Blackpool Teaching Hospitals
NHS Foundation Trust

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

22nd November 2017

Dear Board Members

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

The next meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 29th November 2017 at **9.30 am** in the Board Room, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

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

Yours sincerely

J A Oates (Miss)
Foundation Trust Secretary

A G E N D A

Agenda Item Number	Agenda Item	Duration	Purpose/ Expected Outcome
1	Chairman's Welcome and Introductions – Mr Johnson to report. (Verbal Report).	9.30 am (1 minute)	For Information
2	Declaration of Interests Concerning Agenda Items – Mr Johnson to report. (Verbal Report).	9.31 am (1 minute)	For Information
3	Apologies for Absence – Mr Johnson to report.	9.32 am (1 minute)	For Information
4	Minutes of the Previous Board of Directors' Meeting held in Public on 1st November 2017 – Mr Johnson to report. (Enclosed).	9.33 am (2 minutes)	For Approval
5	Matters Arising:- a) Action List from the Previous Board of Directors' Meeting held in Public on 1st November 2017 – Mr Johnson to report. (Enclosed). b) Action Tracking Document – Mr Johnson to report. (Enclosed).	9.35 am (5 minutes)	 For Discussion For Discussion
6	Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).	9.40 am (5 minutes)	For Discussion
7	Proud to Care DVD – Mrs Swift to report.	9.45 am (10 minutes)	For Discussion
8	<u>Executive Reports:-</u> a) Strategic Outline Business Case: Lancashire & South Cumbria Pathology Collaboration Project – Mr Bennett to report. (Enclosed). **Jean Wright (Project Director) and Gill Crankshaw (Project Manager) to attend for this item and give a presentation.** b) Chief Executive's Report – Mrs Swift to report. (Enclosed). c) Assurance Reporting (including reports from Quality Committee, Strategic Workforce Committee, Audit Committee and Finance Committee) – Executive Directors/ Committee Chairs to give a presentation. d) CQC Inspection Update – Mrs Thompson to report. (Verbal Report). e) Electronic Patient Record: Recruitment of Chief Clinical Information Officer – Professor O'Donnell to report. (Enclosed). f) Feedback from the ACS Steering Group and STP Workshop – Mrs Swift to report. (Verbal Report).	 9.55 am (30 minutes) 10.25 am (10 minutes) 10.35 am (45 minutes) 11.20 am (5 minutes) 11.25 am (5 minutes) 11.30 am (5 minutes)	 For Discussion/ For Approval For Discussion/ For Approval For Discussion/ For Approval For Discussion For Approval For Approval
9	<u>Chairman's Report:-</u> a) Chairman's Update. (Enclosed).	 11.35 am (5 minutes)	 For Information

	b) Confirmation of Chairman's Action. (Enclosed). c) Feedback from Clinical Commissioning Group Governing Body Meetings:- • Blackpool: 7th November 2017 – Mr Hearty to report. (Verbal Report). • Fylde & Wyre: 21st November 2017 – Mrs Whyham to report. (Verbal Report).	11.40 am (5 minutes) 11.50 am (5 minutes)	For Approval For Information
10	Key Themes for Team Brief – Mr Johnson to report. (Verbal Report).	11.55 am (5 minutes)	For Discussion
11	Trust Values / Examples of Value of the Month – Mr Johnson to report. (Verbal Report).	12 noon (5 minutes)	For Discussion
12	Attendance Monitoring – Mr Johnson to report. (Enclosed).	12.05 pm (1 minute)	For Information
13	Any other Business – Mr Johnson to report. (Verbal Report).	12.06 pm (1 minute)	For Discussion
14	Items Recommended for Decision or Discussion by Board Committees. (Verbal Report).	12.07 pm (1 minute)	For Discussion
15	Questions from the Public – Mr Johnson to report. (Verbal Report).	12.08 pm (10 minutes)	For Discussion
16	Date of Next Meeting – Mr Johnson to report. (Verbal Report).	12.18 pm (1 minute)	For Information
17	Resolution to Exclude Members of the Media and Public The Board of Directors to resolve "That representatives of the media and other members of the public be excluded from Part Two of the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" in accordance with Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960) and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997.	12.19 pm (1 minute)	For Approval
		Total Duration – 2 hours, 50 minutes	

Blackpool Teaching Hospitals
NHS Foundation Trust

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 1st November 2017 at 9.30 am
in the Board Room, Blackpool Victoria Hospital

Present: Mr Ian Johnson – Chairman

Non-Executive Directors

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

Executive Directors

Mrs Wendy Swift – Chief Executive
Professor Mark O'Donnell – Medical Director
Mrs Pat Oliver – Director of Operations
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance: Mr Keith Dickinson – Deputy Director of Finance
Dr Nick Harper – Deputy Medical Director
Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 4

Members of Public (observers) – 6

Members of Staff (observers) – 4

72/17 Chairman's Welcome and Introductions

The Chairman welcomed all attendees to the meeting and made reference to the following:-

- Ms Nicky Speakman, Inspector of Hospitals for the Lancashire Area Team, who was observing the meeting as part of the CQC inspection. The Chairman commented that he was looking forward to the inspection.

- Mr Keith Case, newly appointed Non-Executive Director (from 1st August 2017). It was noted that Mr Case would be reporting on his background at the Council of Governors meeting in the afternoon.

The Chairman advised that arrangements had been made for the meeting to be filmed because he was aware that Governors and members of the public could not always attend the meetings. It was noted that highlights would be uploaded to the intranet in order that those interested could view the proceedings. The Chairman stated that he would be interested in feedback on the filming.

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

It was noted that the room layout had been altered in order that observers could hear the proceedings more clearly and he reminded Board members about speaking loudly and clearly. The Chairman stated that an update regarding improvements to the acoustics would be given at the Council of Governors meeting in the afternoon.

The Chairman advised that no questions had been received in advance of the meeting.

73/17 Declarations of Interests

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

Mr Hearty and Mrs Swift declared their interest as members of the Lancashire & South Cumbria STP Board. The Chairman commented that it was important to participate in the wider health economy and he was pleased that the Board was represented.

74/17 Apologies for Absence

An apology for absence was received from Mr Tim Bennett, Deputy Chief Executive/Director of Finance. The Chairman welcomed Mr Keith Dickinson, Deputy Director of Finance, who was deputising for Mr Bennett.

75/17 Minutes of the Previous Board of Directors Meeting Held in Public

RESOLVED: That the minutes of the previous Board of Directors Meeting held in public on 26th July 2017 be approved and signed by the Chairman.

76/17 Matters Arising:-

a) Action List from the Board of Directors Meeting held on 26th July 2017

The Chairman reported that there were 6 items on the action list, 5 of which had been achieved and 1 of which was not yet due for completion which related to quality initiatives around the "Getting It Right First Time" visits which were on-going. It was noted that feedback would be given once the visits had been completed.

b) Action Tracking Document

The Chairman reminded Board members that the action tracking document related to those items from previous meetings which had not yet been addressed and he highlighted three items which had not been completed within the date for delivery as follows:-

- Strategic Work Programme which related to the re-alignment of NEDs to the strategic workstreams - it was reported that the workstreams were under review and would be discussed at the Board Development session in December and feedback would be given at a future meeting.

- BFW Management Ltd which related to the Interim Chair and Interim Stakeholder Director appointments – it was reported that this issue would be addressed at the Shareholder Panel meeting in November 2017 and feedback would be given at a future Board meeting.

- Board Room Acoustics which related to the audio-microphone system in the Board Room – it was reported that the site visit scheduled for the previous day had been cancelled at short notice.

77/17 Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors

The Chairman provided Board members with the opportunity to report on any challenges/debates that had taken place outside formal Board meetings and feedback was provided as follows:-

- Mrs Whyham reported that she had recently attended a Patient Safety Walkabout to Ward 16 (Orthopaedics) with Professor O'Donnell and she highlighted that there were some very positive issues about this ward including a good staff group and atmosphere. Mrs Whyham stated that she had enquired about the high rate of staff absence on the ward and it transpired that, due to the fact that there was a shortage of nurses throughout the Trust, staff had to be transferred from wards with establishment to more demanding areas and that staff were aware that this was likely to happen. It was noted that, as a result of the walkabout, this issue was being reviewed.

The Chairman stated that it was important that the Board had visibility in the Trust.

- Mr Cullinan reported that since the last Board meeting, the Non-Executive Directors had discussed the operational requirements of the Trust and the fact that messages from the Centre diverted the Board's attention from strategic and transformation issues in the medium and long term. Mr Cullinan stated that this issue had been raised at the Strategic Workforce Committee meeting and discussion had taken place about how to deal with this whilst accepting that operational requirements would take priority on a day to day basis but recognising that the medium to long term issues needed to be considered. It was noted that Mr Cullinan had been invited to attend the Clinical Management Forum meeting on 2nd November 2017 to continue these discussions and would be able to provide feedback to a future Board meeting.

Mrs Thompson responded to Mrs Whyham's feedback about Ward 16 and stated that she was aware of the impact on staff when co-ordinating safe staffing across the 42 wards in the Trust. Mrs Thompson advised that the Trust continued to deal with the challenging recruitment issues and pointed out that there had been particular issues in August and September in terms of safe staffing. It was noted that, in order to ensure that governance was in place each day, a safe staffing meeting took place on a daily basis to review the arrangements on the 42 wards and that Ward Managers and Matrons had been asked to have regular conversations with staff in order that they understood the actions being taken.

78/17 Patient Story DVD

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

Professor O'Donnell reported that this month's patient story was positive and related to a patient who had suffered a stroke and had made a recovery but had experienced a major disability in terms of her speech and language whereby she could not express herself fluently or understand the words being spoken to her.

79/17 Executive Reports:-

a) Chief Executive's Report

Mrs Swift apologised for the late circulation of some reports and pointed out that this was due in part to the pace at which issues were progressing.

The Chief Executive reported on the following:-

- Board Assurance Framework
- Corporate Risk Register
- Well-Led Review
- NHSI Quarterly Review Meeting
- NHS England Fast Follower Proposal
- Lancashire & South Cumbria STP Board Non-Executive Director Membership

Board Assurance Framework

Mrs Swift updated the Board on the amendments to the Board Assurance Framework which included items raised by members of the Audit Committee when they reviewed the BAF in September. The main items raised were as follows:-

- That all actions to address the gaps be collated under "on-going" or "to start in the next 6 months".

- That the residual risk scores for BAF 6 and BAF 4 be reviewed by the relevant Board Committee.

Mrs Swift stated that the report contained the key action updates for each risk.

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

RESOLVED: That the Board Assurance Framework be approved.

Corporate Risk Register

Mrs Swift updated the Board of Directors on the Corporate Risk Register which has been challenged by the Audit Committee through "deep dive" reviews. Mrs Swift stated that 3 risks had been archived and 6 risks had been added, including risks around nursing and medical staffing.

Mr Finnigan stated that there appeared to be more risks being added to the register than being removed and therefore the document could become unmanageable.

Mrs Swift advised that a similar discussion had taken place with Mr Case and that a risk appetite session should be conducted to consider the Board's view of the acceptable levels of risk to be managed throughout the Trust.

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

RESOLVED: That the Corporate Risk Register be approved.

That a risk appetite session would be arranged for Board members.

Action Taken Following The Meeting
A risk appetite session has been arranged for 20th December 2017

Well-Led Review

Mrs Swift reminded Board members about the external Well-Led Review undertaken by Mersey Internal Audit Agency and Advancing Quality Alliance in 2016 and the subsequent action plan which had been produced and approved. It was noted that the action plan was a live document which was regularly updated and monitored by the Board.

Mrs Swift advised that the action plan and report indicated that 22 actions had been completed and 7 actions were on-going, however, since the documents had been circulated the action relating to pathways on quality had been addressed and therefore 23 actions had now been completed and 6 actions were on-going.

Board members were asked to recognise the progress being made in respect of the actions relating to the Well-Led Review.

NHSI Quarterly Review Meeting

Mrs Swift reported that the quarterly review meeting with NHSI had taken place on 5th October 2017, the notes of which had been circulated to Board members. It was noted that the meeting had been really positive and that NHSI recognised the current challenges in the Trust, in particular, the A & E pressures, the CQC inspection, the ACS work and the Use of Resources assessment.

NHS England Fast Follower Proposal

Mrs Swift advised the Board that the Trust had been nominated as a “fast follower” by Taunton and Somerset NHS FT in relation to digital IT and that an additional £2.5m would be available over 2½ years to support the implementation of EPR.

The Chairman stated that it was good to share experiences with other Trusts.

