PLEASE NOTE THE START TIME AND VENUE FOR THIS MEETING

17th July 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 July 2018 at 10.30 am in the Board Room, Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR.

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

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

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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<td>1</td>
<td>Chairman’s Welcome and Introductions – Mr Butler to report. (Verbal Report)</td>
<td>10.30 am (1 min)</td>
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<td>2</td>
<td>Declaration of Interests Concerning Agenda Items – Mr Butler to report. (Verbal Report)</td>
<td>10.31 am (1 min)</td>
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<td>3</td>
<td>Apologies for Absence – Mr Butler to report.</td>
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<td>4</td>
<td>Minutes of the Previous Board of Directors’ Meeting held in Public on 23rd May 2018 – Mr Butler to report. (Enclosed).</td>
<td>10.33 am (2 min)</td>
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<td>Matters Arising:-</td>
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<td></td>
<td>a) Action List from the Previous Board of Directors’ Meeting held in Public on 23rd May 2018 – Mr Butler to report. (Enclosed).</td>
<td>10.35 am (2 min)</td>
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<td></td>
<td>b) Action Tracking Document – Mr Butler to report. (Enclosed).</td>
<td>10.37 am (2 min)</td>
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<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>10.45 am (5 min)</td>
<td>For Discussion</td>
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<td>7</td>
<td>Better Care Now Launch – <strong>Professor O’Donnell to give a presentation.</strong></td>
<td>10.50 am (30 min)</td>
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<td>Executive Reports:-</td>
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<td></td>
<td>a) Strategy and Assurance Performance Reporting – Executive Directors / Committee Chairs to give a presentation.</td>
<td>11.20 am (40 min)</td>
<td>For Discussion/For Approval</td>
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<td>b) NHSI Use of Resources Assessment – Mr Bennett to report. (Enclosed).</td>
<td>12 noon (10 min)</td>
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<td>c) Beckman Coulter Contract – Mr Bennett to report. (Enclosed).</td>
<td>12.10 pm (10 min)</td>
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<td>d) Chief Executive’s Report – Mrs Swift to report. (Enclosed)</td>
<td>12.20 pm (5 min)</td>
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<td>9</td>
<td>Chairman’s Report:-</td>
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<td>a) Chairman’s Update. (Verbal Report).</td>
<td>12.25 pm (5 min)</td>
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<td>b) Proposed Review of the Chair/NED Recruitment Process and Proposed Amendments to the Trust Constitution. (Verbal Report).</td>
<td>12.30 pm (10 min)</td>
<td>For Approval</td>
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<td>c) Annual Members Meeting 2017/18 – Draft Minutes. (Enclosed).</td>
<td>12.40 pm (5 min)</td>
<td>For Approval</td>
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<td>d) Feedback from Clinical Commissioning Group Governing Body Meetings:-</td>
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<td></td>
<td>i) Blackpool: 3rd July 2018 – Mr Hearty to report. (Verbal Report).</td>
<td>12.45 pm (5 min)</td>
<td>For Information</td>
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### ii) Fylde & Wyre: 17th July 2018 – no representation due to NEDs attending Trust meeting.

<table>
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<tr>
<th></th>
<th>Key Themes for Team Brief – Mr Butler to report. (Verbal Report).</th>
<th>12.50 pm (5 minutes)</th>
<th>For Discussion</th>
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<tr>
<td></td>
<td>Trust Values / Examples of Value of the Month – Mr Butler to report. (Verbal Report).</td>
<td>12.55 pm (5 minutes)</td>
<td>For Discussion</td>
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<td></td>
<td>Attendance Monitoring – Mr Butler to report. (Enclosed).</td>
<td>1.00 pm (1 minute)</td>
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<td></td>
<td>Any other Business – Mr Butler to report. (Verbal Report).</td>
<td>1.01 pm (1 minute)</td>
<td>For Discussion</td>
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<td>Items Recommended for Decision or Discussion by Board Committees – Mr Butler to report. (Verbal Report).</td>
<td>1.02 pm (1 minute)</td>
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<td></td>
<td>Questions from the Public – Mr Butler to report. (Verbal Report).</td>
<td>1.03 pm (10 minutes)</td>
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<td></td>
<td>Date of Next Meeting – Mr Butler to report. (Verbal Report).</td>
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**Total Duration – 2 hours, 44 minutes**
Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in Public
on Wednesday 23rd May 2018 at 10.30 am
in the Board Room, Trust Headquarters, Blackpool Victoria Hospital

Present: Mrs Karen Crowshaw – Chairman

Non-Executive Directors

Mr Mark Cullinan
Mr Steve Finnigan
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
Mr Paul Renshaw – Interim Director of Workforce (for items 8c–17)
Mrs Marie Thompson – Director of Nursing & Quality
Mrs Janet Barnsley – Interim Director of Planned Care

In Attendance: Miss Judith Oates – Corporate Assurance Manager/Foundation Trust Secretary
Ms Gemma Stanion – Programme Director for Lancashire & South Cumbria Provider, Acute and Specialised Services Programme (for item 40/18a)
Mrs Trish Butcher – Information Governance Manager (for item 42/18h)
Mr Matthew Burrow – Head of Corporate Assurance (for item 42/18e)

Governors (observers) – 3
Members of Public (observers) – 5
Members of Staff (observers) – 1

33/18 Chairman’s Welcome and Introductions

The Chairman welcomed attendees and observers to the Board Meeting in Public and drew attention to the house-keeping rules.

The Chairman stated that arrangements were in hand for installing a hearing system in the Board Room and she asked attendees to make her aware during the meeting if they could not hear the speakers.

It was noted that two questions had been received from Dr Ranjit More in advance of the meeting which related to the Press article about the Council loan and about waiting lists. The Chairman advised that these issues would be addressed as part of the agenda, however, she would ask Dr More at the end of the meeting whether his questions had been answered to his satisfaction.
Declarations of Interest

The Chairman asked Board members to declare any interests in relation to the items on the agenda other than the standard declarations and also asked Board members to alert her to any interests that needed to be declared as a result of the discussions during the meeting.

Mrs Barnsley declared an interest as a substantive employee of Blackpool CCG, however, she stated that there were no conflicting items on the agenda.

At this juncture, the Chairman advised that Mrs Barnsley had recently joined the Trust as Interim Director of Planned Care.

Apologies for Absence

Apologies for absence were received from Mr Keith Case (Non-Executive Director) and Mr Michael Hearty (Non-Executive Director).

It was noted that Mr Paul Renshaw (Interim Director of Workforce) had been delayed and would join the meeting later.

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 25th April 2018 be approved and signed by the Chairman, subject the following amendment:-

Page 8, Chairman's Update, Third Paragraph, to read: The Chairman referred to the waiting list figures which had been included in the performance report and pointed out that, during her conversations with patients, the impact on patients of cancelled operations was fully realised.

Matters Arising:

a) Action List from the Board of Directors Meeting held on 25th April 2018

It was noted that one item on the Action List had been completed and two items were not yet due for completion which related to the Medical Workforce Strategy and Length of Stay.

The Chairman advised that the action relating to the Medical Workforce Strategy would be addressed as part of the workforce plan with a timescale of September/October 2018.

RESOLVED: That Mr Renshaw would provide an update to the Board in July 2018.

With regard to the action relating to Length of Stay, the Chairman advised that consideration was being given to the measures to be used.

RESOLVED: That a proposal would be submitted to the Board in July 2018.

Action To Be Taken Following The Meeting

The Medical Workforce Strategy and Length of Stay (Better Care Now) have been included on the agenda for the Board meeting on 25th July 2018.
b) Action Tracking Document

With regard to the Action Tracking Document, it was noted that one item was outstanding and one item was not yet due for completion and updates were provided as follows:

- Board Room Acoustics – following the site visit and quote, consideration would need to be given to the costs involved.

- Specialist Commissioners/Adopting Innovative Practice – the Chairman asked for an update to be provided at the next Board Meeting.

RESOLVED: That an update on the above two items would be provided at the next Board Meeting.

Action To Be Taken Following The Meeting
The above two items are included on the action tracking document and updates will be provided at the meeting on 25th July 2018.

38/18 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.

The Chairman highlighted one item which she had discussed with Mrs Thompson and Mrs Anderson relating to the number of people smoking on the Victoria Hospital site; it being noted that, not only was this against Trust policy, the patients were outside in cold weather wearing only bed clothes.

Mrs Thompson recognised the public health issues that needed to be addressed and reported on some of the actions being taken, however, she pointed out that it was a challenge for staff to prevent patients leaving clinical areas to smoke; it being noted that it was about individual choice.

Mrs Thompson reminded Board members that the resources to provide support for smoking cessation had been withdrawn a couple of years’ ago, however, from an ICP perspective there could be an element of working together to address the needs of the local population and early public health interventions.

Mrs Whyham advised that she had observed the Blackpool CCG meeting in May when the issue of smoking, particularly in respect of maternal patients, had been discussed and it had been reported that the adult smoking rate in Blackpool was 22%. She confirmed that the CCG was aware of the issue but there had been no indication of any action being taken.

The Chairman asked Mrs Thompson to progress this issue with members of her team.

RESOLVED: That Mrs Thompson would provide an update at the next Board meeting.

Action To Be Taken Following The Meeting
This item is included on the action list and an update will be provided at the meeting on 25th July 2018.
Care and Compassion Day DVD

The Chairman referred to the recent Care & Compassion event held at the Trust which had provided an opportunity to hear about the developments in the Trust in relation to patient treatments and also about how care and compassion was shared with patients and staff.

