

Chairman's Office
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22nd November 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 30th November 2016 at 9.30 am in the Board Room, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

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

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

A G E N D A

Agenda Item Number	Agenda Item	Time
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	9.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.33 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.34 am

4	Employee Story DVD – Mrs Ingham to report. Mr Andrew Duncan (Consultant Cardiothoracic Surgeon) and Mr Paul Cunday (Chief Management Accountant) to attend for this item.	9.35 am
5	Healthier Workforce Project Presentation – Hannah Corless (Healthier Workforce Project Manager) to attend for this item.	9.55 am
6	Minutes of the Previous Board of Directors' Meeting held in Public on 26th October 2016 – Mr Johnson to report. (Enclosed).	10.05 am
7	<u>Matters Arising:-</u> a) Action List from the Previous Board of Directors' Meeting held in Public on 26th October 2016 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	10.10 am
8	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	10.15 am
9	<u>Executive Reports:-</u> a) Strategic Performance Reporting/Strategic Ambitions – Executive Directors/ Committee Chairs to give a presentation. b) Sustainability and Transformation Plan – Mrs Swift/Mr Bennett to report. (Verbal Report). c) Board Assurance Framework. (Enclosed). d) Chief Executive's Report – Mrs Swift to report. (Enclosed). <u>Items for Approval:-</u> • Corporate Documents – Standing Financial Instructions/ Reservation of Powers/Scheme of Delegation.	10.20 am
10	<u>Chairman's Report:-</u> a) Chairman's Update. (Enclosed). b) Confirmation of Chairman's Action. (Enclosed). c) Feedback from Fylde & Wyre CCG Meeting: 22nd November 2016 – Mr Cullinan to report. (Verbal Report).	11.00 am
11	Key Themes for Team Briefing – Mr Johnson to report. (Verbal Report).	11.10 am
12	Items for External Communication – Mr Johnson to report. (Verbal Report).	11.15 am
13	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	11.20 am
14	Attendance Monitoring – Mr Johnson to report. (Enclosed).	11.25 am
15	Any other Business – Mr Johnson to report. (Verbal Report).	11.26 pm
16	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	11.27 am

17	Questions from the Public – Mr Johnson to report. (Verbal Report).	11.28 am
18	Date of Next Meeting – Mr Johnson to report.	11.38 am
		Total Duration: 2 hours, 9 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 26th October 2016 at 10.00 am
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mrs Karen Crowshaw
Mr Mark Cullinan
Mr Doug Garrett
Mr Michael Hearty
Dr Malcolm McIlmurray
Mr Alan Roff

Executive Directors

Mrs Wendy Swift – Chief Executive (Interim)
Mr Tim Bennett – Deputy Chief Executive/Director of Finance & Performance
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) – 9

Members of Public (observers) – 4

Members of Staff (observers) – 3

95/16 Chairman's Welcome and Introductions

The Chairman welcomed to the meeting the Governors, in particular the newly elected Governors, and also members of the public and members of staff.

The Chairman outlined the house-keeping rules relating to fire alarms, fire exits and mobile phones and he asked Board members to speak loudly and clearly in order that the observers could hear the proceedings.

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 towards the end of the meeting.

96/16 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.

97/16 Apologies for Absence

There were no apologies for absence.

98/16 Patient Story DVD

The Chairman explained that one of the first items on the Board agendas was usually a patient story where a DVD was shown of a patient's or relative's experience at the Trust.

Professor O'Donnell reported that this month's DVD related to two patients who required intravenous therapy and had been treated in the community, one of whom had a condition which, without the provision of community services and the facility to be able to be treated at home, would have resulted in him being in hospital for treatment for up to 12 weeks.

After the DVD had been played Professor O'Donnell reported that the intention had always been to move towards a nurse led service and that progress was being made in increasing the links between the intravenous therapy service and the ambulatory care service. Professor O'Donnell commented that these patient experiences demonstrated the four values of the Trust; Compassion, Excellence, People-Centred, and Positive.

RESOLVED: That the Chairman would write a thank you letter to the relevant team on behalf of the Board.

Mr Garrett commented that he and Mr Bennett had visited South Shore Primary Care Centre as part of the programme of Patient Safety Walkabouts and a similar message to the feedback in the DVD had been reflected from the patients and there had been a good feeling about the place.

Action Taken Following The Meeting

This item has been actioned.

99/16 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 27th July 2016 be approved and signed by the Chairman, subject to the following amendment:-

Page 9, Feedback from Fylde & Wyre CCG Meeting, first word to be amended from "Mrs" to "Mr".

Action Taken Following The Meeting

This item has been actioned.

100/16 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 27th July 2016

The Chairman reported that 9 actions had been completed and 1 action was in progress and not yet due for completion.

Dr McIlmurray referred to the action relating to the previously raised oncology issues and queried whether this item had been addressed by the Quality Committee. The Chairman confirmed that this issue had been discussed at the Quality Committee meeting the previous week and Mr Roff explained that it had been addressed as part of the discussion about the cancer peer review. Dr McIlmurray asked for this item to remain in the system in order to ensure that it was properly addressed because the Board needed to be assured about this issue. Mr Roff confirmed that the minutes of the Quality Committee meeting would indicate that there was reference to Professor O'Donnell and Mrs Swift reviewing the delivery of oncology services between the Trust and Preston and involving the CCGs.

RESOLVED: That an update report would be provided to the Board in November 2016.

Professor O'Donnell advised the Board that work was currently on-going across Lancashire to review the provision of cancer services in the broader sense and that he had asked, and his request had been accepted, that oncology services be included in these discussions.

Action Taken Following The Meeting

This item is being addressed as part of the Lancashire-wide acute strategic review.

b) Action Tracking Document

The Chairman reported that there were 2 actions on the tracking document and an update was provided as follows:-

- Healthier Workforce Project – this item had been deferred to the Board meeting in November 2016.
- Well Led Review – this item was included on the agenda and would be actioned following the Board meeting.

101/16 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.

102/16 Executive Reports:-

- a) Strategic Performance Reporting/Strategic Ambitions
- b) Strategic Work Programmes

The Chief Executive gave a detailed presentation with input from the Executive Directors and Board Committee Chairs as follows:-

Compliance Measures

- The Trust was on target to achieve the compliance measures with the exception of A & E.
- The data for two of the cancer targets had yet to be validated.

Sustainability & Transformation Fund Metrics

- A new way of presenting data and reporting performance had been introduced.
- The Trust was required to achieve the national performance standards in order to receive the £10m sustainability and transformation funding.
- The Trust was not achieving the A & E 4 hour standard trajectory and Mrs Oliver explained the work on-going to reduce the number of breaches.

Mrs Crowshaw referred to the recently circulated Staff Bulletin: Together we can...deliver excellence (week 8) and commented that it was a great example of being connected on issues relating to A & E.

- Work was continuing at specialty level to reduce the number of patients waiting in excess of 18 weeks.
- The main issue relating to the cancer 62 day wait was the number of patients choosing to wait more than 2 weeks which would affect the 8 week standard, however, it was anticipated that the Quarter 2 target would be achieved.
- The target for diagnostic waits was currently being achieved.
- There were concerns around agency spend and therefore an extraordinary meeting of the Strategic Workforce Committee had been arranged for 23rd November and feedback would be given to the Board at the meeting on 30th November.

RESOLVED: That Mr Cullinan and Mrs Ingham would provide feedback from the Strategic Workforce Committee to the Board in November 2016.

In summary, Mrs Swift stated that there were some challenges relating to the STP fund. With regard to the year to date performance, Mr Bennett stated that, essentially, the Trust had achieved all the half year targets other than A & E performance. Mr Bennett further stated that there may be an opportunity to discuss with NHS Improvement a change to the trajectory and the Chairman asked that the Board be kept updated.

RESOLVED: That Mr Bennett would update the Board in respect of the appeal regarding the A & E trajectory.

Action Taken Following The Meeting

The Strategic Workforce Committee Assurance Report will be submitted to the Board meeting on 30th November 2016.

