

Chairman's Office
Trust Headquarters
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PLEASE NOTE THE START TIME AND VENUE FOR THIS MEETING

23rd January 2018

Dear Board Members

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

The next meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 31st January 2018 at **11.00 am** in the Board Room, 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

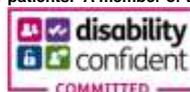
AGENDA

Agenda Item Number	Agenda Item	Duration	Purpose/ Expected Outcome
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	11.00 am (1 minute)	For Information
2	Declaration of Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	11.01 am (1 minute)	For Information
3	Apologies for Absence – Mr Johnson to report.	11.02 am (1 minute)	For Information
4	Minutes of the Previous Board of Directors' Meeting held in Public on 29th November 2017 – Mr Johnson to report. (Enclosed).	11.03 am (2 minutes)	For Approval
5	Matters Arising:- a) Action List from the Previous Board of Directors' Meeting held in Public on 29th November 2017 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	11.05 am (5 minutes)	For Discussion For Discussion
6	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	11.10 am (5 minutes)	For Discussion
7	Patient Story DVD – Professor O'Donnell to report.	11.15 am (10 minutes)	For Discussion
8	<u>Executive Reports:-</u> a) Assurance Performance Reporting (including reports from Quality Committee, Strategic Workforce Committee, Audit Committee and Finance Committee) – Executive Directors/ Committee Chairs to give a presentation. b) Chief Executive's Report – Mrs Swift to report. (Enclosed). c) CQC Inspection Update – Mrs Thompson to report. (Verbal Report). d) Learning from Deaths Report – Professor O'Donnell to report. (Enclosed).	11.25 am (40 minutes) 12.05 pm (10 minutes) 12.15 pm (10 minutes) 12.25 pm (5 minutes)	For Discussion/ For Approval For Discussion/ For Approval For Information For Information
9	<u>Chairman's Report:-</u> a) Chairman's Update. (Enclosed). b) Proposed Amendments to Trust Constitution. (Enclosed). c) Legacy Policy: Feedback from the Corporate Trustee. (Enclosed). d) Feedback from Clinical Commissioning Group Governing Body Meetings:-	12.30 pm (5 minutes) 12.35 pm (5 minutes) 12.40 pm (5 minutes) 12.45 pm (10 minutes)	For Information For Approval For Approval For Information

	<ul style="list-style-type: none"> Blackpool: 16th January 2018 – Mr Cullinan to report. (Verbal Report). Fylde & Wyre: 23rd January 2018 – Mr Hearty to report. (Verbal Report). 		
10	Key Themes for Team Brief – Mr Johnson to report. (Verbal Report).	12.55 pm (5 minutes)	For Discussion
11	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	1.00 pm (5 minutes)	For Discussion
12	Attendance Monitoring – Mr Johnson to report. (Enclosed).	1.05 pm (1 minute)	For Information
13	Any other Business – Mr Johnson to report. (Verbal Report).	1.06 pm (1 minute)	For Discussion
14	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	1.07 pm (1 minute)	For Discussion
15	Questions from the Public – Mr Johnson to report. (Verbal Report).	1.08 pm (10 minutes)	For Discussion
16	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	1.18 pm (1 minute)	For Information
		Total Duration – 2 hours 19 minutes	

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

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



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

Chief Executive: Wendy Swift

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 29th November 2017 at 9.30 am
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mr Keith Case
Mrs Karen Crowshaw
Mr Mark Cullinan
Mr Steve Finnigan
Mr Michael Hearty
Mr Alan Roff
Mrs Mary Whyham

Executive Directors

Mrs Wendy Swift – Chief Executive
Mr Tim Bennett – Deputy Chief Executive/Director of Finance
Professor Mark O'Donnell – Medical Director
Mrs Pat Oliver – Director of Operations
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance: Mrs Jane Meek – Programme Director (Better Care Now)
Miss Judith Oates – Foundation Trust Secretary
Mrs Jean Wright – Pathology Collaboration Project Director (for item 95/17a)
Mrs Gill Crankshaw – Pathology Collaboration Project Manager (for item 95/17a)

Governors (observers) – 3

Members of Public (observers) – 1

Members of Staff (observers) – 2

88/17 Chairman's Welcome and Introductions

The Chairman welcomed all attendees to the meeting.

The Chairman drew attention to the different room layout which, hopefully, would enable the observers to hear the proceedings more clearly and he reminded Board members about speaking loudly and clearly. It was noted that the suggestion from Mr Olive about installing an audio system was currently being pursued.

The house-keeping rules, in terms of mobile phones and fire alarms/fire exits, were noted.

The Chairman advised that no questions had been received in advance of the meeting but that he would take two or three questions from observers at the end of the meeting.

89/17

Declarations of Interests

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

Mr Hearty declared an interest as a member of the Lancashire & South Cumbria STP Board, particularly in view of the item on the agenda relating to the Lancashire & South Cumbria Pathology Collaboration Project.

Mrs Swift also declared an interest as the Trust's representative on the Lancashire & South Cumbria STP Board, however, she pointed out that she had asked for clarification about the requirement to declare an interest in view of the fact that she was representing the Trust and would be providing feedback from the STP Board to the Trust Board.

The Chairman commented that it was important to participate in the wider health economy forums and pointed out that, as the STP progressed, there would be further examples of Board members being involved in other committees.

90/17

Apologies for Absence

An apology for absence was received from Ms Jacqui Bate, Interim Director of People. The Chairman welcomed Mrs Jane Meek who was deputising for Ms Bate.

91/17

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 1st November 2017 be approved and signed by the Chairman subject to the following amendment:

Page 7, second paragraph, to read: Mrs Crowshaw asked how quickly the "safe to speak" boxes could be provided throughout the Trust. Dr Harper advised that this was another vehicle by which individuals could raise concerns anonymously and, although it may be more difficult to resolve the issue to complete satisfaction, it enabled the issues raised to be investigated. It was noted that this initiative was a pilot at present and, if successful, it would be implemented more widely across the organisation.

92/17

Matters Arising:-

a) Action List from the Board of Directors Meeting held on 1st November 2017

It was noted that the 3 items on the action list had been completed.

b) Action Tracking Document

It was noted that 3 of the 6 items on the action tracking document had not been completed within the date for delivery as follows:-

- Strategic Work Programme which related to the re-alignment of NEDs to the strategic workstreams - it was reported that the workstreams were under review and would be discussed at the Board Development session in December and the Away Day in January.
- BFW Management Ltd which related to the Interim Chair and Interim Stakeholder Director appointments – it was reported that this issue had been discussed at the Shareholder Panel meeting in November 2017 and further discussion would take place at the next meeting.

- Board Room Acoustics which related to the audio-microphone system in the Board Room – it was noted that the Chairman had referred to this item earlier in the meeting.

93/17

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

The Chairman provided Board members with the opportunity to report on any challenges/debates that had taken place outside formal Board meetings.

Mrs Whyham referred to the Fylde & Wyre CCG meeting which she had observed on 21st November, however, it was noted that feedback from the meeting was included on the agenda under item 9(c).

94/17

Proud to Care DVD

It was noted that a promotional DVD had been produced for the Trust which would be shown to the CQC and would be launched at next week's Team Brief.

Following the DVD, Mrs Swift asked for Board members' views and positive feedback was given.

Mr Hearty suggested editing the DVD to enable some of the staff conversation and laughter to be heard.

RESOLVED: That arrangements would be made for Mr Hearty's suggestion to be actioned.

