Blackpool Teaching Hospitals
NHS Foundation Trust

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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 Thursday 4 March 2021 at 9.30 am via Microsoft Teams.

Members of the public and media are welcome to observe the meeting via Microsoft Teams, but are advised that it is a meeting held in public, not a public meeting. If you wish to join the meeting, please email the Corporate Governance Team (bfwh.corporate.meeting@nhs.net).

Any questions relating to the agenda or reports should be submitted in writing at least 3 days (72 hours) in advance of the meeting. The Board shall endeavour to respond to the submitted questions, either in the meeting or outside of the meeting, dependent upon the number of questions received.

Enquiries should be made to the Corporate Governance Team on 01253 951505 or bfwh.corporate.meeting@nhs.net.

Yours sincerely

Corporate Governance Team

A G E N D A

Agenda Item Number	Agenda Item	Purpose/ Expected Outcome
01 (17/21)	Chairman's Welcome and Introductions	Information
02 (18/21)	Declarations of Interests – Chair to report.	Information
03 (19/21)	Apologies for Absence – Chair to report.	Information
04 (20/21)	Minutes of the Board of Directors Meeting held in public on 7 January 2021 – Chair to report. (Enclosed).	Approval
05 (21/21)	Matters Arising: a) Action List – Chair to report. (Enclosed).	Discussion

06 (23/21)	Staff Story – Mr Moynes to report. **(Mr Rao to join on this item)**	Discussion
07 (24/21)	Chairman's Update – Chair to report. (Verbal Report).	Information
08 (25/21)	Chief Executive's Report – Mr McGee to report. (Enclosed).	Information/ Discussion/
09 (26/21)	<u>Performance:</u> a) Integrated Performance Report (Enclosed): • Executive Summary — Professor Latham to report. • Quality — Mr Murphy/Dr Gardner to report. • Finance — Mr Patel to report. • Operational Performance — Mrs Barnsley/Mrs Hudson to report. • Workforce — Mr Moynes to report. b) Covid-19 Vaccine Update – Mrs Barnsley to report. (Verbal Report).	Discussion/ Assurance Information/ Assurance
10 (27/21)	<u>Engagement:</u> a) The Reciprocal Mentorship Programme – Mr Moynes to report. (Enclosed).	Discussion/ Approval
11 (28/21)	<u>Improvement:</u> a) Quality Improvement Update – Mr Murphy to report. (Enclosed). **(Mrs Katharine Goldthorpe (Associate Director of Quality Improvement) to join the meeting for this item).**	Information/ Assurance
12 (29/21)	<u>Governance:</u> a) Corporate Risk Register – Mr Murphy to report. (Enclosed). b) Board Assurance Framework – Mrs Bosnjak-Szekeres to report. (Enclosed). c) EU Exit Plan – Mrs Barnsley to report. (Verbal) d) Board Committee Assurance – Committee Chairs to report: • Audit Committee Minutes (16 November 2020) and Update (1 February 2021) - Mr Cullinan to report. (Enclosed/Verbal). • Quality & Clinical Effectiveness Minutes (22 December 2020 and 26th January 2021 and Update (23 February 2021) – Professor Warne to report. (Enclosed/Verbal). • Operations Committee Minutes (23 December 2020 and 28 January 2021) and Update (23 February 2021) – Mr Beaton to report. (Enclosed/Verbal).	Approval Approval Information Information
13 (30/21)	Attendance Monitoring Form – Chair to report. (Enclosed).	Information
14 (31/21)	Any other Business – Chair to report.	Discussion
15 (32/21)	Formal Meeting Review – Chair to report.	Discussion
16 (33/21)	Date of Next Meeting (6 May 2021).	Information

Blackpool Teaching Hospitals
NHS Foundation Trust

Minutes of the Blackpool Teaching Hospitals NHS Foundation Trust
Board of Directors Meeting held in public
on Thursday 7th January 2021 at 9.30 am
via Microsoft Teams

Present: Mr Pearse Butler – Chairman

Non-Executive Directors

Mr Mark Beaton
Dr Sheena Bedi
Mr Keith Case
Mr Mark Cullinan
Mr James Wilkie
Professor Tony Warne

Executive Directors

Mr Kevin McGee – Chief Executive
Dr Jim Gardner – Medical Director
Professor Nicki Latham – Deputy Chief Executive/Director of Strategic Partnerships
Mr Peter Murphy – Director of Nursing, AHPs & Quality
Mr Feroz Patel – Interim Director of Finance
Mrs Janet Barnsley – Director of Operations (Planned Care) (non-voting)
Mrs Natalie Hudson – Interim Director of Operations (Urgent & Emergency Care) (non-voting)
Mrs Shelley Wright – Joint Director of Communications (non-voting)

In Attendance: Mrs Sharon Adams – Interim Operational Director of Human Resources & Organisational Development (HR & OD)
Mrs Angela Bosnjak-Szekeres – Director of Corporate Governance
Miss Judith Oates – Corporate Assurance Manager/Foundation Trust Secretary
Mrs Sharon Mawdsley – Head of Infection Prevention and Deputy Director of Infection, Prevention & Control (for item 09/21b)
Mrs Katharine Goldthorpe – Associate Director of Quality Improvement (for item 11/21a)

Public/Staff Observers (via live-stream) – 18

01/21 Chairman's Welcome and Introductions

The Chairman welcomed members and observers to the live-streamed formal Board meeting and was pleased to note that there had been a good response from members of the public to join the meeting. He advised that he may ask Board members to explain jargon if it was used during the meeting.

02/21 Declarations of Interests Concerning Agenda Items

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

It was noted that the following declarations applied:

- Mr Pearse Butler – Interim Chair of Atlas.
- Mr Kevin McGee – Joint Chief Executive (with East Lancashire Hospitals NHS Trust).
- Mr James Wilkie – Non-Executive Director of Atlas.

03/21 Apologies for Absence

An apology for absence was received from Mr Kevin Moynes (Joint Director of HR & OD).

The Chairman welcomed Mrs Sharon Adams who was deputising for Mr Moynes.

04/21 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 5th November 2020 be approved as a correct record.

05/21 Matters Arising:

a) Action List

It was noted that all actions from the previous meeting had been completed, with the exception of the CQC Diagnostic Improvement Plan and Accountability Framework. Professor Warne advised that the CQC action plan was reviewed at the Quality & Clinical Effectiveness Committee meetings on a monthly basis. The Chairman requested that an update be provided at the Board meeting in March 2021.

RESOLVED: That an update regarding the CQC Diagnostic Improvement Plan would be shared with the Directors before the next Board meeting.

That an update on the Accountability Framework would be shared with the Directors before the next Board meeting.

06/21 Patient Story

With regard to the patient story DVD, the Chairman advised that there would be a slight time delay between the meeting and the live-stream, therefore once the DVD had finished he would delay any discussion for about 20 seconds.

Dr Gardner introduced the patient story which highlighted the complexity of communications during the Covid-19 pandemic and the measures taken to ensure that loved ones could connect to family members whilst it was not possible to attend the hospital. He stated that there was no doubt that restricted visiting was causing issues for patients, relatives and staff and that staff were having to provide increased direct nursing care as a result. He also stated that the patient story highlighted the emotional and operational issues being experienced.

Following the DVD, Dr Gardner paid tribute to Mrs Jackie Brunton (Lead Nurse - Cancer & End of Life Care) who had worked tirelessly to set up services to help patients connect with their loved ones and he commented on a generic point in relation to such acts of kindness across the workforce. He pointed out that the issues being experienced during the third phase of the pandemic were as difficult as they had been in March 2020.

Mr Murphy reflected on the kind words from the patient's daughter who had participated in National Grief Week at the beginning of December and who was involved in on-going work around end of live care and bereavement services.

The Chairman commented that the story reinforced the message that staff support was a critical issue, particularly during the pandemic.

Professor Warne advised that he had watched the patient story at the Quality & Clinical Effectiveness Committee meeting the previous week and stated that it had been extremely powerful the first time and colleagues had found it extremely emotional. He stated that watching it again highlighted the impact in terms of understanding the difficulties being experienced during the pandemic.

Mr Beaton commented on the inspirational story from the patient's daughter, which warranted massive respect. He also paid tribute to NHS staff, many of whom were extremely stressed and anxious, and he was pleased to note that the staffing crisis at the Trust was being addressed by Mr Moynes and Mrs Adams; acknowledging that this was not helped by the number of staff vacancies resulting in more pressure on existing staff. He emphasised the possibility of additional lockdowns due to the NHS not being able to cope with the pressure and that further investment was needed. The Chairman commented that, even with additional funding, it would be difficult to recruit the required number of staff.

The Chairman expressed thanks to Dr Gardner for sharing this story with the Board.

07/21 Chairman's Report

The Chairman commented on how unbelievably excellent Trust staff had been during the pandemic and he also paid tribute to the Executive Directors and the senior management leadership team whose workload was currently extraordinary and should not be taken for granted by the Board. The Chairman gave his personal thanks to all staff.

08/21 Chief Executive's Report

The Chief Executive expressed thanks to the Chairman for his kind words about the staff. He stated that it had been an extremely difficult year due to the pandemic, particularly in the North West.

Mr McGee took the report as read but provided a brief overview, pointing out that some of the detail would be addressed as part of Integrated Performance Report.

- Community prevalence of Covid-19 had started to increase in the North West which would result in a sharp increase in general and acute admissions to the hospital and, subsequently, to critical care
- There were concerns regarding the capacity of the NHS, across Lancashire and in Blackpool during the next three to four weeks
- Staff were working under extraordinary pressure
- The number of Covid-19 patients was increasing daily
- Critical care capacity was extremely stretched
- There was significant pressure on acute services.
- There were difficult challenges ahead for the NHS and routine elective activity and out-patient work would need to be stood-down.
- All communities would need to take responsibility for reducing community transmissions, resulting in a reduction in admissions and flow in the hospital.
- The work undertaken to date demonstrated the NHS and its staff at their very best.

- There was positive news about the vaccination programme
- A vaccination hub had been established on the hospital site in a short space of time and 4000 vaccinations had been undertaken to date
- There would be an active programme during the next few weeks to vaccinate staff and the community
- A major vaccination centre was due to open at the Winter Gardens
- GPs were starting to vaccinate in community settings

The Chief Executive stated that Board members needed to be aware of the concerns and challenges, but that he was confident that the combination of lockdown and vaccinations would ease the pressures by the spring.

Mr McGee reiterated a good news story which was in relation to Blackpool being identified as one of only five new National Research Centres in the country which was an excellent accolade for Blackpool.

09/21 Performance

a) Integrated Performance Report

Executive Summary:

Professor Latham reported on the headlines in relation to the Integrated Performance Report (IPR) as follows:

- Mrs Barnsley and Mrs Hudson were working on the plans for the anticipated surge in critical care during the next two to three weeks

- The Trust was being held more to account at national and regional level and the importance of having the right people in the right place was emphasised

- The IPR continued to be developed and feedback from Board members was welcomed

- There was a particular focus on developing Committee dashboards to ensure intelligence and transparency, commencing with improvements to the Quality & Clinical Effectiveness Committee dashboard with support from Dr Gardner and Mr Murphy.

- There were challenges around 12-hour breaches and there was a focus on patient flow and discharge

- Improvements were being made in respect of mortality data, with a focus from the regional team on out of hospital mortality

Professor Latham reassured Board members that progress was being made in terms of having the right processes in place, but pointed out that there were some real challenges across the Trust and work was on-going with the triumvirates at executive and divisional level.

Quality

Dr Gardner highlighted the key issues from the monthly report, in particular, two Never Events in Ophthalmology dating back to 2019, good progress in respect of Venous thromboembolism (VTE), challenges within the Infection Prevention and Control Team and concerns regarding Hospital Standardised Mortality Rates (HSMR).

Mr Murphy highlighted two key issues; firstly, mixed sex accommodation which may need to be assessed on a case by case basis depending on the escalation in terms of capacity; secondly, the commencement of the formal assessments as part of the accreditation system.

Mr Case referred to the reported mortality figures and made an observation that approximately two-thirds of the figures related to hospital deaths and one-third of the figures related to out of hospital deaths and he suggested that there was an opportunity to work on improvements at system level. Mr Case also referred to the historic Never Events and asked about the learning from these incidents. With regard to mortality, Dr Gardner confirmed that the figures quoted by Mr Case were correct. He reported that the Fylde Coast Primary Care Networks were meeting as part of the restructure of governance across the Fylde Coast and would be in a position to launch the Mortality Committee to review out of hospital deaths. With regard to the Never Events, Dr Gardner reported that the review of the first incident had been completed and that the Royal College of Ophthalmologists had been invited to undertake the second incident review. Dr Gardner stated that he was aware of the issues and that Ophthalmology colleagues were involved in the learning and ensuring that robust and reliable processes were in place. Mr Murphy confirmed that a root cause analysis would be undertaken for all Never Events and would include further learning.

Dr Bedi stated that she understood and supported the withdrawal of the Friends & Family Test due to Covid-19, but that in challenging times it was important to be aware of patient experiences and therefore she was pleased to note that this was being monitored and that the outcomes were positive.

Mr Beaton, in his capacity as the Operations Committee Chair, highlighted areas of concern, in particular, increased waiting times and increased cancellations, which would affect the quality of outcomes, and he asked about the impact of targets not being achieved and the impact on the health of our community. Mr McGee stated that the issue raised by Mr Beaton was important and pointed out that performance generally in terms of restoration in Blackpool during the summer months was good. He further stated that the focus was now moving towards post-Covid-19 and how to act quickly in order to manage the backlog which it was anticipated would take two to three years as part of a national programme. Dr Bedi commented that a system-wide step-change needed to be made and consideration needed to be given to working differently and increasing community capacity.

The Chairman stated that it was important for the Board to discuss the arrangements post-Covid-19 and he suggested that this be undertaken during an informal Board session, pointing out that the Board needed to look forward even in a crisis.

RESOLVED: That an informal Board session would be organised to enable detailed discussion to take place regarding the arrangements post-Covid-19.

Finance

Mr Patel reminded Board members that the financial regime had changed for 2019/20 and, at end of November 2020, the Trust was slightly behind target due to the additional Covid-19 related costs; it being noted that the Trust had received funding for Covid-19 during the first half of the financial year, however, for the second half of the financial year, the Trust had received a set payment which had been overspent.

Mr Patel reported that a deficit plan had been submitted to the Integrated Care System (ICS) for the second half of the financial year and the Trust had been requested to reduce it by £30m. It was noted, however, that this request had been made prior to Christmas and prior to the existing third wave of the pandemic.

It was noted that work was continuing in order to accelerate the capital programme, ensuring that old equipment was replaced. It was also noted that work on the Emergency Village/Critical Care scheme had commenced.

In response to a question from Professor Warne, it was noted that no update had been received in respect of the pre-Christmas letter setting out the financial arrangements for next year. Mr Patel advised that a letter had been received about the Operational Plan in terms of reducing the overall burden on Covid-19 related costs and restoration services.

Mr Wilkie asked whether there had been any update following the report to the Operations Committee about the the Emergency Village/Critical Care scheme. Mr Patel reported that, subsequent to the Operations Committee meeting in December, the Trust had been asked by NHSE/I to respond to circa ten questions which required clarification at this stage. The Chairman suggested that the feedback on the ten questions should be submitted to the Operations Committee and to the Board. Mr Patel and Mr McGee stated that they had no concerns regarding the funding and that the queries from NHSE/I were in relation to the process and they confirmed that any further areas of concern would be reported to the Operations Committee and the Board.

In terms of next year's funding arrangements, it was anticipated that further guidance would be received at the end of January, therefore a more comprehensive review of the financial regime and the position for next year would be given to the Board at the meeting in March.

Operational Performance

- **Planned Care**

Mrs Barnsley provided a detailed updated on planned care performance, highlighting the potential impact on the elective programme and the tertiary programme, due to the challenges around Covid-19 which included a request to increase critical care capacity, and also the potential impact on the restoration programme which would be compromised.

Mrs Barnsley reported on the deterioration in the referral to treatment (RTT) volumes, the increase in 52-week waiters, the deterioration in 62-day cancer waiting times, the achievement of all other cancer targets and the improvements in diagnostic waiting times.

- **Urgent & Emergency Care**

Mrs Hudson reported on the current challenges regarding endoscopy in terms of capacity, staff vacancies and the absence of a management team. It was noted that peer support would be provided from the East Lancashire Hospitals Trust (ELHT) management team and Board members were assured that an action plan would be developed and reported to the Operations Committee.

RESOVLED: That an endoscopy action plan would be developed and reported to a future meeting of the Operations Committee.

Mrs Hudson provided an update on performance in respect of 4-hour waiting times, bed occupancy rates and ambulance hand-over arrangements.

With regard to the IPR, Mr Case was pleased to note that the Key Performance Indicators (KPIs) were being developed, including four new KPIs, but expressed concern that there was still no indicator in relation to the health and well-being of staff, despite his previous requests. The Chairman agreed with the point reiterated by Mr Case and requested that this be actioned.

RESOVLED: That an indicator for health and well-being would be developed and included in the KPIs/IPR.

Professor Warne provided re-assurance to Mr Case that he would be addressing the issue of health and well-being as part of his new role as the Trust's nominated Health and Well-Being Guardian.

Workforce

Mrs Adams reported on the workforce performance targets, in particular, sickness absence (6.5%), turnover (11.5%) and temporary staffing (12.6%).

With regard to sickness absence, Mrs Adams outlined the work being undertaken to ensure staff remained well and in work. She drew attention to a well-being directory which staff needed to be made aware of, and given access to, going forward.

Professor Warne advised that it was currently not possible to access the well-being directory off-site and asked if arrangements could be made for the IT Department to resolve this issue.

RESOLVED: That Mrs Adams would ensure that the IT Department was contacted regarding off-site accessibility to the well-being directory.

Mr Case reinforced the issue about health and safety and ensuring the well-being of staff in order to avoid potential workplace stress and injury.

Mr Beaton congratulated the HR & OD Team for the well-being information that had been made available during the past twelve months.

With regard to turnover and temporary staffing, Mrs Adams outlined the work being undertaken to ensure flexible working for existing staff and to ensure consistent rates of pay for agency staff.

Mr Wilkie asked for clarification regarding temporary staffing which was static and agency expenditure which was increasing. Mrs Adams explained that the updated figures did not necessarily relate to agency staff and Mr Wilkie asked whether these two issues could be reconciled in the IPR.

RESOLVED: That Mrs Adams would refer this request to the Operations Committee for action.

Mr Patel advised that, following recent challenges by the Operations Committee, Mr Moynes had established a Task & Finish Group specifically to review such queries, i.e. vacancies, agency, and it was anticipated that it would take approximately eight weeks to review the whole range of issues. Mr McGee was pleased to report that additional staff would be recruited during the next few months which would reduce the requirement for agency staff, but he pointed out that one of the many pressures being experienced by the NHS was the significant increase in agency rates during the past few months which was a national issue.

Mr Beaton reflected on the work undertaken by the Board and the improvements that had been made during the past year.

Dr Bedi asked whether the right staffing numbers had been projected and, assuming this was the case, whether it would be affordable to replace agency staff with permanent staff. Mr McGee confirmed that significant work had been undertaken in the past eighteen months in terms of workforce numbers, in particular, nurse staffing, medical staffing and managerial posts. With regard to affordability, Mr McGee was unable to confirm due to the awaited financial regime for next year which had not yet been defined. He stated that, once the financial information was available, the Board would have to consider how to manage any financial gaps. Mr Cullinan added that, just prior to Covid-19 conversations were taking place with stakeholders about the financial position.

b) Infection Prevention and Control Update (including Nosocomial Infections Update)

Dr Gardner reminded Board members that it was a regulatory requirement for the Board to be updated in relation to infection prevention and control policies and procedures and, in particular, to Covid-19. He advised that Mrs Mawdsley would present the up to date headline figures, which he stated remained too high, but were lower than previously reported and lower in comparison to other Trusts.

The Chairman welcomed Mrs Mawdsley to the meeting and she gave a detailed and informative presentation regarding the issues and challenges within the Infection Prevention and Control Department, including an update on infection numbers, Board Assurance Framework (BAF) risks and associated actions.

The Chairman thanked Mrs Mawdsley for the work being undertaken in such difficult circumstances, which was appreciated by the Board.

Dr Gardner reassured Board members about the Covid-19 testing arrangements; it being noted that the Point of Care test remained in place 24 hours a day, 7 days a week, but that plans were in place to make improvements to the existing system.

Professor Warne stated that it was a privilege for the Quality & Clinical Effectiveness Committee to receive such a high-level report from Mrs Mawdsley on a monthly basis which provided great assurance to Committee members. It was pleasing to note that NHSE/I had explicitly complimented the infection prevention work being undertaken at Victoria Hospital, particularly in terms of leadership and team working.

In response to a question from Professor Warne, the Medical Director advised that there was no doubt that some patients had acquired Covid-19 in hospital, but it was not known whether such patients had died with Covid-19 or because of Covid-19. Dr Gardner agreed to provide an update once he had received some meaningful data.

RESOLVED: That Dr Gardner would provide an update regarding Covid-19 data in due course.

The Chairman stated that he was aware that the infection prevention and control information was presented to the Quality & Clinical Effectiveness Committee, however, he emphasised the importance of presenting it to the Board.

c) NHS 111 First Update

Mrs Hudson drew attention to the NHS 111 First report and highlighted the activity in relation to the programme; it being noted that between 25th August 2020 and 30th November 2020, 893 patients had attended a pre-booked appointment in the Emergency Department booked via NHS 111 First, which was an average of 9 patients per day. She pointed out that the uptake had not been as high as anticipated, despite a national communications roll-out plan to increase the uptake. It was noted that the service and the communications strategy were due to be reviewed during January, therefore it was anticipated that there would be an increase in activity thereafter.

Mrs Hudson assured Board members that Blackpool and Fylde demonstrated the highest percentage deflection rate from the Emergency Department in the region of all patient calls to the NHS 111 First service (89%).

In response to a question from Dr Bedi, the Medial Director advised that his connections to the Primary Care Network could assist with the communications issue.

d) Covid-19 Vaccine Update

Mr McGee stated that an update regarding the Covid-19 vaccine had been given as part of his Chief Executive's Report. He added that he was extremely proud of the vaccination service being provided and he paid tribute to Mrs Barnsley who was working tirelessly to ensure that those people in the priority areas received the vaccine.

The Chairman advised that the vaccination was now being offered to staff and there had been a high uptake; it being noted that 11,000 calls had been made to book an appointment, which indicated that some colleagues had obviously telephoned on more than one occasion.

e) Flu Campaign Update

Mrs Adams presented a detailed update on the Trust's Flu Plan for 2020/21 and the actions to be taken to improve the uptake of the flu vaccination by front-line staff in 2021/22.

It was noted that, due to the Covid-19 vaccination programme, Trusts had been requested to complete the flu vaccination campaign by the end of December instead of the end of February, however, in order to increase the vaccination rate, it had been agreed to continue the programme beyond December.

It was reported that 4,750 (77%) front-line staff had received the flu vaccine up to the end of December 2020 compared to 64% the previous year.

Mrs Adams advised Board members that NHSE/I had requested Trusts to complete the flu vaccination best practice management checklist and to publish a self-assessment against these measures for submission to the Board in order that Board members could be satisfied that progress had been made in accordance with the requirements.

Mr Wilkie congratulated the team for the outstanding results. He referred to Recommendation 6.1 in the report relating to the number of vaccines required for 2021/22 and asked about staff numbers. Mrs Adams advised that there was a time delay between the vaccine order being placed (February) and delivery (October) and that there may be additional staff during the intervening period and therefore the order would be based on the actual number to be vaccinated in 2020/21 rather than on headcount.

10/21 Engagement

a) People Plan Update

Mrs Adams reminded Board members that the People Plan had been launched in August 2020 and had been reported to the Board in September 2020 outlining the priorities and actions to be undertaken system-wide and nationally for delivery by the end of March 2021.

It was reported that there were 96 actions, 46 of which were linked to the organisation during the past 12 months, and the achievements against the actions were outlined in the report.

Mrs Adams advised that it had been identified that a composite action plan was needed which was currently being worked on, including aligning the strategies to the People Plan, and that a proposal would be submitted to the Board in March.

It was pleasing to note the achievements that had been made since April and it was noted that there were additional achievements relating to Covid-19 that had not been included, i.e. childcare facilities.

Dr Bedi referred to the on-going activity and stated that it would be helpful to map the activity against outcomes. Mrs Adams reported that, as part of the work around the People Plan, KPIs were due to be launched and it was proposed to produce a scorecard and action plan in order to be able give assurance about whether implementation of the actions was making a difference.

Professor Warne asked how the ICS People Plan would develop. The Chairman stated that activity would be in one place where it could be monitored and the impact could be understood.

RESOLVED: That the proposed priorities for the remainder of 202/21 be approved.

That an updated People Plan and Workforce Transformation Strategies Implementation Plan would be submitted to the Board in May 2021.

11/21 Improvement

a) Quality Improvement Update: Last 1000 Days Collaborative Project Initiative Document

Mr Murphy drew attention to the bi-monthly report outlining progress against the Quality Improvement Strategy which had been signed-off by the Board in 2020. He stated that progress continued to be made against the agreed trajectory, despite the pandemic and the operational pressures.

Mrs Goldthorpe commented that it was extremely encouraging that, despite the challenges, the team was being supported with the continuation of the quality improvement work. She highlighted the progress that had been made and the future plans in respect of the three collaboratives:

- Pressure Ulcer Collaborative
- Deteriorating Patient Collaborative
- The Last 1000 Days Collaborative

With regard to the Vital Signs work, Mrs Goldthorpe advised that this had been more difficult to progress and that the Executive Directors had agreed a more

pragmatic approach to this programme, with the use of a blended approach and methodology for the launch of the programme in April 2021. It was noted that Dr Rostami had been appointed to the post of Senior Quality Improvement Manager/Patient Safety Specialist and that he would be reporting on the programme to the Quality & Clinical Effectiveness Committee.

Mr Case commented on the importance of this work in terms of the improvement journey and asked about the governance and buy-in from partners. It was noted that there was support for the Project Initiation Document (PID) which was currently work in progress.

Dr Bedi agreed with the principle of the Last 1000 Days collaborative, but asked for clarity about how the cohort was selected, the timescales and the outcomes. Mr Murphy advised that it was a complex and detailed piece of work and reiterated that the PID was work in progress and that there would be engagement with other colleagues including primary care and adult social care and others, i.e. Police Service, Fire Service. With regard to the timescales, Mr Murphy advised that the programmes were usually developed in annual cycles. He further advised that, subject to buy-in from partners, the programme could continue for many years. Mr Case acknowledged the massive challenge going forward and supported the worthwhile aim and approach.

