of the background to the review, a summary of the approach, tools and methodology to be adopted by the Trust and details of the timeline and information requirements including milestones.

### **Draft Annual Report & Annual Accounts and Quality Report 2015/16 - for approval**

The Annual Report & Accounts and Quality Report 2015/16 is a separate item on the agenda. The final draft version of the document, which is to be presented to the Audit Committee on 25th May 2016, is included in the Reference Folder.

**Wendy Swift**  
**Chief Executive (Interim)**

## Board of Directors Meeting

25<sup>th</sup> May 2016

<b>Subject:</b>	Annual Report and Accounts/Quality Report 2015/16
<b>Report Prepared By:</b>	Matthew Burrow, Head of Corporate Assurance
<b>Date of Report:</b>	17 <sup>th</sup> May 2016
<b>Service Implications:</b>	The Annual Report and Accounts sets out the Trust's business activities over the last year 1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2016.
<b>Data Quality Implications:</b>	Data quality implications if the data is not an accurate reflection.
<b>Financial Implications:</b>	The Annual Report and Accounts details the Trust's business activities covering the period 1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2016.
<b>Legal Implications:</b>	The production of the Annual Report and Accounts is a requirement of National Health Service Act 2006, paragraphs 24, 25 and 26 of Schedule 7.
<b>Links to the Principles of The NHS Constitution</b>	Links to the Principles 1-7.
<b>Links to the Trust Way Core Values:</b>	Excellence – it is a requirement of the National Health Service Act 2006.
<b>Links to Key Organisational Objectives:</b>	The Annual Report and Accounts sets out how the Trust has met its objectives over the last year 1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2016.
<b>Links to Care Quality Commission Quality and Safety Standards:</b>	Links to all CQC outcomes
<b>In case of query, please contact:</b>	Matthew Burrow, 01253 955990, <a href="mailto:matthew.burrow@bfwh.nhs.uk">matthew.burrow@bfwh.nhs.uk</a>
<p><b><u>Purpose of Paper/Summary:</u></b></p> <p>To ratify the draft Annual Report and Accounts and Quality Report as required by the National Health Service Act 2006, paragraphs 24, 25 and 26 of Schedule 7. The statutory requirements for the content, preparation and submission required to satisfy Parliament are set out in Monitor's NHS Foundation Trust Annual Reporting Manual (NHS FT ARM).</p> <p><b><u>Key Issues:</u></b></p> <p>The draft Annual Report and Accounts and Quality Report have been developed to ensure that the Trust will meet Monitor's NHS Foundation Trust Annual Reporting Manual requirements.</p> <p>The draft Quality Report has been issued to local stakeholders and statements added by the Council of Governors, Blackpool Clinical Commissioning Group, Fylde and Wyre Clinical Commissioning Group, Blackpool Empowerment, Healthwatch Lancashire, Lancashire Health Overview and Scrutiny Committee and Blackpool Health Overview and Scrutiny Committee. Comments received have been reflected where appropriate within the accounts and final statement included verbatim within the draft Quality Report and any further comments received will be included prior to the report being printed.</p> <p>The external auditors, Pricewaterhouse Coopers have reviewed the draft Annual Report and Accounts and Quality Report and their comments have been included.</p> <p>The documents have been submitted to the Audit Committee for consideration and approval.</p> <p>A Summary Report has been developed for the Annual Report and Accounts.</p> <p><b><u>The Board is asked to:</u></b></p> <ul style="list-style-type: none"> <li>• Ratify the Annual Report and Accounts 2015/16 for submission to Parliament and Monitor.</li> <li>• Ratify the Quality Report 2015/16 for submission to Parliament and Monitor.</li> </ul>	

Risk Rating (Low/Medium/High): n/a BAF/CRR Number: n/a		Board Review Date: May 2017
<b>Report Status – the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please tick).</b>		
1 For Information <input type="checkbox"/>	2 For Discussion <input checked="" type="checkbox"/>	3 For Approval <input checked="" type="checkbox"/>
<b>Document Status – the Author must indicate the level of sensitivity of the document (please tick). This relates to the general release of information into the public arena.</b>		
1 Not sensitive: For immediate publication <input checked="" type="checkbox"/>	2 Sensitive in part: Consider redaction prior release <input type="checkbox"/>	3 Wholly sensitive: Consider applicable exemption <input type="checkbox"/>
Reason for level of sensitivity selected (exemptions attached):	The contents of the report are not sensitive.	