At this juncture, the DVD from the event was played.

Mrs Thompson advised that this annual event at the Trust was usually held at the same time as International Nurses Day and it focused particularly on themes around health and well-being.

In addition colleagues had been tasked with delivering cakes across the hospital and community sites as a thank you to staff, which had been very much appreciated.

Mrs Thompson commented that it provided an opportunity to reflect and she always felt humbled at the amazing work being undertaken by the staff. It was noted that team members were collating the evaluation forms and that initial feedback indicated that attendees had felt inspired.

Board members were advised that the keynote speaker was Marie Boles (Deputy Chief Nurse at NHS England) who had been impressed with the quality of the work and had suggested focusing more on the positive issues.

Mrs Whyham commented that it had been a very moving day and the staff had appreciated the time taken to deliver the cakes.

Mrs Swift thanked Mrs Thompson and her team for organising the event which improved each year.

Mr Cullinan commented on the important positive messages from external individuals and stated that the Trust needed to capture this and think about it creatively. The Chairman commented that work was on-going in respect of the Communications Strategy and that the reference to positive items needed to be included.

Executive Reports:-

a) Lancashire & South Cumbria Provider, Acute and Specialised Services Programme Update

The Chairman introduced Gemma Stanion, Programme Director for Lancashire & South Cumbria Provider, Acute and Specialised Services Programme, who gave a presentation on the progress of the programme to date.

Ms Stanion explained that it was a large programme with a combination of identified fragile services and wider acute specialist services and she provided an explanation of each of the services on the longlist.

Mrs Swift advised that the team was reviewing which services across Lancashire may be vulnerable and stated that the fragility may be around the availability of consultants.

Ms Stanion commented that the team was progressing the programme as quickly as possible and that it was clinically led with good clinical engagement.
Mr Roff stated that he was unclear about the outcome in terms of the recommendations, in particular whether there would be a Lancashire & Cumbria Stroke Plan, and he asked how the programme would link to the Boards of individual Trusts. Ms Station advised that she would be reviewing the existing governance processes and would be working with clinicians to ensure the best way forward for patients.

Mrs Whyham asked about funding and Ms Stanion advised that the programme was about providing the right care for patients and not about costs, however, consideration would need to be given to how to fund any costs involved. Professor O'Donnell reported that he and Mrs Thompson were members of the Care Professionals Board which was responsible for considering proposed new clinical models for approval and he commented that there had been robust discussions around funding and it had been noted that there may be cost savings for some schemes but cost implications for other schemes which included Stroke.

Mr Roff stated that it would be helpful for the Board to have an indication of the timescales for the plans being made available in order that individual Trusts could make decisions based on the implementation of future plans. Professor O'Donnell advised that the team was working towards a timescale of a final proposal for Stroke Services by the end of the calendar year, however, it was expected that there would be a transformation period for implementation which would take approximately two years, therefore it was likely to be three years in total.

Mr Cullinan commented on the large programme agenda which was probably the right way forward but queried the implications around asking staff to undertake development work in addition to their day to day work. Mrs Whyham shared Mr Cullinan’s view and commented that there may need to be internal re-organisation.

Mr Finnigan commented on the opportunity to work across Lancashire and South Cumbria and asked about best practice provided by other Trusts. Ms Stanion advised that it was variable amongst Trusts and Professor O'Donnell advised that he was not aware of any Trusts providing platinum services.

Mrs Whyham asked about preventative work and Mrs Swift stated that the Lancashire and South Cumbria Plan had several workstreams, one of which was around preventative treatment. Ms Stanion stated that the complexity was challenging.

The Chairman commented on the good work being undertaken and thanked Ms Stanion for attending the meeting and sharing the information with the Board. She suggested that an update in respect of Stroke Services be given to the Board in 6 to 9 months’ time or earlier.

**RESOLVED:** That Ms Stanion and Professor O'Donnell would liaise about a further update to the Board in due course.

**Action To Be Taken Following The Meeting**

*This item will be actioned during July/August.*

b) **Strategy and Assurance Performance Reporting**

Mrs Swift reported that the presentation included feedback from the Finance Committee but not the other Board Committees due to the timing of the meetings, therefore the Executive Team had taken the opportunity to review the activity levels in detail.
Mortality – Learning from Deaths

Professor O’Donnell presented the mandated quarterly mortality data which was produced to provide assurance around learning form deaths; it being noted that the full report would be considered by the Mortality Committee in June 2018.

Professor O’Donnell reported that the Trust continued to be under scrutiny from the CQC for the standardised mortality position but he assured the Board that the position was continually improving.

It was noted that NHSI had recognised that there was a significant amount of work on-going within the Trust by a significant number of staff to address the mortality issues. It was further noted that NHSI were of the view that there needed to be better engagement from the CCGs and had forwarded their comments to the Interim Chairman who had shared the information with the CCG Chairs, however, there was still a view that the majority of the problem was the responsibility of the Trust and therefore the Trust was working with the CCGs to align their focus.

A & E Performance

- The trajectory submitted to NHSI was to achieve 90% by Month 6 and 95% by Month 12.
- The trajectory of 84.5% had been achieved in Month 1.
- The ECIP Team was working in the Trust and the focus was on the wards with trends of high length of stay.
- The patient streaming was continuing, however, the attendance numbers had increased.

Cancer Performance

- The targets had not been achieved in January and February but had been achieved in March which resulted in the Quarter 1 target of 85% being achieved.
- The trend had continued in April, however, there were early indications that the targets were particularly challenging during May.
- The impact of the national breast screening issue was that 771 patients had not been screened in Lancashire, 183 of whom were from Blackpool, Fylde and Wyre.
- The 183 identified patients would be screened during the first two weeks in June.

RTT Performance

- There had been a reduction in the number of patients waiting more than 18 weeks.
- Elective in-patient surgery had commenced in April following the national directive to cease from mid-December to the end of January.
- There were plans in place to ring-fence beds from the end of June.
- There were plans in place to increase elective surgery throughout the summer months.

Open Pathway Performance

- There were concerns in relation to the specialties of cardiology, cardiothoracic surgery and gynaecology.

The Chairman asked whether it would be helpful to have sight of the trajectory by speciality and Mrs Oliver stated that this information was available and could be included in the performance report if required.
ECIP Recommendations

- Reference was made to the trajectory and challenges in relation to 4 hour performance, bed occupancy, care/treatment and admission avoidance/return to home.

- Reference was made to the ECIP recommendations.

Mrs Swift asked Board members if they were satisfied with the indicators. Mr Roff stated that this issue would be addressed as part of the next agenda item relating to the Quality Strategy Metrics and Targets Year 3.

The Chairman asked for assurance that there was a plan in place which could be monitored to ensure that progress was being made in the right direction; it being noted that, once the trajectory had been achieved, such detailed information would not need to be provided.

Mr Bennett reminded the Board that length of stay was the Trust’s top priority.

Finance Committee

Mr Bennett referred to the highlights from the Finance Committee meeting which were included in the presentation slides.

Mr Bennett reminded the Board that it had previously been agreed that the Trust’s plan would be submitted to NHSI indicating that the Trust did not accept the control total on offer. Mr Bennett reported that there had since been discussion across the Lancashire system but that there was still no real clarity on the position. It was noted that this was work in progress and, hopefully, Mr Bennett would be able to advise by the next meeting whether the control total had been agreed and therefore whether the Trust would receive sustainability funding.

Mr Cullinan stated that one of the challenges was around priorities for investment and cost pressures and, from an ICP point of view, it was positive because it demonstrated collaboration but it was also challenging because decisions had to be made in conjunction with the CCGs.

Mrs Whyham asked about the costs involved in keeping patients in hospital and Mr Bennett advised that they varied but that reference costs were available and he could provide more information if required. Mrs Whyham reiterated the comment she made at the previous Board meeting regarding patients not knowing when they were likely to be discharged from hospital. Mrs Oliver advised that the bedside leaflet included a list of suggested questions for patients to ask on admission to hospital which included reference to discharge arrangements.

h) General Date Protection Regulations

Mrs Butcher attended the meeting to report on the General Data Protection Regulations which would come into effect on 25th May 2018.

Mrs Butcher advised that the regulations were a legal requirement and the Trust needed to be able to demonstrate that an action plan was in place; it being noted that this had been discussed by the Audit Committee.

Mrs Butcher further advised that awareness sessions, departmental visits and roadshows had been arranged for staff.

The Chairman asked how compliance would be monitored at the Trust and Mrs Butcher advised that the monitoring would be undertaken via the Health Informatics Committee.
Mr Cullinan asked Mrs Butcher whether she thought the Trust was prepared in terms of the regulations and Mrs Butcher stated that the work had been completed but the challenge was to ensure that staff were aware of their actions and therefore this would need to continue to be monitored. Mrs Butcher stated that it would be helpful if all staff could complete their mandatory training.

At this juncture, the Chairman pointed out that the value of the month was “positive” and she thanked Mrs Butcher for her positivity around a difficult subject.

c) Quality Strategy Metrics and Targets Year 3

Mr Roff reminded Board members that it had been agreed by the Board in April that the Quality Committee would take over responsibility for Length of Stay and Better Care Now and therefore this had been incorporated in the Quality Strategy metrics.

It was noted that the Board report had been produced following discussion with Professor O’Donnell, Mrs Thompson and Mrs Anderson and it recommended to the Board the measures and targets for 2018/19; it being noted that they were similar to those for Year 1 and Year 2 for 5 of the 6 Goals, however, there were significant proposed changes to Goal 3 relating to Care in the Right Place as a result of the decisions previously made around Better Care Now and Length of Stay.