Action Taken Following The Meeting

The DVD has been edited.

95/17

Executive Reports:-

a) Strategic Outline Case – Lancashire & South Cumbria Pathology Collaboration Project

Mr Bennett reminded Board members about previous discussions relating to the Pathology Collaboration; it being noted that it had been agreed two years' ago to establish a Pathology Collaborative with Lancashire Teaching Hospitals NHS Foundation Trust to develop pathology services and that the University Hospitals of Morecambe Bay NHS Foundation Trust had since joined and that, more recently, the East Lancashire Hospitals Trust had joined.

It was noted that NHSI had recently recommended that all pathology services should be provided on a hub and spoke model.

Mr Bennett advised that Jean Wright (Project Director) and Gill Crankshaw (Project Manager) would be joining the meeting to provide more detailed information about the project and would be requesting the Board to approve the Strategic Outline Case following which, subject to approval by the Boards of the other Trusts within the collaborative, a more detailed Outline Business Case would be produced.

At this juncture Mrs Wright and Mrs Crankshaw joined the meeting and introduced themselves to the Board. Mrs Wright gave a detailed and informative presentation outlining the following:-

- Current Delivery Model
- Purpose of the Presentation
- Rationale for Collaboration
- Introduction to Pathology Services

- Governance Structure
- Strategy
- Project Current Status
- Project Proposal
- Strategic Outline Case Recommendations
- Value for Money/Efficiencies
- Key Risks
- NHSI Network Proposals
- Conclusions/Key Messages

Following the presentation, the Chairman thanked Mrs Wright for the clear explanation provided.

The Chairman asked Professor O'Donnell for his views and also welcomed Dr Guleri who had joined the meeting to observe this agenda item. Professor O'Donnell advised that, from a clinical point of view, there were no disadvantages in terms of pathology testing, however, concern had been expressed by some of the pathologists and from the Coroner.

Mrs Whyham asked about the total cost of the project and the position around transformation funding from NHS England. Mrs Crankshaw advised that the collaborative had applied for funding of £30m to build a hub facility, the outcome of which was awaited. She pointed out that three of the four Trusts in the collaborative were in need of investment in their pathology services, therefore there were costs attached whether or not the collaboration took place.

Mr Roff stated that he was supportive of the proposal in principle and that it was prudent to have a formal agreement in place, however, action needed to be taken in relation to the issue alluded to by Professor O'Donnell in relation to the concerns of the pathologists.

Mr Roff commented that the proposals for the site location were positive in terms of funding, however, it would be dependent on the Health Innovation Campus Development at Lancaster and he agreed that this should be the first choice but suggested that the proposal should not be dependent on this location.

At this juncture the Chairman declared an interest as Chair of the Lancaster Health Innovation Campus Development Board. He commented that funding was available for this project.

Mr Case stated that he was supportive of the proposal, however, he thought it should have been submitted to the Finance Committee to allow more detailed discussion to take place in terms of the figures. Mrs Crowshaw advised that it would be discussed in detail by the Finance Committee once the information was available.

Mr Case asked about the costs and the revenue savings and whether there were any detailed plans in order to be able to understand the benefits and risks. Mrs Wright advised that there were assumptions which they could now move forward with and the detail would be included in the Outline Business Case. Mr Bennett commented that Mr Case's questions were valid but pointed out that the purpose of the Strategic Outline Case was to seek approval to develop an Outline Business Case and that this was the stage at which the details would be available for review.

Mr Hearty declared a conflict of interest as a member of the Lancashire & South Cumbria STP Board. He expressed thanks for the clear presentation but commented that the proposal did not include much about the benefits for the community. He also commented on the need for the Project Team to understand and address the concerns of the pathologists.

Mr Finnigan pointed out that collaboration could often be difficult and he asked the presenters whether they were confident that the East Lancashire Hospitals Trust would support the collaborative and whether they had presented to the other Boards in the collaborative. It was confirmed that the presentation had been given, or was planned to be given, to each of the Boards.

The Chairman commented that this was not a major transaction and therefore it did not need approval from the Council of Governors, however, subject to approval of the proposal, he would wish to share the information with the Governors and he asked Mrs Wright and Mrs Crankshaw for their help in taking this forward.

RESOLVED: That the information would be shared with Governors, with input from Mrs Wright and Mrs Crankshaw if appropriate.

Professor O'Donnell asked whether staff recruitment had been factored in to the outline case and was advised that work would be undertaken to ensure that the workforce strategy was correct.

Professor O'Donnell also asked who would own the service, in view of the fact that the STP did not exist as a legal entity. Mrs Wright stated that there were different models for the partnership, for example, involving TUPE or a co-owned subsidiary, and that the partnership options would be discussed in detail by the Task and Finish Group.

The Chairman introduced Dr Guleri, Consultant Microbiologist, and gave him the opportunity to comment on the proposals. Dr Guleri outlined some very positive aspects to the collaborative but highlighted the concerns from the pathologists. He also emphasised the need to ensure that the model was aligned to the patient pathways. The Chairman thanked Dr Guleri for his clinical endorsement.

Mr Case referred to commercial partnerships and asked whether they could be reconsidered at this stage in order to bring in investment. Mr Bennett stated that this would not be ruled out altogether but that the Board had previously given a mandate not to include commercial partnerships.

Mr Case asked whether it would be sensible to appoint the Managing Director at this stage and Mr Bennett anticipated that it would take six months to recruit a candidate with the key skills to manage this project.

The Chairman asked Board members for approval of the Strategic Outline Case.

RESOLVED: That the Strategic Outline Case be approved.

Action Taken Following The Meeting

Information will be shared with Governors at the Governors Strategic Focus Group on 9th January 2018.

b) Chief Executive's Report

The Chief Executive reported on the following:-

- Board Assurance Framework
- Corporate Risk Register
- Standing Orders Policy
- Standards of Business Conduct Policy
- Well-Led Inspection
- Meetings and Events

Board Assurance Framework

Mrs Swift asked Board members to note the assurance given by the Chair of the Audit Committee to the Board Assurance Framework.

Mr Hearty reported that he was satisfied with the content of the Board Assurance Framework at present but that the Audit Committee would be reviewing the timings around assurance in view of the timings of the other Board committee meetings.

The Chairman asked the Board of Directors to approve the Board Assurance Framework.

RESOLVED: That the Board Assurance Framework be approved.

Corporate Risk Register

Mr Hearty advised Board members that the Audit Committee had reviewed the Corporate Risk Register and discussed the need to consider in more detail the current risk management process and had therefore requested Internal Audit to undertake a piece of work around the process.

The Chairman asked the Board of Directors to approve the Corporate Risk Register.

RESOLVED: That the Corporate Risk Register be approved.

Standing Orders Policy

Standards of Business Conduct Policy

It was noted that the Standing Orders Policy and the Standards of Business Conduct Policy had been updated to broaden out some areas, for example, conflicts of interests.

With regard to the Standards of Business Conduct Policy, the Chairman stated that the document had been updated in line with NHS national guidance and he pointed out the need to introduce training at an appropriate level and asked that this be actioned by the Audit Committee. Mr Hearty agreed that the Audit Committee would consider how Executive Directors could gain assurance that the policy was being adopted, particularly by senior staff.

RESOLVED: That Mr Hearty would ensure that assurance around adoption of the Standards of Business Conduct Policy was actioned by the Audit Committee.

That the Standing Orders Policy and the Standards of Business Conduct Policy be ratified.