Professor O’Donnell pointed out that Mr Bloor was seeking to obtain increased funding of £5m for this initiative.

Lancashire & South Cumbria STP Board Non-Executive Director Membership

The Chief Executive congratulated Mr Hearty on his appointment to the Lancashire & South Cumbria STP Board.

Visits and Meetings

Mrs Swift referred to the visits and meetings she had attended during the past three months and she highlighted the forthcoming Christmas events.

The Chairman referred to the Moving to Good event which some Board members attended in Leeds on 25th October and he commented that the event was well-run and provided some very useful information and learning. Mrs Crowshaw stated that the speakers had experience of transformation and “getting it right” and she felt she had come away from the event with tangible ideas for implementation. Professor O’Donnell reported that representatives from other Trusts had commented that they were very pleasantly surprised by how clinically led our organisation was compared with their own organisations, in particular around talent management and succession planning, and that they would share this good practice with their own organisations.

Mr Hearty asked whether the Trust was planning to be a leader on any specific initiatives and Mrs Swift stated that there may be programmes which the Trust could lead on and Dr Harper commented that, as one of the pilots for ACS, the Trust was already a national leader for all to follow.

b) Assurance Reporting

The Chief Executive drew attention to the Strategic Performance Report which was a joint effort by members of the Board.

Mrs Swift provided an overview of the presentation as follows:-

- Quality and Safety – Reducing Delays/Improving Flow/ED Targets
- Care Quality Commission Assessment
- Moving to Good Programme
- Use of Resources – Well Led Assessment
- Accountable Care System
- Freedom to Speak Up – Quarterly Report

Freedom to Speak Up – Quarterly Report

Dr Harper advised the Board that work in relation to Freedom To Speak Up had been on-going since October 2016 and that the formal launch had taken place in September 2017.

Dr Harper outlined the significant work undertaken by Terri Vaselli, the Freedom To Speak Up Guardian, for example, training local champions, involvement in national and regional networks, submission of national data.

With regard to Quarter 2, Dr Harper reported that there had been 8 contacts, raising 10 concerns, all of which were in the process and being managed through the appropriate policy or procedure. Dr Harper pointed out that a good example of the work having been embedded within the Trust was the range of staff at all levels using the service.

Dr Harper made reference to his own experience as a whistle-blower and the fact that his story had been communicated nationally which demonstrated the importance of this issue on the national agenda.

Dr Harper also made reference to an award he had recently received (Learning From Speaking Up) which was in recognition of the team's work and the Trust should be proud of this achievement.

The Chairman thanked Dr Harper for his report and commented that those who had heard Dr Harper's whistle-blowing experience would be aware that it was a powerful story.

The Chairman also mentioned that Freedom To Speak Up had been reported to the Strategic Workforce Committee and that one issue raised by Ms Vaselli was the lack of privacy to have discussions and receive telephone calls. It was noted that this issue had been actioned and Ms Vaselli now had her own office.

Mr Hearty echoed Dr Harper's comments about Ms Vaselli's excellent work and he emphasised that it was important to focus on the positivity that the leads were advocating in the Trust which was due to Dr Harper and Ms Vaselli.

The Chairman commented that the Trust could be a leader on Freedom To Speak Up.

Professor O'Donnell congratulated Dr Harper on achieving the award, however, he expressed concern about the formalised process for raising concerns, pointing out that, during walkabouts, he proactively obtained staff views, however, this information was not captured, therefore staff were speaking up but the information was not being recorded. Dr Harper agreed with Professor O'Donnell that staff comments were not captured but he emphasised that it was about managing and improving the service.

Mrs Crowshaw suggested removing the "safe to speak" boxes, however, Dr Harper advised that this was another vehicle by which individuals could raise concerns anonymously and, although it may be more difficult to resolve the issue to complete satisfaction, it enabled the issues raised to be investigated. It was noted that this initiative was a pilot at present and, if successful, it would be implemented more widely across the organisation.

Quality

Strategic Ambitions – Mortality

Professor O'Donnell explained that SHMI (Standardised Hospital Mortality Index) was a measure of standardised mortality and that the Trust's SHMI had been a matter of concern for the Trust for a number of years.

Professor O'Donnell gave a detailed report on the overall trends and the corrective actions in place or planned. He also highlighted the key risks to achieving the target which were around the continuing pressures in terms of admissions and workforce.

Mr Roff highlighted the work undertaken by Dr Morris Gordon in relation to Sepsis, Stroke and Fractured Neck of Femur which had started to have an impact on the SHMI, however, evidence was needed that this could be sustained for up to 12 months.

Mr Finnigan asked whether the theme of infection was more plausible than other possible causes that had been considered. Professor O'Donnell advised that the idea that infection management was a common theme was definitely worthy of further exploration and that if there were benefits in terms of mortality reduction it would also result in a quality return and provide evidence that there had been improvements in the quality of care provided.

Mrs Whyham reported that, in an attempt to better understand mortality, she had recently attended an AQuA Masterclass on Mortality with Mr Case and she commented that she felt strongly about the impact of working with the community and asked whether the extensive care service would have any impact. Professor O'Donnell stated that he hoped this was the case but that, to date. there were not sufficient numbers to evidence this. Mrs Swift commented that consideration was being given to working with GPs to ensure joint working.

The Chairman confirmed that mortality would continue to be an item for discussion on the agenda.

Strategic Ambitions – Friends and Family Test

Mrs Thompson reported that the average satisfaction rate for the Friends and Family Test in Quarter 2 was 96.26% and that the Trust continued to focus on improving response rates across the domains.

Mrs Thompson highlighted the overall trends and the corrective actions in place or planned. She also highlighted the key risks to achieving the target rate which were in relation to communication of waiting times within the Out-Patient Department and the A & E Department and communication and information provided regarding discharge.

The Chairman asked about national benchmarking in respect of in-patient response rates and Mrs Thompson advised that this Trust was similar to other Trusts in Lancashire with a rate of around 30%.

Mr Finnigan commented that the target figure of 98% was high and he asked about the resources available to achieve this. Mrs Thompson pointed out that this was just one aspect of understanding our patient experience and that it was intended to triangulate patient experience feedback. Reference was made to the work undertaken by "listeners" who interviewed those patients who had capacity.

Quality Committee Summary

Mrs Thompson reported on the highlights from the Quality Committee meeting which took place on 18th October 2017 as follows:-

- Annual Safe Staffing Review – a report would be submitted to the Finance Committee in November/December and to the Board in January regarding the 2018/19 budget in terms of further investment in nurse staffing.

- Quality Measures (Quarter 2) – discussion had taken place around all 6 quality domains.

- National Cancer Patient Experience Survey 2016 – it had been reported that there had been a 67% response rate.

Mr Cullinan referred to the national spotlight on A & E performance targets and asked whether there had been any impact on the quality of service and the overall staffing establishment. It was noted that Mrs Oliver would address this issue as part of her report later in the meeting.

- Fylde Coast End of Life Strategy 2016-2021 – the document had been approved.

- Emergency Preparedness, Resilience & Response Assurance 2017/18 – this item had been given significant assurance.

- Quality Development Plan for A & E and Mental Health Patients – an update on progress had been provided; it being noted that the plan had been implemented following the Keogh Review and CQC Inspection in 2014. Mrs Thompson reiterated the feedback given at the Quality Committee meeting that, although positive actions were being taken, the demand on A & E in terms of mental health patients was high.

- Dementia Strategy Year 1 – this item had been given significant assurance.

- Regulation 28 Letter (Care and Treatment) – a letter had been received from the Blackpool Coroner and Professor O'Donnell was leading the investigation and response.

- Coroner Letter of Concern (Access to Records) – a response was being provided to the Coroner.

- CQC Inspection 2017 – an update had been given at the meeting and a presentation would be given to the Board later in the meeting.

- CQC Letter Safety and Quality of Emergency Care – work was on-going in respect of a full capacity protocol to ensure safety and quality.

Mr Roff highlighted the following issues:-

- Annual Safe Staffing Review – a clear identification of assurance had been given, subject to being able to recruit to establishment and Mr Roff emphasised that this would need to be kept under review by the Board. It was noted that any further investment would need to be discussed by the Finance Committee.

- Dementia Strategy – the Quality Committee was monitoring the implementation of the Quality Strategy and Mr Roff commended the document to the Board.

- IT – an issue relating to data was being addressed, with the aim of reducing the workload in divisions.

The Chairman stated that the Committee continued to carry out good work, particularly in relation to monitoring the strategy.

Mr Hearty reminded the Board that Committee Chairs were asked to attend an Audit Committee meeting to provide feedback from their respective committees and he confirmed that Mr Roff had attended in September and had provided feedback on delivery of the Quality Strategy and also assurance around the BAF and CRR.

Workforce

Strategic Ambitions – Clinical Vacancy Rate

Ms Bate reported that the vacancy rate at the end of September 2017 was within target with a gap of 4.8% which equated to a variance of 229.05 whole time equivalent staff and she outlined the future focus and the correctives actions in place or planned. She also highlighted the key risks to achievement of the target which related to staff turnover and successful overseas recruitment.

Strategic Ambitions – Staff Satisfaction

Ms Bate outlined the future focus which included a review of the Engagement Strategy, updates to the Leadership Development Programmes, introduction of the LMSQ into the appraisal process, roll-out of the Bullying and Harassment action plan and a staff engagement link to the Friends & Family rating.

The Chairman commented that there was still significant work to be undertaken but he thanked Ms Bate for the work carried out to date.

Mr Cullinan agreed with the Chairman in terms of the progress made in recent months, however, he made reference to the national shortage of nurses and doctors and the need to focus on being creative in terms of recruitment and retention because of the difficulties experienced by the Trust due to its geographical location.

Mrs Whyham referred to the high number of vacancies and asked whether some posts were being recruited to and Ms Bate advised that the intention was not to use agency staff and therefore they were genuine vacancies, however, agency staff were used for some of the medical vacancies and this was being reviewed on an individual basis to check that they were needed and to ensure that plans were in place for permanent recruitment.

Mrs Crowshaw commented that it was becoming more and more difficult to recruit staff and she enquired about the plans in place for retaining our own staff. Ms Bate advised that the Retire and Return Programme was being reviewed with the aim of introducing more flexibility and also that it was intended to focus on the reasons for the high staff turnover.

Mrs Thompson mentioned that the whole workforce issue was being reviewed in terms of the care required by patients and the skills needed to provide this care and this could result in a reduction in the recruitment of registered nurses and an increase in the recruitment of non-registered nurses, i.e. a different workforce model.

Strategic Workforce Committee Summary

Ms Bate reported on the issues which had been discussed at the Strategic Workforce Committee meeting which took place on 26th October 2017 as follows:-

- Workforce Strategy Action Plan 2017/18 and the 3 Board priorities.
- Medical workforce issues and the focus on medical recruitment.
- Overseas Medic Recruitment Strategy for mid-grades.
- Locum supply chain and contract costs to deliver in year savings.
- Locum's Nest e-solution to build medical bank and deliver in-year savings.
- Social media and branding platform 'Work4' to deliver targeted candidate profiling and attraction.
- IELTS support in the North West and overseas to improve medic pass rates and streamline on-boarding.
- On-boarding and induction processes to the Trust and medical candidate engagement.
- Short listing criteria to improve ratios of applicant to shortlist.
- Risk scores.
- Reports in relation to Quarterly Guardian of Safe Working, Quarterly Freedom To Speak Up and Annual Local Education.

It was noted that the overall assurance was limited.

Mr Cullinan confirmed that progress against the overall action plan had been very good, however, the challenges remained and were becoming more difficult in some areas but he was confident that the focus was on the main challenges.

Reference was made to the items recommended by the Strategic Workforce Committee for approval by the Board of Directors as follows:-

- Quarterly Guardian of Safe Working.
- Quarterly Freedom to Speak Up.
- Annual Local Education.

Finance and Performance

Strategic Ambitions – Financial Position

Mr Dickinson reported that the information provided was based on the Use of Resources rating which at present was level 3 with a plan to achieve level 2 in 2019 subject to an improvement in the cash position.

An update was provided in respect of the plan submitted to NHSI as follows:-

- There was a year to date deficit of £3.6m against a plan of £2.8m.
- There was approximately £16m of CIP schemes rated “green” or “amber”.
- The STF for Quarter 2 had not been received due to the non-achievement of the ED performance targets.
- The budgets for the Scheduled Care Division and Unscheduled Care Division were overspent by £1.6m and £1.0m respectively.

Mr Dickinson outlined the corrective actions in place or planned and the key risks to achievement.