The Chairman emphasised the importance of not losing sight of the point made by Mrs Goldthorpe about continuing with the quality improvement work despite the pandemic and operational pressures. He also commented on the excellent work that had been undertaken in relation to pressure ulcers and he praised the staff involved.

12/21 Governance

a) Corporate Risk Register

Mr Murphy reported that the Corporate Risk Register incorporated the various risks in the organisation and that its development during the past three months was nearing completion, resulting in a revised document and significant improvement in relation to the governance of the organisation.

It was noted that further work needed to be undertaken, particularly within the divisional teams, to ensure that there was a “check and challenge” process in place for the risks. It was further noted that Executive Directors had been meeting with the divisions to commence the check and challenge of some of the risks.

Board members were asked to note the progress that had been made in respect of risk management and the Corporate Risk Register and to note that the further development of the Corporate Risk Register was an iterative process which required further improvements, for which there were plans in place.

Mr Wilkie commended the document, but asked for clarification about the escalation method. Mr Murphy outlined the escalation process, commencing with the Ward/Department to the Directorate Risk Register to the Divisional Risk Register to the Board Committees and, subject to approval, to the Corporate Risk Register.

Dr Bedi commented that, from reading the document, the approach appeared to be quite top down and asked if it could reflect a ground level up approach. Mr Murphy stated that the ambition was for each part of the organisation to own and understand its own risks.

RESOLVED: That Mr Murphy would address Dr Bedi’s request regarding a ground level up approach.

Mrs Bosnjak-Szekeres advised that the risk assurance meetings included divisional representation and that this was a good forum for undertaking a sense-check regarding the ground level up approach. She also advised that the Audit Committee had requested Mr Verstraelen (Deputy Director of Quality Governance) to attend the Executive Directors meeting on a monthly basis to provide an update on risk management.

Professor Latham welcomed the challenge from Board members and stated that, in developing processes, there would be the opportunity to hold colleagues, and each other, to account. She further stated that it was a cultural process which would need to be developed in order to achieve well-led status.

RESOLVED: That the Corporate Risk Register be approved.

b) Board Assurance Framework

Mrs Bosnjak-Szekeres presented the Board Assurance Framework which had been reviewed by the Executive Directors and by the Board Committees (Quality & Clinical Effectiveness Committee and Operations Committee) and which included highlighted updates.

Dr Bedi commented that the highlighted updates were helpful, however, month on month this would become more problematic and more difficult to progress and that she had previously asked for the format to be reviewed. Mrs Bosnjak-Szekeres confirmed that this request was currently being considered and it was anticipated that the timeline would be captured for the Quarter 1 update.

RESOLVED: That the Board Assurance Framework be approved.

c) Board Committee Assurance

The Chairman referred to the minutes from the Board Committee meetings and asked whether there were any issues to be reported to the Board.

Audit Committee

Mr Cullinan provided feedback from the Audit Committee meeting held on 16th November 2020, highlighting that Covid-19 was having an impact on the work of the Internal Auditors and External Auditors in terms of the follow-up on audit reports and action plans. He stated that the Audit Committee recognised the impact and was supportive of the challenge, but would continue to seek assurance as required.

Quality & Clinical Effectiveness Committee

Professor Warne provided feedback from recent meetings of the Quality & Clinical Effectiveness Committee, highlighting the following:

- Patient Experience had featured in the October meeting and it had been agreed that a Complaints Progress Report would be submitted to the meeting in January 2021.
- Assurance had been given at the December meeting regarding the work being undertaken in respect of the BAF and the IPR.
- A detailed update on mortality had been given by Dr Richard Morgan (Mortality Lead) and, as a result, there had been a request for a review of the sepsis pathway.

- An update had been provided in respect of the controlled drugs compliance audit which indicated that improvements could be made and that an action plan had been developed which would be reviewed by the Committee at the end of Quarter 4.

- The Adults and Long-Term Conditions Division had achieved 100% in respect of the Duty of Candour and progress was being made in the other divisions.
- The Committee had benefited from an update on research and development by Dr Galasko (Consultant Cardiologist and Director of Research, Development and Innovation) and Mrs Parker (Manager for Research, Development and Innovation) and Committee members had noted the great progress made to date. It was noted that there had been a challenge from Mr Case about a Research Strategy.

Operations Committee

Mr Beaton provided feedback from recent meetings of the Operations Committee, highlighting the following:

- There had been an update on the financial position and some challenge in relation to the Emergency Village/Critical Care scheme.
- The staffing trajectory and recruitment plans had been discussed and work was continuing to refine the arrangements in terms of additional permanent staff and a reduction in agency staff and the trajectory was moving in the right direction.
- Assurance had been given in relation to the staff welfare programmes underway which were excellent.
- Performance updates had been provided in respect of Covid-19, vaccination programmes, restoration, cancer waiting times, 52-week waiters and endoscopy.

Mr Beaton commented that there were significant challenges, but that staff were working to the limit and to the best of their ability under pressure and that they deserved thanks from the Board.

Professor Warne advised that a Clinical Safer Staffing Report had been submitted to the Quality & Clinical Effectiveness Committee in December which outlined a good foundation in terms of staffing which could be developed to ensure that the right staff were in the right place at the right time.

13/21 Attendance Monitoring Form

The attendance monitoring form was provided for information.

14/21 Any other Business

a) Thank You

Mr Cullinan reminded Board members that this was the Chairman's last Board meeting before leaving the Trust at the end of January. On behalf of the Trust, Mr Cullinan expressed thanks to Mr Butler for his service to the Trust during a time that could probably best be described as interesting and challenging. Mr Cullinan made reference to Mr Butler's strong leadership, his patient focus and his drive to improve service quality. The Chairman thanked Mr Cullinan for his kind words.

15/21 Formal Meeting Review

The Chairman asked Board members and on-line observers for feedback about the meeting. He commented that there had been an increase in the number of people observing the meeting and therefore the on-line arrangements should continue. He expressed thanks to those members of staff/public who had joined the live-stream.

16/21 Date of Next Meeting

The next meeting will take place on Thursday 4th March 2020.

Board of Directors Meeting
Action List

Minute Ref/No	Date Of Meeting	Agenda Item Heading	Action To Be Taken	Person Responsible	Date To Be Completed	Progress	RAG Status
Item 05/21	7.1.21	Action List	Send an update regarding the CQC Diagnostic Improvement Plan to Board members prior to the next Board meeting in March 2021.	Peter Murphy	4.3.21	This item has been circulated to Board members on 25.02.2021. This action is now complete.	Green
			Send an update regarding the Accountability Framework to Board members prior to the next meeting in March 2021.	Nicki Latham	4.3.21	This item has been circulated to the Board members on 18.02.2021 This action is now complete.	Green
Item 09/21(a)		Integrated Performance Report (IPR) - Quality	Organise an informal Board session to enable detailed discussion to take place regarding the arrangements post Covid-19.	Corporate Governance Team	Q1 2021/22	The Corporate team will make arrangements for this session which will be held in Q1 of 2021/22.	Amber
		IPR - Operational Performance	Develop an endoscopy action plan for submission to a future meeting of the Operations Committee.	Natalie Hudson	25.2.20	This item has been included on the agenda for the Operations Committee meeting on 25.2.21. This action is now complete.	Green
			Develop an indicator for health and well-being for inclusion in the Key Performance Indicators (KPI's)/IPR.	Nicki Latham	21.1.21	Action sent to performance team with KPI's being expected to the Operations Committee in April 2021 and the Trust Board in May 2021.	Amber
		IPR - Workforce	Ensure that the IT Department is contacted regarding off-site accessibility to the well-being directory.	Sharon Adams	14.1.21	All staff have access to the Trust's Wellbeing Directory either via the Intranet or a Quick Response (QR) code. Staff who are working off site and who have access to the Trust's Intranet will be able to find the directory on the home page. Staff working off site can access the directory via an app on a mobile phone or tablet using the QR.	Green
			Refer the request regarding reconciliation of temporary staffing and agency expenditure in the IPR to the Operations Committee for action.	Sharon Adams	21.1.21	Agreed at the Operations Committee meeting in January that an update will be provided at the Operations Committee in April 2021	Amber
Item 09/21(b)		Infection Prevention and Control Update	Provide an update regarding Covid-19 data to the Quality and Clinical Effectiveness Committee.	Jim Gardner	4.3.21	Regular updates are provided at Quality & Clinical Effectiveness Committee for monitoring.	Green

Board of Directors Meeting
Action List

Item 10/21(a)		People Plan Update	Submit an updated People Plan and Workforce Transformation Strategies Implementation Plan to the Board at a future date.	Kevin Moynes/ Sharon Adams	06.05.2021	This item will be presented to the Trust Board in May 2021.	Amber
Item 12/21(a)		Corporate Risk Register	Address Dr Bedi's request regarding a ground level up approach for the Corporate Risk Register.	Peter Murphy		The Risk Management Strategy is presented to the Board for approval at this meeting.	Green

RAG Rating	
Green	Completed
Amber	Pending
Red	Overdue

Blackpool Teaching Hospitals NHS Foundation Trust

Board of Directors Meeting

4 March 2021

Chief Executive's Report

Author of Report:	Kevin McGee, Chief Executive
Executive Director Sponsor:	Kevin McGee, Chief Executive
Date of Report:	24 February 2021

Executive Summary (to include, where appropriate, the level of assurance and position on trajectory):

The report provides a summary of national, health economy and internal developments.

For Information/Assurance:	**For Discussion:**	**For Approval:**
x		

Recommendations:

Board members are requested to receive the report and note the information provided.

Sensitivity Level:

Not Sensitive: (for immediate publication)	**Sensitive In Part:** (consider redaction prior to release)	**Wholly Sensitive:** (consider applicable exemption)
x		

Board of Directors Meeting

4 March 2021

Chief Executive's Report

Background

This report is divided into five sections:

- Section One - details major national headlines;
- Section Two - reports news from across the Fylde coast;
- Section Three - notes Trust updates, news and initiatives which are aligned to the Trust's values;
- Section Four - shows the external communications and engagement interactions;
- Section Five - provides a summary of the Chief Executive's diary.

Section One - National Headlines

This section seeks to provide an overview of some of the key announcements and developments nationally, particularly from colleagues at NHS England, NHS Improvement, NHS Providers and other influential news sources.

Where figures and statistics are quoted these were the latest position at the time of writing. Any material changes, updates or new headlines relevant to the Trust's work will be reported verbally during the meeting by the Chief Executive.

Strong decline in Covid figures

Scientists have reported a strong decline in levels of coronavirus infections in England since January.

Imperial College London's React study found infections have dropped by two-thirds across England since lockdown began, with an 80% fall in London.

But virus levels are still high, with one in 200 people testing positive between February 4 and 13. This is similar to levels seen in late September 2020.

Although these are interim findings, based on more than 85,000 swab tests from randomly selected people, they suggest social distancing and restrictions are having an impact.

National vaccination programme reaches milestone

Latest figures released (February 15) revealed that across the UK the NHS has vaccinated 15 million of the most vulnerable people in the country, in line with the deadline set by the Government.

The NHS vaccination programme is the biggest in the health service's history and Chief Executive Sir Simon Stevens praised the extraordinary efforts of GPs, nurses, pharmacists, volunteers and thousands of others in protecting millions of people in just 10 weeks.

Sir Simon said: "Hitting this milestone just 10 weeks after the NHS made history by delivering the first Covid vaccination outside of a clinical trial is a remarkable shared achievement. The NHS vaccination programme is the biggest and fastest in Europe – and in the health service's history – and that is down to the skill, care, and downright hard work of our fantastic staff, supported by local communities, volunteers and the armed forces. On behalf of the whole country it's right to mark this successful first phase with a huge thank you to everyone involved in this extraordinary team effort."

Sir Simon also thanked NHS staff after a 'year like no other'

Mr Stevens also paid tribute to NHS staff for their extraordinary work' as the UK the first anniversary of the country's first Covid patients.

Speaking in January he said: "On behalf of families and patients across the country, we thank staff across the NHS for their extraordinary work in a year like no other. The coronavirus pandemic is the greatest public health emergency in NHS history, but in the past 12 months the NHS has achieved things many would have thought impossible – from quarantine centres and Nightingale hospitals in a matter of days after the pandemic was declared, to expanding hospitals' critical care capacity by 50%, developing new Covid treatments and services, and delivering the first vaccination outside of a clinical trial.

"It is the vaccination programme, the biggest in NHS history, combined with the prospect of new therapies and treatments that offer us hope for the future.

"Our brilliant NHS staff have been on the frontline of the intense and relentless battle against coronavirus, but no health service could cope with the virus alone. They are part of this country's

greatest peacetime mobilisation. We are also hugely grateful to all those who have played their part in cutting infections and slowing the spread of the virus, which has undoubtedly saved many lives."

White Paper for NHS and social care reform

In February the Department of Health and Social Care (DHSC) published a White Paper - Integration and Innovation: working together to improve health and social care for all, which sets out new proposals to build on the successful NHS response to the pandemic.

The proposals will bring health and care services closer together to improve care and tackle health inequalities through measures to address obesity, oral health and patient choice.

The measures will modernise the legal framework to make the health and care system fit for the future and put in place targeted improvements for the delivery of public health and social care.

It will support local health and care systems to deliver higher-quality care to their communities, in a way that is less legally bureaucratic, more accountable and more joined up, by bringing together the NHS, local government and partners together to tackle the needs of their communities as a whole.

The proposals build on the NHS' recommendations for legislative change in the Long Term Plan and come a decade on from the last major piece of health and care legislation.

NHS England backs framework as route to reduce hospital stay length

A framework agreement managed by NHS Shared Business Services (NHS SBS) which helps NHS trusts and hospitals acquire additional capacity from external providers has been recommended for use by NHS England and NHS Improvement (NHSEI) as a solution to reducing the length of stay for people in hospital.

The national Patient Discharge Services Framework can be used to secure capacity from independent providers of 'hospital at home' and rehab services.

Use of this framework, NHSEI recommended in a letter to trusts, can be funded from the £588m hospital discharge 'scheme two' up until March 31, 2021.

As a pre-approved framework agreement, the Patient Discharge Services Framework can be used by NHS and other public sector organisations to commission support quickly and easily, reducing hospital bed occupancy and relieving pressure on inpatient services.

Across England, general and acute bed capacity is being routinely filled by patients staying two weeks or more and NHS systems have been pressed to find safe and appropriate ways to reduce patients' length of stay in hospital.

Major rise in nursing applications

Nursing applications have soared by nearly a third over the past year, new data suggests. More than 60,000 people have applied to study nursing from this Autumn, an increase of almost a third (32 per cent) on the previous year.

Data shows that interest has increased across all age groups, with a new high of 16,560 school leavers opting to study nursing - an increase of 27 per cent from last year. And for the first time ever more than 10,000 applications were made my mature students looking to study the profession - an increase of 39 per cent.

This new levels of interest from applicants of all ages could not have come at a better time, according to industry professionals, with Ruth May, chief nursing officer for NHS England, who described the latest figures as incredible and great news for the public and the health service.

Ruth said: "The so-called 'nightingale effect' has seen interest in the NHS trumping lots of other careers and that speaks volumes about how people recognise our profession particularly following our most challenging year. From speaking to young people, schools are seeing how the pandemic has redefined and elevated the status of nursing."

NHS will take months to return to normal says NHS Providers boss

NHS Providers has warned that the NHS will take months to return to normal service after the Covid crisis is finally over, because its workforce is exhausted and traumatised.

The organisation said hundreds of staff members were being denied the chance to decompress after working intensely and seeing huge numbers of patients dying during the brutal second wave and as a result it expected very large numbers to book long-term sickness absence or leave their jobs, said Chief Executive Chris Hopson.

He added that MPs or patients should neither expect nor pressurise the NHS to immediately resume speedy diagnostic and treatment services because that is not possible. Cancelled surgeries, thousands of which have been repeatedly postponed since March 2020 for ailments such as cancer, will also take time to return to normal.

Almost 4.5 million people in England are waiting for hospital care – the highest number on record – and in theory should be treated within 18 weeks. But the widespread disruption to non-Covid care wreaked by the pandemic means waiting times have plummeted and the number of people forced to wait more than a year for sometimes urgent care has soared from 1,398 to 192,169 in just a year.

“There’s potentially quite a tension between giving staff who are completely exhausted the space and support they need to recover, and at the same time the NHS recovering the backlogs of care that have built up, particularly in the hospital sector,” said Hopson.

He added: “We cannot expect the NHS to carry on at the intensity we’ve been running at. We’ve completely run the tank dry and need to give people the chance to recover.”

New technology to help identify those at high risk from Covid-19

New technology has been introduced in England to help clinicians identify for the first time, a new group of people who may be at high risk from COVID-19.

The technology analyses a combination of risk factors based on medical records, to assess whether somebody may be more vulnerable than was previously understood, helping clinicians provide vaccinations more quickly to them and ensuring patients can benefit from additional advice and support.

This assessment has been made possible thanks to new technology and emerging evidence about the impact of COVID-19 on different groups and who could be most vulnerable, which means further steps can be taken to protect those most at risk.

The research, commissioned by England’s Chief Medical Officer Chris Whitty and funded by the National Institute of Health Research, found there are several health and personal factors, such as age, ethnicity and BMI, as well as certain medical conditions and treatments, which, when combined, could mean someone is at a higher risk from COVID-19.

Up to 1.7 million patients have been identified. Those within this group who are over 70 will have already been invited for vaccination and 820,000 adults between 19 and 69 years will now be prioritised for a vaccination.

The patients identified through the risk assessment will be sent a letter from NHS England in the coming days explaining that their risk factors may help identify them as high clinical risk and that they are included within the support and advice for the clinically extremely vulnerable. They will be invited to receive a COVID-19 vaccine as soon as possible if they haven't already had the jab, and will be given advice on precautionary measures, including shielding where this is current advice. Their GPs are also being notified.

Section Two – Lancashire and South Cumbria System Headlines

This section seeks to provide an overview of some of the key announcements and developments across the Lancashire and South Cumbria Integrated Care System Healthier Lancashire and South Cumbria, particularly from colleagues from our local Integrated Care Partnership serving Blackpool, Wyre and the Fylde Coast.

Where figures and statistics are quoted these were the latest position at the time of writing. Any material changes, updates or new headlines relevant to the Trust's work will be reported verbally during the meeting by the Chief Executive.

Covid Virtual Ward service

The new Covid Virtual Ward service, developed by partners across the region with Fylde Coast Medical Services, went live for referrals on February 1, 2021.

The Covid Virtual Ward model is a secondary care led initiative to support early and safe discharge (step down) for Covid patients. It has already been implemented in many parts of the North West and builds on the Covid Oximetry@home model that was launched successfully on the Fylde coast in November 2020.

The discharge pathway means that patients with O2 saturations of equal to or more than 93%, on air who are stable or improving can be discharged for further monitoring in the community via the Oximetry@home service

New Hospitals Programme

The New Hospitals Programme (NHP) formerly known as HIPS2 continues to bring all NHS organisations from across the area's Integrated Care System (ICS) together in a bid to secure around £1bn funding for new facilities locally. Colleagues from the Trust, including the Chief Executive and Executive Team, clinicians and specialists are linked into the project and part of a range of work streams.

No decisions have been made about the shape or location of new hospital buildings and the system is very clear that consultation and collaboration with local people will be a fundamental part of the process. Over the coming months extensive engagement will be held with communities to explore how the new funding could best be used to provide the health services of the future. Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust are leading on the proposals in conjunction with ELHT, Blackpool Teaching Hospitals NHS Foundation Trust, Lancashire and South Cumbria NHS Foundation Trust, Clinical Commissioning Groups, Primary Care and the ICS as well as local authority, public sector, voluntary, faith and social enterprise and academic organisations.

If successful, the money will be used to refurbish and replace ageing hospital buildings in the region, some of which can no longer accommodate patient numbers or provide the services and care needed due to their physical condition and layout.

The Programme will follow a clear process, with scrutiny and approvals needed from decision makers within the NHS, the Government and local authorities and a series of milestones to pass before funding is awarded and building can start. If successful, building of new hospital facilities will be completed by 2030. Regular updates and details of how to get involved in the Lancashire and South Cumbria New Hospitals Programme will be provided on a dedicated website at https://newhospitals.info

Reducing the risk of Type 2 diabetes

Fylde Coast residents have been reminded of support they can get if they are at risk of Type 2 diabetes.

The push followed publication of latest statistics which showed that diagnoses of Type 2 diabetes

is made every two minutes in the UK, where 3.9 million are living with diabetes. This figure has more than doubled since 1996, when there were 1.4 million. The prevalence of diabetes has more than doubled in the last 20 years, with an estimated 4.8 million people living with the condition in the UK.

Those who are at risk can access the Healthier You: NHS Diabetes Prevention Programme (NDPP) which helps people at risk of Type 2 diabetes to reduce that risk by helping them to manage their weight, eat more healthily and be more active.

The programme comes with a range of information and advice on weight loss, physical activity, cooking and nutrition that will all make a huge difference. Patients can talk to other people using the service and can access telephone and online support from trained professionals. Normally the programme involves a series of face to face group sessions but during the pandemic this has not been possible so virtual meetings using online technology have been set up.

Last year more than 250 people started the programme on the Fylde coast, with those completing the programme losing an average of 3.4 kilograms each and reducing their risk of diabetes dramatically.

Dr Neil Hartley-Smith, GP and Clinical Director for the Fylde Coast CCGs, said: “There are thousands of people across the Fylde coast who are believed to be at high risk of developing the potentially life-threatening condition and I would encourage people to check their risk and take action. We want to do all we can to support as many people as possible to prevent Type 2 diabetes from taking hold.”

Suicide Prevention Team shortlisted for HSJ awards

The system’s Suicide Prevention Team has been recognised and shortlisted for two Health Service Journal (HSJ) Awards.

The team’s ‘real time’ surveillance system is shortlisted for the Connecting Services and Information Award, which recognises NHS initiatives where data sharing has made a real difference. Their suicide prevention programme as a whole has also been shortlisted for System Leadership Initiative of the Year Award.

The winners will be announced in March 2021.

Supporting young people’s mental health

The ICS launched a campaign to promote the Lancashire and South Cumbria Healthy Young Minds website (www.healthyyoungmindslsc.co.uk) to mark Time to Talk Day in February.

The site contains a wealth of information and resources to boost and support the resilience, emotional wellbeing and mental health of local children and young people. It has been developed with children and young people, their families, and professionals to make it as easy as possible for them to access advice, help and support quickly, whenever they need it. The site is for young people and anyone who comes into contact with them – so can include scout leaders, community support officers, librarians, teachers, and sports coaches

Fylde Coast NHS staff support Smear for Smear campaign

Fylde coast NHS staff took to social media in January to support a national campaign raising awareness of the importance of cervical screening.

The Smear for Smear campaign, run by Jo’s Cervical Cancer Trust, sees people smear their lipstick in order to promote the vital message in a light-hearted way. Selfies were posted on social media pages throughout the national Cervical Cancer Prevention Week.

And with 33 posts across Facebook, Twitter and Instagram, staff potentially reached more than 90,000 people to promote the message.

Dr Adam Janjua, a Fleetwood GP and chair of the Fylde Coast Cancer Steering Group, said: "While the Smear for Smear campaign is a little bit light-hearted, if it encourages just a handful of people to book their cervical screening then it is a success. We know that, if abnormal cells in the cervix are detected early enough, this can be treated before cancer is given the chance to develop. This treatment will save your life.

"While many services have had to be suspended for everyone's safety during the COVID-19 pandemic, cervical screening is continuing for people living in Blackpool, Fylde and Wyre. If you do receive an invitation to a screening, please get this booked as quickly as possible. It is safe to attend and every precaution is being taken to minimise the risk of COVID-19 infection."

Local support for World Cancer Day

Staff across the Fylde Coast NHS showed their support for World Cancer Day, and they were joined by one very special guest – pop star Linda Nolan.

As in previous years, staff at the Trust and the CCG, made pledges for how they can make a difference when it comes to cancer. With the COVID-19 pandemic continuing to add strain to the lives of everyone, there has been a noticeable drop in the number of referrals to local cancer services.

Videos were circulated across the social media channels of both the Trust and CCGs, including one of Linda, encouraging people to access both primary and secondary care services as soon as they need to.

Section Three – Blackpool Teaching Hospitals NHS FT Headlines

This section seeks to provide an overview of some of the key announcements and developments as well as important news and information from around the Trust itself, particularly where it supports and demonstrates our commitment to the organisation's vision, values and objectives, as well as positive outcomes and improvements for patients, service users and their families.

Where figures and statistics are quoted these were the latest position at the time of writing. Any material changes, updates or new headlines relevant to the Trust's work will be reported verbally during the meeting by the Chief Executive.

New chair for Blackpool Teaching Hospitals NHS Foundation Trust

The Trust announced the appointment of Steve Fogg as its new Chair in January.

Steve, a former Managing Director with BAe Systems, is well known on the Fylde coast for his work with the Pride of Place Board for Blackpool, Chair of the Fylde Coast Responsible Business Network and has recently joined the Board at Blackpool and Fylde College.

He said: "I am passionate about the region and already work with people in the area, focused generally on making improvements for local communities. To be successful I believe we need to be collaborative and inclusive – encouraging people to work together to achieve key outcomes – I am keen to continue to build on the work already done bringing everyone who wants to be involved together in my new role.

"Engagement at all levels, across all stakeholders, is the key to any successful organisation, staff being very important and key stakeholders as part of the team.

"Supporting a climate of positive mental health is a core personal value and in previous roles I have worked hard to make sure workplaces are as positive as they can be. This is something I will be very keen to support at the Trust, particularly as staff have been responding to the pandemic for a very long time now and really need our support."

Retiring Chairman thanks staff

The Trust's retiring Chair Pearse Butler said farewell to the Trust in February.

Pearse, who joined the Trust in 2018 after previously serving the University Hospitals of Morecambe Bay as Chairman, praised staff for their support and passed on his best wishes for the future.

He said: "I want to say a massive thanks to everyone at the Trust and all the partners I worked with.''

Non-Executive Director, Mark Beaton, passed on his thanks to Pearse saying: "I've worked with a lot of chairman and Chief Executives but in terms of warmth and compassion and a way of being direct but compassionate at the same time Pearse was made for the job.