An appeal will be submitted on 25th November 2016 in line with the deadline from NHS Improvement. It is not known when a decision will be made.

Strategic Ambitions

It was noted that the strategic ambitions were being delivered through the strategic work programmes as follows:-

Quality – SHMI

Professor O'Donnell explained SHMI to the observers and reported to the Board that, following internal modelling, the SHMI had reduced from 115 to 111 which would bring the Trust to the expected SHMI for the size of the organisation and he was confident that a SHMI of 111 would be reported in the next national data release.

Quality – Friends & Family Test

Mrs Thompson reported that performance had improved and she highlighted the key areas of focus and the key areas of risk.

Operations – Length of Stay

Mrs Oliver reported that non-elective length of stay was longer than planned, however, improvements were being made and she highlighted the key areas of focus and the key areas of risk.

Mrs Oliver further reported that elective length of stay was longer than planned and that no significant improvements had been made during 2016/17 and she highlighted the challenges. It was noted that the average length of stay in surgery was 2 days and that medical patients being in surgical beds did have an impact on the surgical pathways.

Mr Roff referred to the red lines on the graphs for length of stay and commented that the trend was not apparent and he suggested reviewing the data over a longer period of time.

RESOLVED: That the graphs would be amended for future reporting.

Action Taken Following The Meeting

The graphs will be amended for future quarterly reporting.

Operations – Readmissions

Mrs Oliver reported that a focused piece of work had been undertaken in respect of readmissions and confirmed that the figures were broadly in line with the plan. Professor O'Donnell stated that readmissions had been discussed at the Finance Committee meeting.

Workforce – Vacancy Rate

Mrs Ingham referred to the vacancy rate and the deterioration in performance. It was noted that the non-clinical rate had increased and that this could be explained by the current non-clinical vacancy freeze which was currently in place.

Workforce – Staff Satisfaction

The staff satisfaction rates were lower than the planned target, however, there had been some improvement during Quarter 2 and work was continuing in respect of engagement with staff. Mrs Ingham stated that the staff satisfaction figure for September 2016 should be 60% not 58%.

Finance – FSRR

Mr Bennett reported that the Trust was achieving the FSRR at present. It was noted that the measure was to be changed nationally to a different metric and therefore would be reported differently in future.

Quality Committee

Mr Roff highlighted three areas of concern as follows:-

Stroke Service

Mr Roff reported that this item had been considered by the Quality Committee at its meeting in July when a statement of no assurance had been given and he expressed concern that no assurance had been given by the Quality Committee at the October meeting; it being noted that this was the only area during the past two to three years where no assurance had been given.

Mr Roff reminded Board members about the background to the Stroke Service; it being noted that it had been the subject of a review by the CCGs resulting in a number of areas where the Trust was required to improve the level of service, a business plan had been produced to implement improvements and other options had been considered but had not been fruitful.

Mr Roff stated that the position of the Quality Committee was that more action needed to be taken in order to be able to provide an appropriate level of service to our patients and that this issue would be escalated to the Board for discussion. The Chairman emphasised that a clear need for action had been identified. Mrs Swift reported that this issue had been discussed by Executive Directors and funding had been identified for two therapy posts and that the financial plan for 2017/18 would identify Stroke Services as the top priority. It was acknowledged that joined up discussion would be needed by the Finance Committee and the Board in November and December about the funding for this investment.

Dr McIlmurray asked about the acute frailty service being developed in Care of the Elderly and asked whether there was any concern that this worthwhile service would have an impact on the Stroke Service. Mrs Oliver stated that this would be challenging because this service was already very busy.

Mrs Crowshaw reported that the Finance Committee had discussed the financial plan for 2017/18 and she had requested a detailed plan for investment and priority services. Mr Roff stated that all Board members were in agreement that action needed to be taken and Mrs Crowshaw stated that the plans would be reviewed and signed off in November.

Mr Roff stated that, in view of the concerns expressed, it may be that the quality of service to be provided was so important that it took precedence over the financial issues and he emphasised that the Board could not accept a statement of no assurance from the Quality Committee and needed to act immediately.

Mr Cullinan stated that he was interested in understanding the lower priorities where it might be possible to take mitigating action.

Mr Hearty asked how critical the quality of service was at present from the Trust's perspective.

The Chairman stated that he had not heard any comments during the meeting which disagreed with the view of the Quality Committee.

Mrs Thompson recognised the difficult position and reminded the Board that the stroke issues were as a result of the Keogh review and that regular updates had been given to the CQC regarding the Trust's improvement plan for Stroke Services. With regard to the wider business case, it was noted that the focus had been around therapy support and that in-roads had been made into the first two posts. The Chairman stated that immediate action needed to be taken in order to avoid a further statement of no assurance from the Quality Committee to the Board.

Mrs Swift stated that the staffing costs at varying levels had been quantified and posts had been advertised and that the investment list would be finalised before the interviews and therefore additional staff could be recruited if there were more than two good applicants. Mrs Swift emphasised the need to follow due process and confirmed that other priorities would be reported to the Board.

Mr Bennett advised that the priorities for 2016/17 were unlikely to have any material impact in the current financial year and emphasised the need to be clear about the top priorities and the financial implications and how to make investments; it being noted that the over-riding factor was that there would be no additional resources and therefore there will be less resources for other services if investments were made in the Stroke Service.

RESOLVED: That Mrs Swift would submit a list of priorities for consideration by the Board together with proposals for services to be withdrawn.

That an update regarding recruitment to the Stroke Service would be given to the Finance Committee and the Board in November.

Action Taken Following The Meeting

Work is currently underway in respect of the list of priorities and a verbal update will be given at the Board meeting on 30th November 2016 and a detailed report will be provided in January 2017.

The additional AHP posts have been advertised and a verbal update will be given at the Board meeting on 30th November 2016.

Safe Staffing

Mr Roff reported that investment was needed in two areas and drew the Board's attention to the risks around safe staffing.

Diabetic Foot Service

Mr Roff advised the Board that an "invest to save" plan was required.

It was noted that negotiations were on-going amongst various organisations and Mr Roff emphasised the need to invest in this service and asked the Board, on behalf of the Quality Committee, to consider ways of expediting the "invest to save" plan and suggested that the service could perhaps be funded by the Trust's charity.

Dr McIlmurray stated that Fylde & Wyre CCG had invested in establishing the service in a pilot neighbourhood. Professor O'Donnell stated that the pilot was for the provision of intermediate foot care and was not exclusively for diabetic patients.

RESOLVED: That Professor O'Donnell would obtain clarity on this issue and submit a proposal/business case to the Quality Committee and the Board.

At this juncture, Dr McIlmurray referred to patient pathways and emphasised the need to focus on AKI and Sepsis.

The Chairman stated that there had been some difficult issues to discuss regarding quality but that there were also some positive issues. Mr Roff referred to the improvement in SHMI and the Dementia Strategy as positive issues from the Quality Committee.

Action Taken Following The Meeting

Work is on-going on the service specification to provide the required information for the CCGs.

Strategic Workforce Committee

Mr Cullinan reported that, overall, there was limited assurance for workforce and he highlighted the following issues:-

- Agency Spend – an extraordinary meeting of the Strategic Workforce Committee had been arranged to agree the self-certification that the Trust was required to submit to NHS Improvement.
- Junior Doctors Contract – a Guardian of Safe Working had been appointed and the Committee received a presentation with an explanation of the role and the reporting requirements.

- Nurse Associate Role – the bid submitted by the Trust in partnership with other Trusts across Lancashire had not been approved in phase one but was likely to be approved as a second phase pilot.
- Retention Report – assurance had been given regarding systems and trends.
- Annual Workforce Plan – the Committee had received details of the Annual Workforce Plan submission and discussed future workforce requirements.
- Medical Revalidation Annual Audit – the report had been included in the Reference Folder and required approval by the Board.

RESOLVED: That the Medical Revalidation Annual Audit Report be approved.

