

Chairman's Office
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PLEASE NOTE THE START TIME OF 10.30 AM FOR THIS MEETING

19th January 2016

Dear Colleague

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

A meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 27th January 2016 at **10.30 am** in the Board Room, Trust Headquarters, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

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

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

AGENDA

Agenda Item Number	Agenda Item	Time
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	10.30 am
2	Declaration of Board Members' Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	10.32 am
3	Apologies for Absence – Mr Johnson to report. (Verbal Report).	10.34 am

Agenda Item Number	Agenda Item	Time
4	Patient Story DVD – Professor O’Donnell to report.	10.35 am
5	Minutes of the Previous Board of Directors’ Meeting held in Public on 25th November 2015 – Mr Johnson to report. (Enclosed).	10.50 am
6	Matters Arising:- <p style="margin-left: 40px;">a) Action List from the Previous Board of Directors’ Meeting held in Public on 25th November 2015 – Mr Johnson to report. (Enclosed).</p> <p style="margin-left: 40px;">b) Action Tracking Document – Mr Johnson to report. (Enclosed).</p>	10.55 am
7	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	11.08 am
8	Executive Reports:- <p style="margin-left: 40px;">a) Assurance Report – Mr Doherty to report. (Enclosed).</p> <p style="margin-left: 40px;">b) Quarterly Monitoring Return to Monitor (Quarter 3) – Mr Bennett/Mrs Swift to report. (Enclosed).</p> <p style="margin-left: 40px;">c) Five Year Strategic Plan – Mr Doherty/Mrs Swift/Mr Bennett to report.</p> <p style="margin-left: 40px;">d) NHS Preparedness for a Major Incident – Mrs Thompson to report. (Enclosed).</p> <p style="margin-left: 40px;">e) Annual Report & Accounts 2015/16 – Mrs Swift/Mr Bennett to report. (Enclosed).</p> <p style="margin-left: 40px;">f) Well Led Review – Mrs Swift/Mr Bennett to report. (Enclosed).</p> <p style="margin-left: 40px;">g) Chief Executive’s Update – Mr Doherty to report. (Enclosed).</p>	11.10 am
BREAK		12.10 pm
9	Chairman’s Report:- <p style="margin-left: 40px;">a) Chairman’s Update. (Enclosed).</p> <p style="margin-left: 40px;">b) Feedback from CCG Meetings:-</p> <ul style="list-style-type: none"> • Blackpool CCG – 12th January 2016 – Mr Garrett to report. (Verbal Report). • Fylde & Wyre CCG – 19th January 2016 – Mr Roff to report. (Verbal Report) 	12.20 pm
10	Key Themes for Team Briefing – Mr Johnson to report. (Verbal Report).	12.35 pm
11	Items for External Communication – Mr Johnson to report. (Verbal report).	12.40 pm
12	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	12.45 pm
13	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.50 pm

Agenda Item Number	Agenda Item	Time
14	Any other Business – Mr Johnson to report. (Verbal Report).	12.51 pm
15	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	12.52 pm
16	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.53 pm
17	Trust's Position on the Board Assurance Framework – Mr Johnson to report. (Verbal Report).	1.03 pm
18	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	1.04 pm
		Total Duration: 2 hours, 35 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: Mr Gary Doherty

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 25th November 2015 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 Jim Edney
Mr Doug Garrett
Mrs Michele Ibbs
Dr Malcolm McIlmurray
Mr Alan Roff
Mr Tony Shaw

Executive Directors

Mr Gary Doherty – Chief Executive
Mr Tim Bennett – Director of Finance & Performance
Mrs Nicky Ingham – Director of Workforce & OD
Mrs Pat Oliver – Director of Operations
Mrs Wendy Swift – Director of Strategy/Deputy Chief Executive
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance: Dr Nick Harper – Deputy Medical Director
Miss Judith Oates – Foundation Trust Secretary
Mr Craig Harris – Senior Projects Manager for Capital Developments
(for item 8b)

Governors (observers) – 4

Members of Public (observers) – 3

Members of Staff (observers) – 3

124/15 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.

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

125/15 Declarations of Interests

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

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

126/15

Apologies for Absence

An apology for absence was received from Professor Mark O'Donnell, Medical director.

The Chairman welcomed to the meeting Dr Nick Harper, Deputy Medical Director.

127/15

Patient Story DVD

The Chairman stated that a patient story DVD was shown at each Board meeting which provided feedback from either a patient or their relative/carer.

Mrs Thompson advised the Board that this month's patient story was a positive account from a mother who was the main carer for her son who had various illnesses and physical disabilities.

Following the DVD being shown, Mrs Thompson commented that it was a powerful story which highlighted the carer's experiences of the Child Assessment Unit and provided a good example of a team that was clearly motivated and was moving obstacles to ensure there was a high level of access and responsiveness.

Mr Doherty commented that, despite the positive story, there was further work to be undertaken in the health economy regarding children's services.

Mrs Ibbs congratulated the team, commenting that it was an excellent statement which demonstrated the Trust's values, however, she pointed out that there was a danger that this positive news story would not be shared with other staff and commented that all staff should be striving to achieve this level of care.

Mr Shaw reiterated comments he had made at previous meetings about the importance of listening to carers.

RESOLVED: That Mrs Thompson would ensure that the patient story was shared with staff via Team Brief.

Action To Be Taken Following The Meeting

This item has been actioned.

128/15

Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 28th October 2015 be approved and signed by the Chairman.

Mr Shaw referred to the penultimate paragraph on page 4 relating to referral rates from single/dual GP Practices compared with larger practices and asked whether any research had been undertaken. Dr McIlmurray advised that Professor O'Donnell had scoped referrals from GP practices and identified specific practices which had unusually relatively high referral rates to A & E and low referral rates into the extensive care service.

RESOLVED: That Professor O'Donnell would be asked to provide an update at the next meeting.

Action To Be Taken Following The Meeting

This issue was discussed with the CCGs and AQUA at a meeting on 15th December 2015 and also at the Mortality Committee meeting on 18th December 2015. Dr Richard Morgan will be having further conversations with colleagues from primary care about how to work more closely to improve further the reduction in SHMI.

129/15

Matters Arising:-

a) Action List from the Board of Directors Meeting held on 28th October 2015

The Chairman reported that 9 actions had been completed and 2 actions were outstanding.

Mrs Ibbs referred to the two actions which were outstanding pending approval of the minutes and commented that the actions should not have to await approval of the minutes before being addressed.

RESOLVED: That the two outstanding actions would be addressed.

Post Meeting Note: the two actions had not been addressed due to the fact that there was a query about whether the related minutes were accurate.

Action To Be Taken Following The Meeting

The two outstanding actions have been addressed.

b) Action Tracking Document

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

130/15

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

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

131/15

Executive Reports:-

a) Junior Doctors' Strike

The Chief Executive provided Board members with information about the junior doctors' strike which was planned for 1st December 2015 as follows:-

- The Trust had been informed about the action to be taken, commencing on 1st December 2015.
- Work was on-going to ensure that appropriate cover was provided in the absence of those taking industrial action.
- There was a requirement to balance the needs of patients who had planned appointments/procedures.
- The plans would be discussed with Divisional Directors and Heads of Departments at the TMT meeting on 26th November 2015.
- The Trust would be receiving information about the national negotiations.

Mrs Oliver provided further information as follows:-

- The focus, in priority order, would be on emergencies, ward cover, elective and out-patients.
- The plans were different to those for other incidents because of the involvement of medical staff, namely Professor O'Donnell (Gold Command Lead) and Divisional Directors for Scheduled Care and Unscheduled Care (Silver Command Room), with support from the Deputy Directors of Operations.

- Heads of Departments would be confirming on 1st December that there was evidence that appropriate staffing/safety measures were in place before allowing planned activity to commence.
- The key communications message to the public was that it was business as usual unless they heard otherwise but that they should not attend A & E unless absolutely necessary.
- The strike on 8th December was from 8.00 am to 5.00 pm and would impact to a greater extent on clinical care in terms of volume.
- There may be some changes to the plan on the day of the strike if the areas were deemed to be unsafe.

Mr Shaw made reference to the devolvement of responsibility from managers to clinicians and commented that he hoped this would be successful and considered as a positive way forward.

Mrs Crowshaw asked about the percentage of medical staff likely to strike and was advised that it was likely to be 100% of junior and middle grade staff.

RESOLVED: That Mrs Oliver would confirm the total number of medical staff participating in the strike.

RESOLVED: That Mr Doherty/Mrs Oliver would update the Board in advance of the strike and also on the day of strike.

Action To Be Taken Following The Meeting

All preparations were made, however, the strike did not go ahead.

b) Assurance Report

Mr Doherty gave a presentation highlighting the following:-

Compliance Measures:-

- The targets for all compliance measures had been achieved with the exception of three as follows:-
 - Clostridium Difficile – some of the cases were still being investigated to determine whether they were as a result of lapses in care.
 - A & E 4 Hour Waits – there had been a 13% increase in A & E attendances during October as well as the equivalent to an additional ward of admissions.
 - 62 Day Cancer Screening Waiting Times – the main area of concern related to bowel cancer screening. It was noted that there was a debate on-going about screening breach reallocations and that Monitor was due to issue reallocation guidance in the Autumn, however, it was still awaited. It was further noted that Monitor was aware of the situation and that the Trust was endeavouring to minimise delays where possible.

Mrs Crowshaw commented on the thorough explanation regarding the compliance measures but asked how the values could be upheld when dealing with those patients who had breached the 4 hour waiting time. Mr Doherty explained that there were four issues to focus on and to make improvements on, namely, health economy issues, A & E attendances, patient admissions and patient discharges; it being noted that the challenge in the short term was whether to reduce elective capacity in order to increase capacity for emergency patients or, alternatively, to open additional beds or to cancel elective work or to recruit more staff within A & E.

Mrs Thompson reported that, in terms of a patient-centred approach, when there was a high volume of long wait patients, additional staff were sought from other clinical areas to support patient care needs. It was noted that patients were placed onto hospital beds in the department, all first line assessments were carried out, i.e. pressure area checks, supplies of food and drink were provided and patients and their families were communicated with regarding their wait time.

The remaining compliance measures were highlighted as follows:-

- 18 Weeks Open Pathways
- 2 Week Waiting Time Urgent GP Referral
- 2 Week Waiting Time Breast Referral
- 62 Day Cancer Waiting Time Standard
- 31 Day General
- 31 Day Subsequent Drugs
- 31 Day Subsequent Surgery

Other Quality Measures/Plans:-

Mortality - the 12 month rolling figure rate for October showed a further reduction and it was important to note that, on the monthly SHMI data from May to date, the 2015/16 figure was lower than the 2014/15 figure, showing sustained improvement.

Dr McIlmurray expressed concern that mortality was not accepted within the Health Economy as a shared responsibility and also that the proportion of patients that had died within 48 hours of admission or within 30 days of discharge highlighted the fact that their admission may not have been appropriate in the first place, i.e. that they were on the end of life pathway.

Mr Doherty stated that there were opportunities for GP involvement in mortality issues that had not been taken up, for example, attending speciality level mortality review meetings. However, given the vacancy levels in GP practices, and the fact that a mortality review meeting would discuss all patients rather than just those patients relevant to the GP attending the meeting, it was perhaps understandable that representation from the CCGs at Mortality Committee meetings was not good and Mr Doherty commented on the need to target attendance to where there was some learning for GPs. The need for better whole health economy working was one of the themes; it being noted that the AQuA work review, which had identified effective joint working in other areas, would assist in establishing this within the Fylde Coast and that a meeting was scheduled with the CCGs and AQuA on 15th December. It was further noted that Professor O'Donnell had provided CCGs with details of mortality rates for individual GP practices.

Dr McIlmurray advised that there was a category of patients who did not know who to contact in an emergency and therefore contacted the ambulance service resulting in being taken to A & E. Dr Harper commented on the need to identify those patients with an end of life pathway.

Never Event – there had been a never event relating to wrong site surgery, however, Mrs Thompson anticipated that, pending further investigations, it may not be appropriate to record it as a never event. The Chairman stated that it should not be necessary to rely on one member of staff returning from holiday to determine the category of incident.

Mr Roff, in his capacity as Quality Committee Chair, highlighted the following issues to the Board:-

- The Committee had noted the detailed work undertaken by Mrs Thompson and her team on safe staffing and the report concluded that staffing levels were safe and the requirements for 2017 were 2.5 nurses and 6 HCAs. Mr Roff stated it had been a good outcome from the detailed staffing review and expressed thanks to Mrs Thompson and her team for the work undertaken.

Dr McIlmurray had noted from the Cancer Peer Review Report that it was difficult to meet the required nursing establishment on the Haematology Ward and stated that this was of particular concern because patients on this ward were often severely ill (from intensive treatments and their complications) and the quality of nursing care was critical in achieving good outcomes for these patients. Mrs Thompson confirmed that the nursing establishment on the Haematology Ward was appropriate but that it had been difficult to fill vacancies. Mr Roff stated that it was important for these reviews to be undertaken which, essentially, set the standards and monitored the fill rates on a monthly basis.

- There had been a major Cancer Peer Review and one area of concern was the lack of support for MDTs due to the difficulties with video-conferencing which had been referred to the appropriate team to resolve. It was reported that there were a number of other issues from the review and that an action plan had been developed to address the actions.

Dr McIlmurray referred to acute oncology cover which had been highlighted as an issue in the report and it had been suggested that more input into the hospital was needed. Dr McIlmurray commented that if this was the direction of travel then it would be appropriate to review the current arrangements at Preston because it might be a better solution for the Trust to have its own medical oncology staff rather than buy in from Preston. Mrs Oliver reported that a review was taking place across Lancashire and South Cumbria to understand the baseline and that the report was due to be completed within the next two to three weeks.

RESOLVED: That Mrs Oliver would report the outcome of the review to the Board.

- The business cases for Breast Care and Stroke, which were important in terms of quality of care, were in the process of being considered.
- There had been an issue about medical devices which had been referred to the appropriate team to resolve.
- The Quality Strategy had been submitted for approval following discussion at three previous Quality Committee meetings; it being noted that it focused on three main themes, namely, Informed, Timely and Safe care. It was further noted that the document would need to be integrated with the overall aims of the strategic review.

