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## **PLEASE NOTE THE START TIME AND VENUE FOR THIS MEETING**

26th October 2017

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 1st November 2017 at 9.30 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](mailto: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).	9.30 am (1 minute)	For Information
2	Declaration of Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.31 am (1 minute)	For Information
3	Apologies for Absence – Mr Johnson to report.	9.32 am (1 minute)	For Information
4	Minutes of the Previous Board of Directors' Meeting held in Public on 26th July 2017 – Mr Johnson to report. (Enclosed).	9.33 am (2 minutes)	For Approval
5	Matters Arising:-  a) Action List from the Previous Board of Directors' Meeting held in Public on 26th July 2017 – Mr Johnson to report. (Enclosed).  b) Action Tracking Document – Mr Johnson to report. (Enclosed).	9.35 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).	9.40 am (5 minutes)	For Discussion
7	Patient Story DVD – Professor O'Donnell to report.	9.45 am (15 minutes)	For Discussion
8	<u>Executive Reports:-</u>  a) Chief Executive's Report – Mrs Swift to report. (Enclosed).  b) Assurance Reporting (including reports from Quality Committee, Strategic Workforce Committee, Audit Committee and Finance Committee) – Executive Directors/ Committee Chairs to give a presentation.  c) Mortality Update – Professor O'Donnell to report. (Enclosed).  d) CQC Update and Use of Resources Assessment – Mrs Thompson/Mr Dickinson to report. (Enclosed).	10.00 am (15 minutes)  10.15 am (30 minutes)  10.45 am (30 minutes)  11.15 am (30 minutes)	For Discussion  For Approval  For Discussion  For Discussion
<b>BREAK</b>			
9	<u>Chairman's Report:-</u>  a) Chairman's Update. (Enclosed).  b) Feedback from Clinical Commissioning Group Governing Body Meetings:-  • Blackpool: 5th September 2017 – Mrs Whyham to report. (Verbal Report).  • Fylde & Wyre: 19th September 2017 – Mr Cullinan to report. (Verbal Report).	12 noon (5 minutes)  12.05 pm (5 minutes)	For Information  For Information

	c) Feedback from the ACS Steering Group – Mrs Swift to report. (Verbal Report).	12.10 pm (5 minutes)	For Information
	d) Schedule of Board Meetings and Board Committee Meetings 2018/19. (Enclosed).	12.15 pm (1 minute)	For Approval
10	Key Themes for Team Brief – Mr Johnson to report. (Verbal Report).	12.16 pm (4 minutes)	For Discussion
11	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	12.20 pm (5 minutes)	For Discussion
12	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.25 pm (1 minute)	For Information
13	Any other Business – Mr Johnson to report. (Verbal Report).	12.26 pm (1 minute)	For Discussion
14	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	12.27 pm (1 minute)	For Discussion
15	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.28 pm (10 minutes)	For Discussion
16	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	12.38 pm (1 minute)	For Information
		Total Duration – 3 hours 9 minutes	

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

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



Chairman: 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 26th July 2017 at 11.30 am  
in Rooms 3 & 4, Education Centre, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

Mr Mark Cullinan  
Mr Michael Hearty  
Dr Malcolm McIlmurray  
Mr Alan Roff  
Mrs Mary Whyham

Executive Directors

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

In Attendance: Ms Paula Roles – Deputy Director of Workforce & OD  
Mr Steve Finnigan – Non-Executive Director (from 1st August 2017)  
Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 7

Members of Public (observers) – 6

Members of Staff (observers) – 2

54/17 Chairman's Welcome and Introductions

The Chairman welcomed observers to the meeting and apologised for the late starting time.

Reference was made to the change of venue for the meeting as a result of concerns expressed about the acoustics in the Board Room and he asked attendees to raise their hand if they could not hear the discussions.

The Chairman introduced Steve Finnigan, newly appointed Non-Executive Director (from 1st August 2017), and welcomed him to the Board. It was noted that Mr Finnigan would be reporting on his background at the Council of Governors meeting in the afternoon.

It was noted that three questions had been received in advance of the meeting and the Chairman confirmed that they would be addressed at the end of the meeting.

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

55/17 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.

56/17 Apologies for Absence

An apology for absence was received from Mrs Karen Crowshaw, Non-Executive Director.

57/17 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 24th May 2017 be approved and signed by the Chairman, subject to the following amendment:-**

**Page 8, final paragraph to read: With regard to achieving the target in Quarters 2, 3 and 4, Mrs Oliver advised that 18000 patients who attended Victoria Hospital would be channelled to the Urgent Care Centre and that this was based on the Whitegate Drive model. It was noted that this initiative would commence in July 2017 in conjunction with partner organisations and that the Trust would need to ensure that it was not compromised financially.**

58/17 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 24th May 2017

The Chairman reported that 8 actions had been completed and 1 action was not yet due.

b) Action Tracking Document

The Chairman reported that there were 9 outstanding actions on the tracking document, 4 of which had been deferred due to Purdah. With regard to the action relating to the acoustics in the Board Room, it was noted that the feasibility of an audio/microphone system was being investigated.

c) Mortality – Internal Modelling Recommendation

Professor O'Donnell advised Board members that discussion had taken place around reporting in terms of mortality trajectory and the view of the Mortality Committee was that it had been unduly onerous to produce an internal model of SHMI and the proposal was to use data from the University of Birmingham and to produce data two to three months in arrears. It was noted that national data would continue to be used which was six months in arrears. Professor O'Donnell confirmed that the focus on crude mortality would continue.

Mr Roff stated that the internal modelling system was quite time-consuming and also it had become clear that, in terms of the detail, the quality of the system was not particularly high, however, the difficulty was that, as a Trust, there was nothing more recent than three months' timescale. It was noted that it had been agreed with Mr Bloor that the Trust would no longer use the full detailed model but would use the mortality experience which, hopefully, was a simpler method which would provide a better estimate of SHMI than previously. Mr Roff stated that he could not support removing the internal model without other arrangements being in place.

59/17

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 and feedback was provided as follows:-

- Mrs Whyham reported that she had recently attended a Patient Safety Walkabouts to Poulton Clinic and she pointed out that the majority of the walkabouts took place in the afternoon resulting in staff being taken away from their principle duties. It was noted that, as a result of Mrs Whyham's comments, the walkabouts would now be configured to accommodate the staff rather than the EDs, NEDs and Governors.
- Mrs Whyham reminded Board members about her interest in dementia and her work with Simone Anderton on John's Campaign and the Dementia Strategy. It was noted that Mrs Whyham had been introduced to a Senior Lecturer at Lancaster University who was working on technical devices for people with dementia. The Chairman commented that dementia was a key area of focus for the Trust and for the Governors.

60/17

Patient Story DVD

The Chairman reminded Board members that a patient story was usually shared at Board meetings and he asked Professor O'Donnell to provide some background information.

Professor O'Donnell reported that this month's patient story was positive and related to a patient who had been experiencing problems with her eyes and who had received excellent treatment in the eye clinic.

Following the DVD, Mr Hudson (a Governor who was observing the meeting) commented that he knew the patient concerned and she had been very complimentary about her treatment and care.

61/17

Executive Reports:-

a) Chief Executive's Report

The Chief Executive reported on the following:-

- i) Board Assurance Framework
- ii) Corporate Risk Register
- iii) Well-Led Review
- iv) Trust Constitution
- v) Reservation of Powers and Scheme of Delegation Procedure
- vi) Code of Governance: Chairman and Chief Executive Roles and Responsibilities
- vii) Visits and Meetings

Board Assurance Framework – the document had been updated as a result of discussions at Board Committee meetings the previous week; it being noted that there was one new risk (BAF 13), one risk score increase (BAF 4) and seven action updates (BAF 5, 7, 6, 10, 9, 1, 12).

**RESOLVED: That the Board Assurance Framework be approved.**

Corporate Risk Register – the document had been updated following the Executive Directors meeting on 26th June 2017. Dr McIlmurray referred to cancer services and queried whether part of the risk being articulated was around the fact that there was still no acute oncology service. Mrs Swift advised that this issue had been discussed at the Quality Committee meeting as part of the work of the Cancer Peer Review and was also being addressed through Lancashire-wide work.

Professor O'Donnell reported that cancer services, including oncology support, had been discussed at a meeting he had attended the previous day; it being noted that the Trust's provision was similar to other Trusts in the area and that there may be a requirement for a bespoke oncology service in each Trust or within two areas. Dr McIlmurray pointed out that an oncology service was provided by the Trust only three days per week and that this risk should be highlighted.