"I would like to thank him for everything he has done for the Trust and for me personally.''

OBE for Trust consultant

Haematology Consultant, Dr Sharran Grey, who works in the Lancashire Haematology Centre, based at Blackpool Victoria Hospital, was awarded the OBE in the New Year's Honours list for her services to blood transfusion and patient care.

Sharran has worked for the NHS for 34 years, with Blood Transfusion being her area of specialist practice and responsibility throughout most of her career. She is a Fellow of the Royal College of

Pathologists, British Blood Transfusion Society, and the Academy for Healthcare Science.

She said: “Blood transfusion is life-saving, and is part of the backbone of a hospital as so many patients rely on it to get them through surgery, trauma, childbirth, chemotherapy and many other medical conditions.

“A blood transfusion starts with the blood donor and ends with the patient and I am part of a huge multi-professional team supporting that process. Everything I do, and decision I make starts with the patient: whether this has been for research and innovation, the services I am responsible for, or my service to the individual patients in my care.

“None of this is possible without the amazing people who I work with across the NHS and beyond. It is an honour and a privilege for my individual contribution to be recognised in this way, to be a role-model for my profession as a Clinical Scientist, and to be part of our wonderful NHS.”

Trust appoints to new professional standards role

Dr Steve Wiggans was appointed as the Trust’s new Director of Professional Standards and Deputy Medical Director in January.

Steve was appointed to the new role which is designed to further develop the Trust’s focus of delivering the highest standards of care to patients.

He said: “I’m delighted to have been appointed to this new role and really looking forward to starting.

“It is an exciting role and will cover a wide range of areas that can make a positive impact such as education, revalidation, training, job planning, HR and organisational development. The fact that the role has been
created is a really positive sign and fits in well with the Trust’s improvement journey.’’

He added: “I have always looked to develop my skills and areas of knowledge and I hope I can bring those experiences to this role.’’

Dr Jim Gardner, Medical Director, said: “We want to drive the highest professional standards for all of our staff.

“My initial focus is on Doctors so by establishing the role of Director of Professional Standards with a real interest in appraisals, job planning and building support for our doctors we are really developing capacity and leadership at the top of the Trust.’’

New accreditation scheme launched to improve standards

Clinical areas across the Trust are being encouraged to ‘Go for Gold’ with the launch of the Collaborative Organisational Accreditation System for Teams (COAST), with the aim of raising standards and celebrating the best practice of teams across the hospital.

The framework is designed around the Chief Inspector of Hospitals’, 5 Key lines of enquiry (KLOE) of: Safe, Effective, Caring, Responsive and well led. The aim of the unannounced visits from the COAST team is to help standardise approaches to care, to help teams recognise and share best practice and to ensure that the Trust, as a whole, is prepared for CQC visits. Wards are assessed with each of the 12 standards given a Gold, Silver or Bronze grade, before receiving an overall COAST Accreditation for the ward. Wards are then given the opportunity to improve their grade, with the goal of achieving a Gold Accreditation.

Rebecca Billington, COAST’s deputy lead, said: “By identifying good practice we can encourage colleagues from across the Trust to visit other areas where good practice has been identified.”

Trust delivers rapid access Covid testing

The Trust's Point of Care team, working alongside virology and microbiology colleagues, delivered a new rapid testing service at Blackpool Victoria Hospital that allows patients to receive COVID-19 test results in less than 15 minutes, ensuring a safer and streamlined patient flow across the Trust.

The 'Abbott ID Now Point of Care Testing' equipment has emerged as a critical piece of kit in the Trust's fight against outbreaks of COVID, with the technology capable of producing fast diagnosis to patients arriving at the Emergency Department and other walk-in areas of the hospital. The Trust has commissioned a new area within the hospital, a new 'hot lab' where the testing will take place.

The new test is now in the final stages of being fast-tracked for use at the hospital's Rapid Access Testing Centre, and will help patient flow across all areas of the trust.

Clare Ellis, Acting Pathology Directorate Manager, said: "It uses the latest technology to provide a result in only 15 minutes. Our POCT team, in conjunction with Virology and our Consultant Microbiologist have undertaken a tremendous amount of work to roll this out and it will benefit patients by leading to earlier diagnosis.

"It is really good news for patients and it is really helpful for the Trust in managing patient needs. We really hope the wards will really see the benefit. We are absolutely delighted to have these devices in our Trust We are really excited about this, it is a big achievement for the team to get these implemented in such a short space of time."

Covid testing facilities awarded lab accreditation

The Trust's COVID testing facilities have been awarded international accreditation following rigorous assessment from one of the industry's key performance and protection bodies.

The medical laboratories at Blackpool Victoria saw their standards and practices scrutinised with areas such as microbiology, biochemistry, blood transfusion, haematology and the quality management systems all under the microscope by inspectors from the United Kingdom Accreditation Service (UKAS), a government appointed body, which assesses and certifies organisations in the areas of testing, inspection and calibration services.

This year's inspection at Blackpool Victoria, took the form of a virtual assessment due to COVID restrictions, but was also the one of the first which saw a Trust's COVID testing facilities scrutinised.

Following the UKAS inspection, the Trust can confirm Virology's in-house diagnostic Covid tests along with the Covid antibody test are now accredited to the ISO 15189 standard.

The Trust's Acting Pathology Directorate Manager, Clare Ellis said: "This is a real achievement that we have managed to retain the UKAS accreditation. Particularly at a time when due to the pandemic, like all areas of the NHS, we have had a high volume of work and challenges with staffing.

"We are one of only a handful of laboratories in the UK that have received UKAS accreditation for their Covid testing.''

Community vaccination team success

The Trust's community vaccination teams achieved a significant milestone in January after delivering the COVID-19 vaccine to more than 4,500 care home residents, a week ahead of schedule.

The first vaccination took place at Annacliffe Rest Home on December 29, 2020, when Anne Nedderman, a senior nurse at the Trust, vaccinated 93-year-old Rita Fraser. In less than four

weeks since that first care home vaccine, the team visited care homes across the Fylde coast administering the vaccine to 4,589 residents and staff.

Alison Ricchiuti, Manager of Fylde & Wyre Care Home Service, was delighted with the work of the dedicated teams to achieve their goal of getting all care homes visited before the end of January.

She said: “It has been an emotional journey, but also one of the proudest moments of my career, and I am sure each and every member of our vaccination teams would say the same.

“There have been a few operational challenges along the way but every member of the team has delivered the programme of work with professionalism, excellence, resilience and positivity. All four vaccination teams have worked exceptionally hard to ensure they have vaccinated most residents and staff to protect them against this horrible virus.

“I am always proud to be a nurse, but none more so than on this first day, as I knew we were going to save and change lives by delivering this vaccine to care homes. I could see the relief on the care home staff and residents, and could only imagine the relief to families was equally as huge.”

Trust praised for its part in Covid vaccine trial success

The Trust and its staff were at the heart of a major Covid-19 trial, which could lead to another vaccine,
Novavax, being approved in the battle against coronavirus.

More than 600 volunteers from across the Fylde coast agreed to take part in the Novavax vaccine trial taking place at the Patient Recruitment Centre based at Blackpool Victoria Hospital and Layton Medical Centre.

Results from the phase three vaccine trial have shown to be 89.3 per cent effective in preventing coronavirus in participants and the drug has now been sent to Medicines and Healthcare Products Regulatory Agency (MHRA) for approval.

Angie Parker, the Trust’s Manager for Research, Development and Innovation, said: “I want to thank our lead doctor, Dr Rebecca Clark and her team at Layton Medical Centre as well as my research team here at the Trust’s Patient Recruitment Centre. They have all worked tirelessly together to deliver this key study in record time.

“I also want to sincerely thank all the 638 volunteers from across the Fylde coast who have freely given their time to help us in the fight against COVID-19, the first patient who entered this study in the world was from Blackpool.’’

Keeping people connected during the pandemic

The Trust has been very conscious of doing everything possible to ensure that inpatients can see and talk to their families and loved ones whilst visiting restrictions are in place. A new video guide has been launched to help staff to connect patients and their loved ones via video calling.

The Trust has a number of digital devices available including iPads on the wards and the three minute guide gives clear, step-by-step instructions to our staff on how to make video calls. The video is available on the Blackpool Teaching Hospitals YouTube channel and via a link on ward iPads. **Click here to view the video.**

New Emergency Department facilities open at Blackpool Victoria

The first phase of the new Emergency Village development opened in January. The upgraded, extended and enhanced waiting room and minor injuries area, which treats non-life threatening emergency illnesses and injuries, was opened by the Chief Executive and Medical Director, alongside a wider group of colleagues.

The development is just the start of the Trust's Emergency Village development which represents significant investment in high quality facilities that will make a huge difference to both staff and patients. The work was due to start in 2023 but began two-and-a-half years ahead of schedule thanks to a successful bid for part of a share of £300M allocated across the country by the Government to upgrade facilities ahead of winter.

A fundamental element of the ED redesign has been to open up the waiting area which gives an opportunity to increase the social distancing capability almost five fold leading to a much better experience for patients and visitors.

Emergency Department Lead for the Emergency Village, Dr Adeline Israel, said: "I am delighted to see our vision become reality. This is the result of months of dedicated hard work by an excellent team.

"The waiting area is now spacious, Covid compliant and well supervised ensuring patient safety. Furthermore, it is a splendid design bearing the colours of the Royal College of Emergency Medicine, it has exposure to natural sunlight and provides a calm, welcoming and therapeutic environment in an otherwise stressful situation.''

Trust takes part in HIV testing programme trial

Blackpool Victoria Hospital's Emergency Department also took part in a testing programme to help reduce the number of people living with undiagnosed HIV in the community.

Trainee Advanced Clinical Practitioner, Peter McKiernan and Suzan Potts, HIV Clinical Nurse Specialist, secured funding for six months to enable opt out HIV screening in the department alongside routine blood tests.

Through his research for a Master's degree in Advanced Clinical Practice, Peter discovered that Blackpool has the second highest HIV rates per 1,000 people in the North West of England, and felt the option of screening in ED would be beneficial.

After the initial six month period, the project will be assessed for further funding.

New Lead Nurse will support people with dementia

The Trust has appointed its first Dementia Lead Nurse. Sarah Ward is already making a huge impact on dementia and learning disability services within the community.

Sarah's previous experiences include being the clinical lead for the complex need services in central Lancashire, a role which saw her engaging with communities from Ormskirk all the way up to Lancaster.

Sarah said she is determined to make a real difference.

She said: "It is about that patient experience and the patient journey; not just about when people are in hospital, but how do we discharge people and get people safely out into the community, with the right support. It's a new role, so it is ever-developing and quite exciting because it is like a blank page. I'll be looking at dementia and learning disability services from a strategic level. I am really keen to be quite visible, I want people to know who I am, what I do.

"Co-design and co-production with carers, families and service providers is vital. It is really important that we engage and consult with them, as they are living and breathing it every day, so I really truly believe that they are the experts."

Off duty staff member hailed a hero for helping vulnerable lady

An off duty Blackpool Victoria Hospital staff member was hailed a hero for helping a vulnerable member of the public avoid potentially fatal harm.

Michael Smytheman, 39, an Emergency Department Assistant at the Vic, recognised a woman standing in the middle of a busy road, in obvious distress and immediately stepped in to help.

Michael said: “I was driving home along Newton Road when I saw a woman in the middle of the road. It was lashing down with rain and she had no coat on and was wearing slippers. I recognised her from being a patient and I remembered she was epileptic so I needed to help.

“I turned the car round and parked up and dialled 999 to explain the situation and ask which service would be best in the circumstances. I spoke to the patient who was in obvious distress.

“Luckily, a nurse from the hospital was walking home from work. She continued the phone conversation while I tried to calm the patient down.’’

Police arrived quickly and Michael accompanied them and the patient to the Emergency Department to get her booked in for treatment.

Blackpool Victoria Hospital is the first to display unique artwork

Blackpool Victoria was the first hospital in the country to benefit from a unique piece of artwork created to say ‘thank you’ to NHS staff around the UK.

The art installation, a giant red illuminated heart, was created by Blachere Illumination UK, a business based in Scotland with facilities in Gloucester and Wakefield.

Blackpool Victoria Hospital was chosen as the first hospital stop in the UK tour after the hospital treated one of Blachere’s directors last year. Robert Stalker was attending a nearby business conference and fell ill, spending a week in the hospital.

The heart is touring the UK, to “share some love and thank key workers and customers for everything during these strange times.”

NHS
Blackpool Teaching Hospitals
NHS Foundation Trust

Monthly Media Update

Top Stories...

January 2021

- BVH enjoys "big hearted" artwork
- Blackpool FC star urges people to follow Covid rules
- Midwife appointed to new patient safety role
- New chair for Blackpool Teaching Hospitals
- First phase of BVH Emergency Village opens
- Trust appoints new Dementia Lead Nurse
- BVH lab facilities achieve national accreditation
- Staff member Jennifer says goodbye after 46 years
- Former nurse praises "superb" care
- Trust supports major vaccine trial and delivery success

10 Press releases Issued

5 Press statements issued

Projects the Communications team has supported...

- Coronavirus Bulletins
- Weekly Dr Jim Gardner video
- Health and Wellbeing communications
- New stakeholder bulletin
- Refreshing the staff App
- Emergency Village support
- Recruitment and retention support
- Social media interaction and engagement
- Engaging with partners in the ICS, CCGs
- Supporting Blue Skies

Website

In January the Trust website had **384,442** page views (up from 363,201 in November) by **65,320** people (up from 62,211)

The most viewed page was - **Current Vacancies**

NHS
Blackpool Teaching Hospitals
NHS Foundation Trust

Monthly Media Update

Social media and digital

January 2021

Followers on social media

20,982 (up from 20,208) in November)

11, 360 (up from 11,104)

3,521 (up from 3,341)

4,486 (up from 4,121)

29,261 (up from 27,632)

182,891
Monthly Facebook reach

50%
Facebook page responsiveness

279,000
Twitter impressions
(up from 219,000 in November)

2,491
Instagram impressions
(Up from 1,641 in November)

The most talked about issues on social networks

Biggest engagement content Facebook:

- Jim Gardner update 13.1.21 (video) Reach –70.1k
- Jim Gardner update 21.1.21 (video) Reach – 43.7k
- Jim Gardner update 27.1.21(video) Reach – 34.4k

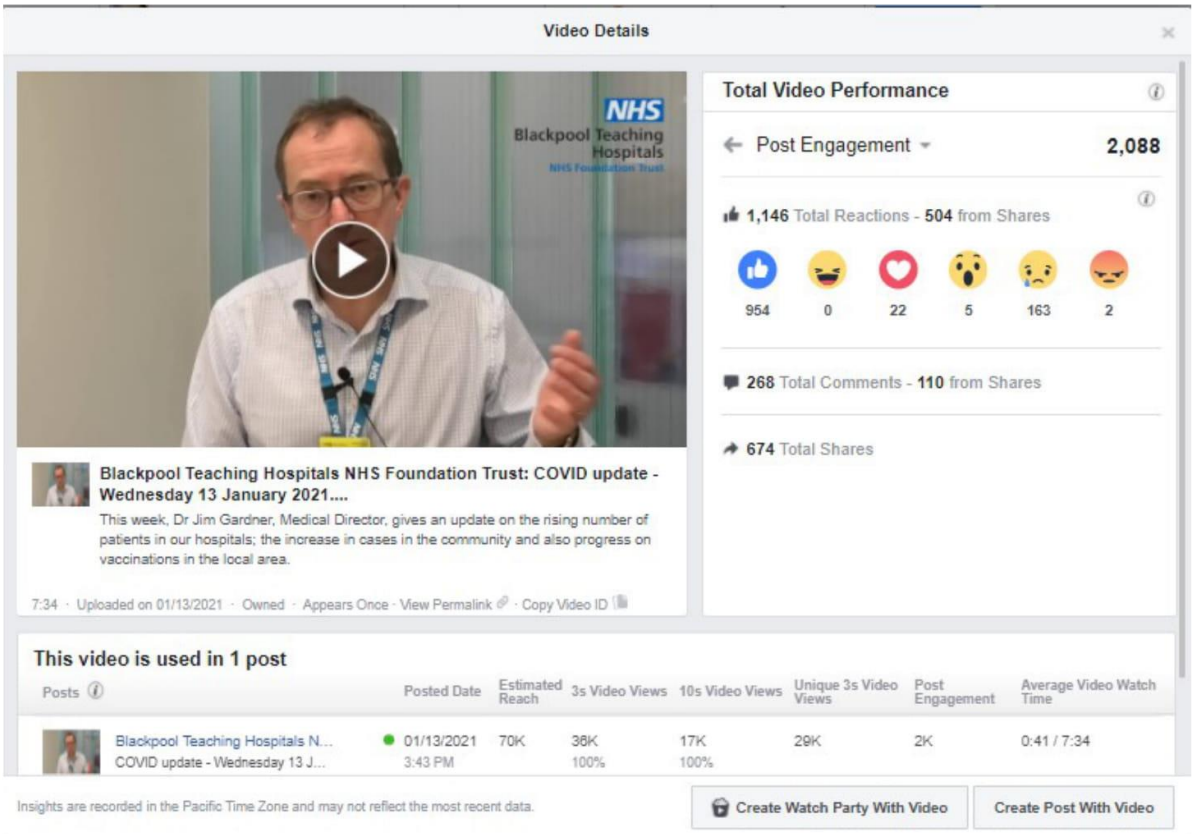
Biggest engagement content Twitter

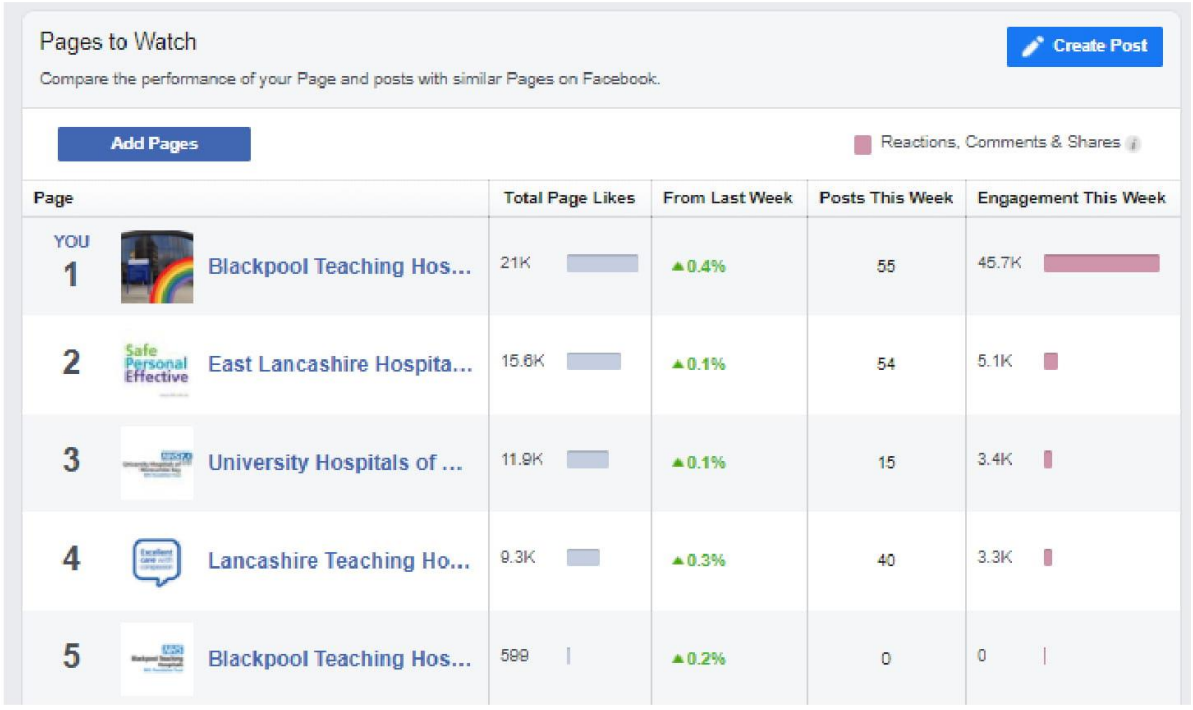
- Vaccination Hub story - 13.8k impressions

Facebook review score: 4.1 out of 5 based on opinion of 214 people

Facebook Messenger: **259 messages answered**

Top posts and engagement insight





Section Five - Chief Executive's Meetings

Below is a summary of the meetings the Chief Executive has chaired or attended in January and February 2021.

January 2021

Date	Meeting
Weekly – Monday	Lancashire & South Cumbria (LSC) Out of Hospital and Hospital Cell Touchpoint
Weekly – Monday and Thursday	North West (NW) Hospital Cell Gold Command Escalation
Weekly – Wednesday	Lancashire & South Cumbria (LSC) Chief Executives Briefing
Weekly – Wednesday	North West (NW) Regional Leadership Group
Weekly – Thursday	Chairman/Chief Executive Briefing
Weekly – Monday & Thursday	Executive Team
Weekly – Monday, Wednesday & Friday	Lancashire & South Cumbria (LSC) Hospital Cell Team
Bi-weekly - Tuesday	COVID-19 STP Hospital Cell – Bill McCarthy
Bi-weekly – Wednesday	North West Coast Vaccine Alliance Steering Group
Weekly – Friday	North West Capacity Oversight Group
7th January	Board of Directors
7th January	NHS North West Leadership Academy Board
8th January	Lancashire & South Cumbria Pathology Collaboration Board
8th January	Simon Stevens Regional Roadshow
8th January	Lancashire & South Cumbria Bi-lateral Discharge Meeting
11th January	Provider Collaborative Meeting
12th January	Lancashire and South Cumbria Pathology Collaboration
13th January	Informal ICS Board
13th January	HIP2 Meeting
14th January	Senior Leaders Team Meeting
14th January	Advisory Working Group (AWG)
14th January	Blackpool System Improvement Board
14th January	Gold Command Call
15th January	Chair's Recruitment
18th January	Blackburn Cathedral Vaccination Site
19th January	Reference Group of Chief Executive Provider Collaborative
20th January	NHSE/I Chief Executive Advisory Group
21st January	Subsidiary Strategic Session
21st January	Atlas Board Meeting
25th January	Winter Gardens Vaccination Centre
25th January	Vital Signs Transformation Guiding Board
26th January	System Leaders Meeting
28th January	Pearse Butler, Chair meeting
29th January	Lancashire & South Cumbria Pathology Collaboration Board

Section Five - Chief Executive's Meetings

Below is a summary of the meetings the Chief Executive has chaired or attended in January and February 2021.

February 2021

Date	Meeting
Weekly – Monday	Lancashire & South Cumbria (LSC) Out of Hospital and Hospital Cell Touchpoint
Weekly – Monday	North West (NW) Hospital Cell Gold Command Escalation
Weekly – Wednesday	Lancashire & South Cumbria (LSC) Chief Executives Briefing
Weekly – Wednesday	North West (NW) Regional Leadership Group
Weekly – Thursday	Chairman/Chief Executive Briefing
Weekly – Monday & Thursday	Executive Team
Weekly – Monday, Wednesday & Friday	Lancashire & South Cumbria (LSC) Hospital Cell Team
Bi-weekly - Tuesday	COVID-19 STP Hospital Cell – Bill McCarthy
Bi-weekly – Wednesday	North West Coast Vaccine Alliance Steering Group
1st February	David Cockayne, Value Circle
2nd February	North West System Leaders
11th February	Blackpool System Improvement Meeting
11th February	A&E Delivery Board
16th February	Radio Lancashire Interview
16th February	NHSE/I Chief Executive Advisory Group
17th February	System Leaders Executive
18th February	Haematology Meeting
18th February	Combined meeting of the Fylde Coast ICP Steering Group and Fylde Coast Executive Strategy Group
19th February	HIP2 – New Hospitals Programme
22nd February	Vital Signs Transformation Guiding Board
23rd February	Lancashire & South Cumbria PCB Haematology meeting
24th February	Team Brief
25th February	Lancashire & South Cumbria Diagnostics Board
25th February	Lancashire & South Cumbria Pathology Collaborative
25th February	Lancashire & South Cumbria Provider Collaboration Board
25th February	HIP2 Strategic Oversight Group

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

January 2021

Integrated Performance Report

Author of Report:	Jane Rowley
Executive Director Sponsor:	Nicki Latham – Deputy Chief Executive/Director of Strategic Partnerships
Date of Report:	18th February 2021

Executive Overview Summary:
Positive News

- There were no Never Events reported in January.
- There were no confirmed post 2 day MRSA bacteraemia cases in January.
- IAPT waiting times continue to improve their 75% target with 96% of people referred to IAPT services starting treatment within 6 weeks of referral.
- There were no new patient safety alerts in January.
- There were no mixed sex breaches in January.
- There were 7 C.Difficile infections detected during January, a 32.4% reduction for the same reportable period last year.
- There were 5 E.Coli cases reported in January, a 14.2% reduction on the same reportable period last year.
- The risk rating for distance from financial plan remains at a rating of 1. In month 10 the Trust has reported performance of 0.1% ahead of the financial plan which represents a small improvement from month 9 (0.0%).

Areas of Reporting Impacted due to COVID-19

- Reporting of patients who have received a VTE Risk Assessment was suspended, in order to move audit capacity on to Covid-related issues. However, this has now restarted using a digital solution from the wards.
- Reporting of the Dementia Standard suspension continues.
- The rolling 12-month SHMI remains within statistically normal parameters (Band 2). Pneumonia, COPD & Bronchiectasis and Acute Cerebrovascular disease make the greatest diagnostic group contributions to excess morality as reflected by nationally validated SHMI figures in the latest NHS Indicators report. Crude mortality appears high and is thought to be a consequence of Covid-19.
- Financial Plan - The financial plan for the remainder of the 2021/22 (submitted to the ICS in November) is a deficit of £20.6m after accounting for system resources. A further financial stocktake was undertaken in January to deliver a £29m improvement in the aggregate ICS forecast. The Trust has subsequently been set a target of delivering a “best case” deficit of £17.3m.