Mr Roff requested Board approval in terms of the structure and goals within the Quality Strategy, following which discussion would take place between the quality team and the strategy team to ensure that the strategy included the correct measures.

RESOLVED: That the structure and goals within the Quality Strategy be approved.

That an update in terms of the measures would be provided to the Quality Committee and Board in January.

The Chairman thanked Mr Roff and the Quality Committee for the work undertaken which demonstrated that the governance arrangements were working in terms of reporting to the Board.

Action To Be Taken Following The Meeting

Mr Ian Arthur attended the Quality Committee meeting and provided an update regarding the Cancer Peer Review.

An update in terms of the Quality Strategy measures will be provided to the Quality Committee and Board in January 2016.

Workforce:-

The assurance levels for workforce were reported as follows:-

- Overall Workforce - Limited Assurance
- Staff Friends & Family/Engagement - Significant Assurance
- Sickness Absence - Limited Assurance
- Mandatory Training - Limited Assurance

With regard to mandatory training, Mr Garrett challenged the 95% compliance in view of the fact that all staff were expected to attend on their first day in post and therefore the target should be 100%. Mrs Ingham explained that there had been an increase in demand at induction due to the number of new staff and the Learning & Development Department had been unable to cope with the numbers. It was noted that Mrs Ingham was awaiting a report from her team about the number of staff who had not attended induction on their first day in post and commented that it was not anticipated that this situation would arise again.

Mrs Crowshaw, in her capacity as Strategic Workforce Committee Chair, advised the Board that she had given a report from the last Strategic Workforce Committee meeting at the last Board meeting and had nothing further to report, however, she asked Mrs Thompson to provide an update regarding the Nurse Bench.

Mrs Thompson provided an update as follows:-

- Approximately 1400 staff had joined the Bench to date and another 500 staff needed to be recruited.
- The staff on the Nurse Bench were paid on a weekly basis.
- A Nurse Bench Lead had been appointed whose remit was to recruit to and to market the Bench.
- There was a need to focus on recruiting community staff to the Bench.

Mrs Crowshaw commented on the excellent work undertaken to launch the Nurse Bench which would make a significant difference; it being noted that an important aspect was to monitor usage and encourage promotion of the Bench.

Finance

Mr Doherty highlighted the following:-

- There had been a £0.3m surplus in October but it was noted that this was as a result of additional funding.
- It was anticipated that the reforecast for the year end would be £14m (not £11m).
- It was important to focus on the delivery of the financial recovery plan, in particular, agency, length of stay and beds.

- It was anticipated that all CIP targets that were green and amber would be achieved.
- The key messages were around financial resilience which was limited assurance and financial sustainability which was limited assurance.

Mrs Ibbs, in her capacity as Finance Committee Chair, referred to the recommendation to the Board regarding levels of assurance in terms of sustainability. It was noted that Mr Bennett's detailed presentation to the Finance Committee regarding the recovery plan included a measure of assurance from each division in terms of whether the forecast would be delivered by the year end. It was pleasing to note that the degree of engagement and devolvement to the divisions had increased. It was further noted that two divisions had given limited assurance and three divisions had given significant assurance and that the Executive Team was providing support to the two divisions with limited assurance, particularly the Unscheduled Care Division, and the situation would continue to be monitored very closely by the Finance Committee.

Mrs Ibbs also referred to the concern that had been expressed by the CIP Director regarding the planning for next year around the 2015/16 target which was currently £26m and at present £20m off pace; it being noted that if this situation continued, it would cause problems with the implementation of the plan.

Mr Bennett made reference to the detailed discussion at the Finance Committee meeting about the concerns around the increase in agency spend in October (which was expected) and delivery of some parts of the recovery plan but not others. Mrs Ibbs also expressed concern regarding agency spend and commented on the need to have mitigations in place to address the reforecast.

Mr Doherty advised that he would be attending meetings in next two weeks about next year's funding for the NHS.

Strategy

Strategic Review

- The 7 key workstreams had been discussed and agreed at the strategic event the previous day together with the measures to be used to achieve the aspirations.
- The financial plans and execution of the strategy would be reported at the Board meeting in January 2016.

Legal/Risk/Assurance

- There was some important information in the report relating to ill treatment or wilful neglect in health and social care.

Mr Shaw expressed concern regarding the wording "fairly extreme" in the penultimate paragraph and was advised that the terminology was nationally determined legal wording.

- The Board Assurance Framework and Corporate Risk Register, which had been discussed and agreed by the Risk Committee, were presented for ratification by the Board.
- The Risk Management Policy, which had been validated by the Risk Committee, was presented for ratification.

- The External Auditors Procedure, which has been validated by the Risk Committee, was presented for ratification.

RESOLVED: That the above mentioned documents be ratified by the Board.

- The Well Led Review process would be considered by the Audit Committee on 26th November 2015.

b) Estates Strategy

The Chairman commented that the estate was an important part of the Trust's strategy and welcomed an update on the current position and future plans.

Mrs Swift advised the Board that she had discussed the Estates Strategy with Mr Garrett and Mr Harris and that the presentation to the Board was an update about the current position rather than the final outcome.

Mrs Swift introduced Mr Craig Harris, Senior Projects Manager for Capital Developments, who explained that he was responsible for the delivery of capital projects in the Trust and for the Estates Strategy and Development Plan.

The presentation from Mr Harris included the following:-

- Key Issues – Acute Site
- Standards/Compliance of Ward Accommodation
- Current Estate Condition
- Short Term Site Developments 2015-2020
- Long Term Site Developments 2020-2025
- Complementary Developments
- Key Issues – Community Sites
- Community Site Rationalisation

Discussion took place regarding the existing homes on the Victoria Hospital site and the need for suitable accommodation for staff and it was suggested that perhaps the homes could be taken over by a contractor who would be able to provide a better service and would manage the risk.

Mr Doherty commented that there was a positive picture in terms of potential site rationalisation and Mrs Crowshaw commented that there were great opportunities for partnership. Mr Garrett advised that partnership working was in place and that alignment with others was needed. Mr Harris advised that the team members were being encouraged to collaborate with the Council. Mrs Swift advised the Board that the Trust had joined together with Fylde and Wyre Council to develop one public sector estate plan and that the joint working could be further progressed.

Mrs Ibbs stated that contingency plans were needed in terms of phasing the work into the plan for next year and future years, bearing in mind the financial position and the tendency to defer capital expenditure. Mr Garrett stated that it was helpful to note the estimated costs in the presentation and stated that informed decisions needed to be made about optimising space and utilising finance.

Mrs Oliver congratulated the estates team in terms of the improvements made to the A & E environment and the work undertaken with the clinical teams.

The Chairman commented that the detailed overall strategy would take account of the issues raised.

c) Chief Executive's Update

The Chief Executive's Update was provided for information.

132/15

Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

The Chairman reported that a Memorial Service for Beverly Lester, former Trust Chairman, had taken place on 23rd November which had been well organised and well attended and was a fitting celebration of Beverly's life.

The Chairman also reported that the annual Tree of Lights Appeal would take place on Monday 7th December at 7.30 pm and he encouraged Board members to attend and to make a donation to the Blue Skies Hospitals Fund.

The Chairman further reported that he had attended an event last week relating to Project Search which was a really worthwhile programme providing employment skills opportunities to young people with learning difficulties by working as interns. It was noted that Blackpool Council had been involved in the scheme for the past year together with Mencap, Blackpool and the Fylde College and three local special schools and it had been extremely successful, with eight of the ten young people having secured a permanent job. It was further noted that several departments in the Trust had already engaged in the project and the Chairman encouraged Board members to ask staff during their walkabouts if they had heard about, or were involved in, the scheme. The Chairman also made reference to another project entitled "Chance to Shine" which encouraged unemployed people back to work.

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.

Mr Edney requested further information relating to the "Provision of Mattresses and Associated Goods and Services" for discussion at the Audit Committee meeting the following day.

RESOLVED: That the action taken by the Chairman on behalf of the Board be confirmed, subject to ratification by the Audit Committee on 26th November 2015.

Action To Be Taken Following The Meeting

The waiver was approved by the Audit Committee on 16th November 2016.

c) Affixing of the Common Seal

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

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

d) Feedback from CCG Meetings

Mr Edney provided feedback from the Blackpool CCG Meeting held on 3rd November 2015 as follows:-

- The meeting was dominated by the CCG's financial position and centred around plans to implement a financial recovery plan due to the forecast deficit of several million pounds.
- The CCG was serious about prevention and influencing the number of admissions.
- Discussion was taking place between the CCG and partners about proposals and actions which were particularly challenging due to the financial situation in other organisations, i.e. Council.
- There had been discussion about the prospect of Vanguard and the CCG was optimistic about the effects on patient care.
- There had been discussion about the joint approach to energy saving measures in Blackpool.

Dr McIlmurray provided feedback from the Fylde & Wyre CCG Meeting held on 17th November 2015 as follows:-

- There had been comments about the extensivist programme and the increase in referrals; it being noted that there had been 183 patient referrals between June and September 2015.
- GP practices were being actively encouraged to refer patients and there had been excellent feedback from those who had used the service to date.
- The CCG had reported on the "Think Why A & E Campaign", the purpose of which was to ease pressure on the A & E Department. It was noted that there was evidence that the campaign had resulted in 118 fewer A & E attendances per month.
- There had been an increase in GP referrals of 4.3% compared to the same period the previous year and work was being commissioned to understand the rationale.
- There had been discussion about the service specification and business case for dermatology services which were expected to be in place by April.
- A Stroke Co-Ordinator would be in post from January 2016 with the anticipation that he/she would prevent re-admissions to hospital and care homes.
- £450,000 had been allocated for projects to improve access to primary care.
- The Integrated Neighbourhood Scheme was progressing well.
- It had been formally agreed to cease referrals to the Windsor Unit.
- Dr Adam Janjua gave a presentation about the cancer strategy, pointing out the expectation of a steady increase in hospital patients based on the revised NICE Guidelines relating to early diagnosis of cancer.
- Dr McIlmurray had commented that there was a need to improve the whole health economy focus on mortality.
- The CCG was on target for a £3m surplus this year.

With regard to CCG meetings for 2016, Mr Edney suggested that NEDs be asked to advise the NED attendee about any issues they wished to be raised in the public part of the meeting.

RESOLVED: That NEDs would liaise with the NED attendee in advance of their attendance at future meetings.

Action To Be Taken Following The Meeting

The attendance rota for 2016 has been confirmed with NEDs, therefore they will be able to advise the NED attendee about any issues they wish to be raised in the public part of the CCG meetings.

e) Review of Board Effectiveness

Board members were reminded about the requirement to review the effectiveness of the Board on an annual basis by completing the effectiveness questionnaire.

Miss Oates advised that the relevant link to the Board effectiveness review questionnaire, to be completed via survey monkey, would be emailed to Board members following the meeting.

RESOLVED: That Board members would complete the questionnaire via survey monkey once Miss Oates had emailed the relevant link.

Action To Be Taken Following The Meeting

This item has been actioned.

133/15 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:-

- Patient Story
- Strategic Review (to include reference to the Financial Recovery Plan, Estates Strategy and Agency Spend)
- Nurse Bench
- Project Search

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

Action To Be Taken Following The Meeting

This item has been actioned.

134/15 Trust Values / Value of the Month

The Chairman referred to the Value of Month which was “excellence – be open to new ideas for patients and people in your team” and he asked Board members for examples.

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

- Patient Safety Walkabout to Garstang Clinic which Mrs Crowshaw had attended – it was very much patient centred and it was good to note the excellent team-working.
- Ward 12 at Victoria Hospital which Mr Doherty had visited – the staff were hard working and enthusiastic despite working in a difficult environment.
- Specialist Smoking Team Walkabout which Mr Doherty had attended – the team’s approach to people was excellent as they toured the site on smoking patrol.

- 135/15 Attendance Monitoring
- The attendance monitoring form indicated continued good attendance from Board members.
- 136/15 Any other Business
- There was no other business.
- 137/15 Items Recommended for Decision or Discussion by Board Sub-Committees
- RESOLVED: That items to be recommended for decision or discussion by Board Committees would be noted from the minutes of the meeting.**
- 138/15 Questions from the Public
- The Chairman gave members of the public the opportunity to ask questions, however, there were no questions from members of the public.
- Mr Askew thanked the Board for the information provided during the meeting.
- 139/15 Trust's Position on the Board Assurance Framework
- The Chairman reminded Board members that an additional standard item had been included on the agenda relating to the Board Assurance Framework.
- The Chairman asked Board members whether there was anything they had heard during the meeting that altered the Trust's position with regard to the Board Assurance Framework.
- RESOLVED: That there was nothing heard during the meeting that altered the Trust's position with regard to the Board Assurance Framework.**
- 140/15 Date of Next Meeting
- The next Board Meeting in Public will take place on Wednesday 27th January 2016.
- The Chairman thanked Governors and members of the public for attending the meeting.

