

Chairman's Office
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17th November 2015

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 25th November 2015 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

AGENDA

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).	9.32 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.34 am
4	Patient Story DVD – Professor O'Donnell to report.	9.35 am

5	Minutes of the Previous Board of Directors' Meeting held in Public on 28th October 2015 – Mr Johnson to report. (Enclosed).	9.50 am
6	Matters Arising:- a) Action List from the Previous Board of Directors' Meeting held in Public on 28th October 2015 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	9.55 am
7	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	10.08 am
8	Executive Reports:- a) Assurance Report – Mr Doherty to report. (Enclosed). b) Estates Strategy Update – Mrs Swift to give a presentation. c) Chief Executive's Update – Mr Doherty to report. (Enclosed).	10.10 am
BREAK		
9	Chairman's Report:- a) Chairman's Update. (Enclosed). b) Confirmation of Chairman's Action. (Enclosed). c) Affixing of the Common Seal. (Enclosed). d) Feedback from CCG Meetings:- <ul style="list-style-type: none">• Blackpool CCG – 3rd November 2015 – Mr Edney to report.• Fylde & Wyre CCG – 17th November – Dr McIlmurray to report. e) Review of Board Effectiveness. (Enclosed).	11.10 am
10	Key Themes for Team Briefing – Mr Doherty to report. (Verbal Report).	11.30 am
11	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	11.35 am
12	Attendance Monitoring – Mr Johnson to report. (Enclosed).	11.40 am
13	Any other Business – Mr Johnson to report. (Verbal Report).	11.41 am
14	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	11.42 am
15	Questions from the Public – Mr Johnson to report. (Verbal Report).	11.43 am
16	Trust's Position on the Board Assurance Framework – Mr Johnson to report. (Verbal Report).	11.53 am
17	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	11.54 am
		Total Duration: 2 hours,



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

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



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

Chief Executive: Mr Gary Doherty

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 28th October 2015 at 11.00 am
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mrs Karen Crowshaw
Mr Jim Edney
Mr Doug Garrett
Mrs Michele Ibbs
Dr Malcolm McIlmurray
Mr Alan Roff
Mr Tony Shaw

Executive Directors

Mr Gary Doherty – Chief Executive
Mr Tim Bennett – Director of Finance & Performance
(for items 106/15 – 114/15a)
Mrs Nicky Ingham – Director of Workforce & OD
Professor Mark O'Donnell – Medical Director
Mrs Pat Oliver – Director of Operations
Mrs Wendy Swift – Director of Strategy/Deputy Chief Executive
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance: Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 8

Members of Public (observers) – 8

Members of Staff (observers) – 3

106/15 Chairman's Welcome and Introductions

The Chairman commented that it was pleasing to see so many attendees at the meeting, some of whom would probably be attending the Council of Governors meeting in the afternoon.

The Chairman outlined the house-keeping rules relating to fire alarms, fire exits and mobile phones. The Chairman also asked observers to let him know if they were unable to 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 at the end of the meeting.

The Chairman introduced Michael Farrall from the Medical Education Department who was shadowing Mrs Ingham.

On a sad note, the Chairman reported that Beverly Lester, former Trust Chairman, had recently died whilst on holiday in France. He commented that Beverly had been very supportive when he had joined the Trust and he mentioned a number of legacies that were attributable to Beverly. He further commented that those who had attended the funeral would be aware from the eulogy of the rich life led by Beverly, both in her professional life and social life. It was noted that arrangements were being made for a Memorial Service to be held on 23rd November at Blackpool Victoria Hospital and, in the meantime, the Board recorded thanks for Beverly's work and commitment to the Trust.

107/15 Declarations of Interests

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

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

108/15 Apologies for Absence

There were no apologies for absence.

109/15 Feedback from the Previous Patient Story DVD

Professor O'Donnell provided feedback in relation to the lessons learned following the patient story shown at the last Board meeting; it being noted that it had been a negative story around the attitude of one of the consultants who had been dismissive.

Professor O'Donnell confirmed that the DVD had been shown at the Clinical Policy Forum, comprising Divisional Directors, Heads of Department and Senior Nurses, and that attendees had been uncomfortable with the patient's comments because it highlighted an attitude which they did not wish to be portrayed to patients and carers. It was noted that Professor O'Donnell had requested attendees at the Clinical Policy Forum to convey the message via the various departments in the Trust.

It was confirmed that the DVD had also been shown at the Team Brief.

The Chairman stated that it was pleasing to note that negative incidents were being highlighted and that lessons were being learned.

110/15 Patient Story DVD

Professor O'Donnell gave a brief explanation about the content of this month's patient story DVD; it being noted that it was a positive story about an episode in the A & E Department and it was pleasing to note the references made to good communication.

RESOLVED: That the issue of excellent communication would be reported to the team, in particular to the individual members of staff referred to in the DVD.

Action Taken Following The Meeting

Professor O'Donnell emailed Dr Anthony Kearns and Deirdre McCormick on 11th November 2015.

111/15 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 30th September 2015 be approved and signed by the Chairman.

112/15 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 30th September 2015

The Chairman reported that all actions had been completed with the exception of two which were not due to be completed at the time the agenda/reports were circulated.

Patient Story DVD

Mr Garrett expressed thanks to Mrs Thompson for following-up on the action about ensuring that clinic staff offered patients the option to be accompanied in the clinic session, however, he asked that the wording be amended from “offered patients the option to be accompanied” to “positively encouraged patients to be accompanied”.

Mrs Thompson commented that the staff had been surprised that an observation had been made about dissuading carers not to accompany patients to appointments.

RESOLVED: That Mrs Thompson would ensure that the amended message was conveyed to the relevant staff.

Action Taken Following The Meeting

This item is outstanding pending approval of the minutes.

Assurance Report – Other Quality Measures/Issues

It was noted that feedback about the Better Care Now measures would be addressed within the Chief Executive’s Assurance Report.

Focus on Workforce – Intercalated MSc Programme

Professor O’Donnell referred to the Intercalated MSc Programme and advised the Board that he had spoken to the R & D Department and the Director of Medical Education and that the cost of hosting a fourth year medical student from Lancaster University would cost £10,000 and, in view of the current financial situation, it would not be good value for money at the present time and therefore the initiative was not being progressed.

Professor O’Donnell further advised that he would be discussing with Lancaster University whether the MSc Programme could be incorporated within the new model job plans for junior doctors.

The Chairman commented that Dr Amelia Hunt, Health & Medicine Faculty Manager at Lancaster University, had recently joined the Council of Governors and was observing the meeting.

Dr McIlmurray expressed disappointment regarding the update from Professor O’Donnell because the programme would have been a good opportunity to establish closer links between Blackpool and Lancaster. Dr McIlmurray stated that it was not just about attracting students to take up posts at the Trust but about encouraging the research culture, however, he understood the issue around finance at the present time.

RESOLVED: That Dr McIlmurray and Professor O'Donnell would discuss the programme outside the meeting.

Action Taken Following The Meeting

This item is outstanding pending approval of the minutes.

b) Action Tracking Document

The four items on the action tracking document, which were not yet due for completion, were noted.

113/15 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

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

114/15 Executive Reports:-

a) Assurance Report

Mr Doherty outlined the content of his presentation which included the highlights of the outcomes and processes in the governance structure and feedback from the Committee Chairs.

Mr Doherty presented information from Monitor in respect of the FT sector for the period ending 30th June 2015; it being noted that more detailed information was available on Monitor's website.

Strategic Measures

Mr Doherty reminded Board members that ten strategic compliance measures had been agreed and were reviewed on a quarterly basis and he highlighted those currently rated red and amber.

Extensive Care Service

- This was part of the Vanguard Programme for the new models of care and was currently behind on target in terms of the number of referrals from GPs.
- The issue of referrals had been raised with GPs via the CCGs.

Dr McIlmurray asked about the figures in terms of targets and referrals and Professor O'Donnell reported that two pilot sites comprising 1000 patients had been established, however, the most recent data indicated only 14% of appropriate patients were being referred to the service despite trying to encourage referrals from primary care. It was noted that Professor O'Donnell would be liaising with CCG representatives about influencing primary care colleagues.

Mr Shaw commented on referral rates from single/dual GP practices compared with larger GP practice and suggested that it may be worthwhile considering the figures.

Mr Edney referred to the recruitment of staff for the extensive care service and asked for assurance that appropriate training was in place to ensure suitable staff were in post. It was reported that Andrew Goacher, Clinical Change Facilitator, was leading on the training for the extensive care service and that he was aware of the concerns regarding recruitment and training and this was a standard agenda at the fortnightly meetings.

Harm Free Care

- Performance was just below the 95% target and work was focused around pressure ulcers.

Better Care Now

- The programme had been in place for two years and there had been some successes when measured in terms of finance and quality.
- Mr Roff and Mrs Oliver had discussed the Better Care Now measures in advance of the meeting; it being noted that the rating had been white at the time the report had been written.

Stroke

- The rating was green in terms of the existing 80% target, however, a new appropriate target of 90% had been agreed for this year.

Pathways Compliance

- Work needs to be undertaken in respect of the pathway for Acute Kidney Injury in conjunction with the Sign up to Safety initiative.

Health Informatics

- There was an issue relating to the mobile system which it was anticipated would be resolved prior to Christmas.
- Mrs Swift anticipated that the software phase including the link would be completed by the end of November 2015 with roll out in January 2016.

Continuity of Service Risk Rating

It was noted that this issue would be addressed as part of the finance report.

Trust Vacancy

It was noted that this issue would be addressed as part of the workforce report.

SHMI

- The local SHMI indicated a continued improvement in mortality rates.
- A preview of the latest national data for SHMI indicated a figure of 116 for the Trust for the period March 2014 to April 2015.
- It was anticipated that the figures would be recalculated for the remainder of the year which would result in an improvement.
- There would be a number of actions to be addressed from the AQuA report.

