PLEASE NOTE THE START TIME AND VENUE FOR THIS MEETING

17th April 2018

Dear Board Members

Blackpool Teaching Hospitals NHS Foundation Trust – Board of Directors Meeting

The next meeting of the Board of Directors of the Blackpool Teaching Hospitals NHS Foundation Trust will be held in public on Wednesday 25th April 2018 at 11.00 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
<table>
<thead>
<tr>
<th>Agenda Item Number</th>
<th>Agenda Item</th>
<th>Duration</th>
<th>Purpose/Expected Outcome</th>
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<tbody>
<tr>
<td>1</td>
<td>Chairman’s Welcome and Introductions – Mrs Crowshaw to report. (Verbal Report).</td>
<td>11.00 am (1 minute)</td>
<td>For Information</td>
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<tr>
<td>2</td>
<td>Declaration of Interests Concerning Agenda Items – Mrs Crowshaw to report. (Verbal Report).</td>
<td>11.01 am (1 minute)</td>
<td>For Information</td>
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<tr>
<td>3</td>
<td>Apologies for Absence – Mrs Crowshaw to report.</td>
<td>11.02 am (1 minute)</td>
<td>For Information</td>
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<tr>
<td>4</td>
<td>Minutes of the Previous Board of Directors’ Meeting held in Public on 31st January 2018 – Mrs Crowshaw to report. (Enclosed).</td>
<td>11.03 am (2 minutes)</td>
<td>For Approval</td>
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<tr>
<td>5</td>
<td>Matters Arising:-</td>
<td>11.05 am (5 minutes)</td>
<td>For Discussion</td>
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<tr>
<td></td>
<td>a) Action List from the Previous Board of Directors’ Meeting held in Public on 31st January 2018 – Mrs Crowshaw to report. (Enclosed).</td>
<td></td>
<td>For Discussion</td>
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<tr>
<td></td>
<td>b) Action Tracking Document – Mrs Crowshaw to report. (Enclosed).</td>
<td></td>
<td>For Discussion</td>
</tr>
<tr>
<td>6</td>
<td>Overview of Challenges and Debates Outside Formal Board Meetings from Non-Executive Directors and Executive Directors - Board Members to report. (Verbal Report).</td>
<td>11.10 am (5 minutes)</td>
<td>For Discussion</td>
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<tr>
<td>7</td>
<td>Patient Story DVD – Professor O’Donnell to report.</td>
<td>11.15 am (10 minutes)</td>
<td>For Discussion</td>
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<tr>
<td>8</td>
<td>Executive Reports:-</td>
<td>11.25 am (75 minutes)</td>
<td>For Discussion/ For Approval</td>
</tr>
<tr>
<td></td>
<td>a) Strategy and Assurance Performance Reporting (including reports from Quality Committee, Strategic Workforce Committee, Audit Committee and Finance Committee) – Executive Directors/ Committee Chairs to give a presentation.</td>
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<td></td>
<td>b) Strategy Update – Mrs Swift/Mr Bennett to give a presentation.</td>
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<td></td>
<td>c) CQC Inspection Update/Action Plan – Mrs Thompson to report. (Enclosed).</td>
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<td>d) Chief Executive’s Report – Mrs Swift to report. (Enclosed).</td>
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<tr>
<td>9</td>
<td>Interim Chairman’s Report:-</td>
<td>12.40 pm (5 minutes)</td>
<td>For Information</td>
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<td></td>
<td>a) Interim Chairman’s Update. (Enclosed).</td>
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<td></td>
<td>b) Feedback from the Blackpool Clinical Commissioning Group Governing Body Meeting held on 6th March 2018 – Mr Finnigan to report. (Verbal Report).</td>
<td>12.45 pm (5 minutes)</td>
<td>For Information</td>
</tr>
<tr>
<td>10</td>
<td>Key Themes for Team Brief – Mrs Crowshaw to report. (Verbal Report).</td>
<td>12.50 pm (5 minutes)</td>
<td>For Discussion</td>
</tr>
<tr>
<td>11</td>
<td>Trust Values / Examples of Value of the Month – Mrs Crowshaw to report. (Verbal Report).</td>
<td>12.55 pm (5 minutes)</td>
<td>For Discussion</td>
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<tr>
<td>12</td>
<td>Attendance Monitoring – Mrs Crowshaw to report. (Enclosed). 1.00 pm (1 minute) For Information</td>
<td></td>
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<tr>
<td>13</td>
<td>Any other Business – Mrs Crowshaw to report. (Enclosed). 1.01 pm (1 minute) For Discussion</td>
<td></td>
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</tr>
<tr>
<td>14</td>
<td>Items Recommended for Decision or Discussion by Board Committees – Mrs Crowshaw to report. (Verbal Report). 1.02 pm (1 minute) For Discussion</td>
<td></td>
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</tr>
<tr>
<td>15</td>
<td>Questions from the Public – Mrs Crowshaw to report. (Verbal Report). 1.03 pm (10 minutes) For Discussion</td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>Date of Next Meeting – Mrs Crowshaw to report. (Verbal Report). 1.13 pm (1 minute) For Information</td>
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<td></td>
<td>Total Duration – 2 hours, 14 minutes</td>
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Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 31st January 2018 at 11.00 am
in the Board Room, Trust Headquarters, 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
Mr Tim Bennett – Deputy Chief Executive/Director of Finance
Professor Mark O’Donnell – Medical Director
Mrs Pat Oliver – Director of Operations
Mrs Marie Thompson – Director of Nursing & Quality

In Attendance:
Mrs Jane Meek – Programme Director (Better Care Now)
Miss Judith Oates – Foundation Trust Secretary

Governors (observers) – 3

Members of Public (observers) – 1

Members of Staff (observers) – 2

01/18 Chairman's Welcome and Introductions

a) Jimmy Armfield (OBE)

The Chairman opened the meeting on a sombre note, making reference to the recent death of Jimmy Armfield (OBE). The Chairman advised that Mr Armfield had played a significant part in the NHS community across the Fylde Coast, serving as a Non-Executive Director on the Blackpool, Wyre & Fylde Community Health NHS Board and the Blackpool Hospitals Board for many years.

Mrs Swift commented that Mr Armfield had been involved in many projects within the health economy such as the Dementia Corridor, the refurbishment at Clifton Hospital and official openings and that it had been a privilege to work with him.

b) House-Keeping Rules

The Chairman reminded the Board and members of the public about the housekeeping rules in terms of mobile phones and fire alarms/fire exits.
c) **Questions from the Public**

The Chairman advised that no questions had been received in advance of the meeting but that he would take two or three questions from observers at the end of the meeting.

**02/18 Declarations of Interests**

There were no declarations of interest in relation to the items on the agenda.

**03/18 Apologies for Absence**

There were no apologies for absence.

**04/18 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 29th November 2017 be approved and signed by the Chairman.

**05/18 Matters Arising:**

a) **Action List from the Board of Directors Meeting held on 29th November 2017**

It was noted that all 6 items on the action list had been completed.

b) **Action Tracking Document**

It was noted that 3 of the 6 items on the action tracking document 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 this item had been deferred until completion of the strategy review.

- **BFW Management Ltd** which related to the Interim Chair and Interim Stakeholder Director appointments – it was reported that this issue had been discussed at the Shareholder Panel meeting in November 2017 and further discussion would take place at the next meeting on 1st February 2018.

- **Board Room Acoustics** which related to the audio-microphone system in the Board Room – it was reported that quotations received were being reviewed to ensure best value for money.

It was noted that there were 2 items not yet due, one of which related to the National Visiting Programme “Getting It Right First Time”. Professor O’Donnell advised that feedback reports would be submitted to the Board following each visit.

**RESOLVED:** That the item relating to the National Visiting Programme “Getting It Right First Time” be removed from the action tracking document.

**Action To Be Taken Following The Meeting**

*This item has been removed from the action tracking document.*

**06/18 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.

It was noted that no reports were given at the meeting.
Patient Story

The Chairman reminded Board members that a patient story was usually shared at Board meetings to provide Board members with the opportunity to hear from patients about their care and treatment.

Professor O’Donnell reported that this month’s patient story was positive and related to a patient who had been experiencing pain due to plantar fasciitis and had been successfully treated by the Podiatry Department.

Following the DVD, the Chairman commented that it was a really positive story, however, he queried the reason for GPs not being aware of the service available to patients.

Executive Reports:

a) Assurance Performance Reporting

The Chief Executive drew attention to the Strategic Performance Reporting slides and provided an overview which included reference to the CQC Well-Led Assessment and Unannounced Visit and the current system pressures.

With regard to the CQC inspection, it was noted that Mrs Thompson would provide feedback later in the meeting.

With regard to the system pressures, Mrs Swift reported that it was a national issue and she praised the hard work and commitment of staff across the NHS who had worked tirelessly, particularly during the past few weeks, to achieve high quality and safe care for patients.