**RESOLVED: That Mrs Swift would discuss the issue highlighted by Dr McIlmurray.**

Mrs Oliver advised that cancer services were included in the Appropriate Workstream and that a business case was being developed.

The Chairman stated that it appeared that this issue was being addressed and he thanked Dr McIlmurray for his comments.

**RESOLVED: That the Corporate Risk Register be approved.**

***Action Taken Following The Meeting***

*The highlighted issue relating to oncology is being addressed via the Lancashire & South Cumbria cancer plans.*

Well-Led Review – significant progress had been made in implementing the recommendations and 18 actions were now complete and 11 actions were on-going.

Trust Constitution – the proposed amendments, which had been discussed and approved by the Council of Governors, were as follows:-

- To include in the Trust Constitution the ward areas of Cheshire & Merseyside STP and Greater Manchester STP.
- To remove from the Trust Constitution the existing constitutional boundary of North Cumbria.

Mrs Whyham asked about the reason for extending the constituencies and the Chairman advised that it was as a result of the STP extension to these areas and also the Trust's provision of services to the wider areas, for example, cardiology, haematology and cystic fibrosis.

**RESOLVED: That the proposed amendments to the Trust Constitution be approved.**

Reservation of Powers and Scheme of Delegation Procedure – the document had been revised following a review of the Trust's compliance and Board members were requested to ratify the document following validation from the Audit Committee.

**RESOLVED: That the Reservation of Powers and Scheme of Delegation Procedure be validated.**

Code of Governance: Chairman and Chief Executive Roles and Responsibilities – the document had been reviewed in order to ensure compliance with the Code of Governance; it being noted that there had been no changes to the previously approved document.

**RESOLVED: That the Chairman and Chief Executive Roles and Responsibilities be approved.**

Visits and Meetings – details about the visits and meetings attended by the Chief Executive were provided for information.

Mr Cullinan referred to the Volunteers Recognition Event which took place on 2nd June 2017 and commented that it had been well-received by the volunteers.

Mr Cullinan also congratulated the Trust on winning the Employer of the Year Award from Blackpool and The Fylde College and commented that “growing our own” was an essential part of the strategy. Mr Cullinan asked whether it was intended to broaden this approach to other colleges and schools across the Fylde Coast to ensure it was embedded. It was noted that local schools, colleges and academies were already involved in this approach.

b) Assurance Reporting

The Chief Executive, with input from the Executive Directors and Board Committee Chairs, provided updates as follows:-

Compliance Measures

Mrs Swift drew attention to the performance in respect of the compliance measures and expressed thanks to the staff involved in making improvements to reduce the number of red areas.

Mrs Oliver reported on the following measures:-

A & E – the plans for the whole health economy had been discussed at the Finance Committee meeting the previous week. It was noted that there were nine joint workstreams across the Fylde Coast which were being managed through the A & E Delivery Board. It was anticipated that the 90% standard would be achieved in Quarter 3 and Quarter 4.

18 weeks – 90% performance had been maintained until Quarter 4 but the current indicator was -1.28%; it being noted that it had been difficult to achieve the 92% standard and plans were in place to address this in order to achieve a green rating.

62 Day Cancer Waiting Time – the 62 day standard had not been achieved for 16 patients.

Strategic Ambitions

Mrs Swift pointed out that the format for the eight strategic ambitions had been slightly amended and updates were given as follows:-

Mortality

- The SHMI position from the latest national data release was 113.6 compared with 126 in 2016 and the reasons for the decline were multi-factorial.

- Dr Vince Connolly, Regional Medical Director (North) at NHS Improvement, had visited the Trust and offered support from Dr Julian Hobbs who had subsequently met with Professor O'Donnell and Dr Morgan to discuss mortality. Professor O'Donnell stated that feedback from the meeting was awaited, however, he was not aware of any significant initiatives to be undertaken to make improvements.

#### Friends and Family Test

- A satisfaction rate of 97% had been achieved in Quarter 1 against an ambition of 98%.
- The team was continuing to raise awareness and the number of responses was continuing to increase.

#### Length of Stay

- The Trust was above local and national peers for length of stay and the trajectory indicated that it was not reducing, therefore this was a key area of focus.
- An external review had been undertaken and the recommended actions were being addressed.

Mr Cullinan asked for confirmation that the strategic ambitions were in the interests of patients and it was confirmed that there were strong clinical and quality reasons for reducing length of stay.

#### Readmissions

- It was anticipated that the number of readmissions would reduce and this was currently in line with the trajectory.

#### Finance

- The ambition was around the use of resource which was currently at level 3 with a plan to achieve level 2 which was on trajectory.
- Savings of £8m were rated red, one of which related to length of stay which was the largest single item; it being noted that a number of actions needed to be completed to address this issue.

#### Workforce

- The trajectory for the ambition was achieved in Quarter 4, however, some areas were currently over-established and there were significant gaps in the nursing and AHPs workforce; it being noted that there were plans in place to address these issues.

At this juncture the Chairman requested feedback from the Committee Chairs.

#### Quality Committee

Mr Roff reminded Board members that each Board Committee was required to establish its top three priorities for 2017/18 and that this had been actioned by the Quality Committee as follows:-

- Monitoring and ensuring the achievement of the second year targets in the Quality Strategy.
- Ensuring the best possible outcomes from external quality visits to the Trust in 2017/18.
- Ensuring that quality assurance culture was in place within the Trust.

Mr Roff drew attention to the Quality Committee summary and highlighted the National Cancer Quality Surveillance Programme (significant assurance) and the Stroke Peer Review (limited assurance).

**RESOLVED: That the top three priorities for the Quality Committee be approved.**

Strategic Workforce Committee

Mr Cullinan reported that the Committee had focused on the following:-

- Workforce risks regarding medical staffing levels
- Apprenticeships
- Guardian of Safe Working Quarterly Report
- Medical Appraisal and Revalidation
- Visit from Ian Cummings, CEO at Health Education England
- National reports relating to junior doctors and their changing expectations from their careers

It was noted that there were implications from the Government charge in relation to Apprenticeships.

It was further noted that the risk score in relation to recruitment and retention had been escalated.

**RESOLVED: That the recommendation from the Committee that the organisation, as a Designated Body, was compliant with the Responsible Officer Regulations be approved.**

Finance Committee

Mr Cullinan, on behalf of Mrs Crowshaw, provided feedback from the Finance Committee meeting and highlighted the under-achievement of the CIP and the introduction of a turnaround process for 2017/18.

Audit Committee

Mr Hearty highlighted the presentations that had been given at the Audit Committee meeting, namely Mental Health in A & E, Audit Report (Lessons Learned), Audit Report (Waiting List Initiatives) and Assurance Framework (Strategic Workforce Committee).

With regard to Mental Health in A & E, it was noted that this was one of the challenging risks on the Corporate Risk Register and a complex and system wide challenge; it being noted that the staff in A & E were working hard to manage this issue.

With regard to the Audit Reports, these related to areas where there had been limited assurance or no assurance and the actions being taken by managers to address the issues identified by the Internal Auditors.

With regard to the Assurance Framework for the Strategic Workforce Committee, Mr Hearty reminded the Board that the Chair of each Board Committee had been invited to attend an Audit Committee meeting in order that the Audit Committee could understand that the Board Committees were satisfied that they were receiving the appropriate assurance at their committee meetings.

Mr Hearty also referred to the Corporate Risk Register and reported that he would be discussing the quality of the wording with the Head of Corporate Assurance.

**RESOLVED: That the following items, which were approved by the Audit Committee and recommended to the Board, be ratified:-**

- **Corporate Risk Register**
- **Board Assurance Framework**
- **Reservation of Powers & Scheme of Delegation Procedure**

c) Research Collaboration with the University of Edge Hill

Professor O'Donnell advised Board members about the discussions on-going with the University of Edge Hill regarding the opportunities for collaboration in respect of educational research.

**RESOLVED: That the proposal for the Trust to strengthen its links with the University of Edge Hill to develop further teaching and research be approved.**

Mr Cullinan commented that he welcomed this proposal which would assist with recruitment and retention issues.

62/17

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman reported that he had been active in terms of internal and external meetings and advised that the challenges faced by the Trust were not unique to this organisation and that collaboration with other Trusts would enable solutions to be reached both formally and informally which was important.