Finance Committee

Mr Bennett outlined the key issues discussed at the Finance Committee meeting held on 24th October as follows:-

- The year to date deficit/forecast and the plans in place to address the actions.
- The cash position and the agreement to increase equity limits to improve the liquidity position.
- The agency spend and the actions being taken which were also being addressed by the Strategic Workforce Committee.
- The report relating to the amount of cash and working capital in the organisation based on guidance from Monitor following their review of the Trust's cash management policy, with recommendations about how the day to day management of cash could be improved.

Mrs Crowshaw referred to the challenges reported by Mr Bennett and provided further feedback as follows:-

- The CIP was behind plan and the monthly amount for the next six months would increase by 66% which was a significant challenge.
- The CIP was being managed very closely and additional schemes were being included to counteract the schemes that were not being delivered.
- Other challenges included day to day financial management, changes to the rules, i.e. the realignment to new ways of working, plans for next year and the communication around this, and the balance between quality and finance.

Mr Garrett referred to the additional pressures in respect of the CIP and asked about the position in terms of the PMO, i.e. was it fully resourced and could it drive the cost savings. Mr Bennett advised that a new Head of PMO had been appointed but that there were a number of posts that were vacant or would become vacant. In response to a further question from Mr Garrett, the Deputy Chief Executive/Director of Finance confirmed that he was confident that the PMO could continue to apply the pressure in terms of achieving the CIP.

At this juncture, Mrs Crowshaw commented on the positive achievements to be recognised by the Board, for example, the reduction in readmissions previously reported on by Mrs Oliver and also the fact that, in some cases, more savings had been achieved than had been expected and some savings had been achieved earlier than expected; it being noted that a thank you message would be sent to those members of staff.

The Chairman commented on the significant challenges in very difficult circumstances.

Mrs Crowshaw asked about the arrangements for reporting levels of assurance to the Board following the recommendation from the Well-Led Review for EDs to present the summary and for the Committee Chairs to add comments and provide assurance as appropriate to the Board. It was noted that this issue had been discussed at the Committee Chairs meeting the previous week.

Audit Committee

Mr Hearty provided feedback from the Audit Committee meeting held on 6th September 2016 as follows:-

- The Corporate Risk Register had been reviewed and it had been agreed to undertake a “deep dive” on specific risks at future meetings.
- A progress report on the new Board Assurance Framework had been considered and the importance of the BAF to drive the Board agenda had been highlighted.
- The report from the Well Led Governance Review had been considered; it being noted that an extensive action plan would not be produced but that the Audit Committee should recognise its role in monitoring the progress of the recommendations.
- Internal Audit had provided progress reports.
- Presentations had been given in respect of Value for Money in Elective Care and Medical Devices.

Summary

Mrs Swift provided a summary highlighting the areas of concern and the areas of improvement as follows:-

Areas of Concern

- Agency Spend
- A & E 4 Hour Standard
- Length of Stay
- Never Events
- Stroke Services
- Financial Position

Areas of Improvement

- RTT Open Pathways
- Cancer 62 Day waits
- SHMI
- Friends & Family Test

c) Chief Executive's Report

Mrs Swift drew attention to the items for approval as follows:-

Medical Appraisal and Revalidation – Statement of Compliance

The Board was requested to approve that the Trust, as a Designated Body, was compliant with the Responsible Officer Regulations.

Mr Garrett referred to the training for appraisers which appeared to be optional and queried whether this was acceptable. Professor O'Donnell advised that there was no recognised training programme for appraisers within NHS England but that Dr Gulati would be introducing some quality control for appraisers via a system of peer reviews with neighbouring Trusts. Professor O'Donnell further advised that consideration was being given to reducing the number of appraisers resulting in a greater number of appraisees per head but rather than adding this responsibility to their existing duties it would be included as part of their existing plan.

Trust Constitution

The Board was requested to approve four specific amendments to the Trust Constitution, which had already been approved by the Council of Governors, and also to approve the inclusion of information from the Annexes within the body of the main document.

Risk Management Policy

The Board was requested to approve the amendments to the Risk Management Policy which had been reviewed to take account of the disbandment of the Risk Committee.

RESOLVED: That the following documents be approved:-

- **Medical Appraisal and Revalidation: Statement of Compliance**
- **Trust Constitution**
- **Risk Management Policy**

Membership Report

Board members were asked to note the Membership Report and support the Membership Strategy.

d) Well Led Governance Review

The Chairman referred to the previous discussions about the Well Led Governance Report and he formally reported to the Board that the review had been completed and detailed feedback had been given at the Strategy & Assurance Committee meeting in September 2016; it being noted that the overall conclusion was that the Trust was a well-led organisation.

The Chairman reminded Board members about the recommendations from the review which would be taken forward and monitored.

It was noted that the Chairman would be formally reporting the process to NHS Improvement and that the Executive Summary was being presented to the Council of Governors at their meeting later in the day.

e) Board Assurance Framework

The Revised Board Assurance Framework was presented to the Board for approval.

Mrs Swift asked Mr Burrow, Head of Corporate Assurance, to provide a brief summary on the BAF and he advised that the document had been re-designed taking into account the strategic ambitions and the associated risks. Board members were advised that the risks on the BAF were linked to the committees and that the committees had reviewed the risks and that assurance against the risks would be sought through the Board Committee Chairs Assurance sessions at the Audit Committee. It was noted that, in future, the committees would review the document and provide feedback to the Board via the Chairs/EDs assurance reports.

The Chairman thanked Mr Burrow and the team for the work undertaken on the BAF which was a significantly improved document and he suggested that the document should be reviewed prior to each Board Committee meeting and each Board meeting.

Mr Hearty reiterated the Chairman's comments and stated that an interesting test would be to review future Board and Committee agendas to determine how much of the BAF was driving the agendas. The Chairman agreed that this alignment was appropriate.

RESOLVED: That the revised Board Assurance Framework be approved.

That future Board and Committee agendas would be reviewed in conjunction with the Board Assurance Framework.

Action Taken Following The Meeting

This item will be actioned for future meetings.

103/16

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman stated that the issues discussed earlier in the meeting were not just local but more widespread but that the consistent message was that there was no more money available and therefore the Board would have to continue to have serious debates similar to the earlier debate about quality.

Mr Garrett referred to Chairman's meeting with the Principal and Chief Executive at Blackpool & Fylde College and asked about any feedback regarding engagement. The Chairman advised that the College was keen to engage with the Trust and he would be considering ways to achieve this, for example, a Governor representing young people. Mr Garrett suggested that the profile of careers in the NHS could be increased.

Mrs Crowshaw commented on the positive update regarding the recruitment of three consultants. The Chairman stated that the calibre of the applicants had been good and he thanked Mrs Ingham for the work undertaken in relation to the assessment centre process. Mrs Ingham commented that dermatology was a difficult specialty to recruit to and therefore the appointment of the Consultant Dermatologist was an excellent achievement.

b) Affixing of the Common Seal

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

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

c) Final Schedule of Board of Directors Meetings for 2017/18

The final schedule of Board meetings for 2017/18 was presented for approval.

RESOLVED: That the final schedule of Board meetings for 2017/18 be approved.

d) Final Schedule of Board Committee Meetings for 2017/18

The final schedule of Board Committee meetings for 2017/18 was presented for approval.