Quality

Professor O’Donnell provided an update on mortality which included the overall trend, the corrective actions in place or planned and the key risks to achievement.

Mrs Thompson reported on the Friends & Family Test and outlined the overall trend, the corrective actions in place or planned and the key risks to achievement.

Mrs Thompson outlined the highlights from the Quality Committee meeting held on 24th January 2018 and drew attention to the significant assurance given to the six monthly updates on Clinical Audit, NICE, NCEPOD and the limited assurance given to Mortality with a SHMI of 115.

Mr Roff highlighted three issues as follows:

- Having reached the end of the third quarter, detailed discussion had taken place about the quality measures and concern had been expressed about the actual safety and quality of care being given despite the high level of patient satisfaction. It was confirmed that there were issues around waiting times and A & E performance but that there had been no reduction in patient safety.

- Having previously worked around the 18 week rule in terms of waiting lists, a better package of measures would need to be delivered.

- There had been concern around the level of staff in A & E and a recommendation from the Quality Committee to the Finance Committee for additional staffing in A & E which would have to be considered for budget purposes for next year.
The Chairman highlighted the importance of the Quality Committee, having set the Quality Strategy, in terms of reporting to the Board and providing assurance from the reports.

Mrs Whyham asked about assurance around learning from never events and Mrs Thompson advised that the team was responsible for developing action plans and monitoring implementation. It was noted that the learning point was the checks on the “5 steps” and that spot audits were also undertaken.

Mrs Crowshaw advised that a report would be submitted to the Finance Committee in respect of the safe staffing review for A & E and the proposal to increase the budget for staffing and to recruit on a phased approach. Mrs Thompson stated that nursing associate roles had recently been recruited to and that assistant practitioners were in post and that the Trust had a good relationship with student establishments. She further stated that Mr Renshaw and herself were working together in terms of a more integrated plan to progress recruitment and also to “grow our own” staff. Mrs Crowshaw pointed out that it was important for the Finance Committee and Board to be aware of the recruitment issues if they were being asked to approve the budget for additional staff.

Professor O’Donnell referred to the Maxims system which had been operational in A & E since December, replacing a failing system, and was pleased to report that the implementation had been successful and well received by the staff. He asked to place on record a thank you to the A & E team for taking on the challenge of the new system at an extremely busy time of year and also to the IT team for providing the necessary support.

Workforce

Mrs Meek outlined the current trend, the future strategic focus, the corrective actions in place or planned and the key risks to achievement in terms of staff vacancies and staff satisfaction.

Mr Hearty asked about the re-training opportunities for staff and Mrs Meek advised that this needed to be made more fluent. Professor O’Donnell confirmed that the Trust had a good relationship with a higher education institute in respect of re-training.

Mr Cullinan highlighted the following issues:-

- In terms of workforce plans across the ACP, this should be the focus on future meeting agendas and colleagues from other organisations would be asked to provide input.

- The Board was being formally requested to accept the Guardian of Safe Working Quarterly Report and the Freedom To Speak Up Guardian Quarterly Report.

It was noted that educational budgets would need to be reviewed if opportunities for staff recruitment were to continue.

Mr Cullinan advised that the overall assurance for workforce was limited.

**RESOLVED:** That the Guardian of Safe Working Quarterly Report and the Freedom To Speak Up Guardian Quarterly Report be accepted.
Finance

Mr Bennett provided an update on the overall trend, the corrective actions in place or planned and the key risks to achievement.

Mrs Oliver reported on the compliance measures and pointed out that the 18 weeks recovery plan was expected by 9th February 2018 and A & E performance was almost at 85% for January; it being noted that the streaming had been extremely successful.

Professor O’Donnell provided an update in respect of elective and non-elective length of stay.

Mrs Crowshaw thanked the Board members who had attended the previous week’s Finance Committee meeting. She pointed out that finance and the cash position continued to be challenging.

Audit

Mr Hearty reported that discussion had taken place at the Audit Committee meeting on 16th January 2018 about whether the right processes were in place for assurance and managing risk.

Mr Hearty outlined the highlights from the meeting which included the Corporate Risk register, Board Assurance framework, Cyber Security, Internal Audit Draft Plan 2018/19 and the Annual Report & Accounts 2017/18.

b) Chief Executive’s Report

Mrs Swift highlighted the key issues from the Chief Executive’s report, namely the Board Assurance Framework, Corporate Risk Register, Walkabouts & Visits and Long Service & Achievement Awards.

It was noted that 218 staff had 20 years or more service and that 28 staff had more than 40 years’ service.

RESOLVED: That the Board Assurance Framework and Corporate Risk Register be approved.

Mrs Crowshaw expressed thanks to the Executive Team who had spent time in A & E during the past few weeks to ensure that patients received the best possible care. She applauded their commitment and passion for the Trust.

c) CQC Inspection Update

Mrs Thompson reported that the Trust had undergone a full core services inspection and well-led inspection from the CQC and the initial feedback indicated that the staff were a credit to the organisation in terms of commitment and motivation.

The CQC had pointed out that the Trust was making progress as an organisation and they had been positive in terms of the strategy work from 2015 and also about the work on the mortality improvement journey.

It was noted that there had been no immediate concerns or enforcement actions from the CQC at the time of the visits.

It was further noted that the CQC had witnessed the organisation in reality in terms of A&E, AMU and the Surgical Wards.
Mrs Thompson anticipated that the draft report would be issued to the Trust for factual accuracy check in mid-February and that the report would be published in the public domain in March.

d) Learning from Deaths Report

Professor O’Donnell reminded Board members about a document produced by the CQC in 2016 relating to Learning from Deaths which was specifically related to patients with learning disabilities.

It was noted that there was a requirement for a report on Learning from Deaths to be submitted to the Board Meeting in Public by the end of December 2017, however, there had not been a meeting in December 2017, hence the report to the meeting in January 2018.

Professor O’Donnell advised that the number of avoidable deaths was detailed in the methodology within the report which relied on expert interpretation. It was noted that there had been a total of 5 deaths where there had been evidence of avoidability, resulting in a percentage of 2 which was lower than the figures in the Prism Study which reviewed 1000 deaths across 10 Trusts. With regard to learning disability patients, it was noted that there had been 1 reported unavoidable death.

Reference was made to the action and learning points which had been produced following a retrospective review of case notes of deceased patients.

The Chairman thanked Professor O’Donnell for the update and stated that it would be interesting to note how the new format for reporting deaths developed.

Mr Finnigan asked about the risk appetite for treating patients where there was no benefit. Professor O’Donnell stated that there was a two tier system whereby all patient deaths were reviewed and that action points were produced for any avoidable deaths. The Chairman asked how this linked to the Coroner’s process and Professor O’Donnell advised that it was deemed to be a separate independent process.

Mrs Whyham referred to the action point relating to End of Life Care and the issue around communication which needed to be addressed.

Professor O’Donnell confirmed that future reports would be submitted to the Board Meeting in Public and mortality updates would be submitted to the Quality Committee.

Chairman’s Report

a) Chairman’s Update

The Chairman’s Update was provided for information.

b) Proposed Amendments to Trust Constitution

The Chairman advised the Board that the Governors had been involved in recent discussions about proposed changes to the Constitution which required approval from the Board and the Council.

Mr Burrow reported that the Governors Constitution Task and Finish Group had recommended a number of proposed changes to the Constitution which were outlined in the report.
Mr Case referred to the four universities mentioned in the report and queried whether the Trust would be compliant with the 2006 Act by maintaining 2 of the 4 providers and Mr Burrow confirmed that the Trust would be adequately represented under this arrangement.

Mr Cullinan welcomed the appointment of a representative from a local school or college.

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

c) Legacy Policy – Feedback from the Corporate Trustee

The Chairman referred to the report which provided clarification on the legacy policy and requested approval to the recommendation for the receipt of legacies into the Blue Skies charitable Fund to continue and to rationalise the number of funds within the charity.

**RESOLVED:** That the above recommendations be approved.

d) Feedback from Clinical Commissioning Group Governing Body Meetings

Mr Cullinan provided feedback from the Blackpool CCG Meeting held on 16th January 2018 as follows:-

- It had been interesting to note that the business on the agenda was similar to the business on the Trust’s agenda, more so than when he had last attended a CCG meeting.

- There had been a great deal of emphasis and discussion around winter pressures and the way in which the whole system had been affected and he had taken the opportunity to reflect and convey thanks, on behalf of the Board, to their staff for their involvement.

Mr Hearty provided feedback from the Fylde & Wyre CCG Meeting held on 23rd January 2018 as follows:-

- The comments relating to the Blackpool CCG meeting in terms of the business on the agenda also applied to the Fylde & Wyre CCG meeting

- There had been an interesting presentation by Dr Tony Naughton regarding the experiences of GPs and he suggested having a conversation with Dr Naughton about this, particularly in terms of the understanding and awareness of the help available in the community.

- It had been pleasing to note that the Board reports and discussions reflected the strategic discussions at the Lancashire & South Cumbria level and the Fylde Coast level and they were engaged in a positive way on this agenda.