The Chairman further reported that he had attended a meeting the previous week with Sir Keith Pearson who was interested in working with the Trust focusing on the supply of trainees and new doctors to the Trust. It was noted that Sir Keith would be visiting the Trust in Autumn 2017.

b) Affixing of the Common Seal

Board members were requested to confirm the affixing of the Commons Seal.

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

c) Feedback from Clinical Commissioning Group Governing Body Meetings

Dr McIlmurray reported that he had observed both the Blackpool CCG Meeting and the Fylde & Wyre CCG Meeting during July 2017 and commented that he had found the meetings very useful; it being noted that he had received an impression of the developments and initiatives taking place in the community which he would otherwise not know about.

Feedback was provided as follows:-

Blackpool – 4th July 2017

- The performance report indicated that GP referrals to the hospital had reduced overall and one example was the musculo-skeletal service (49%). Mrs Oliver advised that, as part of the Vanguard service, the intention was for patients to be referred to a hospital setting only when the hospital model was needed.
- Concern had been expressed regarding the increased incidence of e-coli infections, details of which were included in the performance reports.
- An update had been provided in respect of new models of care and discussion had taken place about enhanced primary care and, in particular, neighbourhood hubs.
- Reference had been made to the CCG being involved in developing a culture of kindness.

Fylde & Wyre – 18th July 2017

- A presentation had been given on new models of care including ten neighbourhood teams. It was noted that two initiatives had been introduced, i.e. Pharmacy Plus Clinical Scheme and New Ways of Working in Care Homes.
- Concern had been expressed regarding the required attendance at meetings of the Mortality Governance Committee. Dr McIlmurray stated that he was aware of the correspondence between the Trust and the CCGs and that a meeting was due to take place to discuss this issue.
- Two GP Practices were due to join the Fylde and Wyre footprint.
- There was a good news story about five Syrian refugee families being flown in and being housed in Fleetwood.

63/17

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:-

- Reassurance that other organisations were facing similar challenges (as reported by the Chairman earlier in the meeting).
- Lack of progress with the length of stay strategic ambition and the impact on quality, finance and staffing.
- Establishment of the Turnaround Board to focus on CIP.
- Excellent standard of nominations for the Celebrating Success Awards.
- Reminder about smoke free sites and the walkabouts being carried out by Executive Directors.
- Progress on the Accountable Care System.
- Quality effects and other effects on length of stay.

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

***Action Taken Following The meeting***

*This item has been actioned.*

64/17 Items for External Communication

Board members considered items for external communication.

**RESOLVED: That the cyber incident and assurance about security would be included for external communication.**

***Action Taken Following The meeting***

*This item has been actioned.*

65/17 Trust Values / Value of the Month

The Chairman stated that the Value of the Month for July was Positive and an example given was the patient story.

66/17 Attendance Monitoring

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

67/17 Any other Business

a) National Visiting Programme

Professor O'Donnell advised the Board about a national visiting programme taking place which, to date, had included three surgical departments at the Trust, namely, Orthopaedics, Ophthalmology and Cardiothoracic. Professor O'Donnell was able to give assurance to the Board that all three specialties provided a good service with good clinical outcomes and that the surgeons were working hard.

**RESOLVED: That Professor O'Donnell would submit a report to the Board when the visits had been completed.**

68/17 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.**

69/17 Questions from the Public

The Chairman reiterated that he had received three questions from a member of the public in advance of the meeting and the relevant directors provided answers as follows:-

- i) The agenda papers record that 18,000 patients are to be channelled from A & E to the Urgent Care Centre in the last three quarters of the year so that they can be dealt with at Whitegate Drive. What percentage of the expected A & E attendance does this represent? What kind of cases are involved and how will this "channelling" be achieved?

It was noted that this question had been answered by Mrs Oliver earlier in the meeting (item 57/17).

- ii) The minutes record that Information was being provided to a questioner at your last meeting about the percentage of monies recovered by the Trust from overseas visitors and other Trusts over an average year. How can we obtain this information?

Mr Bennett reported that overseas visitor income in 2016/17 was £316,000 which equated to 0.08%. The Chairman confirmed that systems and processes were in place to recover as much income as possible.

- iii) Page 33 of the Agenda Papers records the affixing of the Common Seal on the legal agreement for the loan from Blackpool Council. What was the final figure for the money borrowed and what will the money be used for?

Mr Bennett reported that the loan for £9,230,000 had been used to support the implementation of the strategy and to support the working capital position.

*Mr Nic Fogg – 38 Degrees*

Mr Fogg referred to the Council loan and asked about the use of the money and how it would be repaid.

Mr Bennett stated that the key purpose was to support the capital developments across the Trust and that the income received would be used to repay the loan over a ten year period; it being noted that the interest rates were lower than commercial interest rates.

*Dr Ranjit More – Staff Governor*

Dr More requested an update on the winter plan, particularly in respect of bed numbers.

Mrs Oliver stated that she tried to avoid the wording “winter plan” because the pressures were continuous all year. Mrs Oliver reported that there was an annual requirement to ensure plans were in place across the country by September 2017 and therefore it was imperative to focus on this work during the next few weeks, particularly in respect of length of stay.

Mrs Oliver confirmed that patients were being treated in a timely manner and being discharged to their own home wherever possible, however, she questioned whether patients should be transferred to the independent sector during this period of time.

*Dr Ian Stewart – Lay Member, Fylde & Wyre CCG*

Dr Stewart commented that he understood that mental health patients from the Harbour attended A & E which could impact on the length of stay in A & E and he asked whether there was good collaboration between the Trust and Lancashire Care Trust.

Mrs Oliver confirmed that the two Trusts worked collaboratively but there were difficulties around the increase in the number of patients. It was noted that the Trust was working with the nursing teams and with NWS and was also reviewing the medical model to support patients out of hours. Mrs Oliver stated that the mental health service was under significant pressure due to the growth in demand, however, she had recently attended a meeting of the Audit Committee with Mrs Thompson to provide assurance around the treatment of mental health patients.

70/17

Farewell/Thank You

The Chairman referred to the good news at the start of the meeting when he reported that Steve Finnigan would be joining the Board and he finished the meeting on a sad note by reporting that Dr McIlmurray would be leaving the Trust at the end of July after three years on the Board.

The Chairman provided some background information about Dr McIlmurray; it being noted that he had been a Senior Clinical Director of Medicine and a Lead Clinician in Cancer Services. With regard to Dr McIlmurray's contribution to the Board, the Chairman commented that it had been second to none due to his clinical background and his regular challenge to ensure progress around on-going issues.

The Chairman thanked Dr McIlmurray and wished him well for the future.

Dr McIlmurray commented that it had been a great privilege to work with such a delightful and impressive team on the Board and he expressed thanks to the Board for helping with his transition from clinical to Board member, for which he was grateful.

Dr McIlmurray further commented that there had been good opportunities to meet a number of top rate workers in the Trust, particularly some clinical colleagues, and that Blackpool had much to offer in undergraduate education and an increase in the number of medical students which would link into the workforce issues.

71/17

Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 25th October 2017.

**Post Meeting Note: the date of the next Board Meeting in Public is Wednesday 1st November 2017.**

Board of Directors Meeting Held In Public  
Action List - 26th July 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
57/17	26.7.17	<b>Minutes of Previous Meeting</b>	Amend the final paragraph on page 8 of the minutes.	Judith Oates	2.8.17		This item has been actioned.	Green
61/1 (a)	26.7.17	<b>Chief Executive's Report - Corporate Risk Register</b>	Address the issue relating to oncology highlighted by Malcolm McIlmurray.	Wendy Swift	9.8.17		This issue is being addressed via the Lancashire & South Cumbria cancer plans.	Green
61/17(a)	26.7.17	<b>Trust Constitution</b>	Amend the Trust Constitution.	Judith Oates	9.8.17		This item has been actioned.	Green
63/17	26.7.17	<b>Key Themes for Team Brief</b>	Include the agreed themes in Team Brief.	Jane Meek	1.8.17		This item has been actioned.	Green
64/17	26.7.17	<b>Items for External Communication</b>	Include the cyber incident and assurance about security for external communication.	Jane Meek	1.8.17		This item has been actioned.	Green
67/17	26.7.17	<b>Any other Business - National Visiting Programme (Getting It Right First Time)</b>	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	Not Yet Due

