

**LANCASHIRE CARE NHS FOUNDATION TRUST BOARD**  
to be held in the Boardroom, Sceptre Point

03 June 2014, 9.30am

**A G E N D A**

Item Number	Item	Time	FOIA Exempt	Presenting
<b>PART ONE</b>				
TB 017/14	Welcome and opening comments			Chair
TB 018/14	Apologies for absence and Declaration of Interests	09.31		Chair
TB 019/14	Matters Arising	09.32		Chair
	<b>Formal Business of the Board</b>			
TB 020/14	• Chief Executive Briefing Pack including Performance Reporting	09.35	✓	<b>Chief Executive</b>
TB 021/14	• Strategic Plan 2014-19	09.45		Director of Workforce, Transformation and Innovation
TB 022/14	• Strategic Plan 2014-19 – financial projections ( <i>presentation</i> )	09.55		Acting Director of Finance
TB 023/14	• Strategic Plan 2014-19 – Monitor Statements	10.10		Director of Governance and Compliance
TB 024/14	• Safer Staffing – Hard Truths	10.20		Director of Nursing and Quality
<b>PART TWO</b>				
TB 025/14	• Board Assurance Framework 2014/15	10.30	✓	Director of Governance and Compliance
<b>BREAK – 10.35 (15 MINS)</b>				
TB 026/14	• Procurement Strategy – Blackburn Hospital	10.50	✓	<b>Chief Executive</b>
TB 027/14	• Data Quality Review – KPMG report and improvement plan	11.10	✓	<b>Chief Executive</b>
TB 028/14	<b>Any Other Business</b> • Review of the meeting	11.30	✓	Chair
TB 029/14	<b>Date and Time of Next Meeting</b> Informal Board Session – 03 June 2014, 9.30am			Chair

<b>FOIA STATUS:</b>	No Exemption	<i>Part exemption applies to page/s:</i>
	Not Applicable	
<b>PAPER TITLE:</b>	Strategic plan	
<b>PURPOSE:</b>	To update the Board on the preparation of the Strategic plan submission to Monitor	
<b>ACTION RECOMMENDED:</b>	Decision	
<b>PAPER PREPARED BY:</b>	Craig Barratt, Director of Workforce, Innovation and Transformation	

### EXECUTIVE SUMMARY

This paper provides an update on the progress that has been made in the development of the Strategic Plan 2014/19 in line with Monitor's annual planning review process.

As previously reported, the Annual plan review has been divided into two phases, the first phase focused on operational planning and the second phase focuses on strategic planning.

The Trust submitted the Operational plan 2014-16 to Monitor on 4<sup>th</sup> April and following recent strategy development sessions with the Board and the Council of Governors, the strategic plan submissions are being developed in line with the 30<sup>th</sup> June timetable.

Initial feedback from Monitor in relation to Trust's operational plan submission, has indicated that in line with other Trusts, Monitor are inviting FT's to consider if their projections for 2015/16 need to be revisited and to encourage Trusts to be realistic in their 5 year plan submission due at the end of June. They will also be seeking further information as to how providers have engaged with the Better Care Fund as part of their work to review plans.

The latest draft of the Strategic plan has been circulated as part of the Board pack and comments have been invited to inform the final submission. The Strategic plan is consistent with the current vision, values and strategic priorities and also includes the outcomes of the recent development sessions. It is proposed that following receipt of comments, the final version will be circulated to the Board to enable the Chairman to sign the declaration to Monitor by 30<sup>th</sup> June. The final Strategic plan will be reported to the July board.

The completion of the financial template that accompanies the narrative plan is being led by the Acting Director of Finance. A presentation will be made at the June Board to allow consideration of projections in line with Monitors letter.

The governance statements that are required as part of the Annual planning review process will be collected in a separate return to align with the *Risk Assessment Framework* timetable at the end of May and also end of June and these submissions are being led by the Director of Governance and Compliance.

## 1. BOARD ACTION

To approve the process for the submission of the Strategic plan to Monitor on 30<sup>th</sup> June 2014.

## 2. INTRODUCTION

This paper provides an update on the progress that has been made in the development of the Strategic Plan 2014/19 in line with Monitor's annual planning review process.