Action Taken Following The Meeting

This item will be actioned by the Audit Committee on an on-going basis.

Well-Led Inspection

Mrs Swift reported that Mersey Internal Audit Agency and Advancing Quality Alliance were reviewing the Trust's self-assessment and would be interviewing Board members in preparation for the CQC well-led inspection.

Meetings and Events

Details of the meetings and events attended by the Chief Executive were provided for information.

c) Assurance Reporting

The Chief Executive drew attention to the Strategic Performance Reporting slides and explained that a brief presentation would be given at this meeting in terms of an update in between the detailed quarterly reports as follows:-

- Exception Reporting – A & E Performance
- Quality Update – CQC Inspection
- Finance Update and Finance Committee Summary
- Audit Update and Audit Committee Summary

Exception Reporting – A & E Performance

Mrs Oliver provided an update in respect of A & E Performance.

Mr Cullinan referred to board-round compliance and domiciliary care staff. With regard to board-rounds he asked whether it was satisfactory to have a compliance rate of only 65%. Professor O'Donnell confirmed that this was not satisfactory and that he had circulated to all staff the previous day an internal professional standard relating to board-rounds with the aim of improving patient flow throughout the Trust. It was noted that the red/green monitoring was having a positive impact. Mr Roff and Mrs Oliver commented on the success of patient streaming which had resulted in a positive impact on A & E performance. Mr Roff stated that it was evident from the ACS Steering Group meetings that there was a much clearer appreciation that the A & E situation was a health economy problem.

Mrs Whyham reported that Mrs Crowshaw and herself had recently carried out a walkabout of the pathways to appreciate the situation and obtain reassurance, however, the fact that there were at least ten elderly patients on trolleys emphasised the need for this issue to continue to be addressed.

Mrs Whyham stated that the key issue was length of stay; it being noted that some changes had been made at the front end but that other changes were needed. Mrs Whyham referred to the large number of very experienced senior nurses in the Trust and asked whether they could sign off patient discharges or whether this always had to be undertaken by a doctor. Professor O'Donnell confirmed that, in terms of governance, doctors working on behalf of consultants should be responsible for patient discharges, however, sign-off by doctors was not required for nurse led care patients.

At this juncture, it was noted that the CQC inspectors had contacted the Trust to give 30 minutes' notice for their unannounced visit and therefore Mrs Oliver left the meeting.

Quality Update – CQC Inspection

Mrs Thompson provided a brief update in respect of the CQC inspection.

It was noted that the message in the organisation was that, despite the challenges, the Trust was aiming for a rating of "good" from the CQC inspection.

At this juncture, Mrs Swift, Mrs Thompson and Professor O'Donnell left the meeting to meet CQC representatives.

Finance Update and Finance Committee Summary

Mr Bennett provided an update in respect of financial performance.

Mrs Crowshaw requested formal approval from the Board to enter into a contract with UCLAN for the provision of medical education.

Mrs Crowshaw also formally requested that the subject of waiting list patients be referred to the Quality Committee to consider the options for escalation and the actions being taken for each of the disciplines.

With regard to the Safe Staffing Report, it was noted that the Finance Committee had authorised the request for additional staffing following sight of an outline business case. Mrs Crowshaw emphasised the importance of ensuring that good governance arrangements were in place for the recruitment process.

RESOLVED: That the contract with UCLAN for the provision of medical education be approved.

That the Quality Committee would address the issue of waiting list patients.

That Miss Oates would ensure that all Executive Directors were aware of Mrs Crowshaw's comment relating to the governance arrangements for the recruitment process for additional staffing.

At this juncture, Professor O'Donnell returned to the meeting.

Mrs Whyham asked whether the contract for the Interim Turnaround Director was due to finish and whether it would be renewed. Mr Bennett advised that the contract was due to finish at the end of December and would not be renewed. Mrs Whyham also asked how the increase in staffing could be justified bearing in mind the financial position. Mr Bennett stated that the Trust was underspent in terms of substantive pay. The Chairman pointed out the need to ensure that processes were in place. Mr Roff stated that one of the biggest challenges was to recruit to the level of establishment otherwise agency costs would increase. It was anticipated that the increase in staffing levels would reduce costs because of the subsequent reduction in agency costs, however, it was difficult to recruit due to the low number of available qualified staff.

Mrs Crowshaw referred to Mrs Whyham's question about the Interim Turnaround Director and advised the Board that Mr Cullinan, Mr Case and herself would be meeting with Mr Burns in December to discuss the current financial position and the plans in place for 2018/19 and the grip and control checklist.

With regard to workforce issues and problems in recruiting staff, Mrs Meek advised that it was about workforce redesign and the commitment to review the skill mix. Mrs Whyham suggested that further work be undertaken in making the Trust an attractive place to work. Mrs Meek stated that there had been positive feedback from staff in relation to the opportunity to develop and career progression. Professor O'Donnell reported that job offers had been made to 40 Filipino nurses the previous week which, if accepted, would result in additional staffing in the new year. He further reported that a team from the Trust was currently recruiting a range of clinical staff from Qatar which, hopefully, would be successful.

Action Taken Following The Meeting

The issue of waiting list patients has been included on the draft agenda for the Quality Committee meeting in January 2018.

Executive Directors have been made aware of Mrs Crowshaw's comment relating to the governance arrangements for the recruitment process for additional staffing.

Audit Update and Audit Committee Summary

Mr Bennett provided feedback from the Audit Committee meeting held on 7th November 2017.

Mr Hearty referred to the earlier discussion on the Pathology Collaboration and commented that the recent establishment of the Lancashire Procurement Hub was a good example of collaborative working.

d) CQC Inspection Update

It was noted that this item had been discussed earlier in the meeting.

e) Electronic Patient Record – Recruitment of Chief Clinical Information Officer

The report from Professor O'Donnell relating to the provision of electronic patient records (Electronic Document Management System) and the appointment of a Chief Clinical Information Officer was provided for information.

Mr Hearty commented that both issues were moving in the right direction and he emphasised the need to ensure that an appropriate candidate was appointed to the post of CCIO.

f) Feedback from the STP Board Meeting and ACS Steering Group Meeting

In the absence of the Chief Executive, Mr Hearty and Mr Bennett reported as follows:-

STP Board Meeting (Mr Hearty):-

- The first formal STP Board Meeting had taken place on 15th November 2017.
- A review of the current position had been initiated and a range of recommendations had been discussed.
- The team had been tasked with considering how to implement the STP and a meeting was scheduled for the following week to further consider this issue.

ACS Steering Group Meeting (Mr Bennett):-

- Discussion had taken place about how to develop communication and how to implement the approach highlighting the benefits.
- Professor O'Donnell had given an illuminating presentation on mortality. The Chairman commented that it was good to highlight that mortality was not just a Trust problem. Mr Roff stated that it had been a difficult but worthwhile debate and that there had been positive comments from some of the GPs.

Mrs Crowshaw commented on the need to ensure that the meetings were not too operational and pointed out that more information was needed about how the ACS was developing and the next phase.

At this juncture, Mrs Swift and Mrs Thompson returned to the meeting.

Mrs Swift reported that a draft communications plan about the Fylde Coast ACS was being produced for discussion with the Board which would be shared and tested with the Governors Strategic Focus Group and the JNCC towards the end of December following which it would be rolled out to staff between January and March 2018.

Mrs Whyham asked about consultation with the public and was advised that this had not yet been fully developed. Mr Hearty advised that there would be communication and consultation about the Fylde Coast ACS but that it was too early at present to communicate and consult on the STP.

