

Chairman's Office
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17th January 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 25th January 2017 at 11.00 am in the Board Room, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

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

Yours sincerely

J A Oates (Miss)
 Foundation Trust Secretary

AGENDA

Agenda Item Number	Agenda Item	Time
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	11.00 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	11.03 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	11.04 am
4	Minutes of the Previous Board of Directors' Meeting held in Public on 26th October 2016 – Mr Johnson to report. (Enclosed).	11.05 am

5	<u>Matters Arising:-</u> a) Action List from the Previous Board of Directors' Meeting held in Public on 30th November 2016 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	11.10 am
6	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	11.15 am
7	Patient Story DVD – Professor O'Donnell to report.	11.20 am
8	<u>Executive Reports:-</u> a) Chief Executive's Report – Mrs Swift to report. (Enclosed). <u>Items for Approval/Ratification:-</u> i) Well-Led Review Action Plan. ii) Board of Directors Terms of Reference and Board of Directors Terms of Reference Manual. iii) Health Informatics Strategy. b) Strategic Performance Reporting/Strategic Ambitions – Executive Directors/ Committee Chairs to give a presentation. c) Alternative Delivery Model – Mrs Thompson/Mr Bennett to report. (Enclosed). Mr Stephen Waterfield, Associate Director of Estates, to attend for this item. d) Board Assurance Framework – Mrs Swift to report. (Enclosed).	11.30 am
9	<u>Chairman's Report:-</u> a) Chairman's Update. (Enclosed).	12.50 pm
10	Key Themes for Team Briefing – Mr Johnson to report. (Verbal Report).	12.55 pm
11	Items for External Communication – Mr Johnson to report. (Verbal Report).	1.00 pm
12	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	1.05 pm
13	Attendance Monitoring – Mr Johnson to report. (Enclosed).	1.10 pm
14	Any other Business – Mr Johnson to report. (Verbal Report).	1.11 pm
15	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	1.12 pm
16	Questions from the Public – Mr Johnson to report. (Verbal Report).	1.13 pm
17	Date of Next Meeting – Mr Johnson to report.	1.23 pm
		Total Duration: 2 hours, 24 minutes



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

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



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

Chief Executive (Interim): Mrs Wendy Swift

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 30th November 2016 at 9.30 am
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

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

Executive Directors

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

In Attendance: Mr Andrew Duncan – Consultant Cardiothoracic Surgeon (for item 115/16)
Mr Paul Cunday – Chief Management Accountant (for item 115/16)
Dr Andrea Whitfield – Associate Medical Director Leadership & Engagement
(for item 115/16)
Ms Jane Meek – Deputy Director of Workforce Education & Organisational
Development (for item 115/16)
Ms Hannah Corless – Healthier Workforce Project Manager (for item 116/16)
Ms Lesley Smith-Payne – Head of Workforce Health & Well-Being
(for item 116/16)
Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 3

Members of Public (observers) – 6

Members of Staff (observers) – 3

112/16 Chairman's Welcome and Introductions

The Chairman welcomed Governors, members of the public and members of staff to the meeting.

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

It was noted that the Chairman had not received any questions from members of the public in advance of the meeting, however, there would be an opportunity for questions towards the end of the meeting.

113/16

Declarations of Interests

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

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

114/16

Apologies for Absence

There were no apologies for absence.

It was noted that Professor O'Donnell was currently absent from the meeting because he was dealing with an urgent issue, however, he would be joining the meeting shortly.

115/16

Employee Story DVD

The Chairman explained that one of the first items on the Board agenda was usually a patient story where a DVD was shown of a patient's or relative's experience at the Trust, however, it had been decided to introduce employee stories to the Board meetings and the first of these related to feedback from two employees following their experience on the Senior Collaborative Leadership Programme (Cohort 1). The Chairman welcomed Mr Andrew Duncan and Mr Paul Cunday to the meeting.

Mrs Ingham explained that the programme had been developed to support the Trust's approach to succession planning and that senior staff had been invited to participate in the programme on this basis. Mrs Ingham further explained that it was a multi-disciplinary group which aimed to provide future leaders with the necessary skills for future leadership roles. It was noted that the duration of the programme was 15 months and it included 12 modules which were supported by action learning and some participants had undertaken 360 degree feedback.

Mr Duncan thanked the Board for the opportunity to participate in the programme and to present to the Board and he explained that the presentation from himself and Mr Cunday had been extracted from the 12 presentations given at the end of the 15 months and that, hopefully, they would provide some insight into the programme.

Mr Duncan gave a presentation outlining his experiences on the programme and highlighting the changing NHS landscape in respect of transformational change, pressures and the Trust's response to these issues and also highlighting business acumen around change leadership and shared vision, environmental scanning and service line management.

Mr Cunday gave a presentation outlining the improvements undertaken in the Finance and Procurement Departments highlighting the work around the Trust's values and the improvements that had been made in these areas.

The Chairman referred to the benefits of investing in staff development and Dr McIlmurray commented that the positive messages should be conveyed to clinical colleagues. Mrs Crowshaw thanked Mr Duncan and Mr Cunday for their presentation and commented that the feedback had been an excellent start to the meeting and that the investment being made in staff development was a positive initiative.

Mrs Ingham reported that Cohort 2 had commenced comprising 16 members of staff and that efforts were being made to increase numbers due to the positive feedback received from Cohort 1.

The Chairman commented that it was important to ensure that staff felt appreciated.

Mrs Ingham stated that discussion had taken place about continuing with the action learning in order that the participants could continue networking and discuss common topics going forward, ensuring on-going support was in place.

116/16 Healthier Workforce Project

Mr Bennett provided some background information in relation to the Healthier Workforce Project; it being noted that the Board was due to be updated on progress following the presentation given in May 2015.

Ms Corless introduced herself to Board members and also introduced Ms Lesley Smith-Payne who was a member of the Healthier Workforce Task Group and who had helped to progress some of the initiatives.

Ms Corless outlined the aims of the project, the results of staff feedback, the Trust's responsibilities in relation to national guidance, the work undertaken to achieve the responsibilities and the future direction of the project.

Mrs Ingham advised that a significant amount of work had been undertaken respect of the project by a number of staff members, commenting that she had personally benefitted from the project, and she congratulated the team on the work undertaken to date.

RESOLVED: That an update on the Healthier Workforce Project would be given to the Board in 12 months' time.