Dr McIlmurray referred to the recommendation in the AQuA report relating to ownership around mortality and commented that he had the impression from the health economy that it was considered to be a hospital problem, however, he emphasised the importance of having shared responsibility. Dr McIlmurray also referred to the significant number of deaths which had community implications and therefore an improved relationship was needed between the community and the hospital.

Mr Doherty reported that the approach was to ensure there were improved processes in place.

Compliance Measures

Mr Doherty reminded Board members that the Trust was expected to comply with the Compliance Measures set by Monitor; it being noted that the only areas of non-compliance were C Diff and two weeks waiting time for breast referral, with the position on C Diff to be confirmed.

C Diff

- This was rated white due to the need to review the 34 cases, 9 of which were due to a lapse in care by the Trust and 14 of which had yet to be confirmed.

Mrs Crowshaw referred to the increase in MRSA cases and asked about the position nationally. Mrs Thompson reported that there had been a 6-7% increase in C Diff nationally which was mainly attributable to the over use of antibiotics. With regard to C Diff cases, it was reported that correct prescribing and ensuring appropriate reviews took place were important factors. It was also reported that there had been a focus on improving the environment, i.e. cleaning and hand hygiene. Mrs Thompson advised that a significant improvement would be the appointment of a fourth Consultant Microbiologist at the Trust.

MRSA

- There had been a total of five MRSA cases, however, Mrs Thompson advised that she was not aware of a national trend in respect of MRSA.
- The reviews to date indicated that two cases highlighted issues with patient screening, one of which was associated with the pre-operative pathway and patients undertaking decolonisation at home.
- Performance was green for Quarter 2 but there were challenges in Quarter 3.

Cancer

- Cancer performance had been commendable with the exception of breast referrals for some patients who had decided not to accept their offered appointment.

Mr Garrett referred to the previous discussion about speaking to the CCGs about those patients who decided not to accept their appointment. Mrs Oliver reported that this issue had been discussed at the Cancer Quality Forum led by one of the GPs in the Fylde & Wyre CCG and that the challenge for the GPs was around the lack of systems processes in place to defer referral of those patients who were unable to attend. It was confirmed that all 24 breaches had been attributable to patient choice. Mr Garrett referred to C Diff and queried whether the same principle could be applied to breast referrals whereby it could be determined whether it was the fault of the hospital or community.

Mrs Oliver confirmed that this issue had been brought to the attention of Monitor and Mr Doherty confirmed that the dialogue with the CCGs would continue and, hopefully, there would be some improvement.

Other Quality Measures

MRSA (limited assurance) – this issue had already been reported on by Mrs Thompson.

Nursing and Midwifery Staffing (significant assurance) – the figures were published nationally and the expectation was a 90% fill rate. It was noted that the CQC report had not yet been received.

Friends and Family Test (significant assurance) – the Trust had achieved 96% in September 2015.

The Chairman asked Mr Roff, in his capacity as Chair of the Quality Committee, whether he wanted to raise any issues and he advised that the Chief Executive had reported on the key issues and that the report in the Reference Folder provided more detailed information.

Workforce

Reference was made to the following key issues:-

- Staff Friends & Family Test (significant assurance) – the figures of 80% and 70% respectively for recommending the Trust as a place to receive care and treatment and for recommending the Trust as a place to work resulted in the highest scores to date, however, the response rate was only 25%.
- The workforce graph indicated the calculated responses to the national questions during the period Quarter 1 2014 to Quarter 2 2015 which was a good reflection of the work being carried out by the Board and staff.

Mrs Ibbs commented that she was encouraged by the improvements over the quarters and congratulated the team.

Dr McIlmurray commented that it would be interesting to compare the different staff groups, i.e. the number of senior staff and medical staff. It was reported that there was a reasonable spread of responders amongst staff groups and that the analysis by staff group and by division was submitted to the Strategic Workforce Committee.

Mr Doherty highlighted the items with limited assurance (Overall Workforce, Sickness Absence and Non-Medical Appraisal Rates) and the work on-going to make improvements in these areas.

Mr Garrett asked about nurse recruitment from Eastern Europe and it was confirmed that the recruitment team had been to Romania but not to Poland.

At this juncture, the Chairman asked Mrs Crowshaw about the recommendations from the Strategic Workforce Committee. Mrs Crowshaw confirmed that the key issues had been covered during the meeting and that there was a comprehensive report in the Reference Folder. Mrs Crowshaw advised the Board that work was on-going to address the staffing issues including how to ensure that the Trust was self-sufficient for 2020.

Finance

Mr Doherty highlighted the key issues as follows:-

- There was a deficit of £1.3m which was £0.6m worse than plan.
- The year to date deficit was £10m which was £1.5m worse than plan.

- CIP Performance was £1.4m against a plan of £1.7m.
- The cash position was £0.2m higher than plan.
- Capital expenditure was under plan and was being reviewed.
- There was limited assurance for financial sustainability and financial resilience.
- Work was continuing in respect of the recovery plan which had three key components – focus on CIP schemes, managing agency expenditure and activity/income plans.
- The three key components had been risk assessed and the outcome was that improvements could be made and that returning to the deficit plan would be extremely challenging.
- The forecast deficit for year end was £14.2m.

Mrs Ibbs reported that the Finance Committee had evidenced detailed work around the development of the plan which was pleasing to note, however, the plan was only as good as its implementation, therefore she had been seeking assurance regarding the controls and devolvement to staff and felt more assured that these processes and procedures were in place and also about the relevant staff being accountable and she hoped that the forecasted deficit of £14.2m could be achieved.

It was noted that the Finance Committee had recommended two items for approval by the Board.

RESOLVED: That the view of the Director of Finance and Performance be endorsed in respect of Limited Assurance relating to Financial Resilience and Financial Sustainability.

That the recommended response to Monitor in respect of the Quarter 2 Monitoring Return be approved.

At this juncture, Mr Bennett left the meeting.

Action Taken Following The Meeting

The Monitoring Return was forwarded to Monitor by the deadline of 30th October 2015.

Strategy

Strategic Review

- The strategic plans were on target in terms of the review and implementation.
- The input from clinicians and staff would come to fruition during the next month.

Fylde Coast Out of Hospital Strategy

- National funding of £4m had been allocated the Vanguard programme which would enable the Trust to roll out new models of care quicker and also to introduce the new enhanced care service model.

Better Care Together

- Work was progressing in terms of improved ways of working.

Acute Vanguard

- The partnership bid to become a Vanguard site for joint acute services across Lancashire had not been successful, however, the need to progress this work was acknowledged and would therefore continue despite not receiving national Vanguard support.

Risk and Assurance

Well Led Review

- All Foundations Trusts were required to undertake a review on a three yearly basis to assess levels of governance.
- The Audit Committee had assessed the position and confirmed that the Trust was on target to meet the timetable.

Terms of Reference Review

- Detailed work had been undertaken in respect of the committees and structures and there were a number of recommendations which required ratification by the Board.

RESOLVED: That the Board and Board Committee Terms of Reference be approved, subject to the typos referred to on Page 10.

Action Taken Following The Meeting

This item has been actioned.

Board Assurance Framework

- The finance element of the document had been reviewed and would be discussed by the Risk Committee and the Board in November.

Membership

- Work was on-going in respect of membership recruitment and engagement which would be reported at the Council of Governors meeting.

b) Quarterly Monitoring Return to Monitor – Quarter 2

It was noted that this issue had been discussed under agenda item 9(a).

c) Chief Executive's Update

The Chief Executive's Update was provided for information. Mr Doherty made particular reference to the excellent work undertaken by the Lancashire North Care Home Support Team and the significant challenges encountered by care homes in terms of staffing and finances.

115/15

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman made reference to Vanguard and commented that there appeared to be impetus about working together and, hopefully, substantial progress would be made during the next twelve months.

b) Final Schedule of Board Meetings for 2016

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

RESOLVED: That the final schedule of Board Meetings for 2016 be approved and circulated.

Action Taken Following The Meeting

This item has been actioned.

c) Final Schedule of Board Committee Meetings for 2016

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

RESOLVED: That the final schedule of Board Committee Meetings for 2016 be approved and circulated.

Action Taken Following The Meeting

This item has been actioned.

116/15 Three Key Themes for Team Briefing

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

- Continued focus on the recovery plan including a thank you to staff and an emphasis on the need to continue.
- Patient Story.
- Workforce information relating to the Friends & Family Test.
- Involvement of carers and encouraging patients to be accompanied in clinic.

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

That the Team Brief would be circulated to Board members.

Action Taken Following The Meeting

This item has been actioned.

117/15 Trust Values / Value of the Month

The Chairman referred to the Value of Month which was “compassion - taking the time to deal with others with compassion and care” and he asked Board members for examples.

Examples of “living the values” were reported as follows:-

- Falls Prevention Week which Mr Edney and Mrs Crowshaw had been involved in at Victoria Hospital and Clifton Hospital respectively.
- The core teams carrying out their business and colleagues looking after them during busy/stressful periods.
- The powerful talk from Tommy Whitelaw as part of the on-going work around dementia.
- Feedback from a patient in A & E about the staff being “charming and caring”.

118/15 Attendance Monitoring

The attendance monitoring form indicated continued good attendance from Board members.

119/15 Any other Business

a) Charitable Funds Committee

Mr Garrett pointed out that, for continuity purposes, the Charitable Funds Committee meeting dates should not be included as part of the Board Committees schedule as it was not a Board Committee and its Terms of Reference had not been included in the recent review.

RESOLVED: That, in order to ensure consistency, the Charitable Funds Committee meeting dates for 2016 would be removed from the Board Committees schedule.

Action Taken Following The Meeting

This item has been actioned.

120/15 Items Recommended for Decision or Discussion by Board Sub-Committees

RESOLVED: That items to be recommended for decision or discussion by Board Committees would be noted from the minutes of the meeting.

121/15 Questions from the Public

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

a) Financial Position

Mr Gandhi asked whether the number of referrals within the Extensive Care Service had any impact on the payment to GPs and he was advised that there were currently no financial implications for GPs.

b) Contract Arrangements

Mr Gandhi reported that he had recently visited Ward 34 and had been advised from a number of sources that one of the Ortho-Geriatricians had resigned due to a change in contract.