Mrs Whyham asked whether the Trust would be significantly overspent if there was a full complement of staff. It was noted that extra wards had to be opened last winter which had not subsequently been closed and therefore there were staffing costs associated with this which had not been budgeted for, hence the financial pressures.

Performance

Compliance Measures – 18 Weeks and Cancer Waiting Times

Mrs Oliver reminded the Board of the need to be mindful at the Finance Committee meetings that there were two other measures which the Trust was monitored against, namely, 18 weeks and cancer waiting times.

With regard to 18 weeks, it was noted that performance was at 88.34% and that assurance had been provided to the Finance Committee that work was continuing in order to achieve the 92% target, however, the Chair of the Committee had asked for a more detailed report to be submitted to the Committee in respect of assurance levels.

With regard to cancer waiting times, it was noted that there were multiple standards, i.e. screening and specific treatments. Mrs Oliver advised that there had been a backlog of patients in Quarter 1 and Quarter 2, however, there was extra capacity in the system for Quarter 3 and therefore an improvement in performance was expected. It was noted that assurance had been provided to the Finance Committee that there was focus on cancer waiting times and achieving the performance standard.

Compliance Measures – A & E

Mrs Oliver reported a good news story in respect of A & E performance; it being noted that the Trust was amongst the top 20 Trusts in the country as a result of the improvements made from the end of September around the introduction of the strategy, i.e. streaming patients from the A & E Department to a more appropriate facility which, to date, had proved extremely successful. It was noted that further improvements were being planned, i.e. a dedicated ambulatory area.

Mrs Oliver referred to the work on-going around the Better Care Now programme in relation to the better alignment of discharges which involved engagement with partner organisations and also about the work on-going to ensure prevention of harm to patients.

Strategic Ambitions – Elective Length of Stay
Strategic Ambitions – Non-Elective Length of Stay
Strategic Ambitions – Re-Admissions

Reference was made to the performance in relation to elective length of stay, non-elective length of stay and re-admissions; it being noted that the main area of focus in respect of non-elective length of stay was Orthopaedics.

Mr Cullinan commented that it was evident that the success to date had been dependent upon all parts of the system working together which was pleasing to note. Mr Cullinan also commented that there was a significant amount of activity and focus and he asked how this would be monitored. Professor O'Donnell advised the Board that Jane Meek had been seconded to the Better Care Now team to design a programme of organisational development which would become part of the day to day work. Mrs Swift emphasised the need to embed this as the norm. Mrs Crowshaw commented that support would be needed from partners in terms of finance. It was noted that costs had been submitted to NHSI.

Mrs Whyham asked about streaming and about mental health patients in A & E. With regard to streaming, it was noted that weekly meetings took place with the teams to address any issues. With regard to mental health patients in A & E, it was noted that capital funding was available for improvements to the area and that CQC approval was awaited by Lancashire Care Trust.

Mr Roff stated that this was a good indication of the achievements that could be made as a result of joint working.

Professor O'Donnell pointed out that the staff in A & worked particularly hard in difficult situations, however, the care provided continued to be patient-centred and compassionate and this should be recognised.

Finance Committee Summary

Mr Dickinson reported on the highlights from the Finance Committee meeting which took place on 23rd October 2017 as follows:-

- Approved the business case for Electronic Document Management.

- Received feedback on the NHSI Quarterly Review Meeting.

- Discussed progress and the challenges in relation to the strategic CIP schemes and the actions taken to address the position.

- Reviewed the unmitigated outturn forecast, the key drivers and the potential implications if the Trust did not achieve the control total and approved the actions taken to mitigate the forecast.

- Reviewed progress against the A & E performance standard and the major programme of work enacted to deliver this sustainably.

- Reported on the reasons for establishing a subsidiary company and approved the change in the contract from a licence to a lease for certain buildings.

It was noted that the overall assurance was limited on BAF risks 7, 12, 10 and 6 and that significant assurance had been provided around the progress to deliver an Electronic Patient Record.

Mrs Crowshaw stated that it was difficult to ensure that the vision was achieved whilst also achieving financial viability. She made reference to the BAF risks within the remit of the Finance Committee, one of which related to EPR for which a business case had been submitted and required approval, and advised the Board that she had asked for detailed proposals about how the EPR would be rolled-out and how clinical engagement would be achieved.

Reference was made to the items recommended by the Finance Committee for approval by the Board of Directors as follows:-

- EDMS business case.

- The decision to change the contract with BFW Management Limited to a lease to operate rather than a licence in those areas specified in the report.

RESOLVED: **That the above mentioned items be approved.**

Audit Committee Summary

Mr Dickinson reported on the highlights from the Audit Committee meeting which took place on 5th September 2017 as follows:-

- Reviewed the Internal Audit Progress Report and the technical update provided by KPMG.

- Reviewed the Corporate Risk Register and Board Assurance Framework and recommended the documents for approval by the Board.

- Undertook a deep dive into corporate risks surrounding health records (availability and storage) and the implications of the General Data Protection Regulations.

- Received a presentation from the Chair of the Quality Committee as part of the review of the assurance framework.

Mr Hearty reiterated that each Committee Chair had attended an Audit Committee meeting to reflect progress and individual risks. It was noted that, in addition, Executive Directors had been invited to discuss deep dives on specific corporate risks and one of the issues raised was in relation to health records; it being noted that the solution of an EPR was being addressed. Mr Hearty confirmed that, from an Audit Committee perspective, a good sense of assurance had been provided in terms of how individual committees were engaging in their work.

It was noted that the Corporate Risk Register and Board Assurance Framework had already been approved by the Board earlier in the meeting.

c) Mortality Update

Professor O'Donnell reminded Board members about the mortality update provided from the assurance report and provided more detailed feedback.

It was noted that detailed discussions had taken place with NHSI and with Dr Vince Connelly and Mr Peter Weller and it had been pointed out that, despite mortality reports being submitted to the Board on a regular basis, it was difficult to understand the actions and therefore a chronology of actions on mortality had been produced.

Professor O'Donnell provided some background information on SHMI and other mortality measures in place and advised that the Trust was not an outlier for mortality and was below the national average for stroke mortality.

At this juncture, Professor O'Donnell reported in detail on the chronology from 2009 to date and the future actions.

Mr Case advised that he had recently attended his first meeting of the Mortality Governance Committee and he had observed that not many CCG representatives were present at the meeting.

d) CQC Inspection

Mrs Thompson referred to the presentation slides included in the Reference Folder relating to the CQC inspection and highlighted the key headlines, in particular the preparation work that had taken place during the past few months.

With regard to the 2014/15 inspection, it was noted that the Trust had been given an overall rating of "requires improvement" and Mrs Thompson stated that she was confident about the excellent work carried out by staff every day and that, hopefully, this would be reflected during the inspection which was scheduled to take place on 12th, 13th and 14th December 2017.

Mrs Swift advised the Board that the Trust had been invited to give a presentation to the CQC Inspection Team on 12th December 2017 and that the slides would be submitted to the CQC by 7th December 2017.

It was noted that there would be a number of unannounced visits to core service areas and that a planning meeting had been arranged with the CQC for 6th November 2017 to help plan the community services inspection in view of the size and geography of the community services. Mrs Thompson emphasised the importance of supporting the CQC in terms of making the best use of their time.

It was further noted that a CQC hub had been established in terms of servicing information requests from the CQC and supporting the CQC during the inspection.

Mrs Thompson advised that the Use of Resources assessment would feed in to the overall rating for the Trust.

e) Use of Resources

Mr Dickinson provided a summary relating to the Use of Resources assessment as follows:-

- The assessment would be undertaken by NHSI alongside the CQC inspection.
- The Trust was one of three pilot sites for the assessment.

- The assessment process would be carried out using the same rating system as the CQC inspection and the CQC would consider the assessment rating as part of their overall rating.

- Information had been submitted to NHSI in advance of the assessment on 10th November 2017 following which the Trust would receive a report and a rating which would be forwarded to the CQC for their consideration as part of the overall rating.

Mr Case asked about the key lines of enquiry and Mr Dickinson advised that they would be in relation to the following use of resources areas - clinical services, people, clinical support services, corporate services/procurement/estates/facilities and finance.

80/17 Chairman's Report

a) Chairman's Update

The Chairman's Update was provided for information.

b) Feedback from Clinical Commissioning Group Governing Body Meetings

Blackpool CCG – 5th September 2017

Mrs Whyham provided feedback as follows:-

- The CCG was well cited on the Trust's issues and the main items for discussion were A & E performance and length of stay and the complexity of some of the cases.

- It had been noted that no beds had been taken out of the system and that winter pressures were being experienced all year round.

- The deficit had been discussed and also the positive work being undertaken in relation to this issue.

- Mortality had been discussed and, in particular, the low life expectancy for men in Blackpool aged under 65 and the issues around the Bloomfield area.

- The challenges, and the actions being taken to address them, had been recognised.

Fylde & Wyre CCG – 19th September 2017

Mr Cullinan stated that it was reassuring to note that the agenda covered the issues that were important to the Trust and that they were also being discussed by Blackpool CCG and he provided feedback as follows:-

- There had been a presentation in respect of the Healthier Fleetwood Project which was in the early stages, however, because of the low life expectancy for men aged under 65 Mr Cullinan suggested that work could be undertaken on this subject as a system-wide initiative.

Professor O'Donnell reported that work was on-going with Lancashire County Council and the Director of Public Health in this respect and suggested they could feed into the discussions as they would be able to identify the problems. It was noted that there needed to be a long term view in terms of improving mortality in order to make a proper impact, i.e. 10-20 years.

The Chairman stated that he was aware that Mrs Swift and Mrs Thompson were meeting with groups in Fleetwood about health and housing. Mrs Swift commented that the deprivation in Fleetwood was as bad in some areas as in Blackpool.

c) Feedback from ACS Steering Group

Mrs Swift reported that an STP Workshop had been arranged for 15th November 2017 and that the first STP Board Meeting would take place in December 2017.

RESOLVED: That Mrs Swift would provide feedback to the Board from both these events.

Mrs Swift highlighted three issues of focus as follows:-

- Emergency Department – sustainability.
- Financial Position – achieving the control total.
- Communication Plans – communicating with all staff across the NHS and Social Care and the public.

Action Taken Following The Meeting
This item has been included on the draft agendas for the meetings on 29th November 2017 and 31st January 2018.

d) Schedule of Board Meetings and Board Committee Meetings

The schedule of Board Meetings and Board Committee Meetings for 2018/19 was presented for approval.

RESOLVED: That the schedule of Board Meetings and Board Committee Meetings for 2018/19 be approved.

81/17 Key Themes for Team Brief

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

- CQC Inspection
- Emergency Department Pressures
- Mortality Update
- Freedom To Speak Up Feedback
- Strategy Achievements – Six Monthly Feedback from Board Committees.
- Staff Recruitment Plans
- Board Meeting Podcast
- Phillipino Staff Halloween Party

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

Action Taken Following The Meeting
This item has been actioned.

82/17 Trust Values / Value of the Month

The Chairman stated that the Value of the Month for October was Compassion (taking time to deal with others with compassion and care) and he asked Board members for examples.

Mrs Thompson reported that she had recently shadowed Dr Weatherburn and the nursing staff from the Extensive Care Service and that the level of compassion and skills demonstrated by the team to the patients was excellent. It was noted that from their compassionate approach they had found out more about one particular patient in 30 minutes in terms of identifying the route problems than had previously been discovered.

Mrs Swift reported that she had attended the Phillipino Staff Halloween Party the previous evening which had been attended by 200 people and which demonstrated the excellent community atmosphere.

Mrs Crowshaw reported that she had recently observed the out-patients department, particularly the children's area, and had been very impressed by the way in which the staff had taken the time to chat to the children before taking them through to their appointment.

83/17 Attendance Monitoring

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

84/17 Any other Business

a) Chairman's Waiver – Discharge Lounge Reconfiguration

The Chairman advised Board members about a Chairman's Waiver relating to the Discharge Lounge Reconfiguration which had been through the procurement process and was recommended for Board approval.

RESOLVED: That the Chairman's Waiver relating to the Discharge Lounge Reconfiguration be approved.

85/17 Items Recommended for Decision or Discussion by Board Sub-Committees

RESOLVED: That items to be recommended for decision or discussion by Board Committees would be noted from the minutes of the meeting.

86/17 Questions from the Public

There were no questions from members of the public.

The Chairman stated that he hoped Governors and members of the public had found the meeting useful and that he valued their interest in the Trust.

87/17 Date of Next Meeting

The next Board Meeting in Public will take place on Wednesday 29th November 2017.