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

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
127/15	25.11.15	Patient Story DVD	Share the patient story with staff via Team Brief.	Marie Thompson	9.12.15		This item has been actioned.	Complete	Green
128/15	25.11.15	Previous Minutes - Referral Rates from Single/Dual GP Practices	Provide an update to the Board in January in respect of GP Practices with low referral rates into the extensive care service.	Mark O'Donnell	27.1.16		This issue was discussed with the CCGs and AQUA at a meeting on 15/12/15 and also at the Mortality Committee meeting on 18/12/15. Dr Richard Morgan will be having further conversations with colleagues from primary care about how to work more closely to improve further the reduction in SHMI.	Complete	Green
			Address the two outstanding actions.	Marie Thompson/ Mark O'Donnell	9.12.15		These items have been actioned.	Complete	Green
131/15 (a)	25.11.15	Junior Doctors Strike	Confirm the total number of medical staff participating in the strike.	Pat Oliver	30.11.15		All preparations were made, however, the strike did not go ahead.	Complete	Green
			Update the Board in advance of the strike and on the day of the strike.	Gary Doherty/ Pat Oliver	30.11.15/ 1.12.15		All preparations were made, however, the strike did not go ahead.	Complete	Green
131/15 (b)	25.11.15	Assurance Report - Other Quality Measures/Plans	Report the outcome of the Cancer Peer Review to the Board.	Pat Oliver	30.11.15		Ian Arthur attended the Quality Committee meeting and provided an update regarding the Cancer Peer Review.	Complete	Green
			Provide an update in terms of the Quality Strategy measures to the Quality Committee and Board in January.	Marie Thompson	20.1.16/ 27.1.16		An update will be provided to the Quality Committee and Board in January 2016.	Not Yet Due	White
132/15(b)	25.11.15	Confirmation of Chairman's Action	Obtain feedback from the Audit Committee regarding ratification of the waiver relating to the "Provisions of Mattresses and Associated Goods and Services".	Judith Oates	26.11.15		The waiver was approved by the Audit Committee on 26.11.15.	Complete	Green
132/15 (d)	25.11.15	Feedback from CCG Meetings	Liaise with the NED attendee in advance of their attendance at future CCG meetings.	NEDs	31.1.16		The attendance rota for 2016 has been confirmed with NEDs, therefore they will be able to advise the NED attendee about any issues they wish to be raised in the public part of the CCG meetings.	Complete	Green

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

132/15 (e)	25.11.15	Review of Board Effectiveness	Complete the questionnaire via survey monkey once the relevant link has been issued.	Board Members	16.12.15		This item has been actioned.	Complete	Green
133/15	25.11.15	Key Themes for Team Brief	Include the above key themes in Team Brief.	Nicky Ingham	9.12.15		This item has been actioned.	Complete	Green

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

Board of Directors Meeting
Action Tracking Document

Minute Ref	Date of Board Meeting	Issue	Item to be Actioned	Person Responsible	Date To Be Completed	Change of Date	Progress	Current Status	RAG Status
62/15 (d)	20.5.15	Presentations - Healthier Workforce Project	Arrange for a further update to be given to the Board in twelve months' time.	Judith Oates	May-16		This item has been included on the Work Plan for May 2016.	Not Yet Due	White
79/15 (a)	29.7.15	Cancer Care Management - Peer Reviews	Discuss with Malcolm McIlmurray the issue of patients being seen within 24 hours by an Oncologist.	Pat Oliver	30.9.15	30.11.15	Arrangements are being made for Dr McIlmurray to meet with Dr Bezecny and the Acute Oncology Nurses (Alison Melvin and Sue Faul) who support in patient reviews.	Not Complete Within Date For Delivery	Red

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

Board of Directors Meeting

27th January 2016

Chief Executive's Assurance Report

1. Introduction

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

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

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

2. Strategic Measures

A summary of our performance against the Strategic Measures is shown below. Further detail is available on the Integrated Performance Report.

Measure	Q1	Q2	Q3
Patients & Carers involved in care decisions	Green	Green	Green
Extensive Care Service	Green	Yellow	Yellow
Harm Free Care (Combined)	Yellow	Yellow	Yellow
Better Care Now (Quality)	Yellow	White	Yellow
Compliance with Stroke Pathway	Green	Green	Green
SHMI (rolling 12 months)	Red	Red	Yellow
Estates	Green	Green	Green
Health Informatics	Yellow	Yellow	Yellow
Continuity of Service Risk Rating	Yellow	Yellow	Yellow
Trust Vacancy (Medical & Nursing Staff Only)	Red	Yellow	Yellow

Patients & Carers involved in care decisions - Significant Assurance

This is measured via monthly/quarterly surveys. Performance is just over 90% compared to a target of 80%.

Extensive Care Service – Limited Assurance

This is a combined score from 3 indicators (Patient Recruitment, Average Wait from Referral to Assessment & Patient Friends and Family Test). Patient Recruitment slowed over October and November with data not available yet for December. We are working with the CCGs and GPs to address this but it is not directly within our control. Should things not improve going forward, expanding the referral routes into the service will need to be considered. Average Wait Time was well

below the target and FFT performance demonstrated performance of 91.7% (October), 100% (November) and 100% (December).

Harm Free Care – Limited Assurance

The combined Acute/Community figures for the Trust for Harm-Free Care (old and new harms) for Q3 was 94% Vs a target of 95%. 1609 patients (Hospital and Community) were included in the December audit with 28 patients showing a new harm and 70 patients an old harm. Within the 28 new harms the main themes were new pressure ulcers and minor – moderate patient falls. As part of our Sign Up to Safety campaign additional Tissue Viability and Falls Prevention nurses have been employed and they are providing targeted support to wards to improve standards, staff knowledge and reporting. Early monitoring from the Sign Up to Safety programme is showing some positive impact with a reduction in the number of pressure ulcers and patient falls in December 2015.

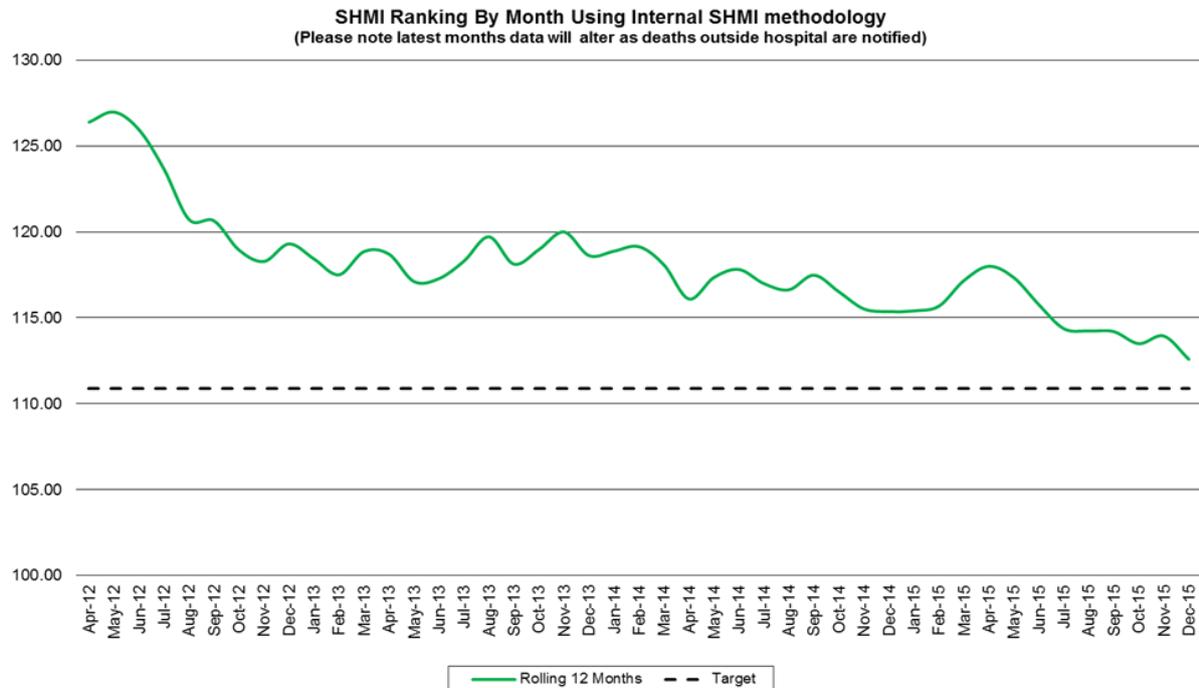
Compliance with Stroke Pathway – Limited Assurance

We have rated this as green but it should be noted that we still have not finalised the most appropriate targets for the “opportunities to care” approach. It was hoped that the AQuA review may help us with this but the variation in approach at other Trusts did not allow this. I used a target of 90% to consider performance against all pathways on the opportunities to care method. Stroke performance in Q3 was 86% so the green rating needs to be seen in this context. Compliance with the AKI Pathway remains a concern, but did see improvement in month. The main concern for AKI remains the need for medical staff to stage the AKI as this determines the remaining aspects of the pathway and failure to document this means that the pathway compliance and observation requirements are not identified or delivered. This has been escalated to the Medical Director. Actions taken/to be taken include:

- The fluid balance documentation was relaunched during week commencing 18th January 2016 with targeted education for nurses.
- Targetted support on wards – with lead AKI band 6 staff in USC.
- Medical education re AKI being reviewed by Medical Director in particular with regards staging of AKI
- Equipment shortfalls to support improved observation recording identified and currently being procured through Sign Up To Safety funding.
- Discussions with pathology to flag AKI staging on blood reports
- Meeting with USC management team regarding improvement processes

Mortality – Limited Assurance

SHMI continues to show improvement as shown below:



A meeting was held in December to finalise the AQuA review. The meeting included representatives from each CCG, AQuA & NHS England. Prior to the meeting Dr Morgan had assessed the report and prioritised a number of areas. Of the circa 130 action areas, 6 were identified as having, in the Trust's view, the highest potential impact. It was agreed that Helen Skerritt (Chief Nurse BCCG), Claire Lewis (Head of Quality, FWCCG) and Richard Morgan would meet to review Dr Morgan's recommendations, with the result being reported back to the Fylde Coast Commissioning & Advisory Board on 21st January 2016.

Better Care Now (Quality) – Limited Assurance

This is a combined score from of three indicators (% of patients with referral to assessment 24hr, EoL Community In-Reach & Amber Care readmission avoidance). The latter two areas are both green, although both have shown a slight deterioration since Q2. With regard to seeing ward referrals within 24 hours, the area of delay is AHPs as opposed to medics, who are stretched by the number of winter escalation beds we have open. The winter capacity required within AHP services will be reviewed as part of our "lessons learned" exercise, but it should be noted that recruitment for AHPs is extremely difficult.

Estates - Significant Assurance

Pending our clinical strategy, which will allow us to reformulate our estates strategy, we have based this measure on the Achievement of our Planned Preventative Maintenance programme, which is on track. The estates strategy is a key enabler in our strategic work and the estates plan priorities are now being incorporated into the estates strategy.

Health Informatics – Limited Assurance

Combination of three indicators: PC replacement, EPMA (electronic prescribing) project status, EMIS community system project status. PC replacement and EPMA (electronic prescribing) project status are both on target to deliver according to agreed plans. The EMIS community system project status is behind schedule (amber rating) due to delays in resolution of issues on mobile working. EMIS has now agreed a fixed date and the plan is being revised accordingly.

Continuity of Service Risk Rating – Limited Assurance

This information is included in the Finance section of the report.

Trust Vacancy (Medical & Nursing Staff Only)

Q2 performance is a vacancy rate of 4.9% against a target of 2%. Additional information is provided in the Workforce section.

3. Compliance Measures

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

The 4 Hour A&E target was not achieved in December (91.7%) and the Q3 position was also not achieved. Delays in admitting patients into beds was the key issue – performance on time to triage and time to be first seen by a doctor were both good. Delivery of the target for ambulance turnaround times remains consistently high. A number of issues need to be considered/taken into account in assessing performance:

- A&E attendances have been above plan every month
- Non elective admissions were above plan by circa 5% in both October & November. December was on plan but with issues regarding acuity. Across Q3 there has been at least 1 day every week where admissions were circa 20 above expected levels
- An acuity review in A&E has shown a 47% increase in the number of patients needing to be cared for in the resuscitation area on arrival
- Emergency length of stay decreased in December to 5.2 days (but is above target)
- Staffing issues have been a challenge both in Primary Care/Out of Hours and in the ED

Actions being taken include:

- Running a "Perfect Fortnight" from 28th December to 13th January.
- Continued focus on length of stay reduction through the Better Care Now programme and the development of plans for an "emergency village" through the Strategic Planning process
- Full involvement in the national ambulatory care working group

- A weekly audit of GP attendances to understand if alternatives to A&E were available

18 Week Open Pathways – Significant Assurance

The Trust achieved the open pathway performance at 94.66% (target 92%).

Cancer Waiting Times – Limited Assurance

The Trust achieved the 62 day urgent referral to treatment (target 85%) standard in November at 89.8%. The unvalidated position for December is currently at 83.6% - we are forecasting achievement for the month based on our usual run rate of treatments. The 62 day screening target was not achieved in November – 66.7% (target 90%). The unvalidated position for December is currently at 93.3% but we are still forecasting non-achievement for the quarter. Of the patients that did not achieve the standard the majority are legacy patients from Q2 and the remainder are a combination of patient choice and clinical complexity.

The Trust achieved the 2 week Breast symptomatic (target 93%) for November with the validated position reporting at 99.2%. The unvalidated performance in December is currently at 94.4%, forecast achievement for month and quarter.

The Trust achieved all other cancer targets.

C Difficile – Limited Assurance (wrt lapses of care)

5 cases in December, 53 cases year to date, (January 2016 - 4 cases). 30 agreed lapses of care, 19 agreed no lapses with 8 cases under review (these cases will be reviewed at the next C Diff review panel on 21st Jan). The main theme from the reviews is Antimicrobial management. The new Antibiotic Stewardship Committee met in December 2015 which is a clinically led forum to improve antibiotic management across the Trust. A presentation on the findings of the C Diff reviews and actions required from Heads of Department will be delivered to the February Clinical Policy Forum meeting.

4. Other Quality Measures/Plans

Overall Nursing, Midwifery and Care Staffing Levels – Significant Assurance

In December, the planned Nursing and Midwifery staffing and care staff levels for the 40 planned inpatient wards at Blackpool Teaching Hospitals were compared with the actual staffing levels on a daily basis. This provided the Trust with a percentage fill rate for each ward day and night and an overall percentage fill rate. In December the percentage fill rates for registered Nurses/Midwives at the Victoria and Clifton sites and for the Trust overall were 94.1%, however, the fill rate for RNs at night time was 84% with overfill of HCAs to support staffing levels. The six month safe staffing report (available in the Reference Folder) has been supported at the Quality Committee (November 2015) and Finance Committee (December 2015). Overall the report concludes that we need to maintain focus on recruitment into agreed establishments. Two areas have been identified for consideration for further investment in 16/17; Clifton Hospital, an increase of 6 HCAs, and North Lancashire Community Nursing, 2.45 wte RN.

Patient Experience/Friends and Family Test – Significant Assurance

Overall the Trust achieved 96% in the December FFT. There was a decrease in responses compared to November and work is ongoing to encourage participation. The individual scores were: Inpatients 96% (National data for November is 95%), A&E 93% (National 87%), Maternity 96% (National 96%) Outpatient 98% (National 92%) and Community 98% (National 95%).