RESOLVED: That Professor O'Donnell would make enquiries outside the meeting and provide feedback.

Action Taken Following The Meeting

This item has been actioned.

c) MRSA – Hand Hygiene

Mr Hammed referred to MRSA and commented that he was surprised that there were no hand hygiene facilities in the main entrance. It was reported that a conscious decision had been made not to provide hand hygiene facilities in this area because handwashing should take place at the point of entry to clinical areas.

RESOLVED: That Mrs Thompson would review the arrangements again and provide feedback.

Mrs Jefferson commented that signs about responsibility for hand-washing by patients and staff should be displayed in the lifts.

RESOLVED: That Mrs Thompson would arrange for the lifts to be checked and for signs to be displayed accordingly.

Action Taken Following The Meeting

Hand hygiene is focussed in line with the World Health Organisation five moments of hand hygiene which focus on hand decontamination at the point of care i.e. before and after patient contact. It is also good practice to decontaminate hands when entering and leaving a clinical environment. Therefore it is unnecessary to have hand hygiene facilities in the main entrance and lifts, other than the ones provided in the toilets.

122/15 Trust's Position on the Board Assurance Framework

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

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

RESOLVED: That the risks around the financial recovery plan would be included on the Board Assurance Framework.

Action Taken Following The Meeting

This item has been actioned.

123/15 Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 25th November 2015.

Board of Directors Meeting Held In Public
Action List - 28th October 2015

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
110/15	28.10.15	Patient Story DVD (September 2015)	Report the excellent communication to the individual members of staff referred to in the DVD.	Professor Mark O'Donnell	11.11.15		Professor O'Donnell emailed Dr Anthony Kearns and Deirdre McCormick on 11.11.15.	Complete	Green
112/15 (a)	28.10.15	Patient Story DVD (October 2015)	Ensure that the amended message is conveyed to the relevant staff.	Marie Thompson	25.11.15		This item is outstanding pending approval of the minutes.	Incomplete But Within Date For Delivery	Amber
112/15 (a)	28.10.15	Intercalated MSc Programme	Discuss the programme with Malcolm McIlmurray.	Mark O'Donnell	25.11.15		This item is outstanding pending approval of the minutes.	Incomplete But Within Date For Delivery	Amber
114/15 (a)	28.10.15	Chief Executive's Assurance Report - Finance	Submit the Quarter 2 Monitoring Return to Monitor.	Judith Oates	30.10.15		This item has been actioned.	Complete	Green
114/15 (a)	28.10.15	Chief Executive's Assurance Report - Terms of Reference Review	Amend the typos on page 10 of the Terms of Reference document.	Judith Oates	11.11.15		This item has been actioned.	Complete	Green
115/15 (b) 115/15 (c)	28.10.15	Chairman's Report - Final Schedule of Board and Board Committee Meetings 2016	Circulate the final schedule of the Board meetings and Board Committee meetings for 2016.	Judith Oates	11.11.15		This item has been actioned.	Complete	Green
116/15	28.10.15	Key Themes for Team Brief	Include the agreed key themes in Team Brief and circulate to Board members.	Nicky Ingham/ Judith Oates	2.11.15/ 4.11.15		This item has been actioned.	Complete	Green
119/15 (a)	28.10.15	Charitable Funds Committee	Remove the Charitable Funds Committee meeting dates for 2016 from the Board Committee schedule.	Judith Oates	11.11.15		This item has been actioned.	Complete	Green
121/15 (b)	28.10.15	Questions from the Public - Contract Arrangements	Make enquiries about the contract arrangements and provide feedback.	Mark O'Donnell	25.11.15		This item has been actioned.	Complete	Green

Board of Directors Meeting Held In Public
Action List - 28th October 2015

121/15 (c)	28.10.15	Questions from the Public - MRSA Hand Hygiene	Review the arrangements for handwashing facilities in the main entrance and provide feedback and arrange for the lifts to be checked and for hand-washing signs to be displayed.	Marie Thompson	25.11.15		Hand hygiene is focussed in line with the World Health Organisation five moments of hand hygiene which focus on hand decontamination at the point of care i.e. before and after patient contact. It is also good practice to decontaminate hands when entering and leaving a clinical environment. Therefore it is unnecessary to have hand hygiene facilities in the main entrance and lifts, other than the ones provided in the toilets.	Complete	Green
122/15	28.10.15	Trust's Position on the BAF	Include the risks around the financial recovery plan on the BAF.	Tim Bennett	11.11.15		This item has been actioned.	Complete	Green

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

Board of Directors Meeting
Action Tracking Document

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

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

Board of Directors Meeting

25th November 2015

Chief Executive's Assurance Report

1. Introduction

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

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

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

2. Strategic Measures

To be reported quarterly. A full report was given at the Board meeting on 28th October 2015.

3. Compliance Measures

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

The A & E 4 hour performance standard was not achieved in October – 92.2% of patients were either admitted or discharged within 4 hours. There are a number of reasons why our performance has fallen, the main ones being:-

- A 13% increase in A & E attendances in month
- Emergency medical admissions are 1% higher than plan (which equates to one ward of patients)
- There has been at least 1 day per week when medical admissions exceeded 70 admissions from A & E, with the norm being circa 50, and the impact of this is felt for 5-7 days
- Ambulance activity has increased by circa 10 per day with a spike on one day of an extra 33 ambulances
- Refurbishment of the Emergency Room has required the reduction of 3 trollies. The scheme was a "must do" and is due to be completed on the 23rd November
- Difficulties in staffing including within the Trust and difficulties in staffing in the Out Of Hours GP Service and the Primary Care Assessment Unit

In conjunction with the CCGs, NWAS and Social Services, a joint recovery plan is being produced. Actions taken/to be taken include:-

- A range of schemes to reduce delays within the Trust as part of our Better Care Now programme
- The implementation of new service models such as the Extensive Care Service and Enhanced Primary Care
- A range of schemes to address recruitment and retention issues within the Trust
- Communication to GPs reminding them of all the services/options available to them to consider

18 Week Open Pathways – Significant Assurance

From October the rules on RTT management/reporting have changed and the adjustments that were previously allowed for patients who delay treatment have been removed. The Trust achieved the national standard for open pathways, with performance of 94.8% Vs a target of 92%. We continue to monitor both the Admitted and Non-admitted RTT indicators. Admitted performance (unadjusted) was not achieved at 88.1% (target 90%). The Non-admitted indicator was achieved at 95% (target 95%).

Cancer Waiting Times – Limited Assurance

The Monitor 8 Point Plan and the Cancer Performance Improvement Plan are both being driven through additional DDoP meetings on a weekly basis at tumour site level.

The unvalidated/to be finalised position for the 62 day urgent referral to treatment standard for October is currently at 85% (target 85%) - forecast achievement for month. Work continues with the Divisions to proactively manage the risks within the system and ensure no avoidable delays occur. Formal escalation processes are in place across each element of the pathway.

The unvalidated/to be finalised position for the 62 day screening target for October is currently at 82.4% (target 90%) - forecast non-achievement for the month. Due to low numbers of treatments and potential known breaches (4 patients in the system) there is significant risk of failing the standard for Q3. There are currently 4.0 breach patients who will commence their treatment in Q3. At the present time there are no other breach patients anticipated to be treated in Q3 or have their treatment scheduled into Q4. Monitor indicated in July 2015 that they would produce reallocation guidance in the Autumn, as such local discussions with regards to the screening breach reallocations has stopped. We have liaised with our Monitor Regional Manager and await the guidance being issued.

The Breast symptomatic 2 week standard was met in October with performance of 94.8% against a target of 93%.

The cancer targets for 2 week wait from urgent GP referral to outpatient appointment, 31 day wait from diagnosis to treatment, 31 day subsequent treatment (surgery) and 31 day subsequent treatment (drugs) were all achieved.

C Difficile – Significant Assurance (wrt lapses of care)

There have been 41 cases in total for the year to date (7 in October), which exceeds the annual target of 40. To date we have had 18 lapses in care and 16 no lapses in care agreed with the CCGs, with 18 cases under review. From 17th November the DIPC has revised the review process in conjunction with the CCGs to improve the timeliness of RCA review and actions required from Divisions to improve performance.

4. Other Quality Measures/Plans

Never Event

We have had a never event relating to a Wrong Site Surgery. The patient had surgery intended as a left ovarian cystectomy (for pain rather than suspicious pathology) on 22nd October 2015. During surgery a right sided ovarian cyst was observed and removed. On 4th November the patient contacted the Unit to say she was still experiencing pain to her left side, at which stage the error was identified. It is too early on in the Serious Incident investigation to provide any definite explanations at present. The Duty of Candour process has been instigated.

Harm Free Care – Significant Assurance

The Trust figures for harm free care based on old and new harms have each remained below 95% in month. Harm free care based on new harms only are all above 95%. Harm Free Care for maternity has increased considerably above the run of year to date figures, improving from 77% to 93% this month.