Action Taken Following The Meeting

This item has been included on the Work Plan for November 2017.

117/16 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 26th October 2016 be approved and signed by the Chairman.

118/16 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 26th October 2016

The Chairman reported that 11 actions had been completed, 2 actions were incomplete but within the date or revised date for delivery and 1 action relating to the diabetic foot service was not complete within the date for delivery; it being noted that this issue would be reported on later in the meeting.

b) Action Tracking Document

The Chairman reported that there were 3 actions on the tracking document, 2 of which had now been completed.

119/16 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

The Chairman provided Board members with the opportunity to report on any challenges/debates that had taken place outside formal Board meetings, however, there was no feedback from Board members.

Executive Reports:-a) Strategic Performance Reporting

The Chief Executive gave a summary of the current performance position with input from the Executive Directors and Board Committee Chairs and explained that, in future, detailed presentations would be given on a quarterly basis commencing in January 2017.

The presentation included an executive summary around the key performance measures and an update on quality, strategic workforce, audit and finance.

The Chairman commented that it was a very challenging time for the Trust and he thanked Board members for the positive performance.

Quality

It was noted that there had not been a meeting of the Quality Committee since the last Board meeting.

The presentation slides highlighted that the Trust had received two Section 28 letters issued by the Coroner in month.

Performance

The presentation slides highlighted the concerns around the performance in A & E.

Mr Garrett referred to A & E attendances and asked how normality was determined and Mrs Oliver explained that there was on-going discussion about this issue; it being noted that only four Trusts in the country had achieved the four hour target. Mrs Oliver stated that it was frustrating that the reporting triggers were being regularly changed in terms of red, amber, green and black.

Mr Hearty asked whether all the resilience had been used or whether more could be planned for the winter months and Mrs Oliver outlined the action being taken as follows:-

- A Deputy Director of Operations for Resilience Planning had been appointed to provide support.
- A resilience document had been created.
- Relevant staff were being educated.
- Internal processes had been reviewed and updated.
- A “test of change” would be undertaken from 9th to 19th January 2017.
- Staff had been reminded about the accountability lines in terms of elective activity.
- There would be cancer and emergency activity only from 9th to 19th January in order to free up beds.
- The plan for the Christmas period was that patients would be operated on as soon as they were deemed fit for surgery.

- There was recognition that social services would not be able to provide the necessary care over the Christmas period, therefore it had been agreed with the commissioners that staff would be linked to the rapid response team for patients with agreed packages of care.

Mr Hearty also asked about pressure on staff and Mrs Oliver stated that it was recognised that the management team worked a significant number of hours and that different team-working had been introduced in order to ensure that staff worked less hours.

Mr Roff requested an update on the stroke service and the diabetic foot service.

With regard to the stroke service Mrs Swift reported that recruitment was progressing with interviews planned for later in the week and also the week commencing 12th December. It was noted that a detailed report would be submitted to the Quality Committee in January and that the view was that the rating for the stroke service would move from red to amber.

Mrs Thompson reported that, at present, there was one substantive consultant plus two locum posts which the Trust was currently unable to fill substantively. It was noted that consideration was being given to working differently to improve the TIA pathway, i.e. telehealth, and that a report was being produced for consideration by Executive Directors.

With regard to the pathway for stroke, it was noted that there had been some improvement during November, however, the Trust was not yet compliant.

Board members were assured that the actions were being progressed in order to move from red to amber; it being noted that the view of staff was that the Trust was moving to an amber position.

Mr Roff advised the Board that he had recently had a telephone conversation with Mrs Swift about the stroke service and he had stated that, in view of the fact that the service had been rated red for some months, it was important to be able to report some improvement in January. Mr Roff emphasised the two measures to be achieved, namely a move to an amber rating and a compliance rating of C.

With regard to Mr Roff's request for an update on the diabetic foot service, it was noted that Professor O'Donnell would provide an update when he joined the meeting.

Strategic Workforce

Mr Cullinan advised Board members that an extraordinary meeting of the Strategic Workforce Committee had taken place on 23rd November 2016 to discuss agency expenditure and the actions being undertaken and the assurance in place to meet the requirements.

It was noted that the agency expenditure self-certification checklist had been discussed and completed and was recommended to the Board for approval and submission to NHS Improvement by the deadline of 30th November 2016.

RESOLVED: That the checklist be approved and submitted to NHS Improvement following the meeting.

Action Taken Following The Meeting

This item has been actioned.

Audit

Mr Hearty reported that a meeting of the Audit Committee had taken place on 8th November 2016 and he highlighted the key points from the meeting, in particular the Corporate Risk Register, revised Board Assurance Framework, deep dive initiatives and Well-Led Review actions.

Finance

Mrs Crowshaw reported that a meeting of the Finance Committee had taken place on 23rd November 2016 and that the reported position was the same as in previous months with a significant challenge around the year-end deficit, CIP and cash position.

Mrs Crowshaw highlighted the key points from the meeting, in particular the number of backloaded CIP schemes which had not come to fruition, the disputes with the CCGs regarding the contract, the challenges in relation to A & E and the Better Care Now programme and the Operation Plan in respect of the recommendation not to accept the control total.

Mrs Crowshaw explained that it was difficult to agree to the control total without full disclosure of the figures and, although Mr Bennett had undertaken work around these figures, they did not match and therefore the plan could not be agreed and the recommendation to the Board was to submit the plan without agreeing to the control total. Mr Bennett pointed out that it was a draft submission and that the final submission would be submitted to NHS Improvement by 23rd December 2016.

With regard to the contract, Mr Bennett reported that the CCG had advised that they could not afford the value of the forecast activity and were also querying whether they should be paying for some of the activity, i.e. CAT service. It was noted that work was on-going with CCG colleagues to develop a joint plan irrespective of the differing views.

b) Sustainability and Transformation Plan

Mrs Swift referred to the Sustainability and Transformation Plan for Lancashire and South Cumbria and highlighted the priorities and the gaps and also the case for change in terms of the plans to address the health care of the local population.

Mrs Swift also referred to the STP plan on a page which outlined the immediate plans, the priorities for the next five years and the outcomes; it being noted that consideration would be given to whether services were needed on all sites across Lancashire.