## 3. BACKGROUND

Monitor has reviewed its annual planning review process to focus more closely on the strategic element of plans and to understand how foundation trusts intend to address the unique challenges in 2015/16 from both an operational and strategic point of view.

Trust's are expected to put in place a robust planning process and, in particular, ensure sufficient and appropriate engagement with the key stakeholders within the Local Health Economy (LHE) in order to;

- assess the risks to sustainability of high quality services in conjunction with LHE stakeholders by drawing on accurate inputs that have been analysed and presented correctly;
- assess the options available to address the identified sustainability risks in conjunction with LHE stakeholders and make choices on which option(s) are most appropriate;
- define a vision for sustainability and develop the key initiatives which underpin this, where appropriate in conjunction with LHE stakeholders; and
- set out a plan for delivery including financial projections which are internally consistent and based on credible assumptions.

Monitor divided its annual plan review into two distinct phases, the first focused on operational planning, and the second focuses exclusively on strategic planning.

## 4. ISSUE

The Trust submitted its Operational plan to Monitor on 4<sup>th</sup> April and this phase was to assess the strength of foundation trusts' operational plans to address the two-year short-term challenge to 2015/16.

Initial feedback from Monitor in relation to Trust's operational plan submission, has indicated that in line with other Trusts, Monitor are inviting FTs to consider if their projections for 2015/16 need to be revisited and to encourage Trusts to be realistic in their 5 year plan submission due at the end of June. They will also be seeking further information as to how providers have engaged with the Better Care Fund as part of their work to review plans.

The second phase of the Monitor review will focus on the robustness of the Trust's strategy to deliver high quality patient care on a sustainable basis. During this phase, the Trust is required to present five year financial projections and Monitor will particularly focus on the degree to which each foundation trust has developed realistic

transformational schemes and aligned its plans with those of other partners within the LHE.

The Board received a presentation from the Director of Workforce, Innovation and Transformation on 6<sup>th</sup> May 2014 on the requirements of the phase 2 submission to Monitor and the outcomes from the recent strategy development sessions. The Council of Governors also received a presentation from the Director of Workforce, Innovation and Transformation on 14<sup>th</sup> May 2014 on the key planning assumptions.

The second submission is due on 30<sup>th</sup> June and includes a Strategic plan (max 50 pages), and a separate publishable summary (max 20 pages) and five year financial projections.

Monitor provided a template for the Strategic plan which includes;

- Declaration of sustainability
- Market analysis and context
- Risks to sustainability and strategic options

As the key audience for this submission is Monitor, the overriding priority is to present the information in a way that confirms that we have met their standards for strategic planning.

The audience for the publishable summary is the public and external partners, as well as our staff. It is therefore intended to make the summary much more accessible in style and format, and with less detail.

Latest drafts of the two documents have been circulated as part of the board pack for comments.

It is proposed that following receipt of comments, the Chair will approve the Strategic Plan on behalf of the Board under Chairs Action and will report the approval back to the Board of Directors for formal ratification in July.

The completion of the financial template that accompanies the narrative plan is being led by the Acting Director of Finance and will be discussed at the Board on 3 June 2014.

The governance statements that are required as part of the Annual planning review process will be collected in a separate return to align with the *Risk Assessment Framework* timetable at the end of May and also end of June and these submissions are being led by the Director of Governance and Compliance.

## **5. SUMMARY AND CONCLUSIONS**

The Trust submitted the Operational plan 2014-16 in line with the phase 1 timetable and the initial feedback has indicated that in line with other Trusts, Monitor are inviting FTs to consider if their projections for 2015/16 need to be revisited and to encourage Trusts to be realistic in their 5 year plan submission due at the end of June.

The phase 2 submissions, integrated business plan, publishable summary and five year financial projections are due for submission on 30<sup>th</sup> June and are being developed in line with the Trusts vision, values and strategic priorities and the outcomes of the recent strategy development sessions.