Overall Nursing, Midwifery and Care Staffing Levels – Significant Assurance

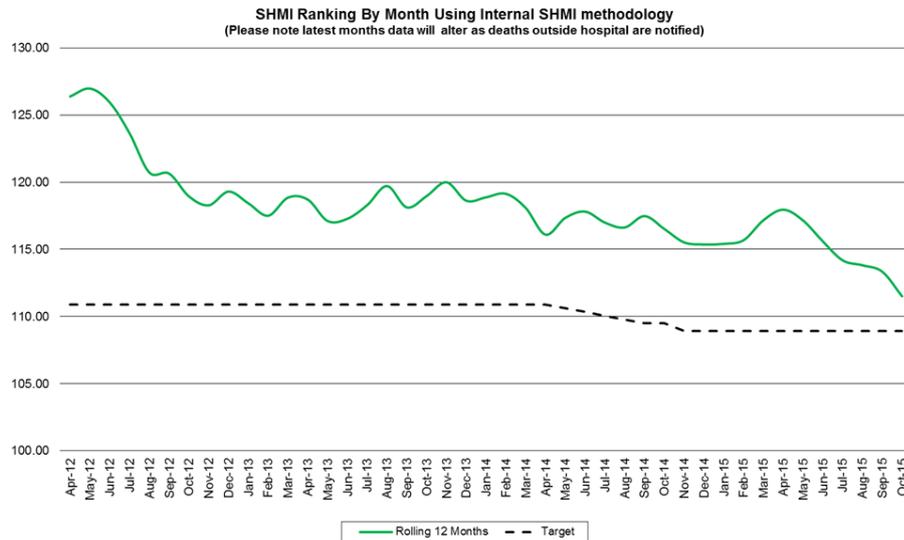
In October, the planned Nursing and Midwifery staffing and care staff levels for the 41 planned inpatient wards at Blackpool Teaching Hospitals were compared with the actual staffing levels on a daily basis. This provided the Trust with a percentage fill rate for each ward day and night and an overall percentage fill rate. In October the percentage fill rates for registered Nurses/Midwives at the Victoria and Clifton sites and for the Trust overall were 90.4% (Sept - 90.8%).

Patient Experience/Friends and Family Test – Significant Assurance

Overall the Trust achieved 95% in the October FFT. There was a decrease of 199 responses compared to September. Inpatients 94% (National data for September is 95%), A & E 93% (National 88%), Maternity 98% (National 95%) Outpatient 98% (National 92%) and Community 97% (National 95%).

Mortality – Limited Assurance

Our rolling position on SHMI for October is 111.5 as shown below:



“In month” SHMI in 2015/16 has, with the exception of April, been below the corresponding month in 2014/15.

Earlier in the year we asked AQuA for support to understand how other acute provider organisations have improved and maintained improvements with their SHMI. AQuA identified five organisations nationally - Calderdale and Huddersfield NHS Foundation Trust, East Lancashire Hospitals NHS Trust, George Eliot Hospital NHS Trust, Hull & East Yorkshire Hospitals NHS Trust and Northern Lincolnshire & Goole Hospitals NHS Foundation Trust. We are meeting with the CCGs, AQuA and NHS England on 15th December to agree any implications for our existing action plans.

Quality Committee Meeting (18th November)

The Quality Committee meets on 18th November. A verbal update will be given at the Board meeting.

The Quality Committee recommends that the Board takes the following actions with respect to key items discussed at the Committee:-

- To NOTE the ASSURANCE given by the Committee on the 2 key risks - Mortality (limited) and patient experience (SIGNIFICANT overall but with some specific items LIMITED but with action plans in place to raise the assurance level)
- To NOTE progress on the development of the Quality Strategy around the themes of Informed, Timely and Safe care. The BOARD is asked to APPROVE the structure and goals of the current draft so that measures can be added and work can be done to harmonise the language between the Strategic Review and the Quality Strategy to ensure consistency of message. The final draft will then go to the Quality Committee and Board for approval in January.
- To NOTE the high priority (in terms of ensuring quality of care) of the investment identified in the Breast Business Case and Stroke Business Case - which are to be reviewed by the Executive Directors.
- To NOTE the concern raised via the external Cancer Peer Review in respect to the availability of Video Conferencing to support the cancer MDT's and the need for Trust- wide action to resolve this.

- To NOTE the risk regarding compliance with medical devices requirements – maintenance and training records. Again, this requires Trust - wide action
- To NOTE the Committee received and supported the Six Month Safe Staffing Review (Nursing) and its recommendations which would now enter the 2016/17 budget planning process. The committee commended the work of the Director of Nursing and her colleagues for such a thorough review. The overall conclusion was that there was ASSURANCE that the current staffing position across all Divisions is SAFE.

The Quality Committee also recommends that the Board NOTES the following:-

- To NOTE that a Never Event had occurred and was the subject of a SUI review.
- To NOTE that the latest safe staffing nursing and midwifery support showed overall SIGNIFICANT ASSURANCE with a percentage fill rate above the critical 90% level. 5 wards are below that level and therefore at LIMITED ASSURANCE
- To NOTE that the committee considered each of the top 3 risks in each of the divisions. Whilst there were some issues of LIMITED ASSURANCE, all had action plans to achieve higher levels of assurance by specific dates
- To NOTE progress being made on the Clinical Audit programme (2015/16) and NICE indicator compliance at the mid-year. The Medical Director would ensure that Divisions take action to progress areas with delays.
- To NOTE that a new case of MRSA Bacteraemia occurred in October 15.
- To NOTE the concern about the current performance on compliance with the AKI and Sepsis pathways.
- To NOTE that the Committee has asked the CEO to escalate action to hasten the the process to make EMIS mobile fully operational in the interests of patient care for community patients

5. Workforce

Overall Workforce Assurance – Limited Assurance

Although improvement is evident across a number of indicators, many are not within the target specified. The Trust is reporting a reduction of £267,831 in bank; agency and locum spend from September to October although the underlying position is an increase of £218,879 with the reported improvement in month due to the financial adjustment described on page 20 of the IPR. A robust process has been implemented which places rigour and challenge into the process when a request for agency staff is raised to ensure only essential bookings are granted and agency usage and spend is discussed at all monthly divisional board and divisional performance meetings.

Staff Engagement and Staff Friends and Family Test – Significant Assurance

In September we launched our first Great Place to Work Survey which will replace the current Staff, Family and Friends Survey going forwards. The survey measures our staff engagement more deeply through a range of enabling questions and allows us to identify what factors will improve staff engagement.

The survey is undertaken with a quarter of staff being included from across the Trust each quarter. Thereby all staff will be surveyed only once a year. The first results have been received and will be shared with the Executive Directors and Cultural Transformational Change Team on 2nd December. Despite the changes to the questions asked in this survey and the in-depth scrutiny, it is pleasing to note that our engagement score remains at 4.

- Recommend for care or treatment = 76.5%
- Recommend as a place to work = 68%

The second Great Place to Work Survey is due to be sent out on 1st December.

The National Staff Survey has been launched and closes at the end of November. This year we have sent the survey to all staff to maximise our opportunity of gaining widespread and varied information to drive improvements going forwards.

Staff have been encouraged to complete the survey and so far 1625 staff have submitted their responses.

Staff in Post – Limited Assurance

The number of registered nurses increased by 37 WTE from September to October. Of these 12.08 (wte) were new starters to the Trust and the remainder accounted for nurses being awarded their PIN by the Nursing & Midwifery Council (typically overseas nurses who join as HCAs pending receipt of their PIN from the NMC). Both UK and international recruitment campaigns have been planned for the next 12 months. The Trust visited Greece for the first time (w/c 2/11) and 9 offers of employment have been made to successful candidates who we anticipate will start in January 2016. Coupled with this, there has been significant efforts to reduce the time to hire and this continues to decrease. At the end of October, there were 72 WTE nursing vacancies under offer and plans to recruit a further 40 WTE in the next 2-3 months. At the end of October, we were recruiting to 23 Consultant posts with 7 under offer. 11 posts are in hard to fill specialties e.g. Emergency Medicine, AMU, Dermatology, Endocrinology and Diabetes and Care of the Elderly. Medacs is assisting the Trust in trying to fill these vacancies. The total number of SAS and Trust Grade posts being actively recruited is currently 25, with 12 under offer.

Sickness – Limited Assurance

Although still better year on year, absence has increased again for a third consecutive month in October taking the year to date figure to 4.09%. With the exception of the Families Division, all other areas have seen an increase in absence levels. Divisional HR teams are monitoring compliance to policy closely and progress on divisional action plans are provided quarterly at Operational Workforce Committee meetings.

Mandatory Training – Limited Assurance

Overall compliance remains at 85%, although specific topics areas vary. L&D will continue to target non compliers throughout November and the Subject Matter Experts are reviewing job role requirements against the Training Needs Analysis.

Induction – Limited Assurance

Corporate Induction continues to be affected by the large number of new starters and is currently down 2% to 95%, however, this is projected to go back to 100% by the end of the year. The 5% non-compliance is being investigated on an individual basis and staff are being rebooked urgently. L&D will continue to liaise with Recruitment to ensure the process is back in line with the 'first day in post' policy by year end.

Successful applications to support the workforce agenda

Health Education England (HEE) has a responsibility for attracting and ensuring a future workforce supply. As part of this responsibility HEE has published a range of strategies which are aimed at attracting and supporting the development of the future workforce. These include support for the transition of newly qualified healthcare staff from student to competent healthcare practitioner. HENW made £50,000 available per NHS Trust to support a local programme of work to address workforce retention, support and enhancement issues. We have been successful in securing this funding and plans are in place to:

- Provide a Trust-wide preceptorship co-ordinator to standardise preceptorship provision and learning environment support across the Trust.
- Develop enhanced learning environments through dedicated qualified senior nurses responsible for management of practise learning and preceptorship.
- Provide standardised preceptorship opportunities through development of a newly qualified nurse development passport including preceptorship period up to 2 years of post-qualifying.
- Provide an enhanced recruitment strategy of newly qualified nurses with a positive recruitment and preceptorship experience to contribute to the organisational retention strategy.

We have also been successful in securing funding to support our return to practice (RTP) programme for qualified nurses. This funding will support experience as a Health Care Support Worker (HCSW) prior to accessing a RTP programme. Health Education North West (HENW) is providing additional funding to assist those professionals who have been out of practice for more than 5 years to gain experience as a HCSW. The funding will be used to support placement providers in the provision of blocks of time to access care experience for a minimum of 3 months and a maximum of 6 months prior to undertaking the RTP programme. We have secured 8 places for this programme and suitable placements are being secured to gain their experience.

6. Audit

The Audit Committee is due to meet on the 26 November. In addition to reports from both internal and external auditors is a review of value for money.

7. Finance

Income and Expenditure

The Trust incurred a deficit (pre-mitigations) of £0.6m in October which is £1.4m worse (pre-mitigations) than the Annual Plan submitted to Monitor. After mitigations (see below) the position in month represents an adverse variance of £0.4m to the Annual Plan. The year to date variance against the annual plan is a deficit of £1.9m.