The Chairman asked Mrs Swift to advise Board members about the process for public consultation, approval and implementation. Mrs Swift advised that eight working groups had been established and that Professor O'Donnell and Mrs Thompson were members of the newly convened Care Professional Board and their role was to sense check the quality plans. It was noted that there was no public consultation in the plan at present.

The Chairman stated that he was conscious that a significant amount of time was being spent on the wider STP in addition to the work of the Trust and the Fylde Coast STP and he emphasised the need to ensure that the Executive Directors' time was managed appropriately.

Mr Hearty asked whether the plans currently being considered in detail would result in plans that would be understood by the local population and whether consultation would take place at that stage and Mrs Swift answered affirmative to both questions.

Mrs Crowshaw asked about the timescale for implementation and Mrs Swift advised that detailed plans from each of the eight working groups were awaited and implementation would follow within the next four months,

c) Board Assurance Framework

The Board Assurance Framework was presented for information; it being noted that it would be reviewed in January following the Board Committee meetings.

Mrs Swift commented that it was a much improved document, which would inform the agenda for Board meetings, and she expressed thanks to Mr Hearty and Mr Burrow for their input

d) Chief Executive's Report

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

Reservation of Powers & Scheme of Delegation Procedure and Standing Financial Instructions Procedure

The Reservation of Powers & Scheme of Delegation Procedure and Standing Financial Instructions Procedure had been submitted to, and approved by, the Audit Committee on 8th November 2016 and were recommended to the Board for ratification.

RESOLVED: That the Reservation of Powers & Scheme of Delegation Procedure and Standing Financial Instructions Procedure be ratified.

The remainder of the Chief Executive's Report was provided for information.

121/16 Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman commented that external engagement was continuing and emphasised the importance of remaining focused on work at Trust level and local level which was difficult within the time constraints.

b) Confirmation of Chairman's Action

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

- Contract for the provision of multi-function devices and services, managed print services and print audit services.
- Contract for the Pathology Managed Laboratory Service.

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

c) Feedback from Fylde & Wyre CCG Meeting

Mr Cullinan provided feedback from the Fylde & Wyre CCG meeting on 22nd November 2016 as follows:-

- It was the first meeting he had attended and he found it very interesting.
- There was discussion about many topical issues.
- The agenda was closely aligned with the Trust agenda.
- The stroke service situation would be closely monitored.

122/16 Key Themes for Team Brief

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

- A & E Department
- Agency Expenditure
- Thank You to Staff
- Investment in Staff Training and Development Initiatives
- Healthier Workforce Project
- Health & Well-Being during Winter Months
- Celebrating Success Awards
- Merry Christmas

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

The Chairman referred to the Celebration Ball, which was an opportunity to recognise the achievements of staff, and he commented that 10% of the workforce had attended.

Mrs Ingham expressed thanks to the Communications Team for their significant input to the event both behind the scenes and at the event itself.

RESOLVED: That the Chairman would write thank you letters to the staff involved.

Action Taken Following The Meeting

The above items have been actioned.

123/16 Items for External Communication

Board members considered items for external communication as follows:-

- Sustainability and Transformation Plan

Mrs Ingham advised that there had been some joint external communication regarding the STP in addition to some communication to staff.

Mrs Swift advised Board members that the issue relating to the Section 28 letter would feature on the front page of the Gazette that evening.

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

Action Taken Following The Meeting

This item has been actioned.

124/16 Trust Values / Value of the Month

It was noted that the Value of the Month for November was "compassion" and two Board members gave an example of where this had been evidenced.

125/16 Attendance Monitoring

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

Any other Businessa) Chairs/NEDs/Lay Members Meeting

The Chairman reported that he and three NEDs had met with the Chairs and Lay Members from the CCGs on 24th November to try to align the way forward for the health economy and it had been agreed that the Chairs and Chief Executives would meet in December to set the agenda for a Board to Board meeting in January regarding joint understanding of the future of the Fylde Coast Health Economy.

b) Diabetic Foot Service

The Chairman asked Professor O'Donnell to provide an update regarding the diabetic foot service. Professor O'Donnell reported that Dr Tony Naughton, Chief Clinical Officer at Fylde & Wyre CCG, had advised that the diabetic foot service needed to be provided within the expected envelope of money for diabetes. It was noted that work was on-going with some intermediate care of diabetes in the Thornton locality in the hope that this would free up resources for the diabetic foot service. Professor O'Donnell advised that he had spoken to Dr Qazi and there was £70m national funding for diabetes and that one of the elements to be reviewed was diabetic foot care. Professor O'Donnell further advised that there was a consultation document being issued to CCGs imminently therefore the Trust would need to link with the CCG to submit a bid against this funding.

Dr McIlmurray commented that the intermediate service was a good example of a joint service because it was part of a pilot scheme which was more in line with the plans. Dr McIlmurray expressed concern that the next clinic had been cancelled and asked whether the pilot had been withdrawn. Professor O'Donnell stated that he was unaware of the cancelled clinic but would make enquiries and confirm.

RESOLVED: That Professor O'Donnell would make enquiries about whether the pilot had been withdrawn in respect of the diabetic foot service.

Action Taken Following The Meeting

The issue about the cancelled community clinic on 3rd January 2017 has been raised with Fylde & Wyre CCG with a request for it to be reinstated, however, the funding issue needs to be resolved prior to reinstatement.

c) Tree of Lights Service

Mrs Swift reminded Board members that the Tree of Lights Service would take place on Monday 5th December at 7.30 pm and all Board members were welcome to attend.

RESOLVED: That Miss Oates would circulate the programme to Board members.

Action Taken Following The Meeting

This item has been actioned.

d) Staff Christmas Lunch

Mrs Swift reminded Board members that the Staff Christmas Lunch would take place on Thursday 8th December at 1.00 pm and all Board members were welcome to attend.

RESOLVED: That Board members would advise Miss Oates if they wished to attend.

Action Taken Following The Meeting

This item has been actioned.

