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18th February 2014

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 26th February 2014 at **9.30 am** in Rooms 3 & 4, Education Centre, Blackpool Victoria Hospital.

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

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

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

AGENDA

Agenda Item Number	Agenda Item	Duration
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	9.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.35 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	9.36 am
4	Minutes of the Previous Board of Directors' Meeting held in Public on 29th January 2014 – Mr Johnson to report. (Enclosed).	9.37 am

5	<p>Matters Arising:-</p> <p>a) Action List from the Previous Board of Directors' Meeting held in Public on 29th January 2014 – Mr Johnson to report. (Enclosed).</p> <p>b) Board of Directors' Meetings: Action Tracking Document – Mr Johnson to report. (Enclosed).</p>	9.42 am
6	<p>Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).</p>	9.52 am
7	<p>a) Assurance Report from the Chief Executive and Board Statutory Committees/Board Sub-Committees/Reporting Committees. (Enclosed):-</p> <ul style="list-style-type: none"> • Quality • Risk • Finance • Audit • Workforce • Strategy <p>b) Trust Strategy Presentation/Feedback from Board Development Day. (Verbal Report).</p> <p>c) Compliance Monitoring Assurance Report. (Enclosed).</p> <p>d) Chief Executive's Update. (Enclosed).</p>	9.57 am
8	<p>Chairman's Report:-</p> <p>a) Chairman's Update. (Enclosed).</p> <p>b) Confirmation of chairman's Action for Waivers. (Enclosed).</p>	11.27 am
9	<p>Attendance Monitoring – Mr Johnson to report. (Enclosed).</p>	11.37 am
10	<p>Any other Business – Mr Johnson to report. (Verbal Report).</p>	11.38 am
11	<p>Items Recommended for Decision or Discussion by Board Sub-Committees. (Verbal Report).</p>	11.39 am
12	<p>Questions from the Public – Mr Johnson to report. (Verbal Report)</p>	11.40 am
13	<p>Date of Next Meeting – Mr Johnson to report. (Verbal Report).</p>	12 noon
14	<p>Resolution to Exclude Members of the Media and Public</p> <p>The Board of Directors to resolve "That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest." in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.</p>	12.01 pm
		Total Duration – 2 hours, 32 minutes

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting Held in Public
on Wednesday 29th January 2014 at 9.30 am
in the Rooms 3 & 4, Education Centre, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

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

Executive Directors

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

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

Governors

- Mr Cliff Chivers – Public Governor (Blackpool)
- Mrs Gillian Wood – Public Governor (Fylde)
- Mr John Bamford – Public Governor (Wyre)
- Mr Clive Barley – Public Governor (Fylde Constituency)
- Mrs Lynden Walthew – Public Governor (Wyre Constituency)
- Mr George Holden – Public Governor (Blackpool Constituency)
- Mrs Janet Briers – Staff Governor (Nursing & Midwifery)
- Mr Ramesh Gandhi – Public Governor (Wyre Constituency)

Members of Public - 5

1/14

Chairman's Welcome and Introductions

The Chairman welcomed attendees to the Board meeting in public and referred to the recently opened multi-storey car park which he stated would be of benefit to members of the public. The Chairman also referred to the new main entrance which was due to open shortly.

It was noted that the Chairman had not received any questions from members of the public in advance of the meeting, however, he stated that he proposed to take two or three questions immediately following the Chief Executive's presentation.

The Chairman commented that it was good to note attendance from members of the public, Governors and members of Healthwatch (both Blackpool and Lancashire).

* Non-Voting Executive Directors

At this juncture, the Chairman outlined the house-keeping rules in respect of fire alarms, fire exits and mobile phones.

2/14 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.

3/14 Patient Story

For the benefit of members of public, the Chairman explained that a patient story DVD was shown at Board meetings on a quarterly basis, some of which were positive stories and some of which were negative stories.

Following the DVD, Mrs Thompson commented that, overall, the latest patient story relating to the care and treatment received in the A & E Department and on Ward 14 was extremely positive.

4/14 Apologies for Absence

There were no apologies for absence.

5/143 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on the 27th November 2013 be approved and signed by the Chairman.

6/14 Matters Arising:-

- a) Action List from the Board of Directors Meeting held on 27th November 2013

The Chairman referred to the action list and stated that the majority of actions were due for completion in February 2014.

Review of Strategic and Compliance Reporting Measures

Mr Roff provided an update in terms of the "Review of Strategic and Compliance Reporting Measures"; it being noted that, following a meeting with Mrs Swift and Mr Bloor the previous day, Mr Bloor would be populating the information and a draft report would be submitted to the Board for consideration, following which the information would be incorporated into the Chief Executive's Assurance Report in order that Board members could focus on the key issues, i.e. the measures relating to the five strategic priorities and the measures against the key targets.

RESOLVED: That Mrs Swift would submit a draft report to the Board for consideration.

The Chairman pointed out that changes had been made to the Board committee structure within the last year and confirmed that this would be continually reviewed to ensure that assurance was provided to the Board and to members of the public.

Action Taken Following The Meeting

A draft report will be submitted to the Strategy & Assurance Committee meeting on the 26th March 2014 and the finalised report will be submitted to the Board from April 2014 onwards.

b) Action Tracking Document

The Chairman reported that there was one remaining item on the action tracking document relating to voluntary services which Mrs Swift confirmed would be reported on at the next meeting.

RESOLVED: That Mrs Swift would provide an update at the next Board meeting in respect of voluntary services.

At this juncture, Mrs Crowshaw requested that the Board record thanks to the new navigators for their hard work and enthusiasm.

The Chairman commented that the CQC had been impressed by the number of volunteers in the Trust and the excellent work they were undertaking.

Action Taken Following The Meeting

An update in respect of voluntary services will be included within the Chief Executive's Assurance Report to the Board in February 2014.

7/14 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

It was noted that there had been no challenge/debate outside formal Board Meetings from Non-Executive Directors or Executive Directors which was to be reported to the Board.

8/14 a) Assurance Report from the Chief Executive and Board Committees/ Reporting Committees:-

Introduction

The Chairman referred to the Chief Executive's Assurance Report, which was the main item on the agenda, and advised that the Chief Executive would give a presentation on the key areas of focus for the Executive Team.

The Chief Executive reported that the assurance report, which was included with the agenda, covered a wide range of issues but that the presentation would focus mainly on quality and finance.

Quality

Care Quality Commission

Mr Doherty reported that the CQC had a number of set standards by which they assessed Trusts and that, following their visit in summer 2013, they had highlighted complaints as an area of concern. It was noted that there had been a subsequent CQC visit in November 2013 and the CQC had confirmed that the Trust was now compliant with the standard relating to complaints.

It was reported that the CQC had recently introduced a new inspection process whereby they issued a data pack in advance of their inspection; it being noted that the Trust's data pack had included some positive elements (i.e. number of incidents reported, patient surveys, etc) and some areas of concern (i.e. mortality rates, national cancer patient experience survey). It was pleasing to note that the overall position indicated that the Trust was performing well, particularly when compared with other Trusts.