The following comments relate to the position pre mitigations:

- Income is £0.4m better than plan
- Pay expenditure is £0.8m worse than the plan
- Drug expenditure is £0.2m worse than the plan in October driven in part by higher than planned PbR excluded drugs.
- Clinical Supplies is £0.4m worse than the plan in October driven predominantly by PbR excluded devices.
- Other Non-pay expenditure is £0.4m better than the plan in October.
- The Trust has delivered £1.7m CIP in October against a plan of £2.2m.
- Capital expenditure is £1.2m under plan to the end of October. A review of all approved capital schemes has been undertaken as part of the month 5 reforecast resulting in a reduction to the 2015/16 capital programme of £2.0m. Capital expenditure to October is in line with the forecast.
- The cash balance at the end of October is £0.7m lower than the plan, however is £0.3m higher than the forecast

The Trust has identified a number of further one-off and / or non-recurrent mitigations which have been utilised to offset the underlying month 07 financial performance. The reported surplus (post mitigations) is £0.3m in October which is £0.4m worse than the Annual Plan submitted to Monitor. The year to date deficit of £9.7m (post mitigations) is £1.9m worse than the Annual Plan.

Reforecast / Trust Recovery Plan:

The Trust Reforecast and Recovery Plan was presented to the Finance Committee on 20th October. The reported surplus (post mitigations) is £0.3m in October, which is broadly in line with the forecast. The year to date deficit of £9.7m (post mitigations) is £0.1m worse than the forecast.

The high level variance to the forecast, post mitigations, is as follows:

- Income is £0.1m worse than the forecast;
- Pay is £0.2m better than the forecast;
- Non-pay is 0.2m worse than the forecast;
- Non-operating expenditure is £0.1m better than the forecast.

Financial Sustainability Risk Rating (FSRR)

From the 1st August the Continuity of Services Risk Rating (CoSR) has been replaced by the FSRR as prescribed by Monitor in the Risk Assessment Framework (updated August 2015). The Trust has delivered a FSRR of 2. The Trust has forecast delivery of a FSRR of 2 in 2015/16.

Contractual Performance:

Across all commissioners, the agreed financial values have within them a number of risks / downsides and mitigations / upsides. A summary of the key areas is shown below:

- The Trust is not being fully remunerated for the provision some key services e.g. Community Paediatric, best practice pathways, Observation Ward activity etc
- The CCGs have queried our pricing/activity in a number of areas e.g. AMD injections and Dermatology

Performance against the agreed contract value for Blackpool CCG is £0.7m above plan and for Fylde & Wyre CCG performance is aligned to the contract following recontracting of activity from the core contract to the specialist contract. Specialist Commissioned activity is £0.7m above the agreed contract value. Non-elective activity, and excluded drugs and devices are the main drivers of overperformance against the contracts.

Financial Assurance

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

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

There is Limited Assurance regarding Financial Resilience based on our financial performance being currently worse than the Trust's 2015-16 Financial Plan and the risks inherent in our financial recovery plan, which forecasts a deficit of £14m.

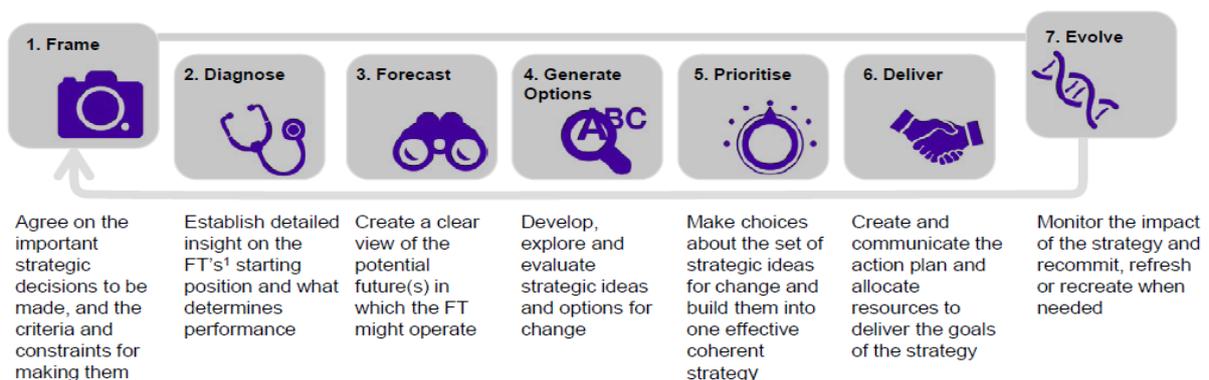
There is Limited Assurance regarding Financial Sustainability based on the view that the existing strategy is not sufficient to ensure financial sustainability at 3 and 5 years. The Board of Directors has commissioned a major strategy refresh to address this.

8. Strategy / Risk / Legal / Corporate Assurance

8.1 Strategy

Strategic Review

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



The Trust has completed the 'Diagnose', 'Forecast' and 'Generate Options' stages of the review, and is now in the final phase of the 'Prioritise' stage. This stage has included a review of the ideas generated from the clinically-led strategic working groups, along with an assessment of the likely impact that each will have on the four domains of quality, finance, operations and workforce. From this, the Trust has identified a number of work programmes that will form part of its strategic plan, prioritised over the five year period according to likely impact and feasibility of delivery.

The outputs from this stage will be shared with stakeholders across the Trust and its partner organisations on 24th November 2015 before further discussions at the Strategy and Assurance Committee meeting in December 2015 and the presentation of plans at the Board meeting in January 2016.

Fylde Coast Out of Hospital Strategy (Multispecialty Community Provider)

The Fylde Coast health and social care economy has been selected as a Vanguard site, for the provision of the Extensive Care Service and Enhanced Primary Care. The health economy's 'value proposition' has been approved by the NHS England New Models of Care Team and £4.26m of funding has been transferred into the health economy from NHS England.

Extensive Care Service

The service went live across two sites – Moor Park (Blackpool CCG) and Lytham (Fylde and Wyre CCG) – on 29th June 2015. Following the transfer of funds from NHS England, planning is underway for the deployment of extensive care services across two further sites in both CCGs, taking into account the learning from the initial implementations.

Enhanced Primary Care (EPC)

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

Better Care Together (Primary and Acute Care System)

The Morecambe Bay health and social care economy is a Vanguard site for its Better Care Together programme. The Trust is a key partner in this, since it provides community services to the population of Lancashire North CCG. The 'value proposition' has been submitted and funding allocation confirmed. Discussions are ongoing regarding the organisational form that will be used to support this.

8.2 Risk

Board Assurance Framework (BAF) – for approval

At the Risk Committee meeting on 17th November, the Committee reviewed the BAF and agreed that the finance risk regarding financial resilience should be increased to 25. The BAF is included in the Reference Folder for discussion and ratification.

Corporate Risk Register (CRR) – for ratification

The CRR was discussed at the Risk Committee meeting on 17th November and the Committee agreed to:-

Add 2 risks to the CRR, as follows:-

- New Risk – Escalation of Ward 6 – score 16.
- Escalated Risk - Medical Engineering/ALTC – Compliance – score 20.

Defer 5 risks pending review, as follows:-

- Income - Research and Development – pending a meeting with the Medical Director and Director of Finance and Performance.
- Surgical Pharmacy Staffing – Pharmacy – pending the analysis of incident and capacity data.
- Elderly Care – Unscheduled Care – pending a discussion with the divisional Quality Manager.
- Medical staff on Ward C – Unscheduled Care – pending the appointed staff taking up posts in December.
- Phlebotomy - ALTC – pending a further review by the divisional management team.

Decline 3 risks, as follows:-

- Resuscitation Bleeps – after discussion it was agreed the consequence would be revised to 3.
- Observation Ward – the risk has reduced to 8.
- Extensivist Programme staff recruitment – the risk has reduced to 12.

Archiving 9 risks from the CRR as follows:-

- Heart and Lung Consoles - score 5 – equipment to be purchased 2016/2017.
- Stack systems Urology – score 4 - equipment replaced.
- Pacemakers Cardiac – score 5 – equipment replaced.
- Stack systems Cardiac - score 5 – equipment replaced.
- Management of Celebrities – score 5 – revised policy in place.
- X-ray gantry beyond its useful working life – score 4 – scheme commenced.
- Failure to appropriately plan the x-ray gantry replacement – score 5 – scheme commenced.
- Breast Service – score 5 – significant improvements made.
- Unreported cases X-Ray– score 12 – improvements made.

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

8.3 Legal

Against the background of the Francis Report and the prosecutions arising from the Winterbourne view, there is now a new criminal offence of ill treatment or wilful neglect in health and social care, which came into force on 13 September 2015. Sections 20 – 25 of the Criminal Justice and Courts Act 2015 set out the new offences.

- an individual who ‘ill-treats or wilfully neglects’ another individual of whom he has care ‘by virtue of being a care worker’ (s20)
- a care provider if:
 - someone who is part of the care provider’s arrangements for the provision of care ill-treats or wilfully neglects an individual under the provider’s care;
 - the way in which the care provider manages or organises its activities amounts to a gross breach of a relevant duty of care owed by it to the victim; and
 - if that breach had not occurred the ill-treatment or wilful neglect would have been avoided, or less likely (s21).

These mirror s44 of the Mental Capacity Act 2005, which provides for up to 5 years in prison for ill treatment or wilful neglect of patients who ‘lack capacity’, but the new offences do not discriminate according to the type of patient, and they cover both individual care workers and provider organisations. The framing of the care provider offence reflects the structure of the Corporate Manslaughter and Corporate Homicide Act 2007, in requiring a gross breach – failing to take reasonable care is not enough.