Board of Directors Meeting Held In Public

Action List - 1st November 2017

Minute Ref/No	Date Of Meeting	Agenda Item Heading	Action To Be Taken	Person Responsible	Date To Be Completed	Change Of Date	Progress	RAG Status
79/17	1.11.17	**Executive Reports - Corporate Risk Register**	Arrange a risk appetite session for Board Members.	Judith Oates	31.12.17		A risk appetite session has been arranged for 20.12.17.	Green
80/17 (c)	1.11.17	**Chairman's Report - Feedback from ACS Steering Group**	Provide feedback to the Board from the STP Workshop on 15.11.17 and the first STP Board Meeting in December.	Wendy Swift	29.11.17		This item has been included on the draft agendas for the meetings on 29.11.17 and 31.1.18.	Green
81/17	1.11.17	**Key Themes for Team Brief**	Include the agreed themes in Team Brief.	Jacqui Bate	7.11.17		This item has been actioned.	Green

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

Board of Directors Meeting
Action Tracking Document

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

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

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

29th November 2017

Strategic Outline Case (SOC) Executive Summary

Report Prepared By:	Mr Tim Bennett
Contact Details:	Tim.Bennett@bfwhospitals.nhs.uk
Date of Report:	October 2017

Purpose of Report:

A Strategic Outline Case (SOC) in support of a Pathology Collaboration across Lancashire & South Cumbria has been produced and the executive summary is appended to this report.

The Pathology Collaboration Board have approved this SOC and recommend that it goes forward for formal approval by the Boards of the Trusts involved in the collaboration.

A number of recommendations are contained within the SOC and this paper summarises the commitment the Trust Board would be making by approving the SOC and the associated risks along with a programme of work to produce an Outline Business Case.

1 ☐ **For information**	**2** ☐ **For Discussion**	**3** x **For Approval**

Recommendations:

The Board is requested to:

- Approve the Lancashire & South Cumbria Pathology Partnership Strategic Outline Case

Sensitivity Level:

1 ☐ **Not sensitive:** **For immediate publication**	**2** x **Sensitive in part:** **Consider redaction prior to release**	**3** ☐ **Wholly sensitive:** **Consider applicable exemption**

NHS Blackpool Teaching Hospitals NHS Foundation Trust

Lancashire Teaching Hospitals NHS Foundation Trust

University Hospitals of Morecambe Bay NHS Foundation Trust

Lancashire & South Cumbria Pathology Collaboration

Strategic Outline Case

Executive Summary

October 2017

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Section 1 – Strategic Case

1.1 Background

Description of Pathology Services

Pathology test results contribute to clinical decision making in an estimated 70% of patient pathways. Pathology services support diagnoses and clinical decision making in all care settings including primary care; outpatient consultations; unplanned and planned inpatient care.

Pathology is a diverse discipline, with an estimated 7,000 different tests available globally across a range of key sub-disciplines:

- Clinical biochemistry; haematology; blood transfusion; and, immunology (collectively known as blood sciences).
- Bacteriology; virology; and, serology (collectively known as infection sciences or microbiology)
- Point of care testing (near to patient testing conducted by other care professionals).
- Histopathology; and, cytology (collectively known as cellular sciences or cellular pathology).
- Mortuary services including post mortems.
- Genetics and genomics
- Molecular pathology

Approximately 50% of the current workload of Pathology laboratories is currently generated from GP's or other out of hospital services therefore delivering a pathology service also involves logistics to transport samples from GP practices and other sample collection points to laboratories, and also moving samples between laboratories. Pathology services rely on pathology specific IT systems, or laboratory information management systems (LIMS).

Pathology tests also vary in the frequency of usage from very widely used tests such as full blood counts and liver function tests, through to very specialist and esoteric tests which are generally undertaken in specialist reference labs.

Some pathology results are required very urgently, for example to support diagnoses in A&E, whereas for others, 4 hours, 24 hours or even up to 6 weeks are acceptable. The frequency of usage and the required turnaround time are key factors which influence the optimal configuration of laboratories. For the purposes of this process, tests where the results are required in 4 hours or less are deemed 'hot' and will be available in 'hot' or 'essential service' labs (ESL) at each acute site except Westmorland General Hospital, where all tests except 'hot' haematology are currently moved to other trust sites.

Tests where the results are not required within 4 hours are deemed to constitute 'cold' pathology services and these have already been consolidated together in other parts of the country and/or centralised into 'cold' hub labs.

1.2 National Context

The NHS in England has for many years considered that the quality and sustainability of pathology services could be improved, whilst reducing costs, if trusts collaborated to jointly deliver pathology services and consolidated cold testing. The Carter Reviews of 2006 and 2008 set out a case for pathology consolidation, however currently an estimated 72% of Trusts in England continue to operate single Trust pathology services.

The most recent Carter report on Operational Productivity and Performance, that talks about procurement in particular, gave the recommendation that plans for pathology consolidation were to

be formulated by NHS Trusts and Sustainability and Transformation Partnership (STP) regions by April 2017. The report is attached in Appendix 1.

NHS improvement (NHSI) wrote to all trusts in June 2016 requesting plans for the consolidation of pathology across STP footprints. Initiatives within Lancashire and South Cumbria commenced ahead of the NHSI directive, this document may nonetheless serve a secondary purpose of informing NHSI of progress in our STP area.

In September 2017 NHSI wrote to all Chief Executives, finance directors and medical directors of provider Trusts informing Trusts that NHSI want to see 29 pathology collaboration networks across England on a hub and spoke model.

1.3 Local Context

Through the Healthier Lancashire and South Cumbria programme, our STP has set out an ambitious vision to transform health and social care services in the region:

- Life expectancy inequality; improving the areas health by making it easier to get expert advice, access free healthy-living and support schemes.
- Improve the way that care is planned and delivered in the region in a more person-centred and coordinated way; bringing help closer to people's homes and using technology to empower and improve the quality of care people receive.
- Relieve the financial pressures on our local NHS by doing things more efficiently; such as avoiding duplication, waste and providing the most clinically effective interventions at the most appropriate time, place and way.
- Encourage and support people to take their health more seriously and assume greater responsibility for their own good health.
- Develop robust integrated care services across Lancashire and South Cumbria that are based in local communities and reduce the over reliance on acute hospital-based services.
- Create a multi-skilled, flexible and responsive workforce with improved development prospects.
- Enhance the role of the third sector to support mainstream services.
- Establish joint system leadership across Lancashire's entire health and social care environment.

The pathology collaboration programme will support this vision through:

- Ensuring that the region has an innovative and sustainable pathology service capable of adapting to the changing needs of clinicians and patients.
- Supporting clinicians and clinical teams to deliver integrated and patient centred care.
- Attracting, developing and retaining the skills needed to deliver a modern pathology service, and utilising these skills efficiently and effectively across the region.
- Investing in the skills and technology needed to deliver modern diagnostics, through pooling resources and undertaking testing at scale where appropriate.
- Continue to an efficient, effective and high quality pathology service which will contribute to the financial efficiencies both through direct pathology savings, and through facilitating savings elsewhere in the health and social care system through supporting integrated pathways across acute, community and home settings.
- Create stronger links with academia to develop and embed research and development increasing opportunities for staff and being at the forefront of new and innovative diagnostic tests.

There are four acute trusts in the Lancashire and South Cumbria region, with ten hospitals:

- Blackpool Teaching Hospitals Trust (BTHT) – Blackpool Victoria Hospital (BVH), Clifton Hospital, Fleetwood Hospital
- East Lancashire Hospitals NHS Trust (ELHT) – Blackburn Royal Infirmary (BRI) and Burnley General Hospital (BGH)
- Lancashire Teaching Hospitals Trust (LTH) – Chorley and South Ribble Hospital (CSRH) and Royal Preston Hospital (RPH)
- University Hospitals of Morecambe Bay NHS Trust (UHMB) – Furness General Hospital (FGH), Royal Lancaster Infirmary (RLI) and Westmoreland General Hospital (WGH)

Three of these trusts (BTHT, LTH and UHMB) agreed to explore consolidation of pathology services under a single pathology service configuration, and established a pathology collaboration project in April 2016 under the governance of a Pathology Collaboration Programme Board to develop plans up to a business case stage. ELHT have latterly elected to be part of the collaboration the precise scope of this involvement is still under discussion.

The collaboration plans will therefore retain the flexibility in terms of equipment platforms, IT connectivity and agile design to allow ELHT and possibly other trusts to join at a later date. The Lancashire and South Cumbria Strategic Transformation Partnership (STP) has recommended the need for an integrated diagnostics board to assist in collaboration and ELHT have agreed to be part of these discussions.
There are hot and cold pathology services provided at each of the Hospital sites in Lancashire and South Cumbria, with significant duplication of cold services across the footprint.

1.4 The Case for Change

NHS Pathology services are currently facing a number of challenges including;

Growing demand and increased test complexity

As with other healthcare services, demand for pathology is growing either in the number of test requests or in the complexity of the tests requested, driven by:

- An ageing population with increased prevalence of long terms conditions.
- Clinicians undertaking more diagnoses prior to making decisions regarding treatment.
- The availability of new tests, for example companion diagnostics which enable better targeting of drugs, or personalised medicine.

Increasing cost of New Technology

- Technology is moving rapidly in several areas of pathology, driven by competition between suppliers to develop products which enable faster and more accurate results with greater efficiency. This technology offers greater return on investment in laboratories operating at scale however individual trust pathology services may not be able to afford modern diagnostic technologies, which are only viable at scale. This will result in more tests being sent to expensive reference laboratories with a reduction in career development opportunities for staff working in laboratories within the region. Some of the key trends are:
- *Developments in genetic or molecular technology* - These enable the rapid identification of viruses and other pathogens, as well as testing human genetic material to support a range of clinical decisions including: identify risk of inherited disease; identify the likely efficacy of certain drugs or treatments; and, improve diagnosis and monitoring of oncology patients.

The region is acting as a spoke laboratory for the 100k genome project aligned to the NW coast.

- *Improved automation*- Automation within blood sciences has been common, but the technology is improving and the automation of microbiology labs is now starting to offer greater benefits.
- *Digital technologies* - Digital histology is at a much earlier stage of development than digital radiology, but improvements are likely to lead to greater adoption, allowing movement of images to support MDT's , second options and the ability to send images across the country and potentially internationally for interpretation to assist with vacant positions. A number of laboratories are already choosing this route to support their service delivery.
- *Improved point of care testing (POCT)* - Point of care testing is more expensive than testing in a conventional laboratory, but the range of tests, accuracy, and cost are improving, and overall pathway costs and outcomes can be improved in some cases through more rapid availability of results. Working with clinicians on pathways will give a greater understanding on the appropriate use of POCT particularly in locality hub models and for patients requiring anticoagulation.

Service quality and resilience

- There are difficulties sharing test results between laboratories/hospitals and between primary care and secondary care in different areas of the region. This could adversely impact the care of patients whose pathways cross geographical areas, which will become increasingly common as more specialist care is centralised. Clinicians involved in these pathways may not easily be able to access the complete diagnostic history of a patient, and this may involve costly manual transfers of test results or unnecessary duplicate testing.
- Duplication of testing and of training, quality and administrative processes, and fragmentation of procurement will materially reduce the opportunities to generate efficiencies and cost savings within pathology, and compromise the potential for pathology to contribute positively to the financial challenges within the STP area
- All trusts would be required to update all or parts of their pathology estate in the medium term as current estate is poor and not fit for future technology and ways of working that require modern open plan space.

Workforce challenges – Sustainability of services

Pathology faces workforce challenges across the UK and large parts of Europe, which could make some services unsustainable if unaddressed. These include:

- Difficulties in the recruitment and retention of highly specialised and skilled staff, in particular consultant histopathologists where there is a growing national and European shortage, but also for consultants and biomedical scientists in other sub-specialties. Consultants in pathology, particularly histopathologists, have an older than average age profile and new training posts have been unfilled for several years. This ongoing situation would lead to delays in diagnostic results or excessive locum and agency costs
- Biomedical scientists also have an ageing profile, with some difficulties in recruitment. British biomedical scientists are more sub-specialised than their European counterparts.
- 'Hot labs' function 24/7, which can result in single trust services becoming dependent upon small numbers of staff agreeing to commit to frequent unsocial shifts or locum staff.
- Posts in rural DGH's face professional isolation, and are therefore less attractive unless they are part of a larger network.

1.5 Response to the challenges

In order to address these challenges, the three trusts boards of Blackpool Teaching Hospital Trust (BTHT), Lancashire Teaching Hospital NHS Trust (LTH), and University Hospitals of Morecambe Bay (UHMB), asked for the pathology directorates to consider how they could work together to provide a single pathology service across the region, whilst also considering the aim of reducing the requirement, where possible, for the provision of pathology services on acute hospital sites in line with the Five Year Forward View.