96/17

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman referred to the recent elections for a Lead Governor and Deputy Lead Governor and reported that Mrs Sue Crouch and Mr George Holden had been elected to the roles respectively.

b) Confirmation of Chairman's Action

It was noted that this item had been discussed earlier in the meeting and approval had been given to enter into a contract with UCLAN for the provision of medical education.

c) Feedback from Clinical Commissioning Group Governing Body Meetings

Blackpool CCG – 7th November 2017

Mr Hearty reported that the agenda was extensive and included reports on CCG performance in respect of, for example, GP referrals, finance, ambulance response times.

Mr Hearty reflected on two issues, firstly, that it was pleasing to note that the CCG was aware of the issues of concern for the Trust around A & E and DToC and, secondly, that there was a risk of confusion in the health economy around the STP and the ACS.

Fylde & Wyre CCG – 21st November 2017

Mrs Whyham provided feedback as follows:-

- The agenda included a focus on some of the issues being addressed by the Trust.
- There was concern about the referral rates to the extensive care service and the difficulty in recruiting to the service. It had been suggested that the criteria needed to be made more available to members of the public.
- A financial surplus was being forecast for the year end.
- There had been discussion about mortality and the view was that it remained a hospital issue rather than a community issue.
- The BAF, which was an impressive document, had been discussed.

97/17

Key Themes for Team Brief

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

- Proud to Care DVD
- CQC Inspection
- Lancashire & South Cumbria Pathology Collaboration

- Lancashire Procurement Hub
- Finance Update
- A & E Performance
- Annual Staff Awards
- Christmas Events

RESOLVED: That the above mentioned items be included in Team Brief.

Action Taken Following The Meeting

This item has been actioned.

98/17 Trust Values / Value of the Month

The Chairman stated that the Value of the Month for November was Excellence (be open to new ideas this month for patients and people in your team) and he asked Board members for examples.

Mrs Whyham and Mr Finnigan referred to their recent walkabout to the Children's Wards.

Mrs Whyham referred to her recent walkabout with Mrs Swift to A & E, Ward 24 and the Bed Management Team; it being noted that, in the midst of a crisis, it was important to recognise the excellent work being undertaken by the staff and their commitment to their job.

99/17 Attendance Monitoring

It was noted that attendance at Board meetings continued to be good.

100/17 Any other Business

There was no other business.

101/17 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.

102/17 Questions from the Public

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

a) Proud to Care DVD

Mr Olive referred to the Proud to Care DVD and supported Mr Hearty's view about toning down the music to enable some of the staff conversation and laughter to be heard. Mr Olive also suggested including patient conversation.

It was agreed that Mr Olive's suggestion would be actioned.

b) Pathology Collaboration

Mr Olive asked whether costings from a private sector provider had been taken into account in comparison to the costings in the business case.

Mr Bennett advised that this option had previously been considered but had been ruled out partly on financial grounds, however, he confirmed that it would be considered going forwards.

It was agreed that the private sector option would be reconsidered.

103/17 Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 31st January 2018.

The Chairman wished attendees and observers a Happy Christmas.

104/17 Resolution to Exclude Members of the Media and Public

The Chairman requested approval from the Board of Directors to resolve that members of the media and public be excluded from the meeting.

RESOLVED: That members of the media and public be excluded from the meeting.

That this resolution be included on the Trust's website.

Board of Directors Meeting Held In Public
Action List - 29th November 2017

Minute Ref/No	Date Of Meeting	Agenda Item Heading	Action To Be Taken	Person Responsible	Date To Be Completed	Change Of Date	Progress	RAG Status
94/17	29.11.17	Proud to Care DVD	Arrange for the DVD to be edited.	Judith Oates	6.12.17		This item has been actioned.	Green
95/17	29.11.17	Strategic Outline Case - Pathology Collaboration Project	Share the information with the Council of Governors, with input from the Project Director and Project Manager if appropriate.	Tim Bennett	9.1.18		Information will be shared with Governors at the Governors Strategic Focus Group on 9.1.18.	Not Yet Due
95/17	29.11.17	Chief Executive's Report - Standing Orders Policy / Standards of Business Conduct Policy	Ensure that assurance around adoption of the Standards of Business Conduct Policy is actioned by the Audit Committee.	Michael Hearty	on-going		This item will be actioned by the Audit Committee on an on-going basis.	Green
95/17	29.11.17	Assurance Reporting - Finance Update	Ensure that the Quality Committee addresses the issue of waiting list patients.	Marie Thompson	24.1.18		This item has been included on the draft agenda for the Quality Committee meeting in January 2018.	Green
95/17	29.11.17	Assurance Reporting - Finance Update	Ensure that all EDs are aware of the requirement to comply with governance arrangements for the recruitment process for additional staffing.	Judith Oates	6.12.17		This item has been actioned. The discussion arose from the update on the Annual Safe Staffing Review. The early agreement based on clinical risk was to support the temporary employment of 8 HCAs to support Wards 34 and 35. Posts will be subject to the normal recruitment process. The remaining areas seeking funding to support safe staffing are being considered as part of annual budget setting.	Green
97/17	29.11.17	Key Themes for Team Brief	Include the agreed themes in Team Brief.	Jacqui Bate	5.12.17		This item has been actioned.	Green

RAG Rating	
Green	Completed 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/No	Date Of Meeting	Agenda Item Heading	Action To Be Taken	Person Responsible	Date To Be Completed	Change Of Date	Progress	RAG Status
84/16 (b)	27.7.16	Strategic Work Programme	Consider re-aligning the NEDs to the workstreams.	Chairman/ Wendy Swift	1.12.16	31.12.17 31.3.18	The current arrangements will continue and will be reviewed later in the year when there is a full complement of NEDs. This issue will be discussed at the Board Development Session on 20.12.17. This item has been deferred.	Red
102/16	26.10.16	Chief Executive's Report - BAF	Review future Board and Committee agendas in conjunction with the BAF.	Chairman	on-going	on-going	This item will be actioned for future meetings.	Amber
26/17 (b)	26.4.17	Atlas BFW Management Ltd	Confirm Pat Oliver as the Interim Stakeholder Director and Doug Garrett as the Interim Chair.	Chairman	12.6.17	30.11.17 28.2.18	Letters are due to be issued to the Interim Chair and Interim Stakeholder Director together with letters to the two Non-Executive Directors. This issue was addressed at the Shareholder Panel meeting in November 2017 and further work on appointments is being undertaken. This issue is due to be resolved at the Shareholder Panel on 1.2.18.	Red
33/17	26.4.17	Questions from the Public	Address the issue of poor acoustics.	Judith Oates	26.7.17	31.12.17 31.3.18	Enquires have been made about the possibility of installing an audio/microphone system in the Board Room. A desk mounted wireless solution has been recommended and a site visit has been arranged for 31.10.17. The site visit was cancelled at short notice and is being re-arranged. Costings have been received and are being considered by the IT Developments Team.	Red
42/17 (e)	24.5.17	Assurance Report - A & E Performance	Provide more detail at a future Board Seminar about how the target to channel 18000 patients from A & E to the Urgent Care Centre can be achieved.	Pat Oliver	28.2.18		This will be presented at a Board Seminar in the New Year when the scheme is complete.	White
67/17	26.7.17	Any other Business - National Visiting Programme (Getting It Right First Time)	Submit a report to the Board when the visits have been completed.	Mark O'Donnell	31.3.18		Visits have been completed as follows:- - Orthopaedic Surgery - Vascular Surgery - Paediatric Surgery - Cardiothoracic Surgery - Obstetrics and Gynaecology - Ophthalmology Surgery A visit is planned as follows:- - Urology Surgery Visits are to be scheduled as follows:- - General Surgery - Ear, Nose and Throat Surgery - Oral and Maxillofacial	White