The new offences are very wide ranging. For the individual offence a ‘care worker’ includes anyone who, as paid work, provides social care for adults or health care for children or adults. A ‘care provider’ is defined as a body corporate or unincorporated association which provides or arranges for the provision of health care or adult social care. A ‘care provider’ can also include an individual who provides these services and employs/makes arrangements for other people to assist in providing that care. The very rare exclusions are mostly about schools or other educational establishments, and children’s homes / residential settings, where these new offences will not apply.

Crucially, there is no particular threshold prescribed for the harm that must be suffered by the patient or service user, and the nature of the behaviour that will be seen as ‘ill treatment’ or ‘wilful neglect’ on an individual level is undefined. The way in which the new offences are prosecuted in practice will make all the difference, and we would hope and expect that they will only be used in cases which anyone would reasonably regard as fairly extreme – thinking of Mid Staffs and Winterbourne View – given all the other regulatory mechanisms in place.

The law has always allowed for the prosecution of those who assault individuals in their care. Similarly a failure to take reasonable care of a patient in a workplace setting is also an offence under Section 7 of the Health and Safety at Work Act 1974. The new offences plug a gap between those two extremes and targets the worst examples of a lack of care where a care worker or care provider falls far below what can be expected of them such that their act or omissions can properly be described as reckless or even deliberate.

8.4 Corporate Assurance

Well Led Review

The Audit Committee will be reviewing the updated management responses from the Governance Arrangements Review (including elements of the Well-led Framework) as part of the Internal Audit Plan at the meeting on 26th November 2015. A report will be presented to the Audit Committee on the steps taken to arrange for an external Well-led Framework Review.

Risk Management Policy

The Risk Management Policy was validated at the Risk Committee meeting on 17th November and is presented to the Board of Directors for ratification.

External Auditors Procedure

The Use of External Auditors for Non-Audit Services Procedure was validated at the Audit Committee meeting on 8th September and is presented to the Board of Directors for ratification.

Gary Doherty
Chief Executive



Quality Strategy

2016-2019

Insert picture



Contents



Foreword from

Marie Thompson / Prof ODonnell to write

What is Quality and Quality Governance?

Quality

Centres around the implementation of effective interventions to ensure care is safe and that care provides as positive an experience for our patients as possible.

Care for our patients should be evidence based and delivered in a way and in an environment that keeps our patients involved and informed about their plan of care

We are committed to ensuring that:

Care is informed

Care will be informed by evidence base and delivered in a way that ensures patients are informed and involved in the planning of their care

Care is timely

Care will be delivered in appropriate time-scales according to clinical need and appropriate pathways of care

Care is safe

Care will be provided in a way that protects patients from harm and in an environment that promotes a safety culture

Quality Governance

Quality Governance is how structures and processes supports the implementation of our quality domains at all levels of the organisation.

Structures:

- Trust Board
- Quality Committee
- Divisional Boards
- Local Improvement Teams
- Corporate Governance Departments

Processes:

- Sign Up to Safety
- Patient Experience and Patient Relations
- Clinical Audit
- Serious Untoward Incident Reporting
- Talk-safe
- Identifying, Sharing and Delivering agreed Best Practice
- Lessons Learned and Feedback
- Identification and Management of Quality Risks
- Peer Reviews
- Standards of Quality Investigations and Action Planning
- Implementing Openness and Honesty
- 'Tell Us' Systems
- Better Care Now
- Clinical Pathways
- Best Practise Guidance
- National Targets
- Great Place to Work

Quality improvement is about making health care safe, effective, patient centred, timely, efficient and equitable. (Health Foundation). High quality care will be achieved when all three domains above are present

IT'S how we care



Quality Strategy

The purpose of the Quality Strategy is to support the delivery of the organisations vision, values, quality goals and strategic objectives. Our vision is to create a culture of continuous improvement where;

‘Our care will be safe, high quality and managed within available resources, provided in the most appropriate environment and to agreed pathways of care’ and

‘Our highly skilled and motivated workforces will be patient centred, caring and compassionate, living our values every day.’

The strategy closely supports other key initiatives and organisational strategies and working alongside these the aim is to deliver key improvements in the three quality and safety domains set out below. We have set two goals for each domain to provide staff , patients and the public with a clear view of what our quality and safety priorities are and how these will be measured going forward. Achieving these goals will require us to have excellent staff, excellent record keeping and to excel at working in partnership . We call these our 3 ‘strategic enablers’. Progress towards achieving the goals and strategic enablers will be monitored by the Trust’s Quality Committee and will be formally described in the Trust’s Yearly Quality Accounts.

IT’S how we care

CARE IS INFORMED

1. Enhancing the Patient Experience & Promoting Patient Involvement
2. Providing Evidence Based Care

CARE IS TIMELY

3. Care at the right time
4. Care in the right place

CARE IS SAFE

5. Harm Free Care
6. Open and Honest Culture

STRATEGIC ENABLERS

Qualified, Motivated and Safe Staff
Excellent, Accessible Clinical Documentation
Partnership Working

The following pages set out in more detail how we will make progress against the 6 key goals and 3 strategic enablers listed above

INFORMED

Enhancing the Patient Experience and Promoting Patient Involvement

What are we trying to accomplish?

'We want our patients to experience the highest quality care, to be involved in decisions about their care and to have clear and open communication with our clinicians. We will therefore listen to our patients and support them to ensure that they are involved in decisions about their care and treatment. We will work with the local population and representative groups in order that they are partners in design, delivery and evaluation of our services.'

Why is this important?

The main aim of NHS England is to provide high quality care for all, now and for future generations through improved patient experience and improved patient outcomes. The NHS constitution, the Outcomes Framework 2011/12 and the NICE Quality Standards for Experience and Mental health Experience all reinforce the need for patient centred care. The Trust must ensure that these form the basis of its practice.

Research shows that patients care about their experience as much as clinical effectiveness and safety. They want to feel, informed, supported and listened to, so that they can make meaningful decisions and choices about their care. That is why we are clear as an organisation that patient experience is a crucial part of the care we deliver to our patients.

How will we know we are making progress?

- When themes from our 'Tell Us' campaign provide us with assurance that we are involving patients in decisions about their care
- When the severity and the number of our most severe complaints are reducing.
- **When patient experience feedback is automatically used to influence process and care developments.**
- When we have developed tools to support shared decision making of 'No decision about me, without me'.
- When our dementia strategy and its implementation supporting structures are fully developed .
- When 'Always Events' are embedded within clinical teams who recognise these as aspects of patient experience that we should always get right.
- When patients, service users and carers are at the heart of developing personalised approaches to care

IT'S how we care

Providing Evidence Based Care

INFORMED

What are we trying to accomplish?

We will ensure the use of current best evidence in making decisions about the care of individual patients and the delivery of our services. We will provide systems to support evidence-based clinical practice where clinicians have the ability to use the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best. We will introduce clinical pathways and care plans so that patients can benefit from a high quality standardised level of care in line with research based evidence of best practice for best outcomes.

Why is this important?

The Institute for Innovation and Improvement advocate that evidence based care enables NHS staff to use evidence in practise at a local level to address the key questions of what should be done, where, when and by whom, whilst providing standardisation of practise and reducing the variation in treatments of patients resulting in improved patient outcomes.

How will we know we are making progress?

- When clinical audit findings are shared across the organisation
- When clinical pathways are fully implemented to support delivery of care against agreed key disease groups.
- When clinical pathways are fully complied with.
- When mortality rates are reduced and in line with peers
- When Royal College Guidance is incorporated alongside other research evidence when developing policy and service change.

IT'S how we care

TIMELY

Care at the Right Time

What are we trying to accomplish?

We will ensure we are “Getting Care Right for Every Patient Every Time” and we will ensure all teams are working together with our patients to improve the care patients receive in a more timely manner.

We will achieve reduction in patient harm, save lives, enhance our patients experience and improve job satisfaction through involving everyone in the acute and community settings in finding ways where we can improve our processes.

Why is this important?

The National Health Executive note that there is a wealth of evidence that getting transfers of care wrong leads to poorer patient experience, poorer clinical outcomes and the costly, sub-optimal use of limited public money and resource, not just across the NHS but including social care, housing and other public services.

By reviewing processes to improve pathways, and equipping multi-disciplinary teams to work more effectively together in ‘getting better care at the right time’ whilst facilitating safe transfers of care can be achieved.

How will we know we are making progress?

- We will deliver the highest quality of clinical care for patients within the available financial envelope through the ‘Better care Now’ Project
- We will ensure the ‘Right patient, to be in the right place at the right time’, in order to deliver safe and timely care.
- We will streamline and improve admission to Hospital where clinically indicated
- We will support the sustained delivery of the 4 hour operational standard for emergency access
- We will reduce the risk of exposure of our patients to Hospital Acquired Infections, which would inevitably further increase their length of stay
- We will ensure a timely journey within expected timeframes for patients on a cancer pathway

IT’S how we care

TIMELY

Care in the Right Place

What are we trying to accomplish?

'We recognise that our patients' experience of care will be influenced not only by when it takes place but also where. In many situations, care is best delivered in a hospital because of the availability of specialist facilities and staff required for such care. In others, care will be more effective if delivered closer to the patient's community or home. We will therefore work in collaboration with our CCGs, local Council and other organisations to improving community health. We will focus on innovative proactive models of primary care to support wholesale changes in health and social care delivery ensuring patients are cared for in the right place which, where appropriate, is a place of their choice.

Why is this important?

It is recognised that Care needs to be reoriented around the needs of the patient, cutting across all aspects of health and social needs: medical, social, psychological, functional and pharmaceutical. A holistic care system designed to ensure early intervention, and over time proactive prevention, is required to break the current cycle of slow reactive care provision.

The Fylde Coast expects to deliver a broad spectrum of improvements through a structured and co-ordinated approach to condition management that will demonstrate a systematic reduction in flare ups and disease escalation. The development of our Extensive Care Service aims to provide pro-active and co-ordinated care wrapped around the patient in the community through a single point of access.

How will we know we are making progress?