**Board of Directors Meeting  
25<sup>th</sup> May 2016**

<b>Subject:</b>	Information Commissioner's Office (ICO) Breach of Data Protection Act 1998 Update
<b>Report Prepared By:</b>	Alison Smith, Head of Workforce Transformation Steve Bloor, Chief Information Officer
<b>Date of Report:</b>	6 <sup>th</sup> May 2016
<b>Service Implications:</b>	None
<b>Data Quality Implications:</b>	Serious breach staff personal data
<b>Financial Implications:</b>	Financial penalty imposed by ICO of £185,000 under Section 55A of the Data Protection Act 1998
<b>Legal Implications:</b>	Data Protection Act 1998 – serious contravention of the 7 <sup>th</sup> data protection principle by the Trust
<b>Links to the Principles of The NHS Constitution:</b>	The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
<b>Links to the Trust Way Core Values:</b>	People Centred, Compassion, Excellence
<b>Links to Key Organisational Objectives:</b>	To support and develop a skilled and motivated and flexible workforce that is able to innovate in the development of our services
<b>Links to Care Quality Commission Quality and Safety Standards</b>	Outcome 13/ Regulation 22
<b>In case of query, please contact:</b>	Alison Smith, Head of Workforce Transformation, x7925 Steven Bloor, Chief Information Officer, x1123
<b><u>Purpose of Report/Summary:</u></b>	
<p>To provide an update to the Board of Directors in relation to the recent correspondence received from the Information Commissioner's Office regarding their decision to impose a financial penalty of £185,000 for the contravention of the seventh data protection principle by the Trust, by publishing information on the Trust's website which contained the ability to access personal, sensitive data relating to 6574 employees.</p>	
<b><u>Key Issues:</u></b>	
<p>The Information Commissioner's Office has issued a monetary penalty of £185,000 to the Trust for publishing data which gave access to sensitive personal staff data. The extensive internal investigation found system failure and that no individual member of staff had acted recklessly or with intent. Therefore it was deemed that disciplinary action was not appropriate. Remedial action has been taken by the Trust to ensure this never happens again.</p>	
<b><u>The Board is asked to:</u></b>	
<p>Note the contents of the report and be assured around the remedial action taken to ensure this never happens again including the request for an independent audit to provide additional assurance.</p>	

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

**Board of Directors Meeting  
25<sup>th</sup> May 2016**

**Information Commissioner's Office Update**

**1. PURPOSE**

To provide an update to the Board of Directors in relation to the recent correspondence received from the Information Commissioner's Office regarding their decision to issue a financial penalty of £185,000 to the Trust for the contravention of the seventh data protection principle for publishing information on the Trust's website which contained the ability to access personal, sensitive data relating to 6574 employees.

**2. BACKGROUND**

Further to the update given to the Board at the Strategy Assurance Committee meeting in March 2016 regarding the information breach case reported to the ICO, the Information Commissioner's Office has recently issued a monetary penalty notice to the Trust of £185,000 because of a serious contravention of the seventh data protection principle by the Trust.

In summary, the following particulars were highlighted; that the Trust had no procedure for governing requests for information from the workforce information system to control its use and further dissemination, the Trust did not provide the team with any adequate training on the functionality of Excel spreadsheets or possible alternatives, there was no guidance for the web services team to check the spreadsheets for hidden data before they were uploaded to the website and the length of time that the contravention lasted before being discovered (i.e. 11 months).

The Commissioner has considered whether the contravention was deliberate. In the Commissioner's view, this means that the Trust's actions which constituted those contraventions were deliberate actions even if the Trust did not actually intend thereby to contravene the Data Protection Act. The Commissioner considers that in this case the Trust did not deliberately contravene the DPA in that sense. He considers that the inadequacies outlined in the report were matters of serious oversight rather than deliberate intent to ignore or bypass the provisions of the DPA. However, the Commissioner states that the Trust ought reasonably to have known that there was a risk that this contravention would occur.