The Chief Executive advised that the planned CQC visit, headed by Sir Mike Richards, had taken place on the 14th/15th January 2014 and had included visits to Victoria Hospital/Clifton Hospital/Fleetwood Hospital, a public listening event for staff/patients/relatives, and interviews with Board members. The Chief Executive further advised that unannounced visits had taken place on the 24th January (which included visits to A & E and AMU, clinical inspections, and conversations with patients and staff) and the 27th January (which included visits to Clifton Hospital and medical wards at Victoria Hospital).

It was noted that the initial feedback indicated that there were no areas of immediate clinical risk, some positive aspects and some general areas of concern and it was anticipated that the draft report, which would include a rating, would be issued in late February/early March, followed by a Quality Summit on the 24th March. It was noted that the Trust would be one of the first in the country to be given a rating and certainly one of the first Trusts that had been subject to the Keogh Review.

The Chairman commented that the inspection team had been welcomed by members of staff and he paid tribute to all staff involved for the work undertaken both before and during the visit.

Dr O'Donnell provided assurance to the Board that the feedback had not highlighted any issues that the Executive Team was not already aware of through their governance processes, i.e. medical records.

Mr Shaw commented on the comprehensive report and presentation from the Chief Executive.

Other External Assurance

At this juncture, the Chief Executive highlighted other areas of external assurance, in particular the Friends and Family Test and the KPMG Review of Governance Arrangements, the outcome of which was "significant assurance".

Keogh Review Update

Mr Doherty provided an update in respect of the Keogh review as follows:-

- Discussions had taken place with Monitor and the CCGs regarding the KPIs and all KPIs had been achieved with the exception of the pneumonia and stroke pathways and the nursing/midwifery sickness absence targets.
- All items relating to the Keogh action plan had either been delivered or were within the timescale for delivery.
- The Trust was on target in respect of the SHMI and it was anticipated that the rating would be 110 by the year end. It was noted that the detailed mortality figures were reviewed by the Mortality Board on a regular basis.
- Additional consultants had been appointed and an international recruitment campaign had resulted in the appointment of 25 Spanish nurses.

Other Internal Assurance

Mr Doherty highlighted areas of concern with limited assurance and pointed out that the Trust had not achieved the four hour target for A & E in Quarter 3 and therefore had been subject to weekly telephone calls with Monitor which had subsequently changed to fortnightly calls following improvement shown in recent weeks. It was noted that a number of actions were in place to ensure delivery of the standard.

Mr Roff referred to the KPMG Report relating to Governance Arrangements which had been discussed in detail at the Audit Committee meeting the previous day. It was noted that the report was very positive but recommended a number of areas to be reviewed which were consistent with the decision taken twelve months' ago by the sub-group established to review the Board committee structure. Mr Roff suggested that the deadline for implementation of the recommendations be extended from 28th February to the 31st March and that he, as Chairman of the sub-group, would work with Mrs Crowshaw, in her capacity as Chairman of the Quality Committee, and Mr Holden to implement the recommendations.

RESOLVED: That the deadline for implementing the recommendations from the KPMG Governance Arrangements Report be extended to 31st March 2014.

At this juncture, Mr Shaw emphasised the importance of effective discharge arrangements and the use of community beds to alleviate the pressure on hospital beds; it being noted that past experience indicated that patients remained in community beds for a long period of time. Mr Shaw challenged whether this concept would be successful. Mr Doherty responded that some patients did not need to be cared for on the Victoria Hospital site and therefore would be considered for placement elsewhere. Mrs Oliver reported that discussions were taking place with the Stroke Team about whether any patients within the stroke pathway were appropriate for rehabilitative care.

Mr Edney expressed thanks to Mr Doherty for his comprehensive report on the quality issues; it being noted that performance was generally moving in right direction. With regard to the areas of concern, i.e. A & E, it was acknowledged that the problems were due to discharges and inappropriate placement of patients. Mr Edney challenged whether work should be undertaken with stakeholders in relation to better management of demand. Mr Doherty advised that point prevalence studies of patients in beds were undertaken on a regular basis but was not aware that this was undertaken in A & E.

Mr Garrett referred to the CQC standards and challenged the lack of compliance in respect of complaints and the reasons for the deterioration. It was reported that there had been some staff turnover within the Scheduled Care Division which had impacted on the Quarter 3 complaints figures but that the staffing issues had now been resolved. It was reiterated that the Trust was now compliant with the CQC in terms of complaints and that further improvement was anticipated in Quarter 4. Board members were advised that the recently issued Clwyd Report indicated that some complaints required a longer timescale due to the complexity of issues and that revised CQC standards were being introduced. Mr Garrett suggested there should be some flexibility in place to enable staff to be moved around between divisions to cope with staff shortages. It was reported that the challenge for the Scheduled Care Division was to be able to emulate some of the work undertaken in the Unscheduled Care Division. The Chairman reported that a Complaints Review Panel had recently been established to review complaints in detail and that feedback from the meetings would be reported to the Board.

RESOLVED: That Mr Shaw/Mrs Thompson would provide feedback from the Complaints Review Panel to the Board in due course.

Mrs Ibbs referred to the results of the National Cancer Patient Experience Survey, which indicated that the Trust featured in the lowest 29% of Trusts nationally, and asked whether there were any themes reflected elsewhere, i.e. Complaints, Friends and Family Test. Mrs Thompson reported that the responses were from twelve different tumour groups therefore there were different themes, however, there were some general themes around information giving and time to understand the information, both in hospital and at home. It was noted that the themes within each tumour group had started to be discussed at the MDT meetings and the central team were collating the data. Mr Doherty pointed out that the Trust was in the top 20% in terms of providing pain relief.

Mrs Crowshaw expressed concern regarding the increase in sickness absence during the last year and was particularly concerned that the workforce report indicated that there were no known reasons for some absences. Mrs Crowshaw asked for assurance regarding this issue. Mr Doherty acknowledged that information must be sought regarding reasons for absences and that the Board also needed to be assured that the correct procedures were being followed, i.e. return to work interviews, and that they were being escalated as appropriate. It was reported that this was being audited at present and that the challenge would be to ensure that the underlying processes were in place.

It was noted that Mrs Ingham was currently reviewing the whole issue of workforce performance, including clarity around the management of sickness absence and the development of one sickness absence policy for the organisation.

RESOLVED: That Mrs Ingham would provide feedback to the Board regarding workforce performance, including sickness absence, in three months' time.

Mr Shaw pointed out that there had been significant turnover of HR management during the past eighteen months and that the Board should allow Mrs Ingham some time to deal with the existing workforce challenges.

The Chief Executive referred to the 18 weeks target and explained that there was some debate about the trigger to "start the clock" and therefore it was difficult to measure performance. Board members were advised that an audit would be undertaken to ensure that the figures were accurate.

RESOLVED: That Mr Doherty would provide feedback to the Board regarding the outcome of the audit in respect of the figures for the 18 weeks target.

Action Taken Following The Meeting

The deadline for implementing the recommendations from the KPMG Governance Arrangements Report has been extended to 31st March 2014.

Feedback from the Complaints Review Panel will be included within the Chief Executive's Assurance Report to the Board in February 2014.

A report in respect of workforce performance will be submitted to the Board in May 2014 to include three months' data.

A verbal update will be provided at the Board meeting on the 26th February 2014 regarding the outcome of the audit in respect of the figures for the 18 weeks target.

Finance

The Chairman referred to the Finance Committee meeting which had taken place on the 27th January 2014 and advised Board members that, at present, only limited assurance could be given in respect of the financial position.