RESOLVED: That the final schedule of Board Committee meetings for 2017/18 be approved.

e) Feedback from Blackpool CCG Meeting

Dr McIlmurray provided feedback from the Blackpool CCG meeting on 6th September 2016 as follows:-

- There was a query about the fact that there had been no seasonal change in activity.
- It was reported that there had been an increase in out-patient attendances which were high for the first quarter.
- There had been a debate about procedures for limited clinical value and how these were being considered across Lancashire and that implementation of the policy would require clinical support. Discussion had taken place about the prior approval scheme which would be applied to some procedures. It was also recognised that this would require public consultation and it was anticipated that this would be completed within the next few months.

f) Feedback from Fylde & Wyre CCG Meeting

Dr McIlmurray provided feedback from the Fylde & Wyre CCG meeting on 20th September 2016 as follows:-

- It was reported that the CCG was one of ten CCGs rated as being outstanding and had been shortlisted for the CCG of the Year Award.
- The CCG was on target for a £3.1m surplus and was currently £1.3m underspent.
- Dr Weatherburn had given a presentation on the Extensive Care Service and had provided the following statistics:-
 - 1088 referrals since June 2015
 - 571 caseload
 - 178 declined referrals
 - 19% reduction in A & E admissions
 - 25% reduction in non-elective admissions
 - 10% reduction in new out-patient referrals
 - 17% reduction in follow-up appointments
- Dr Weatherburn had also highlighted the problems associated with late discharges from hospital due to social care issues.

The Chairman stated that it was good to receive feedback from these meetings and stated that NED attendance at CCG meetings would continue in 2017.

g) Annual Members Meeting 2015/16 – Draft Minutes

The Chairman referred to the joint Annual Meeting with the CCGs which had been a successful event with good exhibitions and presentations and good examples of co-operation which needed to continue through all aspects of work. It had been suggested that this format would be repeated next year in Blackpool at a venue to be decided.

The Chairman drew attention to the draft minutes of the Annual Members Meeting which, once approved, would be uploaded to the website.

RESOLVED: That Board members would advise Miss Oates of any suggested amendments to the draft minutes following which they would be uploaded to the website.

Action Taken Following The Meeting

No suggested amendments were received.

104/16 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:-

- A & E Department
- Agency Spend
- Fylde Coast Strategy Event
- Financial Plans (contribution from staff)

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

Action Taken Following The Meeting

This item has been actioned.

105/16 Items for External Communication

Board members considered items for external communication as follows:-

- A & E Pressures
- Butterfly Ball
- Celebrating Success Ball
- Flu Vaccination and Flu Video
- Thank You to Staff
- National Fab Change Day

RESOLVED: That the above items would be considered for external communication.

Action Taken Following The Meeting

This item has been actioned.

106/16 Trust Values / Value of the Month

It was noted that the Value of the Month for October was "positive".

107/16 Attendance Monitoring

The attendance monitoring form indicated full Board attendance at the meeting and good attendance at previous meetings.

108/16 Any other Business

There was no other business.

109/16 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.

110/16 Questions from the Public

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

a) Agenda and Reports

Member of the Public

A member of the public commented that when he first started attending Board meetings in public the agenda and reports were provided to observers and now they received only the agenda. He asked whether the full papers could be provided including the Chief Executive's report.

RESOLVED: That this request would be considered for future meetings.

Action Taken Following The Meeting

The agenda, minutes, action list and action tracking document will be provided to observers and papers will continue to be available on the website.

b) Acute and Community Services

Mr George Holden – Public Governor

Mr Holden stated that the strategic information had been very interesting but he was unclear whether it included both acute and community services and, if it did, he would be interested to know whether community services had any impact on, for example, SHMI.

The Chairman stated that there were various national targets which related only to acute hospitals.

Mrs Swift advised that the integration of community services had made a significant difference to the way in which services were delivered and measured and that consideration would need to be given to whether the work in the community and also the extensive care service could be reflected.

The Chairman stated that it was positive that community staff did not think of themselves as separate to acute staff.

c) Traffic Light System/Whiteboards

Ramesh Gandhi – Public Governor

Mr Gandhi referred to the recently devised red and green traffic light system and was pleased to note that more patients could be treated within the same resources.

Professor O'Donnell advised that the work referred to by Mr Gandhi had been introduced by Dr Mark Taylor, Consultant in Care of the Elderly, and explained that patients had red and green days and that a red day was where a patient was waiting for investigations and no active treatment was delivered; it being noted that the aim was to ensure that no patient had two successive red days. Professor O'Donnell was pleased to report that the scheme had been successful and would be rolled-out across the Trust.

Professor O'Donnell further reported that the elective whiteboards on the wards were proving successful and there were now 20 wards with whiteboards and it was anticipated that both initiatives would help to reduce length of stay.

d) A & E Attendances – Age Profile

Paul Olive – Lay Member, Fylde & Wyre CCG

Mr Olive referred to the increase in A & E attendances and asked whether there was any specific age profile.

Mrs Oliver reported that the age range for a high proportion of A & E attendances was 5 to 19 year olds who presented themselves or with relatives. It was noted that this was being reviewed with the Paediatric Team and also with the commissioners as part of the paediatric strategy. Mrs Oliver further reported that there had been a slight increase in the number of frail elderly attendances.

e) Sustainability and Transformation

Ian Owen – Public Governor

Mr Owen advised that he had recently attended the NHS England AGM and that there had been significant focus on sustainability and transformation and he asked about the financial and quality impact.

Mrs Swift stated that the Trust was a key player in the STP with the CCGs and was focusing on the Fylde Coast Health Economy, however, the Trust was also involved in the Lancashire & South Cumbria STP in order to have some influence in the plan.

Mrs Swift advised that she would be giving a presentation on the STP at the Council of Governors meeting later in the day.

111/16

Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 30th November 2016.

The Chairman thanked members of the public for attending the meeting.

Board of Directors Meeting Held In Public
Action List - 26th October 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
98/16	26.10.16	Patient Story DVD	Write a thank you letter to the relevant team on behalf of the Board.	Chairman	30.11.16		This item has been actioned.	Complete	Green
99/16	26.10.16	Previous Minutes	Amend page 9 - Feedback from Fylde & Wyre CCG Meeting - first word - from Mrs to Mr.	Judith Oates	30.11.16		This item has been actioned.	Complete	Green
100/16	26.10.16	Action List - Oncology	Provide an update report to the Board in November 2016.	Mark O'Donnell/ Wendy Swift	30.11.16		This issue is being addressed as part of the Lancashire-wide acute strategic review.	Complete	Green
102/16	26.10.16	Executive Reports - Sustainability and Transformation Fund Metrics	Provide feedback from the extraordinary Strategic Workforce Committee meeting to the Board in November 2016 regarding agency spend.	Nicky Ingham	30.11.16		This item will be included on the agenda for the Board meeting on 30.11.16.	Complete	Green
			Update the Board in respect of the appeal regarding the A & E trajectory.	Tim Bennett/ Pat Oliver	30.11.16		An appeal will be submitted on 25.11.16 in line with the deadline from NHS Improvement. It is not known when a decision will be made.	Complete	Green
102/16	26.10.16	Executive Reports - Operations: Length of Stay	Amend the graphs for future reporting.	Pat Oliver	30.11.16		The graphs will be amended for future quarterly reporting.	Complete	Green
102/16	26.10.16	Quality Committee - Stroke Service	Submit a list of priorities for consideration by the Board together with proposals for future services.	Wendy Swift	30.11.16	Jan-17	Work is currently underway and a verbal update will be given at the Board meeting on 30.11.16 and a detailed report will be provided in January 2017.	Incomplete But Within Revised Date For Delivery	Amber
			Provide an update to the Finance Committee and Board in November regarding recruitment to the Stroke Service.	Mark O'Donnell	23.11.16/ 30.11.16		The additional AHP posts have been advertised and a verbal update will be given at the Board meeting on 30.11.16.	Complete	Green
102/16	26.10.16	Quality Committee - Diabetic Foot Service	Obtain clarity on the service in a pilot neighbourhood established by Fylde & Wyre CCG.	Mark O'Donnell	30.11.16		Work is continuing on the service specification to provide the required information for the CCGs.	Not Complete Within Date For Delivery	Red