An extensive investigation led by an Executive Director resulted from the Serious Untoward Incident (SUI) raised. Recommendations highlighted in the action plan were implemented swiftly to safeguard our staff and the organisation from any future re-occurrence. As soon as the data disclosure was identified on the website, it was immediately removed. A letter of apology from the Chief Executive was sent to all staff (past and present) affected and a telephone helpdesk was set up to handle staff enquiries about the data breach and to offer support. We also sent a further communication to 240 staff who requested a copy of the specific details published about them and offered all staff the opportunity to register with the Credit Industry Fraud Avoidance System (CIFAS) as support.

The conclusion of the investigation was that there had been systemic failure. There was a lack of formal process and procedures in place to handle requests for data and a lack of challenge in questioning the purpose and intended use of information requests which was historical and, to some extent, status/grade driven. Furthermore, there was no procedure in place around the quality assurance and publication of such data.

Training records were checked and all individuals involved were up to date with their Information Governance mandatory training at the time the incident occurred. It was found that no individual member of staff had acted recklessly or with intent and therefore it was deemed that disciplinary action was not appropriate.

**3. CURRENT POSITION**

All actions highlighted from the investigations have been fully implemented.

On receipt of the initial report from the ICO received on 29<sup>th</sup> February 2016, the Trust made representation to the ICO to see if there was any negotiation or mitigation that would be considered in respect of the proposed penalty. Since the monetary penalty has not been reduced in the final notice dated 28<sup>th</sup> April 2016, the Trust intends to exercise the 20% reduction offered by the ICO if full payment is received by 31<sup>st</sup> May 2016 which will reduce it to £148,000.

The Trust also intends to write to the ICO to raise concerns about the tone and content of the ICO Press Release in relation to this matter.

#### **4. FUTURE ASSURANCE**

There have been a number of actions taken as a result to ensure that this never happens again. Policies and procedures around the dissemination and publication of any staff information have been overhauled in all teams involved in the breach. No data is released by the teams involved without a written request to understand the purpose for the request and its intended use. We have also reviewed all electronic access to staff data and a clear audit trail is maintained for those granted access. All files containing any sensitive data are password protected or stored in areas where system access can be limited on a 'need to know' basis only. All staff in those teams have received updated training around the protection and governance of information and include the following reminder message on all email responses "\*\*\*Please be aware that any data supplied is confidential and as such should be used appropriately in accordance with the Data Protection Act.\*\*"

In addition new procedures have been introduced to ensure that only 'flat' files such as PDF are published to the Trust's external website to ensure there is no hidden information. The Trust's external website has also been meticulously examined to ensure there are no other files that could contain any hidden information.

We have requested that an independent internal audit will be completed to provide further assurance that the actions put into place following this incident provide the necessary safeguards to prevent this type of incident occurring again.

#### **5. CONCLUSION**

The Trust apologises unreservedly to all staff affected by the data breach and we would like to offer assurance that the remedial action that has been taken will ensure that it will never happen again. The Commissioner's underlying objective in imposing a monetary penalty notice is to promote compliance with the DPA. The money is not kept by the Commissioner but will be paid into the Consolidated Fund which is the Government's general bank account at the Bank of England.

We do have the right to appeal against the monetary penalty within 28 days of the notice served however, the Commissioner states that the early payment discount of 20% reduction is not available if we decide to exercise our right of appeal. Given the mitigation lodged after the initial report, the decision has been taken to take the option of the reduced penalty.

**Tim Bennett**  
**Deputy Chief Executive**

**Board of Directors Meeting**

**25<sup>th</sup> May 2016**

<b>Subject:</b>	Chief Executive's Update	
<b>Report Prepared By:</b>	Wendy Swift	
<b>Date of Report:</b>	20 <sup>th</sup> May 2016	
<b>Service Implications:</b>	For the Board to be updated on current matters.	
<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 Trust Way Core Values:</b>	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust 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>	Wendy Swift, Chief Executive (Interim) (Ext 6853)	
<b><u>Purpose of Report/Summary</u></b> To provide the Board of Directors with an update on current matters.		
<b><u>Key Issues:</u></b> None to highlight specifically.		
<b><u>The Board is asked to:</u></b> Review and note the contents of the report.		
<b>Risk Rating (Low/Medium/High):</b> Low <b>BAF/CRR Number:</b> N/A		<b>Board Review Date:</b> June 2016
<b>Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).</b>		
<b>1</b> <input type="checkbox"/> <b>For Information</b>	<b>2</b> <input checked="" type="checkbox"/> <b>For Discussion</b>	<b>3</b> <input type="checkbox"/> <b>For Approval</b>
<b>Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.</b>		