Mr Doherty continued his presentation, reporting on the key financial issues as follows:-

- In-year challenges – the current position was not in line with the plan at the beginning of the year due to expenditure on additional items.
- Key risks to the revised plan – work was continuing on the plan that had been forwarded to Monitor.
- Delivery of revised plan – a number of management actions would need to be implemented in order to deliver the revised plan, i.e. annual leave, stationery.

It was noted that there were risks around the non-payment for activity from the Specialist Commissioners and that the decision about payment would ultimately be made by the LAT and Monitor.

RESOLVED: That Mr Bennett would provide feedback to the Board following his meeting with the Specialist Commissioners.

It was emphasised that the plan would not be delivered if funding from the Specialist Commissioners was not received, therefore this was considered a high risk issue resulting in limited assurance; it being noted that this had been reported to Monitor.

It was reported that discussion had taken place at the Finance Committee meeting about the use of agency staff and the need for more scrutiny in this area. Mrs Crowshaw stated that the financial position had been discussed in detail at the Finance Committee meeting and she expressed concern that, having reviewed the figures, there was a category of non-clinical agency staff which had cost £3 million per year.

RESOLVED: That a system for enhanced scrutiny of agency expenditure would be implemented.

It was noted that discussions would be taking place about the savings target for next year and that a detailed two year plan would need to be submitted by the end of March 2014 to include details about the future provision of services, taking account of the need to avoid duplication of services and also the need to work with other Trusts.

Action Taken Following The Meeting

A verbal update will be provided at the Finance Committee meeting on the 24th February 2014 in respect of the meeting with the Specialist Commissioners.

A verbal update will be provided at the Finance Committee meeting on the 24th February 2014 in respect of the system implemented for enhanced scrutiny of agency expenditure.

Audit

Mr Edney advised that the minutes from the Audit Committee meeting held on the 28th January had not yet been completed and that he would summarise the key issues at this meeting and provide more detailed feedback at next month's Board meeting.

Mr Edney highlighted the key issues as follows:-

- Commenced the Annual Report and Accounts process (including the Quality Report) all of which would be discussed numerous times prior to sign-off by the Board and Council of Governors.
- Reviewed the External Audit Plan, which was linked to the Annual Report and Accounts.
- Discussed whether to consolidate the Charitable Funds Annual Accounts within the overall accounts but agreed to continue with the existing format.
- Reviewed the Internal Audit Progress Report and some of the individual reports, including the "Governance Arrangements" report mentioned by Mr Roff earlier in the meeting.
- Discussed the current year's Internal Audit Plan, which was currently behind schedule, and agreed that Data Quality should be given the highest priority. Mr Edney urged Executive Directors to ensure that this area of work was supported by the relevant members of staff.

With regard to the Annual Report, Mr Shaw asked for a summary version to be produced and for it to be completed/printed well in advance of the Annual Members' and Public Meeting.

RESOLVED: That Mr Holden would ensure that timescales were in place for producing the summary document well in advance of the Annual Members' and Public Meeting.

Mr Roff pointed out that it was a Monitor requirement, not a Trust decision, to produce such a lengthy document.

Action Taken Following The Meeting

Timescales are in place to ensure that the Annual Report summary document is produced by the end of June 2014.

b) Quarterly Monitoring Return to Monitor

The Chairman explained that the Trust was required to submit a Quality Governance Statement to Monitor on a quarterly basis, confirming its performance for the previous quarter.

It was noted that the draft submission for Quarter 3 had been discussed in detail at the Finance Committee meeting on the 27th January and, on the basis of the evidence provided and the discussion that took place, the Finance Committee had recommended to the Board that the Quarter 3 Monitoring Return be completed as "confirmed" for finance, governance and quality.

Mr Roff commented that it was a difficult decision for the Board because the statement indicated that the Trust was confident that services could continue to operate next year. Mr Roff asked for reassurance that, in view of the anticipated difficulties in reducing expenditure, there was sufficient confidence that income would be received from the CCGs and Specialist Commissioners. The Chairman confirmed that this issue had been raised and discussed at the Finance Committee meeting.

Mr Bennett reported that the finance declaration was the most difficult of the three declarations to “confirm” because the Trust was being asked to agree to next year’s funding without agreement of next year’s contracts; it being noted that proposals had been forwarded to the local CCGs based upon levels of activity at present and the forecast for next year. With regard to the Specialist Commissioners, it was noted that this was a specific query relating to the current financial year.

Mr Bennett stated that, at this point in time, without having agreed the contracts, it would be reasonable to assume that there would not be any reduction in income next year.

Mr Bennett further stated that another key challenge would be to make significant savings next year in order to achieve a surplus and therefore achieve a CoS rating of 3 and, by signing the declaration, the Trust was making a commitment to deliver these high level savings.

At this juncture, the Chairman summarised the lengthy debate which had taken place at the Finance Committee meeting and Mrs Crowshaw stated that the Finance Committee had discussed the fact that Monitor were aware of the risks and assured of the actions being taken to address the risks.

Mr Doherty acknowledged that the Governance Statement for finance was particularly challenging and stated that Monitor was aware that the Trust was unable to commit to next year’s plans; it being noted that the video conference call with Monitor had taken place following the Finance Committee meeting.

With regard to the Governance Statement for governance, Mrs Oliver advised that she had reported at the Finance Committee meeting that the final validation of all cancer data and confirmation of pathology was on-going and that she would be discussing with Lancashire Teaching Hospitals the data to be uploaded in advance of the deadline of 5th February. Mrs Oliver confirmed that further validation of the data had taken place and that the cancer standards for Quarter 3 had been achieved. Mrs Oliver also confirmed that an exception report in respect of A & E targets did not need to be submitted to Monitor.

RESOLVED: That the Quarter 3 Monitoring Return be approved for signature by the Chairman and Chief Executive and submission to Monitor.

At this juncture, the Chairman invited members of the public to ask questions in relation to the current performance issues and the future finances.

Mrs Janet Briers (Staff Governor – Nursing & Midwifery) – there is concern that the financial situation will have an effect on our work, for example, there has been an instruction not to order any furniture, stationery, etc, and certain items are needed, i.e. lockable cabinet for prescriptions, specialist equipment for patients on our caseload. This will now have to be paid for from our weekly budget which will have a knock-on effect. From a staff point of view, assurance is needed that this will not severely affect our work?

Mr Doherty explained that a decision had been taken to minimise expenditure, however, he acknowledged that there would always be exceptions and confirmed that no instruction had been given for staff not to order pens, paper, etc, and that the instruction was in relation to reducing current stock. The Chief Executive assured attendees that processes would be in place to ensure that any proposals to reduce expenditure would not impact on quality.

RESOLVED: That the specific issues raised by Mrs Briers would be addressed outside the meeting.

Mr George Holden (Public Governor – Blackpool Constituency) – the Chief Executive made reference in his presentation to the recruitment of nurses from Spain. Are there any language issues and any issues relating to quality that need to be dealt with and how are you monitoring their concerns and providing the necessary support?

Mr Doherty explained that all staff were required to meet a specific level of skill and that this was a challenge for those for whom English was not their first language or for those who had not previously worked in the NHS.