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	<b>Strategic Work Programme</b>	Consider re-aligning the NEDs to the workstreams.	Chairman/ Wendy Swift	1.12.16	31.12.17	The current arrangements will continue and will be reviewed later in the year when there is a full complement of NEDs. This will be discussed at the Board Development Session on 20.12.17.	Red
102/16	26.10.16	<b>Chief Executive's Report - BAF</b>	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	<b>Atlas BFW Management Ltd</b>	Confirm Pat Oliver as the Interim Stakeholder Director and Doug Garrett as the Interim Chair.	Chairman	12.6.17	30.11.17	Letters are due to be issued together with letters to the two Non-Executive Directors. This issue will be addressed at the Shareholder Panel meeting in November 2017.	Red
33/17	26.4.17	<b>Questions from the Public</b>	Address the issue of poor acoustics.	Judith Oates	26.7.17	31.12.17	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.	Red
42/17 (e)	24.5.17	<b>Assurance Report - A &amp; E Performance</b>	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 the Board Seminar in the New Year when the scheme is complete.	White

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

Board of Directors Meeting  
Action Tracking Document

**Board of Directors Meeting**

**1st November 2017**

**Chief Executive's Report**

<b>Report Prepared By:</b>	Wendy Swift, Chief Executive	
<b>Contact Details:</b>	Ext. 56853	
<b>Date of Report:</b>	24 <sup>th</sup> October 2017	
<b>Purpose of Report:</b>		
<p>To provide the Board of Directors with an update on current issues including the Board Assurance Framework, Corporate Risk Register, Well Led Review, NHSI Quarterly Review Meeting, NHS England Fast Follower Proposal and Lancashire &amp; South Cumbria STP Board Non-Executive Director Membership.</p>		
<b>1</b> <input checked="" type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>
<b>For information</b>	<b>For Discussion</b>	<b>For Approval</b>
<b>Recommendations:</b>		
<p>The Board is requested to review and note the content of the report and approve the following items:-</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Corporate Risk Register</li> </ul>		
<b>Sensitivity Level:</b>		
<b>1</b> <input checked="" type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>
<b>Not sensitive:</b> <b>For immediate publication</b>	<b>Sensitive in part:</b> <b>Consider redaction prior to release</b>	<b>Wholly sensitive:</b> <b>Consider applicable exemption</b>

## **Board of Directors Meeting**

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

**1st November 2017**

#### **Board Assurance Framework**

To provide the Board of Directors with the updates to the Board Assurance Framework.

The Audit Committee reviewed the BAF on 5<sup>th</sup> September 2017 and challenged several risks. The challenges were referred back to the relevant Board Committee for consideration, they were;

- That all actions to address the gaps be collated under 'ongoing' or 'to start in the next 6 months'.
- That implementation dates be added where appropriate to actions.
- That the residual risk scores for BAF 6 and BAF 4 be reviewed by the relevant Board Committee.
- That the Strategic Workforce Committee considers noting the Freedom to Speak up Guardian as a 'main control' on BAF 5.
- That the Quality Committee considers adding more detail around the actions regarding mental health patients in A&E on BAF 9.

Key action updates;

- BAF 7 – Performance Targets: A cardiology EP full service review is under way and expected to be completed at the end of October 2017 and in addition a purpose built discharge lounge is to be operational by December 2017 following the completion of the capital development.
- BAF 12 – Management of Emergency Admissions and Flow: Discussions are ongoing with Lancashire County Council and Blackpool Council regarding support for delayed transfers of care (DTC).
- BAF 9 – Care Quality Commission (CQC) Standards: The A&E action plan is to be included in the Trust Quality Development Plan for monitoring by the Quality Committee. Internal Mock CQC Inspections have been completed and assessments against emergency services core service framework completed, a gap analysis has been discussed with Executive Directors and Divisional Plans have been signed off.
- BAF 1 – Mortality: The Mortality Governance Committee has incorporated into its work plan the recommendations from the Learning from Deaths document and will implement these in line with national timescales.
- BAF 2 – Patient Experience: To improve information and communications around discharge for inpatients, ensuring that patients are receiving up to date information on waiting times within outpatients and A&E.
- BAF 10 – Length of Stay: The internal audit (KPMG) recommendations have been implemented.
- BAF 4 – Recruitment and Retention of Staff: The Relocation Allowance Policy has been relaunched. Improved one to one support is provided to doctors and their dependents when joining the Trust. Accommodation support for overseas doctors for the initial period is offered. Greater awareness of how we can reward non-NHS experience so that Trust salary offers are competitive. A cohort of 59 remaining Philippine Nurses are still planning to join the Trust; 12 have arrived to date with a further recruitment trip planned for November 2017.
- BAF 5 – Staff Engagement: An evaluation of the LMSQ process has been introduced into appraisal, introduced a new staff engagement questionnaire in Quarter 4 and rolling out the NHSI Retention Toolkit along with GP2W.
- BAF 6 – Cash and CIP: The Trust forecast will be refined during November and an update together with implications considered at the next Finance Committee meeting. Discussions are being held with the local CCGs relating to funding the excess costs of achieving the ED performance standard.
- BAF 11 – Electronic Patient Record: A business case detailing the total cost and potential benefits of EPR components has been written to be included in the Trust investment plan.
- BAF 3 – Accountable Care System: An Accountable Care System report has been approved by the CCGs and Trust Board of Directors and a steering group has been established.

The Board of Directors is requested to approve the revised Board Assurance Framework which is included in the Reference Folder.

## **Corporate Risk Register**

The Corporate Risk Register (CRR) has been updated following the Executive Directors meeting on 2<sup>nd</sup> October 2017 and the revised version is included in the Reference Folder.

Risks associated with the following were archived from the CRR:-

- Reduction of beds within the Orthopaedic Department.
- Use of Gastroenterology Day Case Unit as an inpatient area.
- The compliance of the ambulance contract with procurement processes.

Risks associated with the following 6 new risks were agreed:-

- Medical staffing levels for Care of the Older Person beds.
- Nurse staffing levels on Ward 39.
- Access to images through PACS system from other hospitals.
- Old Ocular Coherence Topography equipment.
- Nurse staffing levels in the Dermatology Department.
- Effective use of the e-rostering system.

The Board of Directors is requested to approve the revised Corporate Risk Register.

## **Well Led Review**

Progress has been made in implementing the recommendations from the Well-led Review undertaken by Mersey Internal Audit Agency and the Advancing Quality Alliance in 2016.

The key issues to note are as follows:-

- 22 actions are complete
- 7 actions are on-going and are being monitored by the Trust Board Committees.

The action plan is included in the Reference Folder.

The Board of Directors is requested to acknowledge the progress made to date and to monitor the implementation of the remaining recommendations.

## **NHSI Quarterly Review Meeting**

The Trust met with the senior team from NHS Improvement on 5<sup>th</sup> October for the Quarterly Review Meeting as part of NHS Improvement's Single Oversight Framework. Discussions took place around Quality, Finance and Operational Performance. This was a very positive meeting.

## **NHS England Fast Follower Proposal**

NHS England is currently supporting selected digitally advanced Trusts who, through funding and international partnership opportunities, will become Exemplars over the next two to three and a half years. All Acute Global Digital Exemplars are now partnered with fast followers – Trusts who will support the spread of best practice and innovation.

Fast followers are supported by NHS England funding, matched locally, and will enable Global Digital Exemplars to establish proven models that can be rolled out across the NHS more broadly. In some cases, this will be sharing software or a common IT team. Others will adopt standard methodologies and processes.

Blackpool Teaching Hospitals has been nominated as a fast follower by Taunton and Somerset NHS Foundation Trust as a joint nomination with Wye Valley NHS Trust. A draft proposal has been submitted to NHS England to support the nomination and a meeting took place on 12<sup>th</sup> October with NHS England, NHS Digital, Blackpool Teaching Hospitals NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and Wye Valley NHS Trust to articulate our proposals and approach. The meeting was very productive and a final submission of our proposals will be made by the end of October 2017.

The Trust, if accepted after the final proposal, can expect to receive £2.5 million in matched funding over the next 2½ financial years to support our EPR implementation covering:

- Accident and Emergency
- Order Communications
- Electronic Observations
- Open Connectivity for IMS Maxims
- Development Toolkit for IMS Maxims

After the meeting on the 12<sup>th</sup> October we were also asked to add an option to roll out electronic prescribing if additional funding was received and this option has been included in the proposal.