- It was disappointing to note the small number of the public attending.

**RESOLVED:** That consideration would be given to contacting Dr Naughton about the understanding and awareness of the help available in the community.

**Action To Be Taken Following The Meeting**

*This item has been considered and will be reported through the Clinical Senate.*

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

Action To Be Taken Following The Meeting
This item has been actioned.

11/18 Trust Values / Examples of Value of the Month

It was noted that the values had been reflected during the discussion about Team Brief.

It was further noted that the value of the month for February was “Positive” and it was pointed out that there had been positivity during January with the whole health economy working together in terms of the system pressures.

12/18 Attendance Monitoring

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

13/18 Any other Business

There was no other business.

14/18 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.

15/18 Questions from the Public

At this juncture, the Chairman gave members of the public the opportunity to ask questions.

Nic Fogg – 38 Degrees

Mr Fogg commented that the financial position was behind plan at present partly because the Trust did not receive funding from the STF and he asked for clarification on this and on the financial position of the Trust at present.

Mr Fogg also commented on the minutes of the previous meeting relating to the Pathology Collaboration when it was agreed that the costings for a private sector provider should be considered for this project and he asked for an update on this and the reason for considering a private sector provider.

With regard to the STF, Mr Bennett explained that it was partly national funding which was allocated to Trusts and, in total, amounted to £9m for this Trust, 30% of which was received if the Trust achieved its A&E performance standards and 70% of which was received if the Trust achieved its financial control total. It was noted that the financial impact for the year to date was £1.6m and the results for Quarter 4 would be known later in the year.

With regard to the Pathology Collaboration, Mr Bennett reported that the Strategic Outline Case had been discussed and endorsed by the Board and, to date, by three of the four Lancashire Trusts within the Collaborative. It was further reported that a new business case would be developed in the next few months which would be explicit about how the service would be delivered and who would be involved.
Dr Ranjit More

Dr More commented that colleagues had been trying to adopt Innovative practice within the Trust.

Mrs Swift stated that discussions would need to take place with the Specialist Commissioners and that she would raise this issue outside the meeting.

**RESOLVED:** That Mrs Swift would raise this issue outside the meeting.

Dr More stated that he appreciated that the Board had conveyed thanks to staff for dealing with the pressures but questioned why the pressures had not been planned for; it being noted that action appeared to have been taken late into the process when outliers were already in the system.

Mrs Swift confirmed that plans had been made by cancelling some elective surgery, however, the Trust had been instructed by NHSI to cancel all elective surgery.

Professor O'Donnell agreed that the Trust did have the same scenario each winter and therefore there may be elements that could be undertaken differently, however, there were pressures in the whole health system at present. He confirmed that plans had been made but that the flu outbreak had resulted in much more cases than anticipated (200 positive cases) and had created significant pressure in the system. He stated that there was a real problem around capacity in the whole health economy.

Mrs Oliver reported that preparation on the winter plan had started in May, reviewing the five year previous history. It was noted that the biggest challenge for the Unscheduled Care Division was recruitment.

**Action To Be Taken Following The Meeting**

Discussions have commenced with the Specialist Commissioners around plans to develop Cardiac Services. These discussions are on-going.

Pat Roche

Mrs Roche asked how the staff coped with achieving the values and having to make strategic decision.

Mrs Oliver stated that their coping strategy was to bounce ideas off each other and cross check decisions.

The Chairman commented that there was mutual support.

**Member of the Public**

A question was asked about staffing levels and it was suggested that discussion should take place with staff who were about to retire to ask whether they would like to remain in post and pass on their experience.

Mrs Meek stated that flexible working schemes and retire and return schemes were in place and she confirmed that discussions did take place with staff who were due to leave the Trust in order to try to understand their reason for leaving which was usually due to retirement or relocation.

The Chairman thanked members of the public for their questions and their interest in the Trust.
Any other Business

The Chairman pointed out that this was his last Board meeting after 6 years in post, most of which he had found enjoyable. He stated that it had not been about being Chairman but about the team around him and that both the EDs and the NEDs, and therefore the Board, had strengthened and were not afraid to challenge in a constructive way.

Mrs Swift thanked the Chairman for his excellent contribution to the Trust and stated that he would be missed at the Trust but that it was good that he would remain as a Chairman within the health economy.

Mrs Crowshaw thanked the Chairman for his support to the NEDs.

Date of Next Meeting

The next meeting will take place on Wednesday 25th April 2018.
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<thead>
<tr>
<th>Minute Ref/No</th>
<th>Date Of Meeting</th>
<th>Agenda Item Heading</th>
<th>Action To Be Taken</th>
<th>Person Responsible</th>
<th>Date To Be Completed</th>
<th>Change Of Date</th>
<th>Progress</th>
<th>RAG Status</th>
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<tr>
<td>Item 05/18(b)</td>
<td>31.1.18</td>
<td>Action Tracking Document</td>
<td>Remove from the action tracking document the item relating to the National Visiting Programme &quot;Getting It Right First Time&quot;.</td>
<td>Judith Oates</td>
<td>25.4.18</td>
<td></td>
<td>This item has been actioned.</td>
<td>Green</td>
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<tr>
<td>Item 09/18(d)</td>
<td>31.1.18</td>
<td>Feedback from CCG Governing Body Meetings</td>
<td>Consider contacting Dr Naughton about the understanding and awareness of the help available in the community.</td>
<td>Mark O'Donnell</td>
<td>25.4.18</td>
<td></td>
<td>This item has been considered and will be reported through the Clinical Senate.</td>
<td>Green</td>
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<tr>
<td>Item 10/18</td>
<td>31.1.18</td>
<td>Key Themes for Team Brief</td>
<td>Include the agreed themes in Team Brief.</td>
<td>Jane Meek</td>
<td>6.2.18</td>
<td></td>
<td>This item has been actioned.</td>
<td>Green</td>
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<tr>
<td>Item 15/18</td>
<td>31.1.18</td>
<td>Questions from the Public</td>
<td>Raise with the Specialist Commissioners the issue of adopting innovative practice within the Trust.</td>
<td>Wendy Swift</td>
<td>31.5.18</td>
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<td>Discussions have commenced with the Specialist Commissioners around plans to develop Cardiac Services. These discussions are on-going.</td>
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**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
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<tr>
<td>84/16 (b)</td>
<td>27.7.16</td>
<td>Strategic Work Programme</td>
<td>Consider re-aligning the NEDs to the workstreams.</td>
<td>Chairman/ Wendy Swift</td>
<td>1.12.16</td>
<td>31.12.17</td>
<td>31.3.18</td>
<td>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. This item has been deferred.</td>
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<tr>
<td>33/17</td>
<td>26.4.17</td>
<td>Questions from the Public</td>
<td>Address the issue of poor acoustics.</td>
<td>Judith Oates</td>
<td>26.7.17</td>
<td>31.12.17</td>
<td>31.3.18</td>
<td>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. Costings have been received and are being considered by the IT Developments Team.</td>
</tr>
<tr>
<td>42/17 (e)</td>
<td>24.5.17</td>
<td>Assurance Report - A &amp; E Performance</td>
<td>Provide more detail at a future Board Seminar about how the target to channel 18000 patients from A &amp; E to the Urgent Care Centre can be achieved.</td>
<td>Pat Oliver</td>
<td>28.2.18</td>
<td>tbc</td>
<td>This will be presented at a Board Seminar in the New Year when the scheme is complete.</td>
<td>Red</td>
</tr>
</tbody>
</table>

**RAG Rating**
- **Green**: Complete Within Date For Delivery
- **Amber**: Incomplete But Within Date For Delivery
- **Red**: Not Complete Within Date For Delivery
- **White**: Not Yet Due
Board of Directors Meeting  
Wednesday 25th April 2018  
CQC Inspection Report

<table>
<thead>
<tr>
<th>Report Prepared By:</th>
<th>Marie Thompson, Executive Director of Nursing and Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details:</td>
<td>Via PA - ext 53470</td>
</tr>
<tr>
<td>Date of Report:</td>
<td>18th April 2018</td>
</tr>
</tbody>
</table>

**Purpose of Report:**

To provide an update on the Trust position following publication of the 2017 CQC inspection report.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>For information</td>
<td>For Discussion</td>
<td>For Approval</td>
</tr>
</tbody>
</table>

**Recommendations:**

To discuss the report and the rating position for the Trust.

To note the areas of MUST DO actions that align to 4 areas of regulatory breach.

To note that the Trust level action plan will be monitored by the Quality Committee

To note that a Quality Summit will be held on the 1st June 2018

**Sensitivity Level:**

<table>
<thead>
<tr>
<th></th>
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<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not sensitive: For immediate publication</td>
<td>Sensitive in part: Consider redaction prior to release</td>
<td>Wholly sensitive: Consider applicable exemption</td>
</tr>
</tbody>
</table>
Introduction

The CQC inspected the Trust in Quarter 3 2017/2018 using its new methodology. The inspection visits took place between 15th November to 14th December 2017 with unannounced visits to Community Services and three hospital core services as well as an announced inspection of ‘Well Led’. The Trust was also subject to the new Use of Resources Inspection (NHSI).