**6. RECOMMENDATION**

To approve the process for the submission of the Strategic plan to Monitor on 30<sup>th</sup> June 2014

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<b>FOIA STATUS:</b>	No Exemption	<i>Part exemption applies to page/s:</i>
	Not Applicable	
<b>PAPER TITLE:</b>	Monitor Statements	
<b>PURPOSE:</b>	To provide the Board with the final Corporate Governance Statement and two Monitor declarations required as part of the annual plan review submission	
<b>ACTION RECOMMENDED:</b>	Decision	
<b>PAPER PREPARED BY:</b>	Gilbert George, Interim Head of Compliance and Assurance	

## 1.0 INTRODUCTION

As part of the Annual Plan Review submission the Trust is required to submit five declarations:

- a) Availability of Resource Statement – to be submitted before 30 May 2014
- b) Certification regarding systems of compliance with the licence – to be submitted before 30 May 2014
- c) Corporate Governance Statement – to be submitted before 30 June 2014
- d) Certification of AHSCs and governance – to be submitted before 30 June 2014
- e) Training of governors statement – to be submitted before 30 June 2014

Declaration A and B were approved by the Board at the meeting held on 28 May 2014 and both have been submitted to Monitor via the MARS Portal.

The Board of Directors reviewed an initial draft of the Corporate Governance Statement at the meeting held on 27 May 2014 and since then no changes have been made. The Corporate Governance Statement is attached as appendix one for consideration by the Board.

Declarations D and E are attached as appendix two and three also for consideration.

## 2.0 BOARD ACTION

The Board of Directors are asked to:

- a) Note the submission of the Availability of Resource Statement and the certification regarding systems of compliance with the licence declarations;
- b) Consider the content of the Corporate Governance Statement, certification of AHSCs and governance and the training of governors statement for approval and submission to Monitor.

## CORPORATE GOVERNANCE STATEMENT

Statement	Risks and mitigating actions
<p>1. The Board is satisfied that Lancashire Care NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p><b>1.1 Risk(s)</b> Lack of capacity and resources to further embed Monitor's requirements of implementing good and effective corporate governance at all organisational levels.</p> <p><b>1.1i Mitigating actions</b></p> <ul style="list-style-type: none"> <li>• The recruitment of a Head of Compliance and Business Assurance</li> <li>• Board cycle of business to include quarterly review of Corporate Governance Statement to ensure it remains an accurate assessment of the Trust's position.</li> <li>• A review and report to the Trust Board within the year, on the effectiveness and embeddedness of Corporate Governance arrangements at Network levels and at the Academic Science Health Network (ASHN).</li> </ul>
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time.</p>	<p><b>2.1 Risk(s)</b> Lack of capacity and resources to embrace and adopt improved corporate governance processes, procedures and systems, leading to degradation in the Trust's corporate governance effectiveness.</p> <p><b>2.1i Mitigating actions</b></p> <ul style="list-style-type: none"> <li>• The recruitment of a Head of Compliance and Business Assurance to head up a small team to review guidance(s) from Monitor and produce briefing reports for the Executive Management Team and Trust Board on implications of new guidance and draw-up plans for adoption and implementation plans where appropriate.</li> <li>• Planning process for allocating resources to meet capacity</li> </ul>

## CORPORATE GOVERNANCE STATEMENT

Statement	Risks and mitigating actions
	needs
<p><b>3.</b> The Board is satisfied that Lancashire Care NHS Foundation Trust implements:</p> <p>(a) effective board and committee structures;</p> <p>(b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) clear reporting lines and accountabilities throughout its organisation.</p>	<p><b>3.1 Risk(s)</b> Committees and governance structures lagging behind pace of external requirements, and organisation repositioning leading to a loss of effective Trust Board oversight.</p> <p><b>3.1i Mitigating actions</b></p> <ul style="list-style-type: none"> <li>• New monthly reporting procedures being implemented to include assurance reports from Executive Directors based on our newly developed Board Balanced Scorecard (BSC). In addition Chairs of Assurance Committees to produce monthly reports to Trust Board via the Chief Executive Assurance Report on key issues, areas of concerns and assurances.</li> <li>• All Board Committees and Executive Assurance Committees terms of reference to be reviewed bi-annually and a fit for purpose test to be carried out for all committees.</li> <li>• The Trust will establish a Project Management Board to be chaired by the Chief Executive Officer.</li> <li>• The Trust will be developing its Assurance Strategy, the aim of which will be to ensure that through the articulation of the assurance vision and explanation of the key aspects within the relevant system and processes there is a common understanding throughout the Trust of what is meant by assurance and its importance in a well-functioning organisation.</li> </ul>
<p><b>4.</b> The Board is satisfied that Lancashire Care NHS Foundation Trust effectively implements systems and/or processes:</p>	<p><b>4.1 Risk</b> Lack of capacity and resources to meet</p>