Mr Doherty confirmed that support had been provided and that communication was not a major issue amongst the Spanish Nurses.

Mrs Thompson provided an update as follows:-

- Each nurse had been aligned to a specific ward.
- Each nurse had an individual development plan.
- Recruitment had been slowed down to ensure that appropriate mentorship could take place on the wards.
- Active recruitment of nurses from the UK was continuing.
- There may be some risks because there were still some vacancies.

Mr Shaw commented that he had attended some of the inductions for the Spanish Nurses on behalf of the Chairman, and confirmed that their English was good.

Mr John Bamford (Public Governor – Wyre Constituency) – complimented the Board on the progress that had been made, particularly on quality. How will improvements to finance be speeded up? There needs to be answers to address this, not just this year but in future years.

The Chairman reported that a Board Development Day was planned for early February when Board members would be discussing strategic issues. Mr Doherty referred to the demand for services in healthcare, particularly taking account of the needs of Blackpool residents, costs and staffing. Mr Doherty explained that the Trust was funded at the national average which would always be a challenge due to the multiple sites.

At this juncture, the Chairman apologised if members of the public at the back of the room could not hear the speakers.

RESOLVED: That consideration would be given to providing microphones for future meetings.

Action Taken Following The Meeting

The signed Quarter 3 Monitoring Return was submitted to Monitor on the 31st January 2014.

Contact will be made with Janet Briers to provide feedback on the issues raised.

There is currently a microphone system in place in all meetings rooms within the Education Centre. Enquiries are being made with Display IT to make improvements to the system.

c) Chief Executive's Update

The Chief Executive's update was provided for information.

Mr Doherty commented that he had met many of the Spanish Nurses on Christmas Day and their communication skills were excellent.

Mr Doherty referred to the CEO Question Time which took place on the 28th January and reported that there had been a good turn-out and some good questions had been asked.

Mr Doherty also referred to the consultant interviews taking place on the 31st January and advised that Mrs Oliver would be deputising for him as he would be attending the Healthwatch Listening Event.

9/14

Chairman's Report

a) Affixing of the Common Seal

Board members were requested to confirm the affixing of the Common Seal in respect of documents relating to the ownership of property and land on Whinney Heys Road.

RESOLVED: That the affixing of the Common Seal be approved.

b) Schedule of Board Meetings/Finance Committee Meetings

The Chairman reported that, in order to ensure an appropriate interval between the Board sub-committee meetings and the Board meetings to enable the necessary assurance to be provided within the Chief Executive's Assurance Report to the Board, the Board meetings may be rescheduled. It was noted, however, that consideration would need to be given to, for example, the timescale for submitting returns to Monitor and the Chairman stated that, wherever possible, the meetings would be made fit for purpose.

c) Chairman's Update

The Chairman's update was provided for information.

The Chairman reported that he continued to engage with as many external organisations as possible.

The Chairman further reported that work was continuing to enhance the training given to Governors and that an in-house programme was being organised for newly elected Governors.

10/14

Attendance Monitoring

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

11/14

Any other Business

a) SUI Report

Mr Roff referred to the SUI report within the Reference Folder and expressed concern that some of the incidents had been outstanding for a long period of time.

Mr Roff referred specifically to the two cases relating to self harm and asked whether there were arrangements in place for dealing with mental health issues.

Mrs Thompson, in her capacity as lead executive for the two cases, reported that both cases were still under review. Mrs Thompson stated that the long term issue was whether there was a significant number of cases relating to mental health and substance abuse and whether the arrangements for dealing with these patients needed to be reviewed.

Mrs Crowshaw commented that this related to the discussion at the NEDs meeting earlier about dealing with patients with substance abuse and how the health economy could support these patients.

Mrs Oliver advised the Board that the Trust and the Commissioners shared concerns about the more complex patients. It was noted that, with support from the Commissioners, the Trust was engaging with Lancashire Care Trust in an endeavour to influence the medical care within the new mental health facilities.

The Chairman stated that it was an important issue and was pleased that this was being dealt with at a strategic level; it being acknowledged that more engagement with other organisations would be beneficial.

12/14 Items Recommended for Decision of Discussion by Board Sub-Committees

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

13/14 Questions from the Public

There were no questions from members of the public other than those raised under item 8/14 (b).

14/14 Date of Next Meeting

The next Board Meeting held in public will take place on Wednesday 26th February 2014 at 9.30 am.

15/14 Resolution to Exclude Members of the Media and Public

The Chairman explained that some items needed to be discussed by the Board in private (Part Two) but assured members of the public that the majority of items were discussed in public (Part One).

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

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

Board of Directors Meeting Held In Public
Action List - 29th January 2014

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
6/14 (a)	29.1.14	Review of Strategic and Compliance Reporting Measures	Submit a draft report to the Board for consideration.	Wendy Swift	28.3.14	N/A	A draft report will be submitted to the SAC meeting on 26.3.14 and the finalised report will be submitted to the Board from April 2014 onwards.	Incomplete But Within Date For Delivery	Amber
6/14 (b)	29.1.14	Action Tracking Document	Provide an update at the next Board meeting in respect of voluntary services.	Wendy Swift	28.2.14	N/A	An update will be included within the CEO Assurance Report to the Board in February 2014.	Complete	Green
8/14 (a)	29.1.14	CEO Assurance Report - Quality	Contact KPMG to ask for the deadline for implementing the recommendations from the KPMG Governance Arrangements Report to be extended to 31st March 2014.	Judith Oates	12.2.14	N/A	This item has been actioned and agreed by KPMG.	Complete	Green
8/14 (a)	29.1.14	CEO Assurance Report - Quality	Provide feedback from the Complaints Review Panel to the Board in due course.	Marie Thompson	26.2.14	N/A	Feedback will be included within the CEO Assurance Report to the Board in February 2014.	Complete	Green
8/14 (a)	29.1.14	CEO Assurance Report - Quality	Provide feedback to the Board regarding workforce performance, including sickness absence.	Nicky Ingham	30.4.14	21.05.14	Three months' data is required therefore a report will be submitted to the Board in May 2014.	Incomplete But Within Date For Delivery	Amber
8/14 (a)	29.1.14	CEO Assurance Report - Quality	Provide feedback to the Board regarding the outcome of the audit in respect of the figures for the 18 weeks target.	Gary Doherty/ Pat Oliver	26.2.14	N/A	A verbal update will be provided at the Board meeting on 26.2.14.	Complete	Green
8/14 (a)	29.1.14	CEO Assurance Report - Finance	Provide feedback to the Board following the meeting with the Specialist Commissioners.	Tim Bennett	24.2.14	N/A	A verbal update will be provided at the next Finance Committee Meeting on 24.2.14.	Complete	Green
8/14 (a)	29.1.14	CEO Assurance Report - Finance	Implement a system for enhanced scrutiny of agency expenditure.	Gary Doherty/ Wendy Swift/ Nicky Ingham	on-going	N/A	A verbal update will be provided at the Finance Committee meeting on 24.2.14.	Complete	Green
8/14 (a)	29.1.14	CEO Assurance Report - Audit	Ensure that timescales are in place for producing the Annual Report summary document well in advance of the Annual Members' and Public Meeting.	David Holden	30.6.14	N/A	Timescales are in place to ensure that the Annual Report summary document is produced by the end of June 2014.	Complete	Green
8/14 (b)	29.1.14	Quarterly Monitoring Return to Monitor	Ensure that the Governance Statement is signed by the Chairman and Chief Executive and submitted to Monitor by 31.1.14.	Judith Oates	31.1.14	N/A	This item has been actioned.	Complete	Green