Inspection Reports

The draft CQC inspection reports were received on 8th February 2018 for factual accuracy checking within 10 working days. The Trust completed a comprehensive return to the CQC on 23rd February 2018. The CQC held a ratings panel meeting on 12th March 2018. In response to the factual accuracy return the following ratings were upgraded:

**Community Adult Services**
- Caring upgraded to ‘Outstanding’
- Responsive upgraded to ‘Outstanding’
- Overall rating upgraded to ‘Outstanding’

**Community Health Services for Children and Young People**
- Safe upgraded to ‘Good’

**Surgery**
- Responsive upgraded to ‘Good’
- ‘Good’ overall

**Medical Care**
- Responsive upgraded to ‘Good’
- ‘Good’ overall

**Urgent and Emergency Care**
- No change to ratings

The Trust was informally informed on the 13th March 2018 of the final outcome on the core services ratings and the overall Trust rating. The final reports were provided to the Trust on Thursday 15th March 2018 prior to publication on 22nd March 2018.

Ratings

The overall rating for the Trust has remained as ‘Requires Improvement’.

The CQC rating for the Trust took into account the current (historic) ratings of services not inspected this time.

- Are services safe? ‘Requires Improvement’ (same)
- Are services effective? ‘Good’ (improved)
- Are services caring? ‘Good’ (same)
- Are services responsive? ‘Requires Improvement’ (same)
- Are services well led? ‘Good’ (improved)

From the 16 core services - 1 was ‘Outstanding’, 14 were ‘Good’ and 1 ‘Requires Improvement’ (see ratings tables - appendix 1).
Findings

The overall summary of the inspection findings are:

- Safe and Responsive as requires improvement. Effective, Caring and Well-led rated as good. The rating for the trust took into account the current ratings of services not inspected this time.
- The CQC decision on the overall ratings took into account factors including the relative size of services and we use of their professional judgement to reach a fair and balanced rating.
- There remained challenges with patient flow; performance in urgent and emergency care had gone down.
- The emergency department had consistently failed to meet the Royal College of Emergency Medicine recommendation that the time patients should wait from time of arrival to being triaged (having an initial assessment undertaken) is no more than 15 minutes. CQC comment that this is important as it is a system that emergency departments use to make sure that the patients who may need immediate treatment are prioritised.
- Safeguarding training was not always delivered at the level specified in the intercollegiate guidance within the emergency department and community dental practices.
- In specialist community mental health services for children and young people, risk management plans were not properly updated on an ongoing basis.
- There remained challenges with staffing in some areas of the trust, particularly in urgent and emergency care and medical care.
- Mortality figures remained higher than expected, although we saw evidence that the strategy to reduce the mortality rates was having a positive effect.
- CQC rated well-led at the trust level as good.
- During the inspection in 2014, CQC were unable to identify a clear vision or strategy to support the trust. At this inspection, they found that a trust vision and five-year strategy had been developed in consultation with staff, patient representative groups and external stakeholders.
- At the last comprehensive inspection in 2014, it was reported that there were poor incident reporting systems and failures to report near misses. At this inspection, CQC found that staff felt confident and were encouraged to report incidents via an electronic system.
- CQC observed a strong sense of integration across both the acute and community services and identified outstanding caring and responsive practice in the community health services for adults.
- Directors demonstrated an understanding of the quality of care across all sectors.

The inspection report notes areas of outstanding practice across the Community services and Acute services.

Areas for Improvement

There are 12 areas of action the Trust must take to improve and these equate to 4 breaches of CQC Regulation.

- The provider must ensure that there are sufficient numbers of nursing and medical staff available at all times.
- The provider must ensure that consultants are always available on site when planned and that there is always a member of medical staff with sufficient seniority available on site at all times.
- The provider must ensure that all non-clinical and clinical staff who have contact with children, young people or parents are trained to a minimum of safeguarding level 2 for children, in line with the intercollegiate document (2014).
- The provider must ensure that all members of medical staff providing care and treatment to children are up to date with safeguarding level 3 training for children.
- The provider should ensure that compliance with mandatory training is increased to meet trust targets, particularly for medical staff.
- The provider must have a clear inclusion and exclusion criteria for all areas of the department that are used to care for patients.
- The provider must ensure that resuscitation equipment that is used in the event of an emergency is checked daily and is kept in sterile packaging in line with trust policy.
- The provider must ensure that patients with mental health illness receive assessment in a safe and appropriate area of the department.
- The provider must ensure that controlled drugs are checked appropriately and patients own controlled drugs are reconciled in line with trust policy.
<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 17 HSCA (RA) Regulations 2014 Good governance</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 18 HSCA (RA) Regulations 2014 Staffing</td>
</tr>
</tbody>
</table>

**Next Steps**

The Trust is required to provide a report on the actions it plans to take to meet the regulatory actions. The Trust response on the actions it will take to meet the regulatory requirements was reviewed and signed off by the Quality Committee on 18th April 2018 and sent to the CQC before the deadline of 19th April 2018. All of the actions have been captured in a Trust level action plan (appendix 2) and progress with implementation will be monitored via the Quality Committee and the Divisional Performance Review meetings.

NHSI has organised a Quality Summit on the 1st June 2018 with the Trust, NHSI, CQC, NHSE and CCG leads to receive assurance on the Trust’s action plan response, implementation and ongoing monitoring. The Quality Summit will also provide an opportunity for all stakeholders to discuss the Fylde Coast system response required to support the necessary improvement of the Urgent and Emergency Care Pathway.

Following publication of the report the Executive Team and Senior Divisional Leadership were proactive in communicating the many positive findings from the inspection and recognising our staff achievements throughout the inspection report.

**Recommendations**

The Board is asked to -

- Discuss the report and note the ratings of the CQC Inspection Report
- Note the areas of MUST DO actions that align to 4 areas of regulatory breach
- Note that the Trust level action plan will be monitored by the Quality Committee
- Note that a Quality Summit will be held on 1st June 2018.

**Marie Thompson**

Executive Director of Nursing and Quality
### Ratings tables

#### Key to tables

<table>
<thead>
<tr>
<th>Ratings</th>
<th>Not rated</th>
<th>Inadequate</th>
<th>Requires improvement</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating change since last inspection</td>
<td>Same</td>
<td>Up one rating</td>
<td>Up two ratings</td>
<td>Down one rating</td>
<td>Down two ratings</td>
</tr>
<tr>
<td>Symbol *</td>
<td>➔</td>
<td>➔</td>
<td>➔</td>
<td>➔</td>
<td>➔</td>
</tr>
</tbody>
</table>

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:
  - we have not inspected this aspect of the service before or
  - we have not inspected it this time or
  - changes to how we inspect make comparisons with a previous inspection unreliable.

#### Ratings for the whole trust

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires improvement Mar 2018</td>
</tr>
</tbody>
</table>

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

#### Rating for acute services/acute trust

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires Improvement Apr 2014</td>
<td>Good Apr 2014</td>
<td>Requires Improvement Apr 2014</td>
<td>Good Apr 2014</td>
<td>Good Apr 2014</td>
<td>Requires Improvement Apr 2014</td>
</tr>
<tr>
<td>Requires Improvement Apr 2014</td>
<td>N/A</td>
<td>Requires Improvement Apr 2014</td>
<td>Good Apr 2014</td>
<td>Good Apr 2014</td>
<td>Requires Improvement Apr 2014</td>
</tr>
<tr>
<td>Overall trust</td>
<td>Requires Improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires Improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires Improvement Mar 2018</td>
</tr>
</tbody>
</table>

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.
### Ratings for a combined trust

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
</tr>
<tr>
<td>Mental health: Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
</tr>
<tr>
<td>Overall trust: Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires improvement Mar 2018</td>
</tr>
</tbody>
</table>

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Blackpool Victoria Hospital

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and emergency services: Requires improvement Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Requires improvement Mar 2018</td>
</tr>
<tr>
<td>Medical care (including older people’s care): Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
</tr>
<tr>
<td>Surgery</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
</tr>
<tr>
<td>Outpatients and diagnostic imaging: Requires improvement Apr 2014</td>
<td>N/A</td>
<td>Good Apr 2014</td>
<td>Requires improvement Apr 2014</td>
<td>Good Apr 2014</td>
<td>Good Apr 2014</td>
</tr>
<tr>
<td>Overall*</td>
<td>Requires improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Requires improvement Mar 2018</td>
<td>Requires improvement Mar 2018</td>
</tr>
</tbody>
</table>

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.
### Ratings for Clifton Hospital

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical care (including older people’s care)</strong></td>
<td></td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Outpatients and Diagnostic Imaging</strong></td>
<td>Good</td>
<td>N/A</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.*