## CORPORATE GOVERNANCE STATEMENT

Statement	Risks and mitigating actions
<p>(a) to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively;</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licence holder's operations;</p> <p>(c) to ensure compliance with health care standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>(d) for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern);</p> <p>(e) to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) to ensure compliance with all applicable legal requirements.</p>	<p>future regulatory compliant requirements and ensure adaptation of systems, processes and reporting to meet such needs.</p> <p><b>4.1i Mitigating actions</b></p> <ul style="list-style-type: none"> <li>• The Trust will be recruiting a Head of Compliance and Business Assurance to lead and provide day to day specialist advice, monitoring, supporting and carrying out investigations to ensure the implementation and development of effective compliance and assurance across the Trust.</li> <li>• Within the context of performance management the Trust's early warning system to further enhance proactive response to any risk to the Trust's compliance with our licence and for these to be assessed and reported to the Trust Board and Executive Directors immediately and for corrective action plans to be developed and implemented.</li> </ul> <p><b>4.2 Risk</b> Assurance of the accuracy, timeliness and consistency of data and reporting/performance tools with the potential to compromise decision making, until the full implementation of the critical elements of the Trusts improvement plan (six months) and subsequent findings.</p> <p><b>4.2a Risk Priority</b> Ensuring application of Monitor definitions for all relevant indicators, this will include CPA 7 day's follow-up and effective processes for the management and reporting of Delayed Transfers of Care.</p> <p><b>4.2i Mitigating actions:</b></p> <p><b>Actions implemented to date</b></p> <ul style="list-style-type: none"> <li>• Metrics have been developed</li> </ul>

## CORPORATE GOVERNANCE STATEMENT

Statement	Risks and mitigating actions
	<p>and re-defined as part of the new operational monitor metrics dashboard.</p> <ul style="list-style-type: none"> <li>• Comprehensive Information and Performance Improvement plan has been drafted and is being implemented. Implementation of the plan is overseen and reviewed weekly by the Executive Management Team.</li> </ul> <p><b>Short term compensatory measures:</b></p> <ul style="list-style-type: none"> <li>• Weekly operational management team chaired by the Chief Operating Officer has been set-up to address performance and issues across Trust, members of the group include Network Directors and Senior Managers.</li> <li>• Strengthened relationship with CSU and agreed process of identifying patients who are delayed to take immediate action.</li> <li>• Reports have been re-written for CPA 7 day's and Delayed Transfers of Care key Indicator.</li> </ul> <p><b>Improvement plan actions</b></p> <ul style="list-style-type: none"> <li>• Leadership within the Performance function has being strengthened by the appointment of an Associate Director of Performance and Insights.</li> <li>• Capacity and capabilities within the Performance and Information team have been reviewed and new structures are being put in place.</li> <li>• Processes and reporting capabilities have been reviewed</li> </ul>

## CORPORATE GOVERNANCE STATEMENT

Statement	Risks and mitigating actions
	<p>and improvements are being put in place that will see a clearly defined and understood process with controls from the specification stage right through to reporting delivery, with clear roles and responsibilities at each stage.</p> <ul style="list-style-type: none"> <li>• Automated and Validated dashboards to provide Executive oversight / operational performance management are being put in place. These tools will flag up inaccuracies in data and trends impacting contractual/ compliance reporting at the earliest opportunity.</li> <li>• Establish one validated data warehouse by consolidating existing separate mental health and community data warehouses.</li> <li>• Develop a Data Quality Strategy and Data Quality Policy for sign off by the Executive Team.</li> </ul>
<p><b>5.</b> The Board is satisfied:</p> <p>(a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) that the collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) that Lancashire Care NHS Foundation Trust including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) that there is clear accountability for quality of care throughout Lancashire Care NHS Foundation Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p><b>5.1 Risk</b></p> <p>Data relating to quality of care delivery is not made available for future Board reporting requirements in a way that supports Board decision making and planning.</p> <p><b>5.1i Mitigating actions</b></p> <p>See 4.2i above.</p>