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

## **Board of Directors Meeting**

**25<sup>th</sup> May 2016**

### **Chief Executive's Update**

#### **Thursday 21<sup>st</sup> April – NHS Providers North West Meeting**

I joined the Chairman at this meeting where Chris Hopson, Chief Executive at NHS Providers spoke about funding, performance, workforce and transformation.

#### **Thursday 21<sup>st</sup> April – Service of Celebration**

I represented the Trust at the Service of Celebration organised by Trinity Hospice which was held at St John's Church in Blackpool. The service had been organised to celebrate 30 years of Trinity's service to the community.

#### **Thursday 22<sup>nd</sup> April and Friday 29<sup>th</sup> April – Strategic Roadshows**

There are a number of Strategic Roadshows going on over the next few weeks. I joined colleagues at two of these. These were well attended and there was good discussion around the Trust's Strategy. There has been very positive feedback about all the events so far and we are looking to arrange further ones.

#### **Monday 25<sup>th</sup> April – National Artificial Eye Service (NAES)**

I was invited to visit the NAES to meet with Helen Lever and colleagues and undertake a tour of the facilities and look at the invaluable service it provides to patients. This is the centenary year for the service and Open Days will be held on the 8<sup>th</sup> June and the 29<sup>th</sup> June.

#### **Wednesday 26<sup>th</sup> and Thursday 27<sup>th</sup> April – Strike**

The junior doctors held further strikes on these days. Thanks go to everyone for all their hard work and effort during this time.

#### **Wednesday 4<sup>th</sup> May – Strategic Programme Board (Programme Definitions, Visions and Objectives Setting Meeting)**

I attended this meeting with colleagues from the Trust and CCGs to discuss the establishment of the Fylde Coast Strategic Programme Board.

#### **Thursday 5<sup>th</sup> May – Better Care Together Leaders with Good Governance Institute**

I joined other Better Care Together Leaders at this meeting in Lancaster to discuss the Better Care Together Governance arrangements for Morecambe Bay.

#### **Friday 6<sup>th</sup> May – Nurses Day**

I attended the Nurses Day afternoon session to present certificates and the prize for best poster. I would like to thank Tracy Burrell and all the team who were involved in putting together this event which was hugely successful and recognises the efforts of nursing colleagues across the Trust and the wider NHS.

**Wendy Swift**  
**Chief Executive (Interim)**

**Board of Directors Meeting**

**25th May 2016**

**Chairman's Update**

**Trust Activities**

- On the 28<sup>th</sup> April I joined Andrea Whitfield and Consultant colleagues at the Consultant Leadership Programme.
- I chaired an Appointment Advisory Committee on the 4th May for a Consultant Cardiologist position and appointed Dr Billal Patel to this position. The start date is to be confirmed.
- As part of my informal visits to departments within the organisation I visited the IT department on the 28<sup>th</sup> April. I learned about the arrangements for the forthcoming Health Information Strategy Open Day "Providing Information at Point of Care" on the 27<sup>th</sup> May. This proved to be a successful event last year and I would recommend Board members to visit the Education Centre between 10-4 on this day to learn firsthand about the technology and equipment used across the organisation.
- It was Dying Matters week 9-13<sup>th</sup> May and members of the hospital palliative care team manned a stall in the mezzanine throughout the week. I visited the stall on the 10<sup>th</sup> May and met with members of the team to learn more about this valuable service. The focus of the information was on advance care planning but staff were also available to offer advice and support on other matters relevant to end of life care.
- It was Dementia Awareness Week 16-20<sup>th</sup> May. The event was opened by Doug Garrett and Mark O'Donnell on the 13<sup>th</sup> May and a number of events were arranged, some of which included a raffle, a memory walk, a tour of the Dementia corridor and a ward vintage tea party.