### Ratings for Fleetwood Hospital

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatients and Diagnostic Imaging</strong></td>
<td>Requires improvement</td>
<td>N/A</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>Requires improvement</td>
<td>N/A</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
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*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.*

### Ratings for community health services

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community health services for adults</strong></td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Community health services for children and young people</strong></td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Community dental services</strong></td>
<td>Requires improvement</td>
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<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Sexual Health</strong></td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
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<td>Good</td>
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</table>

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.*
### Ratings for mental health services

<table>
<thead>
<tr>
<th></th>
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<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist community mental health services for children and young people</td>
<td>Requires Improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
</tr>
<tr>
<td>Overall</td>
<td>Requires Improvement Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
<td>Good Mar 2018</td>
</tr>
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</table>

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.
Appendix 2

Action Plan in response to CQC Hospital Inspection Visit November & December 2017

Author of the Action Plan: Marie Thompson, Executive Director of Nursing & Quality

Date: April 2018

Version: 1
### Monitoring and Performance Dashboard – Quality Improvement Action Plan 18/19

#### REGULATION 12 – SAFE CARE & TREATMENT

<table>
<thead>
<tr>
<th>Theme</th>
<th>Core Service</th>
<th>Outcome/Success Criteria</th>
<th>Plan/Actual</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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</thead>
<tbody>
<tr>
<td>Daily Controlled Drugs Check</td>
<td>Urgent &amp; Emergency Care</td>
<td>Controlled drugs check in line with Trust Policy</td>
<td>Plan</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>Actual</td>
<td>100%</td>
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</tr>
<tr>
<td>Daily Resus Equipment Check</td>
<td>Urgent &amp; Emergency Care</td>
<td>Resus equipment checked in line with Trust Policy</td>
<td>Plan</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>Actual</td>
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</tr>
<tr>
<td>Omnicell System</td>
<td>Urgent &amp; Emergency Care</td>
<td>Reduction in use of override codes</td>
<td>Plan</td>
<td>&lt;2.2%</td>
<td>&lt;1.9%</td>
<td>&lt;1.6%</td>
<td>&lt;1.2%</td>
<td>&lt;0.8%</td>
<td>&lt;0.5%</td>
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<td>&lt;0.5%</td>
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<td></td>
<td>Actual</td>
<td>Not avail</td>
<td></td>
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</tr>
<tr>
<td>Mandatory Training Compliance</td>
<td>Urgent &amp; Emergency Care</td>
<td>Medical Staff - Increase in mandatory training compliance</td>
<td>Plan</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
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<td>95%</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Actual</td>
<td>Not avail</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Training Compliance</td>
<td>Urgent &amp; Emergency Care</td>
<td>Nursing Staff - Increase in mandatory training compliance</td>
<td>Plan</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Actual</td>
<td>Not avail</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Assessment &amp; Management Plans</td>
<td>Specialist Community MHS for C&amp;YP</td>
<td>Increase in risk assessment and management plans in patient notes</td>
<td>Plan</td>
<td>75%</td>
<td>80%</td>
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<td>Urgent &amp; Emergency Care</td>
<td>All Registered Nurses are compliant with level 2 safeguarding training for children</td>
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<tr>
<td>Safeguarding Training Level 2</td>
<td>Urgent &amp; Emergency Care</td>
<td>All Non-Registered Nurses are compliant with level 2 safeguarding training for children</td>
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<td>Urgent &amp; Emergency Care</td>
<td>All Non-Clinical Staff are compliant with level 2 safeguarding training for children</td>
<td>Plan</td>
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<tr>
<td>Safeguarding Training Level 2</td>
<td>Community Dental Services</td>
<td>All Dentists are compliant with level 2 safeguarding training for children</td>
<td>Plan</td>
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<tr>
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<td>Community Dental Services</td>
<td>All Dental Care Professionals are compliant with level 2 safeguarding training for children</td>
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<tr>
<td>Sufficient Numbers of Staff</td>
<td>Urgent &amp; Emergency Care</td>
<td>Vacancy rate for registered nurses</td>
<td>Plan</td>
<td>12%</td>
<td>11.5%</td>
<td>11%</td>
<td>10.5%</td>
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<td>Sufficient Numbers of Staff</td>
<td>Urgent &amp; Emergency Care</td>
<td>Vacancy rate for unregistered nurses</td>
<td>Plan</td>
<td>3%</td>
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<tr>
<td>WORST CASE - Sufficient Numbers of Staff</td>
<td>Urgent &amp; Emergency Care</td>
<td>Medical Staff – 16 hour consultant cover (7 days per week)</td>
<td>Plan</td>
<td>74%</td>
<td>74%</td>
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<td>74%</td>
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REGULATION 18 – STAFFING

- To fulfill 16 hours on site cover within the establishment, a minimum of 12 WTE on the on call rota is required. Presently, there are 7.5 on the rota. Compliance is therefore totally dependent upon agency and internal locums in the short term and in the longer term, substantive recruitment. Consequently, the trajectory is largely out of the control of the Division.

112 hours/week = 16 hours/day
74% - current baseline
78% - weekday 08:00 – 22:00
88% - weekend 08:00 – 22:00 with locum
95% - upon successful appointment to 12 Consultants on the on call rota which will allow job planning and 16 hours of onsite cover 7 days/week.
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<tr>
<td><strong>Sufficient Numbers of Staff</strong></td>
<td>Medicine</td>
<td>Vacancy rate for registered nurses</td>
<td>Plan</td>
<td>12%</td>
<td>11.5%</td>
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<td>10.5%</td>
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<tr>
<td><strong>Sufficient Numbers of Staff</strong></td>
<td>Medicine</td>
<td>Vacancy rate for unregistered nurses</td>
<td>Plan</td>
<td>3%</td>
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<th>Person Responsible</th>
<th>Progress</th>
<th>Date Complete</th>
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<tbody>
<tr>
<td>R13</td>
<td>Awareness of regulatory action</td>
<td>Head of Dental Service to inform all staff of the regulatory requirement to improve compliance with Safeguarding Level 2 training</td>
<td>March 18</td>
<td>Head of Service Team Leaders</td>
<td>Head of Dental Service has shared the findings of the report and the subsequent requirements with colleagues – 22.03.2018 email.</td>
<td>22.03.18</td>
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<tr>
<td>R13</td>
<td>Raising a Safeguarding concern</td>
<td>All staff affected are aware of how to raise a Safeguarding concern to line manager / Safeguarding Team</td>
<td>March 18</td>
<td>Head of Service Team Leaders</td>
<td>Email has been disseminated to all staff to explain how to seek assistance or advice to contact Team Leader (s) or the Safeguarding Team directly. List of contact numbers have been made available. April – this will be communicated will dental staff in April.</td>
<td>10.04.18</td>
<td>G</td>
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<tr>
<td>R13</td>
<td>Monitor Progress</td>
<td>Team Leaders to monitor progress weekly</td>
<td>Weekly monitoring until 30.04.2018</td>
<td>Head of Service Team Leaders</td>
<td>The Quality Manager to share daily report and liaise directly with the Head of Dental Services and Team Leaders should the compliance trajectory not be adhered to. 9th – 13th April – first week of reports distributed – compliance level demonstrating positive improvements. Data shared with relevant staff. In line with increasing compliance, there are no concerns and no concerns requiring escalation to Board or Director.</td>
<td>29.03.18</td>
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<tr>
<td>R13</td>
<td>Assurance to Divisional Director</td>
<td>Quality Manager to provide updates of level of compliance to Divisional Director on a weekly basis</td>
<td>02.04.2018 – 30.04.2018</td>
<td>Quality Manager</td>
<td>The Quality Manager (QM) has met with ESR/OLM. ESR/OLM have confirmed that they will send a daily update to the QM until compliance has been achieved. This report will inform updates provided to the Divisional Director and Dental Services. First report will be received on 09.04.2018. 09.04.2018 – email sent 53.7% compliant</td>
<td>28.03.18</td>
<td>G</td>
</tr>
<tr>
<td>R13</td>
<td>Mandatory training monitoring</td>
<td>Mandatory training to be added as an agenda item at Dental Team Leaders meeting and Governance Quality &amp; Risk Committee. Updates to be provided monthly to Divisional Board</td>
<td>All meetings for 12 months April 18 – March 19</td>
<td>Team Leaders Quality Manager</td>
<td>Dental Services – Team Leader to reinforce the importance of compliance with all mandatory training at the following meetings.  • Senior Nurse Meeting / Team Meeting / 1:1 senior nurse meeting / Appraisals Division –  • Quality Manager to monitor compliance at Governance Quality &amp; Risk Committee  • Divisional Director will monitor compliance at Divisional Board  • Quality Manager to liaise weekly with Team Leaders to seek assurance that compliance is being met</td>
<td>29.03.18</td>
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<td>Reg.</td>
<td>Recommended Action</td>
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<tr>
<td>R13</td>
<td>Updated OLM matrix</td>
<td>Team Leaders / Quality Manager to liaise with OLM to reflect new training level requirement</td>
<td>06.04.2018</td>
<td>Team Leaders / Quality Manager</td>
<td>The system is currently being updated to reflect the new level of Safeguarding Level from 1 – 2. QM to liaise with Head of Dental and OLM week beginning 3rd April. QM to provide assurance to Divisional Director once complete. <strong>05.04.2018</strong> Conformation via email from ESR/OLM on the 05.04.2018 that 68 members of the dental team have had the level of training changed to level 2. QM shared with relevant colleagues (LH CMc CB GB HW CB). M McDowell / ESR/OLM 05.04.2018 – list of names shared. Action complete.</td>
<td>06.04.18</td>
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<tr>
<td>R13</td>
<td>Barriers to accessing training</td>
<td>Quality Manager to liaise with OLM to identify any potential barriers to accessing / completing training</td>
<td>06.04.2018</td>
<td>Quality Manager</td>
<td>The Quality Manager met with OLM on the 28.03.2018 to identify any potential barriers to accessing training, none were identified. A contact number (57391) was provided and this will be shared with staff should any problems occur. Staff can use their own devices, (phone / tablet) to complete the training once registered on a Trust device. At the time of drafting the action plan staff have not highlighted any problems. ***QM also liaised with the Safeguarding Team and they have confirmed that if required they will provide bespoke face to face training.</td>
<td>29.03.18</td>
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<tr>
<td>R13</td>
<td>Safeguarding Children Level 2 90% compliance achieved</td>
<td>A minimum of 90% of dental staff requiring Safeguarding Children Level 2 to be trained and compliant</td>
<td>30.04.2018</td>
<td>Head of Dental Services</td>
<td>Actions to achieve outcome outlined above. Breakdown and daily email began on the 9th April – compliance levels being monitored daily. <strong>Week 1 monitoring</strong> Mon - 9th April – 53.7% Tue - 10th April – 64.5% Wed - 11th April – 65% Thur - 12th April – 78.3% Fri - 13th April – 81.6% <strong>Week 2 monitoring</strong> Mon – 16th April – <strong>83.3%</strong> (Dentists 63.1% / Dental Professionals 100%)</td>
<td>30.04.18</td>
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<tr>
<td>R18</td>
<td>Ensure adequate medical staffing levels available across the division to deliver safe and effective care to the patients</td>
<td>March 19</td>
<td>Deputy Director of Operations</td>
<td>Paper completed and financial analysis completed in preparation for presentation to Board April 2018</td>
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- Undertake comprehensive review of service requirements including new roles within each department
- Financial analysis and implications to be provided
- Prepare paper for board review and approval
- Develop recruitment strategy in preparation for approval
- Increase of medical staff in line with divisional need and demand