Board of Directors Meeting
Action Tracking Document

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

Board of Directors Meeting
Action Tracking Document

Board of Directors Meeting
Action Tracking Document

Board of Directors Meeting

31st January 2018

Chief Executive's Report

Report Prepared By:	Wendy Swift, Chief Executive	
Contact Details:	Ext. 56853	
Date of Report:	24 th January 2018	
Purpose of Report:		
To provide the Board of Directors with an update on current issues.		
1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
For information	For Discussion	For Approval
Recommendations:		
The Board is requested to review and note the content of the report.		
Sensitivity Level:		
1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Not sensitive: For immediate publication	Sensitive in part: Consider redaction prior to release	Wholly sensitive: Consider applicable exemption

Board of Directors Meeting

Chief Executive's Update

31st January 2018

Board Assurance Framework (BAF)

The Board of Directors had a risk appetite session on 20th December 2017 which identified that there were five key areas for review needed to the BAF to implement a risk appetite programme successfully;

1. A review of the risk titles to ensure they are relevant as the Trust moves towards an Accountable Care Partnership;
2. A review of the consequence and likelihood matrices;
3. A review of risk scores based on the new matrices;
4. A review of the actions column and renaming it to opportunities to mitigate the risks;
5. A review of the Board's appetite to address the identified opportunities.

These actions would be achieved firstly through meetings with the NED Committee Chairs, the majority of which have taken place, followed by a review by Executive Directors to identify the opportunities to mitigate the risks, which will result in a full Board of Directors review of the BAF and identification of the risk appetite for mitigating the risks.

The Audit Committee reviewed the existing BAF at its meeting on 16th January 2018 and challenged several risks, which will be fed into this review.

Corporate Risk Register (CRR)

The Corporate Risk Register has been reviewed by the Executive Directors and was reported to the Audit Committee on 16th January 2018. The review has identified 11 new risks and highlighted that the staff have mitigated 3 risks from corporate level.

Well-Led Inspection

The Well-led Inspection undertaken by the CQC took place between the 12th-14th December 2017. The Trust is awaiting the draft report at present which is expected in mid-February. The action plan from the initial review has 4 outstanding actions.

Walkabouts and Visits:-

I have visited a number of wards and departments over the busy winter period where I have been proud of the hard work and dedication that teams across all specialties have put in to ensure the quality and safety of patient care has been maintained at all times. My thanks go to all staff and volunteers across the Fylde Coast during this busy period.

Consultant Appointments:-

I am pleased to confirm that the Trust has appointed the following Consultants:-

- 9th January 2018 - Cardiothoracic Thoracic appointment - Carmelo Raimondo was a locum at the Trust and has now been made permanent with effect from 9th January 2018.
- 17th January 2018 – Consultant General Anaesthetists – Dzmitry Zabauski is due to commence in post mid-April 2018.
- 25th January 2018 – Consultant Urologist – Mazhar Sheik – commencement date to be confirmed.

Long Service and Staff Achievements Awards 2017- 27th November 2017

The Chairman and I attended the Long Service and Staff Achievement Award Ceremony where 218 staff members received long service awards for giving 20 years or more of service either at the Trust or within the NHS. This is a tremendous achievement and all involved enjoyed the event. Of particular note was the fact the 18 staff members received certificates for over 40 years' service.

Gordon Marsden- 15th December 2017

The Chairman and I met with Gordon Marsden, MP for Blackpool South and discussed a number of issues concerning his constituents. We also updated him on the wider strategic direction of the Trust and the wider Fylde Coast plans.

Lancashire and South Cumbria CCG Accountable Officers and Chief Executives Meeting – 10th January 2018

A regular monthly meeting has now been established to allow discussions across the Senior Leaders of Lancashire and South Cumbria. Discussion at the meeting focussed on winter pressures and the proposed Accountable Care System Developments.

STP Board Time Out – 17th January 2018

Members of the Board held discussions around the future developments of the Accountable Care System and Accountable Care Partnerships.

Blackpool North and Blackpool South Health and Wellbeing Inquiries Launch Event – 25th January

I attended the Launch Event for the Blackpool North and Blackpool South Health and Wellbeing Inquiries to hear about the findings and recommendations developed by a group of Blackpool residents.

Over a period of nine weeks two Inquiries have each brought together a diverse group of residents from Blackpool North and South to answer the question '*for people living in Blackpool (South/North) what are the main things that affect people's health and wellbeing and what can be done about them?*'

The residents shared their experiences, heard the opinions of others (including a range of senior personnel from the Council, NHS, Police and voluntary sector, as well as national experts) and developed a set of ideas for action.

**Wendy Swift
Chief Executive**

Board of Directors Meeting

31st January 2018

Mortality Monitoring Dashboard – January 2018

Introduction:

This report presents the first mortality monitoring dashboard for the Blackpool Teaching Hospitals Foundation Trust prepared against guidance on layout and content recommended by the National Quality Board following the CQC's national report entitled 'Learning from Deaths'.

Where fields on the dashboard include the term 'This Month' and 'This Quarter' the figures entered for case record reviews etc refer to those reviews presented in any given month or quarter rather than the absolute number of in-hospital deaths known to have occurred in that same month or quarter.

For the foregoing reason, the two key percentages presented must be considered as indicative only given that the numerator and denominator do not necessarily reflect the same population. A comprehensive digital database is currently under development which, it is hoped, will minimise the impact of this ambiguity in the future.

The LeDeR program is administered externally to the trust once any given patient known to suffer from learning difficulties has been registered with the central LeDeR administration at the University of Bristol. The LeDeR review process takes place through the local area coordinator (LAC) employing trained independent reviewers. The trust relies upon post review feedback from the LAC, after external application of the LeDeR methodology, regarding action and learning points. Thus far none of the local patients with known learning difficulties who have been registered with the LeDeR administration have been reviewed.

Learning from Deaths Dashboard - BTH NHS FT - Quarter 3 2017/2018

Summary of the total number of deaths and those reviewed					
Total Number of Deaths Reviewed and Deaths Deemed Potentially Avoidable (RCP <=3)					
Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of Deaths Considered to Have Been Potentially Avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
180	144	93	59	0	4
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
433	NA	243 ('56%')	NA	5 ('2%')	NA
This Year (YTD)	Last year	This Year (YTD)	Last year	This Year (YTD)	Last year
NA	NA	NA	NA	NA	NA

Total deaths Reviewed by RCP Methodology Score					
Score 1 Death Definitely Avoidable	Score 2 Strong Evidence of Avoidability	Score 3 Probably Avoidable (More than 50:50)	Score 4 Possibly Avoidable but Not Very Likely (Less than 50:50)	Score 5 Strong Evidence that Death not Avoidable	Score 6 Death Definitely not Avoidable
This Month 0	This Month 0	This Month 0	This Month 2	This Month 11	This Month 37
This Quarter (QTD) 0	This Quarter (QTD) 2	This Quarter (QTD) 3	This Quarter (QTD) 8	This Quarter (QTD) 28	This Quarter (QTD) 104
This Year (YTD) NA	This Year (YTD) NA	This Year (YTD) NA	This Year (YTD) NA	This Year (YTD) NA	This Year (YTD) NA