A decision is expected in November 2017 and we are working with IMS Maxims to create an expedited work plan for the components detailed.

### **Lancashire & South Cumbria STP Board - Non-Executive Director Membership**

The Lancashire & South Cumbria STP Board has recently appointed five Non-Executive Directors from across Lancashire & South Cumbria and we are pleased to congratulate Michael Hearty on his appointment as one of the Non-Executive Directors.

### **Chief Executive Visits and Meetings:-**

#### **Decontamination Unit Official Opening (1<sup>st</sup> August)**

I attended the official opening of the new Decontamination Unit with the Chairman.

#### **Chat with the Chief Executive (1<sup>st</sup> August & 8<sup>th</sup> August)**

I met with staff at the Chat with the Chief Executive sessions in August which have proved to be a useful tool for communication between myself and staff across the organisation. Following discussions at these events I have changed the format to walkabouts across various departments in order to allow me to meet more staff in a short space of time. These dates have been shared with Board members to enable them to join me on these walkabouts.

#### **Compassionate Care Day (10<sup>th</sup> August)**

I participated in the Compassionate Care Day and welcomed Blackpool Nurses, Midwives & Allied Health Professionals to celebrate this annual event. Presentations took place around mental health awareness and the use of health action plans.

#### **Jeremy Hunt Visit (23<sup>rd</sup> August)**

The Trust received a confidential ministerial visit that was only shared with staff across the organisation (in line with the DoH request) the evening prior to the visit. Jeremy Hunt met with staff across a wide range of professions and was involved in debates about the future of the NHS.

#### **Health and Care Innovation Expo 2017 (11<sup>th</sup> September)**

I attended the Health and Care Innovation Expo with Simon Stevens and colleague Chief Executives to discuss current issues within the NHS. The Fylde Coast Extensive Care Service was present at the EXPO along with other Vanguard Pilots and a lot of interest was shown in the service.

#### **Volunteer Recognition Event (15<sup>th</sup> September)**

Together with Mark Cullinan I attended the Volunteer Recognition Event in Oliver's Restaurant where the hard work of our volunteers was recognised and they were presented with certificates of recognition.

#### **Joint Annual Members Meeting/Annual General Meeting (21<sup>st</sup> September)**

The Board of Directors of the Trust and the Directors of Blackpool CCG and Fylde & Wyre CCG Governing Bodies came together on the 21<sup>st</sup> September in the Joint Annual Members Meeting/Annual General Meeting at Blackpool Sixth Form College. This was the second joint event and was very successful.

#### **Summit Newton Europe (8<sup>th</sup> and 22<sup>nd</sup> September)**

A piece of work has been undertaken by Newton Europe looking at the reasons for delayed discharges and recommending a number of solutions. A number of summits have been held with our staff to discuss the outcomes and solutions.

### **Getting It Right First Time (GIRFT) Review Program for Paediatric Surgery (26<sup>th</sup> September)**

The Review Meeting was attended by a wide range of clinicians from Paediatrics, Surgery and Anaesthetics. The review was extremely positive with the following areas of good practice highlighted:-

- Committed team working between paediatricians, anaesthetists, general surgeons and paediatric surgeons between secondary and tertiary institutions.
- Excellent outcomes for elective and non-elective surgery with evidence of evidence-based practice.
- Most surgical OPD conducted in paediatric out-patients area which is child friendly (ENT is the exception).
- Innovative 'takeover' of entire day surgery unit for paediatric cases once a fortnight ensuring child friendly focus and optimising training opportunities.
- Good levels of paediatric experience within anaesthetic department and theatres.

### **The Celebration Ball (6<sup>th</sup> October)**

Myself and the Chairman welcomed over 580 staff to this year's awards. Our personal thanks go to Alison Bott and the communications team for the hard work that went in to the event. On top of the usual workload they also had to move the venue a week before the ball. Their professionalism, hard work and dedication ensured that the evening was a success and from discussions with staff across the organisation; was extremely enjoyable and well received.

### **Accountable Care System Steering Group Meeting (19<sup>th</sup> October)**

The meeting was attended by Executive Directors and Non-Executive Directors from the Trust. Detailed discussion took place around winter planning and plans for developing the ACS.

### **Moving to Good (25<sup>th</sup> October)**

As outlined in the Chairman's Update, members of the senior management team attended the first workshop of the Moving to Good programme on the 25<sup>th</sup> October in Leeds.

### **Christmas is Coming**

There are a number of events planned over the next few weeks to celebrate the festive season and Board members will be kept informed. The following events have been arranged to date and may be of interest:-

- Christmas Fair (Clifton Hospital) – Saturday 25<sup>th</sup> November
- Butterfly Ball (Hilton Hotel) – Friday 1<sup>st</sup> December
- Tree of Lights Ceremony (Oliver's Restaurant) – 11<sup>th</sup> December (7.30 pm)

**Wendy Swift**  
**Chief Executive**

**Board of Directors Meeting**

**1st November 2017**

**Mortality Improvement Chronology**

<b>Report Prepared By:</b>	Professor Mark O'Donnell, Medical Director	
<b>Contact Details:</b>	Ext 56993	
<b>Date of Report:</b>	26th October 2017	
<b>Purpose of Report:</b>		
<p>To update the Board on progress in reducing Trust standardised mortality since 2012.</p> <p>A verbal presentation will be given at the Board meeting.</p>		
<b>1</b> <input type="checkbox"/>  <b>For information</b>	<b>2</b> <input checked="" type="checkbox"/> x  <b>For Discussion</b>	<b>3</b> <input type="checkbox"/>  <b>For Approval</b>
<b>Recommendations:</b>		
To note the content of the Board presentation and the reduction in standardised mortality (SHMI) since 2012.		
<b>Sensitivity Level:</b>		
<b>1</b> <input type="checkbox"/>  <b>Not sensitive:</b> <b>For immediate publication</b>	<b>2</b> <input checked="" type="checkbox"/> x  <b>Sensitive in part:</b> <b>Consider redaction prior to release</b>	<b>3</b> <input type="checkbox"/>  <b>Wholly sensitive:</b> <b>Consider applicable exemption</b>

**Board of Directors Meeting**

**1st November 2017**

**CQC Inspection Update**

<b>Report Prepared By:</b>	Marie Thompson	
<b>Contact Details:</b>	Ext: 53470	
<b>Date of Report:</b>	25 <sup>th</sup> October 2017	
<b>Purpose of Report:</b>		
To brief the Board of Directors on the forthcoming Care Quality Commission (CQC) inspection in Quarter 3 2017/18.		
1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
<b>For information</b>	<b>For Discussion</b>	<b>For Approval</b>
<b>Recommendations:</b>		
The Board of Directors is asked to:-		
<ul style="list-style-type: none"> <li>• Note the information that has been made available to the Trust regarding the CQC inspection.</li> <li>• Note the dates for the Well Led inspection.</li> <li>• Note the Trust's preparations for the inspection.</li> </ul>		
<b>Sensitivity Level:</b>		
1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>Not sensitive: For immediate publication</b>	<b>Sensitive in part: Consider redaction prior to release</b>	<b>Wholly sensitive: Consider applicable exemption</b>

## Introduction

The CQC will be undertaking a regulatory inspection during Quarter 3 2017/2018. A full slide pack is available within the reference papers.

The CQC inspection is underpinned by five key lines of enquiry –

- Are they safe?

You are protected from abuse and avoidable harm.

- Are they effective?

Your care, treatment and support achieve good outcomes, help you to maintain quality of life and are based on the best available evidence.

- Are they caring?

Staff involve and treat you with compassion, dignity and respect.

- Are they responsive to people's needs?

Services are organised so that they meet your needs.

- Are they Well Led?

The leadership, management and governance of the organisation make sure it is providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

The CQC standards are embedded within the day to day working of the Trust and it is recognised that the inspection offers an opportunity to demonstrate the hard work of our staff in striving for excellence in care and treatment whilst also seeing the findings of the inspection as an opportunity to learn and constantly improve.

It is our collective ambition to achieve a 'good' rating.

## Background

Following the Keogh Review in 2013, the Trust was inspected under the new CQC inspection regime in January 2014. A comprehensive inspection of Acute Services took place but our Community Services were not inspected at this time.

Rating: Requires Improvement

In September 2015, Maternity Services and Accident & Emergency were re-inspected.