Board of Directors Meeting Held In Public
Action List - 29th January 2014

8/14 (b)	29.1.14	Quarterly Monitoring Return to Monitor - Question from Janet Briers	Address the specific issues raised by Janet Briers outside the meeting.	Marie Thompson	28.2.14	N/A	Contact will be made with Janet Briers to provide feedback on the issues raised.	Incomplete But Within Date For Delivery	Amber
8/14 (b)	29.1.14	Quarterly Monitoring Return to Monitor - Provision of Microphones	Consider providing microphones for future meetings.	Judith Oates	31.3.14	N/A	There is currently a microphone system in place in all meetings rooms within the Education Centre. Enquiries are being made with Display IT to make improvements to the system.	Incomplete But Within Date For Delivery	Amber

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
133/13(a)	27.11.13	CEO Assurance Report (Quality) - Keogh Review Update	Submit the formal report from the CCG assurance visit to the next Board meeting.	Gary Doherty	29.1.14	28.2.14	The CCG has advised that the formal report from the CCG Assurance Visit will not be available until the end of January. It will be circulated to Board members as soon as it is available. The report is still awaited following the CCG assurance visit.	Not Complete Within Date For Delivery	Red
133/13(b)	27.11.13	Review of Strategic and Compliance Reporting Measures	Include a more strategic element in future reporting measures.	Wendy Swift	29.1.14	26.3.14	This item will be actioned following the meeting on 28.1.14. A draft report will be submitted to the SAC meeting on 26.3.14 and the finalised report will be submitted to the Board from April 2014 onwards.	Not Complete Within Date For Delivery	Red
133/13(b)	27.11.13	Review of Strategic and Compliance Reporting Measures	Develop a draft report on future reporting measures for submission to the Board for approval.	Wendy Swift	29.1.14	26.3.14	This item will be actioned following the meeting on 28.1.14. A draft report will be submitted to the SAC meeting on 26.3.14 and the finalised report will be submitted to the Board from April 2014 onwards.	Not Complete Within Date For Delivery	Red
140/13	27.11.13	Resolution to Exclude Members of the Media and Public	Include information about future meetings in the Members' Newsletter (to be issued in early December), the Governors' Bulletin (to be issued prior to Christmas) and the Press Release (to be issued in January 2014).	Judith Oates	5.2.14	26.2.14	Information about future Board meetings has been included in the Members' Newsletter and the Governors Bulletin. The Press Release will be issued following confirmation of the schedule of Board Meetings and Finance Committee Meetings in January 2014. The schedules have not yet been confirmed and will be discussed with Board members.	Not Complete Within Date For Delivery	Red

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

Board of Directors Meeting

26th February 2014

Chief Executive's Assurance Report

1. Introduction

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

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

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

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

2. Quality

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

Care Quality Commission

The Trust had a CQC Review visit which was over a two day period on the 15th and 16th January 2014. The draft report from this visit is due to be sent to the Trust in the next few weeks. The Trust also had unannounced visits on the 24th January 2014 and 28th January 2014. A Quality Risk Summit meeting will take place on the 24th March 2014 which will involve members of the Board and representatives from the CCG Review Team and various regulatory bodies to review the findings of the CQC visit.

External Assurance

Friends and Family Test Scores

Taking our combined A&E, in-patient and Maternity score for the latest period published (January), we are 66 based on 2005 responses which is the highest number of responses to date yet our net promoter score has reduced from 73 in December. The breakdown of patients expressions of recommendations are

Recommendation	Number of Responses
Extremely Likely	1361
Likely	412
Neither Likely or Unlikely	57
Extremely Unlikely	28
Don't Know	120

Our response rate for A&E has significantly improved to 21.7% in January. The Maternity FFT commenced in October, January generated a response rate of 7.9% and further actions are being considered by the Maternity team to look at how they can increase the response rate.

KPMG Governance Arrangements: KPMG Recommendations and Trust Responses

A meeting took place on the 11th February between Mr Roff, Mrs Swift and Mr Holden to discuss the actions to be implemented in respect of "governance arrangements", details of which are included in the Reference Folder.

Mr Roff will provide a verbal update at the meeting and a written report to the Strategy & Assurance Committee meeting in March prior to the revised due date of the 31st March 2014.

Internal Assurance

Keogh Action Plan

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

Other Key Performance Measures

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

- **SHMI Rates** – Our rates have been falling consistently for some time – for example the recent nationally released figures show a reduction from 126 to 117 comparing March 2012 to March 2013. Our current calculation shows a rolling 12 month figure to December of 112 and given the actions underway we project a figure of 110.9 by the end of April 2014 (which would be within the expected range for this Trust).
- **Infection Control** – After over a year of zero cases of MRSA Bacteraemia. A positive case of MRSA Bacteraemia has been reported in February from the Scheduled Care Division. A review of care and treatment is in progress to determine if this case was avoidable or unavoidable. For C Diff there was one new case in January and the current position is 22 cases against an annual trajectory of 29 cases. We are forecasting delivery.
- **Nursing Care Indicators** - Hospital nursing care indicators overall are green for January 2014 and there is evidence of continuous improvement in Community, achieving an overall position of 73.6%. Tissue Viability standards continue to be the area of focus.
- **Complaints Review Panel** – the first meeting took place on 31st January 2014 where the panel reviewed two complaints from Unscheduled Care. The Division were able to demonstrate progress on lessons learned arising from the complaints and the panel identified further actions to improve our complaints process from the patient and family perspective, e.g. Final complaint responses will be sent from the Chief Executive following the lead Director sign 'off' of the complaint response.

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

Waiting times

We continue to meet the national standards for patients waiting less than 18 weeks (both for patients already treated and patients still waiting). We anticipate achieving Cancer 62 day performance subject to outstanding pathology results being concluded. We had a drop in performance in the 2 week wait standard in January due to patient choice and a reduction in breast out-patient capacity. This has corrected itself in February and as such we are back on track to achieve the quarter. The symptomatic breast standard was not achieved in January due to 3 clinics being rescheduled at short notice in order to support a one stop model. The Scheduled Care Division and the Radiology Department are working to bring this standard back on track for the quarter end.

Waiting Times in the Emergency Department (A&E)

A & E remains challenging. The Christmas and New Year period were uneventful, we had a particular surge on the 2nd of January both in terms of attendance but also the subsequent admissions which impacted on bed occupancy. We saw some improvement from the 13th January 2014 up until week commencing 10th February 2014 when we had a significant increase in the number of breaches on the 12th February, predominantly due to the severe adverse weather conditions. We have a number of initiatives which have previously been shared with the Board that we are monitoring to ensure they are being adhered to. Our main challenge remains the timeliness of discharges and we are exploring the temporary opening of a transfer/discharge area in order to support discharges earlier in the day. The senior managers and clinical managers are aware of the need to ensure we achieve this standard and are clear about their individual role and responsibilities.