- When our Extensive Care Service is running effectively and delivering high quality localised care to patients thereby reducing the need for hospital attendance
- When patients are supported have the confidence and knowledge to manage their own conditions.
- When patients have fewer unnecessary outpatient consultations, and investigations, and fewer planned and unplanned hospital admissions.
- When patients have regular contact with a Wellbeing Support Worker
- When patients feedback on improved patient experience due to feeling empowered to manage their own health and having an increased sense of wellbeing.

IT'S how we care

SAFE

Harm Free Care

What are we trying to accomplish?

We are committed to delivering consistently safe care and to taking action to reduce harm to our patients in our care.. We will be transparent with people about our progress to tackle patient safety issues and support staff to be open and candid with patients and their families if something goes wrong. We will develop a culture of openness which will help people understand why things go wrong and how to put them right and will give staff the time and support to improve and celebrate progress

Why is it important?

Healthcare is high risk and mistakes can happen. Only safe healthcare services are truly efficient, effective and able to offer the best experience – patient safety is the organising principle of the high quality healthcare we all want to provide. Safety initiatives are helping the NHS to make improvements and create a supportive, open and transparent environment for their patients and staff.

NHS England promote a set of national initiatives to help the NHS improve the safety of patient care. Collectively and cumulatively these initiatives aim to reduce avoidable harm by 50% and support the ambition to save 6,000 lives.

How will we know we are making progress?

- When harm free care is demonstrated through key safety performance indicators
- When our 'Talk Safe Project' realises a culture that safety is our number one priority, that it is everyone's business, and everyone has the right to challenge perceived poor standards.
- When avoidable harms are reduced within the key areas of the 'Sign up to Safety' Campaign.
- When there is a reduction in the level of harm from Serious Untoward Incidents.

IT'S how we care

SAFE

Open and Honest Culture

What are we trying to accomplish?

The Trust will foster a culture of safety and learning in which all staff feel safe to raise a concern. The Trust is committed to patient safety and will be open and honest following patient safety incidents, complaints and claims ensuring statutory requirements of duty of candour are facilitated in all cases.

Why is this important?

NHS England note that there is a strong link between high quality healthcare and a high reporting culture and when issues can be identified early and discussed openly then lessons can be learnt and improvements made. The overall aim being to improve practice, patient and staff experience and create a culture of safe compassionate care that staff and organisations can be proud of. Following the Mid Staffordshire Inquiry, the Government introduced major reforms to the NHS to create an open culture that will improve patient safety and give staff the confidence to know that they will be supported and listened to.

How will we know we are making progress?

- When appropriate policies, processes and systems are in place to support staff to comply with the Duty of Candour Regulation 20.
- When training for staff on the Duty of Candour Regulation 20 has been delivered to staff and staff awareness and use of the processes throughout the organisation are evident.
- When untoward incident reporting is normal practise for all grades of staff .
- When staff report knowledge of lessons learnt from incidents, complaints and claims from sharing across the organisation.
- When patients feel their concerns have been actively listened to and robustly managed in a timely manner.
- When staff feel engaged in creating a great and safe place to work and feel safe to raise their ideas and concerns.

IT'S how we care

**STRATEGIC
ENABLER**

Qualified, Motivated and Safe Staff

What are we trying to accomplish?

We can only achieve informed, timely and safe patient care if our staff are well qualified, highly motivated and dedicated to the provision of safe care for all our patients. We will therefore encourage, enable and empower staff to adhere to the highest professional standards in an open and honest culture. We will seek to recruit and retain staff who share the values of the Trust and to provide a supportive environment in which they can develop their skills and careers through providing high quality care.

Why is this important?

Research shows that high quality care depends on having highly qualified, well motivated, enthusiastic staff who work together across professional boundaries and support each other to provide the best possible care. The Trust must therefore put policies in place which will recruit and develop staff. It must monitor staff numbers, staff mix and other components shown to aid the delivery of high quality care. It must monitor key indicators of staff not only across the Trust but in every ward and setting.

The Trust has a Strategic Workforce Committee (SWC) which sets policy, provides assurance to the Board and oversees and monitors key staffing measures. The Quality Committee needs to operate in a way which complements the work the work of the SWC, advising it and the Board where specific quality related staffing issues need to be addressed.

How will we know we are making progress?

To be determined following discussion between the chairs of the QC and SWC on advice from Marie Thompson

IT'S how we care

**STRATEGIC
ENABLER**

Excellent, Accessible Clinical Documentation

What are we trying to accomplish?

We can only achieve informed, timely and safe patient care if we have high quality, accessible documentation (including electronic patient records and care plans). We will therefore prioritise the cost effective delivery of an electronic patient record system and introduce a modern document management system so that clinical staff requiring access to key documentation on patients can access this information whilst also ensuring patient confidentiality in a way which adheres to the key aspects of good information governance.

Why is this important?

Excellent clinical documentation provides complete and accurate information that is accessible to all members of the health care team, thereby enabling the highest quality of care. Accurate documentation is the foundation for more accurate outcome measures.

Documentation is an integral part of the care we deliver to our patients, it is not an added extra but is essential to the provision of safe and effective care.

How will we know we are making progress?

To be determined following discussion between Wendy Swift and Marie Thompson

IT'S how we care

**STRATEGIC
ENABLER**

Partnership Working

What are we trying to accomplish?

We can only achieve informed, timely and safe patient care if the Trust is able to work with partners in the NHS and the local health economy to deliver the best and most effective care for the patient by facilitating transition between partners in care whilst eliminating unnecessary duplication of effort by partners. The Trust needs to ensure that the experience of patients is the key determinant of the location and organisation of their care. This will require the Trust to have excellent relationships with partners in the local health economy and to work collaboratively with them in the overall interests of patients.

Why is this important?

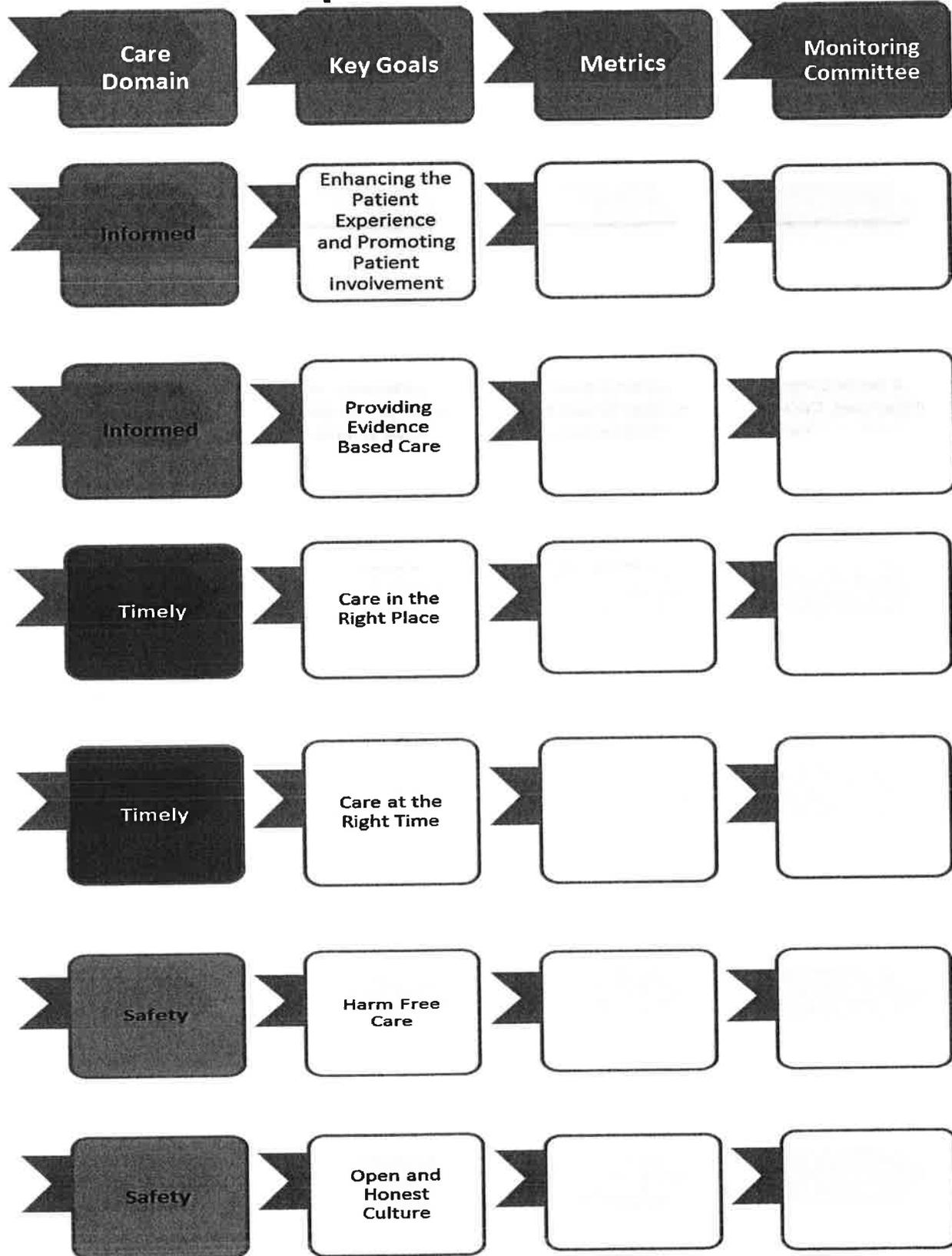
To be finalised following development of relevant sections of the Strategic Review'

How will we know we are making progress?

To be finalised following development of relevant sections of the Strategic Review'

IT'S how we care

Improvement Metrics





Strategy Review and Monitoring

This strategy covers the period from 1 April 2016 to 31 March 2019, thereby covering the three planning years, 2016/17, 2017/18 and 2018/19. This section outlines the way that the Executive, Quality Committee and Board will monitor and review the delivery of the strategy over these three years.