Mr Roff stated that once the measures and targets had been agreed, they would need to be achieved for Year 3 in order to complete the three year strategy. It was noted that the figures may need to be tweaked following receipt of the recommendations from ECIP.

Reference was made to the need to have a Fylde Coast Quality Strategy and it was noted that Mrs Thompson was in discussion with the CCGs about this issue.

RESOLVED: That the proposed measures and targets for the Quality Strategy be approved.

That the format of the document could be used as the theme for future strategies, i.e. workforce, communications.

The Chairman commented that significant work had been undertaken on the Quality Strategy and she thanked Mrs Thompson and Mrs Anderson and their teams.

Action To Be Taken Following The Meeting
This item will be considered for future strategies.


Mr Bennett advised Board members that the Audit Committee had discussed the Annual Report, Annual Accounts and Quality Report at their meeting immediately prior to the Board meeting and that PwC had presented their Draft Audit Opinion. It was noted that the documents required final checking, however, it was not anticipated that there would be any significant changes. It was further noted that a number of issues had been identified for the Trust to be aware of, in particular, the risk to the organisation of the absence of an agreed control total.

It was reported that the outcome from the Audit Committee meeting was to recommend to the Board that the Annual Report, Annual Accounts and Quality Report be adopted.
RESOLVED: That the recommendations from the Audit Committee in respect of the Annual Report, Annual Accounts and Quality Report be ratified/approved.

e) NHS Improvement Self-Certification Declarations

Mr Burrow circulated an updated version of the self-certification declarations and explained that there was an error in the original document in relation to the number of Level 2 Information Governance Incidents which was 2 and not 5.

It was noted that the declarations had been discussed by the Audit Committee and that assurance had been given around the controls and the compliance.

Mr Bennett advised that significant assurance had been given by the Head of Internal Audit which indicated that appropriate control systems were in place. Mr Bennett further advised that the External Auditor’s opinion indicated that the Trust offered good value for money.

RESOLVED: That the self-certification declarations be approved.

That approval be given for the self-certification declarations to be signed by the Interim Chairman and the Chief Executive prior to submission to NHSI by the deadline of 31st May 2018.

Action To Be Taken Following The Meeting
This item was actioned by the deadline of 31st May 2018.

f) CQC Inspection Update/Action Plan

Mrs Thompson provided a further CQC update following the detailed update given at the Board meeting in April and explained that the main focus was the development of the action plan in respect of the four areas of regulatory action.

It was noted that a Quality Summit had been arranged with the CQC for 1st June 2018 which would focus on the feedback and the Trust’s responses to the CQC inspection and the resulting action plan.

It was further noted that the Quality Committee would have overall oversight of the action plan and that other forums would be used within the Trust to monitor progress.

Board members were asked to note the update on progress with the Trust-level action plan and to note that a Quality Summit would take place on 1st June 2018.

g) Clinical Negligence Scheme for Trusts (CNST)

Mrs Thompson advised Board members that a CNST incentive scheme had recently been launched in respect of 10 maternity safety actions which the Trust was required to report progress on and confirm compliance to the NHSLA. It was noted that compliance with the 10 safety standards would result in a 10% reduction in the Trust’s CNST premium.

Mrs Thompson stated that the Quality Committee had taken responsibility for the scrutiny of the information in terms of evidence, however, the information needed to be approved and signed-off by the Board.

Mr Roff confirmed that he was supportive of the report.

RESOLVED: That compliance with the CNST requirements be approved.
i) Chief Executive’s Report

The Chief Executive’s report was provided for information.

Mrs Swift expressed thanks to Mrs Crowshaw for her role as Interim Chairman during the past two months and also for her role as a Non-Executive Director for almost seven years; it being noted that she had made a significant contribution, particularly in respect of her focus on patient care. Mr Cullinan thanked Mrs Crowshaw for her advice and support during the past two years.

Mrs Swift reported that Mrs Oliver would be leaving the Trust in July, however, due to annual leave, this would be her last Board meeting. It was noted that there would be other opportunities to thank Mrs Oliver, however, the Chief Executive thought that it should be recorded in public.

Mrs Swift reminded Board members about the NHS 70th birthday celebrations and the Annual Members Meeting taking place on 5th July 2021.

Interim Chairman's Report

a) Interim Chairman's Update

The Chairman’s Update was provided for information.

It was noted that good progress had been made on the recruitment process for the Clinical NED, which would come to fruition on 31st May 2018, and also on the recruitment process for the Chairman, the outcome of which would be announced shortly. Mrs Crowshaw expressed thanks to the individuals involved for their contribution, in particular the Nominations Committee and Miss Oates.

Mrs Crowshaw was pleased to report that Victoria’s Voice Youth Forum (young patients panel) had been shortlisted for the NHS 70th Birthday Awards and would now compete with other regional winners from across England for a national award to be presented at a special ceremony in the Palace of Westminster in July.

b) Affixing of the Common Seal

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

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

c) Feedback from Clinical Commissioning Group Governing Body Meeting

Mrs Whyham provided feedback from the Blackpool CCG Meeting held on 1st May 2018 as follows:-

- It had been interesting to note the style of a different Board meeting.
- There had been concerns around A & E performance and there appeared to be an acknowledgement about reviewing length of stay and patient flow at Victoria Hospital.
- There had been reference to neighbourhood working.
- There had been significant concern about the level of patient obesity.
- There had not been much reference to the ICP.

Mrs Whyham provided feedback from the Fylde & Wyre CCG Meeting held on 22nd May 2018 as follows:-
• Both CCGs had declared a financial surplus but it had been noted that the money could not be used immediately to address issues.
• Two new GP practices had been acquired, resulting in the CCG providing services to 1,076 patients.
• A record-breaking exercise event was taking place on 21st July as part of the Lytham Festival and the video would be launched on the CCG website.
• Mr Paul Olive would be retiring from his role as a Lay Member/Chair of the Audit Committee at the CCG at the end of May. It had been noted that Mr Olive was absent from the meeting because he was attending an event in London, being recognised for 50 years membership of the Institute of Chartered Accountants.
• The Governing Body understood the pressures relating to patient flow.

The Chairman thanked Mrs Whyham for her feedback.

The Chairman stated that she would be meeting the CCG Chairs the following week and would raise the issue of communicating messages. It was noted that there was a much more positive approach towards the Trust in terms of understanding about patient flow.

42/18  Key Themes from 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:-

• General Data Protection Regulations
• Annual Report/Annual Accounts/Quality Report
• NHS 70th Birthday Celebrations
• Care and Compassion Video and Event
• Organ Donation Memorial Launch
• Chair and Clinical NED Appointment

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

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

43/18  Trust Values / Examples of Value of the Month

It was noted that the values had been reflected during the meeting.

It was further noted that the Value of the Month for June would be identified for Team Brief on 5th June 2018.

44/18  Attendance Monitoring

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

45/18  Any other Business

There was no other business.

46/18  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.
Questions from the Public

a) Council Loan

With regard to the two questions received in advance of the meeting from Dr More, the Chairman stated that the question relating to the Council loan had not been addressed during the meeting but she confirmed that it had been discussed by the Finance Committee and asked Mr Bennett to provide an update.

Mr Bennett confirmed that the Trust had not taken out a further loan with the Council and that the Finance Committee was not recommending this course of action to the Board or the Council of Governors, however, he had been exploring potential benefits to the Trust of re-financing existing loans which had been discussed by the Finance Committee in February 2018.

It was noted that the Trust had taken out loans totalling £45m at various stages during the past few years and one loan, for the new surgical centre, had a high interest rate of 3.7% and therefore the Finance Committee had agreed that Mr Bennett should explore the potential to re-finance this loan through other mechanisms, following which recommendations would be submitted to the Board.

Mr Bennett clarified that the initial enquiries were in relation to replacing an existing loan with another loan in order to obtain a lower interest rate.

Dr More commented that it was helpful to know the background to the Press article and reassuring to learn that it related to re-financing and not a new loan. He suggested that the Trust should lead on this in the Press.

Mr Cullinan, in his capacity as Chair of the Finance Committee, confirmed that this issue had been discussed by the Finance Committee and he commented that the Trust needed to be more agile in responding to such articles.

b) Waiting Lists

Dr More stated that the comments from Mrs Oliver and Mrs Barnsley during the meeting had been encouraging in terms of thinking more positively about how to deal with the winter pressures. He commented that there should be no pressures at present because it was no longer winter and it was not yet holiday season. He expressed concern that the bed targets were unrealistic.

Mrs Oliver assured Dr More that the system pressures were regularly discussed, not just during the winter months, and that there was no seasonality in terms of holiday-makers. She confirmed that work was on-going in terms of the options going forwards.

Dr More emphasised the need to have realistic bed occupancy targets. Professor O'Donnell stated that a pragmatic view had been taken that the 85% target would not be achieved in 2018/19 and to challenge it and not achieve it would be extremely demoralising. Dr More stated that having outliers would result in problems, for example, infections. Mr Roff stated that a target below 90% was not realistic and he understood the impact of having too high a target. Professor O'Donnell agreed that high occupancy rates could lead to an increase in infection rates, however, the most recent study indicated that the Trust had a lower than average infection rate.

RESOLVED: That Professor O'Donnell and Dr More would discuss this issue further outside the meeting.