CQC Draft Inspection Report

The Trust received the draft report on 24th December 2015 following the CQC follow up inspection of Maternity Services and A & E in September 2015. Provisionally Maternity Services has been rated as 'Good' and A & E services 'Requires Improvement'. The Trust has completed factual accuracy checks on the report and this was returned to the CQC received on 14th January. Maternity services achieved "good" for Effective, Caring, Responsive, Well Led and received "requires improvement" for Safe. The draft report identifies that improvements had been made with reduction in PPH, increased rates of incident reporting and positive comments about the new maternity staffing model. Women had also responded positively about their care and treatment. The main issues raised in the Safe domain related to follow up lessons learned following incident reviews, cleanliness, checking and maintenance of some items of equipment was not robust. A & E achieved good for Safe, Caring and Responsive with Effective and Well Led rated as "requires improvement". The draft report found that some areas had improved, notably improved staffing levels, the refurbished Paediatric area, evidence of escalation processes in place and overall positive feedback from patients. The main areas for improvement were

time to mental health assessment although this is an issue we are aware of and working with external partners to improve the patients pathway.

The Quality Committee met on 20th January and a verbal report will be given at the meeting.

5. Workforce

Overall Workforce Assurance – Limited Assurance

Although improvement is evident across a number of indicators, many are still not within the target specified. The main area of improvement is in respect of total agency, bank and locum spend which has decreased overall from the previous month and it is encouraging to see a reduction in the Nursing agency spend, although Medical spend has increased. Approximately 80% of the December fill was attributed to vacant posts with the next highest reason being due to an increase in capacity. Work is ongoing with Medacs to recruit medics substantively across divisions, including work to develop an approach to English language testing of overseas applicants. Further international nursing recruitment will be taking place in Spain during January and a business case is being prepared for a nursing recruitment trip to the Philippines. Sickness has continued to increase, however, it is slightly better than the same month last year.

Staff in Post – Limited Assurance

The level of recruitment activity continues to be high and time to hire has fallen again and is now 8.94 weeks. This has been achieved by improving management of the TRAC dashboard and streamlining the occupational health procedure. International Nurse Recruitment has continued with an event in Spain and further European events planned during the final quarter of the financial year. A business case for recruitment in the Phillipines is being developed and if agreed it is anticipated that we could source up to 80 nurses. As the establishment data is now available, a monthly report is being generated for the nursing teams to ensure that recruitment activity is in place where there are gaps in the establishment or planned increases in establishment relating to safe staffing and service development.

The first recruitment drive has taken place for the Trust bench, with 37 Health Care Assistants appointed. The first of these have now completed all pre-employment checks and will be attending the next induction. A rolling programme of bench recruitment has been agreed and will continue throughout the next twelve months. Plans are also underway for a nurse recruitment event within the Trust, to offer an interview, occupational health appointment and pre-employment ID check in the same day, with the aim of securing some of the next cohort of graduates.

Agency Spend - Compliance with Monitor Agency Capping Levels

In terms of medical staff there has been a significant amount of work undertaken, both by the divisions and by Medacs, to achieve compliance with the capped rates. The starting point was 22 assignments filled by doctors over the cap rate, and as of 14th January 2016 this is now 11, with three of these indicating that they will reduce to the cap rate should their booking be extended. It is notable that the overall number of agency doctors has dropped significantly, with the initial assessment of 40 doctors, compared with the current 29 doctors. Where the doctor has indicated that they will not lower their rate, work is ongoing to source replacements although it is noted that Medacs are struggling to source doctors willing to work below capped rates in these posts. In terms of the number of shifts booked above the price cap there has been a noticeable reduction, with 197 shifts reported for the week commencing 23rd November 2015 against a total of 54 for the week commencing 4th January 2016. For nursing we have seen a similar positive picture, led by the agreement of DRC to bring its charge rates in line with the agency cap from 1st December 2015. The use of Pulse, the other major supplier of non-framework nurses, has also decreased largely due to critical care reaching establishment. There are also ongoing discussions regarding internal bench rates in specialist areas such as the community and the emergency department which if successful will provide a lever to eliminate the use of agency within these areas. The bench fill rates have also improved and it is anticipated that this will continue.

AHPs continue to cause concern with the number of shifts reported to Monitor averaging 67, however a review of recruitment activity suggests that this will fall sharply with 14.4 positions currently under offer and a further 23.3 subject to recruitment activity. If recruitment is successful for these posts it would close the gap between establishment and staff in post significantly. Medacs have highlighted that there are several Trusts in the North West that are not adhering to the cap for AHPs and this is having an impact on the supply of agency staff within the capped rates.

Sickness – Limited Assurance

Sickness levels increased in the month of December to 4.60% from 4.43% in November. Increasing levels were attributed to short term episodes of sickness and symptoms of cold/flu and diarrhoea and vomiting were prevalent during the month. Divisions have sickness audits planned for early in Q4 to audit on compliance against policy and instigate corrective action where necessary.

Medical Appraisal Rates – Significant Assurance

The overall medical appraisal rate remains at 91% at the end of December 2015, which breaks down into 91% for consultant colleagues and 92% for all other groups of doctors.

Mandatory Training – Limited Assurance

Mandatory training has increased slightly in December by 1% to 86%. Most subjects are either unchanged or fluctuate by 1% reflecting the timing of renewals. Blood Administration has increased by 4% following the actions taken over the last few months by L&D and the Subject Matter Expert.

Induction – Limited Assurance

Corporate Induction has improved to 98% from 95% last month. Actions are being taken to return compliance to 100%. Local induction has fallen by 2% to 77%. L&D will target all staff during January that haven't returned their completion statements and escalate to Divisional leads to improve this performance.

IIP Gold Status

The Trust has retained its Investors in People Gold award following an assessment undertaken in December 2015. This was a follow up to the previous assessment completed in January 2015 where insufficient evidence was found to maintain the standard. The assessor is very impressed with the work that has been undertaken to demonstrate many of the characteristics associated with high performing workplaces and world class people management. The process involved reviewing our action plan and evidence, meeting with various staff focus groups and interviews with senior managers including a presentation on the Trust engagement strategy. An action plan to address any areas we need to focus on going forward will be developed.

Flu Vaccination

The Trust has achieved 76% of frontline staff vaccinations against flu which is great news and exceeds the national target of 75%. This is as at 18th January. Work is continuing to raise awareness that the flu season is not over and staff can still have their flu jab to protect themselves, their families and our patients. 68% of all staff, inclusive of frontline staff (those with direct patient contact) have received the flu vaccination.

The Strategic Workforce Committee met on 21st January and a verbal report will be given at the meeting.

6. Audit

The Audit Committee met on 19th January and a verbal report will be given at the meeting.

7. Finance

Income and Expenditure

The Trust incurred a deficit of £0.8m in December which is £0.5m worse than the Annual Plan submitted to Monitor but in line with the Trust reforecast submitted to the Finance Committee and the Board of Directors. The year to date deficit of £11.1m is £2.8m worse than the Annual Plan and £0.1m worse than the Trust reforecast.

- Income is £0.6m worse than plan in the month. The main drivers of the December income are as follows: -
 - A&E income is better than plan by £0.1m;
 - Day case and elective activity is £0.4m worse than plan in the month across a number of specialties in the Scheduled Care, Families and Unscheduled Care Divisions. Cardiac elective work is £0.2m worse than plan as a result of an increase in Cardiology non-elective admissions. The reclassification of Dermatology activity from daycase to outpatient procedure has had an impact of £0.1m;
 - Non-elective activity is £0.2m worse than plan in the month predominantly in the Unscheduled Care division and partially offset by an overperformance in Cardiac Specialties where elective activity has seen a downturn. Non-elective activity did increase in December but much lower than the plan estimated. The plan predicted an increase on the previous monthly average of 8% whereas only a 1% increase on the average activity has been seen. Year to date, non-elective activity continues to be above plan and we forecast the activity will continue to be above plan in the final quarter of the year;
 - Outpatient activity is £0.4m better than plan in the month across a number of surgical and non-surgical specialties, including an increase in outpatient procedures linked to the reclassification of Dermatology activity (£0.1m), and an increase in Cardiology and Urology outpatient procedures (£0.1m);
 - Income from Rehabilitation beds is £0.1m worse than plan in the month;
 - Community block and cost and volume income is £0.2m better than plan in month;
 - PbR excluded drug income is £0.3m better than plan (see worse than forecast drug expenditure below);
 - PbR excluded device income is £0.3m better than plan (see worse than forecast clinical supplies expenditure below);
 - Private patient income is £0.1m worse than plan in month;
 - Other clinical income is £0.7m worse than plan. This is predominantly driven by Adult Critical Care (£0.1m), Community Paediatrics (see below £0.1m), and unmet CIP (£0.3m);
 - Pathology request income was £0.1m better than plan
- Pay expenditure is £0.5m worse than the plan in the month. Substantive pay expenditure is £0.2m worse than plan in the month. Agency pay expenditure is £0.3m worse than plan in the month.
- The main drivers of the December pay variances are as follows: -
 - Activity related issues account for £0.3m of the worse than planned pay expenditure;
 - Cost pressures account for £0.2m of the worse than planned pay expenditure.
- Drug expenditure is £0.6m worse than the plan in December driven in part by higher than planned PbR excluded drugs - £0.3m.
- Clinical Supplies is £0.7m worse than the plan in December driven partially by PbR excluded devices.
- Other Non-pay expenditure is £0.7m better than the plan in December.

Mitigations applied in December totalled £0.8m and included the release of unused accruals (£0.35m) which was planned and the capitalisation of IT equipment previously coded to revenue (£0.45m).

Reforecast / Trust Recovery Plan:

The Trust Reforecast and Recovery Plan was presented to the Finance Committee on the 20th October 2015. The deficit of £0.8m in December is in line with the Trust reforecast submitted to the Finance Committee. The year to date income and expenditure position is £0.1m worse than the Trust reforecast submitted to the Finance Committee. The mitigations described above have been included in the December position.

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

- Income is £1.4m worse than the forecast;
- Pay is £0.5m better than the forecast;
- Non-pay is £0.8m better than the forecast;
- Non-operating expenditure is in line with the forecast.

Cash

The cash balance at the end of December is £5.8m lower than the plan, and £4.7m lower than the forecast.

CIP Performance

The Trust has delivered £1.9m CIP in December against a plan of £2.3m. The worse than planned delivery in month predominantly relates to lower than planned delivery against the Workforce, Flexibilities, Diagnostics, Private Patients, Management Restructure, Outpatients, Extensivist, Pre-operative Assessment and Estates Rationalisation Themes.

Contractual Performance

Performance against the agreed contract value for Blackpool CCG is £1.4m above plan and for Fylde & Wyre CCG performance is £0.5m above plan. Specialist Commissioned activity is £1.6m above the agreed contract value. Non-elective activity, and excluded drugs and devices are the main drivers of overperformance against the contracts.

Financial Sustainability Risk Rating (FSRR)

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

Capital Expenditure

A review of all approved capital schemes has been undertaken as part of the month 5 reforecast resulting in a reduction to the 2015-16 capital programme of £2.0m. Capital expenditure to December is £0.9m worse than the forecast.

Financial Assurance

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

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

Financial Resilience – Limited Assurance based on financial performance being currently worse than the Trust's 2015-16 Financial Plan. Also, the forecast position following agreement of the recovery plan was for a year end deficit of over £14m.

Financial Sustainability – Limited Assurance based on the view that the existing strategy is not sufficient to ensure financial sustainability at 3 and 5 years.

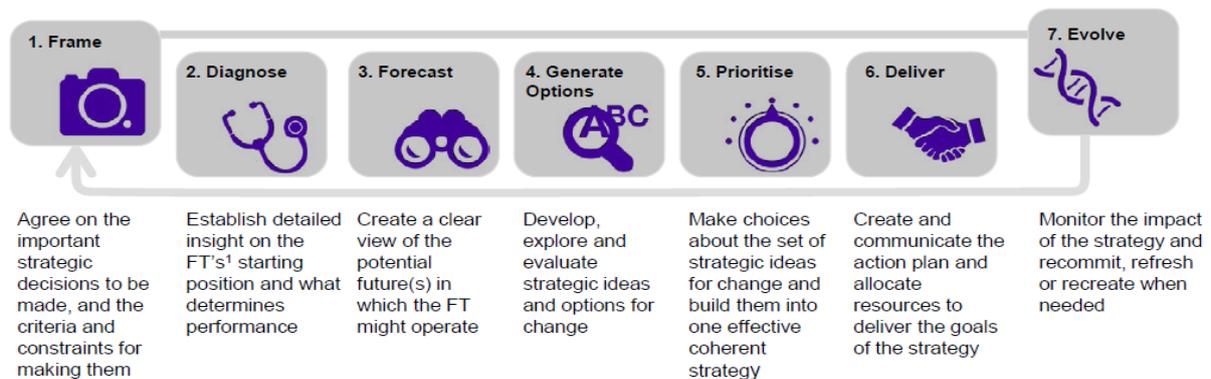
The Finance Committee met on 20th January and a verbal report will be given at the meeting.

8. Strategy / Risk / Legal / Corporate Assurance

8.1 Strategy

Strategic Review

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



The Trust has completed its strategic review, identifying the challenges facing the Trust from a national, regional / local and internal perspective; identifying the key issues to be addressed across four domains (quality, operations, workforce and finance); and identifying the key areas that must see significant change if the Trust is to become clinically and financially sustainable.

The Trust has developed a strategy for the coming five years, describing a vision for the future of the Trust. The Trust's ambitions underpinning this vision are challenging, with aspirations to reach the highest levels of clinical quality, patient experience, operational performance, and staff satisfaction as well as delivering a healthy financial services risk rating.

Seven work programmes have been identified to ensure delivery of these ambitions, with some focused on changes that are predominantly within the gift of the Trust and others inextricably linked to partnership working across the local and regional health and social care economies.