A Pathology Collaboration Board was established consisting of the three clinical directors and executive leads from each organisation. The governance structure is shown in Appendix 2.
Thirteen service redesign groups were put into place containing clinical, managerial and technical staff and together they formulated a vision that would ensure a quality driven sustainable service for the future.

ELHT have latterly elected to be part of the collaboration and have now taken up a position on the Pathology Collaboration Board the precise scope of this involvement is still under discussion. The collaboration plans will therefore retain the flexibility in terms of equipment platforms, IT connectivity and agile design to allow ELHT and possibly other trusts to join at a later date. The Lancashire and South Cumbria Strategic Transformation Partnership (STP) has recommended the need for an integrated diagnostics board to assist in collaboration and ELHT have agreed to be part of these discussions.

1.6 Our vision for the future

The project has a clear vision for outcomes, which will be delivered by a future pathology service:

- Supporting the diagnostic needs of new models of care, as articulated in the overarching regional plans. In particular, patients may interact with health professionals in a number of settings, including at home, primary care, local centres and regional centres. It is important that clinicians interacting with patients in each setting can easily access the relevant results, and that all results are consistent. The pathology service should adopt new standardised technologies which support clinicians to make effective diagnostic decisions.
- Supporting patient choice regarding how they access services. Patients should be able to provide samples at any location within the area, without this affecting the quality, consistency or timeliness of the result.
- Creating a resilient and sustainable 24/7 service, makes more effective use of scarce clinical and scientific expertise and resources, and reduces the use of expensive locums, and outsourced services.
- A service which will continue to be clinically safe and effective, and which meets national quality standards and benchmarks.
- A service which attracts and retains staff through offering new opportunities for career and professional development, including research and innovation creating stronger links with academia, the creation of joint posts and the ability to attract research funding to develop new techniques and tests. Also one which creates a better working environment for staff.
- An efficient service which contributes to the financial efficiencies which face the health economy.
- Build stronger links with academia to support research and educational aspirations.

1.7 Reconfiguration of sub-specialties and laboratories – The hub and spoke model

The vision is supported by an agreement on the future reconfiguration of pathology services based on a hub and spoke model which has been led by discussion with consultants and technical leads

within each pathology sub-specialty. They have produced a high level plan which describes the extent to which services can be consolidated /co-located and outlines which services could be located on each site. Further work will be done on this plan as part of the next phase of the business case. This plan is summarised below:

Urgent 'hot' pathology (emergency requests and those tests requiring results in less than 4 hours)

An essential services laboratory would need to be retained on each hospital site which has an A&E department / medical assessment unit. The essential service laboratory would provide a full 24/7 service to undertake urgent and emergency work including but not limited to a blood transfusion service, blood sciences services, a cellular pathology frozen section service and a blood culture service.

Hospitals without an A&E / MAU could be served by utilising 'point of care testing' however this concept would need further discussion and analysis.

Cold Pathology services (those tests not requiring results in less than 4 hours)

The table below reflects the high level discussions held in the individual workstreams regarding **'cold'** pathology services only to date and reflect the fact that some areas remain to be described in more detail.

Table 1: Cold Pathology – tests requiring results in more than 4 hours

Service	Future plan
Microbiology and Virology	Can be consolidated on to one site and this does not have to be located on a hospital site
Blood sciences	Can be consolidated on to one site and this does not have to be located on a hospital site. The outline business case will examine in more detail the best location for cold routine blood sciences either on or off a hospital site. Specialised blood sciences can be delivered on or off a hospital site also
Immunology & Molecular Pathology	Can be consolidated on to one site and this does not have to be located on a hospital site. Molecular and Immunology services are best aligned to Microbiology and 'cold' Blood Sciences
Cellular Pathology	Can be consolidated on one site, current clinical view is that this site should be a hospital site. Following a consultant workshop the consultants from UHMB and LTH have expressed a view that the preferred model is to house a cold consolidated laboratory on the main cancer site at RPH with hot facilities on the RLI site. Consultants will have the option for their office to be located onto either their existing host trust or next to the consolidated 'cold' laboratory with a hot desk on the other site. The BTHT position is still to be decided.

Mortuary	The post mortem service for Central & East Lancashire and South Cumbria (including CT scan to determine cause of death) could be provided from one site across Lancashire and South Cumbria. The Cumbrian and Central and East Lancashire coroners have agreed that this service will be delivered from the RPH site aligned to the majority of consultant histologists. The Blackpool service requirements have still to be determined

1.8 Key Enablers

In order to deliver the vision a number of key enablers have been identified as priority functions which are required to be in place to ensure success. These areas identified to date are:

- *Common Informatics solutions:* It is essential that informatics solutions providing seamless electronic access to results across the STP footprint four are in place to underpin the vision for the future. The transfer of results within laboratories to hospital sites, GP surgeries, other laboratories, locality hubs and patient records is key to the quality and deliverability of the Pathology service. Priority will be given to the strategy for developing these common platforms on behalf of the single service across Lancashire and South Cumbria. These strategies will be produced during the next stage of the process and included as part of the Outline Business Case.
- *Common equipment Platforms:* To ensure continued service quality common equipment platforms will allow standardisation of reference ranges to be effected across all laboratories. This will reduce inappropriate testing and referral of patients thus improving patient experience, aiding more rapid decision making based on standard diagnosis and reduce costs.
- *Common policies and procedures:* In order to deliver a standardised service across all areas common policies and procedures will be developed to support standardisation of tests, improving quality of service to patients and supporting accreditation of laboratories.
- *Effective and efficient transport systems:* Given the potential increase in specimens taken out of hospital it is essential that effective and efficient transport systems are in place. The logistics of specimen transport will be a key factor as GP locations change and locality hubs are introduced.
- *Appropriate functional flexible and cost effective estate:* The service configuration will be supported by a hub and spoke model with cold pathology services delivered within a dedicated hub facility and essential service laboratories (ESLs) on each hospital site.
  The essential service laboratories will deliver services appropriate to the requirements of the clinical services on each hospital site with large acute sites such as Blackpool, Lancaster, and Preston requiring a full emergency and inpatient service for all disciplines whilst other hospital sites delivering less acute care will have appropriate levels of service tailored to their needs.

It is envisaged that the hub facility would be a new build designed to latest standards and be flexible enough to accommodate pathology services for the foreseeable future. The essential service laboratories will be housed in current pathology accommodation

Section 2 – Economic Case

2.1 Option Development- exploring the way forward

Building on the agreed reconfiguration of subspecialties a long list of options was developed shown in Table 2 describing ways in which the reconfiguration could be achieved.

The long list of options was developed through consultation with the service redesign groups and staff drop-in sessions, shared with CCG's for comment and then presented to the management group and collaboration board for approval. The list comprises 8 main options, although options 3 to 5 have two sub-options and option 6 has five sub-options relating to cellular pathology, creating a long list of 15 options.

These options involve maintaining essential service laboratories for 'hot' tests at each acute site, with a variety of options for 'cold' testing.

The pathology collaboration project has engaged widely with pathology staff and other internal and external stakeholders within the three Trusts and the broader health economy including CCG leads, GPs and Local Authorities.

Table 2: Long list of options

Option	Description
Option 1 - Do Nothing	Status quo. No collaboration, leave pathology services as they currently are with joint procurement for BTHT and LTH under the Lancashire Procurement Cluster initiative.
Option 2 - Do Minimum	Retain the existing pathology estate on BTHT, LTH and UHMB sites. Split the disciplines between sites. Single management team, integrated LIMS, and shared procurement.
Option 3 - Blackpool site the main hub: **With 2 sub-options for cellular**	All Pathology services except hot services for LTH and UHMB are provided on the BTHT site. (i.) Cold cellular pathology at the off-site hub (ii.) Cold cellular centralised at Preston
Option 4 - LTH site main hub	All Pathology services, except hot services for BTHT and UHMB are provided on the Royal Preston site. (with 2 sub-options for cellular as Option 3)
Option 5 - Furness site for main hub	All Pathology services, except hot services for BTHT and LTH are provided on the UHMB sites. (with 2 sub-options for cellular as Option 3)
Option 6 - Cold pathology hub off hospital site **With 5 sub-options for cellular**	Cold pathology services are provided from a location separate to all hospital sites. Hot pathology services provided from BTHT, CSRH, FGH, RLI, RPH and WGH hospital sites as appropriate (i.) Cellular pathology at the off-site hub (ii.) Cellular retained at Blackpool, Preston and RLI (iii.) Cellular pathology hub at Blackpool (iv.) Cellular pathology hub at Preston (v.) Cellular pathology hub at RLI
Option 7 - Consolidate	Consolidate Microbiology and Cellular pathology into an off-site hub but all

Microbiology and Cellular pathology into an offsite hub	Blood sciences to remain on each hospital site.
Option 8 - Consolidate Microbiology and Cellular Pathology into an on-site hub	Consolidate Microbiology and Cellular pathology into an on-site hub but all Blood sciences to remain on host sites.

2.2 Option Appraisal

The project conducted a number of workshop sessions with the pathology management workforce group and approximately 200 pathology staff, where colleagues were asked to review and rank the evaluation criteria (as below) in terms of each criteria's importance to the projects overall success. This ranking then resulted in weighted criteria which were utilised to score the long list of options along with supporting estate information provided by trust estates leads.

Table3: Benefits Evaluation criteria

Criteria	Detailed Considerations	Ranking	%Weighing
Accessibility	Access to motorway links for delivery of specimens Car parking Accessibility for staff Accessibility to patient facing clinical colleagues Accessibility to clinical colleagues	1	18.7
Deliverability	Availability of land or buildings Availability of funding capital and revenue Contributes towards a sustainable service Meets the Trust Board approved paper	2	17.6
Sustainability	Sustainable location Future proof Ability to expand Contributes towards a sustainable service	3	14.4
Value for money	Cost of site/building Options for funding Options for ownership/rental Return on investment	4	13.2
Acceptability – Internal stakeholders	Staff Trust Board	5	12.2
Acceptability – external stakeholders	GP's MP's Planners CCG	6	10.5
Suitability	Ability to attract suitably qualified staff Safe and secure environment	6	10.5
Flexibility	Ability to attract future partners Ability to expand/contract in the future	8	2.7

A shortlisting exercise was undertaken using the benefits evaluation criteria in table 3 above and the top 5 scoring options were identified and are shown in Appendix 3. Following financial appraisal of

the top five options two of these options were ruled out leaving a final shortlist of three options shown in table 4 below.

The results of this financial and estates appraisal are described in more detail in section 4 and the financial tables are included in Appendix 4.

Table 4: Final Shortlist of Options

Option 1	Do-nothing describes no collaboration on service configuration some collaboration regarding procurement of equipment and refurbishment of current pathology accommodation to ensure they are fir for purpose for the next 30 years this option would be included in the business case as a baseline comparator
Option 3 (ii)	Cold Pathology services to be provided from an on-site hub at Blackpool, except for cellular pathology which would be provided from RPH: hot pathology services provided in Essential services laboratory (ESL's) on the BTHT, CSRH, FGH, RLI, RPH and possibly the WGH sites.
Option 6 (iv)	Cold Pathology services to be provided from an off-site hub, except for cellular which would be provided from RPH: hot pathology services provided in ESL's on the BTHT, CSRH, FGH, RLI, RPH and possibly the WGH sites.

2.3 Hub Location evaluation

In order to move forward with the detailed plans for the collaboration the Pathology Board requested that an evaluation of the possible sites for the hub location should be undertaken. The project team led by the estates professional obtained details of a number of possible available sites over 6 month period. The full list of possible sites examined and reasons for shortlisting out is shown in Appendix 5. After evaluation of all the sites five potential sites fit the criteria listed in table 1 above and these sites were investigated in greater detail and presented to the management group in August 2017 for further evaluation with more detailed description of advantages and disadvantages and maps showing the site location. The Parkwood site at Blackpool hospital was included in the evaluation as a possible hub site. The presentation showing the full details of the sites is shown in Appendix 6.