- 127/16 Items Recommended for Decision or Discussion by Board Sub-Committees
- RESOLVED:** **That items to be recommended for decision or discussion by Board Committees would be noted from the minutes of the meeting.**
- 128/16 Questions from the Public
- The Chairman gave members of the public the opportunity to ask questions.
- a) Agenda and Reports
- Nic Fogg – 38 Degrees*
- Mr Fogg commented that he had heard that the Trust was in discussion about the possibility of borrowing £10m from the Local Authority.
- Mr Bennett advised that the Trust was already in debt and was therefore constantly considering opportunities to derive benefits from loans and, at present, Local Authority loans were significantly less than existing loans.
- The Chairman stated that Local Authorities were being encouraged by the Government to invest in key local sectors.
- 129/16 Date of Next Meeting
- The next Board Meeting in Public will take place on Wednesday 25th January 2017.
- The Chairman thanked members of the public, staff and Governors for attending the meeting and commented that he hoped they had found it interesting.
- 130/16 Resolution to Exclude Members of the Media and Public
- 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 - 30th November 2016

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
116/16	30.11.16	Healthier Workforce Project	Arrange for an update to be given to the Board in twelve months' time.	Tim Bennett/ Judith Oates	Nov-17		This item has been included on the Work Plan for November 2017.	Completed Within Date For Delivery	Green
120/16 (a)	30.11.16	Strategic Performance Reporting - Strategic Workforce	Submit the checklist to NHSI.	Nicky Ingham/ Judith Oates	30.11.16		This item has been actioned.	Completed Within Date For Delivery	Green
120/16 (d)	30.11.16	Chief Executive's Report	Implement the revised Reservation of Powers & Scheme of Delegation Procedure and Standing Financial Instructions Procedure.	Wendy Swift/ Judith Oates	31.12.16		This item has been actioned.	Completed Within Date For Delivery	Green
122/16	30.11.16	Key Themes for Team Brief	Include the agreed themes in Team Brief.	Nicky Ingham	6.12.16		This item has been actioned.	Completed Within Date For Delivery	Green
			Write thank you letters to the staff involved in organising the Celebration Ball.	Chairman/ Wendy Swift/ Nicky Ingham	6.12.16		This item has been actioned.	Completed Within Date For Delivery	Green
123/16	30.11.16	Items for External Communication	Consider the agreed items for external communication.	Nicky Ingham	6.12.16		This item has been actioned	Completed Within Date For Delivery	Green
126/16	30.11.16	AOB - Diabetic Foot Service	Make enquiries about whether the pilot has been withdrawn.	Mark O'Donnell	21.12.16		The issue about the cancelled community clinic on 3rd January has been raised with Fylde & Wyre CCG with a request for it to be reinstated, however, the funding issue needs to be resolved prior to reinstatement.	Complete Within Date For Delivery	Green
		Any other Business - Tree of Lights	Circulate the programme to Board members.	Judith Oates	2.12.16		This item has been actioned.	Completed Within Date For Delivery	Green
		Any other Business - Staff Christmas Lunch	Advise Judith Oates if wish to attend.	Board Members	7.12.16		This item has been actioned.	Complete Within Date For Delivery	Green

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

Board of Directors Meeting
Action Tracking Document

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
84/16 (b)	27.7.16	Strategic Work Programme	Consider re-aligning the NEDs to the workstreams.	Chairman/ Wendy Swift	1.12.16	31.1.17	This item will be reviewed when there is a full complement of NEDs.	Not Complete Within Date For Delivery	Red
102/16	26.10.16	Quality Committee - Stroke Service	Submit a list of priorities for consideration by the Board together with proposals for future services.	Wendy Swift	30.11.16	25.1.16	Work is currently underway and a verbal update will be given at the Board meeting on 30.11.16 and a detailed report will be provided in January 2017.	Incomplete But Within Revised Date For Delivery	Amber
102/16	26.10.16	Chief Executive's Report - BAF	Review future Board and Committee agendas in conjunction with the BAF.	Chairman/ Judith Oates	on-going	31.1.17	This item will be actioned for future meetings.	Incomplete But Within Date For Delivery	Amber

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

25th January 2017

Subject:	Chief Executive's Update	
Report Prepared By:	Wendy Swift	
Date of Report:	20 th January 2017	
Service Implications:	For the Board to be updated on current matters.	
Data Quality Implications:	None.	
Financial Implications:	CIP essential to sustainability.	
Legal Implications:	None.	
Links to the Principles of The NHS Constitution:	Links to all the Principles of the NHS Constitution	
Links to the Values:	People Centred and Positive - 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 Vision and Values.	
Links to Key Organisational Objectives:	Partnership Working and Collaboration	
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes	
In case of query, please contact:	Wendy Swift, Chief Executive (Interim) (Ext 56853)	
<u>Purpose of Report/Summary</u> To provide the Board of Directors with an update on current matters.		
<u>Key Issues:</u> None to highlight specifically.		
<u>The Board is asked to:</u> Review and note the contents of the report. Implement the recommendations from the Well-led Review. Approve the: <ul style="list-style-type: none"> • Board of Directors Terms of Reference • Board of Directors Terms of Reference Manual • Health Informatics Strategy 		
Risk Rating (Low/Medium/High): Low BAF/CRR Number: N/A		Board Review Date: 26th April 2017
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 For Information <input type="checkbox"/>	2 For Discussion <input checked="" type="checkbox"/>	3 For Approval <input type="checkbox"/>

<p>Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.</p>		
<p>1</p> <p style="text-align: right;"><input checked="" type="checkbox"/> X</p> <p>Not sensitive:</p> <p>For immediate publication</p>	<p>2</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Sensitive in part:</p> <p>Consider redaction prior to release.</p>	<p>3</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>Wholly sensitive:</p> <p>Consider applicable exemption</p>
<p>Reason for level of sensitivity selected</p>	<p>N/A</p>	

Board of Directors Meeting

Chief Executive's Update

Pressures across the Trust

Services with the Trust have seen extensive pressures over the last few weeks. All our staff have worked extremely hard during this period and the Board of Directors would like to say thank you very much to everyone. Details are included in the attached presentation slides (Appendix A).

Well-Led Review Action Plan

Mersey Internal Audit Agency and the Advancing Quality Alliance undertook the Trust's Well-led Review over the summer of 2016 and the Strategy and Assurance Committee agreed the recommendations on 28th September 2016.

The Chairman and Chief Executive (Interim) have requested that the recommendations be allocated to the Committees responsible for that work to ensure that action is taken, evidence is collated and assurance is given to the Board of Directors and this is currently being addressed with the Board Committees.

The Board of Directors is asked to:-

- Review the recommendations allocated to the Board of Directors (available in the Reference Folder).
- Implement actions to address the recommendations.
- Collect evidence and forward it to the Head of Corporate Assurance.