Board of Directors Meeting Held In Public
Action List - 26th October 2016

102/16	26.10.16	Chief Executive's Report - BAF	Review future Board and Committee agendas in conjunction with the BAF.	Chairman/ Judith Oates	on-going	31.1.17	This item will be actioned for future meetings.	Incomplete But Within Date For Delivery	Amber
103/16	26.10.16	Annual Members Meeting - Draft Minutes	Advise Judith Oates of any suggested amendments to the draft minutes.	Board Members	9.11.16		No suggested amendments received.	Complete	Green
104/16	26.10.16	Key Themes for Team Brief	Include the agreed themes in Team Brief.	Nicky Ingham	1.11.16		This item has been actioned.	Complete	Green
105/16	26.10.16	Items for External Communication	Consider the agreed items for external communication.	Nicky Ingham	1.11.16		This item has been actioned.	Complete	Green
110/16	26.10.16	Questions from the Public - Agendas and Reports	Consider for future meetings the request for full Board papers to be provided to observers.	Chairman	30.11.16		The agenda, minutes, action list and action tracking document will be provided to observers and papers will continue to be available on the website.	Complete	Green

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

Board of Directors Meeting
Action Tracking Document

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
62/15 (d)	20.5.15	Presentations - Healthier Workforce Project	Arrange for a further update to be given to the Board in twelve months' time.	Judith Oates	May-16	Nov-16	This item has been included on the agenda for the Board meeting on 30.11.16.	Complete	Green
2016/8 (f)	27.1.16	Well Led Review	Write to Monitor within 60 days of the submission of the review to the Board.	Chairman	31.10.16	Nov-16	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 and evidence provided. Interviews, committee observations and external stakeholder discussions are taking place during May, June and July and a report is expected in September 2016. Feedback has been given to the SAC and a letter will be sent to NHSI following the Board meeting on 26.10.16.	Incomplete But Within Revised Date For Delivery	Amber
84/16 (b)	27.7.16	Strategic Work Programme	Consider re-aligning the NEDs to the workstreams.	Chairman/ Wendy Swift	1.12.16		This item will be reviewed when there is a full complement of NEDs.	Not Yet Due	White

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

Board of Directors Meeting
Action Tracking Document

BOARD ASSURANCE FRAMEWORK

Board Assurance Framework for the delivery of Trust Strategy

The Board of Directors has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the Trust Strategy (as outlined in the Risk Management Policy). The Board of Directors therefore needs to gather assurance to ensure any significant risks are being mitigated. This assurance will be gained from a wide range of sources, but where ever possible it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process. The Board of Directors achieves it assurance primarily through the work of its Board Committees, and through use of Audit, other independent inspection and by the systematic collection and scrutiny of performance data, to evidence the achievement of the strategic ambitions.

<p>Independent assurance (external):</p> <ul style="list-style-type: none"> • External Audit • Internal Audit • NHS Litigation Authority • Care Quality Commission inspections/reports • Well-led Framework inspections/reports • Royal College visits/reports • Deanery visits/reports • Investors In People visits/reports • Health and Social Care Information Centre SHMI Report • External Benchmarking • Accreditation schemes • National or regional audits • Specifically commissioned reports • Peer review and accreditation • Patient Experience: Friends & Family Test • Staff Satisfaction: Family and Friends Test 	<p>Internal assurance:</p> <ul style="list-style-type: none"> • Clinical Audit • Integrated Performance Report (quality, finance and operational performance) • CIP Directors Report • Board of Directors • Audit Committee • Quality Committee • Finance Committee • Strategic Workforce Committee • Strategy and Assurance Committee • Membership Committee • Remuneration Committee • Nominations Committee • Charitable Funds Committee • Transformation Executive • Local Counter Fraud reports • Appraisal and Revalidation • Great Place to Work Survey • Information Governance Toolkit • Quarterly Risk Assessment Framework report to NHS Improvement • Personal review/contact e.g. patient safety walkabouts, patient story 	<p>Core management controls (to reduce the likelihood and/or consequences of risks):</p> <ul style="list-style-type: none"> • Executive Directors Meetings • Trust Management Team • Transformation Board • Reservation of Powers and Scheme of Delegation • Standing Financial Instructions and Standing Orders • Risk Management Policy • Other Trust approved policies and procedures • Risk Registers • Trust Strategy • Quality Strategy • Workforce Strategy including training and development plans • Financial and budget management arrangements • The recruitment process for staff (checking of registration and monitoring of CRB compliance)
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Scope and Structure of Board Assurance Framework

The Board Assurance Framework focuses on any significant risks which may threaten the achievement of the national compliance requirements and the Trusts strategic ambitions for 2016-2020. The document brings together all strategic risks expanding on the main controls and assurance, gaps in controls and assurance and relevant actions to be taken.

The BAF follows the agreed ordering of national compliance requirements;

- **Risk Assessment Framework**
- **Care Quality Commission Regulations**

And the Trusts strategic ambitions, which are as follows:

- **Strategic Ambition 1: QUALITY: Mortality – SHMI** (Executive Director: Medical Director)
We aim to achieve our lowest levels of mortality, meeting and then falling below our expected number of deaths; <=100 by 2019.
- **Strategic Ambition 2: QUALITY: Patient Experience: Friends and Family Test** (Executive Director: Director of Nursing and Quality)
We aim to achieve our highest levels of patient satisfaction; 98% by 2019.
- **Strategic Ambition 3: OPERATIONS: Length of stay** (Executive Director: Medical Director)
We aim to achieve top quartile performance, moving to top decile performance, for both non-elective and elective lengths of stay, whilst at the same time maintaining high quality care; Non-elective - 5.1 days by 2018 and 4.4 days by 2021; Elective - 2.2 days by 2018 and 1.7 days by 2021 and Readmissions within 30-days - 94.2 by 2019 and 79.5 by 2021.
- **Strategic Ambition 4: WORKFORCE: Vacancy rate** (Executive Director: Director of Workforce and Organisational Development)
We aim to significantly reduce our vacancy rate, based on future workforce numbers; 2.5% by 2021.
- **Strategic Ambition 5: WORKFORCE: Staff Satisfaction: Friends & Family Test** (Executive Director: Director of Workforce and Organisational Development)
We aim to achieve our highest levels of staff satisfaction; 85% by 2021.
- **Strategic Ambition 6: FINANCE: Finance** (Executive Director: Deputy Chief Executive & Director of Finance and Performance)
We aim to achieve a FSRR of 3; 3 by 2019.
- **Enablers**
Putting in place enablers such as improved use of information technology, making good use of our estate and enhancing our communications (Executive Director: Relevant Executive Directors)

Risk Matrix Score

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

Board Assurance Framework Overview

Board Committee	National Compliance Requirements	Trust Strategic Ambitions
Finance Committee	BAF 7 – Risk Assessment Framework	BAF 10 – Length of Stay
		BAF 6 – Cash and CIP
		BAF 8 – Sustainability and Transformation Fund
		BAF 11 – Electronic Patient Record
Quality Committee	BAF 9 – Care Quality Commission	BAF 1 – Mortality
		BAF 2 – Patient Satisfaction
Strategic Workforce Committee		BAF 4 - Appropriate Skilled Staff
		BAF 5 – Staff Engagement
Strategy and Assurance Committee		BAF 3 – Accountable Care Organisation