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

Elimination of Mixed Sex Accommodation – The Trust is monitored to ensure that we achieve a standard of 100% compliance to ensure that mixed sex accommodation does not occur. Not clinically justified breaches are reported to commissioners. In January 2014 we became aware that once data cleansing had been performed, some incidents had been reclassified as single sex accommodation breaches. These incidents had not been reported internally to the Trust Board or to the Commissioners. At this stage only 4 breaches had been reported in the period April 2013 to December 2013.

Following this issue being highlighted, a piece of work was undertaken to review all single sex accommodation breach incidents since April 2013. This resulted in a total of 39 breaches of the 5 hour window being highlighted. Following further analysis of these incidents, a total of 22 have been submitted to our Commissioners for further discussions. Of these 22, we have submitted 14 for clinical exception and our Commissioners have accepted these details, therefore 8 breaches will be reported.

Quality Committee – The Quality Committee met on 24th February 2014. The notes from the meeting are not yet available. However the Chair of the Committee will verbally report to the board on exceptions.

3. Workforce

Medical Appraisals – Limited Assurance

The overall completion rate is 78% for January 2014, an increase from 72% in December 2013.

This includes an increase for consultants to 83% for January 2014, an increase from 80% in December 2013.

For SAS doctors (Specialty Doctors & Associate Specialists) the appraisal rate increased to 66% for January, an increase from 56%.

Job Planning – High Assurance

The job planning project is now well under way. Allocate have trained several key staff members and they are now inputting all existing job plans so that there is a starting point for the one to one discussions. 68% of consultant job plans have now been inputted and the discussion process will start from late February. A joint communication from the Medical Director and JLNC chair has been issued to all consultants to ensure they are aware of the process and their role in it.

Mandatory Training – Limited Assurance

Compliance Mandatory Training (January 2014)

The learning and development department cannot provide an update this month from the OLM recording system. The ESR Company McKesson has performed a data upload around competencies that will require cleansing to ensure accurate records and this is expected at the end of February 2014.

The E-learning project is continuing to expand with around 1000 staff accessing over 3000 modules between them. Workbooks are still being completed; problem subject areas are being targeted and the possibility of more new cascade trainers is being investigated by means of a gap analysis and extra practical sessions still take place across the Trust.

Staff and managers continue to be contacted individually by Learning & Development about their progress. Drop in events remain popular and are being held all across the Trust.

A Risk Based approach is going to be taken forward once the ESR related information is completed. Ward or community team level data is being reported from April 2014 and going to be correlated with other ward or team data such as incidents, serious incidents, medication errors and sickness.

Compliance Induction – Limited Assurance

The learning and development department cannot provide an update this month from the OLM recording system. The ESR Company McKesson has performed a data upload around competencies that will require cleansing to ensure accurate records and this is expected at the end of February 2014.

The Induction task and finish group are progressing well with ideas and plans are underway to improve the current programme and change the method of deliver to be a more blended approach including a welcome video and an emotional compassion video to illustrate the values of the Trust has been designed with the communications team.

Non-Medical Appraisal – Limited Assurance

At the close of the Appraisal Window, the completion rate across the Trust was 73%. Further work in the Community Divisions has shown the results to be much higher than was finally recorded from the system. Throughout April to September there was a total of 750 Community staff trained in the appraisal system and process.

After recent discussions the window will return to a 3 month April to June window and extra training is planned for February to May. The 5 key priorities for the Trust have been translated to mean more to staff at all levels and a number 6 added to include the CQC ratings, these are being circulated for approval amongst the ED's.

Training needs are being acted upon from the PDP requests within the system.

4. Audit

At the last Board meeting Mr Edney gave a summary of the key issues from the last Audit Committee meeting. The minutes are included within the Reference Folder.

5. Finance

A meeting of the Finance Committee took place on the 27th January 2014. The minutes of the meeting are not yet available.

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

Financial Plan as at December 2013

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

The Trust achieved a deficit of £0.6m for January, which is £0.7m worse than the reforecast for the period. The main variances to the reforecast related to higher than forecast clinical income and other income offset by higher than forecast pay expenditure and non-pay expenditure. The year to date performance at the end of January is a surplus of £1.4m, which is £0.4m worse than the reforecast for the period.

The main in month Divisional variances to the reforecast are the Unscheduled Care Division £0.6m lower than forecasted performance and the Clinical Support Division £0.2m lower than forecasted performance. The Trust has also accounted for £0.2m of legal fees.

The achievement of the reforecast is at risk and urgent meetings are taking place to understand the drivers of the January performance, the underlying run rate and potential actions / mitigations. An update will be provided to the Finance Committee in due course.

The Trust has reached agreement on the level of outturn funding with the Specialist Commissioners and a verbal update will be given at the meeting.

Operational Budgets

The main highlights of the year to date performance are: -

- **Income** – Income is £0.7m better than the reforecast, with clinical income including the impact of the assured contract currently £0.6m better than the reforecast. Non-clinical income is £0.1m better than the reforecast.
- **Pay Expenditure** – Pay expenditure is £0.5m worse than the reforecast with higher than forecast expenditure on junior medical, nursing, midwifery and health visitors and non-clinical staff. Gross agency expenditure is £0.7m worse than the reforecast and work is ongoing to understand the drivers of agency expenditure and agree the processes for booking locum and agency staff.
- **Non-Pay Expenditure** – Non-pay expenditure is £0.6m worse than the reforecast. Drug expenditure is £0.2m better than the reforecast linked to lower than forecast excluded drug activity. Premises and fixed plant expenditure is £0.6m higher than the reforecast due to the reclassification of utility and rent expenditure from other non pay expenditure and previous year invoices for the equipment store. After adjusting for the impact of the reclassification (see above) other non pay expenditure is £0.8m worse than the reforecast. This predominately relates to lower than forecast movements on provisions and higher than forecast bad debts across a number of divisions.

Quality, Innovation, Productivity and Prevention (QIPPP) – Limited Assurance

The year to date QIPPP performance is £0.3m worse than the reforecast with lower than forecasted delivery across the Corporate, Management & Utilisation of Assets, Planned Care and Workforce & Medical Staffing Themes.

Several schemes have been identified as non-progressing, including CHS asset rationalisation £0.1m and VAT savings on locum costs £0.1m due to concerns regarding the cash flow impact and a number of other lower value schemes (medical productivity, TAVI savings on devices and private ambulances). In addition, a number of schemes have been delayed these include CRB checks, Map of Medicine and PCR testing. Divisions continue to be challenged on delivery of the reforecast targets, and mitigating schemes continue to be identified; however it is unlikely that the shortfall will be mitigated in full.

Planning for 2014-15 is underway, with themes, financial targets and scheme proposals being discussed at Executive Director and Trust Management Team meetings.

Cash Balances

The end of January cash balance is £16.8m which is £1.5m better than the reforecast for the period predominantly caused by a receipt in advance of £1.5m. The Trust continues to actively manage cash balances and liquidity, the key focus being on working capital movements. Active management of cash balances continues in 2013-14 as the impact of significant capital payments relating to the Main Entrance and Multi Storey Car Park scheme which is near completion impacts on the underlying cash position.

Year End Forecast – Limited Assurance

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

Risks and Management Actions

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

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

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

7. Strategy

Wayfinding Strategy

Wayfinder UK have provided a specification of signage for the Blackpool Victoria site including both internal and external signs. Visuals of signs have also been provided.