Board of Directors Terms of Reference and Board of Directors Terms of Reference Manual

The Terms of Reference for the Board of Directors have recently been reviewed and updated and the suggested amendments are as follows:-

- Inclusion of the Deputy Chief Executive role in the title for the Director of Finance and Performance.
- Change in frequency of meetings from eight per year to six per year.
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

The Terms of Reference for the Board Committees have also been reviewed and subsequently validated by the Board Committees subject to minor amendments. Details are included in the attached document (Appendix B).

The Board of Directors is asked to:-

- Ratify the revised Board of Directors Terms of Reference (within the Reference Folder).
- Ratify the updated Board of Directors Terms of Reference Manual (within the Reference Folder).

Health Informatics Strategy

The document (available in the Reference Folder) sets out the Trust's Health Informatics (HI) Strategy in support of the Trust Strategy.

Health Informatics is used throughout the Trust to underpin the core business and the Strategy outlines the main purpose and direction for the use of Health Informatics.

The Health Informatics Strategy is derived from, and supports, the Trust's five year strategy and the Strategic vision for 2020 and the Trust 'Together We Care' Values:-

This Strategy is involved with the management and communication of all forms of information, some of which will be person-identifiable and therefore subject to strict safeguards for preserving confidentiality and some of which will be to support the quality of care and therefore subject to strict audit, governance and quality assurance.

The Strategy has been validated by the Health Informatics Committee and Finance Committee.

The Board of Directors is asked to:-

- Ratify the updated Health Informatics Strategy.

Internal Meetings:-

I have attended a number of internal meetings including:-

- Myself and the Chairman took part in the interview process for the Divisional Director position in the Scheduled Care Division on the 7th December. Dr Helen Saunders was appointed to this position and we look forward to further improvements of joint working across specialties under her leadership.
- I reiterate the comments in the Chairman's update regarding the Christmas dinner produced by the catering team on the 8th December.
- I was invited to the family service at Fairhaven Lake on the 19th December for the commemorative Bench Blessing in memory of Rachel Goacher.

External Meetings:-

I have attended a number of external meetings including:-

- Collaborative Working Across the Bay- 1st December
- Lancs & South Cumbria Programme Board- 7th December
- Systems Leadership Workshop: Successfully implementing decisions across an integrated health and care system- 15th December
- Healthier Lancs & South Cumbria - Acute and Specialised Steering Group – 20th Dec
- CEO Provider Away Day – 16th December myself and Professor O'Donnell joined CEO's and Medical Directors from across the conurbation to discuss joint working
- Chief Executives Meeting - 9th December and 6th January.

Wendy Swift
Chief Executive (Interim)

Board of Directors

25th January 2017

Current System Pressures

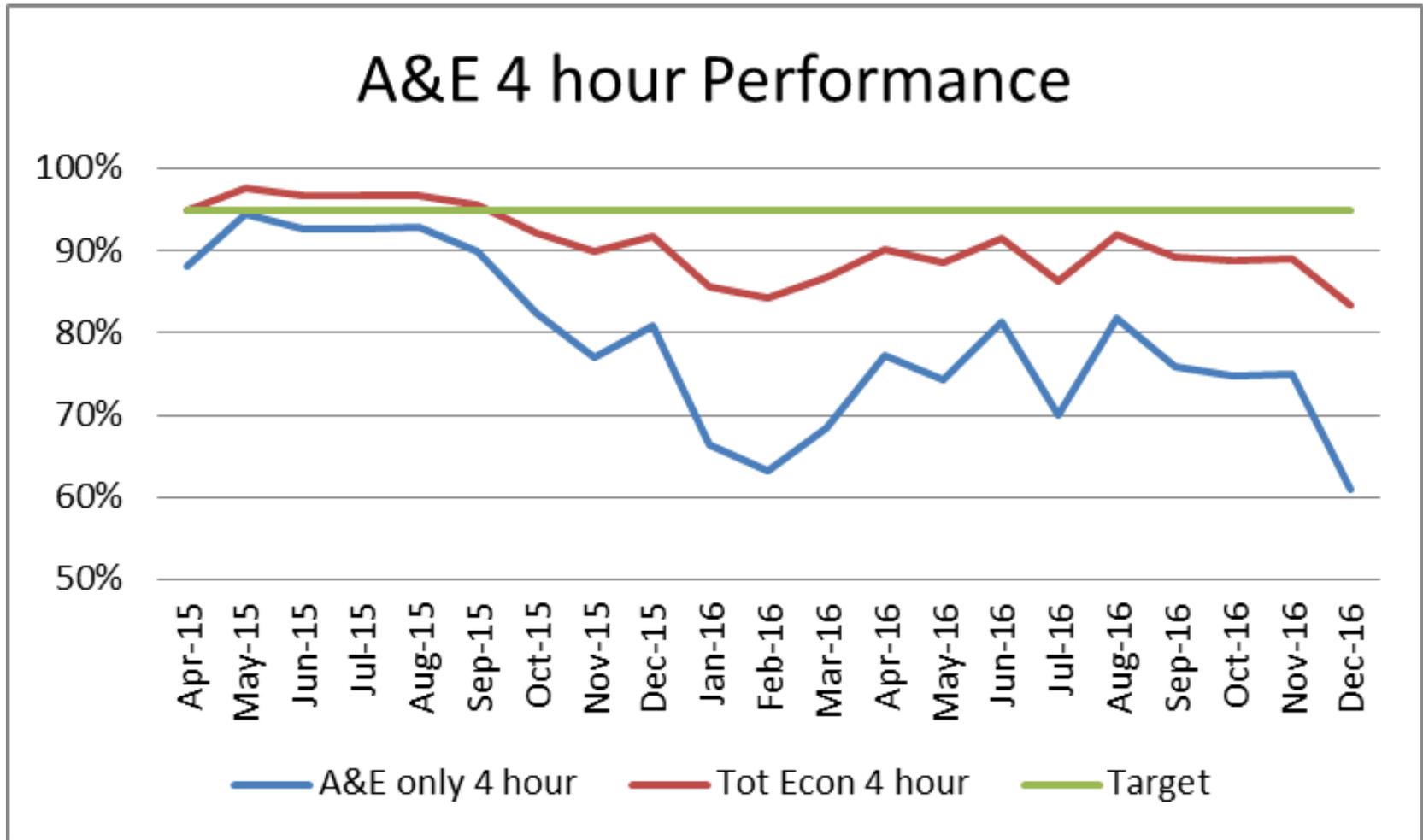
Summary

- Unprecedented pressures
- Maintain Safety and Quality for our patients at all times
- Support our staff who have worked tirelessly through the past few weeks
- A big thank you to all our staff