Learning Disability Deaths & Total Number Reviewed Under the LeDeR Methodology					
Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for Patients with Identified Learning Disabilities					
Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of Deaths Considered to Have Been Potentially Avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
1	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	0	0	0	0	0
This Year (YTD)	Last year	This Year (YTD)	Last year	This Year (YTD)	Last year
0	DNA	0	0	0	0

Action & Learning Points:

The process of retrospective review of the case records of deceased patients has generated action points for implementation and learning points for dissemination as summarised below:

- The fundamental importance of accurate writing, dating and signing of prescriptions in the avoidance of drug errors.
- The importance of meticulous tracing of records in order to guarantee the timely availability of case notes.
- The requirement for continuing education in the safe management of specific fluid and electrolyte disorders.
- The need for early establishment of ceilings of intervention in patients with known disseminated malignancy, end stage organ failure, significant co-morbidity and profound frailty.
- The importance of strict adherence to the trust policy for the monitoring of vital signs and prompt response to deviations from established early warning thresholds.
- The critical need for rapid response to deteriorating patients including the timely intervention by those with appropriate experience.
- The importance of timely review and recording of the results of key investigations undertaken in given patients.
- The fundamental importance of formulating robust management plans in case notes and the undertaking of comprehensive handover between members of staff.
- The importance of comprehensive pre-operative assessment including the explanation of perceived personalised risk to patients scheduled for major joint surgery.
- The need for pre-hospital admission establishment of preferred place of death and other aspects of End of Life Care through the preparation of individualised care plans in primary and community care.
- The importance of training in the acute management of patients with known learning difficulties.
- The importance of compliance with care pathways for high risk diagnoses such as sepsis, pneumonia and acute kidney injury.
- The need for a prompt review of the existing draft of the vascular surgical pathway.
- The need to avoid delayed patient discharge in preventing the development of hospital acquired pneumonia.
- The importance of follow-up microbiological sampling after an appropriate interval following the initial administration of antibiotics.

- The need to include the patient and their family members in important management planning and the review of pivotal results.
- The importance of timely response to requests for consultation and input from other specialities by the primary team.

Examples of Key Changes in Practice

- **Review and revision of the vascular surgical pathway.**
- **Development and implementation of a pathway for the management of massive pulmonary embolism.**
- **Review, revision and re-emphasis of the Bacterial Endocarditis pathway and team.**

RJMM January 2018

Board of Directors Meeting

31st January 2018

Chairman's Update

Trust Activities

Walkabouts and Visits:-

I have attended a number of walkabouts across the site and met with Heads of Department who have told me about their departments and aspiration for their services and introduced me to staff within these areas. I have visited the following departments:-

- 6th December 2017 - Therapy services at Blackpool Victoria Site with Charlotte Stubbs, Hospital Physio and Occupational Therapies Manager
- 11th January 2018 - Lytham Primary Care Centre to hear about the Extensivist service from Dr Andrew Weatherburn and meet the team members.
- 17th January 2018 – Adult and Long Term Conditions Service at Slyne Road Offices in Lancaster with Gill Speight, Head of Locality Lancashire North and Mark Cullinan, Non-Executive Director

Consultant Appointments:-

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Long Service and Staff Achievements Awards 2017- 27th November 2017

Wendy Swift and I attended the Long Service and Staff Achievement Award Ceremony where 218 staff members received long service awards for giving 20 years or more of service either at the Trust or within the NHS. This is a tremendous achievement and all involved enjoyed the event.

Chairs and CEO Meeting- London- 5th December 2017

I attended the NHS Providers Chairs and Chief Executives Network in London on the 5th December. This was chaired by Dame Gill Morgan, Chair of NHS Providers. Topics discussed included an update on strategic issues from Professor Ian Cumming, Chief Executive, Health Education England; an introduction from Baroness Dido Harding, Chair, NHS Improvement who gave her initial impressions as the new Chair of NHS Improvement and a presentation from Chris Hopson, Chief Executive, NHS Providers on strategic and policy issues.

Tree of lights Ceremony- 11th December 2017

The Tree of Lights Ceremony took place on the 11th December and was well represented. It was as always a very moving event.

CQC - Well led 12-14th December 2017

The Executive Team and all their teams have worked extremely hard over the period when the CQC were in the Trust and in the preparation prior to this. On behalf of myself and all the Board members my most sincere thanks for the effort put in to ensure all the requests and actions were met.

Gordon Marsden- 15th December 2017

Wendy Swift and I met with Gordon Marsden, MP for Blackpool South and discussed a number of issues around his constituents and the importance of patient consents when requesting information. We also updated him on the wider strategic direction of the Trust and the wider Fylde Coast.

HFMA Annual Chairs' Conference 2018, London - 16th January 2018

I attended the HFMA Annual Chairs' Conference which was Chaired by Richard Douglas, Non-Executive Director at NHS Improvement and Former Director – General of Finance at the Department of Health, Honorary Fellow of HFMA.

It was a good event looking at the ever changing NHS and there were a number of speakers including Sir Chris Wormald, Permanent Secretary, Department of Health; Baroness Dido Harding, Chair, NHS Improvement; Professor Sir John Burn, Chair, The Newcastle upon Tyne Hospital NHS FT; Professor Andrew St George, Leadership Expert and Author of the Navy Leadership Way

Governors and Membership Activities

Lead Governor and Deputy Lead Governor Elections:-

Governors were invited to express their interest for both roles. An election for the Lead Governor role took place on 15th November 2017 and an election for the Deputy Lead Governor role took place on 27th November 2017. As a result of both elections, Mrs Sue Crouch was elected to the role of Lead Governor and Mr George Holden was elected to the role of Deputy Lead Governor. The results were announced at the Council of Governors Extraordinary Meeting on 28th November 2017 and at the Board of Directors Meeting in Public on 29th November 2017. A detailed report is included with the agenda papers.

NHS Providers Governors Advisory Committee (GAC) Election:-

Governors were invited to express an interest in standing in this election. Voting papers were emailed to Governors on 15th December 2017 to vote for their nomination to be submitted to the GAC Election. The nomination was submitted to NHS Providers on 10th January 2018. Voting papers will be issued by ERS on 26th January and the voting will close on 30th March 2018. The results will be published on 4th April 2018. A detailed report is included with the agenda papers.

Meetings/Events with the Governors/Membership:-

In addition to the above, the Governors have been involved in the following meetings/visits/events:-

PLACE Steering Committee – 5th December 2017
Formal Patient Safety Walkabout to HDU – 7th December 2017
Governors Workforce Focus Group – 12th December 2017
CQC Briefing & Focus Group – 12th December 2017
Dementia Advisory Board Steering Group – 13th December 2017
Finance Committee – 20th December 2017
Membership Committee – 21st December 2017
Formal Patient Safety Walkabout to AMU – 9th January 2018
Governors Informal Meeting – 9th January 2018
Governors Strategic Focus Group – 9th January 2018
Health Informatics Committee – 10th January 2018
Dementia Advisory Board Steering Group – 11th January 2018
Patient & Carer Experience and Involvement Committee – 23rd January 2018
Finance Committee – 24th January 2018
Quality Committee – 24th January 2018

Two Governor Task & Finish Groups have been established in respect of the following:-

- Trust Constitution – meetings have taken place on 19th December 2017 and 15th January 2018. A detailed report is included with the agenda papers.
- Training and Development – a meeting took place on 9th January 2018. A detailed report is included with the agenda papers.