Rating: Maternity – Good

Accident and Emergency – Requires Improvement (plus a regulated action concerning the experience of patients with mental health needs waiting over four hours in the department).

CQC Inspection 2017

- Unannounced inspection to Community Services – The CQC has requested an inspection Planning Meeting on 6<sup>th</sup> November 2017.
- Unannounced inspection to four Acute Core Services.
- Announced inspection to Well Led – 12<sup>th</sup>, 13<sup>th</sup> and 14<sup>th</sup> December 2017.

For completeness, it should also be noted that NHSI will be undertaking the new 'Use of Resources' Assessment on 10<sup>th</sup> November, the outcome of which will be rated and fed into the overall CQC rating for the Trust.

## **CQC Inspection Preparations**

CQC PIR (pre inspection data) returned to CQC August 2017.

CQC have been welcomed into the Trust and we have facilitated the following pre-inspection activities:

- 28 Community Staff Focus Groups.
- CQC visit to Clifton Hospital and 3 staff focus groups.
- CQC visit to Maternity and 2 staff focus groups.
- CQC visit to BVH Outpatients Department.
- CQC visit to Paediatric Community.
- CQC meeting 26<sup>th</sup> September to review medical devices.
- CQC have met with the Trust Freedom to Speak Up Guardian.
- CQC observing the Trust Board meeting and Council of Governors meeting on 1st November 2017.

Divisions have been preparing for some time and Community Services have had a rolling programme of quality assurance visits over the last 18 months. Targeted visits to Theatres, the Emergency Department and Orthopaedics. Divisions have local improvement plans in place following their self-assessment against the CQC key lines of enquiry.

A CQC inspection, including a Well-Led Board Development session took place on 27<sup>th</sup> September 2017.

The Director of Nursing & Quality and Deputy Director of Nursing & Quality have established a CQC Inspection Hub and established four work streams to support the Trust's preparations and planning.

- Communication & Engagement.
- Data & Information.
- Implementation & Assurance.
- Logistics and Environment.

A CQC shared drive folder has been put in place and a number of briefing documents from 'Board to Ward to Community' are in development to help all staff in their own preparations for inspection and to embrace the opportunity to demonstrate the excellent work that takes place and to be honest and open about the issues we seek improve.

## **Recommendation**

The Board of Directors is asked to note:

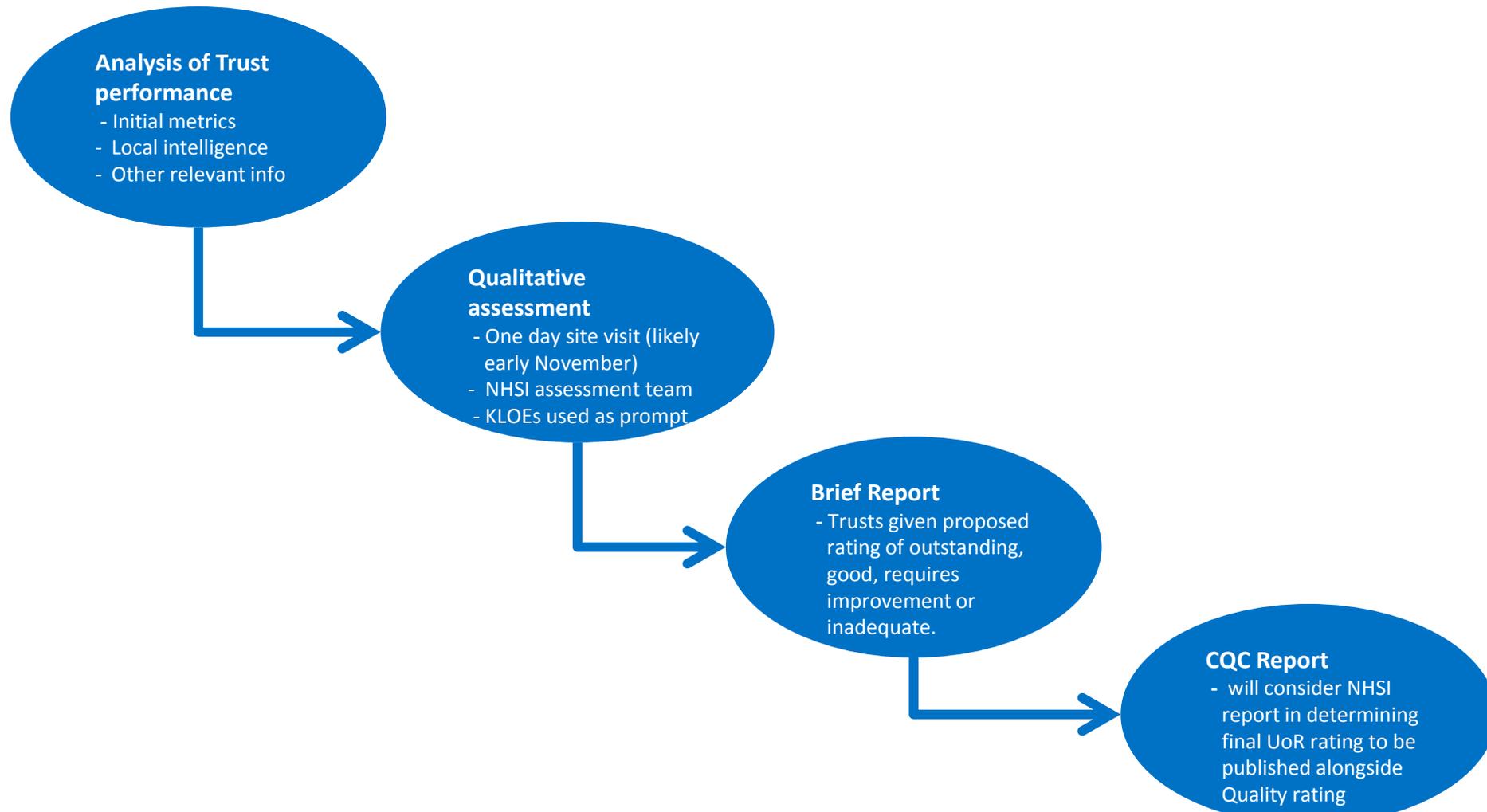
- The information that has been made available to the Trust regarding the CQC inspection.
- The dates for the Well Led inspection.
- The Trust's preparations for the inspection.

# Use of Resources: Assessment Framework

# Introduction

- NHS Improvement and CQC believe there is potential for more productive use of resources across the NHS which would improve quality of care
- Use of Resources Assessment to be introduced in Autumn 2017, alongside CQC inspections
- BTH is one of three ‘pilot’ sites
- Principles of assessment:
  - Lead to a focus on better quality, sustainable care and outcomes for patients;
  - Be proportionate, drawing on existing data where possible;
  - Be clear as to what “good” looks like
  - Promote good practice to aid continuous improvement

# Use of resources assessment process



# Key Lines of Enquiry (basis of assessment)

Use of resources area	Key lines of enquiry (KLOEs)
Clinical services	How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?
People	How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?
Clinical support services	How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?
Corporate services, procurement, estates and facilities	How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?
Finance	How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?

# Analysis of Trust Performance

<b>Initial metrics</b>	<ul style="list-style-type: none"> <li>• How is the trust performing on each initial metric?</li> <li>• Is the trust an outlier on any of the initial metrics?</li> </ul>
<b>Additional evidence</b>	<ul style="list-style-type: none"> <li>• Is the trust an outlier on any of the wider set of metrics (eg Model Hospital, Getting It Right First Time (GIRFT), data supplied by the trust)?</li> <li>• Is there any data or information, shared with us by the trust, which is used internally to assess productivity?</li> </ul>
<b>Local intelligence</b>	<ul style="list-style-type: none"> <li>• Are there any areas of finance and productivity not covered by the metrics where the trust's performance is notable? Are there any areas of unrealised efficiencies?</li> <li>• What do we know about the trust's performance more generally, eg cost improvement programmes, private finance initiatives, local health and care economy context?</li> </ul>
<b>Qualitative assessment</b>	<ul style="list-style-type: none"> <li>• Please see key lines of enquiry and prompts (see Appendix A)</li> </ul>

# Initial Metrics

- Will consider:
  - Performance against national average and Trust’s peer group (not clear how peer group selected..)
  - Whether performance against metric is getting better or worse over last 12 months
  - Any relevant context
  - Any interventions to improve performance in area