Risk Assessment Framework

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 7</p> <p>Risk: Inability to achieve the agreed performance targets within the Risk Assessment Framework throughout 2016/17 risks the Trust being in breach of the its Provider Licence</p> <ul style="list-style-type: none"> - A&E - RTT - Cancer - Diagnostics - Ambulance turnaround times - IAPT - C Diff <p>Source: Risk Assessment Framework and Provider Licence.</p>	Director of Operations	<p>Independent assurance: External Audit Internal Audit</p> <p>Internal assurance: Finance Committee Integrated Performance Report Quarterly Risk Assessment Framework report to NHS Improvement Transformation Board</p>	<p>Increased attendance at A & E and subsequent conversion to admission.</p> <p>No agreement with specialist commissioners.</p> <p>No capacity to outsource cardiac activity.</p> <p>No further funding available through the SRG to support any external improvements. (e.g. Increased social service support).</p> <p>No further bed capacity at times of high demand to support patient flow.</p> <p>Increase in urology cancer activity, tertiary pathway</p>	<p>25 (5x5)</p>	<p>Actions: A & E improvement plan in place. Appointment to a “resilience Management post” on a 12 month secondment to support service transformation.</p> <p>SRG changed to a Health economy A & E Delivery Board chaired by the Trust CEO</p> <p>Implementation of the CAT unit to support a new model of care for ambulatory care patients</p> <p>“Appropriate” strategic work stream reviewing all points of entry for emergency patents.</p> <p>Review of ambulance attenders to consider alternative pathways/disposition</p> <p>The Cardiology EP plan is in place, the intention being to achieve the 18 week standard in Q1 2017.</p> <p>Extension of the Discharge Lounge 8 week trial.</p>	<p>15 (5x3)</p>

			capacity challenges at LTH		Focus on delayed transfers of care (DTOC) at the weekly Delivery Board meeting.	
		<p>Core management controls: Executive Directors Meetings Trust Strategy Divisional Performance Review Meetings Weekly PTL for elective and cancer patients. Contract review meetings with Commissioners. Weekly A & E Delivery Board meeting</p>			<p>Pathway review with LTH Business case approved to increase Urology resources to meet the demand</p> <p>Board Committee oversight: Finance Committee</p>	

Care Quality Commission Regulations

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
Risk Ref: BAF 9 Risk: Failure to comply with the Care Quality Commission Standards throughout 2016/17 risks Regulatory action Source: CQC Regulations	Director of Nursing and Quality	Independent assurance: Care Quality Commission External Inspection Report Internal assurance: Quality Committee Patient Safety Walkabouts	Lack of mental health provision in A&E	15 (5x3)	Actions: One requirement action regarding mental health patients in A&E and responsiveness of external partners. A&E action plan to be included in the Trust Quality Development plan for monitoring by Quality Committee. Update provided to the CQC. Director of Operations attending Fylde Coast Mental Health Partnership to oversee agreed action plan.	10 (5x2)
		Core management controls: Trust Strategy Quality Strategy Workforce Strategy including training and development plans			Board Committee oversight: Quality Committee	

Strategic Ambition 1: QUALITY: Mortality – SHMI (Executive Director: Medical Director)

We aim to achieve our lowest levels of mortality, meeting and then falling below our expected number of deaths; <=100 by 2019.

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 1</p> <p>Risk: Failure to deliver a high quality and safe patient care <u>risks</u> the achievement of a SHMI of 100 by 2019.</p> <p>Source: Higher than expected levels of morbidity and mortality reported by HSCIC</p>	<p>Medical Director</p>	<p>Independent assurance: Internal Audit Health and Social Care Information Centre SHMI Report</p> <p>Internal assurance: Quality Committee Mortality Governance Committee Integrated Performance Report Transformation Board</p>	<p>Challenges on recruitment, funding, IT, and socio economic factors.</p> <p>Staff and clinical engagement.</p>	<p>15 (5x3)</p>	<p>Actions:</p> <p>The Trust Mortality Committee has been replaced by the BTH & FC Mortality Governance Committee (MGC) and now includes CCG, GP and NHSE representation.</p> <p>The MGC continues to monitor trust wide SHMI and is actively exploring condition specific SHMI.</p> <p>Five top mortality governance priorities identified through the AQuA comparator report are now standing agenda items at the MGC.</p> <p>‘End to End’ reviews of deceased patient journeys through both primary and secondary care completed for stroke and underway for patients at end of life.</p> <p>Local clinical engagement in mortality governance now enhanced through the formation of a mortality governance group comprising trust-wide speciality</p>	<p>10 (5x2)</p>

					representation.	
		Core management controls: Executive Directors Meetings Trust Strategy Quality Strategy			All sources of potential opportunities for learning through the retrospective case records review of deceased patients now feed in to the trust mortality governance lead. Trajectory for improvement to be agreed by the Quality Committee. Board Committee oversight: Quality Committee	

Strategic Ambition 2: QUALITY: Patient Experience: Friends and Family Test (Executive Director: Director of Nursing and Quality)

We aim to achieve our highest levels of patient satisfaction; 98% by 2019.

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
Risk Ref: BAF 2 Risk: Failure to deliver a positive patient experience risks the achievement of a Patient Family and Friends Test score of 98% by 2019 Source: Lower than expected levels of patient satisfaction reported by the FFT	Director of Nursing and Quality	Independent assurance: Patient Family and Friends Test score Internal assurance: Quality Committee Integrated Performance Report Patient Safety Walkabouts Transformation Board	Challenges on recruitment, funding, IT, and socio economic factors. Staff and clinical engagement.	9 (3x3)	Actions: Improve information and communications around discharge for inpatients, ensuring that patients are receiving up to date information on waiting times within outpatients and A&E.	6 (3x2)
		Core management controls: Trust Strategy Quality Strategy Divisional Performance Review Meetings			Board Committee oversight: Quality Committee	

Strategic Ambition 3: OPERATIONS: Length of stay (Executive Director: Medical Director)

We aim to achieve top quartile performance, moving to top decile performance, for both non-elective and elective lengths of stay, whilst at the same time maintaining high quality care; Non-elective - 5.1 days by 2018 and 4.4 days by 2021; Elective - 2.2 days by 2018 and 1.7 days by 2021 and Readmissions within 30-days - 94.2 by 2019 and 79.5 by 2021.

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
Risk Ref: BAF 10 Risk: Inability to achieve the top quartile performance for both non-elective and elective lengths of stay risks delivery of the £2.5M length of stay CIP, achievement of the performance targets within the Risk Assessment Framework and reducing avoidable harms. Source: Trust Strategy	Medical Director	Independent assurance: Internal assurance: Finance Committee Transformation Board	1. No consistent methodology agreed across the divisions for calculation of LoS. 2. CIP depends on bed closures which are limited by pressure of increased ED attendances. 3. Inability of the Trust to affect directly the capacity of external organisations which impairs ability to discharge patients in a timely fashion.	20 (4x5)	Actions: 1. Meeting with divisions to agree methodology. 3. Meeting between CEO and social services.	12 (4x3)
		Core management controls: Executive Directors Meetings Trust Strategy Quality Strategy Divisional Performance Review Meetings Better Care Now Delivery Group			Board Committee oversight: Finance Committee	

Strategic Ambition 4: WORKFORCE: Vacancy rate (Executive Director: Director of Workforce and Organisational Development)

We aim to significantly reduce our vacancy rate, based on future workforce numbers; 2.5% by 2021.

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 4</p> <p>Risk: Failure to attract, recruit and retain appropriately skilled staff <u>risks</u> the achievement of a 2.5% vacancy rate by 2021.</p> <p>Source: Higher than expected levels of vacant roles and the Trust Strategy</p>	Director of Workforce and Organisational Development	<p>Independent assurance:</p> <p>Internal assurance: Strategic Workforce Committee Integrated Performance Report Transformation Board</p>	Reliance on agency staff	20 (4x5)	<p>Actions:</p> <p>Manage the Medacs contract to deliver the supply of locum medics, AHPs and nursing staff in line with agreed targets and quality standards.</p> <p>Work with Medacs and other providers to improve permanent recruitment for medics and nursing staff</p> <p>Hold monthly recruitment and retention Trust meetings to drive activity and support from clinical divisions.</p> <p>Develop alternative approaches to support recruitment campaigns including better use of social media.</p> <p>Proactively recruit to the return to practice campaign working with HEI providers.</p> <p>Use the recruitment trajectories developed to inform the commissioning of recruitment during 2016/17</p> <p>Improve the preceptorship experience across the nursing staff group with the introduction of the Preceptorship Lead role and the increased focus this will bring.</p> <p>Produce a quarterly report and analysis of exit interview data to inform work required to reduce attrition (including medics).</p> <p>The introduction of a “live” database of all medics in the trust. Show all the posts, how they are funded and who was currently in the post. This will be updated by each relevant department for trainees, general recruitment and accessed by DFMs, DMs, and all relevant staff.</p>	12 (4x3)

					Ensure Medacs are robustly managing shift start/finish times and discounting breaks to reduce spend and ensure accurate invoicing of agency bills. Review of medical agency bookings to check compliance with booking processes (additional hours worked vs booked hours)	
		Core management controls: Workforce Board Operational Workforce Committee Trust Strategy Workforce Strategy including education, training and development plans Divisional Performance Review Meetings			Board Committee oversight: Strategic Workforce Committee	

Strategic Ambition 5: WORKFORCE: Staff Satisfaction: Friends & Family Test (Executive Director: Director of Workforce and Organisational Development)

We aim to achieve our highest levels of staff satisfaction; 85% by 2021.