Maintaining Safety and Quality

- Transparency on numbers of patients waiting and medical outliers
- Processes in place to safeguard patients who are waiting in A & E for an inpatient bed:
 - designated Nursing staff deployed from corporate support teams and bench
 - observation of patients, attend to treatment and care needs, medication
 - placed onto hospital beds to provide comfort and reduce risk of pressure damage
 - hydration and nutrition
- Ongoing assessment and communication with senior nurse co-ordinator, patient flow manager regarding patient status.
- Senior leaders / Executive visits to check on overall safety and to give support to all staff

Impact on: ED Standard



Board of Directors Meeting

25th January 2017

Board Committees Terms of Reference Appendix B

Audit Committee

- Inclusion of the Deputy Chief Executive role in the title for the Director of Finance and Performance.
- Main duties will include monitoring the BAF, CRR and IPR, providing assurance to the Board.
- Clarification that the committee ratifies the criteria for the appointment, reappointment and removal of the Internal Auditor.
- Review the work of the SAC around issues of strategy and transformation.
- Receipt of minutes from the Transformation Executive Board and the Strategy & Assurance Committee.
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Quality Committee

- Receipt of minutes from the Emergency Planning Steering Committee and the Health & Safety & Environmental Governance Committee
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Finance Committee

- Inclusion of the Deputy Chief Executive role in the title for the Director of Finance and Performance.
- Receipt of minutes from the Transformation Executive Board.
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Strategic Workforce Committee

- Change of wording from Human Resources to Workforce.
- Change of job title from Associate Director of People Effectiveness & Development to Director of Workforce Education & Organisational Development.
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Strategy & Assurance Committee

Inclusion of the following "specified Items for recommendation by the Strategy and Assurance Committee to the Board for approval:-

- Governance Reviews
 - Review of Single Operating Framework
 - Ratify significant business cases
- A summary of the Committee's work to be reported to the Audit Committee.
- Inclusion of the Deputy Chief Executive role in the title for the Director of Finance and Performance.
- Change in frequency of meetings from four per year to five per year.
- Ratify resolutions on behalf of the Board (in the absence of a Board meeting)
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Remuneration Committee

- Inclusion of pay for senior managers who are on the senior management pay-scale and Divisional Directors in respect of remuneration and terms of service and appropriate contractual arrangements.
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Corporate Trustee

- Inclusion of the Deputy Chief Executive role in the title for the Director of Finance and Performance.
- Change of the minimum review period to 3 yearly instead of annually unless there has been significant change.

Board of Directors Meeting

25th January 2017

Subject:	BFW Management Ltd Progress Update Report
Report Prepared By:	Tim Bennett – Deputy Chief Executive / Director of Finance & Performance Marie Thompson – Director of Nursing and Quality Stephen Waterfield – Assistant Director of Estates
Date of Report:	17th January 2017
Service Implications:	This will enhance and support the Trust's future service delivery
Data Quality Implications:	N/A
Financial Implications:	Support the Trust's financial position
Legal Implications:	Refer to the Business Case submitted on 30.11.16
Links to the Principles of The NHS Constitution:	Links to principles 1,3,4,5,6,7
Links to the Trust Way Core Values:	To offer the best in NHS care to our patients
Links to Key Organisational Objectives:	Key links under environment, cost, people and quality.
Links to Care Quality Commission Quality and Safety Standards	Outcome 1- Regulation 17, Respecting and involving people who use the services Outcome 16 – Regulation 10, Assessing and Monitoring the Quality of Service Provision
In case of query, please contact:	Stephen Waterfield – Assistant Director of Estates (ext. 53152)

Purpose of Report/Summary:

To update the Board of Directors on the progress with the development of the new company.

Key Issues:

- **Case for Change:-**
National context, support the Trust strategy, integrated front line healthcare services, Financial Benefits

- **Implementation**
Property and Estates service, staff transfer arrangements, the key risks.
- **Governance Structure**
The structure for BFW Management Ltd, Blackpool Teaching Hospitals, BFW Management Ltd, Board membership, property ownership, corporate client responsibilities, performance management and responsibility.

The Board of Directors is asked to:

Note the report.

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

Board Review Date: N/A

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

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

Document Status: the Author must indicate the level of sensitivity of the document (please indicate). This relates to the general release of information into the public arena.

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

Reason for level of sensitivity selected:	N/A
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BOARD ASSURANCE FRAMEWORK

Board Assurance Framework for the delivery of Trust Strategy

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

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

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

The BAF follows the agreed ordering of national compliance requirements;

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

And the Trusts strategic ambitions, which are as follows:

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

Risk Matrix Score

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

Board Assurance Framework Overview

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

Risk Assessment Framework

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 7</p> <p>Risk: Inability to achieve the agreed performance targets within the Risk Assessment Framework throughout 2016/17 risks the Trust being in breach of the its Provider Licence</p> <ul style="list-style-type: none"> - A&E - RTT - Cancer - Diagnostics - Ambulance turnaround times - IAPT - C Diff <p>Source: Risk Assessment Framework and Provider Licence.</p>	Director of Operations	<p>Independent assurance: External Audit Internal Audit</p> <p>Internal assurance: Finance Committee Integrated Performance Report Quarterly Risk Assessment Framework report to NHS Improvement Transformation Board</p>	<p>Increased attendance at A & E and subsequent conversion to admission.</p> <p>No agreement with specialist commissioners.</p> <p>No capacity to outsource cardiac activity.</p> <p>No further funding available through the SRG to support any external improvements. (e.g. Increased social service support).</p> <p>No further bed capacity at times of high demand to support patient flow.</p> <p>Increase in urology cancer activity, tertiary pathway</p>	25 (5x5)	<p>Actions:</p> <p>Focus on delayed transfers of care to reduce from 10% back to 2016 levels of 3%.</p> <p>Temporary location of the CAT to ensure ambulatory patients are not inappropriately admitted.</p> <p>Frail elderly room identified as an interim measure to prevent unnecessary admissions.</p> <p>Staffing reviewed on an ongoing basis across A&E and AMU to ensure safe care.</p> <p>Discharge lounge temporarily relocated to support morning flow.</p> <p>Elective activity reviewed cancer and priority 1 & 2 admissions to be prioritised for admission.</p> <p>Surgical Day Case Unit to be cleared of inpatients to enable activity to recommence.</p>	15 (5x3)