Recruitment meeting ongoing weekly in Division attended by directorate managers, workforce business partner, divisional finance manager, deputy divisional director and deputy director of operations. This meeting monitors recruitment, retention and plans recruitment strategy.
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<tr>
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<tr>
<td>R18</td>
<td>Ensure adequate nurse staffing levels available across the division to deliver safe and effective care to the patients and relatives</td>
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</table>

- Undertake annual safe staffing review of nurse requirements including new roles within each department
- Financial analysis and implications to be provided
- Prepare paper for board review and approval
- Develop recruitment strategy in preparation for approval of new roles
- Continue daily safe staffing meeting in division; aligning divisional staff available to areas of need
- Continue the corporate safe staffing meeting – aligning organisational safe staff to areas of need
- Continue monthly monitoring of rosters in line with standards for leave allocation and skill mix
- Continue registered nurse international recruitment planned activity
- Continue retention activities

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<td></td>
<td>March 19</td>
<td>Associate Director of Nursing (USC)</td>
<td>Annual safe staffing review completed in November 2017, plan for incremental change to skill mix and use of new roles completed and financial analysis undertaken, included in divisional workforce paper in preparation for presentation to Board</td>
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<td>Recruitment strategy planning meeting April 5th – attendees ADoN, nurse recruitment lead, HRBP and plan drafted to commence April 20th (pending organisational approval of role changes)</td>
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<td>Daily safe staffing/corporate safe staffing reviews continue</td>
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<td>Retention work stream ongoing and lead by nurse recruitment lead and nurse staffing coordinator</td>
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<td>International recruitment continues as planned</td>
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| R18  | Patients who are able to administer own medication are supported to do so in line with organisational policy | • Develop and implement training programme for ward teams for use of policy  
• Engage the PD team to plan and support training  
• Engage with pharmacy to audit policy use  
• Audit results to be shared at divisional and departmental boards and subsequent action plans monitored in same | March 19 | USC Matrons | Initial planning meeting to be April 10th, including Matrons, practice development and the quality lead for division. | A |
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</table>
| R18  | The Urgent and Emergency Care Department must ensure that consultants are always available on site when planned and that there is always a member of medical staff with sufficient seniority available on site at all times. | • Develop process to monitor planned medical fill against actual; results to inform departmental governance meetings and future recruitment/retention meetings  
• Comprehensive review of consultant team in line with national guidance  
• Financial analysis of costs to be undertaken  
• Development of recruitment strategy  
• Presentation to board of review of required team  
• Recruitment of consultant workforce to enable 16 hours of on-site cover 7 days per week | March 19 | Directorate Manager  
Head of Department | Review complete against capacity and demand and national guidance, financial analysis completed and awaiting board presentation April 2018 | | A |
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</table>
| R12  | The urgent and emergency care department did not ensure that controlled drugs were checked daily | • Engage with senior nursing team to ensure responsibility for checking of drugs is appropriately aligned to the nurse in charge role  
• Development of checklist to prompt team nurse in charge to ensure medications checked  
• Provide brief training to all current staff on unit regarding role and responsibility  
• Provide brief training to all new staff on induction regarding role and responsibility  
• Develop audit cycle to ensure all drugs checked in line with policy  
• Monitor of compliance and departmental governance meetings and divisional governance meetings | September 19 | Matron | Senior nursing team have been made aware of responsibilities of nurse in charge role.  
Checklist has been developed and is being ‘tested’ within department for comprehensiveness.  
Brief training for staff has been prepared and planned to deliver through weeks of April 16th and 23rd.  
Audit cycle has been developed and 1st audit completed by matron – to be shared at governance in April |
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| R12  | The department did not ensure that patients own controlled drugs were reconciled in line with Trust Policy | • Review and define pharmacy intervention requirements for the emergency department as part of divisional workforce review  
• Develop SOP for unit staff to follow in relation to drug reconciliation  
• Ensure all staff are made aware of the SOP  
• Monitor compliance to trust policy monthly at departmental governance meetings  
• Pharmacy to be present on unit; working in conjunction with ED Team; supporting practice development, training and education and audit | September 19 | Matron Directorate Manager | Pharmacy requirement is completed and costed in preparation for board review.  
SOP is in progress of development – expected to be completed by end of April 2018 |

URGENT AND EMERGENCY CARE
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| R17  | The Urgent & Emergency care department must provide a suitable environment for high risk mental health patients with a designated area which is free of ligature points | • Allocate suitable room to be converted to a safe space for mental health patients  
• Undertake works to remove ligature points including sink and swing doors  
• Utilise a risk assessment tool with the mental health team to ensure appropriate patients placed in room and management of mental health needs thereafter  
• Commence mental health partnership meetings to action and monitor compliance against the ECIP recommendations for the management of mental health patients within department  
• Compliance to ECIP recommendations to be monitored through ‘better care now’ | April 18 | Matron | Side room is available for use  
All works complete – planned instillation of sink week commencing 23\(^{rd}\) April  
Mental health risk assessment tool in use  
ECIP recommendations will be available 3rd May – actions will be monitored through better care now |  |
| R17  | The Urgent & Emergency department must have a clear inclusion and exclusion criteria for all areas of the department that are used to care for patients | • Develop SOP for staff to follow that clearly defines each area and patient requirement in each  
• Educate all staff in SOP function and use  
• Monitor compliance against the SOP at departmental governance monthly | September 19 | Matron Head of Department Directorate Manager | This work is in line with ECIP recommendations available May 3rd and actions will be monitored through better care now | A |
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</table>
| The Urgent and Emergency Care department must ensure that all clinical and non-clinical staff who have contact with Children, Young People or Parents are trained to a minimum of Safeguarding Level 2 and 3 for Children (in line with the intercollegiate document 2014) | December 19 | Matron Head of Department Directorate Manager | Matron, HOD and DM to reinforce the importance of compliance with safeguarding training at the following meetings.  
- Senior Nurse Meeting / Team Meetings / 1:1 senior nurse meeting / Appraisals / medical team meetings  
- Matron/HOD/DM to monitor compliance at the directorate governance meetings  
- Governance lead will monitor progress monthly with senior team to seek assurance that compliance is being met |
| The urgent and emergency care department must ensure that compliance with mandatory training is increased to meet Trust targets, particularly for Medical staff | December 19 | Matron Head of Department Directorate Manager | Matron, HOD and DM to reinforce the importance of compliance with mandatory training at the following meetings.  
- Senior Nurse Meeting / Team Meetings / 1:1 senior nurse meeting / Appraisals / medical team meetings  
- Matron/HOD/DM to monitor compliance at the directorate governance meetings  
- Governance lead will monitor progress monthly with senior team to seek assurance that compliance is being met |