Areas of Challenge

- The Type 1 performance for January was 51.25% and total economy performance was 78.63%.
- The Trust did not achieve the Cancer 62 Day Wait from urgent referral to treatment for all cancers in December at 70%.
- The Trust received 23 formal complaints in January.
- 199 Non-hospital acquired pressure ulcers were reported in January and 97 Hospital acquired pressure ulcers. The Phase 1 collaborative teams continue to "hold the gains" they made in the first phase and are continuing with their improvement efforts.
- There is special cause concern for Referral to Treatment (RTT) for patients waiting over 18 weeks, delivering 65.40% against a target of 95%.
- There were 1469 patients waiting 52+ weeks against a target of 0.
- The % of patients waiting less than 6 weeks for a diagnostic test shows special cause for concern, delivering 73.20% against a standard of 99%.
- Agency spend is at £2.28m, decreasing in month by £1m. This is attributed to COVID pressures on the wards, an increased rate of staff absence due to COVID and other staff sickness.
- The Trust has reported an adverse I&E margin performance of (2.6%) against a plan of (2.8%). As a consequence the risk rating has remained at 4.
- Capital service capacity is at 0.50 which scores a capital service cover rating of 4, a slight improvement on month 9.
- The Trust has reported liquidity of -28.3 days and the liquidity rating remains in the lowest category (level 4).

For Information/Assurance:	For Discussion:	For Approval:
	x	x

Recommendations:

The Board of Directors is requested to note and approve the Integrated Performance Report.

Sensitivity Level:

Not Sensitive: (for immediate publication)	Sensitive In Part: (consider redaction prior to release)	Wholly Sensitive: (consider applicable exemption)
x		

Level 1: Domain/Trust High Level Summary

January - 2021

Blackpool Teaching Hospitals NHS Foundation Trust

Safe

Never Events	KPIs
0	

VTE (%)	SPC
0.00	

C.Difficle	SPC
7	

MRSA	KPIs
0	

E.Coli	SPC
5	

Pat. Safety Alerts	SPC
0	

Effective

Crude Mortality (%)	SPC
3.31	

Caring

Complaints	SPC
23	

FFT Inpatients (%)	SPC
99.00	

FFT A&E (%)	SPC
87.00	

FFT Maternity (%)	SPC
100.00	

FFT Comm. %	SPC
97.00	

FFT Mental H. %	SPC
92.00	

Mixed Sex Breaches	KPIs
0	

Emerg. C Section %	SPC
17.30	

Responsive

RTT Incomp. (%)	SPC
65.40	

62 Day Cancer %	SPC
70.00	

6WW Diag %	SPC
73.20	

Dementia Std. %	SPC
0.00	

IAPT Wait %	SPC
96.00	

IAPT Rec. %	SPC
51.00	

DQMI (%)	SPC
86.80	

Efficient

Staff Sickness (%)	SPC
5.84	

Staff Turnover (%)	SPC
11.92	

Temp. Staffing %	SPC
7.80	

Capital Service	SPC
0.50	

Liquidity	SPC
-28.30	

I&E Margins %	SPC
-2.60	

Agency Spd. (£M)	SPC
2.28	

EuR Rating	KPIs
3.00	

Strategic

A&E + UCC	SPC
78.63	

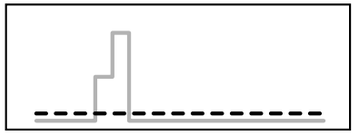
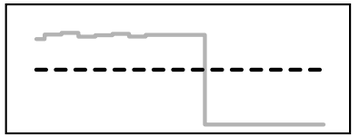
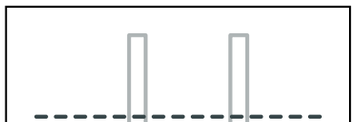
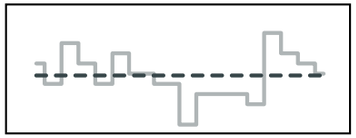
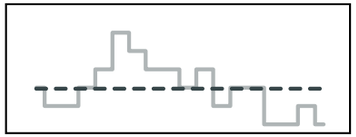
SHMI	SPC
106.90	

Well Led

Financial Plan	SPC
0.10	

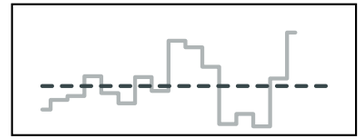
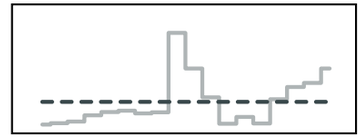
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
Never Event	Safe	0	0		Full assurance
VTE (%)		0.00	0.00		Limited assurance
C.Difficile		7	0		Full assurance
MRSA		0	0		Full assurance
E.Coli		5	0		Full assurance
Patient Safety Alerts		0	0		Full assurance

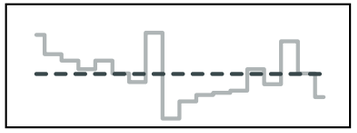
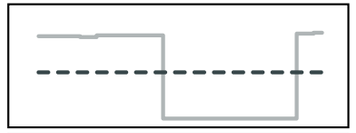
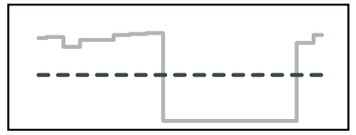
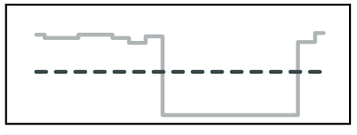
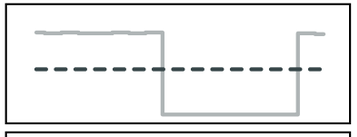
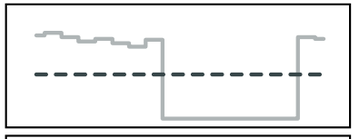
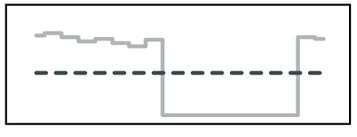
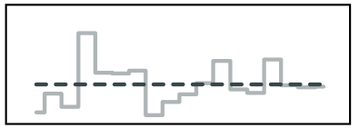
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
HSMR	Effective	85.74	100		Limited assurance
Crude Mortality (%)		3.31	0.00		Limited assurance

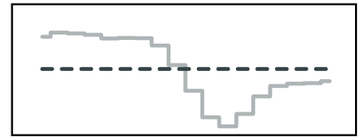
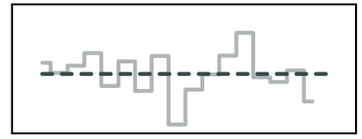
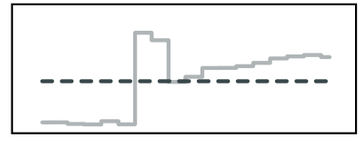
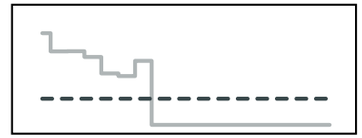
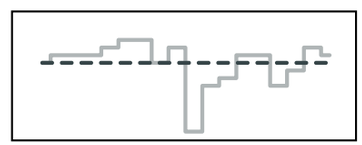
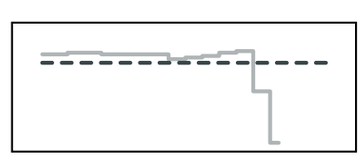
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
Complaints	Caring	23	(Blank)		Limited assurance
FTT Inpatients (%)		99	96		Limited assurance
FTT A&E (%)		87	92		Limited assurance
FTT Maternity (%)		100	96		Limited assurance
FTT Community (%)		97	98		Limited assurance
FTT Mental Health (%)		92	95		Limited assurance
Mixed Sex Breaches		0	0		Full assurance
Emerg. C Section		17.30	0		Full assurance

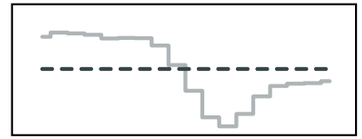
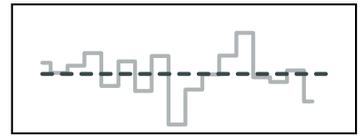
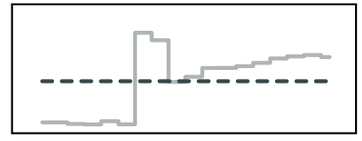
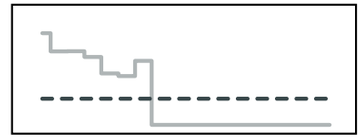
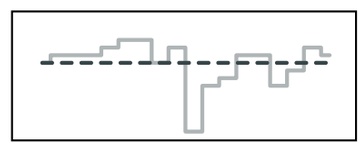
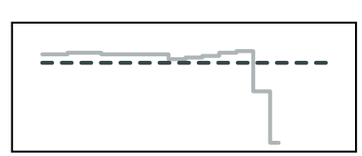
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
RTT Incomplete (%)	Responsive	65.40	92.00		Limited assurance
62 Day Cancer (%)		70.00	85.00		Limited assurance
6WW Diag (%)		73.20	99.00		Limited assurance
Dementia Stds.		0	0		No assurance
IAPT Wait Times		96	75		Full assurance
IAPT Recovery		51	50		Full assurance
DQMI (%)		86.80	83		Full assurance

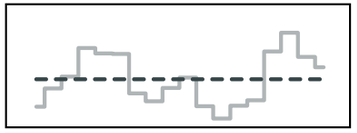
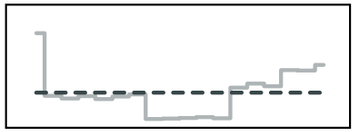
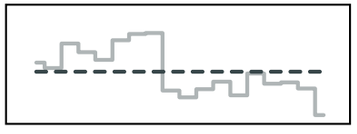
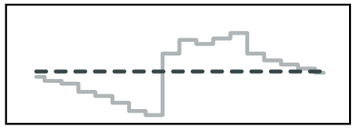
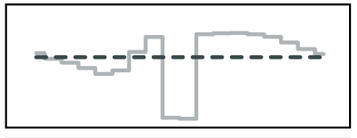
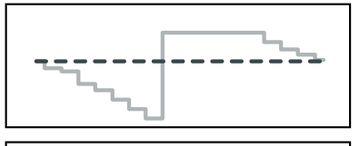
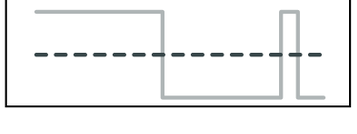
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
RTT Incomplete (%)	Responsive	65.40	92.00		Limited assurance
62 Day Cancer (%)		70.00	85.00		Limited assurance
6WW Diag (%)		73.20	99.00		Limited assurance
Dementia Stds.		0	0		No assurance
IAPT Wait Times		96	75		Full assurance
IAPT Recovery		51	50		Full assurance
DQMI (%)		86.80	83		Full assurance

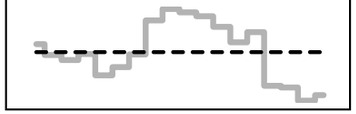
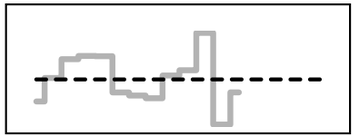
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
Staff Sickness (%)	Efficient	5.84	4		Limited assurance
Staff Turnover (%)		11.92	11.00		Full assurance
Temp. Staffing (%)		7.80	0.00		Full assurance
Capital Service		0.50	0		Limited assurance
Liquidity (Days)		-28.30	0		Limited assurance
I&E Margins (%)		-2.60	0		Limited assurance
Agency Spend (Millions)		2.28	-1		Full assurance
EuR Rating		3.00	0.00		Limited assurance

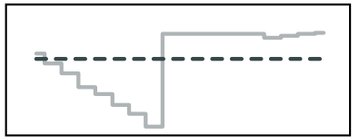
Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

Measure	Domain	Actual	Target	Trend Analysis & SPC		Assurance
A&E + UCC (%)	Strategic	78.63	95			Limited assurance
SHMI		106.90	100			Limited assurance

Level 2: Domain Level Summary

Blackpool Teaching Hospitals NHS Foundation Trust

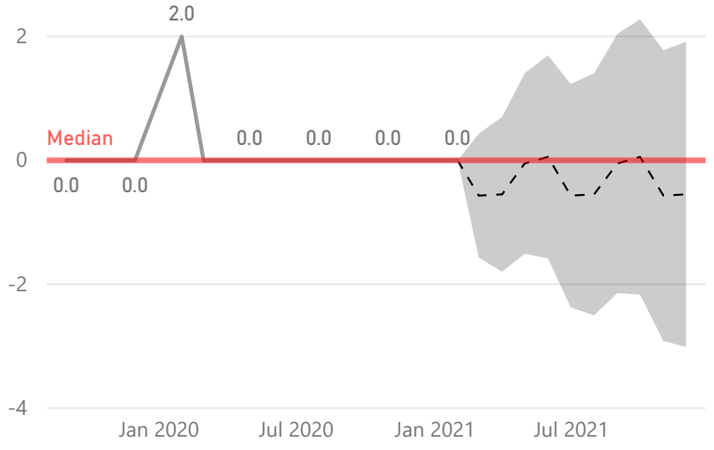
Measure	Domain	Actual	Target	Trend Analysis & SPC	Assurance
Financial Plan (%)	Well Led	0.10	0.00		Limited assurance

Never Events

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Historical & Future (Forecast) Performance



Actual	Target
0	0

Issues

Never Events: There were 0 Never Events reported this month.

Actions

There have been no Never Events this financial year.

Key Risks, Mitigation & Assurance

Risks	Mitigation

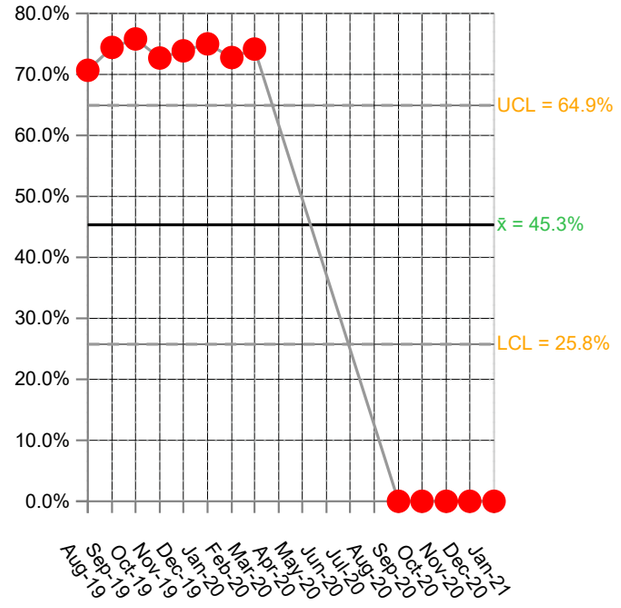
Full assurance

VTE

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
0.00	0.00

Issues

The national VTE collection is currently suspended

Using the ward and base trackers as a starting point, to try and understand true compliance we are retrospectively reviewing case notes as currently unable to send audit teams to all wards. There are challenges around compliance and accuracy. The base trackers always show 100% compliance (mandatory field requiring completion before moving to other assessments)
For VTE assessments, the data from the ward trackers and/or case note reviews is being used to understand true compliance.

Although the sample sizes are small, the findings from the case note reviews in January 2021 are as follows:

Unscheduled care wards reviewed : AMU,AEC, 2, 3, 8, 25, 26, C, DS ITU
106 identified, only 13 out of 106 showing completed assessments on ward trackers. Case notes then reviewed on the same ward, 39 out of 42 completed in case notes reviewed.

Scheduled care wards reviewed : 34,35,15A, 15B, 16, SHCU, SAU, CDCU, CITU, HDU, ITU
118 identified on base tracker, 25 out of 118 showing completed assessments on ward trackers. Case notes reviewed on same wards, 58 out of 65 notes showing completed assessments.

Actions

New advice from NICE might mean a divergence between different divisions especially for mechanical prophylaxis. Awaiting feedback from Unscheduled and Families Divisions Continuous message on VTE assessments and prophylaxis, especially on account of its correlation to COVID patients due to almost 20-70 percent increase in VTE related events in symptomatic critical COVID patients.

Request regular and monthly communication from Medical and Nursing Leads to reiterate to wards and teams responsible for maintaining the accuracy of trackers
Possibly a mention of VTE and its importance in relation to COVID in the medical directors regular videos to the trust might bring some focus one of the likely ways that COVID causes death.
Meeting arranged with the Trust Safety Officer to discuss how we could improve in this area

Key Risks, Mitigation & Assurance

Limited assurance

Risks	Mitigation

C.Difficile

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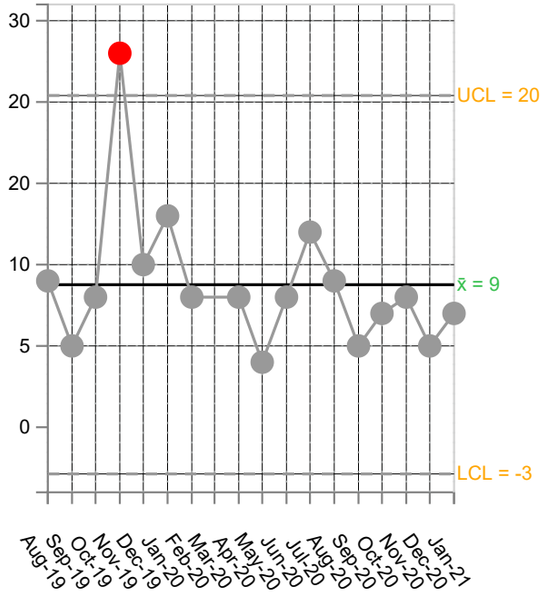
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
7	0

Issues

A total of seven CDI cases were attributed to the Trust in January 2021. This brings the overall total so far to 73 which is a 32.4% reduction on the 108 cases that were reported over the same period last year.

Actions

The Divisions continue to undertake an RCA for all cases. The findings and associated Divisional CDI action plans are reported at the bi-monthly WHIPC meeting.

Key Risks, Mitigation & Assurance

Full assurance

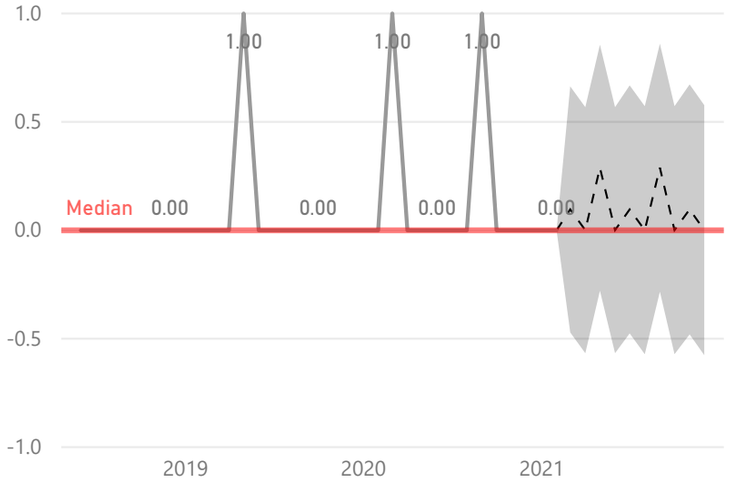
Risks	Mitigation

MRSA

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Historical & Future (Forecast) Performance



Actual	Target
0	0

Issues

No further cases of MRSA blood stream infection were reported in January 2021.

Actions

The Divisions continue to complete the Saving Lives Vascular Access Care Bundle Audits for the insertion and ongoing care of central lines and peripheral cannula. Compliance rates range from 97.5% - 100% for the Trust.

Key Risks, Mitigation & Assurance

Risks	Mitigation

Full assurance

E.Coli

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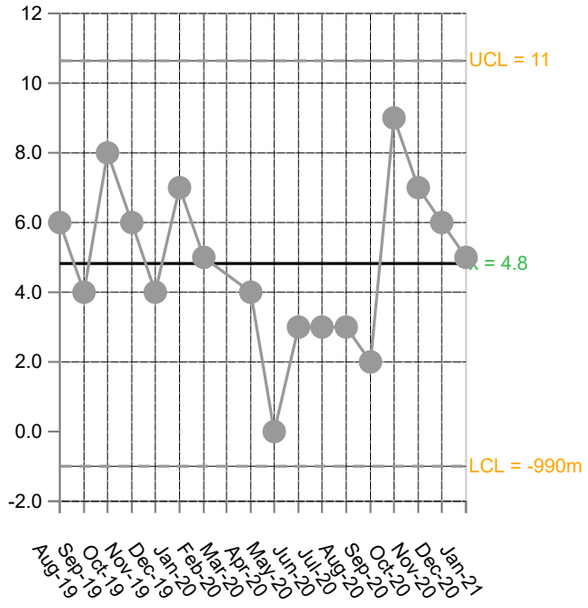
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
5	0

Issues

A total of five cases were reported in January 2021. This brings the total number of cases so far this year to 42 which is a 14.2% reduction on the 49 cases reported over the same period last year.

Actions

NHS Improvement have yet to set any objectives but the Trust remains on target to meet the 12.5% reduction that was alluded to by the Regional team last year.

Key Risks, Mitigation & Assurance

Risks	Mitigation

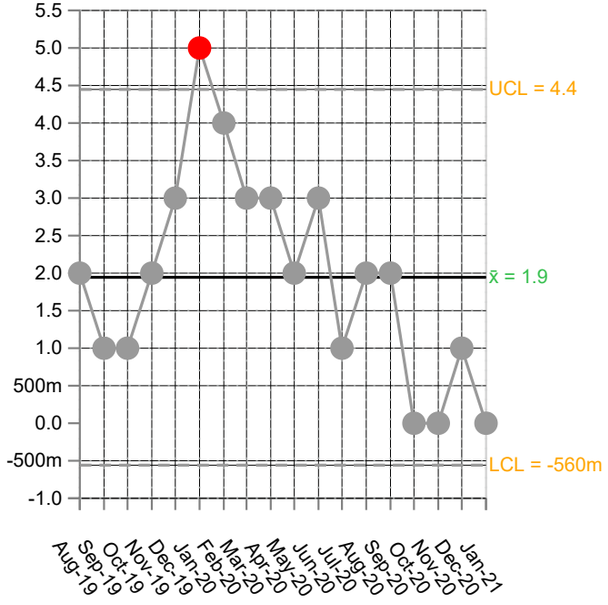
Full assurance

Patient Safety Alerts

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
0	0

Issues

There were no new patient safety alerts received this month,

There are currently three patient safety alerts still ongoing: NatPSA/2020/005/NHSPS Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults. The due response date for this alert is 13th May 2021.
NatPSA/2020/006/NHSPS: Foreign body aspiration during intubation, advanced airway management or ventilation. Yhe due response date for this alert is 1st June 2021.
NatPSA/2020/008/NHSPS, Deterioration due to rapid offload of pleural effusion fluid from chest drains. The due response date for this alert is 1st June 2021.

Actions

Due response date for the ongoing:
NatPSA/2020/005/NHSPS - 13/05/2021
NatPSA/2020/006/NHSPS - 01/06/2021
NatPSA/2020/008/NHSPS - 01/06/2021

Key Risks, Mitigation & Assurance

Full assurance

Risks	Mitigation

DQMI

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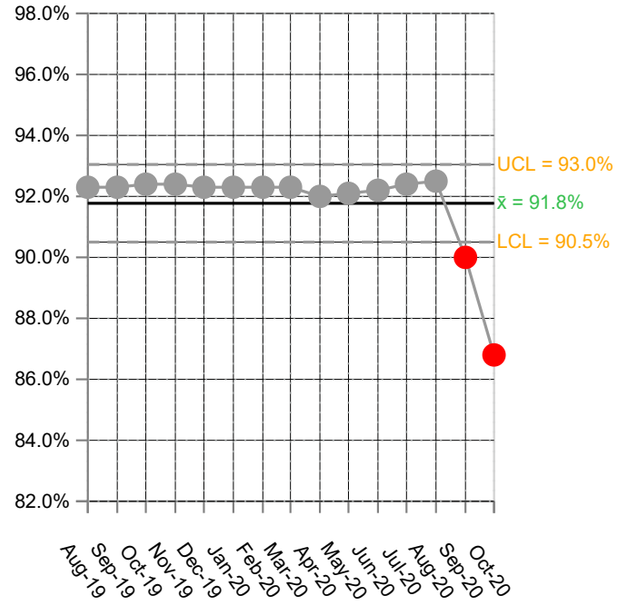
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Issues

The Trust's data quality index continues to be above national average overall for the past 5 reporting periods including the latest and also above average in each of the 7 distinct minimum data sets submitted :-

Accident and Emergency (AE)
Admitted Patient Care (APC)
Community Services (CSDS)
Improving Access to Psychological Therapies (IAPT)
Mental Health Services (MHSDS)
Maternity Services (MSDS)
Outpatient (OP)

Overall quality continues to remain consistent for the last 4 months recorded in the national report, with Octobers value of 86.8% , 6.4% above national average.

Please note data refreshes can affect DQMI values going forward

The main issue that has caused a drop of around approx. 3.5% since last month is related to the Community Services data set which itself has dropped by around 50% bringing the overall average of BTH down. There were significant issues submitting the files that mont due to complications following the office 365 upgrade, causing some data items such as source of referral , attend or did not attend to be left blank. The technical issues have since been resolved, although we were unable to resubmit, as our request was declined.

Actions

N/A

Actual	Target
86.80	83

Key Risks, Mitigation & Assurance

Full assurance

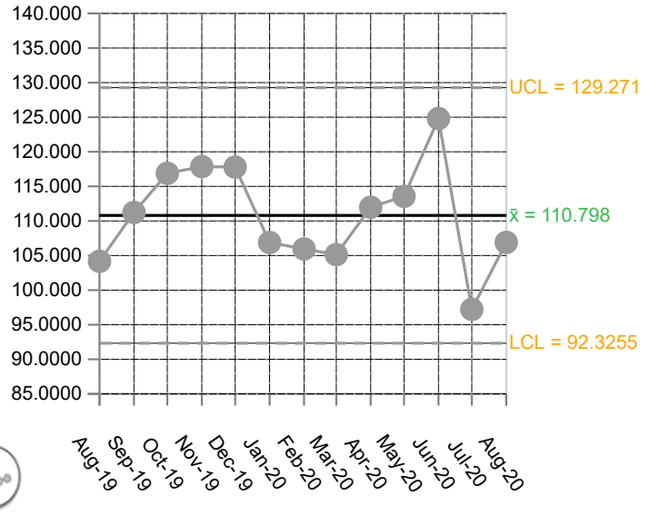
Risks	Mitigation
N/A	N/A

Mortality

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

SHMI Statistical Control Process



Actual (%)	Target
106.90	100.00

HSMR	SPC	Crude Mortality (%)	SPC
85.74		3.31	

Issues

The data as presented are generated by the HED system. Whilst the system provides useful metric indicator values as guides to progress & trends, external regulators focus on nationally validated values which are subject to rebasing and cover different review periods to the HED system. The last nationally validated data for 12 month rolling average trust wide SHMI up to end September 2020 showed a value of 108.62 which remains within 95% confidence limits .