KLOE Theme	Initial Metric	Model Hospital				
		Period	Performance	Benchmark Value	National Median	Peer Median
<b>Clinical Services</b>	Pre-procedure non-elective bed days	Q4 2016/17	2.49	n/a	1.66	1.88
	Pre-procedure elective bed days	Q4 2016/17	0.16	n/a	0.15	0.19
	Emergency readmissions (30 days)	<i>Not available yet on Model Hospital</i>				
	Did not attend (DNA) rate	Q4 2016/17	9.64%	n/a	7.09%	7.65%
<b>People</b>	Staff retention rate	May-17	88.90%	n/a	85.30%	87.60%
	Sickness absence rate	Apr-17	4.18%	n/a	3.63%	4.12%
	Pay cost per weighted activity unit (WAU)	2015/16	£2,251	n/a	£2,146	£2,166
	Doctors cost per WAU	2015/16	£389	n/a	£517	£497
	Nurses cost per WAU	2015/16	£883	n/a	£710	£744
	Allied health professionals cost per WAU	2015/16	£158	n/a	£122	£153
<b>Clinical support services</b>	Top 10 medicines – percentage delivery of savings target	to July 2017	68%	100%	n/a	114%
	Overall cost per test	2015/16	£0.92	n/a	£2.10	£1.02
<b>Corporate services, procurement, estates and facilities</b>	Non-pay cost per WAU	2015/16	£1,250	n/a	£1,320	£1,198
	Finance cost per £100 million turnover	2015/16	£558.43k	n/a	£685.22k	£553.50k
	Human resources cost per £100 million turnover	2015/16	£527.66k	n/a	£766.29k	£703.67k
	Procurement Process Efficiency	Q1 2017/18	81.3	79.0	n/a	55.8
	Procurement Price Performance Score	Q2 2017/18	68.2	78.8	n/a	54.7
	Estates cost per square metre	2015/16	£268	£338	n/a	£330
<b>Finance</b>	Capital service capacity	Jul-17	4	n/a	n/a	n/a
	Liquidity (days)	Jul-17	4	n/a	n/a	n/a
	Income and expenditure margin	Jul-17	4	n/a	n/a	n/a
	Distance from financial plan	Jul-17	2	n/a	n/a	n/a
	Agency spend	Jul-17	1	n/a	n/a	n/a

# Qualitative Assessment

- Trust to provide brief high-level commentary against each KLOE
- Trust to review NHSI analysis of performance against initial metrics, and to share any other supporting information
- NHSI will use prompts (see Appendix A) to inform structure of site visit (but will not be bound by them)

# Ratings

## Outstanding

The trust is achieving excellent use of resources, enabling it to provide high quality, efficient and sustainable care for patients.

## Good

The trust is achieving good use of resources, enabling it to provide high quality and sustainable care for patients.

## Requires improvement

The trust is not consistently making best use of its resources to enable it to provide high quality, efficient and sustainable care for patients.

## Inadequate

The trust is not making adequate use of its resources, putting at risk its ability to provide high quality, efficient and sustainable care for patients.

## Summary

- Use of Resources Assessment to be introduced in Autumn 2017, alongside CQC inspections
- BTH chosen as pilot site
- CQC and NHSI are highlighting the complementary nature of clinical and financial sustainability in the Use of Resources Assessment
- Leads to be identified for each metric to:
  - identify additional evidence we would want to be considered;
  - provide a supporting narrative



# Appendices

# Appendix A - Qualitative Visit - Prompts

KLOE	Prompts
<p>Clinical services: How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?</p>	<ul style="list-style-type: none"> <li>• How far are delayed transfers of care that are within the trust's control leading to a lack of bed capacity and/or cancellations of elective operations?</li> <li>• Is the trust improving clinical productivity (elective and non-elective) by doing what could reasonably be expected of it in co-ordinating services across the local health and care economy?</li> <li>• What percentage of elective and non-elective cases are admitted on the day of surgery for each specialty?</li> <li>• Has the trust engaged with the GIRFT programme? What improvements have been made as a result?</li> </ul>
<p>People: How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?</p>	<ul style="list-style-type: none"> <li>• How is the trust tackling excessive pay bill growth, where relevant?</li> <li>• Is the trust operating within the agency ceiling?</li> <li>• How well is the trust reducing its reliance on temporary staff, in particular agency nurses and medical locums?</li> <li>• Are there significant gaps in current staff rotas? What has the trust been doing to address these?</li> <li>• Is the trust making effective use of e-rostering or similar job management software systems for doctors, nurses, midwives, AHPs, healthcare assistants and other clinicians? How many weeks in advance are the trust's rosters signed off?</li> <li>• Is there an appropriate skill mix for the work being carried out (clinical and otherwise)?</li> <li>• Are new and innovative workforce models and/or new roles being investigated? Is the trust making effective use of AHPs to improve flow?</li> <li>• Is the trust an outlier in terms of sickness absence and/or staff turnover?</li> <li>• What proportion of consultants has a current job plan? How is job plan data captured?</li> </ul>

# Appendix A - Qualitative Visit - Prompts

<p>Clinical support services: How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?</p>	<ul style="list-style-type: none"> <li>• Is the trust collaborating with other service providers to deliver non-urgent pathology and imaging services?</li> <li>• Is the trust an outlier in terms of medicines spend?</li> <li>• Is the trust using technology in innovative ways to improve operational productivity? For example, patients receive telephone or virtual follow-up appointments after elective treatment.</li> </ul>
<p>Corporate services, procurement, estates and facilities: How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?</p>	<ul style="list-style-type: none"> <li>• What is the trust doing to consolidate its corporate service functions? Which functions are being consolidated and how?</li> <li>• Is the trust an outlier in terms of procurement costs?</li> <li>• Is the trust looking for and implementing appropriate efficiencies in its procurement processes?</li> <li>• What is the value of the trust's backlog maintenance (as cost per square metre) and how effectively is it managed?</li> <li>• How efficiently is the trust using its estate and is it maximising the opportunity to release value from NHS estate that is no longer required to deliver health and care services?</li> </ul>
<p>Finance: How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?</p>	<ul style="list-style-type: none"> <li>• Did the trust deliver, and is it on target to deliver, its control total and annual financial plan for the previous and current financial years respectively?</li> <li>• What is the trust's underlying financial position?</li> <li>• How far does the trust rely on non-recurrent cost improvement programmes (CIPs) to achieve financial targets?</li> <li>• What is the trust's track record of delivering CIP schemes?</li> <li>• Is the trust able to adequately service its debt obligations?</li> <li>• Is the trust maintaining positive cash reserves?</li> <li>• Is the trust taking all appropriate opportunities to maximise its income?</li> <li>• How does the trust use costing data across its service lines?</li> <li>• To what extent does the trust rely on management consultants or other external support services?</li> </ul>

**Board of Directors Meeting**

**1<sup>st</sup> November 2017**

**Chairman's Update**

**Trust Activities**

• **Interim Appointments**

I am pleased to confirm two senior appointments; Jacqui Bate has been appointed as Interim Director of People until March 31<sup>st</sup> 2018. As you will be aware Jacqui worked with the Trust previously and has huge experience in dealing with transformation and organisational change which will be important as we strive towards developing the Accountable Care System across the Fylde Coast.

Dr Peter Curtis has been appointed as Interim Divisional Director for Clinical Support. Dr Curtis will combine this role with his current duties as a Paediatric Consultant and Divisional Director for the Families Division.

- On the 1<sup>st</sup> August I attended the Decontamination Unit Official Opening Event.
- On the 23<sup>rd</sup> August Health Secretary Jeremy Hunt visited the Trust and met a cross section of staff and spoke on the importance of a safety culture in the NHS.
- I attended the Annual Celebrating Success Awards and Celebration Ball on 6<sup>th</sup> October and was delighted to congratulate the winners and runners-up in the following seven categories:-
  - Clinical Team of the Year
  - Non-Clinical Team of the Year
  - Unsung Hero
  - Innovation and Service Improvement
  - Volunteer of the Year
  - Employee of the Year
  - Patients' Award

In addition, from amongst the winners and runners-up in the above categories, I was pleased to nominate the Neonatal Team as the winner of the Chairman's Award.

The event was a huge success and I would like to thank the Communications Team, the sponsors and the presenters.