The Wayfinder Project Team have met to review the signage specification and visuals and consider actions required to facilitate the new strategy and signage.

Sample signs are being installed in the new main entrance. Initially, these will include text and colours to match the Trust's existing signage but will be updated to reflect the new zones and department numbers once funding is available to change all directional signage across the site.

Quotations to remove existing signage and install new are being progressed.

Better Start Bid

Directors are aware that the trust is working closely with the NSPCC, Blackpool Council and One Blackpool in a bid to receive funding of up to £50 million over 8 to 10 years to invest in children's services pre-birth up to age 4 years. The project focuses on seven authority wards in Blackpool. The bid and associated financial plan is being submitted to Big Lottery on the 28th February 2014. There are a number of proposals within the bid to improve services for children including the extension of the Family Nurse Partnership Scheme.

Volunteers and Navigators

The work of our Volunteers and Navigators continues to develop. We have now implemented the new patient trolley service which has received excellent feedback from patients. The volunteers have also opened a small shop in the out patients area.

Volunteer Navigators were recently introduced into the trust based within the new main entrance. They are part of a complete re imaging of the way Volunteers assist with patient/visitor way finding. The Navigators regularly walk 7 miles per shift helping visitors and patients. They are very distinctive wearing orange shirts which have been a great success.

Multi Storey Car Park and Main Entrance

The multi storey car park opened in January 2014 and the new main entrance opened on 14th February 2014 with 3 new retail outlets Marks and Spencer's, Costa Coffee and WH Smiths. There have been positive comments from staff, patients and visitors.

Strategic Planning

The Board of Directors and Senior Managers are working together with Commissioning colleagues to develop the trust 2 year and 5 year strategic plans. The 2 year plans will be completed by the 31st March 2014 and the 5 year plans by June 2014. A board of Directors away day was held on the 11th February 2014 to discuss the plans.

8. Annual Report and Accounts 2013/14 – Draft Timetable

The Annual Report and Accounts sets out the Trust's business activities covering the period 1st April 2013 – 31st March 2014.

Monitor has issued the deadlines for the production of the Annual Report and Accounts for the year ended 31st March 2014.

The first draft of Annual Report and Accounts was submitted to the Audit Committee on the 28th January 2014 together with the draft timetable for submission, copies of which are available in the Reference Folder. Board members are requested to agree the proposed timetable.

**Gary Doherty
Chief Executive**

Compliance Monitoring Assurance Report

Contents

Corporate Objectives (Strategic Framework)

Compliance Framework Measures

Business Critical Measures

Compliance Framework Measures Quarter 4 2013/14

Performance			
2010/11	2011/12	2012/13	Rolling 12 months
4	2	3	1
101	53	28	26
97.69%	95.93%	96.61%	94.96%
94.08%	91.89%	94.64%	92.50%
96.46%	95.76%	97.51%	96.97%
N/A	92.79%	95.34%	95.22%
95.3%	94.5%	95.03%	95.52%
95.2%	94.6%	95.26%	94.81%
94.5%	91.3%	94.48%	91.42%
88.8%	89.2%	86.21%	85.95%
99.8%	99.5%	99.04%	99.13%
100%	99.5%	97.68%	99.39%
100%	99.4%	99.31%	98.81%
Not measured		100.00%	
		58.70%	
		96.60%	

Compliance Framework	Jan	Feb	Mar	Quarter Target	Quarter to date	VARIANCE	
						Actual - Target	
MRSA	1			0	1	1	
Clostridium Difficile	1			7	1	-6	
A&E % of patients who have waited less than 4 hours	89.72%			95%	89.72%	-5.28%	
18 weeks admitted pathways	92.59%			90%	92.59%	2.59%	
18 weeks non-admitted pathway	96.75%			95%	96.75%	1.75%	
18 weeks open pathways less than 18 weeks	94.32%			92%	94.32%	2.32%	
2wk waiting time urgent GP Referral	92.23%			93.00%	92.20%	-0.80%	
2wk waiting time breast referral	81.63%			93.00%	81.63%	-11.37%	
62 day cancer screening waiting time standard	92.31%			90.00%	92.31%	2.31%	
62 day Cancer waiting time standard	83.33%			85.00%	82.14%	-2.86%	
31 day general	99.23%			96.00%	99.23%	3.23%	
31 day subsequent drugs	100.00%			98.00%	100.00%	2.00%	
31 day subsequent surgery	100.00%			94.00%	100.00%	6.00%	
CHS Data Completeness Referral to Treatment Info	100.00%			50.00%		-50.00%	
CHS Data Completeness Referral Info	72.60%			50.00%		-50.00%	
CHS Data Completeness Treatment Activity Information	94.40%			50.00%		-50.00%	

QUARTERLY PERFORMANCE			
Q1	Q2	Q3	Q4
0	0	0	
4	10	7	
96.50%	95.91%	94.17%	
91.86%	91.50%	93.18%	
96.91%	96.86%	97.03%	
95.44%	95.47%	94.98%	
93.90%	94.60%	96.60%	
94.00%	94.80%	96.70%	
93.20%	91.70%	90.10%	
86.60%	86.00%	85.20%	
98.60%	99.30%	99.80%	
100.00%	100.00%	100.00%	
100.00%	98.70%	96.30%	
100.00%	100.00%	100.00%	
72.20%	72.60%	75.50%	
95.60%	95.13%	94.37%	

2013/14	
Target	YTD
0	
<=29	
>=95%	
>=90%	
>=95%	
>=92%	
>=93%	
>=93%	
>=90%	
>=85%	
>=96%	
>=98%	
>=94%	
>=50%	
>=50%	
>=50%	

Performance			
2010/11	2011/12	2012/13	Rolling 12 months
2.1	2.6	2.6	1.7
-22.7	-16.7	-7.2	-13.6

Financial Measures	Jan YTD	Feb YTD	Mar YTD	YTD Target	YTD Actual	YTD Variance
Debt Service Cover (times)	1.77			1.80	1.77	0.0
Liquidity ratio (days)	-14.0			-13.6	-14.0	-0.4
QUIPP Delivery - YTD				12.3	9.7	-2.6

QUARTERLY PERFORMANCE			
Q1	Q2	Q3	Q4
2.3	1.98	-1.875	
-8.9	-9.5	-13.8	
2.1	3.3	3.2	

Full Year Plan	Full Year Forecast
1.77	1.77
-13.8	-13.8
16.005	12.449

Performance			
2010/11	2011/12	2012/13	Rolling 12 months
2	3	3	2

Risk Ratings		Quarter Target	YTD Actual	YTD Variance
Continuity of Service Risk Rating	3	3	3	0
Governance Risk Rating		0	0	0
Risk of, or actual, failure to deliver mandatory services		0	0	0

Quarterly Performance			
Q1	Q2	Q3	Q4
3	3	3	
0	0		
0	0		

Full Year Plan	Full Year Forecast
2	2

EXCEPTION REPORT:

Cancer: see Chief Executive Assurance report

Board of Directors Meeting - Wednesday 26th February 2014

Subject:	Chief Executive's Update	
Report Prepared By:	Gary Doherty	
Date of Report:	14 th February 2014	
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 Blackpool Way:	The Blackpool Way is in place to promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Blackpool Way.	
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 past two months.		
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	Board Review Date: March 2013	
BAF/CRR Number: N/A		
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 For Information	2 For Discussion	3 For Approval
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.		
1 Not sensitive: For immediate publication	2 Sensitive in part: Consider redaction prior to release.	3 Wholly sensitive: Consider applicable exemption
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Reason for level of sensitivity selected		