## CORPORATE GOVERNANCE STATEMENT

Statement	Risks and mitigating actions
<p><b>6.</b> The Board of Lancashire Care NHS Foundation Trust effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.</p>	<p><b>6.1 Risk</b> The trust is unable to recruit personnel to the Board who have the right skills mix and are appropriately qualified.</p> <p><b>6.1i Mitigating actions</b> Processes for recruitment of Board members reviewed periodically for compliance with best practice.</p>

## **APPENDIX TWO**

### **Joint Ventures and Academic Health Science Centres**

The Trusts Joint Venture and Academic Health Science Network, amount to less than 1% of the Trusts Annual Income and therefore considered not 'major'.

Adequate systems of governance are in place to ensure that the Joint Venture and Academic Health Science Network finance and governance arrangements have no major impact on the Trust's own governance and overall finance.

Therefore; in view of the above a formal certification is not required.

## APPENDIX THREE

### Compliance with Provider Licence: Governor Training Declaration

***The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.***

Governors at Lancashire Care are supported in discharging their responsibilities through a comprehensive training programme delivered by the Trust, with opportunities for bespoke training around specialist areas such as Chairperson Skills, Peer Mentoring and Effective Questioning & Challenge. Opportunities for external training and networking are also provided to Governors. Governors have been integral in developing a new format of informal discussion meetings to build positive Non-Executive Director and Governor relationships with a focus around holding to account.

The refreshed format of Council meetings has contributed largely to the positive relationship building and networking between Governors and Non-Executive Directors over the last 12 months. Non-Executive Directors are present at each Council meeting, both informal and formal and have also been key in leading presentations and workshops specifically around their areas of specialism within the Trust allowing Governors to gain further knowledge and context around the role of the Non-Executives which has supported the Council in developing its ability to hold to account. Topics covered included audit, property and site development, the Mental Health Act Committee and focus on the role of the Senior Independent Director. The NED led sessions have been extremely well received and has further strengthened the already established links between the Board and the Council.

As part of a review into 'Holding to Account' and what this means in practice, the Governors undertook a substantial exercise with Non-Executives and Board members to identify exactly how the Council is able to discharge its duty to hold Non-Executive Directors to account for the performance of the Board. The outcome saw a comprehensive action plan which provided a mechanism for the Council to drive improvements to areas such as quality of performance data and areas for consideration such as getting NED perspective on meeting papers and thematic reviews. The action plan was tracked throughout the year by the Council with the Chair updating against progress and close out of actions at each formal Council meeting. Notably, the action plan was key to implementing the new format of meetings.

As part of the specialist training on offer to Governors, an in-house Chairperson session was developed by the Trust to support Governors wishing to develop their skills and involvement with the Council further. The session itself looked at the functions and purpose of sub-committee meetings as well as providing an awareness of the necessary skills and behaviours needed to become a successful chairperson. An experienced Appointed Governor transitioned into the role of sub-committee chair during the year using this programme and was integral in subsequently refocussing the Patient Experience Oversight Group and strengthening the work of the committee.

Mini-inductions are also available for new Governors as they move onto one or more of the Council sub-committees which involves experiencing each sub-committee prior to formal

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membership to ensure Governor skills and interests are considered and fully utilised. Peer Mentoring also features in the Trust Governor Induction programme and a Guided Conversation scheme, originally developed by the Company Secretary, sees new Governors 'buddy up' with a more experienced Governor mentors to share learning and support Governors to develop their skills and build confidence in the early phases of their role.

Lancashire Care has been developing its Governor training model over recent years and responding to increasing demand from Governors for further development of both knowledge and skills by utilising training needs analysis and shared learning from foundation trusts colleagues.

During 2013/14 Lancashire Care, along with a working group of local foundation trusts, was involved in creating an extensive syllabus of Governor training covering all aspects of the Governor role such as NHS finances, quality, audit and member engagement. The Trust remains committed to helping to progress the ambition of delivering a regional governor training programme and actively supports the ongoing work to achieve this.