			capacity challenges at LTH		<p>Paediatric Thursday list to continue children to be recovered on the Paediatric Ward.</p> <p>Review of the waiting list, waiting times and associated impact on the open pathway RTT standard to ensure all actions are considered to maintain the standard.</p> <p>Pathway review with LTH Business case approved to increase Urology resources to meet the demand</p>	
		<p>Core management controls: Executive Directors Meetings Trust Strategy Divisional Performance Review Meetings Weekly PTL for elective and cancer patients. Contract review meetings with Commissioners. Weekly A & E Delivery Board meeting</p>	<p>Board Committee oversight: Finance Committee</p>			

Care Quality Commission Regulations

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
Risk Ref: BAF 9 Risk: Failure to comply with the Care Quality Commission Standards throughout 2016/17 risks Regulatory action Source: CQC Regulations	Director of Nursing and Quality	Independent assurance: Care Quality Commission External Inspection Report Internal assurance: Quality Committee Patient Safety Walkabouts	Lack of mental health provision in A&E	15 (5x3)	Actions: One requirement action regarding mental health patients in A&E and responsiveness of external partners. A&E action plan to be included in the Trust Quality Development plan for monitoring by Quality Committee. Update provided to the CQC. Monthly stakeholder meeting established. Dec 16 improvement in Mental Health response times. Lancashire NHS England meeting (Oct 16) and further meeting Jan 17 to agree standards across A &E's re: mental health patients waiting in A & E.	10 (5x2)
		Core management controls: Trust Strategy Quality Strategy Workforce Strategy including training and development plans			Board Committee oversight: Quality Committee	

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

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

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

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

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

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

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
Risk Ref: BAF 2 Risk: Failure to deliver a positive patient experience risks the achievement of a Patient Family and Friends Test score of 98% by 2019 Source: Lower than expected levels of patient satisfaction reported by the FFT	Director of Nursing and Quality	Independent assurance: Patient Family and Friends Test score Internal assurance: Quality Committee Integrated Performance Report Patient Safety Walkabouts Transformation Board	Challenges on recruitment, funding, IT, and socio economic factors. Staff and clinical engagement.	9 (3x3)	Actions: Improve information and communications around discharge for inpatients, ensuring that patients are receiving up to date information on waiting times within outpatients and A&E. Maintain focus on improving response rates above 30% (inpatient) and 20% A & E and Maternity	6 (3x2)
		Core management controls: Trust Strategy Quality Strategy Divisional Performance Review Meetings			Board Committee oversight: Quality Committee	

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

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

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 10</p> <p>Risk: Inability to achieve the top quartile performance for both non-elective and elective lengths of stay risks delivery of the £2.5M length of stay CIP, achievement of the performance targets within the Risk Assessment Framework and reducing avoidable harms.</p>	Medical Director	<p>Independent assurance:</p> <p>Internal assurance: Finance Committee Transformation Board</p>	<p>1. No consistent methodology agreed across the divisions for calculation of LoS.</p> <p>2. CIP depends on bed closures which are limited by pressure of increased ED attendances, admissions and delayed discharges of care</p> <p>3. Inability of the Trust to affect directly the capacity of external organisations which impairs ability to</p>	<p>20 (4x5)</p>	<p>Actions:</p> <p>1. Meeting with divisions to agree methodology. Meeting held and methodology now agreed between Informatics and Divisions</p> <p>2. There has been a reduction in LoS particularly in the Unscheduled Care Division which holds the greatest opportunity. The reduction in LoS has limited what would otherwise have been a significant increase in the bed stock required for this year.</p> <p>3. Meeting between CEO and social services.</p>	<p>12 (4x3)</p>

<p>Source: Trust Strategy</p>		<p>Core management controls: Executive Directors Meetings Trust Strategy Quality Strategy Divisional Performance Review Meetings Better Care Now Delivery Group</p>	<p>discharge patients in a timely fashion.</p>		<p>Board Committee oversight: Finance Committee</p>	
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Strategic Ambition 4: WORKFORCE: Vacancy rate (Executive Director: Director of Workforce and Organisational Development)

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

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 4</p> <p>Risk: Failure to attract, recruit and retain appropriately skilled staff <u>risks</u> the achievement of a 2.5% vacancy rate by 2021.</p> <p>Source: Higher than expected levels of vacant roles and the Trust Strategy</p>	Director of Workforce and Organisational Development	<p>Independent assurance:</p> <p>Internal assurance: Strategic Workforce Committee Integrated Performance Report Transformation Board</p>	Reliance on agency staff	20 (4x5)	<p>Actions:</p> <p>Best practice highlighted by NHSI has been adopted. Any booking request over capped rate is reviewed by the Medical Director and authorised by CEO prior to the booking being made. Medical Director is scrutinises all medical agency usage.</p> <p>We are participating in a Workforce Retention programme hosted by NHS Employers to review and share best practice to improve the retention of staff. We have partnered with other local Trusts; Lancashire Care and East Lancashire Hospitals as well as Rotherham, Leeds and Northumbria. Examples of practical steps for review include re-connection strategies with staff, improving our employee proposition/branding, review of induction & training programmes, rotation programmes, forging links with local companies for free merchandise for use at recruitment events.</p> <p>We are participating in the fast follow programme for nursing associates to provide support for safe staffing across the organisation.</p>	12 (4x3)

		Core management controls: Workforce Board Operational Workforce Committee Trust Strategy Workforce Strategy including education, training and development plans Divisional Performance Review Meetings			Board Committee oversight: Strategic Workforce Committee	
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Strategic Ambition 5: WORKFORCE: Staff Satisfaction: Friends & Family Test (Executive Director: Director of Workforce and Organisational Development)