**Governors and Membership Activities**

- In addition to the three seminars that have taken place in relation to the forthcoming Governor elections, I have met with several potential candidates for the Public Governor vacancies.
- I chaired the Council of Governors Meeting on 27th April and the main areas of discussion were around the Governors Visiting Programme, the Introduction of a "Select Committee" (with the first session focusing on quality) and the Trust Strategy Launch.
- The Chief Executive (Interim) and I will be having our next quarterly meetings with Governors from individual constituencies at the end of May/June. Dates have been confirmed as follows:-
  - Staff Governors – Thursday 26th May at 9.00 am.
  - Appointed Governors – Thursday 26th May at 12.30 pm.
  - Blackpool Governors – Tuesday 31st May at 9.30 am.
  - Fylde Governors – Tuesday 14th June at 10.00 am.
  - Wyre Governors – Tuesday 14th June at 1.00 pm.

The Governor from the Lancashire & South Cumbria Constituency and the Governor from the North of England Constituency will be attending one of the above meetings.

The main purpose of the meetings is to receive feedback from Governors and for the Governors to receive an update on developments.

### **External Activities**

- I Chaired the NHS Providers North West Chairs meeting on the 21<sup>st</sup> April.
- I attended the McKinsey-HSJ Summit “New Care Models – Making them a Reality” on the 3<sup>rd</sup> May in London. This was a solutions-focused agenda around what is proving difficult about making new models of care a reality and how to improve quality and reduce costs.
- On the 6<sup>th</sup> May I attended the North West Chairs’ Networking Event in Leeds. The purpose of the day was to provide a regional update and Q&A session from the Regional Director Lyn Simpson as well as an introduction to NHS Improvement by new Chair Ed Smith.

### **Future Meetings**

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

- Roadshow Event – 31<sup>st</sup> May 2016
- NHS Providers Network for Chairs & Chief Executives – 9<sup>th</sup> June 2016
- PWC Network Event – Thursday 16<sup>th</sup> June 2016

### **Non-Executive Director Activities**

During the past month, the Non-Executive Directors have been involved in the following events/meetings:-

- Appeal Hearings
- Individual Meetings with Executive Directors/Senior Managers/Clinicians
- Board Committee Meetings
- Committee Meetings
- CCG Governing Body Meetings
- Patient Safety Walkabouts
- Strategic Roadshows
- Council of Governors Meeting
- Care and Compassion Day
- Dying Matters Week
- Dementia Awareness Week
- Catering Department Visit

**Ian Johnson**  
**Chairman**

Board of Directors Meeting

25th May 2016

Confirmation of Chairman's Action

The Directors are requested to confirm the action taken by the Chairman on behalf of the Board of Directors as follows:-

<u>Number</u>	<u>Date</u>	<u>Project Details</u>
1	26.4.16	Lancashire and South Cumbria Case for Change – Healthier Lancashire

Judith Oates  
Foundation Trust Secretary

**BLACKPOOL TEACHING HOSPITALS  
NHS FOUNDATION TRUST**

**REGISTER OF INTERESTS**

**1ST APRIL 2016 – 31ST MARCH 2017**

**NAME –**

**POSITION –**

<b>INTEREST</b>	<b>SIGNATURE</b>	<b>DATE</b>

**Attendance Monitoring Form**

**Board of Directors Meeting  
 April 2016 – March 2017**

Attendees	27.4.16	25.5.16	27.7.16	26.10.16	30.11.16	25.1.17
Ian Johnson (Chairman)	G					
Karen Crowshaw	G					
Doug Garrett	G					
Alan Roff	G					
Jim Edney	G					
Michele Ibbs	G					
Malcolm McIlmurray	G					
Michael Hearty	G					
Wendy Swift	G					
Tim Bennett	G					
Professor Mark O'Donnell	G					
Marie Thompson	G					
Pat Oliver	G					
Nicky Ingham	G					

Attendance



Apologies



Deputy



No Apologies/Deputy