- I attended a Counter Fraud Investigation Study in the Education Centre on the 12<sup>th</sup> October which was an interesting case study and highlighted the importance of transparency across the organisation.
- There have been 5 substantive Consultant appointments since August. These include:-
  - Sharmini Ragunathan - Consultant Paediatrician with Resident Duties – start date 22/11/17
  - Randa Omer – Consultant in Obstetrics & Gynaecology (Colposcopy) – start date to be confirmed

- Mohammed Saladdin Mahmoud Abdullah Agha – Consultant in Obstetrics & Gynaecology (Oncology) – start date 15/01/18
- Mark Peter Ainslie - Consultant Cardiologist and Electrophysiologist with an interest in Cardiac MRI – start date Summer 2018
- Andre Grixti - Ophthalmology Consultant – start date Summer 2018
- I am pleased to report on the following recent awards:-
  - Acute Pain Consultant of the Year – Dr Andy Ng (by the National Acute Pain Symposium).
  - Nurse of the Year Award – Wendy Partington (from the Trust's Extensive Care Service).
  - Midwife of the Year Award – Amy Barnes (who is based at Blackpool Victoria Hospital).
  - Hospital Doctor of the Year Award – Mr Nidal Bittar (from the Lancashire Cardiac Centre).
  - Learning from Speaking Up Award- Dr Nick Harper (Freedom To Speak Up Guardian)

### **Governors and Membership Activities**

- **Governor Elections**

The results of the Governor elections were announced on 6<sup>th</sup> September as follows:-

Three constituencies had elections and four constituencies either had uncontested appointments or continue to have a vacancy.

The Blackpool Constituency, Fylde Constituency and the Non Clinical Staff Constituency had elections, all with similar turnouts to 2016. There had been more interest in 2017 than 2016 with more candidates applying per vacancy. The successful candidates were:-

- Adele DeVito – Blackpool (newly elected)
- George Holden - Blackpool (re-elected)
- Camilla Hardy - Blackpool (re-elected)
- Pat Roche – Blackpool (re-elected)
- Graham Stuart – Fylde (newly elected)
- Sheila Jefferson – Fylde (re-elected)
- Tina Daniels - Non Clinical (newly elected)

The Nursing & Midwifery, Medical & Dental and Wyre Constituencies had uncontested appointments. The successful candidates were:-

- Peter Farrington - Nursing & Midwifery
- Dr Ranjit More - Medical & Dental
- Betty Ray - Wyre

The following Governors have either resigned from the Council during the past year or their term of office expired at the Annual Members Meeting in September 2017:-

- Peter Askew, Clifford Chivers, Gillian Wood, Anthony Nixon, Lynden Walthew, Paul Aspden, Cherith Haythornthwaite and Ron Shewan.

During the past three months, I have been involved in the following meetings/events with the Governors/Membership:-

- Update meeting with Peter Askew, Lead Governor (29<sup>th</sup> August).
- Individual meetings with both new and existing Governors.
- Fylde Coast NHS Health Event on 21<sup>st</sup> September jointly hosted with Blackpool Clinical Commissioning Group and Fylde & Wyre Clinical Commissioning Group which included exhibitions and the Trust's statutory Annual Members Meeting.
- Governors Induction for newly elected Governors (22<sup>nd</sup> September).
- Governors Strategic Focus Group (3<sup>rd</sup> October)
- Membership Committee Meeting (4<sup>th</sup> October)
- Governors Informal Meeting (10<sup>th</sup> October)
- Update meeting with George Holden and Sue Crouch following the Informal Governors meeting (10<sup>th</sup> October)

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

- Learning from Incidents & Risks Committee – 7<sup>th</sup> August / 2<sup>nd</sup> October
- Patient Safety Walkabouts – 16<sup>th</sup> August / 8<sup>th</sup> September / 10<sup>th</sup> October
- Charitable Funds Committee – 13<sup>th</sup> September
- Health Informatics Committee – 13<sup>th</sup> September
- Dementia Steering Group Meeting – 13<sup>th</sup> September
- PLACE Steering Committee – 14<sup>th</sup> September
- Governors Workforce Focus Group – 19<sup>th</sup> September
- Finance Committee Meeting – 20<sup>th</sup> September / 23<sup>rd</sup> October
- Operational Workforce Committee Meeting – 21<sup>st</sup> September
- Annual Members Meeting – 21<sup>st</sup> September
- Local Induction Session – 22<sup>nd</sup> September
- Governors Strategic Focus Group – 3<sup>rd</sup> October
- Membership Committee – 4<sup>th</sup> October
- Governors Informal Meeting – 10<sup>th</sup> October
- Quality Committee – 18<sup>th</sup> October
- Patient Experience & Involvement Committee – 24<sup>th</sup> October 2017
- Strategic Workforce Committee – 26<sup>th</sup> October

### **External Activities**

On the 25<sup>th</sup> October myself and 9 senior colleagues attended the first meeting of the Moving to Good Programme in Leeds. NHS Improvement identified eight Trusts in the North region (Blackpool being one) which currently have a CQC rating of 'requires improvement', and which have the potential to achieve a 'good' or 'outstanding' rating in 2017/18.

The 'Moving to Good' programme offers a series of four learning and sharing events, running between October 2017 and March 2018, supported by the offer of site visits and on-line learning opportunities, to be defined by the members of the collaborative. The learning events will be co-delivered between NHS Improvement and AQuA (the Advancing Quality Alliance) and will focus on providing practical support. The aim is to ensure delivery of co-designed, interactive, enthusing and informative support that is relevant and helpful to address the challenges that we face. Throughout the programme the emphasis is on learning through networking and sharing of good practice.

## **Future Meetings**

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

- Use of Resources Assessment – 10<sup>th</sup> November
- Walkabouts throughout November across the Trust including Community areas.

## **Non-Executive Director Activities**

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

- Voluntary Services committee – 2<sup>nd</sup> August
- Disciplinary Hearings – 3<sup>rd</sup> August / 24<sup>th</sup> August / 13<sup>th</sup> September
- Appointment Advisory Committees – 10<sup>th</sup> August / 20<sup>th</sup> September
- Head of Fund-Raising Interviews – 15<sup>th</sup> August
- Patient Safety Walkabouts – 16<sup>th</sup> August / 8<sup>th</sup> September / 10<sup>th</sup> October
- Fylde Coast ACS Steering Group Meeting – 17<sup>th</sup> August / 21<sup>st</sup> September
- Mortality Committee Meeting – 25<sup>th</sup> August
- Blackpool CCG Meeting – 5<sup>th</sup> September
- FTSU Launch – 7<sup>th</sup> September
- Staff Engagement Pioneer Teams Programme – 12<sup>th</sup> September
- Charitable Funds Committee Meeting – 13<sup>th</sup> September
- Celebrating Success Awards Ceremony – 14<sup>th</sup> September
- Volunteer Recognition Event – 15<sup>th</sup> September
- Mortality Event – 18<sup>th</sup> September
- NHS Improvement Meeting – 18<sup>th</sup> September
- Fylde & Wyre CCG Meeting – 19<sup>th</sup> September
- Complaints Review Panel – 19<sup>th</sup> September
- Annual Members Meeting – 21<sup>st</sup> September
- R & D Committee Meeting – 26<sup>th</sup> September
- Membership Committee Meeting – 4<sup>th</sup> October
- HFMA Event – 17<sup>th</sup> October

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**

Schedule of Meetings  
April 2018 – March 2019  
Board of Directors and Board Committees

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>
Board of Directors (inc Part Two) (9.30 am)	25	23 (10.30)		25	No Meeting		31	28		30		
Strategy & Assurance Committee (9.30 am)			27		No Meeting	26			19 (10.30)		27	27
Corporate Trustee (12.30 pm approx)			27		No Meeting	26			19			27
Board Seminar (1.30 pm approx)		23	27		No Meeting	26		28	19		27	27
Audit Committee (9.30 am)	17	23 (8.30)		3	No Meeting	4		6		15		
Finance Committee (9.30 am)	18	16	20	18	No Meeting	19	24	21	19 (8.30)	23	20	20
Quality Committee (1.30 pm)	18			18	No Meeting		24			23		20 (Planning Meeting)
Strategic Workforce Committee (2.00 pm)	17			17	No Meeting		23			22		
Remuneration Committee (tbc)					No Meeting							
Council of Governors (1.30 pm approx.)	25			25	No Meeting		31			30		

**Board of Directors**

**Attendance Monitoring**

**1st April 2017 – 31st March 2018**

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

Attendance

Apologies

Deputy

No Apologies / Deputy



\* attended as an observer