Future Meetings

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

- 2nd February North West Chairs Networking Event, Leeds
- 7th February Visit to Clifton Hospital

Non-Executive Director Activities

During the last two months, the Non-Executive Directors have been involved in the following meetings/events:-

Research & Development Committee – 28th November
Clinical Management Forum – 5th December
Lancashire & South Cumbria STP Board – 6th December
Formal Patient Safety Walkabout – 7th December/9th January
Charitable Funds Committee – 11th December
Tree of Lights Ceremony – 11th December
Dementia Steering Group – 11th January
CQC Well-Led Interviews – 12th-14th December
End of Life Project Group – 19th December
Fylde Coast Accountable Care Steering Group – 21st December/18th January
Mortality Committee – 22nd December
Informal Walkabout – 2nd January/9th January/17th January
Blackpool CCG Board Meeting – 16th January
Voluntary Services Committee – 16th January
Internal Auditors – 16th January
Lancashire & South Cumbria STP Board – 17th January
Fylde & Wyre CCG Board Meeting – 23rd January
Pathology Collaboration Partnership Task and Finish Group – 25th January

In addition, the Non-Executive Directors have Chaired/attended Board Committee Meetings and have had individual meetings with Executive Directors, Senior Managers, Clinicians and Governors.

Ian Johnson
Chairman

Board of Directors Meeting

31st January 2018

Proposed Amendments to the Constitution

Report Prepared By:	Matthew, Burrow, Head of Corporate Assurance
Contact Details:	Matthew Burrow, 01253 955990, matthew.burrow@bfwh.nhs.uk
Date of Report:	18 January 2018

Purpose of Report:

To propose the following changes to the Trust’s Constitution drafted by the Governor Constitution Task and Finish Group.

Amendments:

- Renaming of the Lancashire and South Cumbria Public Constituency to North West Counties Public Constituency.
- The following amendments to the Appointed Partnership Organisations;
 - The removal of Council for Voluntary Services, Lancashire Institute of Directors and Blackpool Citizens Advice Bureau from the Appointed Partnership Organisations list.
 - Maintain 2 of the 4 four medical/dental university providers (Lancaster University, the University of Central Lancashire, the University of Liverpool and the University of Buckingham). Request that Lancaster University and the University of Central Lancashire are full Council of Governors members (therefore are the 2 full members) and that the University of Liverpool and the University of Buckingham receive information but are not members of the Council of Governors and that the position will be reviewed every three years.
 - The appointment of a Local College/School representative.
 - The appointment of a representative from Lancashire County Council.
 - The clarification of the tenure for Appointed Governors (which is currently three years upon which they are eligible for re-appointment).
- The following amendments to the Public Governors;
 - Removal of the current vacancy position in the Lancashire and South Cumbria Public Constituency.
 - Run a by-election for another representative from the Wyre Constituency.
- The following amendment to the quoracy for the Council of Governors meetings to eight;
 - No less than Six Public Governors
 - No less than One Staff Governor
 - No less than One Appointed Governor
- For consistency, when reference is made to voting it should be clear whether it is of the members present at the meeting or entire Council or Board (paragraphs 114, 139, 164, 212, 219, 222, 223 and 224) and the removal of reference to newspaper advertising in paragraph 105.

Items that require further consideration by the Task and Finish Group;

- How significant Trust changes and transactions are documented in the Constitution and communicated with the Council of Governors;
- How the Trust promotes and advertises the Wyre vacancy.

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

Recommendations:

To approve the;

- Renaming of the Lancashire and South Cumbria Public Constituency to North West Counties Public Constituency.
- Removal of three Appointed Partnership Organisations.
- Inclusion of University of Liverpool and University of Buckingham as Appointed Partnership Organisations who receive information from the Council of Governors.
- Removal of one Public Governor vacancy in Lancashire and South Cumbria.
- Revised quoracy for formal Council of Governors meetings.
- Amendments to paragraphs 105, 114, 139, 164, 212, 219, 222, 223 and 224.

Sensitivity Level:

<p>1 <input checked="" type="checkbox"/></p> <p>Not sensitive: For immediate publication</p>	<p>2 <input type="checkbox"/></p> <p>Sensitive in part: Consider redaction prior to release.</p>	<p>3 <input type="checkbox"/></p> <p>Wholly sensitive: Consider applicable exemption</p>
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Board of Directors Meeting

31st January 2018

Proposed Amendments to the Constitution

Background

Under the National Health Service Act 2006 (NHS Act 2006), the Trust is required to have a Council of Governors with a minimum composition of;

- 3 Elected Staff Members
- 1 Local Authority Member
- A Member from each Medical or Dental School
- More than half the Council must be Elected Public Members
- At the Trust's discretion any Appointed Organisation Members

Legal Minimum

The legal minimum for Blackpool Teaching Hospitals NHS Foundation Trust would therefore be;

- 3 Elected Staff Members
- 1 Local Authority Member
- 4 Medical or Dental Schools
- 9 Elected Public Members

Proposed Changes to the Constitution

Since the amendment to the Constitution approved by the Council of Governors on 13th June 2017 to include Cheshire, Merseyside and Greater Manchester in the Lancashire and South Cumbria Public Constituency, the Task and Finish Group agreed with the proposal to rename the constituency to North West Counties Public Constituency to better reflect the geography.

In addition, the Task and Finish Group agreed that, in order to develop a more agile Council of Governors to deal with the transition to an Accountable Care Organisation, the number of Appointed Partnership Organisations be reduced. It is therefore recommended that the following Appointed Partnership Organisations be removed; Council for Voluntary Services, Lancashire Institute of Directors and Blackpool Citizens Advice Bureau from the list of Appointed Partnership Organisations.

The group agreed that the Trust should maintain the two local authorities as Appointed Partnership Organisations; Blackpool Council and Lancashire County Council, requesting a representative for the Lancashire County Council Governor vacancy.

Under Schedule 7 of the NHS Act 2006, the Trust should have maintained the four medical and/or dental schools. However, to keep the Council of Governors agile the Task and Finish Group is proposing that only two of the four medical and/or dental schools join the Council of Governors as full members and the other two receive information, subject to the agreement of all four organisations. This would mean that two of; the University of Central Lancashire, Lancaster University, the University of Liverpool or the University of Buckingham would join the Council of Governors as full members. It is proposed that the University of Central Lancashire and Lancaster University become full members and that the University of Liverpool and the University of Buckingham would receive information and that the agreement would be reviewed every three years.

The Task and Finish Group recommends that the Council of Governors appoints a new college/school representative to assist with engagement with young people.

Furthermore, the tenure for Appointed Governors is three years upon which they are eligible for re-appointment, at which point the Chairman will seek confirmation of the re-appointment from the relevant Appointed Partnership Organisation.

In terms of Public Governor posts, the Task and Finish Group agreed that the vacancy in the Lancashire and South Cumbria Public Constituency should be removed and that a by-election should be held for the Wyre Public Constituency due to the amount of public using Trust services in that area.

In light of these amendments it is recommended that the quoracy for Council of Governors meetings is changed to eight from ten;

- No less than Six Public Governors (was seven)
- No less than One Staff Governor
- No less than One Appointed Governor (was two)

The Group noticed an area of ambiguity in several paragraphs (114, 139, 164, 212, 219, 222, 223 and 224) reference was made to three-quarters of either the Council of Governors or Board of Directors voting on a matter. The Group recommended that clarity was needed for those paragraphs as to whether that was the entire Council or Board or the members present at that meeting.