Pneumonia, COPD & Bronchiectasis and Acute Cerebrovascular disease make the greatest diagnostic group contributions to excess morality as reflected by nationally validated SHMI figures in the latest NHS Indicators report.

Crude mortality has settled at around 3% according to most recent HED data. The HED derived HSMR is currently 105. A number of deaths have occurred in patients who have acquired Covid-19 whilst in-patients.

Actions

The invited specialist review of respiratory services conducted by the Royal College of Physicians
In November 2019 generated a substantial report with recommendations. A trust respiratory board, chaired by the deputy medical director, is engaging with the RCP report findings and recommendations and is working towards an agreed action plan.

The Medical Examiners (ME) office is now in place and is functioning with three ME's, supported by a part-establishment of medical examiner officers. The ME's office is working closely with the Learning from Deaths app implementation group in order to improve the quality of death certification and initiate the process of learning from deaths as efficiently as possible.
The Learning from Deaths (LfD) digital application is currently being trialled in four specialities with a view to trust wide roll out at the beginning of the new financial year. The LfD app is expected to enable improved retrospective assessment of the case notes of deceased patients through formal structured judgement reviews. The identification of action points for implementation and learning points for dissemination through the app are expected to be more timely and comprehensive.

The Fylde Coast CCGs have acknowledged the significance of out-of-hospital deaths contribution to the trust's overall SHMI and have reported to the Systems Improvement Board accordingly. Some foundational has been undertaken in relation to learning from these deaths occurring within 30 days of discharge from hospital.

Key Risks, Mitigation & Assurance

Limited assurance

Risks

The impact of Covid-19 on the mortality reduction programme of work remains difficult to estimate as the Trust's traditional case-mix is distorted and organisational capacity is diverted. Departmental Learning from Death meetings (Mortality and Morbidity meetings) have struggled to maintain momentum through phases of the Covid-19 pandemic. The number of mortality reviews undertaken has also fallen.

Mitigation

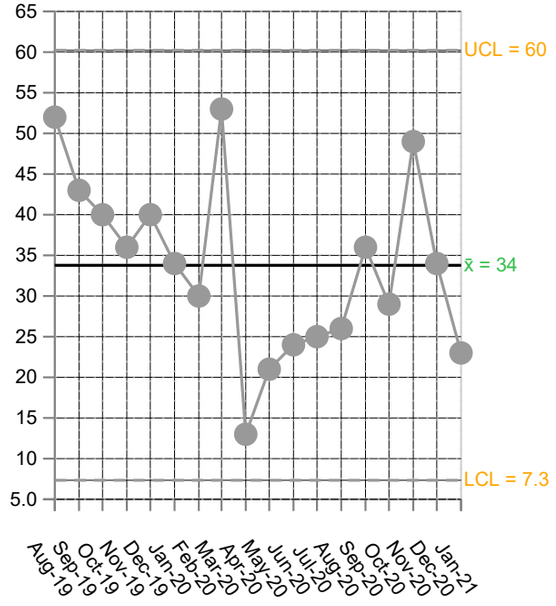
1.The maintenance of high clinical standards, including those relating to Infection prevention & control, for the management of all conditions. 2.Improved focus on coding co-morbidities, particularly for patients who have a short length of stay in hospital. 3.Encouragement and support for divisions and departments in the maintenance of mortality governance work. 4.Implementation of the Learning from Deaths digital application. 5. Active tracking of progress with agreed action plans through divisional and departmental governance programs.

Complaints

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
23	(Blank)

Key Risks, Mitigation & Assurance

Limited assurance

Issues

In January 2021 23 formal complaints were received which required investigation compared to 34 in December 2020, a 32% decrease.

100% of complaints were acknowledged within 3 working days in the Trust. There were 42 complaints to be responded to between the divisions. 24 were sent out in time (57%), a 6% decrease from December 2020. 18 breached the local target of 25/40 working days. A breakdown for the divisions with complaints to respond to is below:

- ALTC Divisional response rate was – 67%. 4 out of 6 cases went out on time (there were no complaints to be responded to in December)
- Families Division response rate was 63%. 5 out of 8 cases went out on time (12% decrease from December)
- Scheduled Care response rate was 80%. 8 out of 10 cases went out on time (24% increase from December)
- Unscheduled Care Division response rate was 44%. 7 out of 16 cases went out on time (20% decrease from December)

Actions

Recruitment is continuing for the Patient Relations Team with three new staff members now appointed to administer the concern and complaint process. A Band 7 (1.0 WTE) and three Band 4's (2.8 WTE) will be recruited in February, with the expectation for the Team to be fully staffed and operational by April 2021. This will make a significant impact to our patients and their families, with the team being able to operate virtual drop in clinics and work extended hours, responding to all concerns within 24 hours as opposed to 120 hours. Work is underway to commence the Complaint Learning Forum in Quarter 1 2021-22, the forum will promote a learning and improvement culture, concentrating on the work undertaken following a formal complaint investigation and how divisions are using the investigation outcome to build on their insight and best practice.

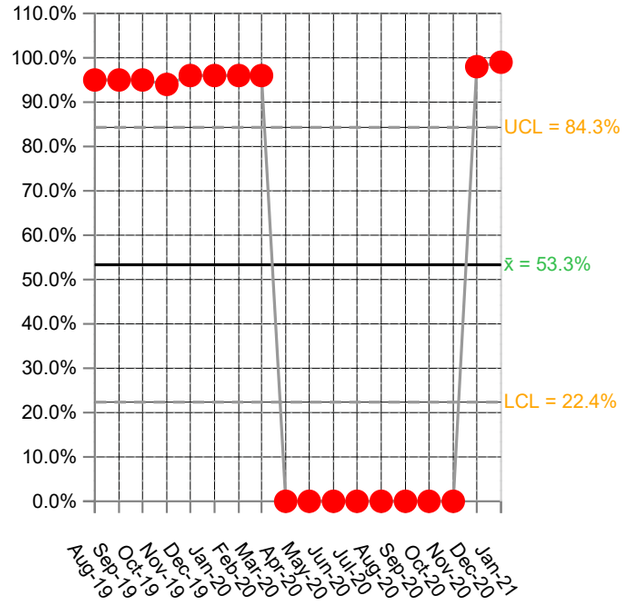
Risks	Mitigation

FFT Inpatients

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
99	96

Issues

In January 172 Inpatients completed a FFT survey whilst they were in either Clifton or Victoria hospital. A 70% decrease from last month. 99% of the inpatients said they would rate their care experience as very good, a 1% increase from last month.

Actions

454 surveys did not reach the supplier due to postal delays in London. These surveys, which are still to be processed, would have increased the ward figures for January. Reminders will continue to be sent to the ward clerk, ward managers and matrons to ensure they are offering the FFT survey at all opportunities throughout a patients stay. A list of areas with zero responses has been collated to be sent out to the senior nursing team and a "FFT February" social media campaign is commencing with tips on how to engage with patients during the pandemic and daily praise posts scheduled to show the compassionate feedback being received.

Key Risks, Mitigation & Assurance

Limited assurance

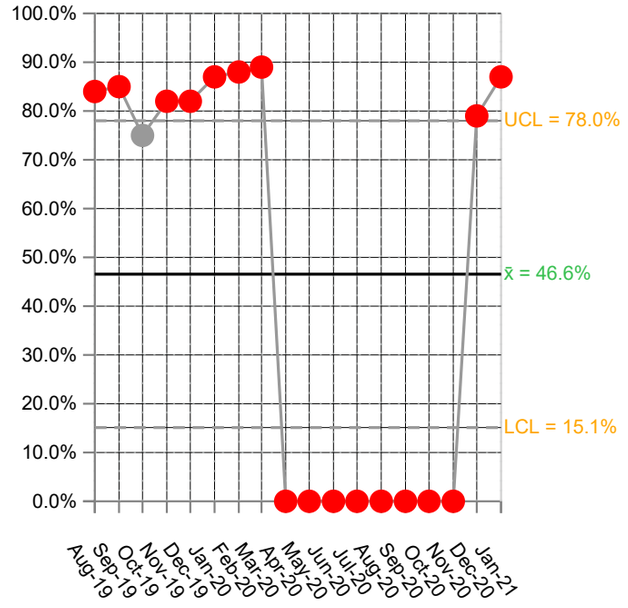
Risks	Mitigation

FFT A&E

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
87	92

Issues

In January 150 patients completed a FFT survey by SMS or paper after attending the Emergency Department. A 6% decrease from last month. 87% of the patients or their carers said they would rate their care experience as very good, a 8% satisfaction increase from last month.

Actions

FFT A&E paper surveys are being distributed again after being suspended for the infection prevention risk from unknown COVID patients. The patient experience department will continue to support the staff with this method. Notification alerts and push reports are being sent to the department managers and directors of nursing who oversee A&E so they can monitor the negative comments as they come in and act upon them.

Key Risks, Mitigation & Assurance

Limited assurance

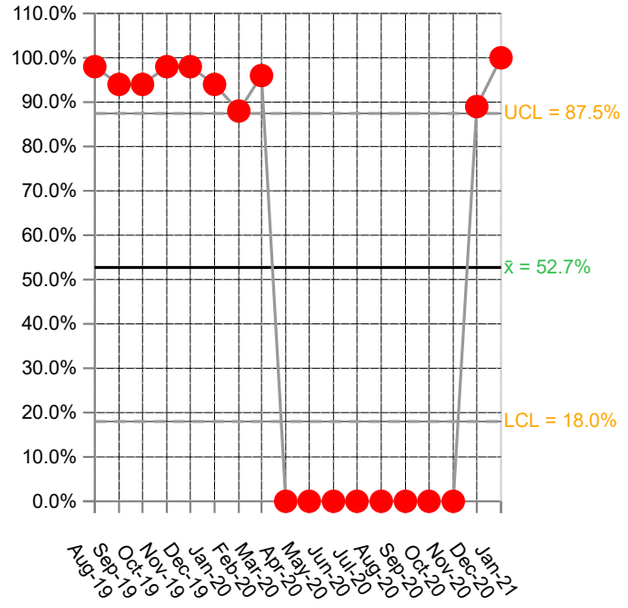
Risks	Mitigation

FFT Maternity

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
100	96

Issues

In January 8 maternity patients completed a FFT survey by SMS after the birth of their child, a 58% decrease from December. 100% of the patients or their carers said they would rate their care experience as very good, a 11% satisfaction increase from last month.

Actions

No paper surveys have been submitted from maternity services in January. The Patient Experience Department will work with the staff to ensure they are asking the FFT question via paper at all stages of pregnancy. The SMS data has only been received for the Birth Centre this month, the SMS scripts have been changed to ensure those ladies who birth in the Delivery Suite are also asked for feedback. Other avenues of feedback have remained open, such as compliments, online surveys and the Facebook Live streams with the Maternity Matron on Friday which receives lots of comments and questions from anxious or concerned patients.

Key Risks, Mitigation & Assurance

Limited assurance

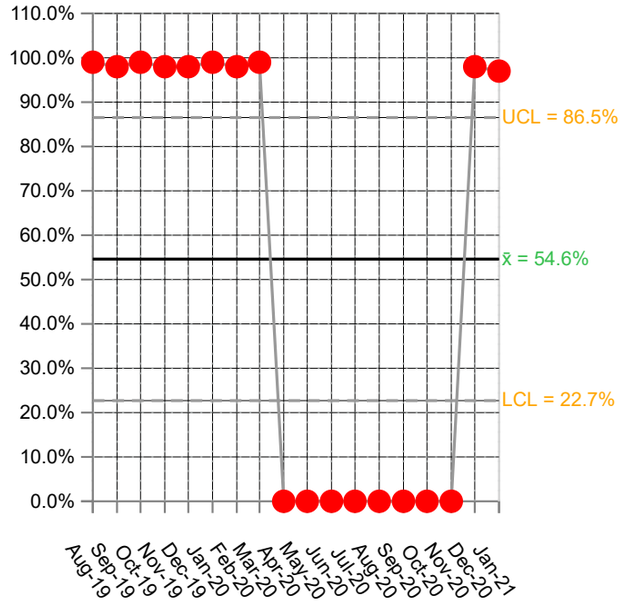
Risks	Mitigation

FFT Community

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
97	98

Issues

In January 352 patients in the community completed a FFT survey at home or in clinic. A 27% decrease from the previous month. 97% of the patients or their carers in January said they would rate their care experience as very good, a 1% decrease from last month.

Actions

The FFT question will be asked via SMS this month for MSK and Sexual Health services in the community. The programming is being finalised with Informatics for patients to receive a text at first contact, every 3 months or at discharge. If this format yields a high response it will be rolled out for community services across the Fylde Coast. Some community service managers have started using the FFT survey link in their e-mail signature, this is starting to drive up responses in their area and work is underway to get all practice managers doing this.

Key Risks, Mitigation & Assurance

Limited assurance

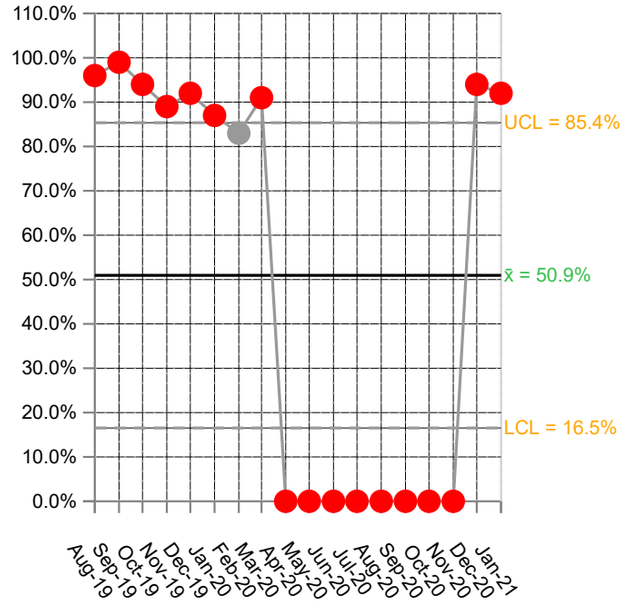
Risks	Mitigation

FFT Mental Health

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
92	95

Key Risks, Mitigation & Assurance

Limited assurance

Issues

In January 13 patients who require mental health support, completed a FFT survey at home or in a clinic. A 19% decrease from last month. 92% of the patients or their carers who used the services in January said they would rate their care experience as very good, a 2% decrease from last month.

Actions

The patient experience department has set up notification alerts and push reports for the mental health lead nurses and managers so they are aware of their performance throughout the month and can monitor and respond to negative feedback as it arises . Online surveys within services such as Supporting Minds survey which includes the FFT question are the central feedback method. With no paper surveys being submitted in January staff will be encouraged to ask the FFT question via paper at different service points.

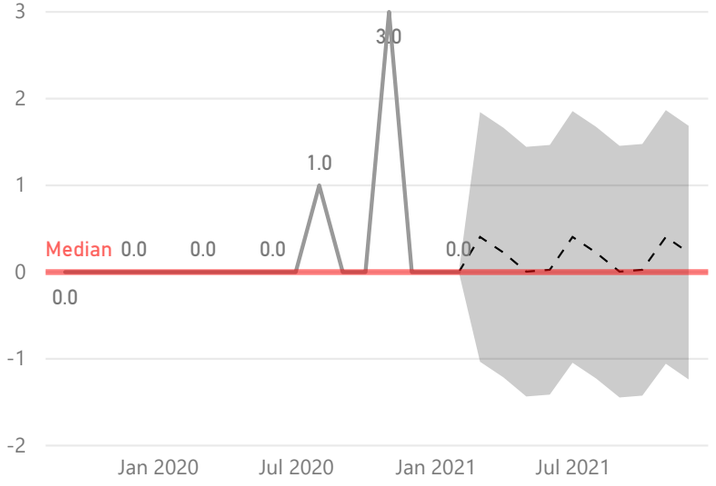
Risks	Mitigation

Mixed Sex Breaches

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Historical & Future (Forecast) Performance



Actual	Target
0	0

Key Risks, Mitigation & Assurance

Full assurance

Issues

There were no mixed sex breaches in January 2021.

Actions

We are using a new template to report the breaches to the CCG in line with the new guidelines and when permitted quarterly Eliminating Mixed Sex Audits will commence around the Trust with our Commissioners and senior nursing staff.

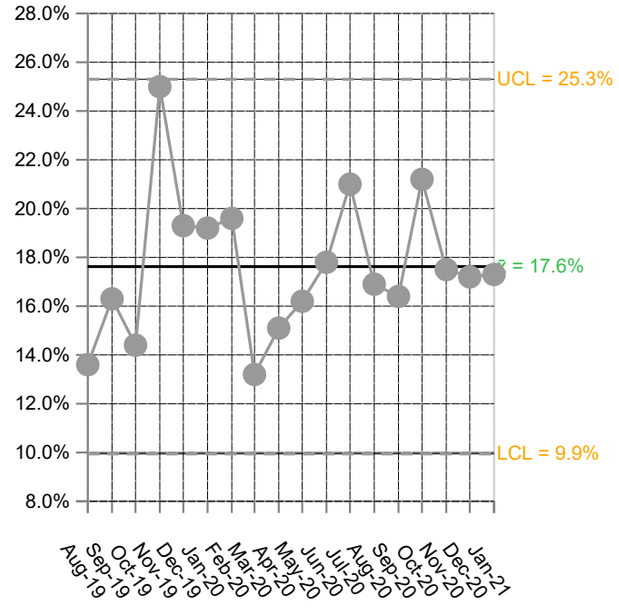
Risks	Mitigation

Emergency C Section

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
17.30	0

Issues

Medical complexity of pregnancies has resulted in the present monthly rate. A comparison of all emergency Caesarean section rates across the region (2018-19 and 2019-20 and the current year 2020-21) indicates that Blackpool Teaching Hospitals is not an outlier.

Actions

Continuous monitoring is in place
A review of all cases is discussed at the monthly Maternity Pathways Meeting

Key Risks, Mitigation & Assurance

Full assurance

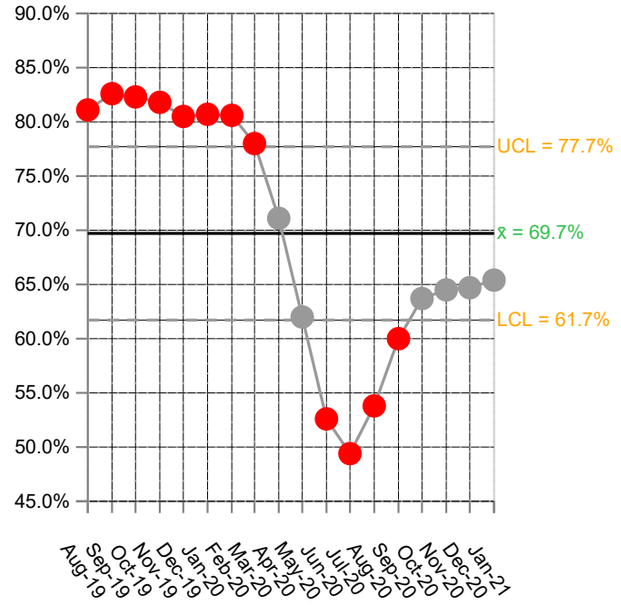
Risks	Mitigation

RTT Incomplete Open Pathways

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
65.40	92.00

Issues

The Trust did not achieve the RTT open pathway standard in January with performance at 65.4%. This represents a slight improvement from previous months (December 64.7%). There were 18,924 open pathways against the target of 16,500. The difference to target this month is 2,424 which has reduced when compared to the previous month (3,209), th volume of RTT waiters is also above the monthly trajectory by 1,805. The Trust has 1,469 patients waiting 52+ weeks, a further increase from last month and against a target of 0, but slightly below the internal forecast trajectory of 1,800. This is a result of a reduced elective programme and also some patients wishing to defer surgery at this time.
The Outpatient activity for January appears low at 79.3% for new patients and 79.6% for follow up patients therefore this will be validated. Virtual consultations were running at 27% for new and 37% for follow up against benchmarks of 25% and 60% retrospectively.
• Theatre capacity continues to be reduced from 8 pre Covid to 4 post Covid, staffing depleted due to assisting escalated critical care.
• DGH surgical lists are being prioritised to undertake P2 Cancer / P2 work which is furthe reducing our ability to maintain activity levels, complexity of cases is also contributing to this reduced activity.
• Patient confidence in undertaking surgery still an issue, vaccinations now being offered to cancer patients
• Private sector activity plan is set at 38 cases per week across 3 specialities, GS Gynae an ortho. To date 250 patients IPT. Current out-turn 23 pts IS to adhere to 38 pts in Q4
• Outpatient efficiency resulted in increase of patients awaiting surgery
• Paediatric patients are being prioritised as per the guidance. Paediatric ward offering post op care.

Actions

• Limited Paediatric lists have been re-established.
• Adult day case activity managed through surgical admissions and OSU.
• A follow up meeting regarding ENT capacity to take place in February.
• As critical care de-escalates a further day case area (8 beds) will be brought on line along with an increase in IP theatre work.

Key Risks, Mitigation & Assurance

Limited assurance

RiskText	MitigationText
• Staffing challenges due to Covid 19	• Agency staff being utilised
• Theatre practitioner's availability challenged with supporting critical care escalation and vacancies.	• Urgent and Cancer – Prioritised as per surgical prioritisation meetings
• Staff fatigue limiting extra WLI's	• Private sector - contract agreed
• Pre-op capacity is a limiting factor due to volume	• Capacity – surgical admission & OSU utilised for additional capacity
	• Recruitment – Pre op band 7 interviews end of February

62 Day Cancer Referrals

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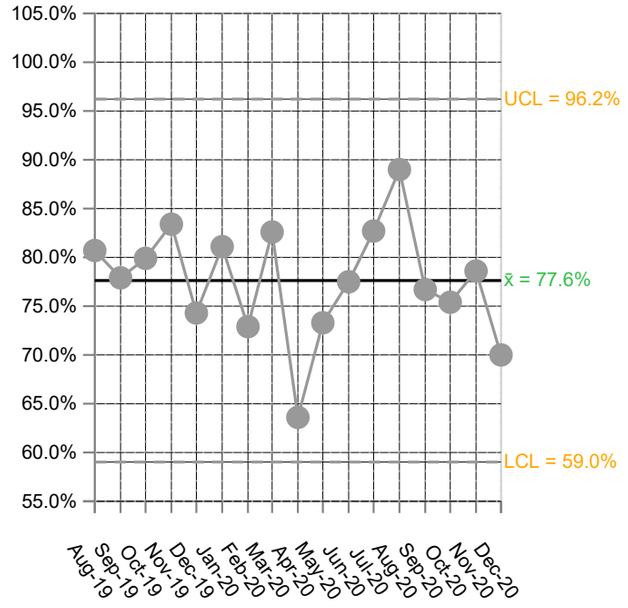
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
70.00	85.00

Key Risks, Mitigation & Assurance

Limited assurance

Issues

The Trust failed to achieve the Cancer 62 Day Wait for all cancers in December at 70.0%. This represents a slight decline from previous months with October's performance at 75.4% and November's performance at 78.6%. All patients who breach this target are monitored closely, subject to a harm review which also includes patients waiting over 104 days. The number of patients treated in December after day 104 was 6. The number of patients waiting over 104 days (diagnosed and not diagnosed) is 18, reduction from last month (20).
62 day screening performance has also seen a decline from 100% in November to 63.60% in December, these are bowel screening patients who have chosen to delay treatment.
The Trust achieved all other Cancer standards.

The main areas for delay resulting from capacity issues which have been exacerbated by Covid are Endoscopy, both gastroenterology and colonoscopy. This is then placing pressure on colorectal surgery at the end of the pathway.

The CPEX service has now recommenced, still delays in colorectal due to extended isolation period required.
All cancer surgery is however being prioritised and there is an ICS initiative to utilise the IS for some cancer surgery, ongoing but to date no cases identified as suitable.
The breast screening programme has re commenced, the Trust is still maintaining the symptomatic breast target and achieving screening performance target for breast.
LTH capacity for Urology patients resulting in patients being transferred to BVH.

Actions

- Capacity lists at the weekend and evening are being undertaken within gastroenterology to accommodate more endoscopies and colonoscopies.
- The fourth breast consultant was successfully appointed following interview process due to start in April.
- A one-stop pathway for prostate patients is being progressed.

RiskText	MitigationText
• Delays in diagnostics could impact on treatment times for cancer patients with particular pressure on the end of the pathway. • Capacity issues particularly in Endoscopy. • Overall capacity not meeting demand. • Locum Breast Radiology Consultant left the trust, leaving the service vulnerable • Theatre utilisation and recovery plans not being achieved.	• Prioritisation given to all cancer patients. • Additional capacity being sourced, particularly gastroenterology • Job plan review to support the breast service. • Escalation to LTH around Urology patients on a daily / weekly basis • The independent sector is being utilised. • Regular meetings with cancer alliance taking place weekly to monitor strategy and performance.

% Over 6 Week Wait Diagnostic

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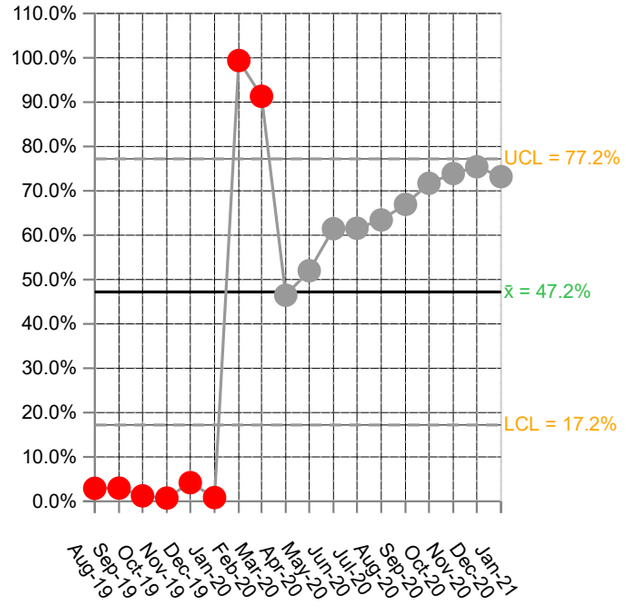
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
73.20	99.00

Key Risks, Mitigation & Assurance

Limited assurance

Issues

The impact of Covid has resulted in non-delivery of this standard, reporting 73.20% of patients receiving their diagnostic within 6 weeks which is a slight decline from last month's position which was 75.43%. The over 6 week breaches have reduced slightly this month to 1,179 (January 2021) from the previous month of 1,331 (December 2020).