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 5</p> <p>Risk: Failure to engage and motivate staff <u>risks</u> the achievement of a Staff Satisfaction Family and Friends Test score of 85% by 2021.</p> <p>Source: Lower than expected levels of staff satisfaction reported by the SSFFT</p>	Director of Workforce and Organisational Development	<p>Independent assurance: Staff Satisfaction: Family and Friends Test score (recommend as a place to work)</p> <p>Internal assurance: Strategic Workforce Committee Great Place to Work Survey engagement score Integrated Performance Report Patient Safety Walkabouts Appraisal and Revalidation Transformation Board</p>	Disengagement and resistance leading to lost productivity and innovation. Monitor Staff Survey and FFT results. Monitor Trust performance dashboard.	12 (4x3)	<p>Actions: Maintaining good communication during the financial challenges being faced is vital to keep staff engaged. A full engagement programme is being delivered to support the strategic review. Great place to work group to continue to drive staff engagement and action plan accordingly. Ensure that Workforce Business Partners and OD team are involved in any major change programme to ensure any negative impact on individuals is minimised. Support the WFBPs with divisional action plans to improve advocacy and engagement. Bi-monthly Pulse magazine to focus on values and strategic review work programmes. Develop an awareness of, and promote, the new reward and recognition scheme through available communications channels such as The Pulse, Newsround, social media etc. Roll out of the strategy to all staff groups via managers across the Trust enabling them to engage with their staff and deliver the correct message. TMT discussion re bullying and harassment issue to raise awareness and set correct tone for the Trust.</p>	8 (4x2)

		Core management controls: Workforce Board Operational Workforce Committee Trust Strategy Workforce Strategy including education, training and development plans Divisional Performance Review Meetings			Board Committee oversight: Strategic Workforce Committee	
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Strategic Ambition 6: FINANCE: Finance (Executive Director: Deputy Chief Executive & Director of Finance and Performance)

We aim to achieve a FSRR of 3; 3 by 2019.

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 6</p> <p>Risk: Inability to achieve the income plan and deliver the planned £22m CIP and a minimum cash balance of £0.2m by March 2017 <u>risks</u> achieving a break even position, the planned financial risk rating and the ability for the Trust to operate effectively.</p> <p>Source: Trusts ability to continue as a Going Concern and the RAF</p>	Director of Finance and Performance	<p>Independent assurance: External Audit Internal Audit</p> <p>Internal assurance: Finance Committee Integrated Performance Report Quarterly Risk Assessment Framework report to NHS Improvement Local Counter Fraud Work CIP Directors Report Transformation Board Cash Committee</p> <p>Core management controls: Executive Directors Meetings Reservation of Powers and Scheme of Delegation Trust Strategy Financial and budget management arrangements Divisional Performance Review Meetings</p>	<p>Not all the CIP has been identified.</p> <p>Not all schemes had been risk assessed and full governance arrangements set in place.</p>	<p>25 (5x5)</p>	<p>Actions: Trust will develop proposals, plus ensure there is close monitoring and remedial action for poor performance.</p> <p>Board Committee oversight: Finance Committee</p>	<p>15 (5x3)</p>

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 8</p> <p>Risk: Inability to achieve the agreed performance trajectories throughout 2016/17 <u>risks</u> obtaining the £10M Sustainability and Transformation Funding.</p> <ul style="list-style-type: none"> - A&E - RTT - Cancer - Contingent labour <p>Source: Performance standards within the Sustainability and Transformation Funding and Trust Strategy.</p>	Director of Finance and Performance	<p>Independent assurance:</p> <p>Internal assurance: Finance Committee Integrated Performance Report Transformation Board</p>	<p>No agreement with specialist commissioners.</p> <p>No capacity to outsource cardiac activity.</p> <p>No further funding available through the SRG to support any external improvements. (e.g. Increased social service support).</p>	25 (5x5)	<p>Actions:</p> <p>The Cardiology EP plan is in place, the intention being to achieve the 18 week standard in Q1 2017.</p> <p>Implementation of the Emergency Integrated Assessment Unit scheduled for June 2017.</p> <p>Implementation of the CAT unit to reduce the number of patients waiting in A&E.</p> <p>Extension of the Discharge Lounge 8 week trial.</p>	15 (5x3)
		<p>Core management controls: Executive Directors Meetings Trust Strategy Divisional Performance Review Meetings</p>	<p>No further bed capacity at times of high demand to support patient flow.</p>		<p>Board Committee oversight:</p> <p>Finance Committee</p>	

Enablers (Executive Director: Relevant Executive Directors)

Putting in place enablers such as improved use of information technology, making good use of our estate and enhancing our communications

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 11</p> <p>Risk: Failure to implement an electronic patient record (EPR) by 2018 risks the ability for the Trust to achieve the strategic plan and integrated data systems</p> <p>Source: Key enabler within the Trust Strategy</p>	<p>Director of Finance and Performance</p>	<p>Independent assurance: Digital Road Map for Lancashire (external review)</p> <p>Internal assurance: Finance Committee Transformation Board Health Informatics Committee</p> <p>Core management controls: Trust Strategy</p>	<p>Lack of funding</p>	<p>12 (4x3)</p>	<p>Actions: EPR project commenced</p> <p>Board Committee oversight: Finance Committee</p>	<p>8 (4x2)</p>

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 3</p> <p>Risk: The failure to agree and establish a model for an Accountable Care System/ Organisation risks the ability of the health economy and Trust to deliver the Fylde Coast strategy and financial sustainability</p> <p>Source: Key enabler within the Trust Strategy</p>	Chief Executive	<p>Independent assurance: Internal Audit – Strategy Review MIAA & AQuA - Well-led Review</p> <p>Internal assurance: Strategy and Assurance Committee Fylde Coast Advisory Board</p> <hr/> <p>Core management controls: Trust Strategy Transformation Board ED's/DD's Trust Management Team</p>	<p>Agreement over the end state.</p> <p>Agreement over journey from current state to ACS to ACO</p> <p>Joined up approach with regulators</p> <p>Agreement of the resource implications</p>	<p>16 (4x4)</p>	<p>Actions:</p> <p>Confirm the accountability of System Design Group</p> <p>Define the relationship between SDG/SPB and Informal EDs Meeting</p> <p>Consider how the work will be resourced</p> <p>Sign off the Road Map content</p> <hr/> <p>Board Committee oversight:</p> <p>Strategy and Assurance Committee</p>	<p>9 (3x3)</p>

Board of Directors Meeting

30th November 2016

Subject:	Chief Executive's Update	
Report Prepared By:	Wendy Swift	
Date of Report:	24 th November 2016	
Service Implications:	For the Board to be updated on current matters.	
Data Quality Implications:	None.	
Financial Implications:	QulPP essential to sustainability.	
Legal Implications:	None.	
Links to the Principles of The NHS Constitution:	Links to the Principles of the NHS Constitution throughout.	
Links to the Trust Way Core Values:	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust Way.	
Links to Key Organisational Objectives:	Providing 'Best in NHS" Care for our patients.	
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes	
In case of query, please contact:	Wendy Swift, Chief Executive (Interim) (Ext 6853)	
<u>Purpose of Report/Summary</u> To provide the Board of Directors with an update on current matters.		
<u>Key Issues:</u> None to highlight specifically.		
<u>The Board is asked to:</u> Review and note the contents of the report. Approve the Reservation of Powers & Scheme of Delegation procedure and the Standing Financial Instructions procedure.		
Risk Rating (Low/Medium/High): Low BAF/CRR Number: N/A		Board Review Date: 25th January 2017
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 For Information	<input type="checkbox"/>	2 For Discussion
		<input checked="" type="checkbox"/>
		3 For Approval
		<input type="checkbox"/>
Document Status: the Author must indicate the level of sensitivity of the document (please indicate).This relates to the general release of information into the public arena.		