- Paragraph 114 – should be the three-quarters of the Governors at the meeting;
- Paragraph 139 – should be the entire Council of Governors;
- Paragraph 164 – should be the entire Council of Governors;
- Paragraph 212 – should be the three-quarters of the Governors at the meeting;
- Paragraph 219 – should be the three-quarters of the Governors/Directors at the meeting;
- Paragraph 222 – should be the three-quarters of the Members at the meeting;
- Paragraph 223 – should be the entire Council of Governors;
- Paragraph 224 – should be the three-quarters of the Governors at the meeting.

Reference was also made to newspaper advertising in paragraph 105 which the Group recommended was removed.

The Task and Finish Group discussed the management of significant transactions and the point at which the Council of Governors should be informed of significant changes from within the Trust, this requires further discussions and therefore no recommendation has been made.

Recommendations

To approve the;

- Renaming of the Lancashire and South Cumbria Public Constituency to North West Counties Public Constituency.
- Removal of three Appointed Partnership Organisations.
- Inclusion of University of Liverpool and University of Buckingham as Appointed Partnership Organisations who receive information from the Council of Governors.
- Removal of one Public Governor vacancy in Lancashire and South Cumbria.
- Revised quoracy for formal Council of Governors meetings.
- Amendments to paragraphs 105, 114, 139, 164, 212, 219, 222, 223 and 224.

Board of Directors Meeting

31st January 2018

Legacy Policy

Report Prepared By:	Ian Johnson	
Contact Details:	01253 956856 / ian.johnson@bfwhospitals.nhs.uk	
Date of Report:	16th January 2018	
Purpose of Report:		
To provide the Board of Directors with an update on the implications of accounting for legacies within the Trust rather than the Blue Skies Charitable Fund.		
1 <input type="checkbox"/> For information	2 <input checked="" type="checkbox"/> X For Discussion	3 <input checked="" type="checkbox"/> X For Approval
Recommendations:		
That the current position relating to the receipt of legacies into the Blue Skies Charitable Fund should continue in order to retain the exemption from Inheritance Tax.		
That the decision should also recognise the need to rationalise the number of funds within the charity and consideration of the Charity's interpretation of how public benefit can be met through the decision making process to provide greater flexibility in use of the funds available.		
Sensitivity Level:		
1 <input type="checkbox"/> Not sensitive: For immediate publication	2 <input type="checkbox"/> Sensitive in part: Consider redaction prior to release	3 <input checked="" type="checkbox"/> X Wholly sensitive: Consider applicable exemption

Board of Directors Meeting

31st January 2018

Legacy Policy

Background

All legacies bequeathed to the Trust are currently recognised as income within the Blue Skies Charitable Fund and their use is subject to the scheme of delegation approved by the Corporate Trustee. The use of charitable funds is limited by charity law and must be used for the benefit of the public which, in the case of the Blue Skies Charitable Fund, are the patients of Blackpool Teaching Hospitals NHS Foundation Trust.

The Corporate Trustee has requested a review of the treatment of legacies to determine whether there is an option for those which do not specifically name the Blue Skies Charity to be recognised as income by the Trust and whether there are any tax implications of such an approach. The basis of this request was to enable usage of donated funds for the benefit of patients currently being permitted by the interpretation of Charity Legislation by Blue Skies.

Findings

1) Taxation – Inheritance Tax

A review of the guidance provided by HMRC regarding Inheritance Tax states that tax is not payable on the estate of the deceased where:

- the value of the estate is below the £325,000 threshold, or
- the deceased leaves everything to a spouse or civil partner, a charity or a community amateur sports club.

As the NHS Foundation Trust is not a charity, any bequest to the Hospital could be subject to Inheritance Tax if the value of the total estate (including amounts left to other beneficiaries) was more than £325,000.

If bequests were to be taken into the Trust rather than the charity, the Trust would need to ensure that the executor was aware that the Trust was the beneficiary so that they could calculate and pay the tax, if applicable.

2) Taxation – VAT

Equipment assets currently purchased by the Charity for use in medical diagnosis or treatment are exempt from VAT. If similar assets were purchased through the Trust from money bequeathed, the VAT exemption would not apply although potentially this could be mitigated by contracting the purchase through the Atlas contract provisions.

3) Other NHS bodies

In addition to the HMRC position, a review of publicly available legacy policies from other NHS organisations has been performed as well as contact with a small number of local Trusts to ascertain treatments elsewhere. In all cases, legacies are held within their associated NHS charities.

4) Interpretation of Charity Legislation

The Trust's Head of Legal Services has reviewed the Charitable Funds Policy in conjunction with relevant legislation and guidance and has concluded that the policy does permit the wider use of donated funds than that being applied by the Corporate Trustee and Charitable Funds Committee.

The main area of interpretation is what constitutes expenditure deemed to be that which should be provided by exchequer funding. The current interpretation is potentially blocking the use of funds on equipment and other areas of expenditure which would enhance patient care as it is perceived as being required to provide

core services. The legislation and associated guidance is not specific but it does allow charities to fund items where the decision can explain how the requirement to deliver a public benefit will be met.

Recommendation

By accepting legacies into the NHS Foundation Trust rather than the Blue Skies Charitable Fund, the financial benefit would be diminished on bequests from larger bequests due to the exposure to Inheritance Tax. Arguably this may lead some potential donors to consider leaving all or part of their estate to other beneficiaries if their estate could become chargeable to Inheritance Tax.

The Board of Directors is asked to approve:-

- That the current position relating to the receipt of legacies into the Blue Skies Charitable Fund should continue in order to retain the exemption from Inheritance Tax.
- That this decision should also recognise the need to rationalise the number of funds within the charity and consideration of the Charity's interpretation of how public benefit can be met through the decision making process to provide greater flexibility in use of the funds available.

Ian Johnson
Chairman

Board of Directors

Attendance Monitoring

1st April 2017 – 31st March 2018

Attendees (quorate)	26.4.17	24.5.17	26.7.17	1.11.17	29.11.17	31.1.18
Ian Johnson (Chairman)	G	G	G	G	G	
Karen Crowshaw	G	G	Y	G	G	
Doug Garrett	G	G	G	N/A	N/A	N/A
Alan Roff	G	Y	G	G	G	
Malcolm McIlmurray	G	G	G	N/A	N/A	N/A
Michael Hearty	G	G	G	G	G	
Mark Cullinan	Y	G	G	G	G	
Mary Whyham	G	G	G	G	G	
Keith Case	N/A	N/A	N/A	G	G	
Steve Finnigan	N/A	N/A	G*	G	G	
Wendy Swift	G	G	G	G	G	
Tim Bennett	G	G	G	Y	G	
Professor Mark O'Donnell	G	Y	G	G	G	
Marie Thompson	G	G	G	G	G	
Pat Oliver	G	G	G	G	G	
Nicky Ingham	G	G	N/A	N/A	N/A	N/A
Jacqui Bate	N/A	N/A	N/A	G	Y	N/A
Attendees (non-quorate)	26.4.17	24.5.17	26.7.17	1.11.17	29.11.17	31.1.18
Jane Meek	G	G	N/A	N/A	G	
Paula Roles	N/A	N/A	G	N/A	N/A	N/A
Dr Nick Harper	N/A	G	N/A	G	N/A	
Keith Dickinson	N/A	N/A	N/A	G	N/A	

Attendance

Apologies

Deputy

No Apologies / Deputy



* attended as an observer