The highest volume areas of breaches are Gastroscopy, Sigmoidoscopy, Colonoscopy, Echocardiography and Electrophysiology.

A large number of patients had been identified on a pending list in cardiology for Echocardiography diagnostics, validation of this list has resulted in an increase in the number of active patients waiting and subsequently performance. Waiting list initiative work is being undertaken in cardiology to reduce the Echocardiography waiting list.

The actions in place to improve the diagnostic position are shown below.

Actions

- Additional waiting list initiatives in place.
- NHSE funded CT scanner in operation running 7 days per week and the use of the independent sector for MRI and CT where capacity allows.
- DHC Locum providing additional capacity in ultrasound
- WLI sessions being ran in MRI, ultrasound and DEXA as able
- Cardiology continues to undertake internal waiting list initiatives, working with procurement in insourcing initiative.
- Extra evening sessions and weekend insourcing is being undertaken in Gastroenterology to increase capacity, insource service in place and further use of the private sector is also being considered. Gastroenterology has also been particularly affected by Covid as the need to social distance patients is resulting in only 3 rooms per day being utilised out of a potential 5.
- Circa £1 million capital has been made available by the Cancer Alliance to increase the recovery capacity in Endoscopy.

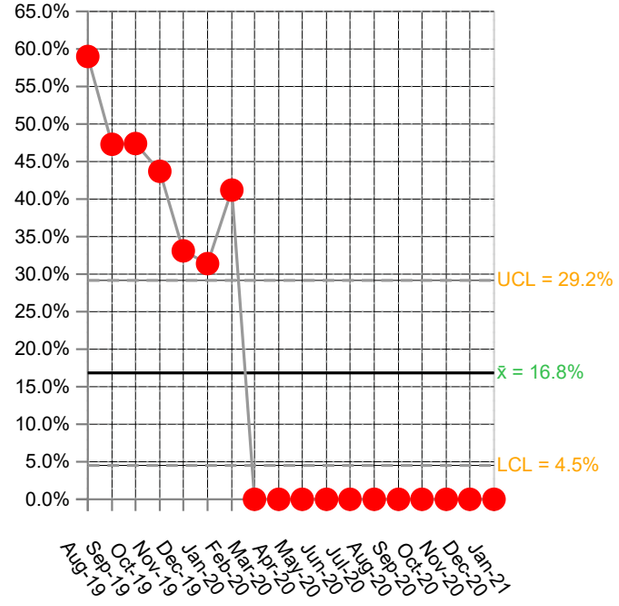
RiskText	MitigationText
• Continued risks related to Echocardiography and the anticipated 30 weeks to reduce the back log once private providers have been secured and approved by the Trust. • Capacity in Endoscopy remains a challenge. • Ongoing capacity issues due to Covid will potentially increase the number of patients waiting for treatment. • Lack of suitably qualified radiographers • Reduction in IS capacity for radiography • Equipment breakdown in radiography	• IS capacity is being identified and used where feasible. • Internal waiting lists are being utilised when feasible because of issues surrounding Covid 19. • Continue waiting list initiatives where staff are able to provide additional capacity. • Cardiology capacity is to be increased to 5 catheter laboratories potentially from mid-February, assuming staffing issues can be resolved which will assist with capacity issues in electrophysiology. • Recruited new substantive reporting Dexa radiographer, due to commence soon. • Radiography current equipment base and that of our suppliers are fully covered by PPM contracts.

Dementia Standard

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
0	0

Issues

Due to the ongoing COVID-19 pandemic and in line with national guidance, this was not audited this month.

Actions

Dementia Tier 2 training has continued virtually with further dates for the remainder of 2021.
February and March dates are currently fully booked.
Dementia Champions meetings have now resumed with good attendance at the January meeting and a schedule of items for the remainder of the year.
Butterfly scheme relaunch is underway and is being identified as a theme for improvement alongside signage through COAST.
The dementia lead has met with key stakeholders across the organisation to review the previous dementia strategy and commence preparatory work in producing an updated strategy. The dementia advisory board will recommence in March 2021.

Key Risks, Mitigation & Assurance

No assurance

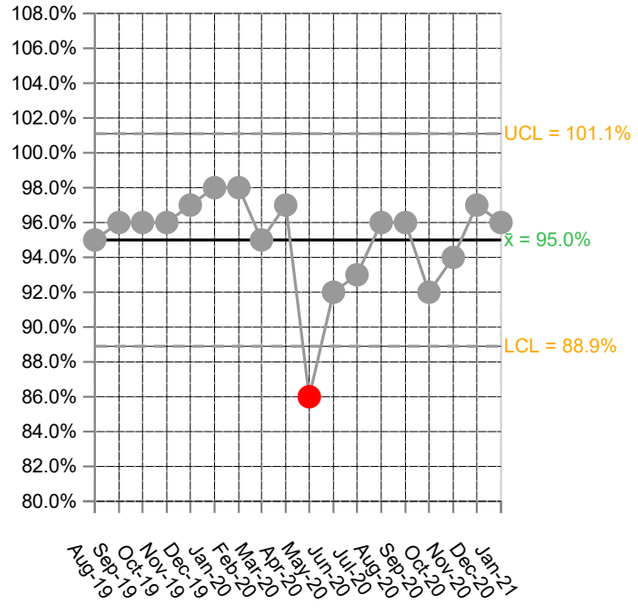
Risks	Mitigation

IAPT Wait Times

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
96	75

Issues

National standards state that 75% of people who are referred to an IAPT service should start treatment within 6 weeks of referral. Supporting Minds December waiting times are within National Targets for IAPT services. The figure for Supporting Minds for January was 96%.

Regarding those patients who have waited for more than 6 weeks, this is mostly due to patients booking a place on a group intervention and then electing to postpone this until the next group.

However, we continue to work extremely hard to reduce our secondary waiting times, which are still being impacted upon by Covid-19 as plans to increase more face to face groupwork at Step 3 are still on hold.

Actions

- Recruitment into vacant posts continues
- Ensuring some groups are accessible on-line until face to face groups can commence – work in progress – plans to launch two new online groups in January 2021 will now commence in March as we have extended the recruitment phase
- Convert qualified PWP posts to additional trainee posts if unable to recruit – The decision has made to convert to a trainee position subject to finance approve and training place availability.
- Working with staff to ensure that the DNA policy is adhered to, and monitoring DNA rates through caseload management supervision - ongoing
- Monitoring and reviewing the number of sessions offered at Step 3 to ensure that these are aligned to, and in keeping with, NICE and IAPT guidance - ongoing
- Review individual practitioner's targets at Step 3 and how they meet these and ensuring overbooking is kept to a minimum but is used when necessary to ensure targets are met – ongoing.

Key Risks, Mitigation & Assurance

Full assurance

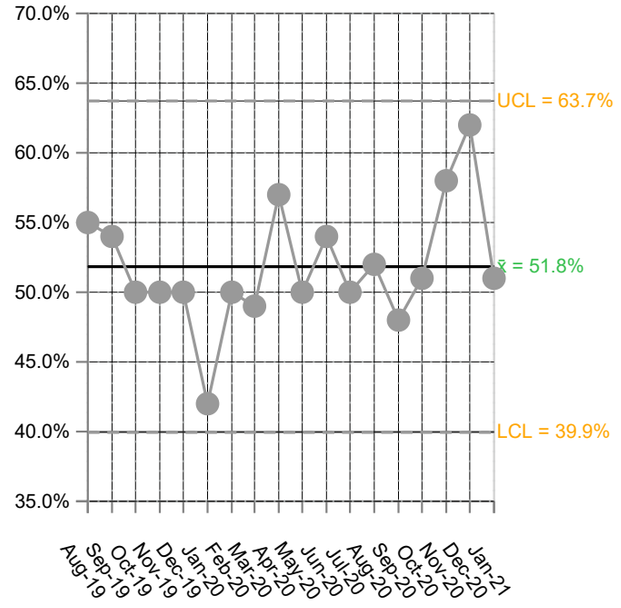
Risks	Mitigation
• Anticipated increase in referrals due to COVID19.|• Increased waiting times for some - due to people needing or wanting to be seen face to face Limited room availability for socially distanced face to face therapy (insufficient rooms that are large enough to allow therapist and client to sit 2m away from each other).|	Ensuring some groups are accessible on-line due to current restrictions on group-work due to Covid-19. |Patients are being actively encouraged to accept remote or online therapy wherever possible, unless face to face therapy is clinically indicated. Limited face to face working is continuing in a risk assessed socially distanced way for those patients who have a clinical need for face to face therapy or where difficulties accessing therapy remotely cannot be overcome. Staff are being flexible with their working hours in order to maximise room usage. Ensure that all planned groups are ready to go as soon as face to face group work possible|

IAPT Recovery

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
51	50

Issues

National standards state that at least 50% of people who complete treatment should recover. The figure for Supporting Minds for January was 51%, December's figure was exceptionally high, January's figure is within expected range.
There are issues impacting on service delivery that we continue to monitor to ensure they do not impact on Recovery.
• Reduced face to face appointments due to Covid-19. We have limited room availability for socially distanced therapy (insufficient rooms that are large enough to allow therapist and client to sit 2m away from each other) and some GP surgeries declining use of the rooms usually used by our service.
• Covid -19 exacerbating pre-existing mental health difficulties
• Some referrals received fall outside the remit of an IAPT service (a service for people with mild to moderate mental health difficulties) in terms of their complexity. These have the potential to impact on recovery.

Actions

• We are working hard to safely increase the availability of face to face appointments for those patients where face to face therapy is clinically indicated by maximising use of available space.
• Administrators actively encouraging as many patients as possible to accept remote therapy to enable them to access therapy as quickly as possible and to ensure that those who need face to face therapy can access this in a timely way.
• In order to maintain recovery rates at over 50% fortnightly enhanced caseload supervision monitors individual practitioner's recovery scores and supports the monitoring and reviewing of the client's progress. The number of sessions offered is monitored to ensure that these are aligned to, and in keeping with, NICE and IAPT guidance and so that the patient receives the optimum amount of therapy. In addition, any barriers to clients progress is discussed. This is ongoing and meetings with staff occur twice per month.
• Complex cases that potentially fall outside the remit of the service are routinely discussed at the interface meeting between Supporting Minds and IAPT so that the most appropriate service can be identified. We are currently liaising with the CCG regarding the management of those patients who do not meet the criteria for either service. This is ongoing. Cases are logged so that we can demonstrate the wider impact of this to the service.

Key Risks, Mitigation & Assurance

Full assurance

Risks	Mitigation
• Increased waiting times due to people needing or wanting to be seen face to face; Some patients choosing to wait for a face to face appointment where no clinical need for this identified, potentially increasing the risk of their mental health difficulties further deteriorating. Patients who have been seen face to face initially are being encouraged to transfer across to remote therapy once they have settled into therapy (if their needs can be met in this way) in order to free up capacity for others.	Patients are being actively encouraged to accept remote or online therapy wherever possible, unless face to face therapy is clinically indicated. |Limited face to face working is continuing in a risk assessed and provided in socially distanced way for those patients who have a clinical need for face to face therapy or where difficulties accessing therapy remotely cannot be overcome. |Staff are being flexible with their working hours in order to maximise room usage.|

Sickness

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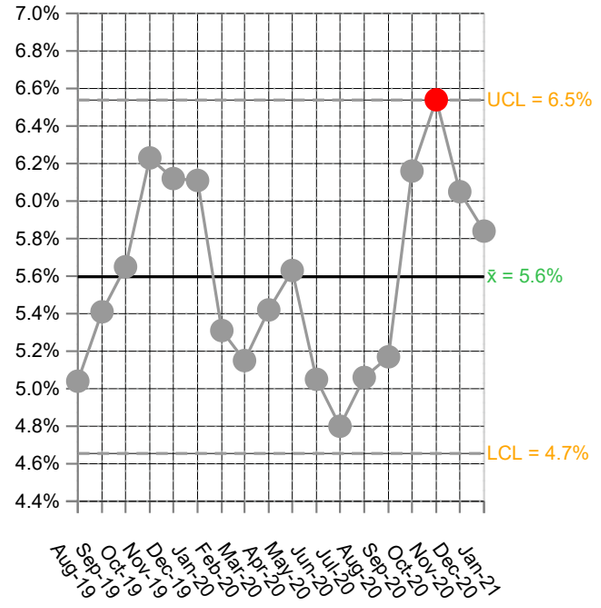
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
5.84	4

Issues

Sickness continues to remain high however we have seen absence reducing month on month since Nov. The % for Jan 21 was 5.84%. This is still high and a long way from the Trust target of 4% but is not unexpected given the continuing pandemic. The number of staff currently off with covid is reducing along with in-patient activity. We have a number of staff shielding, this does not impact of the sickness figures but has an impact on absence figures. Shielding will continue into Feb and if it is not extended staff will be returning but they will require full risk assessments prior to their return. The Trust may see a spike in sickness due to stress related absences following the pandemic therefore we continue to work with individuals and are obtaining support through Occupational Health, the Psychology Department and outside organisations. Infectious diseases remains the highest reason for short term absence accounting for 26%, anxiety/stress at 24% and Gastrointestinal at 7%. The long term picture is somewhat different with anxiety being the major reasons accounting for 45%, an increase from the previous month. Sickness has reduced in the majority of divisions however Scheduled Care has seen a slight increase to 5.39% and R&D has seen a large rise from 2% to 6.58%. ALTC has reduced to 6.88% from over 7% in December and Families is now under 6% at 5.54%. Corporate is 3.59% which is predictable and it will be interesting to see the impact working from home ultimately has on sickness for those staff.

Actions

Occupational Health are supporting staff and the LAMP testing service is underway and we continue to on-board all staff. The Covid vaccination centre programme is progressing well and as of the 9th February 2021 the Trust has vaccinated 14,540 individuals. 7,568 of these are Trust staff and the remainder include over 80's, care homes and social care and others. The flu jab is also be offered, with the Trust on target to achieve a better uptake than in previous years. Recruitment is going well and the closing of vacancy gaps will have a positive impact on teams, limiting the reliance on overtime and bench shifts which lead to tiredness and vulnerability to sickness. Our offer to staff in support of their health and wellbeing is well received but will need to continue throughout 2021 given the long term impact on anxiety/stress/depression Covid is likely to have. We are in the process of developing the People Recovery Plan and this will include providing all staff with 'downtime' to mitigate sickness absence and help staff with their health and mental wellbeing. We are in the process of ensuring that staff book and take the remainder of their annual leave where possible. It is imperative that staff get to utilise this time for their health and wellbeing.

Key Risks, Mitigation & Assurance

Limited assurance

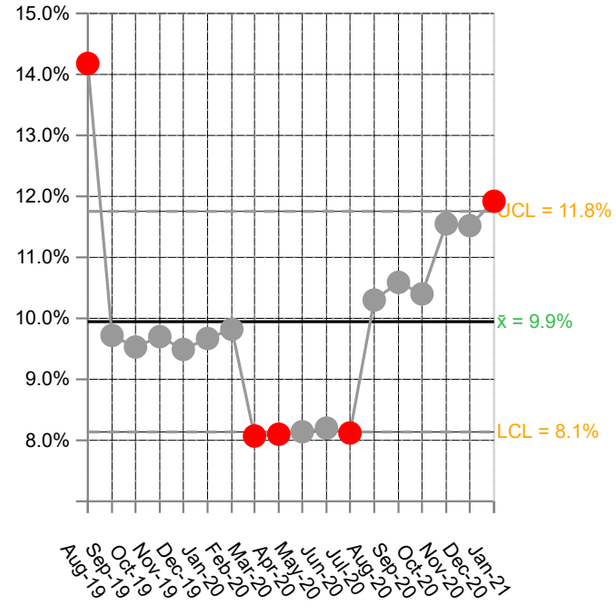
Risks	Mitigation
Continued high levels of absence for Covid and Anxiety and Stress Depression	Health and Wellbeing offer. Covid Lamp Testing and Covid vaccination offer for staff and patients

Turnover - Staffing

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
11.92	11.00

Issues

The Trust Turnover target is set at 11% however we are currently operating at 11.92% therefore above expectation by 0.92%

Medical and Dental Turnover is set at 11% and is currently operating at 18.07% which is considerably higher than target, however this has been consistent over the last 6 months.

Medical and Dental recruitment has been impacted by overseas recruitment delays and the impact of coronavirus on travelling, issuing of visas etc.

There has been a considerable amount of recruitment taking place during the pandemic, with bring back staff, students and trainees taking up temporary posts since April 2020. This has a negative impact on turnover as once hired they are counted in the establishment.

Since the beginning of the Covid-19 pandemic, recruitment activity has increased significantly across the Trust compared to the same period last year, with the HR and OD team recruiting 1138 new starters, 280 of these are Bank new starters in various roles.

Actions

Staff Retention Lead is looking at options available to support staff to alter hours, change role or improve working relations within teams.

The Trust Nurse and AHP Retention lead is due to start in post on 1st February 2021.

Provision of pensions advice via Pengage which will provide overall information and then offer individual sessions at cost to the individual (personal pensions advice)

Continuous recruitment via bank and agency as well as substantive.

Key Risks, Mitigation & Assurance

Full assurance

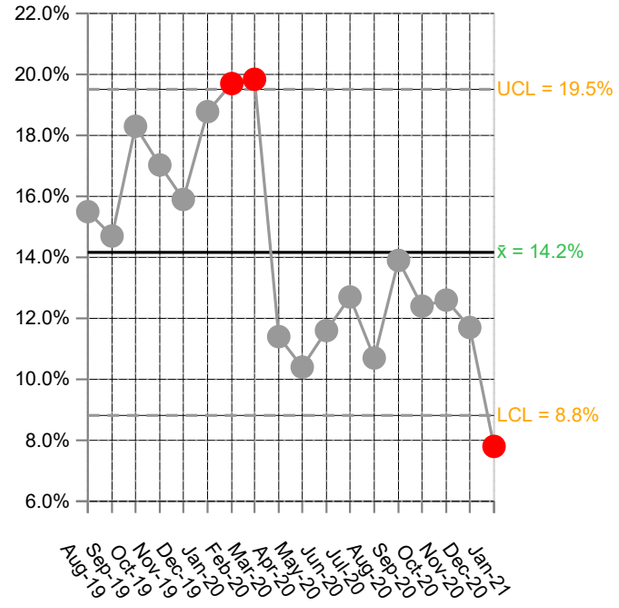
Risks	Mitigation

Temporary Staffing

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
7.80	0.00

Issues

The temporary staff utilisation has reduced in month. This is in line with a reduction in Agency spend. As with the spend issues COVID has been a significant factor in reduced fill/take up of shifts from both Bank and Agency workers so the contingent labour use has reduced. Issues with the incumbent managed service and transition to the neutral vendor solution for nurse agency have resulted in significant numbers of agency workers being cancelled out of shifts by the incumbent supplier. More staff have cancelled shifts due to COVID sickness or requirements to care for family members, in particular childcare, in relation to COVID illness. Work is ongoing with the recruitment team to fast track Bank worker applications to ensure this % in boosted in coming months.

Actions

Work is ongoing with the recruitment team to fast track Bank worker applications to ensure the % of Bank workers available to the trust is boosted in coming months. Better management of the neutral vendor solution for nursing and marketing campaigns for the new supplier routes are already proving beneficial as nurses have signed up to the new supply chain which should increase uptake of filled shifts in the future.

Key Risks, Mitigation & Assurance

Full assurance

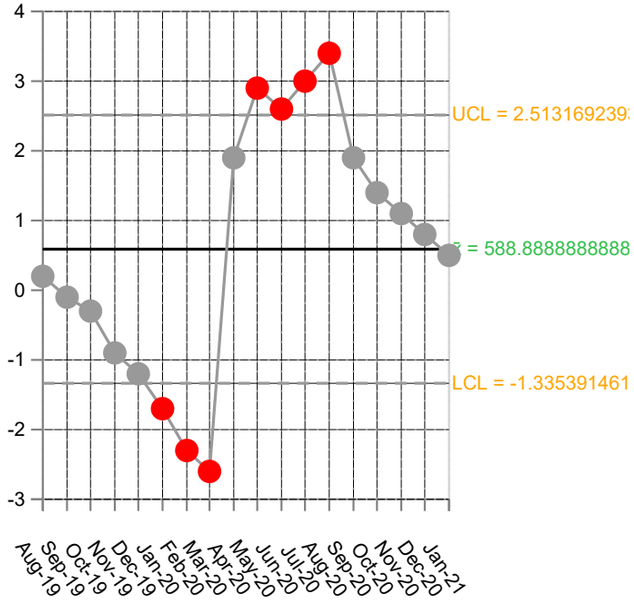
Risks	Mitigation
Added pressure on multiple workforce services teams - recruitment/ESR on board more bank workers in short timescales |	Task and finish group initiated to look at adaptation to minimum engagement/onboarding checks for Bank workers
COVID continues to present a risk to the organisation with recruitment and attraction to posts and take up of filled shifts due to staff absence.	Work with recruitment team and new incumbent agency supplier to market posts available within the trust.

Capital Service

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
0.50	0

Issues

The Trust have reported capital service cover of 0.5x which scores a capital service cover rating of 4, slightly improved from M9.

In the phase 3 plan refresh for the last five months of 2020/21 submitted to NHSE/I on 18th November the Trust forecast an operating deficit of £15.7m (equating to an adjusted overall deficit of £20.6m after finance costs).

The financial plan for the remainder of the 2021/22 (submitted to the ICS in November) is a deficit of £20.6m after accounting for system resources. A further financial stocktake was undertaken in January to deliver a £29m improvement in the aggregate ICS forecast. The Trust has subsequently been set a target of delivering a "best case" deficit of £17.3m. Risk ratings however, will continue to monitor against the £20.6m.

The capital service cover is expected to reduce across the remaining months of the financial year as a result of the Trust having a planned deficit. In addition, variances from the plan will also impact on capital service cover.

Actions

As capital service costs are predominantly linked to existing borrowings which are fixed, the ability to improve the score against the metric is mainly restricted to improving operating financial performance.

In order to deliver the maximum currently available score, given the current level of borrowings, the Trust will need to deliver performance in line with the planned level of deficit. This will therefore require the restoration, winter and SIP plans to be delivered in line with the plan submitted to NHSE/I.

Key Risks, Mitigation & Assurance

Limited assurance

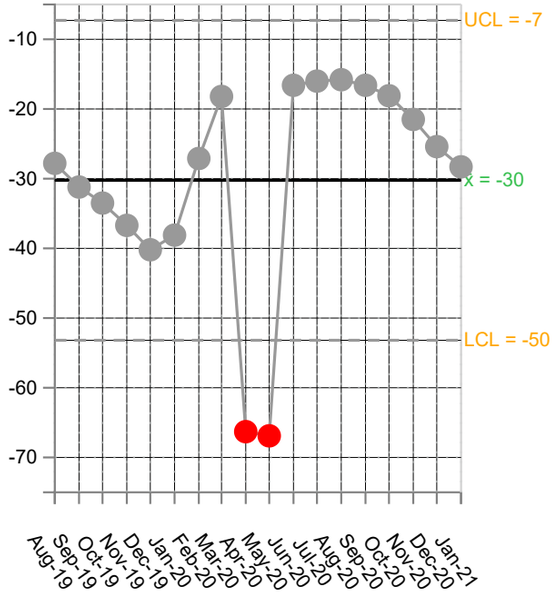
Risks	Mitigation
The Trust has insufficient cash to meet its financing obligations.	The delivery of the benefits associated with System Improvement Plan (SIP) schemes and delivery of QEP schemes will partly mitigate the underlying financial performance.||In addition, the Trust has indicated that there is a cash shortfall at the end of March in the plan submitted to NHSE/I which will require emergency revenue support and will be discussing this requirement with NHSE/I in advance of this need.

Liquidity

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
-28.30	0

Issues

The Trust has reported liquidity of -28.3 days at month 10 and the liquidity rating remains in the lowest category (level 4). As a result the best overall use of resources rating that the Trust is able to achieve is capped at level 3.

The Trust has consistently been rated in the lowest category for a number of years as as consequence of weak I&E performance.

In the phase 3 plan refresh for the last five months of 2020/21 submitted to NHSE/I on 18th November the Trust forecast an operating deficit of £15.7m (equating to an adjusted overall deficit of £20.6m after finance costs).

The financial plan for the remainder of the 2021/22 (submitted to the ICS in November) is a deficit of £20.6m after accounting for system resources. A further financial stocktake was undertaken in January to deliver a £29m improvement in the aggregate ICS forecast. The Trust has subsequently been set a target of delivering a "best case" deficit of £17.3m. Risk ratings however, will continue to monitor against the £20.6m.

Liquidity is expected to reduce across the remaining months of the financial year as a result of the Trust having a planned deficit. In addition, variances from the plan will also impact on liquidity.

Actions

Improvements in liquidity performance will require the Trust to either reduce operating expenses or increase operating performance to generate a margin that improves net current assets.

In order to deliver the maximum currently available score, the Trust will need to deliver performance in line with the planned level of deficit. This will therefore require the restoration, winter and SIP plans to be delivered in line with the plan submitted to NHSE/I.

Key Risks, Mitigation & Assurance

Limited assurance

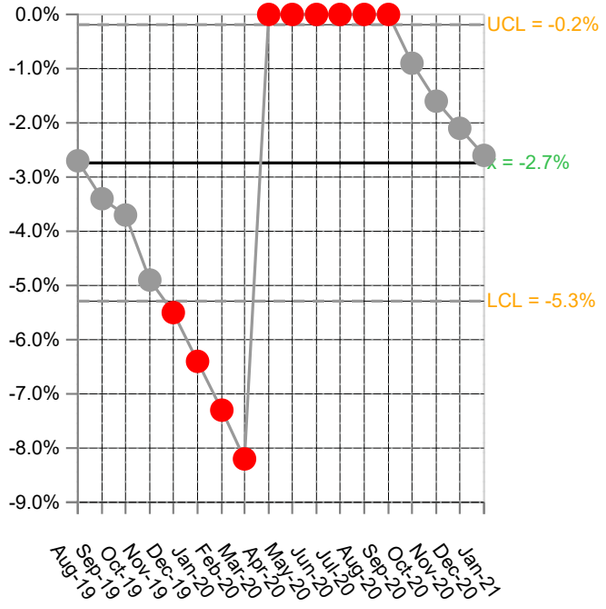
Risks	Mitigation
The Trust has insufficient cash to meet its liabilities.	The delivery of the benefits associated with System Improvement Plan (SIP) schemes and delivery of QEP schemes will partly mitigate the underlying financial performance.||In addition, the Trust has indicated that there is a cash shortfall at the end of March in the plan submitted to NHSE/I which will require emergency revenue support and is currently discussing this requirement with NHSE/I in advance of this need.