Fylde Coast Strategy

In parallel with its own strategic review, the Trust has been working with wider stakeholders across the Fylde Coast to develop a shared vision and agreed work programmes that require partnership working to ensure effective delivery. These have been agreed via the Fylde Coast Commissioning Advisory Board (FCCAB), which has representatives from the two provider Trusts (Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire Care Foundation Trust), two Clinical Commissioning Groups (Blackpool CCG and Fylde and Wyre CCG), and two Local Authorities (Blackpool Council and Lancashire County Council).

These proposed work programmes, along with associated Senior Responsible Officers, Senior Responsible Clinicians and Programme Leads will be reviewed at the FCCAB on 21st January 2016. Once approved, detailed scoping work will commence to identify any schemes already underway that can be linked to these work programmes, along with any reallocation of existing resources that may be required in order to support successful delivery.

Strategic and Operational Planning

NHS England and Monitor, the regulator of Foundation Trusts, have issued a significant number of documents in recent weeks that provide guidance on the planning that Trusts must undertake in the coming months. Much of this guidance is related to delivery of the Five Year Forward View, with specific requirements on restoring financial balance; delivering core access and quality standards, and closing three identified gaps – health and wellbeing, care and quality, and finance and efficiency.

Each NHS organisation must produce an operational plan for 2016/17 and a 'Sustainability and Transformation Plan' (STP) covering the period 2016/17 to 2020/21. For the first time, the STP is required to be a 'place-based' plan, demonstrating shared ownership of challenges and integrated delivery of solutions across the local health economy.

In addition, the Department of Health and national bodies have made a number of announcements recently, and although many of these clarify existing policy intentions, they also set out more clearly the expectations of Trusts in implementing these intentions:

- A joint letter by Chief Executive-designate of NHS Improvement, Jim Mackey, and the Care Quality Commission's Chief Inspector of Hospitals, Professor Sir Mike Richards asks Trust boards to consider quality and finances on equal footing in their planning decisions. This highlights that in due course Monitor, together with CQC and NHS England, will be publishing revised National Quality Board staffing guidance and a new metric looking at care hours per patient day, as part of CQC's new assessment on the use of resources. We expect further details on this will be published in the coming months.
- Individual letters have been sent by NHS Improvement to Trusts highlighting their indicative share of the national £1.8bn sustainability fund. This funding will be dependent on several factors, such as an agreed financial recovery plan, achievement of national quality and access standards, and tangible progress towards achieving seven-day services.

- Trusts have been provided with preliminary recommendations from Lord Carter's review into operational productivity, which will be published in late January / early February 2016. In the letter sent from Lord Carter to the Secretary of State, he reemphasises that the NHS will be able to generate £5bn of efficiency savings by the end of the parliament, but only if NHS Trusts are support with various issues such as data reporting / benchmarking; addressing delayed transfers for care, which is leading to sub-optimal use of clinical resources; national support to help providers unlock the productivity improvements linked to redesigning clinical services; and substantial improvements in workforce productivity. Lord Carter notes that a 1% improvement in workforce productivity could represent around £400m in savings nationally.
- A letter from NHS Improvement outlining additional arrangements to tackle agency costs. It details several changes that will come into effect, including a plan to lower the agency price caps for medical and clinical staff; and a ban on using agency frameworks not approved by NHS Improvement being extended to all staff groups (not just nursing staff); and a requirement on providers to use e-rostering.
- Further initiatives around procurement, including a requirement on acute trusts to submit data on procurement spending to support the development of a 'procurement price index' for 100 products initially.

8.2 Risk

Board Assurance Framework (BAF) – for ratification

At the Risk Committee meeting on 18th January, the Committee reviewed the BAF and agreed that the risk scores remain unchanged. The BAF is included in the Reference Folder for discussion and ratification.

Corporate Risk Register (CRR) – for Information

The CRR was discussed at the Risk Committee meeting on 18th January and the Committee agreed to:-

Add 10 risks to the CRR, as follows:-

- New Risk – Data Breach – score 16.
- New Risk – Compliance with Medical Devices – score 15.
- New Risk – Medical Staffing in Specialist Medicine – score 16.
- New Risk – Stroke Standards Compliance – score 20.
- Escalated Risk – Provision of the Breast Care Service – increased to 15.
- Escalated Risk – Unreported Cases in Radiology – increased to 20.
- Escalated Risk – 18wk RTT - Diabetes – increased to 16.
- Escalated Risk – Research and Development Income (Deferred from November) – increased to 16.
- Escalated Risk - Elderly Care – Unscheduled Care (Deferred from November) – increased to 16.
- Escalated Risk – Escalation of Ward C (Deferred from November) – increased to 16.
- Escalated Risk (already on the CRR) – Management of Mental Health Patients in A&E – increased to 20.

Defer 1 risk pending review, as follows:-

- Gastroenterology Endoscopy Unit

Decline 2 risks, as follows:-

- Early Review – Diabetes – review again after discussions with the CCG.
- Vacancies – Ward 35 – reviewed in light of the staffing across the Trust wards.

Archiving 2 risks from the CRR as follows:-

- Cardiac Theatre Equipment - score 12 – controls are now in place.
- Phillips Ultrasound Equipment – score 4 – order placed.

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

8.3 Corporate Assurance

Procedure: Payment of Expenses to Governors (updated version) – for approval

The purpose of the procedure is to ensure the correct payment of expenses to Governors. Governors are not eligible to receive remuneration, however, they may claim reimbursement of any reasonable expenses incurred in the performance of their duties. The allowances are outlined in Appendix 1 of the procedure document.

Minor updates have been made as follows:-

- Claims forms are available from, and should be submitted to, the Membership & Governors Officer and claims must be made within three months.
- Expense claims relating to bus fares will only be accepted if the Governor is not eligible for a free bus pass which would negate the need for a bus fare expense claim. Should Governors wish to attend the Trust before 9.30 am (the trigger time for the use of bus passes) they will be eligible to claim the bus fare.
- A car parking permit will be issued to Governors to allow free parking on the BVH site.
- Expenses will be made by BACS transfer and therefore Governors will be required to provide their bank details.
- Authorisation for additional payments is at the discretion of the Chief Executive/Deputy Chief Executive.

The updated version of the procedure document is included in the Reference Folder for ratification.

Gary Doherty
Chief Executive

Board of Directors Meeting

27th January 2016

Subject:	Quarterly Monitoring Return (Quarter 3, 2015-16)
Report Prepared By:	Paul Cunday, Assistant Director of Finance Simone Anderton, Deputy Director of Nursing Jane Rowley, Head of Performance
Date of Report:	22 nd January 2016
Service Implications:	Achievement of operational standards Achievement of quality standards
Data Quality Implications:	None
Financial Implications:	Financial and performance implications if the Trust does not meet the Provider License requirements.
Legal Implications:	None
Links to the Principles of The NHS Constitution:	Links to the Principles 1-7
Links to the Trust Way Core Values:	Links to People-centred, Excellence.
Links to Key Organisational Objectives:	It is a requirement of the Trust's Provider license to submit Quarterly Monitoring Returns to Monitor.
Links to Care Quality Commission Quality and Safety Standards	This is linked to all CQC Standards.
In case of query, please contact:	Paul Cunday, paul.cunday@bfnh.nhs.uk x6846

Purpose of Report/Summary:

At the end of December 2015 the Trust is required to submit a return to Monitor, as the regulator of Foundation Trusts, for performance during Quarter 3 (1st October 2015 to 31st December 2015) of the financial year 2015-16. The report has the following key purposes:

- To set out the Trust's Monitor Governance Statement, Risk Assessment Framework indicative Governance Rating and supporting documentation as at the end of Quarter 3, in accordance with its License and the Monitor Risk Assessment Framework requirements 2015-16; and
- To provide information and assurance to the Board, its Committees, and Monitor, that the necessary actions are being implemented to address any issues or concerns raised.

Key Issues:

The year to date performance at the end of Quarter 3 is a deficit of £11.1m, which £2.8m worse than the plan submitted to Monitor. From the 1st August the Continuity of Services Risk Rating (CoSR) has been replaced by the Financial Sustainability Risk Rating (FSRR) as prescribed by Monitor in the Risk Assessment Framework which was updated in August. The Trust has delivered

a Financial Sustainability Risk Rating (FSRR) of 2.

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

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

In addition, the Board of Directors has reviewed the outlook for the Trust beyond 2015-16 and concluded that the existing strategy is not sufficient to ensure financial and clinical sustainability at 3 and 5 years.

Therefore, it is recommended that the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a Financial Sustainability Risk Rating (FSRR) of at least 3 over the next 12 months.

The Trust did not achieve the 4 Hour A&E standard for Quarter 3.

The Bowel Cancer Screening target will not be achieved for Quarter 3.

The Trust has had 43 cases of C.Diff in the first three quarters. The Trust currently has 24 agreed lapses in care cases of C.Diff at the end of quarter 3 with a further 19 cases agreed as no lapse in care.

Root cause analyses have taken place for all cases with lessons learned being discussed with the nurses and clinicians at team level whilst clarity of categorisation of lapse / non-lapse in care takes place with CCGs.

The Board of Directors is asked to:

- Approve the recommendation that a submission of “Not confirmed” is entered against the Board of Directors Governance statement in relation to the FSRR, as the Trust is not planning / forecasting to deliver a FSRR of a 3;
- Approve the recommendation that a declaration of “Not confirmed” that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the plan;
- Approve the recommendation that a submission of “Confirmed” is entered against the Board of Directors Governance statement in relation to the achievement of targets and indicators;
- Approve the recommendation that a submission of “achieved” is entered against compliance with the criteria that the Trust must meet in relation to Learning Disability Access;
- Provide delegated authority to the Chief Executive on behalf of the Trust regarding submission of the Quarterly Monitoring Return (Quarter 3, 2015-16) return to Monitor.

Risk Rating (Low/Medium/High):Medium
BAF/CRR Number: BAF 117

Board Review Date:
27th April 2016

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

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" 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 type="checkbox"/>	3 <input checked="" type="checkbox"/>
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Not sensitive: For immediate publication	Sensitive in part: Consider redaction prior to release.	Wholly sensitive: Consider applicable exemption
Reason for level of sensitivity selected:	FOI Exemption 22 - Information Intended for Future Publication by Monitor	

Board of Directors

27th January 2016

Quarterly Monitoring Return (Quarter 3, 2015-16)

At the end of December 2015, the Trust is required to submit a return to Monitor, as the regulator of Foundation Trusts, for performance during Quarter 3 (1st October 2015 to 31st December 2015) of the financial year 2015-16.

There are three elements to this submission – financial performance, performance against the governance standards set out in the Risk Assessment Framework, and the Board Governance Statement.

1. Financial Performance

The financial submission (and supporting commentary) consists of the three main financial statements for the period:-

- Income statement (formerly the income & expenditure statement);
- Cash flow statement;
- Statement of position (formerly the balance sheet).

Income and cash flow statements are included in the Integrated Performance Report (IPR) presented to the Finance Committee in January 2016.

The year to date performance at the end of Quarter 3 is a deficit of £11.1m, which is £2.8m worse than the plan submitted to Monitor. The Continuity of Services Risk Rating (CoSR) was replaced from 1st August by the Financial Sustainability Risk Rating (FSRR) as set out by Monitor in the Risk Assessment Framework. The Trust has delivered a Financial Sustainability Risk Rating (FSRR) of 2.

Capital expenditure is under plan to the end of December (by £0.9m); the underspend is predominantly due to slippage in the signing of contracts relating to the electronic information project. The Trust reviewed its capital forecast for 2015-16 and reduced this by £2m. However, mitigations included in the Q3 I&E position mean that capital expenditure is £0.8m higher than forecast.

The Finance Governance Statement requires the Board to confirm or otherwise that it will achieve a Financial Sustainability Risk Rating (FSRR) of at least 3 for the next 12 months. The Finance Committee and the Board of Directors have previously approved the Trust's Forward Financial Plan Return setting out the Financial Plan for 2015-16. This was submitted to Monitor on the 14th May 2015.

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

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

In addition, the Board of Directors has reviewed the outlook for the Trust beyond 2015-16 and concluded that the existing strategy is not sufficient to ensure financial and clinical sustainability at 3 and 5 years.

Therefore, it is recommended that the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a Financial Sustainability Risk Rating of at least 3 over the next 12 months (Appendix C).

In addition, based on the Trust currently reviewing the 2015-16 capital expenditure forecast it is recommended that the Board of Directors declares “Not confirmed” that the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the plan. (Appendix C).

2. Healthcare Targets and Indicators

Performance against all targets is reviewed in the Integrated Performance Report. The targets reviewed by Monitor are a subset of these, as set out in the Risk Assessment Framework (Appendix A).

The Trust has reported achievement of all healthcare targets and indicators, with the exception of:

a. Cancer – 62 Day Cancer Screening

The un-validated quarterly performance for the 62 day screening (target 90%) will not achieve the required standard, currently reporting at 70%.

The target (90%) was not achieved in October 85% or November 66.7%. The un-validated position for December is currently 93.3%, forecasting achievement in month but not for the quarter.

To achieve the standard based on the usual run rate the Trust can only tolerate half a breach per month. There have been 1.5 breaches in October and 2.5 breaches in November to date. Of the patients that did not achieve the standard the majority are legacy patients from Q2 and the remaining few a combination of patient choice or were clinically complex.

b. A&E Clinical Quality – Total Time in A&E under 4 hours

The Trust did not achieve the A&E 4 hour standard in December at 91.67% and the Quarter 3 position did not achieve at 91.28%.

- Attendances in A&E across the quarter have been above plan (October 13%, November 1%, December 3%)
- Non-Elective Admissions rose in October by 5% in Unscheduled Care, 4.8% in November and December admissions were on plan but saw an increase in levels of acuity.
- Ambulance services are reporting an increase in of 9% in activity for this period.

Please refer to A&E reference document (Appendix B).

c. C.Diff due to lapses in care

As at the end of quarter 3, the Trust has 24 agreed lapses in care cases of C.Diff.

	Apr -15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total YTD
	2	5	9	2	9	7	7	7	5	53
Agreed with CCG as a lapse in care	1	4	3	2	3	4	2	5	0	24
Agreed with CCG as no lapse in care	1	1	6	0	5	2	3	1	0	19
Under review					1	1	2	1	5	10

At the end of Q3 there have been 24 agreed lapses in care with 19 agreed no lapses in care. There are 10 RCA's under review. The Trust is planning not to exceed 40 lapses of care and has a robust review process in place with commissioners.