At this juncture, Mrs Crowshaw gave members of the public the opportunity to ask questions. There were no questions from members of the public.
Action To Be Taken Following The Meeting
This item has been actioned.

48/18 Date of Next Meeting
The next meeting will take place on Wednesday 25th July 2018.

49/18 Resolution to Exclude Members of the Media and Public
The Chairman requested approval from the Board of Directors to resolve that members of the media and public be excluded from the meeting.

RESOLVED: That members of the media and public be excluded from the meeting.
<table>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>37/18 (a)</td>
<td>23.5.18</td>
<td>Action List - Medical Workforce Strategy</td>
<td>Provide an update to the Board in July 2018.</td>
<td>Paul Renshaw</td>
<td>25.7.18</td>
<td></td>
<td>This item has been included on the agenda for the Board meeting on 25.7.18.</td>
<td>Green</td>
</tr>
<tr>
<td>37/18 (a)</td>
<td>23.5.18</td>
<td>Action List - Length of Stay</td>
<td>Submit a proposal to the Board in July 2018.</td>
<td>Mark O'Donnell/ Pat Oliver</td>
<td>25.7.18</td>
<td></td>
<td>This item has been included on the agenda for the Board meeting on 25.7.18.</td>
<td>Green</td>
</tr>
<tr>
<td>37/18 (b)</td>
<td>23.5.18</td>
<td>Action Tracking Document - Board Room Acoustics</td>
<td>Provide an update at the next Board meeting.</td>
<td>Chairman</td>
<td>25.7.18</td>
<td></td>
<td>An update will be given at the next Board meeting as part of the feedback on the action list and action tracking document.</td>
<td>White</td>
</tr>
<tr>
<td>37/18 (b)</td>
<td>23.5.18</td>
<td>Action Tracking Document - Specialist Commissioners/ Adopting Innovative Practice</td>
<td>Provide an update at the next Board meeting.</td>
<td>Wendy Swift</td>
<td>25.7.18</td>
<td></td>
<td>An update will be given at the next Board meeting as part of the feedback on the action list and action tracking document.</td>
<td>White</td>
</tr>
<tr>
<td>38/18</td>
<td>23.5.18</td>
<td>Overview of Challenges and Debates</td>
<td>Provide an update on progress in respect of public health, in particular smoking cessation.</td>
<td>Marie Thompson</td>
<td>25.7.18</td>
<td></td>
<td>An update will be given at the next Board meeting as part of the feedback on the action list.</td>
<td>White</td>
</tr>
<tr>
<td>40/18 (a)</td>
<td>23.5.18</td>
<td>L&amp;SC Provider, Acute &amp; Specialist Services Programme Update</td>
<td>Liaise with Gemma Stanion about a further update to the Board.</td>
<td>Mark O'Donnell</td>
<td>31.8.18</td>
<td></td>
<td>This item will be actioned during July/August.</td>
<td>White</td>
</tr>
<tr>
<td>40/18 (c)</td>
<td>23.5.18</td>
<td>Quality Strategy Metrics and Targets Year 3</td>
<td>Use the format of the document as the theme for future strategies.</td>
<td>Executive Directors</td>
<td>on-going</td>
<td></td>
<td>This item will be considered for future strategies.</td>
<td>White</td>
</tr>
<tr>
<td>40/18 (d)</td>
<td>23.5.18</td>
<td>NHSI Self-Certification Declarations</td>
<td>Arrange for the declarations to be signed by the Chairman and Chief Executive and submitted to NHSI by 31.5.18.</td>
<td>Judith Oates</td>
<td>31.5.18</td>
<td></td>
<td>This item has been actioned.</td>
<td>Green</td>
</tr>
<tr>
<td>42/18</td>
<td>23.5.18</td>
<td>Key Themes for Team Brief</td>
<td>Include the agreed themes in Team Brief.</td>
<td>Paul Renshaw</td>
<td>5.6.18</td>
<td></td>
<td>This item has been actioned.</td>
<td>Green</td>
</tr>
<tr>
<td>47/18</td>
<td>23.5.18</td>
<td>Questions from the Public - Waiting Lists</td>
<td>Liaise with Dr More about bed occupancy and winter pressures.</td>
<td>Mark O'Donnell</td>
<td></td>
<td></td>
<td>This item has been actioned.</td>
<td>Green</td>
</tr>
</tbody>
</table>

**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
<table>
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</tr>
</thead>
<tbody>
<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 30.6.18</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>
<td>Red</td>
</tr>
<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>
<td></td>
<td>Discussions have commenced with the Specialist Commissioners around plans to develop Cardiac Services. These discussions are on-going.</td>
<td>Red</td>
</tr>
<tr>
<td>24/18</td>
<td>25.4.18</td>
<td>Strategy and Assurance Performance Reporting - Workforce</td>
<td>Undertake work around forecasting in order to pre-empt the staffing issue.</td>
<td>Paul Renshaw</td>
<td>25.7.18 September/ October</td>
<td></td>
<td>The medical workforce strategy work is underway and will be reported to the Board as planned in July. The capacity and demand work that has just started will enable better forecasting of our staffing requirements and this will be completed in September/October 2018.</td>
<td>White</td>
</tr>
<tr>
<td>24/18</td>
<td>25.4.18</td>
<td>Strategy and Assurance Performance Reporting - Finance</td>
<td>Submit a proposal recommending the removal of one of the two measures for length of stay.</td>
<td>Mark O'Donnell</td>
<td>25.7.18</td>
<td></td>
<td>This item has been included on the agenda for the Board meeting on 25.7.18.</td>
<td>White</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

25th July 2018

Use of Resource Assessment Report

Report Prepared By: Keith Dickinson, Chief Finance Officer

Contact Details: keith.dickinson@bfwhospitals.nhs.uk/ 01253 956604

Date of Report: 20.07.18

Purpose of Report:

NHSI carried out a ‘use of resource’ assessment in November 2017, at a similar time to the CQC inspection. The attached final assessment report (and accompanying letter sent to Wendy Swift) provides confirmation that in respect of ‘how effectively is the Trust managing its resources’, the rating was ‘good’.

The assessment report outlines the key findings, along with setting out a number of areas for improvement.

The Transformation Executive Board will review the areas for improvement alongside the Trust’s existing transformation workstreams, identify further opportunities to improve efficiencies, and outline any required actions.

Recommendations:

That the Board notes the ‘use of resources’ assessment rating of ‘good’, and that the Transformation Executive Board will now lead on a review and identification of further opportunities for efficiencies.

Sensitivity Level:

1  x  
Not sensitive: For immediate publication

2  x  
Sensitive in part: Consider redaction prior to release

3  
Wholly sensitive: Consider applicable exemption
This report describes NHS Improvement's assessment of how effectively this trust uses its resources. It is based on a combination of data on the trust's performance over the previous twelve months, our local intelligence and qualitative evidence collected during a site visit comprised of a series of structured conversations with the trust's leadership team.

**How effectively is the trust using its resources?**

Good

### How we carried out this assessment

The aim of Use of Resources assessments is to understand how effectively providers are using their resources to provide high quality, efficient and sustainable care for patients. The assessment team has, according to the published framework, examined the trust's performance against a set of initial metrics alongside local intelligence from NHS Improvement’s day-to-day interactions with the trust, and the trust's own commentary of its performance. The team conducted a dedicated site visit to engage with key staff using agreed key lines of enquiry (KLOEs) and prompts in the areas of clinical services; people; clinical support services; corporate services, procurement, estates and facilities; and finance. All KLOEs, initial metrics and prompts can be found in the [Use of Resources assessment framework](#).

We visited the trust on 10 November 2017 and met the trust's executive team (including the chief executive), a non-executive director (in this case, the chair and deputy Chair) and relevant senior management responsible for the areas under this assessment's KLOEs.

### Findings

<table>
<thead>
<tr>
<th>Is the trust using its resources productively to</th>
<th>Good</th>
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</tbody>
</table>
We rated use of resources as ‘good’ because the trust is achieving good use of resources, enabling it to provide high quality and sustainable care for patients:

- The trust reported a surplus of £3.0m for 2016/17, which included £12.4m Sustainability and Transformation Funding (STF). The trust is forecasting delivery of its planned surplus of £3.0m in 2017/18, which includes STF funding.
- For 2016/17 the trust has an overall cost per WAU of £3315 compared with a national median of £3484, which is in quartile 1 (best).
- For 2016/17 the trust has a non-pay cost per WAU of £1155 compared with a national median of £1301, which is in quartile 1 (best).
- For 2016/17, the trust has a pay cost per WAU of £2160 compared with a national median of £2157, so is broadly on the median.
- The Community Adjusted Nursing Pay cost per WAU is in the 3rd quartile. This indicates that the trust is less productive at delivering services than comparable trusts by showing that, on average, the trust spends more on Nursing Pay Costs to deliver the same number of services. However, the Medical Pay cost per WAU is in the 1st quartile (best). This reflects the challenges in recruiting medical staff and, therefore, having to use the nursing workforce more flexibly.
- The trust is better than the national median for pre-procedure elective bed days (0.11 versus 0.14 as at June 2017) and the trust achieves a high day case rate.
- The trust is in the 3rd quartile for pre-procedure non-elective bed days (0.87 versus a national median of 0.78), which is an improvement from the previous position in Quarter 1 2017/18 of 4th quartile (1.01 versus national median of 0.87). This indicates on average patients spend longer at the trust before having an emergency procedure, which the Trust (in part) relates to it being a tertiary cardiac centre and so receives emergency patients transferred from neighbouring hospitals.
- The trust is in the upper (better) quartile for staff retention rates.
- The trust is developing its Allied Healthcare Professional (AHP) workforce with innovative staffing models, and has developed an effective nurse bank.
- The trust benchmarks first (lowest cost) quartile for pathology cost per test (£0.92 per test versus £2.13 per test in 2015/16).
- The trust benchmarks well for corporate services, procurement, estates and facilities.
- The trust has established Blackpool Fylde and Wyre Management Ltd to deliver further estates savings.