I&E Margin

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
-2.60	0

Issues

During the first six months of the 2020/21 financial year all Trusts delivered break even positions in months 1 to 6 by claiming additional retrospective top-up funding in accordance with Covid-19 financial guidance published in March 2020, and subsequently extended from July to September. From October 2020 Trusts have moved to a revised financial framework and are required to deliver a nationally set financial target.

The Trust submitted to NHSE/I an update to the forecast on 18th November for the remainder of the 2020/21 financial year. This is worse than the nationally set financial target of break even.

The financial plan for the remainder of the 2021/22 (submitted to the ICS in November) is a deficit of £20.6m after accounting for system resources. A further financial stocktake was undertaken in January to deliver a £29m improvement in the aggregate ICS forecast. The Trust has subsequently been set a target of delivering a "best case" deficit of £17.3m. Risk ratings however, will continue to monitor against the £20.6m.

In month 10 the Trust has reported an adverse I&E margin performance of (2.6%) against a plan of (2.8%). As a consequence of the increasing planned and actual financial performance deficit the risk rating remains at 4.

Actions

The Trust submitted to NHSE/I an update to the forecast on 18th November for the remainder of the 2020/21 financial year. This is worse than the nationally set financial target of break even. The Trust is incurring expenditure on Covid virus testing and vaccination programme and is seeking re-imbursement for these costs outside of the Covid envelope.

Key Risks, Mitigation & Assurance

Limited assurance

Risks

From October 2020 Trusts have moved to a revised financial framework and are required to deliver a nationally set financial target. The removal a retrospective top up funding in place for the first six months of the financial year, allocation of Covid envelopes and requirement to deliver a nationally set financial target represents a risk to financial performance across the remainder of the 2020/21 financial year.

Mitigation

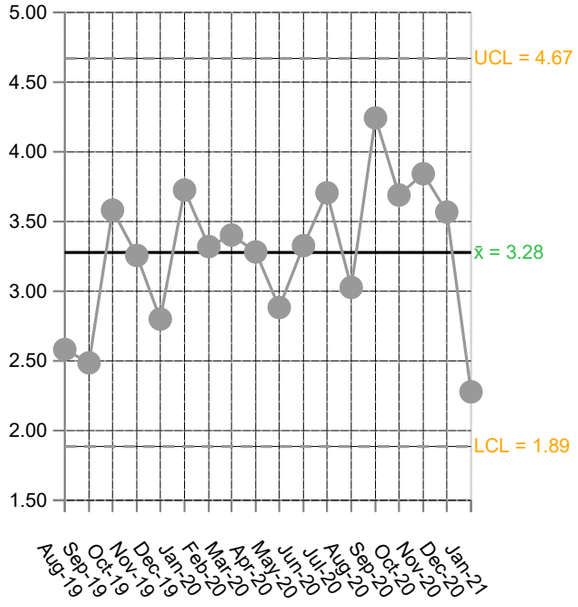
The Trust is incurring expenditure on Covid virus testing and vaccination and is seeking re-imbursement for these costs outside of the Covid envelope.||While systems will be expected to deliver their plans, it may be possible for organisations within them by mutual agreement to deliver worse and better positions provided these are neutral overall.

Agency Spend

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
2.28	-1

Issues

Agency spend has reduced dramatically this month, in excess of £1 m. This is attributed to COVID pressures on the wards, an increased rate of staff absence due to COVID and other staff sickness. In particular the nursing managed service had difficulty in filling shifts due to migration of workers across the ICS. This has been escalated to the ICS lead. For staff groups other than nursing there has been significant activity in expanding the bank and as a result bank rather than agency has been used as priority.

Actions

From 15th Feb 2021 the Trust has implemented a neutral vend solution for nursing agency. The chosen supplier will work with the Trust to drive down agency rates through better market management of the supply chain. We should therefore continue to see a downwards spend for agency nursing.
Further bank expansion activity will continue as part of the project work and collaboration with the recruitment team.

Key Risks, Mitigation & Assurance

Full assurance

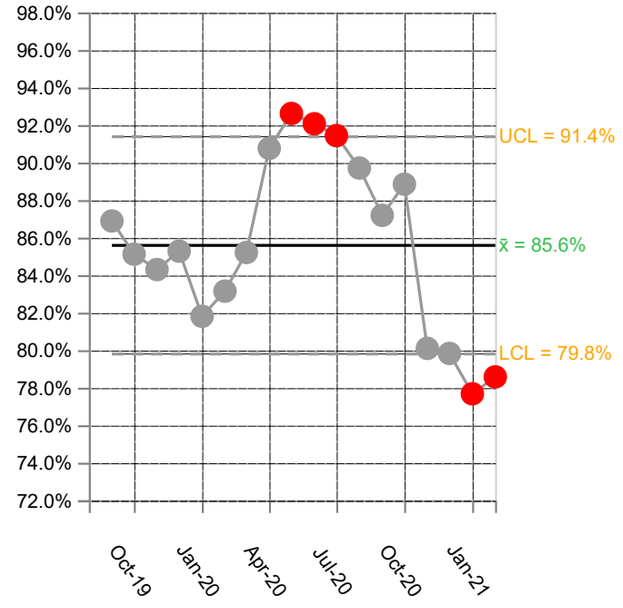
Risks	Mitigation
COVID continues to present a pressure and in particular staff absence relating to both short term COVID absence and long term associated conditions relating to work related stress/anxiety etc.	Close management of the neutral vendor supplier to ensure KPIs are monitored for nursing fill rates and service credits are accessed where applicable to reduce spend.

A&E + UCC Performance

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual (%)	Target
78.63	95

Issues

ED performance for January was 51.25 % which in comparison to the previous year is an improvement of 4.65%. it was also a slight improvement on December's performance from 48.93%. Despite the slight improvement the division have developed an action plan to support a sustained improvement in ED performance, this is reviewed on a daily basis with the ED team.

The department reported 12 Medical DTA breaches and 4 Mental Health DTA breaches for the month of January.

The department saw 217 mental health presentations of which 63 required a mental health hospital admission. Average Length of Stay for these patients increased in this month in comparison to December

Due to capacity challenges in the Emergency Department (Covid and Non-Covid areas) there was an increase in delays for ambulance handovers. Notification to handover was 19 minutes (target 15 minutes) and arrival to clear was 29 minutes (target 30 minutes). The ED department is working with NWAS on an improvement plan for ambulance handover times and is developing a Standard Operating Procedure to support the safe and effective offloading of ambulances when the ED reaches maximum capacity levels.

Actions

Action plan in place to support improvement of ED performance through the sustained reduction of admitted and non-admitted breaches.
Daily patient flow meetings are held through the day with a Divisional Duty Matron and Manager identified to support required.

Acute Physicians are reviewing medical patients in ED when staffing allows and delays to transfer to AMU occur.

The new MHUAC is planned to open in March 2021 which will support the appropriate direction for patients presenting with mental health conditions. A SOP is currently being written jointly to support this process.

The new larger waiting area and assessment B (minors area) is now open to support social distancing.

An options appraisal has been completed for AEC and regular team meetings are held to review pathways to stream more patients through the service.

The support of ring-fenced beds on the unit will be required to meet the trajectories identified for these pathways.

The department are working closely with FCMS to review the DOS for the AEC pathway going forward

Key Risks, Mitigation & Assurance

Limited assurance

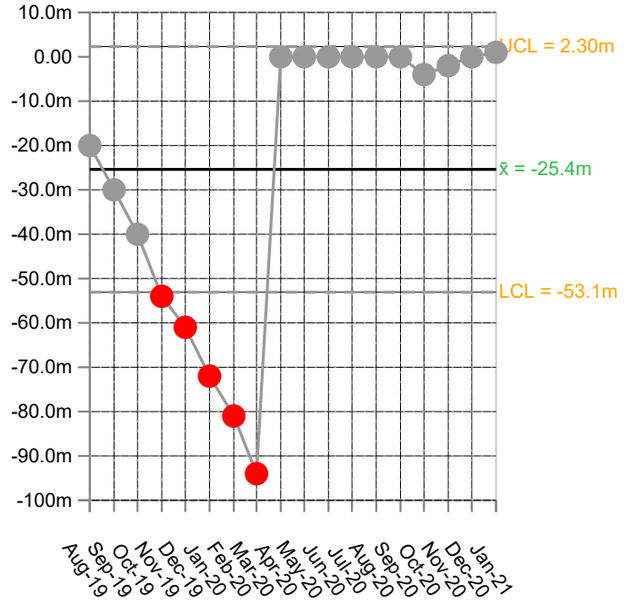
Risks	Mitigation
Capacity may not be sufficient to manage an increase in covid attendances	Escalation plan completed and regularly reviewed.|Escalation and Surge Policy updated inclusing Opel Scores.
Due to congestion in department and / or surges in ambulances there may be ambulance handover delays	Escalation and Surge Policy In Place. This is monitored at all bed meetings with actions to de-escalate as soon as possible. SOP being completed to support safety with NWAS.
Risk of both medical and nursing staf shortages due to enlarged footprint and sickness due to isolation	Daily staffing meetings and compelted to manage the medical / nursing workforce accross the division. Staff work extra to cover short notice sickness. All gaps are out to agencies.

Financial Plan

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Statistical Control Process



Actual	Target
0.10	0.00

Key Risks, Mitigation & Assurance

Limited assurance

Issues

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In month 10 the Trust has reported performance of 0.1% ahead of the financial plan which represents a small improvement from month 9 (0.0%). The risk rating for distance from financial plan remains at a rating of 1.

Actions

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Risks

From October 2020 Trusts have moved to a revised financial framework and are required to deliver a nationally set financial target. The removal a retrospective top up funding in place for the first six months of the financial year, allocation of Covid envelopes and requirement to deliver a nationally set financial target represents a risk to financial performance across the remainder of the 2020/21 financial year.

Mitigation

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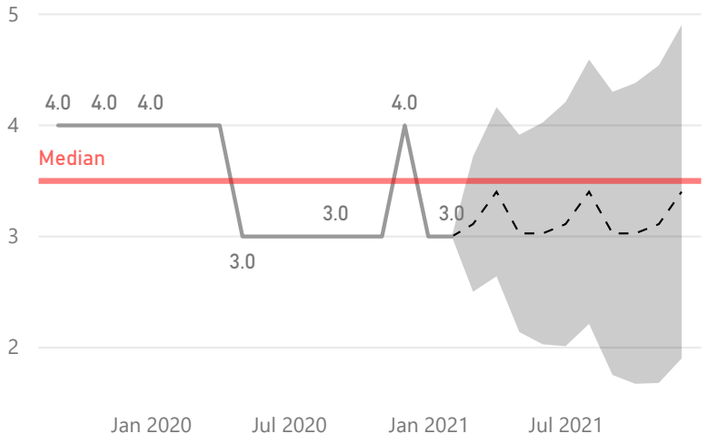
EuR Rating

Click icons to Access other Levels

Blackpool Teaching Hospitals NHS Foundation Trust

Historical & Future (Forecast) Performance



Actual	Target
3.00	(Blank)

Key Risks, Mitigation & Assurance

Limited assurance

Issues

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In January the Trust has scored a Use of Resources rating of 3, consistent with the rating reported in December. This reflects the impact of I&E performance in line with the financial plan.

As the Trust has scored a rating of 4 (lowest) for the liquidity and agency cover metrics the Trust is unable to achieve a Use of Resources rating better than 3.

Actions

The Trust submitted to NHSE/I an update to the forecast on 18th November for the remainder of the 2020/21 financial year. This is worse than the nationally set financial target of break even. The Trust is incurring expenditure on Covid virus testing and vaccination programme and is seeking re-imbursement for these costs outside of the Covid envelope.

Risks

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Definitions

Blackpool Teaching Hospitals NHS Foundation Trust

This links you back to the Main iPR page - Level 1

This links you back to the Safe page - Level 2

This links you back to the Effective page - Level 2

This links you back to the Caring page - Level 2

This links you back to the Responsive page - Level 2

This links you back to the Efficient page - Level 2

This links you back to the Strategic page - Level 2

This links you back to the Well Led page - Level 2

This denotes that a metric is not compatible to be analysed using a statistical process control

Blackpool Teaching Hospitals
NHS Foundation Trust

Board of Directors Meeting

4th March 2021

NHS Leadership Academy Reciprocal Mentoring for Inclusion Programme

Author of Report:	Sharon Adams, Interim Operational Director of HR & OD
Executive Director Sponsor:	Kevin Moynes, Executive Director of HR & OD
Date of Report:	24th February 2021

Executive Summary (to include, where appropriate, the level of assurance and position on trajectory):

In December 2020, the Trust was advised that its application to participate in the NHS Leadership Academy Academy Reciprocal Mentoring for Inclusion programme was approved. This report provides Board members with an overview of the programme and the plan for implementation.

For Information/Assurance:	**For Discussion:**	**For Approval:**
	X	

Recommendations:

It is recommended that the Board of Directors:

- Note that the success of the programme will rely on it receiving full support from the Board of Directors and other senior clinical and non-clinical leaders.
- Encourage members of the Board of Directors to submit Expressions of Interest to participate in the Programme Management Board (or joint Programme Management Board with East Lancashire Hospitals Trust).
- Individually commit to participate in the programme by acting as mentors to staff from underrepresented or marginalised groups.
- Agree to receive a progress update at the next Board of Directors meeting in May 2021.

Sensitivity Level:

Not Sensitive: (for immediate publication)	**Sensitive In Part:** (consider redaction prior to release)	**Wholly Sensitive:** (consider applicable exemption)
X		

Board of Directors Meeting

4th March 2021

NHS Leadership Academy Reciprocal Mentoring for Inclusion Programme

1. Introduction

1.1 The NHS People Plan sets out specific commitments that employers and systems should take in order to ensure that:-

- Staff are looked after;
- Staff feel included and that they belong to the NHS;
- New ways of working and delivering care are implemented, and;
- There is a growth plan for the future to expand the workforce.

1.2 Staff feeling included will require the creation of a culture where everyone feels they 'belong' and that there is clear progression into leadership roles for staff from underrepresented groups. The NHS Leadership Academy Reciprocal Mentoring for Inclusion Programme (RMFIP) is a systemic leadership development intervention designed to create transformational change and enable a culture of diversity, equality and inclusion, where the power of difference is valued. The programme is fully funded by the Leadership Academy and in December 2020, the Trust was advised that its application to participate in the RMFIP was approved.

1.2 The success of the programme will rely on full 'buy in' from the Board of Directors and other senior clinical and non-clinical leaders. The Trust has been asked by the Leadership Academy to establish a Programme Management Board (PMB), which should be chaired by the Chief Executive. The PMB also needs to include an Executive Director, a Non-Executive Director, a representative from the ED&I Network and a Communications Team member. The Trust is looking to operate this programme as a joint development opportunity with East Lancashire Hospitals Trust. This would mean the establishment of a joint PMB.

1.3 The Trust is currently working with the NHS Leadership Academy on the 'Setting Up or Onboarding' phase of the programme. It is anticipated that the programme will 'go live' in Q1 of 2021/22.

1.4 This paper provides an overview of the programme, how the scheme will operate and be implemented.

2. Programme overview

2.1 This fully funded, facilitated programme is designed to create powerful partnerships between executive boards and staff from underrepresented or marginalised groups working in mentoring pairs that are reciprocal in nature.

2.2 Reciprocal mentoring provides opportunities for individuals from underrepresented groups (such as Black, Asian and Minority Ethnic (BAME), Lesbian, Gay, Bisexual, Pansexual, Transgender, Genderqueer, Queer, Intersex, Agender, Asexual (LGBTQ+), disability) to work as equal 'partners in progress' with senior executive leaders in a relationship where knowledge and understanding of both sides of lived experiences creates awareness, insights and action that directly contributes towards the creation of a more equitable and inclusive organisation, where the factors that generate inequity are positively and proactively addressed. This programme is a powerful enabler that can change organisational norms and traditional culture, one conversation at a time. Through this programme, the ambition is to create a space where every senior executive director within the NHS, enters into a reciprocal mentoring partnership, 'partners in progress', with someone from an under-represented group within their organisation. By doing this, we can enable a social change where those from under-represented groups are able to take the opportunity to become 'partners in progress' with senior executive leaders to dismantle systemic barriers which marginalise underrepresented groups, to shift the underlying culture to one where the power of difference is respected and valued, and where prejudice and unconscious biases are challenged to benefit the system.

2.3 To enable the programme to be delivered during the pandemic it has been converted into a virtual programme which will be delivered through the Microsoft Teams platform. The programme will run over

an 18-month period and there will be four workshops that participants will need to attend. It is expected that mentors and mentees will meet as a minimum at least every three months.

The programme also includes-

- Experiential learning development sessions to prepare for reciprocal mentoring relationships;
- Thematic CPD workshops tailored around the organisational objectives and development needs of the participants throughout the 18-months;
- Team coaching and action learning sets;
- Opportunities to engage in learning events with other organisations on the programme;
- Access to development resources through the online community of practice;
- Opportunities to contribute to future cohorts of the programme and train the trainer development.

2.4 Programme participants will be drawn from Trust Board of Directors (and other senior clinical and non-clinical leaders) and colleagues from underrepresented groups. The Trust is looking to recruit 20 pairs of mentors and mentees from the workforce to participate in the programme. It is important that any staff participating in the programme understand that this programme is not just for personal development, it is also to improve diversity and inclusion across the Trust. The Leadership Academy have suggested that people will gain more from the programme if they are challenged by their mentor and also if a partner is assigned rather than allowing people to choose for themselves.

2.5 An inclusive application and selection process is being developed to ensure it targets and encourages applications from all staff, particularly those with disabilities and those who identify in the Employee Self Record (ESR) system as BAME and LGBTQ+.

3. Setting up the programme (onboarding stage)

3.1 The first step of the onboarding process was to have an introductory meeting with senior Leadership Academy colleagues including Dr Eden Charles who is the RMFIP Programme Director. This meeting took place at the beginning of January 2021 and was attended by the Trust's Equality, Diversity and Inclusion (EDI) Lead, Tina Daniels, Dr Sheena Bedi, Non-Executive Director and Dr Gurkaran Samra. A subsequent meeting was held which was also attended by Dr Sheena Bedi; Director of HR & OD, Kevin Moynes; Interim Operational Director of HR & OD, Sharon Adams and Ben Hewes from the Communication and Engagement Team.

3.2 A further meeting needs to be arranged which includes colleagues from the NHS Leadership Academy to discuss and confirm that the following actions have been achieved:-

- A discussion about the programme to have taken place at the Trust Board meeting;
- A plan drawn up on how the Trust will progress the programme;
- A decision on an application and selection process for the pairs (mentor/mentee);
- Confirm composition of the Programme Management Board;
- Communication and Engagement Team involved to get the right message across and create the right approach to promote the programme.

3.3 An implementation plan is being developed by the Trust's EDI Lead. The Trust's Communication and Engagement team are developing the communication plan for the programme. The Trust is liaising with colleagues from St Bartholomew's Hospital in London who are also implementing the programme to see if the is any learning that can be shared e.g. Terms of Reference for the Programme Board. Expressions of Interest to join the Programme Management Board will be sought from Directors and colleagues from the Trust's EDI Champions Network.

3.4 An programme implementation team which will be led by the Trust's EDI Lead has been established and includes colleagues from OD, Engagement and Wellbeing to ensure that this programme is connected into the Trust's current approaches to coaching, mentoring, leadership development, talent management, succession planning and counselling support (if needed).

4. Conclusion

4.1 The Trust has been successful in its application to participate in the fully funded, NHS Leadership Academy's RMFIP. Onboarding meetings have started to take place with Trust Directors and members of the EDI Network. However, it is proposed that any future meetings are used to discuss and agree the Trust's implementation plan. The Trust also needs to establish its Programme Management Board.

4.2 Further work needs to be undertaken to understand how the programme can be 'converted' into a joint programme and development opportunity with colleagues from East Lancashire Hospitals Trust.

4.2 A subsequent meeting is being arranged with colleagues from the NHS Leadership Academy to provide assurance that the Trust is on track with its implementation plan. A set of success measure also need to be discussed and agreed with the Leadership Academy.

4.3 The Communication and Engagement team are currently working up a communication plan for the programme. The EDI Lead is working with colleagues from the OD & Engagement teams to develop the application, selection and matching processes. This will be shared with Executive Directors at a future meeting.

5. Recommendations

It is recommended that the Board of Directors:

5.1 Note that the success of the programme will rely on it receiving full support from the Board of Directors and other senior clinical and non-clinical leaders.

5.2 Encourage members of the Board of Directors to submit Expressions of Interest to participate in the Programme Management Board (or joint Programme Management Board with East Lancashire Hospitals Trust).

5.3 Individually commit to participate in the programme by acting as mentors to staff from underrepresented or marginalised groups.

5.4 Agree to receive a progress update at the next Board of Directors Meeting in May 2021.

Board of Directors Meeting

4th March 2021

Quality Improvement Strategy Report

Author of Report:	Katharine Goldthorpe - Associate Director of Quality Improvement
Executive Director Sponsor:	Peter Murphy - Director of Nursing, AHP & Quality
Date of Report:	04.03.2021

Executive Summary (to include, where appropriate, the level of assurance and position on trajectory):
This reports focuses on our Trust's building capabilites plan, as well as providing brief updates on progress for each Quality Improvement programme outlined in the Trust's Quality Improvement Strategy (2019-22).

Building Capabilities – The Trust has plans to build on existing initiatives and to create opportunities for further development to accelerate trust-wide learning. The actions described in the report outline how we will create a "dosing strategy" to provide our people with the skills and opportunities to continuously improve.

Pressure Ulcer Collaborative – Phase 2 teams have joined the collaborative and attended the second learning session on 24th February. It is still too early to show improvement, but as teams now enter the second action period, we expect to see a reduction in harm occuring.

Deteriorating Patient Collaborative –Phase 1 of this programme is now initiated, programme leads have been identified and have worked clinical leads to develop a change package.The first learning session took place on 10th February and the teams are now in Action Period 1.

The Last 1000 Days Collaborative – The faculty for this programme are currently looking to recruit a wide range of stakeholders from ICP partners to ensure the correct patient cohort and locality are identified. This group will work together to further develop the programme drivers, ready for the launch in May 2021.

Safety Culture Programme –

i) *Insight* - A literature review is being conducted to ensure the suitability of the Agency for Healthcare Research and Quality (AHRQ) Safety Culture Survey and discussions are underway with stakeholders to identify the suitability of this tool for our organisation, particularly for community settings.

ii) *Involvement* - A group of stakeholders to lead the Safety Culture Programme is being formed called the "Safety Movement Group" (SMG) and the first meeting for this group will be held in March.

iii) *Inspiration* - The implementation of Learning from Excellence has been discussed with the Quality Governance team and the patient experience team. We are planning to use positive patient feedback to identify where we can start to encourage teams to use this formal reporting system.

iv) *Improvement* - Once the aforementioned SMG is developed they will start to create a dashboard of safety measures, including currently used measures and new measures as key indicators of safety.

For Information/Assurance:	**For Discussion:**	**For Approval:**
X		

Recommendations:
The Board are asked to consider the matters raised in this report for assurance.

Sensitivity Level:

Not Sensitive: (for immediate publication)	Sensitive In Part: (consider redaction prior to release)	Wholly Sensitive: (consider applicable exemption)
X		

Quality Improvement Strategy:
Update for Board of Directors

1. PURPOSE

The purpose of this paper is to provide assurance to Public Board of Directors on progress made towards the goals outlined in the Trust's Quality Improvement Strategy (2019-22) [1], and to outline plans for the next phase of work.

2. BACKGROUND

2.1 Quality Improvement Strategy

The Trust's Quality Improvement Strategy [1] describes an approach to achieving the Trust's quality improvement goals, and is line with the NHS' national Patient Safety Strategy. [2] As a reminder, the Trust's high-level aims are to; reduce preventable deaths and avoidable harm and the Trust also has the system-wide aim to improve the last 1,000 days of life. This paper provides an update on the Trust's proposed building capability approach (Part 1) and the paper also provides brief updates for each quality improvement programme (Part 2).

Part 1:

3. AN ORGANISATIONAL APPROACH TO BUILDING CAPABILITY

It is the duty of everyone who works in the Trust to be involved in quality improvement[1] and to make appropriate changes that will lead to better patient outcomes, system performance, patient experience and professional development. As well as facilitating the large-scale change programmes described in the Quality Improvement update (Part 2), we aim to increase improvement capability,[3] and therefore knowledge in all staff groups and grades in order to achieve service improvement at every level.