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

Board of Directors Meeting

30th November 2016

Chief Executive's Update

Items for Approval

Corporate Documents – Reservation of Powers & Scheme of Delegation and Standing Financial Instructions

The Corporate Assurance and Finance Teams have reviewed the Reservation of Powers & Scheme of Delegation procedure and the Standing Financial Instructions procedure. The amendments include;

- Approving internal control totals as an accounting measure on the powers of the Finance Committee.
- Devising the internal control totals delegated to the Deputy Chief Executive/Director of Finance and Performance.
- Changes to the powers regarding management of the Board Assurance Framework.
- Removal of the powers of the Risk Committee with the ratification of the Annual Governance Statement and the monitoring of the BAF being powers of the Audit Committee.
- Amendments to Financial Staff Limits.
- Change to the powers regarding the approval of business cases now being submitted to the Finance Committee.

The Board is asked to:

Approve the Reservation of Powers & Scheme of Delegation and the Standing Financial Instructions as recommended by the Audit Committee.

Items for Information

Hempsons – 28th October

I met with Christian Dingwall and Jane Donnison from Hempsons on the 28th October and we discussed the Trust Strategy and new models of care.

Blackpool Remembrance Service – 13th November

I attended the Blackpool Remembrance Service with Karen Crowshaw where Blackpool came together to pay its respects at the annual Remembrance Day Service on Sunday 13th November 2016. There was a two minutes silence, a service and wreath laying ceremony in memory of those who gave their lives in the service of their country followed by a parade.

Nominations, Staff Achievements and Long Service Award Ceremony - 3rd November

I reiterate the comments made in the Chairman's report regarding the Award Ceremonies. This was an enjoyable afternoon being able to meet our hard working and dedicated staff and learning about the achievements across a wide number of departments.

AAC Interviews – 9th November

I was part of the AAC interviews on the 9th November and we made two strong appointments; Dr William Simpson and Dr Matthew Stagg were appointed as Cardiothoracic Anaesthetists.

Youth Health Leaders Day – 18th November

I joined the start of the Youth Health Leaders Day with Professor O'Donnell. There were over 50 young people from schools across the Fylde Coast who spent a day with us learning about career opportunities within the NHS.

Pioneer Team Training – 18th November

I attended this event with my Executive colleagues on Friday 18th November. The purpose of the event was to enable the current cohort of Pioneer Teams to share their experiences and approaches with each other and staff members. It was good to hear of the interesting and innovative work that is taking place across the organisation.

Celebrating Success Awards – 25th November

The Trust Celebration Ball is being held at the Winter Gardens on Friday 25th November and is being well represented by staff members and departments across the organisation. I would like to reiterate the Chairman's comments in his report and pass on my own thanks to Alison Bott, Derek Quinn and the team involved in organising this event which I am sure will be a huge success.

External Meetings

I have attended a number of external meetings including:-

Public Services Board Meeting – 2nd November

STPs & Operational Plans in Leeds and Relentless Delivery and Making Change Happen – 4th November

Urgent Emergency Care Network Group in Leyland- 8th November

Better Start Conference – 15th November

**Wendy Swift
Chief Executive (Interim)**

Board of Directors Meeting

30th November 2016

Chairman's Update

Trust Activities

Appointment Advisory Committee

On the 9th November I Chaired the Appointment Advisory Committee for the Cardiothoracic Anaesthetic service and successfully appointed two Consultants; Dr William Simpson and Dr Matthew Stagg.

Informal Walkabouts

On the 15th November I visited the Occupational Health Department and learned about the valuable work the team are doing both in the Trust and for external organisations.

Nominations Ceremony

I attended the Nominations Award Ceremony on the 3rd November and met those who had been nominated for the Celebrating Success Awards.

Staff Achievements and Long Service Awards Ceremony

I also attended the award ceremonies for staff across the organisation who received awards for long service, achievements in their departments and those nominated by colleagues. This was a most enjoyable afternoon meeting staff from across the wider organisation and learning about the many achievements being made in our Trust.

On the 15th November I met with Professor Thomas, Vice Chair of UCLAN, to learn about the developments in their Medical School.

Award Story



Staff at Blackpool Teaching Hospitals NHS Foundation Trust are celebrating after winning a leading regional award. The procurement department, based at Blackpool Victoria Hospital, beat off competition from 17 other nominations to win the Supplier Engagement Award at the 2016 Excellence in Supply Awards organised by the North West Procurement Development organisation.

Governors and Membership Activities

I have now met with the majority of the newly elected Governors on an individual basis.

Arrangements have been made for the newly elected Governors to attend the Trust Corporate Induction and to observe/join some of the Trust Committees.

On 3rd November, as part of the ceremony for Long Service Awards and Staff Achievement Awards, I presented certificates to the Governors whose term of office on the Council had ended or who had resigned from the Council.

A Youth Health Leader's Open Day took place on the Victoria Hospital site on 18th November. Seven local schools attended the event. They received a presentation from St Mary's Catholic School in the morning and then observed six scenarios in the afternoon. The event was well received by the schools.

External Activities

Public Services Board Meeting (2nd November) – this meeting, convened by the Council Leader, brings together leaders from the Council, Health Economy, Police and other civic leaders.

Future Meetings

Celebrating Success Awards

On the 25th November it is the Trust Celebration Ball which is being held at the Winter Gardens and should prove to be a great evening celebrating the dedication and hard work of staff across the organisation. My personal thanks to Alison Bott, Derek Quinn and all the team involved in organising this occasion.

Chairs and Chief Executives across the Conurbation

I have meetings arranged to discuss the wider strategic work of the NHS and the progress of the Lancashire-wide Sustainability Transformation Plans:-

- 7th December - Professor Eileen Fairhurst, Chair, and Kevin McGee, Chief Executive, East Lancashire NHS Trust
- 15th December – Pearse Butler, Chair, University Hospitals of Morecambe Bay NHS Trust
- 15th December – Roy Fisher, Chair of Blackpool CCG, and Mary Dowling, Chair of Fylde and Wyre CCG
- 15th December – David Eva, Chair, Lancashire Care Foundation Trust

Non-Executive Director Activities

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

- Individual Meetings with Executive Directors/Senior Managers/Clinicians
- Board Committee Meetings
- Committee Meetings
- PwC Events – Audit Committee Network and Health & Care System Architecture
- Council of Governors Meeting
- Strategy Event
- Appeal Hearings
- Patient Safety Walkabouts

- NHS Partners Network Annual Partnerships Summit
- CCG Governing Body Meetings
- Clinical Excellence Awards Training
- Joint Meeting with CCG Lay Members

Ian Johnson
Chairman

Board of Directors Meeting

30th November 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	22.11.16	Contract for the provision of multi-function devices and services, managed print services and print audit services.

Judith Oates
Foundation Trust Secretary

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	G	G	G		
Karen Crowshaw	G	G	G	G		
Doug Garrett	G	Y	G	G		
Alan Roff	G	G	G	G		
Jim Edney	G	G	B	B		
Michele Ibbs	G	G	G	B		
Malcolm McIlmurray	G	G	G	G		
Michael Hearty	G	G	G	G		
Mark Cullinan	B	B	G	G		
Wendy Swift	G	G	G	G		
Tim Bennett	G	G	G	G		
Professor Mark O'Donnell	G	G	G	G		
Marie Thompson	G	G	G	G		
Pat Oliver	G	G	G	G		
Nicky Ingham	G	G	G	G		

Attendance



Apologies



Deputy



No Apologies/Deputy