However:

- The trust’s readmission rate of 8.2% in June 2017 is slightly above the national median of 7.6% and has deteriorated over the past 6 months to June 2017.
- The trust sickness rates are in the upper quartile (worse) nationally (4.5% versus 3.9% as at September 2017), although this has moved closer to the national median since June 2017 (4.5% versus 3.7%).
- The trust has shown some improvement in some clinical productivity indicators, such as Did Not Attend (DNA) rates, which although in the highest (worse) quartile, has improved from 11.3% to 9.4% from June 2016 to June 2017.
- Given the trust’s challenging liquidity position, the trust secured a £9.2m loan from the Local
Authority to support investments and working capital against a multi-story car park.

- 51% of the 2016/17 savings were non-recurrent and 45% of the 2017/18 savings are forecast to be non-recurrent. This means the Trust has a underlying deficit, which is forecast to be £24m at the end of 2017/18, thus raising concerns over the sustainability of the current reported surplus.

**How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?**

- The trust is not consistently delivering the referral to treatment (RTT), cancer and accident and emergency (A&E) constitutional standards in 2017/18 as at September 2017.
- The trust has improved Delayed Transfers of Care (DTOCs) through the past 12 months, and has been delivering against the national target of 3.5% (3.0% in August 2017). The trust gave several examples of initiatives which have contributed to this improvement.
- The trust is better than the national median for pre-procedure elective bed days (0.11 versus 0.14 as at June 2017), which the trust attributes in part to the high levels of “Same Day Admission” for cardiac surgery, which is acknowledged in the GIRFT report. The trust achieves a high day case rate, within the top 20 hospitals in the country.
- The trust is in the 3rd quartile for pre-procedure non-elective bed days (0.87 versus a national median of 0.78), which is an improvement from the previous position in Quarter 1 2017/18 of 4th quartile (1.01 versus national median of 0.87). The trust recognises that this is an area for improvement and gave examples of work to address this, such as the work on fractured neck of femur pathway.
- The trust’s readmission rate of 8.2% in June 2017 is slightly above the national median of 7.6%. The trust partially attributes this to the way that ambulatory care is counted within the trust, and believes that a change to this agreed with commissioners will result in the metric improving. However, the trust was not able to articulate the rationale for the deterioration in the metric since December 2016, whereas previously there had been an improving trajectory.
- The DNA rate of 9.45% places the trust in the upper (worse) quartile. However, there has been a significant improvement over the past 12 months, moving from a rate of 11.3% in June 2016. The trust attributed this to changes to management structures, such as an Outpatient Senior Manager, and improvement in processes, such as use of call reminder services.
- The trust has engaged with Getting It Right First Time (GIRFT) initiatives; four reviews have been undertaken to date. Action plans have been put in place following the feedback, but the trust cannot yet demonstrate productivity gains as a result of these work streams.
- The trust gave examples of work to develop Extensive Care Service and Enhanced Primary Care Service as part of the Fylde Coast Vanguard. They provided evidence to show these models had slowed the rate of emergency admissions compared to other Vanguard areas and the systems not covered by a Vanguard. (0.6% in emergency admissions, after adjusting for population changes, between the baseline year (2014-15) and the last year for which there is available data (October 2016 to September 2017) for Fylde Coast. This compares with growth in emergency activity of 2.6% in other Vanguard areas and 4.9% in areas that are not covered by the New Models of Care Programme.)

**How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?**

- The trust has a Total Pay Cost per WAU that is broadly in the median (£3 higher, Q2 2017/2018).
- The Community Adjusted Nursing Pay Cost per WAU is in the 3rd quartile, while the Medical WAU is the lowest (best) quartile. The trust attribute the high Nursing WAU in part to the length of stay of patients, which is higher than average, but primarily because of difficulties in recruiting medical staff meaning the nursing workforce has to be deployed more flexible.
- Spend on agency nursing is a lower proportion of total agency spend than the North average
(6% versus 25% at October 2017) which the trust attributes to the development of an effective in-house bank. The trust is looking to develop this for Medical staff, where agency costs remain above the North average as a proportion of total staff costs (14% versus 9% at October 2017). Overall the trust is operating inside the agency ceiling as at October 2017.

- The trust gave strong evidence on how it is developing the AHP workforce to help deliver efficient care. This includes increasing the scope and range of AHP services through ongoing professional development and developing alternative care pathways to reduce pressure on other workforce groups.
- The trust is in the upper (better) quartile for staff retention rates, with the dip in the metric in March 2017 being explained as the Estates function transferred to another organisation (160 staff).
- The trust sickness rates are in the upper quartile (worse) nationally (4.5% versus 3.9% as at September 2017), although this has moved closer to the national median since June 2017 (4.5% versus 3.7%). The trust recognises that it has an opportunity to improve in this area.
- The trust stated that all consultants have job plans although further development work is required to ensure all are regularly reviewed. The trust has plans in place to roll out job plans to AHPs, and these will be in place by April 2018.

**How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?**

- The trust demonstrated engagement with primary care to reduce system costs, promoting only necessary testing and reducing unwarranted testing. The trust benchmarks first (lowest cost) quartile for pathology cost per test (£0.92 per test versus £2.13 per test in 2015/16).
- The trust is an active member of, and provides leadership to, the Lancashire and South Cumbria Pathology Collaboration and is working towards a solution for all providers in the collaborative.
- The trust has utilised productivity information and benchmarking to inform the current cost improvement plan and potential for efficiencies within the collaborative work.
- The trust has managed to absorb growth for diagnostic imaging with efficient use of current machines and full slot utilisation. The trust is looking to collaborate with other acute providers, with an initial focus on standardising radiology, but this is at an early stage of development.
- The trust uses technology well from an E-rostering perspective and is rolling out the use of mobile devices to support elements of electronic records. The trust has identified there are opportunities to release productivity efficiencies through the use of technology across the acute and community settings, but these have not yet realised.
- The trust is below the national median on overall cost of medicines per WAU (£245 versus £365 for 2016/17 data). However, the Top 10 medicines appear red on Model Hospital, and while current performance is improving it is still not as strong as it could be. The trust recognised this is a further opportunity and current focus.

**How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?**

- The trust’s overall non-pay costs per WAU is in the 1st quartile (best) (first quartile representing lowest cost) nationally, based on 2016/17 data.
- The trust is in the lowest quartile on Finance and Human Resources cost per £100m turnover. This has been delivered by improvement plans over the last two years and supported by use of technology such as the roll-out of Electronic Staff Resource self-service. The trust is currently working with other organisations across the Lancashire and South Cumbria STP to consider how the service can become more efficient by working collaboratively.
- The trust had a cost per m² of £272 for Estates and Facilities which is in the quartile two nationally. The trust continues to look to how it can improve, for example, introducing energy saving measures including heat exchange and LED lighting to reduce costs. The trust has also established Blackpool Fylde and Wyre Management Ltd to deliver further estates savings.
• The trust is collaborating with two neighbouring trusts and has a joint procurement team.
• The trust is working in a collaborative procurement with a cluster of providers and will be using the Purchasing Price Index Benchmarking (PPIB) tool to drive efficiencies over the next few years.
• The backlog maintenance (cost per m²) is £68 against a national median of £91. The trust backlog maintenance value in 2016/17 was £9.6m of which £4.5m was related to work categorised as high or significant risk. The trust has a plan to manage its estates and developing it to take forward potential efficiencies.

How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?
• The trust reported a surplus of £3.0m for 2016/17, which included £12.4m Sustainability and Transformation Funding (STF). Alongside this the trust scored four (worst) for liquidity, and three (worse than peers) for capital service capacity, although it scored two for I&E margin and agency. The liquidity metric is particularly challenging with -31 trading days of cash.
• The trust is forecasting to deliver its planned surplus of £3.0m, which includes £8.6m STF.
• The trust reported 2016/17 cost savings of £11.1m (2.7% expenditure), with a further £7.5m delivered through income generation schemes. Of the £11.1m, 51% was non-recurrent which represents a risk to the trusts underlying financial position for 2017/18 onwards. At the time of our review in November 2017 the trust was forecasting to deliver cost savings of £17.2m (4.0% of expenditure) against a target of £20.5m, which has been compensated by income generation schemes of £4.9m compared to a plan of £1.6m. Of the £17.2m, 45% will be delivered non-recurrently which represents further pressure on the 2018/19 financial position.
• The trust’s cash balance at the end of 2016/17 was £3.9m and it is forecasting a closing cash balance of £5.5m at the end of 2017/18. Given the trust’s challenging liquidity position, the trust secured a £9.2m loan from the Local Authority to support investments and working capital against a multi-story car park.
• The capital servicing capacity is a measure of the trust’s ability to meet its borrowing obligations. This metric was scored 1.75 (three out of four - worst) at the end of 2016/17 and is expected to deteriorate to 1.63 (a score of three) at the end of the 2017/18. This shows that the trust needs to sustain (and improve) the bottom-line position to meet its debt obligations.
• The trust produces costing information by division and clinical area (service line reporting) annually but this is not used for the day-to-day operation of the trust and for making business decisions. The trust has established a Service Line Management Programme Board and instigated a rolling programme of specialty improvement plans.
• The trust has established a commercial board to look at income opportunities. There are a number of partnerships with retail units in the hospital and the trust is considering providing back office functions, such as payroll, to a wider footprint. There is a private cardiac facility which generates additional income that is reinvested into the trust.