Prior to the commencement of each of the Planning Years, the Quality Committee will approve an annual Quality Plan with detailed targets to be achieved at the end of the Planning Year as a staging point for delivering the 3 year Strategy. Each of these targets will have quarterly milestones which will be monitored at the end of each quarter by the Quality Committee so that assurance can be given to the Board with respect to progress made in implementing the Quality Strategy. A small number of these milestones (not more than one for each quality goal in the strategy) will be adopted by the Board in its small set of strategic measures by which it assesses overall strategic progress of the Trust. The Annual Plan will also clearly set out the Committee's expectations for the Executive for the year. This will create a scheme of delegation to the Chief Executive and Executive Directors for those matters within the Committee's terms of reference which it wishes to delegate so that the committee can focus on the key strategic quality issues whilst securing assurance from the CEO and EDs on delegated matters. The Annual Plan will be recommended by the Committee to the Board for approval prior to the commencement of the Planning Year.

At the time of creating each Annual Plan, the Quality Committee will also conduct a mini - review of the Quality Strategy, recommending any alterations to the Strategy which it believes could usefully be made. During the three year period covered by the Plan, it is not anticipated that these mini reviews will lead to major changes to the Strategy unless external developments make this necessary. During 2018/19, however, a more fundamental review will take place so that a new strategy for the three year period 2019-22 can be developed and approved.

In order to achieve the above, the Quality Committee will need to meet at least 5 times each year in that it will need to have quarterly monitoring meetings in January, April, July and September and an annual planning meeting in March.

Board of Directors Meeting

25th November 2015

Subject:	Chief Executive's Update
Report Prepared By:	Gary Doherty
Date of Report:	17 th November 2015
Service Implications:	For the Board to be updated on matters the Chief Executive has been involved in.
Data Quality Implications:	None.
Financial Implications:	QuIPP essential to sustainability.
Legal Implications:	None.
Links to the Principles of The NHS Constitution:	Links to the Principles of the NHS Constitution throughout.
Links to the Trust Way Core Values:	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust Way.
Links to Key Organisational Objectives:	Providing "Best in NHS" Care for our patients.
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes
In case of query, please contact:	Gary Doherty, Chief Executive (ext 6853)

Purpose of Report/Summary

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

Key Issues:

None to highlight specifically.

The Board is asked to:

Review and note the contents of the report.

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

Board Review Date: November 2015

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

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

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

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

Board of Directors Meeting

28th November 2015

Chief Executive's Update

There are a number of external/internal CEO activities to report subsequent to my previous report to the October meeting:

- 23rd October – Presentation/Q&A session with the new national intake of NHS Management Trainees
- 10th November – hosted a visit from the Monitor Agency Team
- 12th November – helped to launch a publicity campaign for Organ Donation utilising adverts on Blackpool Trams
- 17th November – meeting with Justin Cunningham, the new Regional Director of the North for NHS Property Services.

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

- Dementia awareness session with Tommy Whitelaw
- Falls Prevention visits to a number of wards including Stroke, Orthopaedics (Wards 34 and 35) and general medicine (Wards 6 and 8)
- PAF Presentations
- Grand Round – Heart Failure Pathway Launch
- Celebrating Success Awards and Celebration Ball
- Smoke Free Walkabout
- Children in Need fundraiser on Ward 12
- World Prematurity Day

Gary Doherty
Chief Executive

Board of Directors Meeting

25th November 2015

Chairman's Update

Trust Activities

- I visited the North Locality Care Home Support Team on 3rd November where I met the Team Leader (Liz Dalke) and her team who shared with me the work being undertaken and the relationships that have been established with the care homes. The impact of their work was evident and I enjoyed the visit.
- I met David Morris, MP for Morecambe & Lunesdale, on 6th November at Heysham Health Centre when I was able to introduce him to some of the community health services provided by the Trust, in particular, District Nursing Services and Musculoskeletal Services.
- I attended the Celebrating Success Awards and Celebration Ball on 6th November which was a great success. There were more than 350 entries overall this year which was a fantastic response and I would like to congratulate all individuals and teams who were nominated for an award.

Governors and Membership Activities

- I chaired the Council of Governors Meeting on 28th October which included presentations relating to Medical Engagement (Dr Andrea Whitfield), Role and Priorities of Blackpool CCG (Mr Roy Fisher and Dr Amanda Doyle) and Nurse Recruitment (Mrs Sonya Clarkson and Mrs Lisa Horkin).

External Activities

- I attended the NHS Providers North West Meeting on 22nd October and the agenda items included "balancing the delivery of quality services in a time of constrained and reducing funding" and "the national picture", both of which were reported on by Chris Hopson, Chief Executive at NHS Providers.
- I met with Pearse Butler (Chairman at University Hospitals of Morecambe Bay) on 27th October when we discussed the future plans for both Trusts and future joint working arrangements.
- I attended a Leaders Lunch on 29th October hosted by KPMG. The guest speaker was Sir Howard Bernstein, Chief Executive of Manchester City Council, who outlined his views and insight about how working together can maximise opportunities.
- I attended the NHS Providers Annual Conference on 10th/11th November which included some good sessions.

Future Meetings

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

- Trust Strategy Event – 24th November
- Quarterly Meeting with CCG Chairs – 26th November
- Health & Well-Being Board – 2nd December
- NHS Providers Chairs and Chief Executives Network – 8th December

Ian Johnson
Chairman

Board of Directors Meeting

25th November 2015

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	28.10.15	Provision of Mattresses and Associated Goods/Services

Judith Oates
Foundation Trust Secretary

Board of Directors Meeting

25th November 2015

Affixing of the Common Seal

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

<u>Number</u>	<u>Date</u>	<u>Contract Details</u>
1	29.9.15	Heathcroft – Deed of Settlement.

Judith Oates
Foundation Trust Secretary

REVIEW OF COMMITTEE/MEETING EFFECTIVENESS

The purpose of this document is to review the effectiveness of the committee/meeting through its behaviours and processes, and to get a view of the strengths and weaknesses. The tool has a series of questions which should be awarded a rating on a scale of 1 to 5;

1 = Hardly ever/poor

2 = Occasionally/below average

3 = Some of the time/average

4 = Most of the time/above average

5 = All of the time/fully satisfactory

Name of Committee: _____

Proposed topics for discussion in relation to the committee's effectiveness;

BEHAVIOURS	N/A	1	2	3	4	5
Understanding of business All committee members have a good understanding of the risks inherent within the Trust relating to its terms of reference.						
Focus on appropriate areas The committee focuses on the right questions and is effective in avoiding minutiae.						
Quality of interaction with external auditors The committee actively engages with the external auditors regarding external audit findings and other relevant matters.						
Quality of interaction with internal auditors The committee demonstrates an appropriate degree of involvement in the work of internal audit and its findings.						
Understanding of key issues The committee understands its key work streams (delegated powers from the Board) and what needs to be reported to the Board within its terms of reference.						
Understanding of how assurance is gained The committee understands the interaction between the various sources of assurance available to it. Department / Oversight (Corporate Division) / Independent (Auditors)						
Rigour of debate The committee meetings encourage a high quality of debate/challenge with robust and probing discussions.						
Reaction to bad news The committee responds positively and constructively to bad news in order to encourage future transparency.						
Quality of chairmanship The chairmanship operates satisfactorily in terms of promoting effective and efficient meetings, with an appropriate level of involvement outside of the formal meetings.						
Frank, open working relationship with executive directors The Non-Executive Directors have a frank and open relationship with the executive directors, whilst avoiding the temptation to become 'executive'.						
Open channels of communication The committee has open channels of communication with Trust staff which facilitates the surfacing of issues and reports back appropriately to the committee.						
Perceived to have a positive impact There is an appropriate balance between the monitoring role of the committee and it being an 'influencer for good'.						

1 = Hardly ever/poor

2 = Occasionally/below average

3 = Some of the time/average

4 = Most of the time/above average

5 = All of the time/fully satisfactory

PROCESSES	N/A	1	2	3	4	5
Members with appropriate skills and experience The committee comprises members with an appropriate mix of skills and experience.						
Clear terms of reference There are clear terms of reference, with clarity as to its role vis a vis the Trust as a whole.						
Clear as to the risk management responsibilities The committee is clear as to its role in relations to risk management.						
Structure and appropriate annual agenda There is a structured annual agenda (work plan) of matters to be covered with focus to the right areas.						
Sufficient number of meetings and access to resources The number and length of meetings and access to resources is sufficient to allow the committee to fully discharge its duties.						
Concise, relevant and timely information The committee papers are concise, relevant and timely and are received sufficiently far in advance of meetings.						
Right people invited to attend and present at meetings Executive management and others are asked to present on topics, as appropriate.						
Meetings held sufficiently far in advance of Board meetings The committee meetings are held sufficiently in advance of Board meetings to permit resolution of issues raised and the development of Board papers.						
Attendance and contribution at meetings The committee members attend and actively contribute at meetings.						
Sufficient time and commitment to undertake responsibilities The committee members have sufficient time and commitment to fulfil their responsibilities.						
Ongoing personal development to remain up to date The committee members undertake ongoing personal development to update their skills and knowledge.						

1 = Hardly ever/poor

4 = Most of the time/above average

2 = Occasionally/below average

5 = All of the time/fully satisfactory

3 = Some of the time/average

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

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

* Extraordinary Board Meetings

Attendees	29.4.15	20.5.15	29.7.15	30.9.15	28.10.15	25.11.15	27.1.16	24.2.16
Ian Johnson (Chairman)	G	G	G	G	G			
Tony Shaw	Y	Y	G	G	G			
Karen Crowshaw	G	G	G	G	G			
Doug Garrett	G	G	G	G	G			
Alan Roff	G	G	G	G	G			
Jim Edney	G	G	G	G	G			
Michele Ibbs	G	G	G	G	G			
Malcolm McIlmurray	G	G	G	G	G			
Gary Doherty	G	G	G	G	G			
Marie Thompson	G	G	G	G	G			
Professor Mark O'Donnell	G	G	G	G	G			
Pat Oliver	G	G	G	G	G			
Wendy Swift	G	G	G	G	G			
Nicky Ingham	G	G	G	G	G			
Tim Bennett	G	G	G	G	G			