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

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 5</p> <p>Risk: Failure to engage and motivate staff <u>risks</u> the achievement of a Staff Satisfaction Family and Friends Test score of 85% by 2021.</p> <p>Source: Lower than expected levels of staff satisfaction reported by the SSFFT</p>	Director of Workforce and Organisational Development	<p>Independent assurance: Staff Satisfaction: Family and Friends Test score (recommend as a place to work)</p> <p>Internal assurance: Strategic Workforce Committee Great Place to Work Survey engagement score Integrated Performance Report Patient Safety Walkabouts Appraisal and Revalidation Transformation Board</p>	Disengagement and resistance leading to lost productivity and innovation. Monitor Staff Survey and FFT results. Monitor Trust performance dashboard.	12 (4x3)	<p>Actions:</p> <p>Great place to work group to continue to drive staff engagement and action plan accordingly. Support the WFBDs with divisional action plans to improve advocacy and engagement. Develop an awareness of, and promote, the new reward and recognition scheme through available communications channels such as The Pulse, Newsround, social media etc. Engagement features in all leadership programmes. Master class held for senior staff on engagement by HRD. Executive Directors to discuss concerns raised by staff regarding the non-elective vacancy freeze impact on engagement and whether the score should be increased.</p>	8 (4x2)
		<p>Core management controls: Workforce Board Operational Workforce Committee Trust Strategy Workforce Strategy including education, training and development plans Divisional Performance Review Meetings</p>			<p>Board Committee oversight:</p> <p>Strategic Workforce Committee</p>	

Strategic Ambition 6: FINANCE: Finance (Executive Director: Deputy Chief Executive & Director of Finance and Performance)

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

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

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

Enablers (Executive Director: Relevant Executive Directors)

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

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

Risk & Source	Owner	Main Controls/Assurances	Gaps in Controls/Assurances	Mitigated Current Score (C x L)	Actions to be taken to address Gaps in Controls/Assurances	Target Residual Score (C x L)
<p>Risk Ref: BAF 3</p> <p>Risk: The failure to agree and establish a model for an Accountable Care System/ Organisation risks the ability of the health economy and Trust to deliver the Fylde Coast strategy and financial sustainability</p> <p>Source: Key enabler within the Trust Strategy</p>	Chief Executive	<p>Independent assurance: Internal Audit – Strategy Review MIAA & AQuA - Well-led Review</p> <p>Internal assurance: Strategy and Assurance Committee Fylde Coast Advisory Board</p>	<p>Agreement over the end state.</p> <p>Agreement over journey from current state to ACS to ACO</p> <p>Joined up approach with regulators</p> <p>Agreement of the resource implications</p>	16 (4x4)	<p>Actions:</p> <p>Confirm the accountability of System Design Group</p> <p>Define the relationship between SDG/SPB and Informal EDs Meeting</p> <p>Consider how the work will be resourced</p> <p>Sign off the Road Map content</p> <p>Board to Board meeting with 2 CCGs</p>	9 (3x3)
		<p>Core management controls: Trust Strategy Transformation Board ED's/DD's Trust Management Team</p>			<p>Board Committee oversight:</p> <p>Strategy and Assurance Committee</p>	

Board of Directors Meeting

25th January 2017

Chairman's Update

Trust Activities

- I took part in the interview process for the Divisional Director position in the Scheduled Care Division on the 7th December. I am pleased to confirm that Dr Helen Saunders was appointed to this position and look forward to joint working across specialties under her leadership.
- I wanted to formally acknowledge the excellent Christmas dinner that the catering team provided to staff on the 8th December as once again this was most successful and well received by those who participated. Members of the Executive team were also able to meet colleagues over this lunchtime period to wish them Seasons' Greetings and thanks for their continued hard work and support.
- On the 20th December I met with Pearse Butler, Chairman of UHMB, to discuss continued partnership working.
- Follow Up Commercial Meeting. Myself and Professor O'Donnell attended one of the day's sessions to look at working with the Innovation Agency on the 22nd December.
- On the 12th January I met with John Sweeney, Divisional Director for Community/Adults and Long Term Conditions. He gave me a tour of the centre and I was able to meet with staff from various specialties that are based at the health centre.
- On the 13th January myself and Tim Bennett met with Gordon Marsden, MP Labour Member of Parliament for Blackpool South, to discuss issues around the Estates proposal.

Governors and Membership Activities

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

- Youth Health Leaders Day
- Takeover Day
- Skills Swap Day
- Patient Safety Walkabouts
- Clinical Excellence Awards Panel
- Trust Committee Meetings
- Tree of Lights Ceremony
- Dementia Training
- Trust Induction
- Governors Informal Meeting

External Activities

- NHS Providers Event - 13th December
- Systems Leadership Workshop: Successfully implementing decisions across an integrated health and care system - 5th December
- HFMA Annual NHS Chairs' Conference - 17th January

Future Meetings

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

- Joint Chair and CEO Meeting with East Lancashire NHS FT – 1st February
- Public Services Board – 8th February

Non-Executive Director Activities

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

- Individual Meetings with Executive Directors/Senior Managers/Clinicians
- Board Committee Meetings
- Committee Meetings
- Tree of Lights Ceremony
- Dementia Training
- Clinical Excellence Awards Panel
- Systems Leadership Event (successfully implementing decisions across an integrated health and care system)
- Induction Meetings
- Patient Safety Walkabouts
- Appointment Advisory Committee

Ian Johnson
Chairman

Attendance Monitoring Form

Board of Directors Meeting
April 2016 – March 2017

Attendees	27.4.16	25.5.16	27.7.16	26.10.16	30.11.16	25.1.17
Ian Johnson (Chairman)	G	G	G	G	G	
Karen Crowshaw	G	G	G	G	G	
Doug Garrett	G	Y	G	G	G	
Alan Roff	G	G	G	G	G	
Jim Edney	G	G	B	B	B	
Michele Ibbs	G	G	G	B	B	
Malcolm McIlmurray	G	G	G	G	G	
Michael Hearty	G	G	G	G	G	
Mark Cullinan	B	B	G	G	G	
Mary Whyham	B	B	B	B	B	
Wendy Swift	G	G	G	G	G	
Tim Bennett	G	G	G	G	G	
Professor Mark O'Donnell	G	G	G	G	G	
Marie Thompson	G	G	G	G	G	
Pat Oliver	G	G	G	G	G	
Nicky Ingham	G	G	G	G	G	

Attendance



Apologies



Deputy



No Apologies/Deputy