Areas for improvement
There are a number of areas that the trust recognised needed further development in order to realise efficiencies:
• The trust relied on significant levels of non-recurrent savings to deliver its financial position in 2016/17 and a high proportion of its savings plans for 2017/18 included non-recurrent items, which serves to compound the challenge in future years and creating cash pressures in the current year requiring borrowing.
• There are a number of work programmes where the trust could not clearly demonstrate productivity gains on the day of assessment, such as the collaborative work with the ACS
and the GIRFT work. However the trust was able to provide evidence at a later date. The trust should consider how it systematically captures productivity as part of its programme management methodology and engages clinicians in delivering productivity improvement.

- Clinical productivity improvements are generally at an early stage of development and benefits are yet to be realised, in contrast to the improvement illustrated within clinical support and corporate functions.
- Pre-procedure non-elective bed days are higher than the median outlier and present an opportunity to improve productivity.
- The trust’s sickness rates are in the upper quartile and have not shown sustained improvement.
- While medicine cost overall appear to be good, there is an opportunity for a focus on the top 10 medicines.
## Use of Resources report glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18-week referral to treatment target</strong></td>
<td>According to this national target, over 92% of patients should wait no longer than 18 weeks from GP referral to treatment.</td>
</tr>
<tr>
<td><strong>4-hour A&amp;E target</strong></td>
<td>According to this national target, over 95% of patients should spend four hours or less in A&amp;E from arrival to transfer, admission or discharge.</td>
</tr>
<tr>
<td><strong>Agency spend</strong></td>
<td>Over reliance on agency staff can significantly increase costs without increasing productivity. Organisations should aim to reduce the proportion of their pay bill spent on agency staff.</td>
</tr>
<tr>
<td><strong>Allied health professional (AHP)</strong></td>
<td>The term ‘allied health professional’ encompasses practitioners from 12 diverse groups, including podiatrists, dietitians, osteopaths, physiotherapists, diagnostic radiographers, and speech and language therapists.</td>
</tr>
<tr>
<td><strong>AHP cost per WAU</strong></td>
<td>This is an AHP specific version of the pay cost per WAU metric. This allows trusts to query why their AHP pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.</td>
</tr>
<tr>
<td><strong>Biosimilar medicine</strong></td>
<td>A biosimilar medicine is a biological medicine which has been shown not to have any clinically meaningful differences from the originator medicine in terms of quality, safety and efficacy.</td>
</tr>
<tr>
<td><strong>Cancer 62-day wait target</strong></td>
<td>According to this national target, 85% of patients should begin their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer. The target is 90% for NHS cancer screening service referrals.</td>
</tr>
<tr>
<td><strong>Capital service capacity</strong></td>
<td>This metric assesses the degree to which the organisation’s generated income covers its financing obligations.</td>
</tr>
<tr>
<td><strong>Care hours per patient day (CHPPD)</strong></td>
<td>CHPPD measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers. It can be used to identify unwarranted variation in productivity between wards that have similar speciality, length of stay, layout and patient acuity and dependency.</td>
</tr>
<tr>
<td><strong>Cost improvement programme (CIP)</strong></td>
<td>CIPs are identified schemes to increase efficiency or reduce expenditure. These can include recurrent (year on year) and non-recurrent (one-off) savings. CIPs are integral to all trusts’ financial planning and require good, sustained performance to be achieved.</td>
</tr>
<tr>
<td><strong>Control total</strong></td>
<td>Control totals represent the minimum level of financial performance required for the year, against which trust boards, governing bodies and chief executives of trusts are held accountable.</td>
</tr>
<tr>
<td><strong>Diagnostic 6-week wait target</strong></td>
<td>According to this national target, at least 99% of patients should wait no longer than 6 weeks for a diagnostic procedure.</td>
</tr>
<tr>
<td>Metric</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>Did not attend (DNA) rate</td>
<td>A high level of DNAs indicates a system that might be making unnecessary outpatient appointments or failing to communicate clearly with patients. It also might mean the hospital has made appointments at inappropriate times, eg school closing hour. Patients might not be clear how to rearrange an appointment. Lowering this rate would help the trust save costs on unconfirmed appointments and increase system efficiency.</td>
</tr>
<tr>
<td>Distance from financial plan</td>
<td>This metric measures the variance between the trust’s annual financial plan and its actual performance. Trusts are expected to be on, or ahead, of financial plan, to ensure the sector achieves, or exceeds, its annual forecast. Being behind plan may be the result of poor financial management, poor financial planning or both.</td>
</tr>
<tr>
<td>Doctors cost per WAU</td>
<td>This is a doctor specific version of the pay cost per WAU metric. This allows trusts to query why their doctor pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.</td>
</tr>
<tr>
<td>Delayed transfers of care (DTOC)</td>
<td>A DTOC from acute or non-acute care occurs when a patient is ready to depart from such care is still occupying a bed. This happens for a number of reasons, such as awaiting completion of assessment, public funding, further non-acute NHS care, residential home placement or availability, or care package in own home, or due to patient or family choice.</td>
</tr>
<tr>
<td>EBITDA</td>
<td>Earnings Before Interest, Tax, Depreciation and Amortisation divided by total revenue. This is a measurement of an organisation’s operating profitability as a percentage of its total revenue.</td>
</tr>
<tr>
<td>Emergency readmissions</td>
<td>This metric looks at the number of emergency readmissions within 30 days of the original procedure/stay, and the associated financial opportunity of reducing this number. The percentage of patients readmitted to hospital within 30 days of discharge can be an indicator of the quality of care received during the first admission and how appropriate the original decision made to discharge was.</td>
</tr>
<tr>
<td>Electronic staff record (ESR)</td>
<td>ESR is an electronic human resources and payroll database system used by the NHS to manage its staff.</td>
</tr>
<tr>
<td>Estates cost per square metre</td>
<td>This metric examines the overall cost-effectiveness of the trust’s estates, looking at the cost per square metre. The aim is to reduce property costs relative to those paid by peers over time.</td>
</tr>
<tr>
<td>Finance cost per £100 million turnover</td>
<td>This metric shows the annual cost of the finance department for each £100 million of trust turnover. A low value is preferable to a high value but the quality and efficiency of the department’s services should also be considered.</td>
</tr>
<tr>
<td>Getting It Right First Time (GIRFT) programme</td>
<td>GIRFT is a national programme designed to improve medical care within the NHS by reducing unwarranted variations.</td>
</tr>
<tr>
<td>Human Resources (HR) cost per £100</td>
<td>This metric shows the annual cost of the trust’s HR department for each £100 million of trust turnover. A low value is preferable to a high value but the quality and efficiency of the department’s services should also be considered.</td>
</tr>
<tr>
<td><strong>Table</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Income and expenditure (I&amp;E) margin</td>
<td>This metric measures the degree to which an organisation is operating at a surplus or deficit. Operating at a sustained deficit indicates that a provider may not be financially viable or sustainable.</td>
</tr>
<tr>
<td>Key line of enquiry (KLOE)</td>
<td>KLOEs are high-level questions around which the Use of Resources assessment framework is based and the lens through which trust performance on Use of Resources should be seen.</td>
</tr>
<tr>
<td>Liquidity (days)</td>
<td>This metric measures the days of operating costs held in cash or cash equivalent forms. This reflects the provider’s ability to pay staff and suppliers in the immediate term. Providers should maintain a positive number of days of liquidity.</td>
</tr>
<tr>
<td>Model Hospital</td>
<td>The Model Hospital is a digital tool designed to help NHS providers improve their productivity and efficiency. It gives trusts information on key performance metrics, from board to ward, advises them on the most efficient allocation of resources and allows them to measure performance against one another using data, benchmarks and good practice to identify what good looks like.</td>
</tr>
<tr>
<td>Non-pay cost per WAU</td>
<td>This metric shows the non-staff element of trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the trust spends less per standardised unit of activity than other trusts. This allows trusts to investigate why their non-pay spend is higher or lower than national peers.</td>
</tr>
<tr>
<td>Nurses cost per WAU</td>
<td>This is a nurse specific version of the pay cost per WAU metric. This allows trusts to query why their nurse pay is higher or lower than national peers. Consideration should be given to clinical staff mix and clinical staff skill mix when using this metric.</td>
</tr>
<tr>
<td>Overall cost per test</td>
<td>The cost per test is the average cost of undertaking one pathology test across all disciplines, taking into account all pay and non-pay cost items. Low value is preferable to a high value but the mix of tests across disciplines and the specialist nature of work undertaken should be considered. This should be done by selecting the appropriate peer group (‘Pathology’) on the Model Hospital. Other metrics to consider are discipline level cost per test.</td>
</tr>
<tr>
<td>Pay cost per WAU</td>
<td>This metric shows the staff element of trust cost to produce one WAU across all areas of clinical activity. A lower than average figure is preferable as it suggests the trust spends less on staff per standardised unit of activity than other trusts. This allows trusts to investigate why their pay is higher or lower than national peers.</td>
</tr>
<tr>
<td>Peer group</td>
<td>Peer group is defined by the trust’s size according to spend for benchmarking purposes.</td>
</tr>
<tr>
<td>Private Finance Initiative (PFI)</td>
<td>PFI is a procurement method which uses private sector investment in order to deliver infrastructure and/or services for the public sector.</td>
</tr>
<tr>
<td>Patient-level costs</td>
<td>Patient-level costs are calculated by tracing resources actually used by a patient and associated costs</td>
</tr>
<tr>
<td>Pre-procedure</td>
<td>This metric looks at the length of stay between admission and an elective</td>
</tr>
<tr>
<td>Metric</td>
<td>Description</td>
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</tr>
<tr>
<td>elective bed days</td>
<td>procedure being carried out – the aim being to minimise it – and the associated financial productivity opportunity of reducing this. Better performers will have a lower number of bed days.</td>
</tr>
<tr>
<td>Pre-procedure non-elective bed days</td>
<td>This metric looks at the length of stay between admission and an emergency procedure being carried out – the aim being to minimise it – and the associated financial productivity opportunity of reducing this. Better performers will have a lower number of bed days.</td>
</tr>
<tr>
<td>Procurement Process Efficiency and Price Performance Score</td>
<td>This metric provides an indication of the operational efficiency and price performance of the trust’s procurement process. It provides a combined score of 5 individual metrics which assess both engagement with price benchmarking (the process element) and the prices secured for the goods purchased compared to other trusts (the performance element). A high score indicates that the procurement function of the trust is efficient and is performing well in securing the best prices.</td>
</tr>
<tr>
<td>Sickness absence</td>
<td>High levels of staff sickness absence can have a negative impact on organisational performance and productivity. Organisations should aim to reduce the number of days lost through sickness absence over time.</td>
</tr>
<tr>
<td>Single Oversight Framework (SOF)</td>
<td>The Single Oversight Framework (SOF) sets out how NHS Improvement oversees NHS trusts and NHS foundation trusts, using a consistent approach. It helps NHS Improvement to determine the type and level of support that trusts need to meet the requirements in the Framework.</td>
</tr>
<tr>
<td>Service line reporting (SLR)</td>
<td>SLR brings together the income generated by services and the costs associated with providing that service to patients for each operational unit. Management of service lines enables trusts to better understand the combined view of resources, costs and income, and hence profit and loss, by service line or speciality rather than at trust or directorate level.</td>
</tr>
<tr>
<td>Supporting Professional Activities (SPA)</td>
<td>Activities that underpin direct clinical care, such as training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.</td>
</tr>
<tr>
<td>Sustainability and Transformation Fund (STF)</td>
<td>The Sustainability and Transformation Fund provides funding to support and incentivise the sustainable provision of efficient, effective and economic NHS services based on financial and operational performance.</td>
</tr>
<tr>
<td>Staff retention rate</td>
<td>This metric considers the stability of the workforce. Some turnover in an organisation is acceptable and healthy, but a high level can have a negative impact on organisational performance (eg through loss of capacity, skills and knowledge). In most circumstances organisations should seek to reduce the percentage of leavers over time.</td>
</tr>
<tr>
<td>Top Ten Medicines</td>
<td>Top Ten Medicines, linked with the Medicines Value Programme, sets trusts specific monthly savings targets related to their choice of medicines. This includes the uptake of biosimilar medicines, the use of new generic medicines and choice of product for clinical reasons. These metrics report trusts’ % achievement against these targets. Trusts can assess their success in pursuing these savings (relative to national peers).</td>
</tr>
<tr>
<td>Weighted activity unit (WAU)</td>
<td>The weighted activity unit is a measure of activity where one WAU is a unit of hospital activity equivalent to an average elective inpatient stay.</td>
</tr>
</tbody>
</table>
Dear Ms Swift