The majority of lapses in care are due to inappropriate antibiotic prescribing, the Antimicrobial Stewardship Committee led by the Infection Control Doctor has been formed to address issues of prescribing. The commencement of the fourth microbiologist in November 2015 will support the ongoing work across the organization to reduce prevalence. Ongoing work includes; continuing root cause analysis of all cases with follow up on themes regarding anti-microbial management with clinical teams, a presentation to Clinical Policy Forum on the findings from the root cause analysis, proactive environmental cleaning, facilitation of range of infection prevention audits, provision of e-learning programme and continued work on bowel management programme.

d. Care Quality Commission

This section remains the same as for previous quarters until the CQC September re inspection final report is released. The draft report has been received (24/12/2015) and comments on factual accuracy have been provided to the CQC (14/01/16).

Following the CQC inspection in 2013-14, the published reports highlighted a number of areas that the Trust must address in relation to the safety of care provision, these have all been actioned and evidenced as complete as part of the September re inspection. It is proposed that until the final report from the 2015 re inspection is published that the Trust submits the following responses for Quarter 3 (no change from the submission as at the end of last year's Quarter 2):

Area	Actual Q1	RAG
Risk of, or actual, failure to deliver Commissioner Requested Services	No	•
CQC compliance action outstanding (as at time of submission)	Yes	•
CQC enforcement action within last 12 months (as at time of submission)	No	•
CQC enforcement action (including notices) currently in effect (as at time of submission)	No	•
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	Yes	•
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	Yes	•
Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	•

The three sections where the Trust declared a Red rating at the end of quarter 2 were in relation to the CQC inspection in 2013-14. The overall rating for the Trust was at that time "requires improvement" (considered to be a moderate CQC concern) and the rating for maternity and family planning was "inadequate" (considered to be a major CQC concern). Following the re inspection of maternity services in September 2015 the draft report has given maternity services a rating of 'good', A&E Department a rating of 'requires improvement' and no change to the overall Trust rating of 'requires improvement'. The Trust was issued with a number of compliance actions on the 2013 – 2014 inspection, which will be noted as closed once the final report from the 2015 re inspection has been received in Trust.

e. Learning Disability Access

Following the publication of the Guidance on Completing Monitor's Q3 Reporting Template, the Trust now has to declare whether it complies with requirements regarding access to healthcare for people with a learning disability. There are six criteria that the Trust must meet based on recommendations set out in Healthcare for all (DH, 2008). The questions posed are:

- i. Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

The Trust has a mechanism to identify and flag patients with Learning Disabilities. The pathway that this then identifies is being embedded through the support of local learning

disabilities services and has been incorporated into the revised version of the Trusts Guidelines.

- ii. Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria:
 - a. treatment options;
 - b. complaints procedures; and
 - c. appointments?

Trust guidelines will continue to trigger the use of leaflets and information provided to patients / carers and staff via the Easy Health website with the development of some Trust specific leaflets developed with stakeholder involvement. Bedside folder information is currently being developed in easy read format.

- iii. Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

Current protocols provide specific signposting to the Trust Learning Disability Link Nurse and will continue to be supported through the Trusts clinical link nurse system. Guidelines for the Care of People with Learning Disabilities when Accessing Trust Services have been recently reviewed and ratified.

- iv. Does the NHS foundation trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?

Relaunch of training for Trust link nurses has commenced and e learning package for all staff has been updated and transferred into Trust e learning format.

- v. Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

The Trust works with Empowerment to access self-advocate input.

- vi. Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

The Trust receives Learning and Disability feedback from concerns and complaints that are raised. The Trust uses the NHS England Friends and Family test form which is transferred into an easy use format for people with Learning Disabilities. The Trust also uses patient stories to highlight the difficulties patients with Learning Disabilities have.

3. Board of Directors Governance Statement

The Board of Directors will be required to confirm / not confirm its agreement with the following three statements:

- a. The Board anticipates that the Trust will continue to maintain a Financial Sustainability Risk Rating (FSRR) of at least 3 over the next 12 months

The Finance Committee recommends a submission of “Not confirmed” to the Board of Directors, as the Trust is not planning / forecasting to deliver a FRRR of a 3. (Appendix C).

- b. The Trust must declare whether the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the plan.

The Finance Committee recommends a declaration of “Not confirmed” that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the plan. (Appendix C).

- c. The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.

The Finance Committee recommends a submission of “Confirmed”. (Appendix C).

4. Recommendations

The Board of Directors is asked to:

- Note the content of the report;
- Note the discussions that have been held at the Finance Committee;
- Approve the recommendation that a submission of “Not confirmed” is entered against the Board of Directors Governance statement in relation to the FSRR, as the Trust is not planning / forecasting to deliver a FSRR of a 3.
- Approve the recommendation that a declaration of “Not confirmed” that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the plan.
- Approve the recommendation that a submission of “Confirmed” is entered against the Board of Directors Governance statement in relation to the achievement of targets and indicators.
- Approve the recommendation that a submission of “achieved” is entered against compliance with the criteria that the Trust must meet in relation to Learning Disability Access.
- Provide delegated authority to the Chief Executive on behalf of the Trust regarding submission of the Quarterly Monitoring Return (Quarter 3, 2015-16) return to Monitor.

Tim Bennett
Director of Finance and Performance

Marie Thompson
Director of Nursing and Quality

Pat Oliver
Director of Operations

Wendy Swift
Director of Strategy / Deputy Chief Executive

Appendix A – Targets and Indicators

Declaration of risks against healthcare targets and indicators for 2015/16 by Blackpool Teaching Hospitals NHS Foundation Trust

			Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 2			Quarter 3				
					Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
<p><i>Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A</i> <i>NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.</i></p>														
Key:														
must complete														
may need to complete														
Target or Indicator (per Risk Assessment Framework)														
Referral to treatment time, 18 weeks in aggregate, admitted patients	%	i	90%	N/A	No	N/A	0.0%			N/A	0.0%			N/A
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	%	i	95%	N/A	No	N/A	0.0%			N/A	0.0%			N/A
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	%	i	92%	1.0	No	0	95.1%	Achieved		0	95.1%	Achieved		0
A&E Clinical Quality - Total Time in A&E under 4 hours	%	i	95%	1.0	No	0	96.4%	Achieved		0	91.3%	Not met		1
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	%	i	85%	1.0	No	0	88.3%	Achieved			87.3%	Achieved		1
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	%	i	90%	1.0	No	0	90.8%	Achieved		0	82.0%	Not met		
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	%	i					87.1%				87.2%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	%	i					0.0%				0.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	%	i	94%	1.0	No	0	100.0%	Achieved			100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - drug treatments	%	i	98%	1.0	No	0	100.0%	Achieved			100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	%	i	94%	1.0	No	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	%	i	96%	1.0	No	0	99.6%	Achieved		0	99.8%	Achieved		0
Cancer 2 week (all cancers)	%	i	93%	1.0	No	0	95.8%	Achieved			94.6%	Achieved		0
Cancer 2 week (breast symptoms)	%	i	93%	1.0	No	0	90.4%	Not met	Please see additional comments	1	95.9%	Achieved		0
Care Programme Approach (CPA) follow up within 7 days of discharge	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Care Programme Approach (CPA) formal review within 12 months	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Admissions had access to crisis resolution / home treatment teams	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams OLD measure - use until Q1 2016/17	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	%	i	75%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	%	i	75%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 19 Minute Transportation Time	%	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
C.Diff due to lapses in care (YTD)	#	i	27	1.0	No	0	9	Achieved	Please see additional comments	0	24	Achieved		0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	#	i					34				53			
C.Diff cases under review	#	i					14				19			

Declaration of risks against healthcare targets and indicators for 2015/16 by Blackpool Teaching Hospitals NHS Foundation Trust

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A
 NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:

- must complete
- may need to complete

			Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 2			Quarter 3				
					Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
Target or Indicator (per Risk Assessment Framework)														
Minimising MH delayed transfers of care	%	i	<=7.5%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (scored from Q4 2015/16)	%	i	50%				0.0%	Not relevant			0.0%	Not relevant		
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (scored from Q3 2015/16)	%	i	75%				12.0%	Not met			0.0%	Not met		
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (scored from Q3 2015/16)	%	i	95%				60.0%	Not met			0.0%	Not met		
Data completeness, MH: identifiers	%	i	97%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Data completeness, MH: outcomes	%	i	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Compliance with requirements regarding access to healthcare for people with a learning disability	%	i	N/A	1.0	No	0	N/A	Achieved		0	N/A	Achieved		0
Community care - referral to treatment information completeness	%	i	50%	1.0	No	0	100.0%	Achieved			100.0%	Achieved		0
Community care - referral information completeness	%	i	50%	1.0	No	0	75.7%	Achieved			77.2%	Achieved		0
Community care - activity information completeness	%	i	50%	1.0	No		89.8%	Achieved		0	89.1%	Achieved		
Risk of, or actual, failure to deliver Commissioner Requested Services	#		N/A		No			No				No		
Date of last CQC inspection	#	i	N/A		N/A									
CQC compliance action outstanding (as at time of submission)	#		N/A		Yes			Yes				Yes		
CQC enforcement action within last 12 months (as at time of submission)	#		N/A		No			No				No		
CQC enforcement action (including notices) currently in effect (as at time of submission)	#		N/A		No			No				No		
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	#	i	N/A		Yes			Yes				Yes		
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	#	i	N/A		Yes			Yes				Yes		
Overall rating from CQC inspection (as at time of submission)	#	i	N/A		N/A			Requires improvement				Requires improvement		
CQC recommendation to place trust into Special Measures (as at time of submission)	#		N/A		N/A			No				No		
Trust unable to declare ongoing compliance with minimum standards of CQC registration	#		N/A		No			No				No		
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	#		N/A		N/A			N/A				N/A		
Results left to complete:	0	i						0				0		
Checks Count:	0	i												
Checks left to clear:	0	i										OK		
Service Performance Score		i				0				1				2

Appendix B - Reference Document - A&E 4 hour standard

The Trust did not achieve the A&E 4 hour standard in December at 91.67% and the Quarter 3 position did not achieve at 91.28%.

- **Attendances**

Attendances in A&E across the quarter have been above plan (October 13%, November 1%, December 3%).

Quality indicators, such as time to initial assessment and time to treatment decision are continuously monitored and whilst showing slight increases have remained consistent. (triage <16 minutes and time to doctor <70 minutes median).

- **Admissions**

Non-Elective Admissions rose in October by 5% in UCD, 4.8% in November and December admissions were on plan but saw an increase in levels of acuity.

Across Quarter 3, there has been at least one day per week, where the Trust has seen significant increase in admitted patients. In comparison to a normal conversion ratio this has been up to 20 patients over the plan on these individual days.

- **Ambulances**

NWAS are reporting an increase in activity for this period of 9% (October data).

In addition the spikes in ambulance activity have contributed to the compromised performance across the standard. Delivery of the ambulance turnaround and time to triage remains consistently high.

- **Staffing**

There have been Primary Care staffing issues and Out of Hours staffing limitations throughout the winter period.

The agency capping threshold has had an impact on the ability of the ED to flex its workforce to respond to surges in demand.

Actions being taken

- The Winter plan agreed through SRG has been enacted;
- The "Perfect Fortnight" ran from the 28/12/15 to 13/01/16 (to incorporate strike);
- There has been a full review of patient acuity in A&E which has shown a 47% increase in the number of patients who required care in a resuscitation area on arrival;
- A full workforce review within the ED department has been undertaken and the resulting business case is being presented to the Executive team in January;
- An Audit is being carried out weekly with a sample of all GP attendances, to understand if alternatives to A&E were available;
- The Trust is involved in the national ambulatory care working Group;
- Exploring opportunities to create an emergency village;
- A full Quarter 3 debrief incorporating the SRG is planned for January 2016.

The forecasted position for Q4 remains challenging.

The year to date position is slightly under the 95% target, currently reporting 94.73%.

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A The 2015/16 Financial Plan submitted to Monitor includes the following: -

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

In addition, the Board of Directors has reviewed the outlook for the Trust beyond 2015/16 and concluded that the existing strategy is not sufficient to ensure financial and clinical sustainability at 3 and 5 years. The Board has commissioned a major strategy refresh to take place during the summer of 2015.

Therefore, the Board of Directors approves the Governance Statement which states that the Trust will not continue to maintain a Financial Sustainability Risk Rating (ERRR) of at least 3 over the next 12 months.

B

C

Board of Directors Meeting

Wednesday 27th January 2016

Subject:	NHS Preparedness for a Major Incident
Report Prepared By:	Marie Thompson, Director of Nursing and Quality
Date of Report:	Monday 18 th January 2016
Service Implications:	Business continuity of Trust functions.
Data Quality Implications:	N/A
Financial Implications:	Potential financial implications in the event of a major incident.
Legal Implications:	Potential legal implications if the Trust did not respond appropriately to a major incident.
Links to the Principles of The NHS Constitution:	Links to principles 3, 5 and 7.
Links to the Trust Way Core Values:	Excellence, positive, people centred and compassionate.
Links to Key Organisational Objectives:	Patient and staff safety
Links to Care Quality Commission Quality and Safety Standards	Regulation 12 and 17.
In case of query, please contact:	Marie Thompson, Director of Nursing and Quality

Purpose of Report/Summary:

To provide a statement of readiness in response to Dame Barbara Hakin's (National Director: Commissioning Operations NHS England) letter of 9th December 2015 regarding NHS Preparedness for a major incident.

Key Issues:

The threat assessment to the UK remains SEVERE (meaning an attack is highly likely).

The Board is asked to:

To note and approve the Trust state of readiness and to agree that this response is provided to NHS England and Blackpool / F & W CCG.