The Council of Governors approved a new comprehensive training syllabus modelled against the regional programme at the meeting on 10 April 2014 and implementation of the syllabus for 2014/15 has already begun in anticipation of a regional training forum being embedded in the future.

As part of the Trust's commitment to governor development, during the reporting period the Trust hosted a regional training and networking day for over 100 foundation trust governors from across the North West which specifically addressed aspects of the new governor duties. Governors were guided by subject matter experts in debates around how to practically discharge their responsibility to hold non-executive directors to account, understand the impact of Francis & Berwick reports and consider the impact of new CQC inspections and the updated Monitor Code of Governance.

More locally, Governor involvement in appraisal of the Non-Executive Directors has increased significantly over the last year with more Governors opting to contribute to the non-executive director appraisal process. The Trust worked in partnership with the Lead Governor to provide a bespoke workshop for all Governors undertaking an NED appraisal, outside of the standard Governor training programme, to guide them step by step through the process and ensure Governors had necessary context and information along with appropriate support during the appraisals.

The Lead Governor has taken a very active role in promoting awareness and understanding of both the role of a Governor and the work of the Council of Governors, highlighted by an informative presentation at the Trust Annual Members Meeting 2013 on 'Holding to Account'. Working with the deputy Company Secretary, the Lead Governor aimed to engage with Trust members to provide clarity around the Council's accountability to the membership and set out exactly how Governors are able to discharge their duty to hold non-executive directors to account.

The Chair of the Audit Committee has played a key role in developing Governor awareness and knowledge around the function and purpose of audit within a Foundation Trust through

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two separate audit master classes provided to Governors this year. Initially an introduction to the role of audit, the sessions allowed Governors to build crucial relationships and links to the Audit Committee which saw a great deal of questioning and challenge welcomed by the Audit Chair. This particular training session has allowed Governors further insight into the importance of audit as the External Audit contract comes to an end and Governors become involved in the process of appointment of a new external audit function. In addition, each year the Audit Chair presents the Governors with the Annual Report of the Audit Committee for review and the Council are joined at the meeting by the representative from External Audit for questioning as necessary.

To ensure Governors are able to continuously develop their knowledge and learning whilst in their role, the Trust provides Governors with access to an online resource called CoG Zone. This web platform not only provides Governors with up to date meeting and training information but provides resource and reference material to enhance understanding of the Trust and the services it provides. A working group of Governors reviewed the CoG Zone during the year and worked in partnership with the Trust to re-create the platform to ensure it was completely tailored to suit Governor needs and requirements. The site now includes access to further reading and links to external sites such as CQC and Monitor, the document library easily references key guidance including the Trust Governance Handbook and the site also provides online access to meeting papers, presentations and training manuals such as Guided Conversation.

To support Governor learning and development, the Trust also provide Governors with an e-Bulletin issued after each Trust Board meeting which informs the Governors of the activity of the Board and supports the Council in holding the Non-Executive Directors to account. Governors are addressed by the Chief Executive and given a summary of points arising from the Trust Board meeting. In support of this, the Company Secretary provides Governors with agendas, minutes and invitations to Trust Board meetings to allow Governors to further develop their knowledge around the Board. Observation of Trust Board meetings has been very popular with Governors and an open invitation is extended to Governors to attend Board meetings, with Governors also invited to attend the Board pre-meets to further promote and maintain an open and transparent culture between Board and CoG.

A recent programme of training provided by the Trust's Engagement Team has seen Governors undertake three full day workshops promoting Governor Engagement with a focus on Wellbeing, Dementia and Long Term Conditions. Public Governors looked in more detail at Trust services in these areas and increased their awareness of Trust service provision across the county. The workshops were provided to support Governors in their responsibility to engage with Trust members and the public and as part of this, Governors have been attending many more sector engagement events, integrating into local community groups and acting as an intelligence gathering function for the Trust. The workshops were evaluated by the Council sub-group Membership & Governance Committee and agreement has been granted to roll the training out to the Staff and Appointed Governor groups this year.