Please may I thank you again for taking part in the piloting of the CQC approvals process for Use of Resources assessments conducted by NHS Improvement.

On 5 March 2018 we published a response to the consultation that ran in parallel to the piloting, along with updates to our guidance for NHS trusts to explain our final approaches to awarding Use of Resources and combined ratings. In our previous correspondence we explained that, following the publication of updated guidance, CQC may draw on the evidence collected in the Use of Resources assessments conducted by NHS Improvement to produce a full published Use of Resources report and rating, once our final ratings approval process was confirmed.

We have now reviewed your Use of Resources report in line with our final published and internal guidance. Following that review, CQC is now able to award a formal Use of Resources rating based on the evidence that was collected in the assessment carried out by NHS Improvement.

We can confirm that your final Use of Resources rating is good. Please find enclosed a copy of your final draft Use of Resources report for that assessment.

Unless you wish to give any further feedback on the report, we will proceed with publication of the final report and rating on our website. If you have any comments on the report, please send these by 14 June 2018.

Your final Use of Resources report will be published on your profile page on CQC’s website, alongside your inspection reports. The Use of Resources rating will be displayed on the Overview tab of your profile page.

Please note that we are currently planning development work to CQC’s website. Until that work is completed, Use of Resources ratings are not able to be displayed fully consistently with your other trust ratings. We are not currently able to include the Use of Resources ratings in our ratings display tools to help you display the ratings on your website and in your locations. For this reason we will not be enforcing the requirement that you display the Use of Resources rating alongside your other CQC ratings, until that development work is completed. We will ensure you are kept
informed as development work progresses and will update you to advise when we will start enforcing the requirement to display use of resources and combined ratings.

CQC is not awarding combined quality and resources ratings for trusts that received a Use of Resources assessment from NHS Improvement before CQC’s updated provider guidance was published on 5 March 2018. You will receive a combined quality and resources rating once a future Use of Resources assessment is conducted and rating awarded, alongside a future scheduled CQC inspection.

I hope the above meets with your approval and I would be happy to speak with you to answer any queries you may have.

Best wishes

Nicholas Smith
Head of Hospitals Inspection

Cc
NHS Improvement
Board of Directors Meeting
25th July 2018

Approval of New Beckman Coulter Contract for Pathology

<table>
<thead>
<tr>
<th>Report Prepared By:</th>
<th>Anita Dillon – Lancashire Procurement Cluster</th>
</tr>
</thead>
</table>
| Contact Details:    | E-mail - anita.dillon@elht.nhs.uk
Telephone – 01253 53798 |
| Date of Report:     | 19.7.18                                       |

Purpose of Report:
To approve a new contract for Beckman Coulter United Kingdom Ltd for the Pathology Department (further detailed provided in Appendix 1).

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

Recommendations:
The Board of Directors is requested to:-

- Approve the contract.
- Authorise Appendix 1 to be signed.
- Authorise the contract to be signed.

Sensitivity Level: 1

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<tr>
<td>Not sensitive: For immediate publication</td>
<td>Sensitive in part: Consider redaction prior to release</td>
<td>Wholly sensitive: Consider applicable exemption</td>
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</table>
**Board of Directors Meeting**

**25th July 2018**

**Chief Executive’s Report**

<table>
<thead>
<tr>
<th>Report Prepared By:</th>
<th>Wendy Swift, Chief Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Details:</td>
<td>Ext. 56853</td>
</tr>
<tr>
<td>Date of Report:</td>
<td>17th July 2018</td>
</tr>
</tbody>
</table>

**Purpose of Report:**

To provide the Board of Directors with an update on current issues, particularly the Board Assurance Framework, Chair Recruitment and Trust meetings/activities.

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

**Recommendations:**

The Board is asked to note the contents of the report.

**Sensitivity Level:**

<table>
<thead>
<tr>
<th>1</th>
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</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
Chair Appointment
On behalf of myself and Board members I welcome our new Chair, Mr Pearse Butler, who commenced in post on the 25th June 2018. Mr Butler has extensive experience working in the NHS and, until recently, served as the Chair of the University Hospitals of Morecambe Bay NHS Foundation Trust between October 2014 and March 2018.

His past roles include working as an NHS Chief Executive in organisations including Royal Liverpool Children's Hospital (Alder Hey), Royal Liverpool and Broadgreen University Hospitals and the former Cumbria and Lancashire Strategic Health Authority.

We are delighted to welcome Mr Butler to the Trust and look forward to his support as we continue to improve the quality of care and service we provide to patients and the way we work together across our hospitals and community services within the Fylde coast and Morecambe Bay.

Pat Oliver, Director of Operations
Pat Oliver, Director of Operations, left the Trust at the end of this month, having been our Executive Director of Operations since May 2011. During her time at Blackpool, Pat has been pivotal in major developments including Phase 6 and the Emergency Department.

On behalf of the Board of Directors, I would like to thank Pat for all her hard work, dedication and commitment to the Trust and wish her every success for the future. Pat has achieved a great deal during her time at Blackpool and will be missed by many staff and colleagues.

Interim Operational Arrangements
Berenice Groves, Interim Director of Operations for Urgent and Emergency Care, will manage the Unscheduled Care Division, Families Division and Adult and Long Term Conditions.

Janet Barnsley, Interim Director of Operations for Planned Care, will manage the Scheduled Care Division, Planning and Performance and the Clinical Support Division.

Clinical NED Appointment
The Clinical NED recruitment process has recently taken place and Dr Jim Gardner has been appointed and will commence in post on the 1st September 2018. Dr Gardner is a GP and is currently the Deputy Head of the School of Medicine at the University of Lancashire. On behalf of the Board, I would like to congratulate Dr Gardner on his appointment and look forward to working with him.