Risk Rating (Low/Medium/High): N/A BAF/CRR Number:		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 type="checkbox"/> For Information	2 <input type="checkbox"/> For Discussion	3 <input checked="" type="checkbox"/> 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"/> Not sensitive: For immediate publication	2 <input checked="" type="checkbox"/> Sensitive in part: Consider redaction prior to release.	3 <input type="checkbox"/> Wholly sensitive: Consider applicable exemption
Reason for level of sensitivity selected:		

**Board of Directors Meeting
Wednesday 26th January 2016
NHS Preparedness for a Major Incident.**

1) Introduction

On the 9th December 2015, all Trusts received a letter from Dame Barbara Hakin, National Director: Commissioning Operations NHS England following the tragic events in Paris. The threat assessment to the UK remains SEVERE (meaning an attack is highly likely).

Whilst national work is being co-ordinated to review and learn from the incidents that occurred and to ensure that established Emergency Preparedness Resilience and Response (EPRR) procedures are robust, the letter requests additional assurance from Trusts regarding EPRR and that the response forms part of a statement of readiness at a public board meeting.

2) Assurance Areas

- **You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;**

Yes – the switchboard cascade list is up to date and a planned Major Incident Communications Cascade Test exercise took place on 14th January 2016. In the event of loss of the primary communication system, business continuity arrangements are in place and involve fail over data centres as well as non-single point of failure network systems.

- **You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;**

Yes – business continuity arrangements would involve flexible deployment of staff to nearest Trust base. The Lancashire Resilience Forum has developed 'Support to Receiving Hospitals' which sets out co-ordinating arrangements across Lancashire in response to activation of the major incident plan. In the event of any of the Lancashire hospitals activating the Major Incident Plan, contact would be made with Lancashire County Council to determine level of assistance and / or support available that could be provided from LCC / Unitary resources and contacts.

In December 2015 the Trust responded to the major incident flooding in North Lancashire. This provided an opportunity to learn and develop our response to impact on staff transport and maintaining safe patient care.

In the event of a major disruption to transport infrastructure, regional emergency resilience plans would be activated. As a category one responder the Trust would make it known at the Strategic Command and Tactical Command level if support from e.g. military was required to support staff transport to Trust sites.

The Trust has in place a Disruption to Road Fuel Plan (CORP/PLAN/004).

- **Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care;**

Yes - the Trust Pandemic Influenza Plan (CORP/STRAT/038 - Appendix 8) sets out the plan to significantly increase critical care capacity and capability and would be an appropriate plan for other major incident events. Service business continuity plans would be in-acted including review of elective activity, theatre and diagnostic/lab capacity.

- **You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.**

Yes – Blackpool Teaching Hospitals NHS Foundation Trust (BTH) is not a designated Major Trauma Centre. Our nearest Major Trauma Centre is in Preston (Lancashire Teaching Hospitals NHS Foundation Trust). In the event of a Major Incident involving blast and ballistic injuries, it is expected that the first responders at the incident scene will co-ordinate the triage of patients. At BTH we do have a Major Trauma Lead Consultant – Dr Jason Cupitt (Consultant Anaesthetist, Critical Care). A&E Consultant staff and Senior A&E Nursing staff have attended relevant trauma training. Rotas are planned to ensure that there is a Trauma trained nurse on shift at all times.

The Trust participated in the regional Emergo training exercise in June 2015, which was based on a mass casualty scenario. This was a good opportunity to test our local plans.

A mass casualty task and finish group chaired by NHS England (Greater Manchester and Lancashire) has been established to review existing local and strategic response plans to establish how these can be further developed in response to the learning from the recent tragic events in Paris.

3) Recommendations

To note and approve the Trust state of readiness and to agree that this response is provided to NHS England, Blackpool CCG and Fylde and Wyre CCG.

Marie Thompson
Director of Nursing & Quality



Publications Gateway Reference
No.04494

Dame Barbara Hakin
National Director: Commissioning
Operations
NHS England
Skipton House
80 London Road
London
SE1 6LH

E-mail: england.epr@nhs.net

To:
NHS Trust Chief Executives
NHS Trust Medical Directors
Accountable Emergency Officers

9 December 2015

Dear Colleague

RE: NHS preparedness for a major incident

In light of the recent tragic events in Paris, NHS England together with the Department of Health and other national agencies are reviewing and learning from the incidents that occurred and will ensure that this is then reflected fully in our established Emergency Preparedness Resilience and Response procedures. We have already undertaken significant work on the clinical implications and expect to communicate with you on this shortly. In the meantime, I am writing to request your support in continuing to ensure that the NHS remains in a position to respond appropriately to any threat.

It is important to be clear that the threat level remains unchanged since 29 August 2014. The threat assessment to the UK from international terrorism in the UK remains SEVERE. SEVERE means an attack is highly likely.

We appreciate that you will currently be in the process of undertaking the annual EPRR assurance process, in line with the recently refreshed NHS England Assurance Framework, available at: <https://www.england.nhs.uk/ourwork/epr/gf/>. In addition, it will be important that all trusts review the following immediately and that you are able to provide assurance that:

- You have reviewed and tested your cascade systems to ensure that they can activate support from all staff groups, including doctors in training posts, in a timely manner including in the event of a loss the primary communications system;
- You have arrangements in place to ensure that staff can still gain access to sites in circumstances where there may be disruption to the transport infrastructure, including public transport where appropriate, in an emergency;

High quality care for all, now and for future generations

- Plans are in place to significantly increase critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care; and
- You have given due consideration as to how the trust can gain specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries.

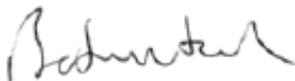
Ambulance trusts should also assure themselves that they:

- Ensure that the Marauding Terrorism and Firearms, Hazardous Area Response Team, Chemical, Biological, Radiological and Nuclear capacity and capability is declared live in Proclus and updated a minimum of every 12 hours.

Please could you ensure that your responses to the above form part of a statement of readiness at a public board meeting in the very near future as part of the normal assurance process.

Both my team and I appreciate your continuing support in ensuring that the NHS is in a position to respond to a range of threats and hazards at any time.

Yours faithfully



Dame Barbara Hakin
National Director: Commissioning Operations

Cc.

Prof. Sir Bruce Keogh – National Medical Director – NHS England
 Prof. Keith Willett – NHS England – Director for Acute Care
 Dr Bob Winter – NHS England – National Clinical Director EPRR
 Richard Barker – NHS England - North
 Paul Watson – NHS England – Midlands & East
 Anne Rainsberry – NHS England – London
 Andrew Ridley – NHS England – South
 Hugo Mascie-Taylor - Monitor
 Helen Buckingham – Monitor
 Dr K McLean – NHS Trust Development Authority
 Peter Blythin – NHS Trust Development Authority
 National on Call Duty Officers NHS England
 NHS England Heads of EPRR
 NHS England Medical Directors

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Board of Directors Meeting

27th January 2016

Subject:	Annual Report and Accounts Quality Report 2015/16
Report Prepared By:	Wendy Swift, Director of Strategy/Deputy Chief Executive Tim Bennett, Director of Finance & Performance
Date of Report:	21 st January 2016
Service Implications:	The Annual Report and Accounts sets out the Trust's business activities over the last year 1 st April 2015 – 31 st March 2016.
Data Quality Implications:	Data quality implications if the data is not an accurate reflection.
Financial Implications:	The Annual Report and Accounts details the Trust's business activities covering the period 1 st April 2015 – 31 st March 2015.
Legal Implications:	The production of the Annual Report and Accounts is a requirement of National Health Service Act 2006, paragraphs 24, 25 and 26 of Schedule 7
Links to the Principles of The NHS Constitution:	Links to the Principles 1-7
Links to the Trust Way Core Values:	Excellence – it is a requirement of the National Health Service Act 2006
Links to Key Organisational Objectives:	The Annual Report and Accounts sets out how the Trust has met its objectives over the last year 1 st April 2015 – 31 st March 2016.
Links to Care Quality Commission Quality and Safety Standards:	Links to all CQC outcomes
In case of query, please contact:	Tim Bennett, 01253 306770, tim.bennett@bfwh.nhs.uk Wendy Swift, 01253 956852, wendy.swift@bfwh.nhs.uk Matthew Burrow, 01253 9559990, matthew.burrow@bfwh.nhs.uk

Purpose of Paper/Summary:

The production of the Annual Report and Accounts is a requirement of National Health Service Act 2006, paragraphs 24, 25 and 26 of Schedule 7. The statutory requirements for the content, preparation and submission required to satisfy Parliament are set out in Monitor's NHS Foundation Trust Annual Reporting Manual (NHS FT ARM). The Trust's activities covering the period 1st April 2015 to 31st March 2016 will be set out within the Annual Report and Accounts.

Key Issues:

The Annual Report and Accounts sets out the Trust's business activities covering the period 1st April 2015 – 31st March 2016. As part of our submission the Board of Directors is required to clarify a number of statements confirming the content of the Annual Report and Accounts in order to satisfy Parliament.

Monitor has issued the deadlines for the production of the Annual Report and Accounts for the year ending 31st March 2016. The Corporate Assurance Team has developed a timetable which was presented to the Audit Committee on 19th January 2016.

The Board of Directors is asked to:

- Note the agreed timetable from the Audit Committee for the production of the Annual Report and Accounts.
- Approve the number of hard copies to be printed and CDC as the selected printing company recommended by the Audit Committee.

Annual Report and Accounts 2015/16
Board of Directors
27th January 2016

1. Introduction

The production of the Annual Report and Accounts is a requirement of the National Health Service Act 2006, paragraphs 24, 25 and 26 of Schedule 7. The statutory requirements for the content, preparation and submission required to satisfy Parliament are set out in Monitor's NHS Foundation Trust Annual Reporting Manual (NHS FT ARM). The Trust's activities covering the period 1st April 2015 to 31st March 2016 will be set out within the Annual Report and Accounts.

A draft template of the Annual Report and Accounts is available on [SharePoint](#); this document has been developed in line with the revised NHS FT ARM and our experiences over several years.

2. Timeframe

To ensure that the Trust is able to meet Monitor's submission deadlines for the Annual Report and Accounts the following timetable has been agreed by the Audit Committee:

Timetable to meet Monitor's submission deadlines for the Annual Report and Accounts	
Tuesday 19 th January 2016	Review of draft template Annual Report / Quality Report 2015/16 by Audit Committee and to agree the timelines (including Accounts).
Wednesday 27 th January 2016	Review of draft template Annual Report 2015/16 by Trust Board.
Wednesday 24 th February 2016	1 st review of draft Annual Report 2015/16 by Trust Board.
Wednesday 30 th March 2016	2 nd review of draft Annual Report 2015/16 by Trust Board.
Wednesday 30 th March 2016	1 st review of draft Annual Report Summary 2015/16 by Trust Board.
Friday 22 nd April 2016 (9am)	Presentation of draft accounts and FTCs to be uploaded to MARS portal/emailed to Monitor.
Tuesday 19 th April 2016	1 st review of draft Annual Report / Quality Report 2015/16 by the Audit Committee. (including Accounts)
Wednesday 27 th April 2016	3 rd review of draft Annual Report / Quality Report 2015/16 to Trust Board.
Wednesday 27 th April 2016	2 nd review of Annual Report Summary 2015/16 by Trust Board.
Wednesday 27 th April 2016	1 st review of draft Annual Report / Quality Report 2015/16 by the Council of Governors.
Thursday 5 th May 2016 (noon)	FTC resubmission for agreement of balances.
Wednesday 25 th May 2016	Final approval by the Audit Committee.
Wednesday 25 th May 2016	Final approval by the Board.
Wednesday 25 th May 2016	Review of final draft Annual Report and Accounts/ Quality Report by the Council of Governors.
Friday 27 th May 2016 (noon)	Audited Accounts and Audited FTCs, final text of the Annual Report

Friday 27 th May 2016 (5 pm)	<p>A copy of the Limited Assurance Report on the content of the Quality Report and the mandated performance indicators requiring a Limited Assurance Report.</p> <p>A copy of the Auditors' Private Report to the Governors on the outcome of the external work performed on the content of the Quality Report, the mandated indicators and any local indicators.</p>
In advance of 22 nd June 2016	Send Annual Report and Accounts to Parliamentary Clerk for approval before printing.
Friday 24 th June 2016	Full Annual Report and full statutory accounts (bound as one document) laid before Parliament.
June 2016 (tbc)	<p>Annual Quality Accounts to be published electronically on the NHS Choice website.</p> <p>Annual Quality Accounts to be sent to the Secretary of State.</p> <p>Following the publication of a Quality Accounts, there is a legal requirement under the Health Act 2009 to place a notice at the premises where your patients are receiving their health services, stating where your Quality Accounts can be obtained.</p>
Monday 11 th July 2016	<p>Send laid reports to Monitor.</p> <p>Full Annual Report and full Statutory Accounts (formatted as a single PDF).</p>
Wednesday 27 th July 2016	Reported to the Council of Governors.
End of September 2016 (tbc)	Reported to the Annual Members' and Public Meeting.

3. The Structure of the Annual Report and Accounts 2015/16

The structure of the Annual Report and Accounts for 2015/16 has been revised in order that it complies with the NHS FT ARM which has revised the layout and content of the document. The layout now focuses on performance; quality and finance and accountability of; directors, staff, remuneration and the necessary disclosures.