Governors have also taken a keen interest in the Good Practice Visits organised and implemented by the Trust's Quality and Improvement Team. All interested Governors undertook training on the format and function of the Good Practice Visits and commenced

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scheduled visits to various clinical services throughout the year to learn more about good clinical practice as well as gain an awareness of the services provided by the Trust and took advantage of opportunities to meet staff and service users as part of Governors engagement activities.

<b>FOIA STATUS:</b>	No Exemption	<i>Part exemption applies to page/s:</i>
	Not Applicable	
<b>PAPER TITLE:</b>	Safer Staffing – Hard Truths	
<b>PURPOSE:</b>	To inform the Board of the expectations set out in the National Quality Board (NQB) guidance published in November 2013 and Hard Truths: The Journey to putting People First (March 2014) and report progress in relation to the key requirements	
<b>ACTION RECOMMENDED:</b>	Noting	
<b>PAPER PREPARED BY:</b>	Janet Thomas, Deputy Director of Nursing	

## 1.0 EXECUTIVE SUMMARY

To inform the Board of the expectations and report against key requirements set out in the National Quality Board (NQB) guidance published in November 2013 and Hard Truths: The Journey to putting People First (March 2014).

## 2.0 INTRODUCTION

Since February 2013, three National reviews have been published, Francis, Keogh and Berwick, which reviewed patient safety and stressed the importance of adequate nurse staffing levels, as key to delivering high quality, safe and effective care. In response, the Government has made a number of commitments in Hard Truths: The Journey to Putting Patients First (March 2014) to make information about nursing staffing levels publicly available.

Trusts are required to demonstrate that there are robust systems in place to assure themselves that nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to deliver safe and effective care.

The Trust is therefore required to:-

1. Receive a report to Board every six months on staffing capacity and capability which involves the use of evidence-based tools and reflects a realistic expectation of the impact of staffing on a range of factors (including risks associated with staffing issues) and to seek assurances regarding contingency planning and mitigating actions. The report will be published and accessible on the Trust website.
2. Receive a monthly report to Board containing a summary of planned and actual staffing by hospital ward with exception reporting.
3. Publish staffing fill rates by hospital ward. This information will be calculated in hours; planned and actual; and be published on NHS Choices and the Trust website monthly from June 2014. The Trust is required to report staffing data for May. This will be published on NHS Choices in June.

4. On each ward there will be a notice board clearly displaying information about the nurses, midwives and care staff present and planned on each shift and identifying the person in charge on each shift.

### **3.0 CURRENT POSITION**

A task group Chaired by the Deputy Director of Nursing, has developed a detailed action plan, with identified leads which will ensure the Hard Truths requirements are implemented in accordance with the timescales set by NHS England.

The information below indicates progress and proposals for each requirement.

It is proposed that the Board receive a detailed Safer Staffing report in December 2014 that contains the details regarding capacity and capability of wards, including a review and response to trends and themes emerging from the monthly staffing report. The report will meet the requirements of the National Quality Board guidance (November 2013) and will:

- Draw on expert professional opinion and insight into local clinical need through the establishment of a Safer Staffing group
- Establish a Safer Staffing workforce tool for each inpatient specialty
- Make recommendations to the Board which are considered and discussed
- Have agreed actions which are recorded and monitored
- Be published on the Trust website

A monthly report will be presented to the Board containing a summary of planned and actual staffing by hospital ward with exception reporting.

The monthly report will be provided as part of the Performance Report to allow discussion to take place with regard to risks and mitigations. NHS England proposes that RAG ratings will be applied to data. However, the ratings have not yet been defined by NHS England. The first report will be presented to the Board in July 2014.

Staffing fill rates by each hospital ward will be published monthly on NHS Choices and the Trust website monthly from June 2014. This information will be calculated in hours; planned and actual.

The Trust is required to report staffing data for May for publication on NHS Choices in June.

For those wards currently on the e-Rostering system the information will be collected electronically, the remaining wards will require manual data collection. Currently 31 of 42 wards are connected to the e-Rostering system. Staff and resources have been identified to collect, collate and upload data within the required timescales.

Arrangements are in place to ensure that the information is available on the Trust website.

A Safer Staffing Board has been developed which will display all the required information. These will be visible on all wards in June 2014.

### **4.0 BOARD ACTION**

The Board is asked to note the content of the report and future Board reporting arrangements relating to Safer Staffing.