Board Assurance Framework Update
The Finance Committee has reviewed the BAF and made the following amendments:-

- The risks relating to the Committee have been updated with External Assurance information from the Internal Auditors Reviews throughout 2017/18, including assurance levels.
- The gaps and opportunities have been added to the document, including the need for a costed ED performance plan, application for STP funding for the ICU/A&E reconfiguration and income impact of emergency activity displacing elective activity.
- BAF 6 has been associated with the Trust's financial plan not control total and includes the cash risk.
- BAF 11 has been associated with the national target of EPR by 2020.

The Strategy and Assurance Committee has reviewed the BAF and made the following amendments:-
- BAF 13 has been updated to reflect the risk of the Trust being the Shareholder of a company.
- Note that further work will be undertaken by the Strategy and Assurance Committee on merging BAF 7 and BAF 12.
The Quality Committee has reviewed the BAF and made the following amendment:-

- BAF 9 relating to the maintenance of the CQC Standards was increased from 15 to 20 due to the recently CQC Report.

The Strategic Workforce Committee has reviewed the BAF and made the following amendment:-

- The opportunities and gaps in controls on BAF 4 and 5 have been amended.

The Board Assurance Framework is available within the Reference Folder.

The Board of Directors is asked to note the amendments and to approve the document.

Better Care Now Launch - 2nd July
The Better Care Now Launch took place on the 2nd July and there was strong clinical engagement at the event.

The Trust’s main priority for 2018/19 is the Better Care Now programme to ensure we are providing the best care possible for patients across the Fylde Coast.

The Trust has been working on a number of campaigns recently such as Red2Green Days, the safer bundle and #EndPJParalysis to reduce unnecessary stays in hospital thereby reducing harm. We have also been working closely with our community and CCG colleagues to improve patient pathways prior to attendance at hospital and to support timely discharge.

The emphasis now is to ensure that every member of staff understands the importance of their role in contributing to this Trust priority. As such we have launched a widespread communications campaign in July with executive led roadshows for all staff to attend. The expectation is that all staff will take part in one of the sessions and come up with suggestions of their own about the changes they could make that would improve the quality of care we provide.

High profile posters are being designed to be placed around the Trust with the theme of the “Me Test”- is the care provided good enough for me? This creates the strap line/brand of #TheMeTest.

We are also developing a pod cast of the presentation led by Professor O’Donnell for use in Trust induction and local induction.

NHS 70th Birthday and Annual Members Meeting - 5th July
The Annual Members Meeting took place on Thursday 5th July which was a joint meeting with colleagues from the Trust, Blackpool CCG and Fylde and Wyre CCG. It was a successful meeting with good attendance.

The Trust arranged a wide range of activities throughout the week to celebrate the 70 years of the NHS and I would like to thank in particular the staff in the Communications Department, Catering Department and the wider estates functions in organising a truly memorable celebration of the dedication of staff to the care of patients across the years.

Volunteers Recognition Event - 13th July
The Trust held the Annual Recognition Event for all volunteers to attend. This was an opportunity for the Board of Directors to thank the volunteers for all their hard work and for the contribution they have made to supporting our patients, relatives and staff. The event took place in The Restaurant at Blackpool Victoria Hospital and had a theme of “afternoon tea”. During this event the Chairman, the Chief Executive and other Board members had the opportunity to introduce themselves to the volunteers and thank them individually for volunteering for Blackpool Teaching Hospitals. Each volunteer was awarded a certificate of thanks during the event.

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

- Dr Navin Anto John, Consultant in Paediatrics - 24th May 2018
- Mr Salaheddin Ghiblawi, Consultant in Urology - 20th June 2018
Minutes of the Annual Members and Public Meeting of the Blackpool Teaching Hospitals NHS Foundation Trust held on Thursday 5th July 2018 at 9.45 am in the Lecture Theatre, Education Centre, Blackpool Teaching Hospitals NHS Foundation Trust

Present: Mr Pearse Butler - Chairman

Non-Executive Directors

Mr Keith Case
Mr Mark Cullinan
Mr Steve Finnigan

Executive Directors

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

In Attendance: Mrs Jacinta Gaynor – PA to Chairman/Membership & Governors Officer
Mr Matthew Burrow – Head of Corporate Assurance

Governors:-

Public Constituency
Mrs Beverley Clark (Blackpool)
Mrs Sue Crouch (Wyre)
Mrs Camilla Hardy (Blackpool)
Mrs Sheila Jefferson (Fylde)
Mrs Heather O’Hara (Blackpool)

Staff Constituency
Dr Ranjit More (Medical & Dental)
Mrs Sharon Vickers (Nursing & Midwifery)

Members of staff/public – 80 (approximately)

Blackpool Teaching Hospitals NHS Foundation Trust Annual Members Meeting

1. Apologies for Absence

Apologies for absence were received from Board members and Governors as follows:-

1
Board Members

Mr Michael Hearty – Non-Executive Director
Mr Alan Roff – Non-Executive Director
Mrs Mary Whyham – Non-Executive Director

Governors

Mr George Holden – Public Governor (Blackpool Constituency)
Mr Ian Owen – Public Governor (Wyre Constituency)
Mr Michael Phillips – Staff Governor (Community Health Services - North Lancashire)
Mrs Debbie Kenny – Appointed Governor (University of Central Lancashire)

2. Minutes of the Previous Annual Members Meeting held on 21st September 2017

The Chair requested approval for the minutes of the previous meeting, which were available on the website and at the meeting.

RESOLVED: That the minutes of the previous meeting held on 21st September 2017 be approved as a correct record.

Proposed by Professor O’Donnell and seconded by Mrs Oliver.

The Chair introduced himself as the new Chair of Blackpool Teaching Hospitals NHS Foundation Trust and stated he had been in post for only two weeks. He thanked members and staff for attending the Annual Members Meeting and stated that he looked forward to meeting everyone in due course.

The Chair invited Mr Bennett to provide an update on the financial position of the Trust.

3. Annual Report and Accounts 2017/18

Financial Update

Mr Bennett gave a presentation on the financial position, highlighting the key points from the Annual Report and Accounts which included the following:-

- Financial Headlines 2017/18
- Efficiencies
- Investments
- Outlook for 2018/19
- Outlook for 2019/20 onwards

At this juncture, Mr Bennett closed the financial update and the Chair delivered the Membership update.

Membership

The Chair explained that the Trust was a Foundation Trust and this involved having members, Elected Governors and Appointed Governors. As part of a Foundation Trust’s statutory duties an update on Membership and Governors was required at the Annual Members Meeting. It was noted that there had been a slight decrease in the number of members throughout 2017/18 and that this would be addressed during the next year.
The Chair reported that there had been a number of amendments to the Constitution, by the Council of Governors and the Board of Directors, in relation to the catchment areas of the Trust to align to new partnership working.

With regard to 2017/18, it was noted that work was on-going to implement the key performance indicators within the Membership Strategy, especially in relation to increasing younger people’s engagement and to have programmes in place to improve diversity.

The Chair reported that the plans for 2018/19 were to review the Membership Strategy, increase engagement with diverse communities, increase younger people’s membership and review seminars from clinical speciality groups.

**Governors**

The Chair stated that Public Governors were elected by the Foundation Trust Members and he was the Chair of the Council of Governors. He reported that there had not been any elections during 2018. He confirmed that there had been one resignation from the Council of Governors in 2017/18 from Mr Phillip Hargreaves, Appointed Governor for the Institute of Directors and thanked him for his contribution.

Since the end of the financial year, Mr Steve Winterson, Appointed Governor for Lancashire Care NHS Foundation Trust, had also resigned and the Chair thanked him for his contribution.

The Chair welcomed Mrs Sue Crouch and Mr George Holden who had been elected as Lead Governor and Deputy Lead Governor respectively in November 2017.

**Board Members**

The Chair thanked the Board of Directors for their work during 2017/18. He reported that a number of Directors had either resigned or their term of office had ended during the year; Mr Doug Garrett, Dr Malcolm McIlmurray and Mrs Nicky Ingham and, since the end of the financial year, Mr Ian Johnson and Mrs Karen Crowshaw, and he thanked them for their contribution to the Trust.

He welcomed the following Directors who had joined the Board of Directors during the year; Mr Keith Case and Mr Steve Finnigan. He reported that, since the end of the financial year, he also had joined the Board of Directors as Chair.

The Chair reported that Mrs Pat Oliver would be retiring at the end of July following 12 years’ service at the Trust and he thanked Mrs Oliver for her contribution to the Trust and wished her well in her retirement.

The Chair thanked everyone who had attended the meeting and formally closed the Blackpool Teaching Hospitals NHS Foundation Trust Annual Members Meeting for 2017/18.
# Board of Directors

## Attendance Monitoring

1st April 2018 – 31st March 2019

<table>
<thead>
<tr>
<th>Attendees (quorate)</th>
<th>25.4.18</th>
<th>23.5.18</th>
<th>25.7.18</th>
<th>31.10.18</th>
<th>28.11.18</th>
<th>30.1.19</th>
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<tbody>
<tr>
<td>Pearse Butler (Chairman)</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Karen Crowshaw (Interim Chairman)</td>
<td>G</td>
<td>G</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Alan Roff</td>
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<tr>
<td>Michael Hearty</td>
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<td>Mark Cullinan</td>
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<td>Mary Whyham</td>
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<td>Keith Case</td>
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<tr>
<td>Steve Finnigan</td>
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<tr>
<td>Wendy Swift</td>
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<th>26.4.17</th>
<th>23.5.18</th>
<th>25.7.18</th>
<th>31.10.18</th>
<th>28.11.18</th>
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### Attendance

- **G**: Attended
- **A**: Apologies
- **B**: Deputy
- **R**: No Apologies / Deputy

* attended as an observer