The new structure is:

Performance Report:-
• Overview of Performance
- History of the Trust
- Purpose and Activities of our Trust
- Trust Services
- Our Vision and Values
- Five Year Strategic Plan
- Risks and Uncertainties
- Going Concern
• Performance Analysis
- Trust Performance
- Financial Performance Review
o Income and Expenditure Performance
o Cash Flow and Balance Sheet
o Performance – Against Monitor’s Risk Assessment Framework
o Continuity of Services Risk Rating
o Governance Risk Rating
o Financial Performance – Against Monitor’s Risk Assessment Framework
o Governance Performance – Against Monitor’s Risk Assessment Framework
o Income Disclosures
o Financial Instruments
o Credit Risk
o Liquidity Risk
o Market Risk
o Cost Allocation and Charging
o External Contracts
o External Auditors
o Counter Fraud
- Quality Performance Review
o Learning from Patients
o NHS Friends and Family Test
o Patient Relations Contacts
o Compliments
o Complaints
o Parliamentary and Health Service Ombudsman
o National A&E Survey
o Never Events
- Environmental Performance
- Social, Community and Human Rights Performance
- Important Events affecting the Trust since 31 st March 20160
- Overseas Operations

Accountability Report
• Directors' Report
- Board of Directors
o Board Committees
o Board Composition and Profile
o Cost Allocation and Charging Guidance
o Better Payment Practice Code
o Income Disclosures
o Quality Governance Framework Disclosures
o Other Disclosures
o Statement as to Disclosures to Auditors
• Remuneration Report
- Annual Statement on Remuneration by the Chair of the Remuneration Committee
- Senior Managers' Remuneration Policy
o Future Policy Table
o Service Contracts Obligations
o Policy on Payment for Loss of Office
o Statement of Consideration of Employment Conditions elsewhere in the Foundation Trust
o Single Total Figure Table 2015/16
o Single total Figure Table 2014/15
- Annual Report on Remuneration
o Service Contracts
o Membership of the Remuneration Committee
o Disclosures under the Health and Social Care Act
o Executive Directors' Expenses
o Governor Expenses 2015/16
o Salary and Pension Entitlements of Senior Managers
o Fair Pay Multiple
• Staff Report
- Analysis of Staff Numbers
o Workforce Statistics
- Breakdown of Staff
- Sickness Absence
- Promoting Equality and Diversity
o Staff Communication on Matters of Concern and Performance
o Health and Safety Performance
- Staff Survey Results
o Actions to Address Areas of Concern
o Engaging with our Staff – Vision and Values Strategy for 2020
- Expenditure on Consultancy
- Off-Payroll Engagements
- Exit Packages
• Disclosures within NHS FT Code of Governance
o Disclosure of Public Interest
o Disclosures from the Audit Committee
- Regulatory Rating
- Sustainability Reporting
Quality Report
Statement of Director's Responsibilities in Respect of the Quality Account
External Auditor's Limited Assurance Report on the Contents of the Quality Report
Statement of the Chief Executive's Responsibilities as the Accounting Officer
Annual Governance Statement 2015/16
Independent Auditor's Report to the Council of Governors
Accounts for the period 1st April 2015 to 31st March 2016
Notice of the Trust's Annual Members' and Public Meeting

4. The Development of the Annual Report and Accounts Summary Report 2015/16

The timeline for the Annual Report and Accounts Summary Report is that a draft version will be produced from the draft Annual Report and Accounts 2015/16, based on 16 pages of A4 and will be presented with front cover suggestions at the Board of Directors meeting on Wednesday 30th March, subsequent revisions will be made and a second version submitted to the Board of Directors on Wednesday 27th April.

5. The Production of Annual Report and Accounts and Annual Summary Report 2015-16

In previous years, the Trust has produced a significant number of hard copies of the full Annual Report and Accounts and the Summary Report. Last year, the Trust decided to reduce the number of full Annual Report and Accounts to 40 (see below), supported by the Summary Report of which 500 were printed;

- Parliament (5 copies)
- Members of the Board of Directors (15 copies)
- For internal use / external requests (20 copies)

The Audit Committee is proposing that the same approach be taken in 2015/16.

The Trust has received competitive quotes from three suppliers based on the printing requirements of 40 full Annual Report and Accounts, and the Audit Committee is proposing that the Trust selects CDC, who submitted the cheapest quote, to print the full Annual Report and Accounts.

6. Recommendations

The Board of Directors is asked to:

- Note the agreed timetable from the Audit Committee for the production of the Annual Report and Accounts.
- Approve the number of copies to be printed and approve CDC as the selected printing company as recommended by the Audit Committee.

-
Wendy Swift

Director of Strategy/Deputy Chief Executive

Board of Directors Meeting

27th January 2016

Subject:	Well-led Framework Review
Report Prepared By:	Wendy Swift, Director of Strategy/Deputy Chief Executive Tim Bennett, Director of Finance & Performance Matthew Burrow, Head of Corporate Assurance
Date of Report:	21 st January 2016
Service Implications:	N/A
Data Quality Implications:	N/A
Financial Implications:	N/A
Legal Implications:	The Trust is required by Monitor's, Risk Assessment Framework and in line with the NHS Foundation Trust, Code of Governance to carry out an external review of governance every three years.
Links to the Principles of The NHS Constitution:	Links to the Principles 1-7
Links to the Trust Way Core Values:	Excellence – it is a requirement of Monitor's, Risk Assessment Framework and the NHS Foundation Trust, Code of Governance
Links to Key Organisational Objectives:	To be financially viable, managing services within available resources, allowing us to invest in our future
Links to Care Quality Commission Quality and Safety Standards:	Links to the Well-led Outcome
In case of query, please contact:	Wendy Swift, 01253 956852, wendy.swift@bfwh.nhs.uk Tim Bennett, 01253 306770, tim.bennett@bfwh.nhs.uk Matthew Burrow, 01253 9559990, matthew.burrow@bfwh.nhs.uk

Purpose of Paper/Summary:

The Trust is required by Monitor's Risk Assessment Framework and in line with the NHS Foundation Trust Code of Governance to carry out an external review of governance every three years. Monitor has developed the Well-led Framework for Governance Reviews: Guidance for NHS Foundation Trusts, which was revised in April 2015 to assist in complying with this requirement.

Key Issues:

The Audit Committee has agreed the proposal to engage Mersey Internal Audit Agency (MIAA) in partnership with Advancing Quality Alliance (AQuA) and the Internal Auditors, KPMG to deliver a hybrid Well-led Review subject to demonstration to the Board that the value for money test has been applied.

The Board of Directors is asked to:

- Approve the recommendation made by the Audit Committee to engage MIAA/AQuA as the external auditors for the Well-led Review, working alongside KPMG, subject to demonstration to the Board that the value for money test has been applied.
- Note the guidance requirement that the Trust Chair writes to Monitor within 60 days of the submission of the review to the Board of Directors, either:
 - Advising Monitor that the review has been completed and that there are no 'material governance concerns' or,
 - Advising of any material governance concerns that have arisen from the review and the action plan (including timings and priorities) responding to those concerns.

**Well-led Framework Review
Board of Directors
Wednesday 27th January 2016**

1. Introduction

The Trust is required by Monitor's Risk Assessment Framework and in line with the NHS Foundation Trust Code of Governance to carry out an external review of governance every three years. Monitor has developed the Well-led Framework for Governance Reviews: Guidance for NHS Foundation Trusts, which was revised in April 2015 to assist in complying with this requirement.

2. Trust Approach

The Audit Committee has agreed the proposal, subject to demonstration to the Board that the value for money test has been applied, to engage Mersey Internal Audit Agency (MIAA) in partnership with Advancing Quality Alliance (AQuA) and the Internal Auditors (KPMG) to deliver a hybrid Well-led Review. The reason for this approach is to ensure that the Trust gains the maximum potential learning from the review, that the staff clearly understand how the recommendations of the report have been determined and, in addition to these, the Trust has explored the four domains and ten questions (below) as part of the Internal Audit Plan with KPMG and working together with MIAA and AQuA will deliver the best value for money review.

The scope of the review will encompass in full the four domains and ten questions set out below.

Strategy and planning	Capability and culture	Process and structures	Measurement
Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver? Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?	Does the board have the skills and capability to lead the organisation? Does the board shape an open, transparent and quality-focused culture? Does the board support continuous learning and development across the organisation?	Are there clear roles and accountabilities in relation to board governance (including quality governance?) Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance? Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?	Is appropriate information on organisational and operational performance being analysed and challenged? Is the board assured of the robustness of information?

In addition, further deep dive work will be undertaken informed by the Trust's Self-Assessment and the outcomes of the previous Internal Audit work, including;

- Clinical engagement;
- Committee design, operation and embeddedness;
- Board Assurance Framework utilisation;
- Clinical Audit reporting;
- Performance management, accountability and holding to account;

- Whole Trust culture;
- Succession planning;
- Membership development and the effectiveness of governors
- Effective engagement in health economy wide activity.

3. Value for Money

The Audit Committee asked for the Board of Directors to be provided with the information on value for money. From information discussed between Company Secretaries, most externally delivered Well-led Reviews are in excess of £40,000 (excluding VAT). The Trust's hybrid approach will cost £20,000-24,000 (excluding VAT) in MIAA/AQuA fees and the KPMG time will be allocated from the Internal Audit Governance and Risk Management Core Review time in 2016/17.

4. Recommendations

The Board of Directors asked to:

- Approve the decision made by the Audit Committee to engage MIAA/AQuA as the external auditors for the Well-led Review, working alongside KPMG.
- Note the guidance requirement, that the Trust Chair write to Monitor within 60 days of the submission of the review to the Board of Directors, either:
 - Advising Monitor that the review has been completed and that there are no 'material governance concerns' or,
 - Advising of any material governance concerns that have arisen from the review and the action plan (including timings and priorities) responding to those concerns.

Wendy Swift
Director of Strategy/Deputy Chief Executive

Tim Bennett
Director of Finance & Performance

Board of Directors Meeting

27th January 2016

Subject:	Chief Executive's Update	
Report Prepared By:	Gary Doherty	
Date of Report:	20 th January 2016	
Service Implications:	For the Board to be updated on matters the Chief Executive has been involved in.	
Data Quality Implications:	None.	
Financial Implications:	QuIPP essential to sustainability.	
Legal Implications:	None.	
Links to the Principles of The NHS Constitution:	Links to the Principles of the NHS Constitution throughout.	
Links to the Trust Way Core Values:	To promote employee engagement as a means of transforming the culture and performance of the enlarged organisation. The report covers a number of items pertinent to the Trust Way.	
Links to Key Organisational Objectives:	Providing 'Best in NHS' Care for our patients.	
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes	
In case of query, please contact:	Gary Doherty, Chief Executive (ext 6853)	
<u>Purpose of Report/Summary</u> To provide the Board of Directors with an overview of activities since November 2015.		
<u>Key Issues:</u> None to highlight specifically.		
<u>The Board is asked to:</u> Review and note the contents of the report.		
Risk Rating (Low/Medium/High): Low BAF/CRR Number: N/A		Board Review Date: January 2016
Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).		
1 <input type="checkbox"/> For Information	2 <input checked="" type="checkbox"/> For Discussion	3 <input type="checkbox"/> For Approval
Document Status: the Author must indicate the level of sensitivity of the document (please indicate).This relates to		

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

Board of Directors Meeting

27th January 2016

Chief Executive's Update

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

- 30th November – Healthier Lancs Governance Development Workshop (Blackburn)
- 3rd December – Senior Collaborative Leadership Programme
- 4th December – Planning for 16/17 and Beyond (National even in Leeds for all CEOs/Chief Officers)
- 8th December – Fylde Coast Health and Social Economy planning event
- 8th December – BCT Summit Meeting in Manchester with Monitor and NHS England
- 11th December – Highfurlong School Christmas Concert
- 18th December – North West Coast Clinical Research Network Strategic Workshop (Haydock Racecourse)
- 14th January – Paul Maynard, MP
- 18th January – Visit to Garstang practice with CEOs from Morecambe Bay & Preston

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

- 3rd December – afternoon on ITU & HDU
- 10th December – met the ladies who knit Twiddle muffs for patients with dementia
- 11th December – Coffee and Cake with Linda Broadbent (Clifton Ward 1)
- 14th December – Formal Safety Walkabout (Clifton)
- 25th December – Christmas Day Walkabout
- 30th December – Morning with staff from the Acute Oncology team
- 15th January – Morning working in the kitchens
- 19th January – Formal Safety Walkabout – Ward 5
- 26th January – Obstetric Clinic
- 29th January – Ashton Road Clinic Lancaster

Gary Doherty
Chief Executive

Board of Directors Meeting

27th January 2016

Chairman's Update

Trust Activities

- On 1st December the Director of Strategy/Deputy Chief Executive and I met some of the interns from Project Search. As previously reported, the Trust has endorsed a really worthwhile programme to provide employment skills opportunities to young people with learning difficulties.
- I visited North Lancashire community premises on 21st December, namely Slyne Road and Ryelands, to speak to the staff and thank them for their hard work and commitment during the recent flooding in the area.
- On 12th January I met with Lynn Douglas, Consultant Colorectal Surgeon, who has been in post at the Trust since May 2015. I found it helpful to hear about her initial impressions of her new role and her views generally on the strategic direction of the Trust. I will be meeting with all newly appointed consultants on an individual basis after they have been in post for approximately six months.
- I chaired an Appointment Advisory Committee on 19th January for a Consultant in Diabetes and Endocrinology. Dr Lorena Vargas Arnez was appointed to the post (start date yet to be confirmed).

Governors and Membership Activities

- On 17th December I had an introductory meeting with Dr Debbie Kenny, Head of the School of Community Health and Midwifery at the University of Central Lancashire. The University has nominated Dr Kenny as an Appointed Governor on our Council of Governors (to replace Jean Taylor who retired in December 2015).
- I had my quarterly update meeting with Peter Askew, Lead Governor, on 11th January.
- I attended the Membership Committee Meeting on 11th January and the key items for discussion were the Age Limit for Membership/Voting, the role and involvement of the Blackpool Outreach Worker, the Governors DVD and Membership Seminars/Initiatives.
- I chaired the Nominations Committee Meeting on 4th January and agreed the process for the forthcoming Non-Executive Director recruitment.

External Activities

- On 26th November I had my quarterly meeting with Roy Fisher and Mary Dowling, Chair of Blackpool CCG and Fylde & Wyre CCG respectively.
- On 29th November the Chief Executive and I attended a Healthier Lancashire Governance Development Workshop.
- On 22nd December the Director of Strategy/Deputy Chief Executive and I attended a Lancashire Chairs & CEOs Meeting.

- On 6th January I, together with Trust representatives, met with representatives from Blackpool Council to discuss accommodation for student/foreign nurses.
- I attended the NHS Providers North West Chairs Meeting on 21st January and the agenda items included a briefing from the NHSP central office and a members round table discussion.
- I am pleased to report that the Trust has retained its Investor In People Gold Status following an external assessment. The assessor commended the Trust on the progress made since their last visit and the innovative approaches adopted in improving leadership development and embedding the values.

Future Meetings

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

- Meeting with Eileen Fairhurst and Kevin McGee, Chairman and Chief Executive at East Lancashire NHS Trust, about joint working – 26th January.
- Council of Governors Meeting – 27th January
- NHS Providers Improvement Conference – 11th February

Ian Johnson
Chairman