Board of Directors

26th February 2014

CHIEF EXECUTIVE UPDATE

There are a number of external/internal CEO activities since the January meeting that I would draw to the Board's attention in addition to those mentioned in the CEO assurance report:

- I attended a "Listening Event" organised by Blackpool Healthwatch on 31st January, along with local MPs and representatives from Blackpool CCG and Lancashire Care NHS Foundation Trust. The event was well attended and gave members of the public a chance to ask questions on a range of topics.
- On 31st January the Chairman and I met with Gordon Marsden, MP
- I am spending time on my new "Buddy Wards" – on 6th February 2014 I worked as a HCA/housekeeper on Ward 14
- On 7th February I met with the Chief Executives the other Trusts in Lancashire/Cumbria
- On 7th February I attended a Recognition Event focused on Pharmacy, Radiology & Pathology. The event gave staff the chance to showcase their departments including a talk from Dr Andrew Dickman (the first Consultant Pharmacist for Palliative Care in the UK) and Dr Achyut Guleri, Consultant Microbiologist & Head of Department Pathology who described our award winning Home/Community IV service
- On 7th February the Chairman and I met with staff side representatives
- On the 10th February I attended the Cumbria and Lancashire Vascular Implementation Steering Board, following which a further CEO level meeting will be required to finally determine the formal arrangements for partnering with the arterial centres at Preston and Blackburn
- On 11th February I attended an event to celebrate the success of our new Navigator service, where I helped Squadron Leader Drew Steel hand out badges and certificates to our newly "qualified" Navigators
- On 14th February the Chairman and I met and thanked some of the key Trust staff and partners that have worked to successfully develop the new main entrance
- On 25th February I will be attending the first ever North of England Fairness Conference, which will include a keynote address by Professor Paul Johnstone, Director, Public Health England

Gary Doherty
Chief Executive

Board of Directors Meeting

26th February 2014

Chairman's Update

Trust Activities

- I was involved in the interview for the post of Interim CIP Lead on the 27th January and I am pleased to report that Mr Phil Burns has been appointed to the post for a period of four months. His remit will be to review the Trust's existing processes and work with the Board to make improvements and to take forward ideas for CIP.
- I undertook a community services visit on the 30th January to the District Nursing Service at Lancaster.
- I chaired the Advisory Appointments Committee for the post of Consultant Cardiac Anaesthetist on the 31st January and Dr Thomas Varughese was appointed. Dr Varughese is currently working at the Trust as a Locum Consultant and his official start date in a substantive consultant post has yet to be confirmed.
- As referred to in the Chief Executive's Update, the Chief Executive and I had useful discussions during our regular meeting with three Union Representatives on the 7th February.
- The Board Development Day, held on the 11th February, was an important event in developing the Trust's strategic plan which will be developed and communicated to staff in the forthcoming months. Mike Farrar, former Chief Executive of the NHS Confederation, shared with the Board his insights on the present and future state of the NHS.
- On the 13th February, I met with a potential Non-Executive Director (with a clinical background) who is scheduled to meet with Dr O'Donnell on the 24th February.
- As mentioned in the Chief Executive's Update, the Chief Executive and I undertook a site visit of the Main Entrance on the 14th February and met some of the key Trust staff and partners involved in the successful development of the new Main Entrance.

Governors and Membership

- I chaired the Governors' Patient Experience Committee meeting on the 7th February which included a patient story DVD, feedback from the Governors' recent visits to Wards 34/35 and discussion about the newly established Patient Experience and Involvement Committee. It was agreed that the existing Governors' Patient Experience Committee would be disbanded and that three Governors would be selected to join the Patient Experience and Involvement Committee. It was also agreed that the Governors would continue with their visits, which would be extended to community sites, and that the Governors would provide feedback to the three Governors on the Patient Experience and Involvement Committee.
- On the 18th February I chaired a Staff Governor Seminar which provided an opportunity for Trust staff to learn more about the Governor role and to consider whether to stand for election in the forthcoming elections between May and September 2014. There will be a total of four vacancies in three different constituencies from September 2014.

External Relations

- The Chief Executive, Director of Nursing, Patient Experience Facilitator and myself met with the Chairman and Manager from Blackpool Healthwatch on the 24th January. Further meetings have been scheduled in the diary on a quarterly basis.
- On the 27th January, some members of the Executive Team and myself had our monthly Performance Review Meeting with Monitor in the form of a video conference call.
- As mentioned in the Chief Executive's Update, the Chief Executive and I met with Gordon Marsden, MP, on the 31st January.
- I attended the Cambridge Health Network Event on the 5th February where the Secretary of State answered questions on the future of the NHS.
- I had an introductory meeting with Mary Dowling, newly appointed Chairman at Fylde & Wyre CCG, on the 7th February. I agreed to arrange for her to accompany me on visits to some of the wards (this is also being arranged for the Chairman of Blackpool CCG).
- As reported in the Chief Executive's Update, a Recognition Event took place on the 7th February focusing on Pharmacy, Radiology and Pathology which I found very interesting and informative.

Future Meetings

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

- Public Governor Seminar regarding Governor Elections – 24th February.
- Official Opening of the Midwifery Led Unit by Cathy Warwick (President of Royal College of Midwives) – 26th February.
- Blackpool Health & Well-Being Board – 26th February.
- Monthly Performance Review Meeting with Monitor (via video conference) – 27th February.

Legal Update

In order that Board members are aware of the current key legal health issues, the latest update is included in the Reference Folder.

Ian Johnson
Chairman

Board of Directors Meeting

26th February 2014

Confirmation of Chairman's Action for Waivers

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	13.2.14	Server Colocation – Poulton Exit

Judith Oates
Foundation Trust Secretary

**Board of Directors Meetings – Attendance Monitoring
1st April 2013 to 31st March 2014**

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

* Extraordinary Board Meetings

Attendees	24.04.13	23.5.13*	31.7.13	30.10.13	27.11.13	29.1.14		
Ian Johnson (Chairman)	G	G	G	G	G	G		
Paul Olive	G	G	B	B	B	B		
Tony Shaw	G	G	G	G	G	G		
Karen Crowshaw	G	G	G	Y	G	G		
Doug Garrett	G	G	G	G	G	G		
Alan Roff	G	G	G	G	Y	G		
Jim Edney	B	B	G	G	G	G		
Michele Ibbs	B	B	B	G	G	G		
Gary Doherty	G	G	G	G	G	G		
Marie Thompson	G	G	G	G	G	G		
Dr Mark O'Donnell	G	G	G	G	G	G		
Robert Bell	Y	Y	Y	Y	Y	B		
Pat Oliver	G	G	G	G	G	G		
Wendy Swift	G	G	G	G	G	G		
Feroz Patel	G	G	G	G	G	B		
Janet Benson	G	G	B	B	B	B		
Jacqui Bate	B	B	G	Y	B	B		
Nicky Ingham	B	B	B	B	G	G		
Tim Bennett	B	B	B	B	G	G		