The list of 5 sites which meet the benefits criteria is:

Table 5: Shortlisted sites which meet the benefits criteria

Option	Description
1	Land at Junction 34 of the M6 close to Lancaster on a business park
2	Land on the university of Lancaster site part of the Health Innovation Campus
3	Land at the end of the M55 on the disused Blackpool Airport site

4	Land in Preston close to junction 29 of the M6 2 potential sites a) Cuerden site adjacent to motorway exits b) Land owned by South Ribble Borough Council behind a major supermarket
5	Land on the Blackpool Hospital site (Parkwood)

The management group evaluated all options using the benefits evaluation criteria and weightings listed in Table 3 which had been developed and ranked by over 200 staff. All three Trusts involved in the evaluation scored Option 2 land on the University of Lancaster site independently as the highest scoring option against the evaluation criteria.

This option scored highly (456 out of a possible top score of 498) on the benefits evaluation because:

- Offers the best staff facilities on site including; childcare, good food outlets, gym, tennis courts, car parking,
- The best fit with the pathology collaboration strategy
- Offers excellent opportunities to develop research and development partnerships with Lancaster University and UCLAN
- Close to motorway for access and road infrastructure improvement planned
- Land availability on a licence hence no cost
- Possible to use NHS capital or developer led scheme on this site

A further financial appraisal was undertaken by the property and commercial group and an agreed split of benefits to financial scores 50 % benefits and 50% financial was produced. In order to ensure a robust assessment the scores were subject to a sensitivity analysis by applying a higher range of financial scores i.e. 75% financial and 25% benefits which demonstrated no difference to the overall scores. The results of the evaluations including all scores are shown in Appendix 7.

The results of both the benefits and financial evaluation identified the preferred hub location is the Lancaster University site within the newly developed health innovation zone.

This evaluation process therefore determines a preferred option for the collaboration as option 6 in Table 4 above with the off-site location identified as Lancaster University.

Section 3 – Commercial Case

3.1 Introduction

The commercial case will outline the implications of the preferred way forward. The commercial implications of the shortlisted options developed to date are highlighted within this document, however when a definitive preferred way forward is identified the commercial case will be revisited in more detail within an outline/full business case.

Learning gained from other pathology collaborations both successful and unsuccessful have been used to evidence the proposals for the single pathology service feedback from all visits are included in Appendix 8. These collaborations include:

- Bristol Southmead Hospital
- Southwest Pathology Partnerships

- Gateshead
- Salford
- Pathlinks
- Wetherby Veterinary Laboratory

Commercial factors considered which affect the successes of the partnership were identified as:

- Commercial structure of the partnership
- Workforce implications
- IT strategy
- Procurement and equipping strategy
- Estate implications
- Availability of funding and differing funding routes
- Asset ownership

All of these issues have been considered during the project and the results are detailed in this section.

3.2 Commercial Structure of the Partnership - Options

The commercial structure of a partnership between the three Trusts present a range of governance options and issues which need to be resolved in detail incorporating both legal and tax advice within the next stage of the project.

Risks to individual Trusts

A number of risks to individual NHS Trusts associated with moving into collaboration have been identified these include:-

- Redundancy costs
- Current contractual obligations for equipment and IT
- Potential income variation
- Impact on ability of Trusts to meet efficiency targets
- Impact on individual Trusts current management and governance structures
- Asset ownership
- Ownership of land
- Length of contract
- Terms and conditions
- Rate of return on investment

A number of these issues will not be able to be finalised until the form of partnership is agreed as different legal structures will require varying degrees of contractual obligations. Legal advice was obtained regarding the possible options and the advantages, disadvantages and issue arising with each of the options the complete paper has been included in Appendix 9.

A summary from the original paper is shown in the table below with the original numbering contained in the legal advice document;

Table 6: Pathology partnership option summary from legal advice legal

Option	Scope	Comment
Option 3A	Pathology services are delivered through a separate legal	A number of NHS

	structure ("**New Co**") which is set up for this purpose (a "**corporate structure**"). Under this option, the Trusts would jointly set up and own a New Co which would be awarded a contract to deliver pathology services for both Trusts and GP's	Trusts are now adopting these structures because of the advantages in terms of culture , staff motivation ability to income generate and the additional advantage of potential tax efficiency
Option 3B	Pathology services are delivered by the trusts entering into relevant contractual arrangements to affect the partnership (a "**hosted structure**"). Under this option, one of the Trusts would act as host for the purpose of employing pathology services staff, holding (agreed) contracts on behalf of the three Trusts and to deliver pathology services for the Trusts as its customers.	Most Pathology partnerships around the country have used this option

The legal advice acknowledges that there will be significant advantages to adopting Option 3A as it will allow advantages in terms of culture, staff motivation ability to income generate and the ability to attract and retain key staff and the additional advantage of the recovery of VAT.

The property and commercial group have considered these options in more detail and have recommended that Option 3A is adopted by the Trust partners and establish a Limited Liability Partnership owned by all partner Trusts with the governance managed through a Board of Directors constituted of Board directors of the partner Trusts. The exact number of representatives will mirror the risk/ reward share agreement which is currently under consideration. Further work will be undertaken during the next stage of the project to produce recommendations supported and agreed by all Trusts within the partnership and these recommendations will be contained within the Outline Business Case.

3.3 Workforce implications

The recommended preferred solution will have an impact on workforce as there may be the requirement for some or all staff to be subject to TUPE transfer to a host organisation.

Given that the organisations remain within the NHS regardless of the option selected, staff will transfer on NHS terms and conditions. It is envisaged that the service will remain within the NHS undertaken by NHS staff.

As the plan is to deliver cold pathology services in a different location there will be a resulting impact on staff travel time and potential impact on retention of some staff dependent on their personal situations. The exact number of staff potentially affected will be determined during the detailed stage of the project.

A workforce group has been established and assessed the mitigations required to avoid staff reductions and redundancies during the lead in period for the establishment of the partnership (4 years). A joint workforce plan will be developed and implemented during this period of time. A draft plan based on other the measures undertaken in other collaborations has been proposed and will be discussed and agreed at the workforce group.

Discussions with employees and representatives should include any initiatives to maximise the retention of employees and redeployment opportunities and measures that may be taken to avoid the need for compulsory redundancy. This may include the following:

- reviewing any existing and proposed temporary and fixed term contracts
- limiting bank/agency usage
- a reduction in overtime
- establishment control
- natural wastage
- voluntary reduction in hours worked
- use of flexible working options
- early retirement
- redeployment
- consideration of early retirement or mutually agreed resignation scheme

A formal consultation process with staff will be undertaken once the staffing structures have been produced.

3.4 Informatics procurement and equipping strategy

The Pathology Programme Board has agreed the long-term direction of travel will be to pool procurement across the four Trusts from a pathology perspective under the governance of the Lancashire Procurement Cluster. This will offer the following benefits:

- Tests conducted in more than one laboratory will be performed on the same type of equipment, ensuring that results and reference ranges between laboratories are comparable.
- Standardising equipment will facilitate greater alignment of operating procedures, quality systems and training across all sites.
- Reduced costs: Based on other procurements, and independent discussions with equipment vendors, three or four Trusts pooling procurement should realise prices which are up to 15% below those offered to a single trust.

Currently the four Trusts in the region each have a differing range of contracts with different expiry dates. Some of Blackpool's Teaching Hospital Trust and East Lancashire Trust's key contracts are close to expiry and they have extended their current contracts on a short term basis.

Whilst the direction of travel is agreed, there are a number of options within the procurement strategy which will need to be finalised, including:

- Whether to procure a single multi-specialty Managed Equipment Service (MES) contract, or a series of single specialty contracts (i.e. separate contracts for: biochemistry; haematology; transfusion; microbiology; histology; and other specialist testing). The single MES is most common within the NHS, but feedback from suppliers and major European pathology groups suggests that the latter approach may offer lower costs, as well as offering greater opportunity to mix and match best of breed equipment.
- Whether to move all equipment to the new supplier at or near the start of the new partnership, or whether to create a contract whereby equipment is changed as and when old contracts expire. The former approach will realise benefits more quickly, but it is likely that early termination penalties will need to be paid, although it is possible that the new supplier will build these into the cost of their bid and amortise them over the life of the contract.

A procurement strategy will be produced by the procurement group and this will form part of the outline business case.

3.5 Estates implications

It is clear from the preferred option that there are potential significant estate implications hence a review of current pathology estate at the Trusts was undertaken by an external company which resulted in an estimate of refurbishment and decant costs to enable the accommodation to support the pathology service for the next 30 years.

A new-build hub facility would require capital and given the current lack of Public Dividend Capital (PDC) funding within the NHS the availability of funding and differing funding routes will be an issue in terms of deliverability.

3.6 Availability of funding and differing funding routes

The lack of PDC capital is a given in today's NHS, however there is an opportunity to be awarded transformational funding from NHS England, as this will be awarded to projects which will deliver improved services to patients and efficiencies for the health and care system.

The Lancashire and South Cumbria STP requested information regarding such schemes in November of 2016 and in April 2017 and a capital sum application was submitted outlining the possibility of a pathology hub being required. This bid was supported by L&SCP STP and was submitted by then to NHS England (NHSE) for evaluation. Further information in support of the bid was requested by NHSE in September 2017 and an announcement is expected in November 2017. Private sector capital is available and many developers and local authority pension funds are willing and able to supply capital investment. Access to private sector capital could also form part of a 'lease back' deal using an experienced property developer to build a hub and lease the facility back to the NHS. This option has the added advantage of an off balance sheet solution. High level financial appraisal of this variable has been undertaken in the option appraisal and is reflected in the financial tables in Chapter 4.

Section 4 – Financial Case

4.1 Introduction

The financial case summarises the capital and whole life costs of the short list of options. There is further work to be undertaken at the outline business case stage to provide more detail with the exception of the do nothing option. A more in depth due diligence exercise will be undertaken on the financial models and assumptions within the models during the planning process.

4.2 Key Assumptions

Key assumptions have been applied to cost projections and in some cases evidence from other similar sized collaborations has been used as the only evidence we currently have. The key assumptions are included in Appendix 10. Benchmarking data has been examined using the model hospital data. Income projections have not been uplifted or downgraded currently because:

- The project team have requested information regarding any potential developments which will affect income of the pathology services concerned no information has been forthcoming so the assumption is no changes known

- Income cannot be calculated on a cost per test basis at the moment
- In the case of test costs for non-direct access work they are included in cost of the procedures and therefore not transparent
- Trusts are funded for direct access work in differing ways e.g. one Trust has a block contract others contract directly with the CCG for direct access work

4.3 Affordability Assessment

Following a financial and estates appraisal of the top five scoring options option 2 and option 5 were shortlisted out as both unaffordable the financial and estates appraisal summary is in included in Appendix 11.
The following tables demonstrate the capital and whole life costs (Net Present Value) of each of the three shortlisted options over a one, five, ten and thirty year period. The detailed financial models and estate costs are detailed in Appendix 3.

Table 7(i): NPV – Option Comparison based on 10% efficiencies

Options appraisal - Reduced expenditure compared to baseline Option 1 - Do Nothing

	NPV compared to baseline Option 1 - Do Nothing				
Option	Year 1	Year 5	Year 10	Year 30	
	£m	£m	£m	£m	
Option 1 – Do Nothing	-£47.9	-£227.4	-£418.7	-£921.5	
	Movement to baseline (£m) - Reduced expenditure £m *				Payback period
	Year 1	Year 5	Year 10	Year 30	
Option 6 iv) - Offsite hub PR3 - purchase	-£0.0	-£0.3	£14.5	£59.0	Year 6
Option 3 ii) - Hub Blackpool - purchase	-£0.1	-£0.5	£13.8	£56.3	Year 6
Option 6 iv) - Offsite hub PR3 - lease	£0.4	£2.3	£16.3	£47.6	Year 1
Option 3 ii) - Hub Blackpool - lease	£0.4	£2.7	£16.0	£42.6	Year 1

**** Savings reflected at net present value (NPV)***

Table 7(ii): NPV - Comparison based on 20% efficiencies

Options appraisal - Reduced expenditure compared to baseline Option 1 - Do Nothing

	NPV compared to baseline Option 1 - Do Nothing				
Option	Year 1	Year 5	Year 10	Year 30	
	£m	£m	£m	£m	
Option 1 – Do Nothing	-£47.9	-£227.4	-£418.7	-£921.5	
	Movement to baseline (£m) - Reduced expenditure £m *				Payback period
	Year 1	Year 5	Year 10	Year 30	
Option 6 iv) - Offsite hub PR3 - purchase	£0.1	£1.2	£33.1	£125.3	Year 1
Option 3 ii) - Hub Blackpool - purchase	£0.0	£1.9	£34.2	£124.8	Year 1
Option 6 iv) - Offsite hub PR3 - lease	£0.4	£3.5	£34.9	£116.2	Year 1
Option 3 ii) - Hub Blackpool - lease	£0.4	£4.6	£36.3	£113.7	Year 1

**** Savings reflected at net present value (NPV)***

The lowest NPV in the tables 7(i) and 7(ii) are produced by option 6 the offsite hub option.