Division –  
- Governance Lead to monitor compliance at Governance Meetings  
- Divisional Director will monitor compliance at Divisional Board
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</table>
| R12  | The urgent and emergency care department must ensure that resuscitation equipment that was used in the event of an emergency is checked daily and kept in sterile packaging in line with trust policy. | • Engage with senior nursing team to ensure responsibility for checking of the resuscitation equipment is appropriately aligned to the nurse in charge role  
• Development of checklist to prompt team nurse in charge to ensure resuscitation equipment checked  
• Provide brief training to all current staff on unit regarding role and responsibility  
• Provide brief training to all new staff on induction regarding role and responsibility  
• Develop audit cycle to ensure all resuscitation equipment is checked in line with policy  
• Monitor of compliance and departmental governance meetings and divisional governance meetings | June 19   | Matron              | Senior nursing team have been made aware of responsibilities of nurse in charge role at senior nurse meeting April 2018.  
Checklist has been developed and is being ‘tested’ within department for comprehensiveness – to be reviewed May 2018.  
Brief training for staff has been prepared and planned to deliver through weeks of April 16th and 23rd.  
Audit cycle has been developed and 1st audit completed by matron – to be shared at both directorate and divisional governance in April by Matron. |             | A                    |
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</table>
| R18  | The Urgent and Emergency Care Department must ensure that there are sufficient numbers of nursing staff (planned establishment) available at all times. | • Monitor actual compliance against planned establishment monthly and this to inform the departmental governance meetings and future staffing reviews  
• Undertake comprehensive review of service requirements including new roles within department for nursing, medical and allied health professionals  
• Financial analysis and implications to be provided  
• Prepare paper for board review and approval  
• Develop recruitment strategy in preparation for approval  
• Increase of nursing allied staff in line with divisional need and demand | March 19 | Divisional Director  
Deputy Director of Operations  
Associate Director of Nursing  
Matron  
Head of Department  
Directorate Manager | Annual safe staffing review completed in November 2017, plan then developed December 2018 to increase registered nurse, health care assistant and house keeper establishment. Also to continue to change skill mix and use new roles to achieve safe staffing levels. Financial analysis undertaken, included in divisional workforce paper in preparation for presentation to Board  
Recruitment strategy planning meeting April 5th – attendees ADoN, nurse recruitment lead, HRBP and plan drafted to commence April 20th (pending organisational approval of role changes)  
Daily safe staffing/corporate safe staffing reviews continue  
Retention work stream ongoing and lead by nurse recruitment lead and nurse staffing coordinator  
International recruitment continues as planned | | A |
| R12  | The Omnicell must be safely managed by the department at all times including staff training | • Develop policy/SOP for the use and maintenance of the Omnicell  
• Develop staff training plan and competency framework for staff  
• Monitor compliance against staff training at departmental governance  
• Monitor compliance against Omnicell use at departmental governance | October 19 | Matron  
Directorate Manager | Policy/SOP has been developed and ratified  
Strategy to share to all staff has been prepared by matron/senior nursing team  
Training plan in development and expected to begin May 2018 – led by directorate practice development team  
Omniceell automated audit reporting is available from pharmacy to be shared at governance | | A |
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<tr>
<td>R12</td>
<td>The Specialist Community Mental Health Services for Children and Young People must make sure that all staff working in specialist Community Mental Health Services for Children and Young People complete or update patients risk assessment and management plans so that significant risks are reflected in the patients risk management plan and these will be filed appropriately</td>
<td>A monthly audit of the risk assessment and management plans will be implemented</td>
<td>Monthly</td>
<td>Health of Emotional Health and Wellbeing</td>
<td>The audits will commence in May 2018</td>
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<td>The supervision record will be modified to include a check that the update to patients risk assessment and management plans is complete, this will be signed off and identify any actions needed and actions completed</td>
<td>The supervision record will be updated in May 2018</td>
<td>May 18</td>
<td>Health of Emotional Health and Wellbeing</td>
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<td>The team will continue to mobilise the use of the full electronic record EMIS, there is a timeline for this action and this is part of the ECR planning within the Division</td>
<td>The EMIS electronic is being reviewed to ensure that it is utilised to its full effect, once complete the risk assessment will be within the electronic record</td>
<td>September 18</td>
<td>Health of Emotional Health and Wellbeing</td>
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**RAG Rating**

- **Green**: Complete Within Date for Delivery
- **Amber**: Incomplete but within date for delivery
- **Red**: Not complete and beyond the date for delivery
- **White**: Not yet due
Board of Directors Meeting  
25th April 2018  
Chief Executive’s Report

<table>
<thead>
<tr>
<th>Report Prepared By:</th>
<th>Wendy Swift, Chief Executive</th>
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<tbody>
<tr>
<td>Contact Details:</td>
<td>Ext. 56853</td>
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<tr>
<td>Date of Report:</td>
<td>17th April 2018</td>
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Purpose of Report:
To provide the Board of Directors with an update on current issues including the BAF/CRR, Reservation of Powers and Scheme of Delegation, Annual Report and Accounts, Membership Report, the NHS Smokefree Pledge and NHS 70th Anniversary.

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<tr>
<td>For information</td>
<td>For Discussion</td>
<td>For Approval</td>
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Recommendations:
The Board is asked to note the contents of the report and to give approval to the following:-

- Board Assurance Framework
- Corporate Risk Register
- Reservation of Powers & Scheme of Delegation Procedure
- Smokefree Pledge (to be signed by the Interim Chairman, Chief Executive and Medical Director)

Sensitivity Level:

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<td>Sensitive in part: Consider redaction prior to release</td>
<td>Wholly sensitive: Consider applicable exemption</td>
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Board of Directors Meeting

Chief Executive’s Update

25th April 2018

1. Board Assurance Framework (BAF)

The Board Committees reviewed the BAF at their meetings in April 2018 and updates have been included in the document. A new risk has been added on transformational change. The Audit Committee challenged several risks and asked for updates to be included on a summary front sheet for the Committee.

The full document is included in the Reference Folder.

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

2. Corporate Risk Register (CRR)

The Corporate Risk Register has been reviewed by the Executive Directors and was reported to the Audit Committee on 17th April 2018. The Committee discussed with Internal Audit the links between the BAF and the CRR and this will be explored further as part of the Internal Audit review.

The Board of Directors is asked to approve the Corporate Risk Register

3. Reservation of Powers & Scheme of Delegation Procedure

The document has been recently reviewed and updated and was validated by the Audit Committee on 17th April.

The full document is included in the Reference Folder.

The Board of Directors is asked to ratify the Reservation of Powers and Scheme of Delegation Procedure.


The Annual Report & Accounts and Quality Report is required by the National Health Service Act 2006, paragraphs 24, 25 and 26 of Schedule 7. The statutory requirements for the content, preparation and submission required to satisfy Parliament are set out in NHSI’s NHS Foundation Trust Annual Reporting Manual (NHS FT ARM).

An updated draft document is included in the Reference Folder.

5. Membership Report

A summary of the membership activities that have taken place during the past 12 months to implement the Membership Strategy are highlighted as follows:-

- Improved links have been made with the Voluntary Services Department in order to link up with health care events and joint working;
- By listening to members feedback we have been able to offer health seminars on topics suggested by members;
- The Trust’s members magazine ‘Your Health’ keeps members up to date with events and developments at the Trust;
- Continuation of the Youth Health Leaders Project, which is now within 10 local schools. A second open day was held on site at Blackpool Victoria Hospital on 9th November 2017.
- All members were invited to the Annual Members’ Meeting in September 2017 (the joint formal meeting between the local CCGs and the Trust) to discuss the Trust, its developments, future services, membership, healthcare across the wider health economy and joint working partnerships;
- Members are kept up to date with any fundraising activities taking place across the Trust.
6. The NHS Smokefree Pledge

The Smokefree Action Coalition announced the launch of the NHS Smokefree Pledge in January 2018. This Pledge is designed to be a clear and visible way for NHS organisations to show their commitment to helping smokers to quit and providing Smokefree environments which support them. The Pledge has been endorsed by the Public Health Minister, Steve Brine MP, and the Chief Executives of NHS England and Public Health England.

Smoking is the biggest cause of preventable death and, in 2016, Blackpool remained in the top 10 of local authorities ranked by smoking prevalence where it has been ranked since 2012. This highlights the importance of the Trust in supporting and helping people to quit smoking whilst protecting our patients, visitors and staff from the harms associated with second-hand smoke.