The exact location of the hub will impact these calculations in terms of land and travel costs therefore the Pathology Collaboration Board requested that the project team take forward the process of identifying a preferred location in conjunction in conjunction with the management group and property and commercial group. This location has now been recommended as land on the University of Lancaster site part of their Health Innovation Campus. The financial model in the Outline Business will therefore reflect in detail the costs relating to this location.

The property and commercial group assessed the financial appraisal of the options at their meeting on 17th August and a paper recommending a preferred location will be produced for the Pathology Collaboration Board meeting in September 2017 with a view to a recommendation from the Collaboration Board to the Trust Boards in October 2017. The preferred location for the cold pathology hub has been identified as land on the University of Lancaster site part of their planned health innovation park. The financial tables relating to the hub location options are contained in Appendix 12.

Lease Options

All of the options above demonstrate positive NPV's at year 1 of approval for the lease back option. This is because there are no costs associated with new accommodation until practical completion of the building in addition to this, developers allow rent 'holiday' for the first 6 months after occupation at the start of any new contract.

If the STP capital bid is not supported by NHS England there are several options to obtain capital from other sources both private and public. Discussions held with local government pension funds, DOH and local experienced developers has identified the potential for alternative funding from these sources and the alternative routes for obtaining capital have been discussed and are assessed below.

- **Local Government pension funds** – two local councils and LCC have expressed interest in funding the scheme either directly or by funding a developer. This is a possible alternative funding source which brings together public sector organisations and could provide value for money if land is involved in any transaction. A risk is that pension fund rate of return on borrowing is usually higher than the open market can provide at the moment with low interest rates and it is difficult to gain accurate figures currently until a definite scheme is agreed.

- **Department of Health –** PF2 offers the opportunity for an off balance sheet option however the capital required for this scheme (£30m) is too low for a PF2 scheme and at this level does not provide value for money

- **Local Developers/LIFT** – Discussions with local experienced developers have taken place as frameworks with local councils are in place with some developers who have the experience to deliver this scheme. The project team has obtained figures from a private developer on a lease back option and these have been used in the financial appraisal to date. Although the lease option demonstrates a positive NPV in the early years this option is more expensive over a 30 year period. This option however has the added advantage of being an off balance sheet solution.

Section 5 – Management Case

5.1 Introduction

The purpose of this section is to outline the high level actions and governance arrangements that have been established to ensure the successful production of the strategic outline case, and which will continue to be used during the subsequent stages. The management case describes the proposed control frameworks to be used during the planning stages of the programme, including:

- Programme management and governance
- Communication strategy/ Stakeholder engagement
- Risk management strategy
- Programme plan
- Benefits realisation planning
- Post project evaluation planning

5.2 Programme Management and Governance

A robust programme management structure has been established with a Pathology Joint Programme Board accountable to the respective Trust Boards. Reporting to the Joint Pathology Collaboration Board is a Programme Management Group, with relevant sub-groups as shown in Appendix 2. A Programme Management Office has been supporting the project to date. The team roles and responsibilities are detailed in the table below:

Table 8: Roles and Responsibilities of Project Management Office

Role	Responsibility
Project Director	Responsible for the management of the Project Manager and overall delivery of the strategic outline case (SOC).
Project Manager	Responsible for the management of the project through the various work steams and ensuring delivery of the work stream objectives.
Project Accountant	Responsible for delivery of the financial models.
Project Estates Lead	Responsible for the identification of any estates implications associated with the project, investigating the relevant options around estates and advising the Board of these implications through input into the business case.
Project Assistant	Responsible for providing administration support.

The next stage of the project currently will continue to be managed by the project team until such time as a Managing Director for the collaboration can be recruited. The project team have requested that the Pathology Collaboration Board approve additional resource to fund an IT project manager and workforce project manager into the team as the key pieces of work which need to be

undertaken will require more full time involvement. Each of the work streams have Terms of Reference, which are aligned to the original pathology collaboration paper which was approved by the Trusts Boards in October 2015 (Appendix 13).

The Project Team has been undertaking the management of the programme to the production of the strategic outline case.

When business case approval has been given and progression to the implementation stage of the project is required, it is recommended that a single management structure is established with full line management reporting responsibility across the Trusts involved.

Evidence from other successful Pathology collaborations across the country demonstrates that the formation of the top level management structure on or before the implementation stage of the project is key to the success of the project as are the quality and experience of the individuals appointed.

5.3 Communication Strategy /Stakeholder Engagement

The Pathology Joint Programme Board has developed a comprehensive communications and engagement strategy for both internal and external stakeholders. A wide range of methods have been utilised including GP liaison groups, internal stakeholders clinical, managerial, executive team briefings and staff briefings, virtual and actual. In addition to drop in sessions at all three Trusts and twitter updates. This strategy has been updated and modified recently in order to support continued engagement and development of both staff and stakeholders.

The Project Team is constantly striving for improved methods of communication to improve both staff and stakeholder understanding and feedback. As with any large scale complex change programme concerns regarding the future will affect staff particularly if uncertainty exists. The Project Team has therefore engaged with managers of the departments and the management group to ensure that the key messages which are communicated to staff are factual and accurate and reflect the direction of travel of the project whilst minimising uncertainty and personal agendas. Feedback is gained through drop-in sessions, e-mail and twitter and all questions are answered in writing and communicated to all.

5.4 Risk Management Strategy

The Pathology Joint Programme Board and sub-groups have identified risks since the project began. The principles which have been adopted are as follows;

- Identifying possible risks in advance, establishing mechanisms to minimise the likelihood of risk occurring and any associated adverse effects.
- Implementing processes to ensure up to date, reliable information about risk is available and establishing effective risk reviewing and monitoring.
- Establish the right balance of controls are in place to mitigate the adverse consequences of risks should they materialise.
- Ensuring the appropriate allocation of risk to the party best able to manage that risk.
- Ensuring that any risks to individual Trusts are integrated within the corporate governance arrangements.

The identified risks have been rated and consolidated into a Risk Register which is reviewed, via a governance work stream and presented as a standing item on the Management Group agenda. The latest version of the Risk Register is shown in Appendix 14. During the outline business case production a fully costed risk register will be produced.

A programme plan has been produced and a summary is shown in appendix 15.

The plan demonstrates that the timeline for lead up to full integration will take up to 4 years during which time the following a business plan with detailed income and expenditure projections will be produced following the successful procurement of the equipment and LIMS systems and the production of an agreed staffing structure. Benefits realisation planning and proposals for post project evaluation will be developed at subsequent stages within an Outline Business Case.

Section 6 – Conclusions and Recommendations

6.1 Introduction

The Pathology Joint Programme Board is requested to consider the conclusions of this paper and to support the specific recommendations contained within.

6.2 Conclusions

- There are clear advantages in terms of service sustainability which can be delivered by a single pathology service provided across the four NHS Trusts in the Lancashire and South Cumbria STP. Current vacancy rates in some services are running at >10% particularly within the Cellular Pathology consultant body.
- There are clear financial benefits which can be delivered by a single pathology service provided across the four NHS Trusts areas delivered in a hub and spoke model including the ability of the combined purchasing power to keep pace with digital and equipment advances. The total efficiencies achievable at year 3 of operation of the collaborative based on 20% efficiency target is approximately £11m per annum (three NHS Trusts) £16m (four NHS Trusts). Evidence from other collaborations demonstrates that a 20% efficiency target is achievable and levels of efficiencies range from 12% to 24% in other areas delivered through:

    - Joint procurement
    - Procurement of optimised transport systems
    - Adoption of transformational ways of working including digital technology
    - Standardisation of tests
    - Single workforce and staffing structure

- The potential economies of scale produced by a separation of ‘cold’ pathology services into a single location supports the direction of travel for increased services such as outpatients being delivered in out of hospital settings. The continued provision of urgent and emergency testing of specimens on a hospital site will support 24/7 and 7 day service from hospital sites.
- Of the shortlisted options a ‘hub’ facility will require capital investment in the range of £31m the implications of which have been assessed in the financial appraisal of the options. A capital bid has been submitted by the Lancashire & South Cumbria STP to NHS England to fund

the development of a 'hub' and associated ESLs, given the transformational nature of the project within this STP. Other sources of capital are available if this bid is not successful.

- The highest scoring option on the benefits appraisal and the most financially cost effective route is Option 6: Develop an offsite hub for cold pathology the location of the hub has latterly been identified as the Lancaster University site.

6.3 Recommendations

1. **To approve the development of an Outline Business case based on the delivery of a single pathology service across Lancashire & South Cumbria through a hub and spoke model with 'cold' laboratory services provided from a hub based on the Lancaster University site and the provision of emergency and inpatient pathology services from essential service laboratories based on hospital sites tailored to individual service requirements.**

2. **To commit to the formation of a formal partnership between the NHS Trusts in the STP footprint for the delivery of a single pathology service**

3. **To explore the implications of the proposed service model to understand the potential impact regarding pathology equipment and associated consumables, digital pathology and transport systems.**

4. **To commit to appointing a managing director for the collaborative and creating a single management structure for the pathology collaboration across the Trusts post strategic outline case approval**

Appendix 1 Operational Productivity Report

Operational_productivity_A.pdf

Appendix 2 – Pathology Collaboration Governance Structure

Pathology Collaboration powerp

Appendix 3 –Top 5 scoring options benefits appraisal

Appendix 3 exec summary Top 5 scorir

Appendix 4 - Financial model and Estate costs.

Do nothing-
refurbishment of exis

Blackpool Hub-
estate option.pdf

Furness Hub with
Cell Path RPH.pdf

Off site hub with Cell
Path RPH.pdf

NPV tables 10%.pdf

Copy of Recurrent
annual cost comparis

NPV tables 20%.pdf

Copy of Recurrent
annual cost comparis

Appendix 5 – Potential hub location long list

appendix 12Pathlab
Location options with

Appendix 6-Detailed description of 5 hub location options

Location
Appraisal.pptx

Appendix 7 – Scored hub location options

Scoring.xlsx

Scoring fiancial 50%.xlsx

Scoring financial 75%.xlsx

Appendix 8 – Feedback from site visits

Visit to Southmead Hospital, Bristol 27th I

Visit to Southwest Pathology Services.d

Gateshead experience part 1.pp

Gatehead experience part 2.pp

Visit to Salford Cellular Pathology Lal

Cellular Pathology visit to Pathlinks.docx

Visit to Veterinary Laboratory in Wether

Appendix 9- Pathology Partnership Legal Advice

Hempsons advice.pdf

Appendix 10 – Key financial assumptions

Execsummary appendix 9.docx

Appendix 11 – Affordability/deliverability appraisal of top 5 options

appendix 11 execsummaryoption a

Appendix 12– Financial models hub locations

Estate options costing model-hub loc

Appendix 13- Paper detailing remit for Pathology Collaboration Project

Trust Board Approval to Procced Paper Oct

Appendix 14-Pathology Collaboration Risk Register

Risk register
Pathology April 2017.

Appendix 15– Project Programme

Pathology Project
programmev2.pdf

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

29th November 2017

Chief Executive's Report

Report Prepared By:	Wendy Swift, Chief Executive
Contact Details:	Ext. 56853
Date of Report:	21st November 2017

Purpose of Report:

To provide the Board of Directors with an update on current issues including the Board Assurance Framework, Corporate Risk Register, Well Led Review, NHSI Quarterly Review Meeting, NHS England Fast Follower Proposal and Lancashire & South Cumbria STP Board Non-Executive Director Membership.

1 X **For information**	**2** ☐ **For Discussion**	**3** ☐ **For Approval**

Recommendations:

The Board is requested to review and note the content of the report and approve the following items:-

- Board Assurance Framework
- Corporate Risk Register

Sensitivity Level:

1 X **Not sensitive:** **For immediate publication**	**2** ☐ **Sensitive in part:** **Consider redaction prior to release**	**3** ☐ **Wholly sensitive:** **Consider applicable exemption**

Board of Directors Meeting

Chief Executive's Update

29th November 2017

1. **Board Assurance Framework**
   The Audit Committee reviewed the BAF at its meeting on 7th November 2017 and challenged several risks, which will be reported to the appropriate Board Committees.

   The Board of Directors is requested to note the assurances given by the Chair in the Audit Committee Assurance Report and to note that no changes have been made to the Board Assurance Framework.

2. **Corporate Risk Register**
   The Audit Committee reviewed the CRR at its meeting on 7th November 2017 and challenged the risk associated with anaesthetic medical staff cover. The CRR is being reviewed at present.

   The Board of Directors is requested to note the assurances given by the Chair in the Audit Committee Assurance Report and to note that no changes have been made to the Corporate Risk Register.

3. **Standing Orders Policy**
   The Standing Orders Policy has been updated and the main changes are as follows:-

   - To incorporate NHS Improvement instead of Monitor;
   - To include new referencing to the recently ratified Constitution.
   - The document was validated by the Audit Committee at its meeting on 7th November 2017 and is presented to the Board of Directors for ratification.

4. **Standards of Business Conduct Policy**
   The Standards of Business Conduct Policy has been updated to incorporate the requirements of the national NHS England guidance on managing conflicts of interest in the NHS.

   The main changes are as follows:

   The guidance has widened the type of individuals that this revised policy applies to; (Section 2)

   All salaried employees
   All prospective employees – who are part-way through recruitment
   Contractors and sub-contractors
   Non-Executive Directors
   Governors
   Interims
   Locums
   Agency staff; and
   Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation).

   The guidance has widened the circumstances in which the individuals are required to make declarations. All those with decision-making influence on the use of taxpayers' money are required to make declarations. For the purposes of this policy these people are referred to as 'decision-making staff.' (Section 3.6)

Decision-making staff in the Trust are:

Governors
Executive and Non-Executive Directors (or equivalent roles)
Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services (Trust Committee Chart)
Those at Agenda for Change Band 8d and above (as determined by the Workforce Advisory Service)
Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation (as listed by the Procurement Department)
Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods (as listed by the Finance Department Budget Holders), medicines (as determined by the Pharmacy Department), medical devices and premises (as determined by Atlas) or equipment and formulary decisions (as determined by the Pharmacy Department).

The guidance has widened the list of declarations that need to be disclosed under the revised policy to include; (Section 3.8 and 3.10)

Gifts
Hospitality
Outside Employment
Shareholding and other ownership issues
Patents
Loyalty interests
Donations
Sponsored Events
Sponsored Research
Sponsored Posts
Clinical Private Practice

The revised policy requires that both 'actual' and 'potential' conflicts of interest be declared; 'actual' conflicts are material conflicts between one or more interests. 'Potential' conflicts are where the possibility of a material conflict between one or more interests may occur in the future. (Section 3.5)

The arrangements for managing breaches of this policy have been amended to correlate with the national guidance. (Section 3.13)

The document was validated by the Audit Committee at its meeting on 7th November 2017 and is presented to the Board of Directors for ratification.

5. <u>Well-Led Inspection:-</u>

In preparation for the Well-led Inspection in December 2017, the Trust has commissioned Mersey Internal Audit Agency (MIAA) and Advancing Quality Alliance (AQuA) to review the Trusts Self-Assessment which was undertaken last year. The Head of Corporate Assurance has co-ordinated the Self-Assessment signed off by Executive Directors in preparation for a Board Development Session on 29th November. MIAA and AQuA will then undertake interviews with Board Members.

6. <u>Meetings and Events:-</u>

<u>Walkabouts:-</u>
31st October – Filipino Community Halloween Party
15th November - Cardiac Department, Emergency Department, Surgical and Medical Assessment Units, Bed Office and Ward 24 with Mary Whyham, Non-Executive Director

<u>AAC Consultant Interviews</u>
I was a member of the panel for the following Consultant Interviews and am pleased that we have appointed the following:-
7th November- Consultant Rheumatologist – Dr S Chopra
22nd November – Consultant Histopathologist – Dr D Bury

Mr David Houston, Chief Executive, Trinity Hospital Visit to Trust – 6th November
I met with David to discuss areas for joint working and future options for shared developments.

LCC Meeting – 8th November
I attended a meeting with colleagues from Lancashire Trusts and CCG's with Lancashire County Council to discuss plans for Social Care provision over the Winter period.

Clinical Excellence Awards Panel – 9th November
I attended along with Mr Hearty, Mr Cullinan, Dr O'Donnell and Dr Harper the Panel Meeting where decisions were made on the clinical excellence awards for Consultants for 2016.

Mr Paul Maynard, MP Blackpool North & Cleveleys - 10th November
Mr Maynard visited the Trust to participate in the sale of poppies in the main entrance through his constituency office. During the day I met with him and discussed the new build in A&E.

Remembrance Service – 10th November
The Trust held a Remembrance Service outside the main entrance to commemorate the new Flagpole and to remember those who have served our country. This was well attended by staff and children from the Nursery who had painted pictures of poppies.

UoR Assessment - 10th November
Myself and senior managers within the organisation met with colleagues from NHS Improvement (NHSI) on the 10th November.

Discussion during the visit included views on performance on use of resources. Examples of good practice which they acknowledged including the work with the AHP workforce and the back office work around estates and facilities. There was also discussion around further opportunities for productivity gains, such as the long length of stay and the pre-procedure non-elective bed days and the support that NHS Improvement can provide for the Trust around productivity opportunities and making financial improvements.

NHS Improvement A&E Delivery Board Meeting in Leeds - 13th November
I attended the meeting with colleagues across the North to consider actions to support the pressures being experienced in A&E.

STP Board Development Session – 15th November
I attended the first meeting of the STP Board with Mr Hearty which was a workshop to look at the results from the STP Gateway Review and consider the action for the STP Board.

Accountable Care System Steering Group Meeting - 16th November
The meeting was attended by Executive Directors and Non-Executive Directors from the Trust. Detailed discussion took place around winter planning and the Communications Plan.

Getting It Right First Time (GIRFT) MAX FAX - 20th November
The Review Meeting was attended by a wide range of clinicians from the Department. The review was positive and areas of good practice were highlighted.

Fylde Coast Vanguard Meeting with NHS England – 23rd November
The quarterly meeting with NHS England was attended with a number of our staff. The services received positive feedback from NHS England. This is the final year of our 3 year Vanguard pathfinder work.

Long Service and Qualifications Award Event – 27th November
The event was arranged to present long service awards to our staff. Staff received certificates for 20 years, 30 years and 40 years' service.

7. <u>Christmas is Coming:-</u>

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

- Butterfly Ball – Friday 1st December (Hilton Hotel)
- Christmas Market – 7th December (HPEC)
- Tree of Lights Ceremony – 11th December (Oliver's Restaurant)
- Christmas Lunch – 13th December (Oliver's Restaurant)

Wendy Swift
Chief Executive

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

29 November2017

CCIO Post and Electronic Patient Record

Report Prepared By:	Professor M O'Donnell, Medical Director
Contact Details:	Ext 56993
Date of Report:	19 November 2017

Purpose of Report:

To update Board on progress with recruitment to this post.

1 [x] **For information**	**2** [ ] **For Discussion**	**3** [ ] **For Approval**

Recommendations:

To note the content of the report.

Sensitivity Level:

1 [x] **Not sensitive: For immediate publication**	**2** [ ] **Sensitive in part: Consider redaction prior to release**	**3** [ ] **Wholly sensitive: Consider applicable exemption**

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

29 November2017

CCIO Post and Electronic Patient Record

1. BACKGROUND

There have been concerns raised by regulators and HM Coroner about the availability of medical records for the timely management of patients' care. Over the past few years several business cases have been presented to Executive Directors for the provision of an Electronic Document Management System (EDMS) but to date they have been deemed too costly to implement in the light of competing demands for finance.

With the increasing demand for, and use of, electronic databases and clinical records there is a recognised need for the appointment of a Chief Clinical Information Officer. This is in line with good governance of the Trust's electronic resources and the role will offer an important interface between the IT team and the needs of clinicians.

2. PROGRESS

A business case for the provision of an EDMS has been approved by Executive Directors and will be implemented within the next financial year. This will allow scanning of new records which will then be available electronically and immediately available to attending clinicians.

There will still be a need for paper records as the existing library is too large to scan at this time.

The Trust has never had a formally appointed CCIO and the Medical Director has been filling this function. An internal advert last year attracted two applicants who were interviewed but neither was deemed suitable for appointment. Subsequently the Medical Director had several conversations with Lancaster University about the appointment of a clinical academic who would spend 50% time in the Trust as CCIO. Despite interest from the University in the idea and the use of international head hunters no suitable candidate has been identified. It has now been decided to revert to internal advertisement and a further two internal candidates have expressed interest in the post. From informal discussion it is believed that both of these is suitable. A revised job plan is being written by the Medical Director and the Chief Information Officer and the post will go to advert before Christmas.

Professor Mark O'Donnell
Medical Director

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

29th November 2017

Chairman's Update

Trust Activities

Walkabouts and Visits:-

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

Families Division – 2nd November (with Dr P Curtis, Divisional Director and Mary Whyham, Non-executive Director) where I visited the Paediatric Department.

Adults and Long Term Conditions – 14th November. I meet with Lorraine Koratzitis, Head of Blackpool Locality Community Nursing & Rehab Therapies and her team.

Scheduled Care Division – 15th November. I met with Dr Dale Watson, Cardiac Anaesthetist who gave me an overview of the services provided by Anaesthetists.

Consultant Appointments:-

I was a member of the panel for the following Consultant Interviews and am pleased that we have appointed the following:-

7th November- Consultant Rheumatologist – Dr R Chopra
22nd November – Consultant Histopathologist – Dr D Bury

UoR Assessment - 10th November

On the 10th November I met with the NHS Improvement (NHSI) team with the Chief Executive and other senior managers within the organisation. The team from NHSI included Anne Gibbs, Director of Delivery Improvement, Stephen Downes, Business Director, Rhona Collins, Regional Productivity Director, Iain Cameron, Delivery and Improvement Lead and Sigrid Draeger, Assistant Delivery and Improvement Manager.

Discussion during the visit included views on performance on use of resources. Examples of good practice that they saw we acknowledged, such as the work with the AHP workforce and the back office work around estates and facilities. There was also discussion around further opportunities for productivity gains, such as the long length of stay and the pre-procedure non-elective bed days and the support that NHS Improvement can provide for the Trust around productivity opportunities and making financial improvements.

Governors and Membership Activities

Lead Governor and Deputy Lead Governor Elections:-

- The election for the appointment of a Lead Governor has recently taken place and I am pleased to report that Sue Crouch has been elected to the role.

- The election for the appointment of a Deputy Lead Governor is currently taking place and the result will be announced on 27th November 2017.

Meetings/Events with the Governors/Membership:-

- Nominations Committee Meeting (7th November)
- Election Count for Lead Governor Role (15th November)
- Individual meetings with both new and existing Governors.

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

- Trust Corporate Induction – 26th October / 13th November
- NHS Providers GovernWell Core Skills Event – 26th October
- Strategic Workforce Committee – 26th October
- Board of Directors Meeting – 1st November
- Council of Governors Meeting – 1st November
- Equality, Diversity & Inclusive Meeting – 8th November
- Procurement Steering Group – 8th November
- Health Informatics committee – 8th November
- Formal Patient Safety Walkabout – 21st November

Future Meetings

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

- Walkabouts throughout December across the Trust including Community areas.
- Long Service and Qualifications Award Event- 27th November
- Chairs and CEO meeting- London- 5th December

Non-Executive Director Activities

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

- Fylde Coast Accountable Care System Steering Group – 19th October/16th November
- Moving to Good Launch/First Learning Event – 25th October
- NWLA Mentoring and Coaching Event – 27th October
- Informal Walkabout – 27th October
- Mortality Committee – 27th October
- Voluntary Services Committee – 31st October
- Clinical Policy Forum/TMT – 2nd November
- Informal Walkabout – 2nd November
- CQC Standards 15 Steps Visit – 7th November
- Blackpool CCG Meeting – 7th November
- Disciplinary Hearing – 7th November / 8th November
- Clinical Excellence Awards Panel – 9th November
- HFMA Audit Conference – 14th November
- Lancashire & South Cumbria STP Board – 15th November
- Informal Walkabout – 15th November
- Moving to Good Teleconference – 15th November
- Complaints Review Panel – 21st November
- Fylde & Wyre CCG Meeting – 21st November
- Formal Patient Safety Walkabout – 21st November

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

Ian Johnson
Chairman

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

29th November 2017

Confirmation of Chairman's Action

The Directors are requested to confirm the action taken by the Chairman on behalf of the Board of Directors as follows:-

Number	Date	Project Details
1	22.11.17	University of Central Lancashire Medical Students Contract

Judith Oates
Foundation Trust Secretary

Board of Directors

Attendance Monitoring

1st April 2017 – 31st March 2018

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

Attendance	Apologies	Deputy	No Apologies / Deputy
G	A	B	R

* attended as an observer