By signing this declaration, the Trust is able to demonstrate its commitment to a Smokefree NHS.

The Board of Directors is asked to give approval for the Smokefree Pledge to be signed by the Interim Chairman, Chief Executive and Medical Director.

7. NHS 70th Anniversary

Board members will be aware that the NHS will be celebrating its 70th Anniversary on 5th July 2018.

A number of events are being planned during the week of 2nd to 6th July which include:

- Media campaign with local celebrities and staff (video to be shown on 5th July)
- Street party in the restaurant on 5th July with a 1948 inspired menu
- Week long exhibition featuring vintage photos and equipment on the mezzanine
- Hospital History Tours (2nd – 6th July)
- Plasma video screen at this year’s illuminations
- Vox Box to record wishes for the birthday
- Health Awareness events during the week of 2nd - 6th July
- Anniversary health trail launch
- Local celebrities invited to join in the celebrations on 5th July
- Hospital blueprint to be mounted and revealed by Joe Longthorne

8. Organ Donation Memorial

The Trust Organ Donation Committee has commissioned and funded a memorial which is located adjacent to the Main Entrance and will be unveiled on the 18th May 2018.

9. Meetings and Events:-

NHS England Specialist Commissioners, 7th February 2018
Myself and Tim Bennett met with Andrew Bibby and colleagues from NHS England to discuss specialist commissioning.

STP Board and AOs, CEOs and STP Execs, 14th February 2018
I joined Amanda Doyle and CCG colleagues from the CCGs to continue discussions around the future Fylde Coast negotiations.

GIRFT Urology Surgery Review, 27th February 2018
Following the successful completion of the orthopaedics review, the Department of Health have commissioner a programme that will cover an additional ten clinical areas over the next three years.

Simon Harrison has been appointed as clinical lead for the urology part of the DH programme to help identify areas of unwanted variation in clinical practice. Simon and a member of the Clinically Led Quality and Efficiency programme conducted deep dive visits.
Board Strategy Event, 28th February 2018
The Board participated in the strategy event and it was a constructive and honest discussion around strategic working.

Community Sports Awards at the Winter Gardens, 1st March 2018
On behalf of the Trust I represented the Trust at the Community Sports awards which was well attended by colleagues from across the Fylde Coast.

Moving to Good Event, Leeds, 14th March 2018
I attended the final Moving to Good Event in Leeds with Dr Harper and Jane Meek and gave feedback on what the Trust had gained throughout these events.

Consultant Appointments
I am delighted to confirm the following Consultant Appointments that have taken place since February 2018:-

- David Anthony White, Consultant in Child and Adolescent Psychiatry, 22rd March 2018
- Simon Wright, Consultant in Oral Surgery, 22nd March 2018

Start dates for the above 2 successful candidates are to be agreed.

Other Meetings Attended
- Lancashire Public Services Leadership Network - 6th March 2018
- Lancashire and South Cumbria Acute and Specialised workshop – 8th March 2018
- NHS Improvements and NHS Providers Event for NHS CEO’s – 13th March 2018
- Integrated Care System Board – 4th April 2018
- Clinical Senate Away Day – 10th April 2018

Wendy Swift
Chief Executive
# Interim Chairman’s Report

**Report Prepared By:** Karen Crowshaw, Interim Chairman  
**Contact Details:** Ext. 56853  
**Date of Report:** 16th April 2018  

**Purpose of Report:**  
To provide the Board of Directors with an update on current issues.

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<td><strong>For Discussion</strong></td>
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**Recommendations:**  
The Board is requested to review and note the content of the report.

**Sensitivity Level:**  
1 | X | 2 |   |
| Not sensitive: For immediate publication | Sensitive in part: Consider redaction prior to release | Wholly sensitive: Consider applicable exemption |
Board of Directors Meeting

25th April 2018

Interim Chairman’s Report

Ian Johnson, Chair
I would formally like to put on record my personal thanks to Ian Johnson for his service to the Trust and the significant achievements including the transfer of community services and the new main entrance and car park at Blackpool Victoria Hospital.

Interim Chair Arrangements
I am looking forward to working with you all over the coming months as we continue to strengthen the Board in these challenging times.

Trust Activities:-

Signing the Military Covenant – Tuesday 30th January 2018 – Ian Johnson, Chairman
Ian Johnson and Wendy Swift met with Lt Col Steve Wotherspoon, Jason Cupitt Consultant, Anaesthetist, and Tina Daniels, Equality and Diversity Manager, to sign the military covenant.

As well as investing in the youth, the Trust has also invested in various other initiatives, in order to support our recruitment challenges. The Trust is currently working with the 2nd Battalion the Duke of Lancaster Regiment (Reservists) and 4th Battalion the Duke of Lancaster Regiment, the College of Veterans and Uniformed Services and Health Education North West (HENW), to investigate how we can offer Military Veterans access into health sector employment on leaving the armed forces. The Trust has offered the opportunity of work experience for local service personnel leaving the army.

The Trust wants to increase the profile of reservists in the NHS and information on the Military Covenant to patients who are ex-service men or women.

Walkabouts and Visits
Since February 2018 I have attended a number of walkabouts across the site which have included:-
- Patient Experience Team, 15th February 2018
- Atlas 1st Year Celebration, 19th March 2018

Consultant Appointments
I am delighted to confirm the following Consultant Appointments that have taken place since February 2018:-
- David Anthony White, Consultant in Child and Adolescent Psychiatry, 22nd March 2018
- Simon Wright, Consultant in Oral Surgery, 22nd March 2018

Start dates for the above 2 successful candidates are to be agreed.

Interviews were held on 4th April 2018 for a Consultant in Obstetrics and Gynaecology but the panel did not appoint. The post will be re-advertised.

Senior Clinical Leadership Programme
Myself and senior colleagues attended the Senior Clinical Leadership Programme which was the final celebration event for members of staff who had completed the programme. This was a well attended event and there was some great learning shared during the afternoon.

Governors and Membership Activities:-

The Nominations Committee has been meeting regularly during the recruitment process for a replacement Clinical Non-Executive Director and Chairman and interviews will take place on 9th May and 17th/18th May respectively.

The Lead Governor will be meeting with the Chairman on 18th April for a quarterly update.
Meetings/Events with the Governors/Membership:-

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

- Formal Patient Safety Walkabouts – 7th February / 14th March
- Equality, Diversity & Inclusive Meeting – 6th February
- North West Governors Forum – 14th February
- NHS Provider Events
- Finance Committee – 21st February / 21st March / 18th April
- Mortality Governance Committee – 23rd February
- Charitable Funds Committee – 1st March
- Council of Governors Extraordinary Meetings
- Chair Recruitment Working Group – 12th March / 10th April
- Health Informatics Committee – 14th March
- Dementia Steering Group – 15th March
- Governors Annual Report Sub-Group – 15th March
- Operational Workforce Committee – 20th March
- Quality Committee – 21st March and 18th April
- Workforce focus Group – 22nd March
- Membership Committee – 26th March
- Learning from Incidents & Risks Committee – 3rd April
- Governors Informal Meeting – 10th April
- Strategic Focus Group – 12th April
- Voluntary Services Committee – 17th April
- Strategic Workforce Committee – 17th April

Future Meetings:-

Looking forward, I am attending the following events/meetings:-
- Fylde Coast ICP Development and Steering Groups – 19th April
- Charitable Fund committee – 4th May
- Clinical NED Interview – 9th May

Visits to Occupational Health Department, Maternity and Ward 32 are being arranged for the end of April and early May 2018.

Non-Executive Director Activities:-

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

- Formal Patient Safety Walkabouts – 7th February / 14th March / 18th April
- Revalidation Meeting – 13th February
- Fylde Coast ASC Steering Group – 15th February / 15th April
- Complaints review Panel – 19th February
- Appraisals
- Senior Collaborative Leadership Programme – 21st February / 16th April
- Influence Panel – 23rd February
- Mortality Governance Committee – 23rd February
- Board Strategy Away Day – 28th February
- Clinical Management Forum – 5th March
- Moving to Good Event – 14th March
- Operational Workforce Committee – 20th March
- Membership Committee – 26th March
- End of Life Project Group – 27th March
- Advisory Appointments Committee – 4th April
- Voluntary Services Committee – 17th April

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.

Karen Crowshaw
Interim Chairman
## Board of Directors

### Attendance Monitoring

**1st April 2017 – 31st March 2018**

<table>
<thead>
<tr>
<th>Attendees (quorate)</th>
<th>26.4.17</th>
<th>24.5.17</th>
<th>26.7.17</th>
<th>1.11.17</th>
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<tr>
<td>Ian Johnson (Chairman)</td>
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<td>Karen Crowshaw</td>
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<td>Doug Garrett</td>
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<td>Alan Roff</td>
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<td>Malcolm Mcillmurray</td>
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<td>Michael Hearty</td>
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<td>Mark Cullinan</td>
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<td>Mary Whyham</td>
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**Attendance**

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attended as an observer