> Improvement capability can be defined as *"the organisational ability to intentionally and systematically use improvement approaches, methods and practices, to change processes and products/services to generate improved performance*". [3]

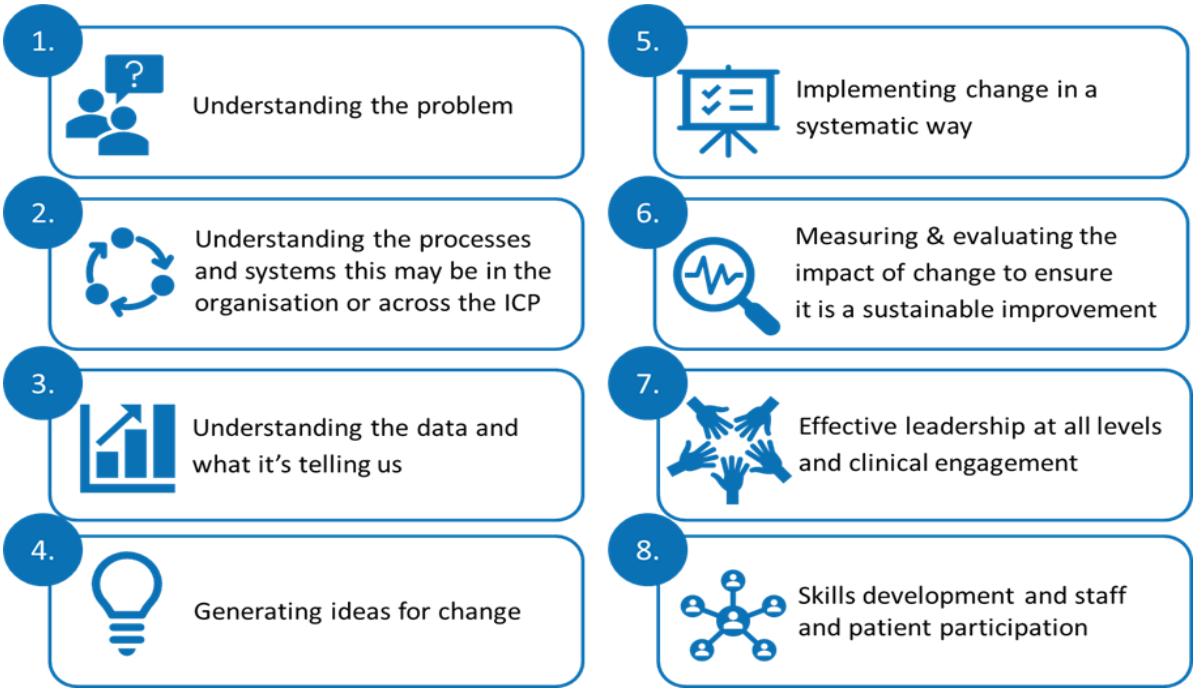
This paper provides assurance that our Trust has plans to build on existing initiatives and that it is creating opportunities for further development to accelerate trust-wide learning. The following sections describe how we will create a "dosing strategy" to provide our people with the skills and opportunities to continuously improve and describes how we will measure this.

3.1 Improvement principles

The Trust Quality Improvement Strategy describes the underlying principles that underpin our improvement plans. Those involved in our collaboratives experience the science (at

learning sessions) and practice the art of improvement in their jobs. In the last 12 months around 100 people have joined one of these programmes and have developed key skills (see Figure 1) that will stay with them beyond the programme of work they joined.

Figure 1- Quality Improvement Principles



3.1.2 Quality, Service Improvement and Redesign Programme (QSIR)

The principles described in Figure 1 are adapted from the Quality, Service Improvement and Redesign (QSIR) programme, as described in the Quality Improvement Strategy. The QSIR programme is designed for and delivered by both clinical and non-clinical staff (QSIR Associates). Table 1 presents the various types of QSIR training Trust staff have received and Table 2 presents other Quality Improvement training Trust staff have received or are due to receive.

Table 1: Staff who have received QSIR training with the Trust

Type	Trained
QSIR Associates (trainers)	8
QSIR Practitioner – 5 days	35
QSIR Fundamentals – 1 day	92
QSIR Virtual	29

Table 2: Staff who have received other QI training

Type	Trained
QI Programmes (pressure ulcers, deteriorating patient)	100 (approx., as part of collaboratives, to varying degrees)
Everyday Improvement – an introduction for all staff	49
Preceptorship nurses*	47
New Consultant Leadership Programme*	8 (next cohorts May & December)
Collaborative Leadership Programme*	15
Leading for Clinical Quality*	100 Ward Managers and Team Leaders to commence in April

**learning session as part of a wider programme, usually 3 hours*

3.1.3 Junior Doctors

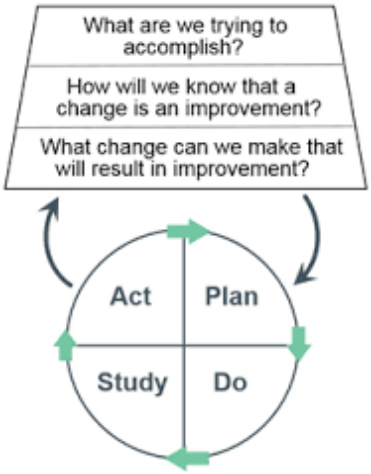
Junior Doctors attend Trainees Improving Patient Safety through Quality Improvement (TIPSQI) training. This involves peer delivered interactive workshops, which fits with ARCP requirements. Trainees are then supported with add on training sessions as required, through QSIR fundamentals, 1:1 coaching and weekly drop-in sessions with the QI Hub. There are approximately 40 trainees per cohort.

Table 3: Junior Doctors who have attended Trainees Improving Patient Safety through Quality Improvement (TIPSQI) training

Rotation	Requirements	Period
FY1	Participate in QI	Y1
FY2	TIPSQI	June
	Lead delivery of QI project (minimum 1 PDSA)	September

3.2 Assessment

Figure 2 - The Model of Improvement



The current approach at our Trust is to run cross cutting programmes to deliver improvement goals, where improvement methods are taught in learning sessions and practiced in action periods. Alongside this, we take '1000 flowers blooming' approach by training individuals through QSIR. By doing so we are maximising our potential to move at pace and scale, creating a critical mass of "improvers" and creating a culture of empowerment. To do this in a way that creates an improvement "movement" we need to further develop a more intentional, evidence-based approach.

In line with the methodology we teach, we need to be clear about "what we are trying to accomplish" and "how will we know that a change is an improvement"? [4]

The concept of 'dosing' was first developed over 12 years ago by Dr Robert Lloyd at the IHI. It is derived from the principles used to establish the appropriate dose of a medicine. For example, a group of patients all suffering from high blood pressure would not all be given the same dose of blood pressure medicine. Some might get 5 mg; others 10 mg and still others 20 mg. The dosage of the medicine would be based on the patient's needs. In a similar manner the 'dose' of the Science of Improvement will differ depending on the needs of the individual and their role in the making the QI journey a reality within their organisation. [5]

Aim: to ensure the staff groups listed in Table 4 have quality improvement awareness, ability, and expertise.

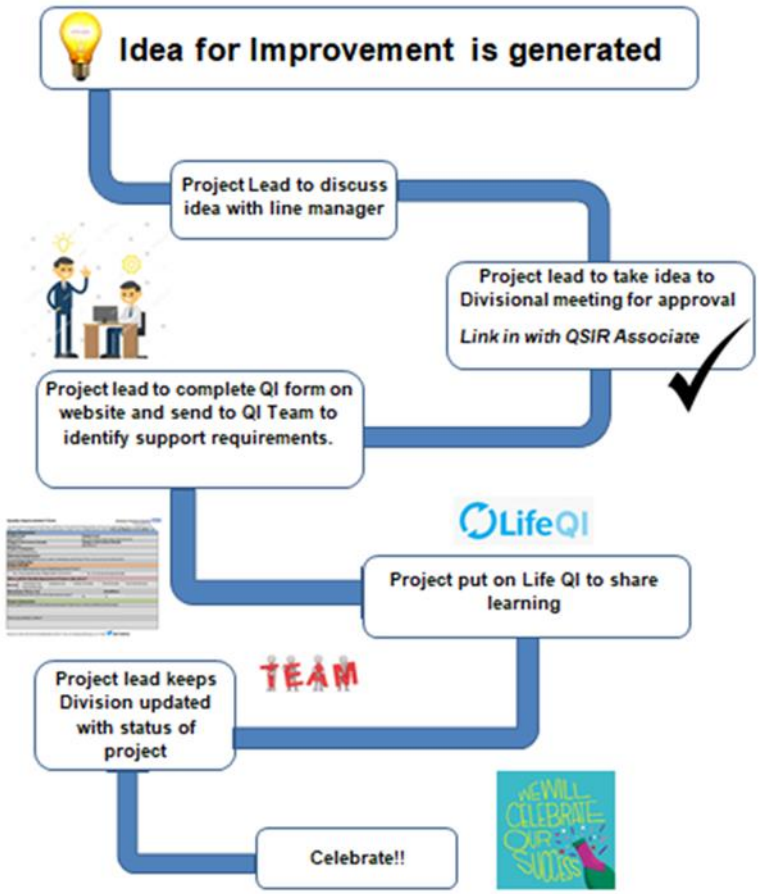
Table 4: Plans to ensure various staff groups have quality improvement awareness, ability, and expertise.

Staff Group	**Learning offer**	**By end 2021/22**
New staff	All new staff to the Trust will be introduced to Quality Improvement as part of their induction. This will be an introductory session delivered by the improvement team, supported by executive leaders (video).	All new staff
All staff (inc. Preceptorship)	All our staff will have access to: - QSIR Foundation - QSIR Practitioner, or - QSIR Virtual - Everyday improvement	700 (10% of our staff)

	- A series of Masterclasses and leadership boosts from high profile speakers Note: QSIR contributes to CPD points. It should be noted Foundation and Practitioner are currently on hold and replaced by Covid Virtual due to Covid restrictions.	
Junior Doctors	Support to deliver improvement projects in line with ARCP requirements (TIPSQI)	40
Consultants	- New Consultant Leadership Programme - Breakthrough series/vital signs - Improvement Science Training for Clinical Teams – 12-month education programme (see below)	16
Ward Managers and Team Leaders	Leading for Clinical Quality training. Will also: - Sponsor or lead an improvement team - Understand data for improvement	100
Clinical and non-clinical Teams	Teams and individuals will be involved in a number of improvement practice activities and education programmes: - Breakthrough series/vital signs - Improvement Science Training for Clinical Teams – 12-month education programme	A minimum of 30 teams (90 individuals)
Senior Managers (DDON/DDOP/CD, ADON, Clinical Leads, GM, SM)	Teams and individuals will be involved in a number of improvement practice activities and education programmes: - Understand organisations QI approach and components - Understand data for improvement Working knowledge of breakthrough series/Vital Signs	All
Executives and Non-executive Directors	- Understand organisations QI approach and components - Understand data for improvement Understand strategic outcomes for QI projects - Executives will act as sponsors for improvement programmes	All
Improvement “Experts”	Deeper understanding of improvement methodology, understanding variation, coaching teams, and individuals.	7 including Chief Registrar

We will measure our achievements through the improvement programmes we run. The QI Hub are testing a web-based platform called Life QI where individuals or teams can save and share their projects. Life QI provides improvement tools such as driver diagrams, SPC charts and PDSA cycles to guide improvement work. Project leads will be able to access Life QI and put their projects on the platform, this will allow us to see the breadth and quality of work in one place. It will also support shared learning, create networks, promote standardisation, and limit unnecessary duplication. It will allow us to share projects "live" in meetings and committees.

Figure 3 - Process chart for generating ideas for improvement



Many projects happen organically with individuals as part of their daily work and do not require any formal support. This approach should be encouraged, and staff should feel empowered to make change in their daily work using improvement methods (small tests of change).

For those that wish to formalise their work, a process will be put in place to support them, so they can access improvement coaching and share their learning across the organisation.

Experience tells us that QI leaders are not just grown in classrooms, they practice the art of improvement in their day to day life, supported by coaches and mentors. For improvement to succeed it requires a receptive organisation, sustained leadership and sufficient training and support, in addition to regular review of data. Through the improvement programmes and projects described here, we will start to identify and build a network of people who can support Quality Improvement throughout the organisation, whilst taking into consideration the afore mentioned needs. Some of this will be directed by the QI Hub, but some of it will grow organically, through sharing projects widely (Life QI, events, Twitter etc).

> *"For improvement to flourish it must be carefully cultivated in a rich soil bed (a receptive organisation), given constant attention (sustained leadership), assured the right amounts of light (training and support) and water (measurement and data) and protected from damage."* [6]

Action(s) to be taken:

- Quarterly progress update will be provided to the Board as part of the QI Report in 2021/22.

Part 2:

4. PROGRAMME DELIVERY

4.1 Reduce Avoidable Harm – Eliminating Pressure Ulcers

4.1.1 Executive Sponsor: Director of Nursing, AHP and Quality

4.1.2 Specific Aims

The trust aims to achieve the following for Phase 1 & 2 by 31st May 2021:

- A 50% reduction category 2 hospital acquired pressure ulcers
- A 50% reduction in community acquired pressure ulcers
- An 80% reduction in Category 3 and 4 hospital acquired pressure ulcers

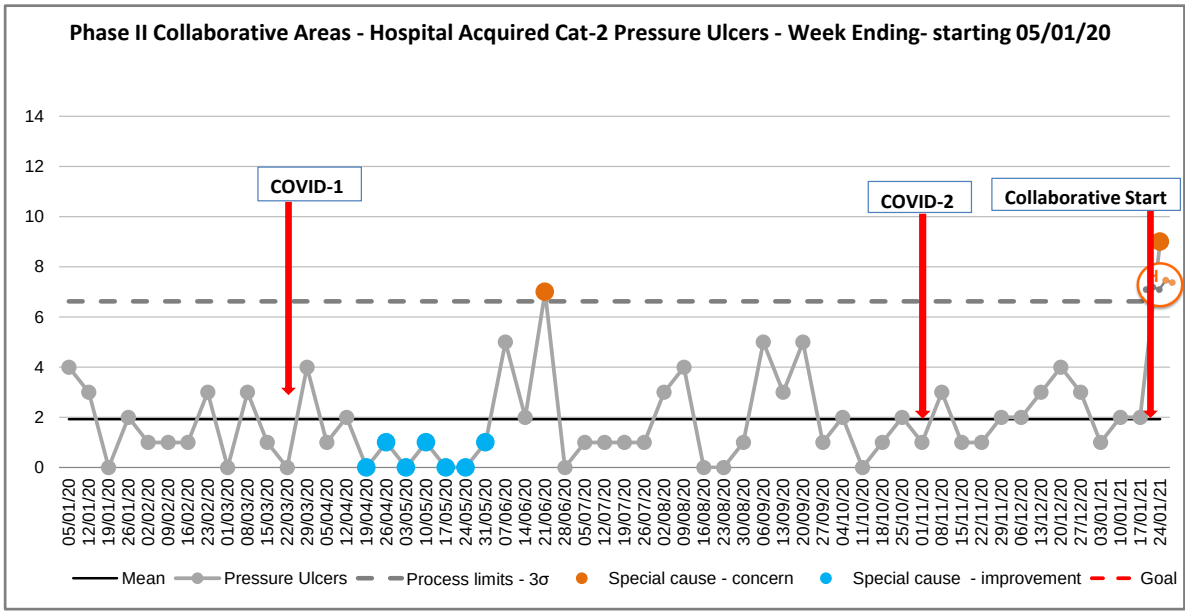
It should be noted that Phase 2 has commenced and that the aim has been extended to 31st May for the original cohort. Phase 1 progress is now provided as ***Appendix A***. It should be noted teams have "held the gains" since last reported in December.

4.1.3 Assessment – Phase 2

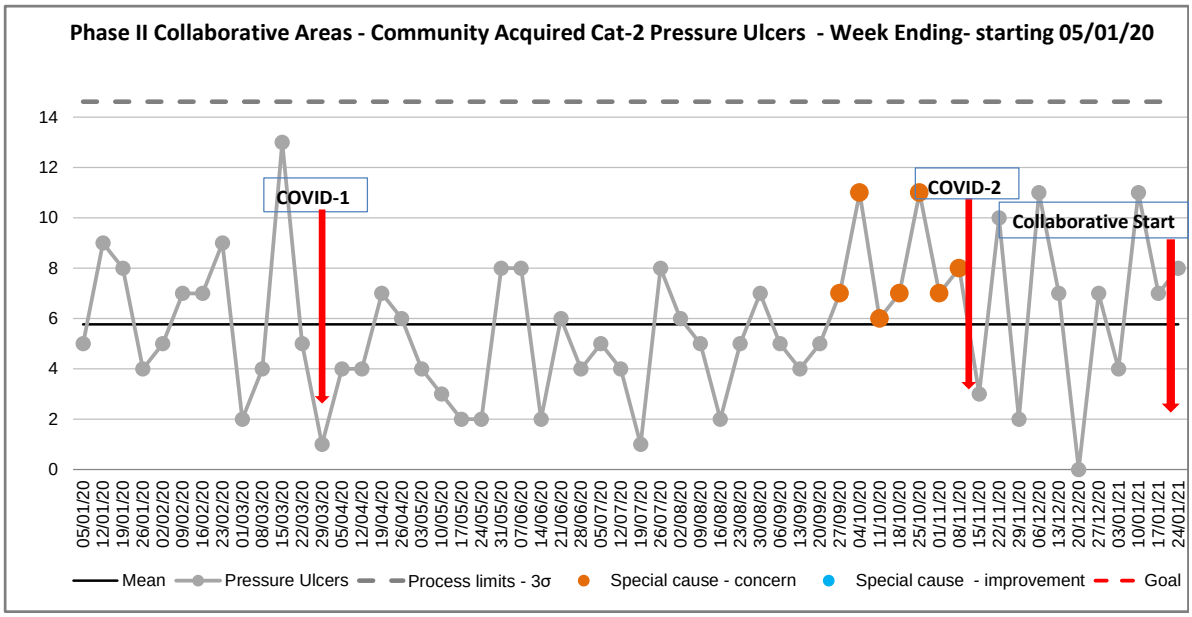
Ten Phase 2 teams have the next highest prevalence of pressure ulcers and have joined the collaborative. The second learning session took place on 24th January and was attended by representatives from all teams. The session was supported by Executive Sponsor and teams shared their progress to date. They are now in the second action period and will attend Learning Session 2 on 24th February.

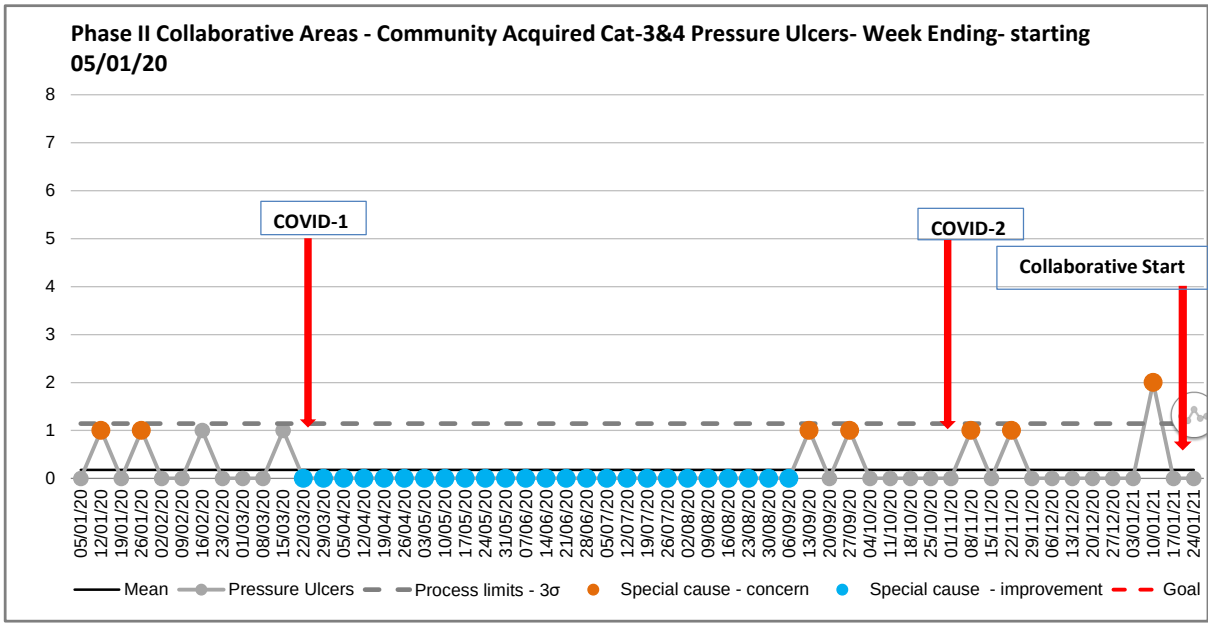
4.1.4 Data

The charts below show that the teams in both the acute and community are experiencing pressure ulcers and it is still too early to show improvement. Progress will be monitored against the aims as described above (*3.1.2*)



It should be noted that there have been no category 3 or 4 pressure ulcers during the last 12 months for the acute Phase 2 collaborative teams.





4.2 Reduce Preventable Deaths – Identification and Management of the Deteriorating Patient

4.2.1 Executive Sponsor: Joint between Director of Nursing, AHP and Quality and Medical Director

4.2.2 Specific Aims

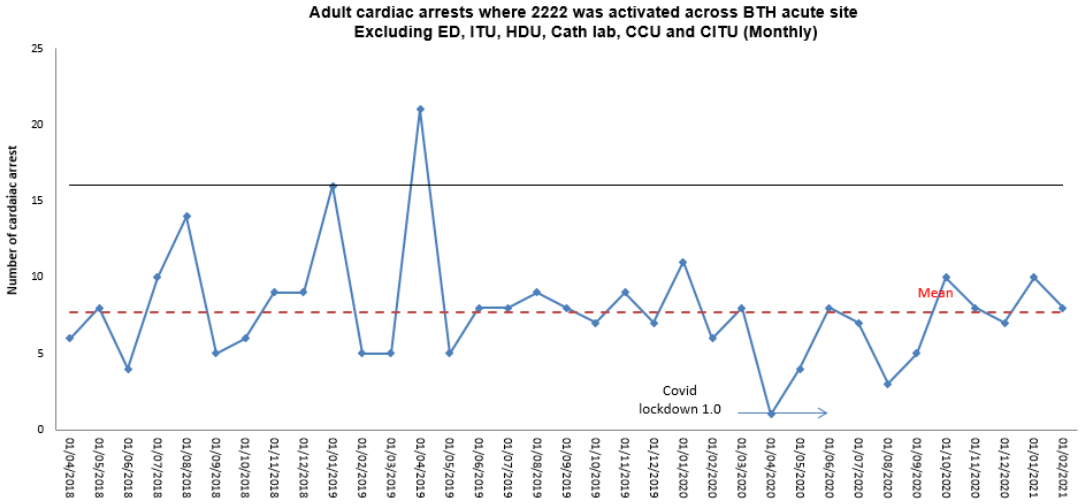
- To reduce the number of cardiac arrests outside of critical care units by 50% by September 2021.

4.2.3 Assessment - Phase 1

Agreement to proceed with this programme of work was made at the Public Board and Quality and Effectiveness Committee in November, Phase 1 is now initiated. Programme leads have been identified and have worked with a faculty of clinical leads to develop a change package. The first learning session was held 10th February 2021, with 51 attendees. The teams are now in action period 1 and will meet for Learning Session 2 on 15th April.

4.2.4 Data

Updated baseline outcome data for this collaborative shows the number of adult cardiac arrests where 2222 was activated for cardiac arrest outside of critical care areas (ITU, HDU, CCU, CITU), the Emergency Department and the Cardiac Catheter Labs. The measurement strategy for this programme is being developed further with the expert faculty and project leads. Fortnightly expert faculty meetings have been organised with clinical leads to facilitate this.



4.3 Improve the Last 1,000 days of life

4.3.1 Executive Sponsor: Director of Nursing, AHP and Quality

4.3.2 Specific Aims
The specific aims for this programme of work are under development, as they will require input from the expert faculty, who are currently being onboarded. The aspiration of this programme is to give our patients back the gift of time and to ensure patients to live as well as possible until they are dying, and then allowing patients to die with dignity. This will be achieved by working with our patients, system partners and the community to improve services and enable patients to be in the place they love, longer.

4.3.3 Assessment
The initiation document for this programme was agreed at Board on 7th January. The faculty group are following a population segmentation model to assist in identifying a patient cohort. The population segmentation model 'Bridges to Health' by Joanna Lynn splits the population into 8 segments, from healthy at one end to patients with multi-factor frailty, with or without dementia at the other. The faculty have suggested to focus on the last three segments which can be broken down into frailty, repeat admissions due to exacerbations and end of life care. A locality or localities will be identified to focus the improvement work. This decision will be made in March in partnership with our CCG and Public Health colleagues. A group of key stakeholders will work together to further develop the programme drivers, ready for the launch in May 2021.

4.5 Safety Culture Programme

4.5.1 Executive Sponsor: Joint sponsors Director of Nursing, AHP and Quality and Medical Director

4.5.2 Insight

A literature review is being conducted to ensure the suitability of the Agency for Healthcare Research and Quality (AHRQ) Safety Culture Survey. As mentioned in January's report, our

Trust has access to the AHRQ Safety Culture Survey via AQuA and it is a validated tool that is more widely used in hospitals, compared to other Safety Culture Survey tools. Discussions are underway with stakeholders to identify the suitability of this tool for our organisation.

Action(s) to be taken:

- Update the Board in May 2021 to confirm whether this tool is the most suitable and where/ how it will be used.

4.5.3 Involvement

Safety culture is everyone's business and it is important that a multi-disciplinary, systems approach is taken to doing this. In line with the Trusts' Safety Strategy, a group of stakeholders to lead the Safety Culture Programme is being formed. This will be called the "Safety Movement Group" and will initially consist of representatives from the following teams; Risk, Patient Advice and Liason Service, Freedom to Speak Up, Equality, Diversity and Inclusivity, Workforce (HR/OD/OH), Complaints, Claims, Patient Experience. This group may expand over time and will involve Patient/Service users. The first meeting for this group will be held 9th March and initial priorities will be discussed.

4.5.4 Learning from Excellence

The formal reporting system, Learning from Excellence that the Trust has signed up to helps us to "Learn from the best". The implementation of Learning from Excellence has been discussed with the Quality Governance team and the patient experience team. We are planning to use positive patient feedback to identify where we can start to encourage teams to use this formal reporting system. This has been discussed with a number of assistant divisional nursing directors and will be discussed further with at the aforementioned Safety Movement Group. Training sessions are planned with the national Learning from Excellence team. Once reports start to be submitted, they will be received by the national Learning from Excellence team, who will then filter all reports from our Trust and send these to the Patient Safety Specialist and Risk teams. It has been suggested that the Quality Governance team could include these reports in the Learning from Incidents and Risk Committee updates.

Action(s) to be taken:

- Update the Board in May 2021 to confirm who will lead on this work and where it will be. tested.

5. Risks

5.1 Virtual learning sessions

Due to social distancing restrictions, the teaching and collaborative learning sessions are being held "virtually" using MS Teams. This deviates from the methodology and may result in less favourable results. To mitigate this, "Virtual Action Learning Sessions" and individual coaching is offered to teams and individuals.

5.2 QI Hub team space allocation

Space allocated for QI Hub team not fit for business activities that lead to improvement and innovation (e.g. space to involve multiple employees, Kaizen suite). To mitigate this, the space has been allocated and works will commence in the coming weeks.

5. Financial and Legal Implications

5.1 Financial Implications
The business case for funding has been presented and agreed

5.2 Legal Implications
There are no legal implications

6. Recommendations
The Board are asked to consider the matters raised in this report for assurance and to support commencement of the building capability proposals.

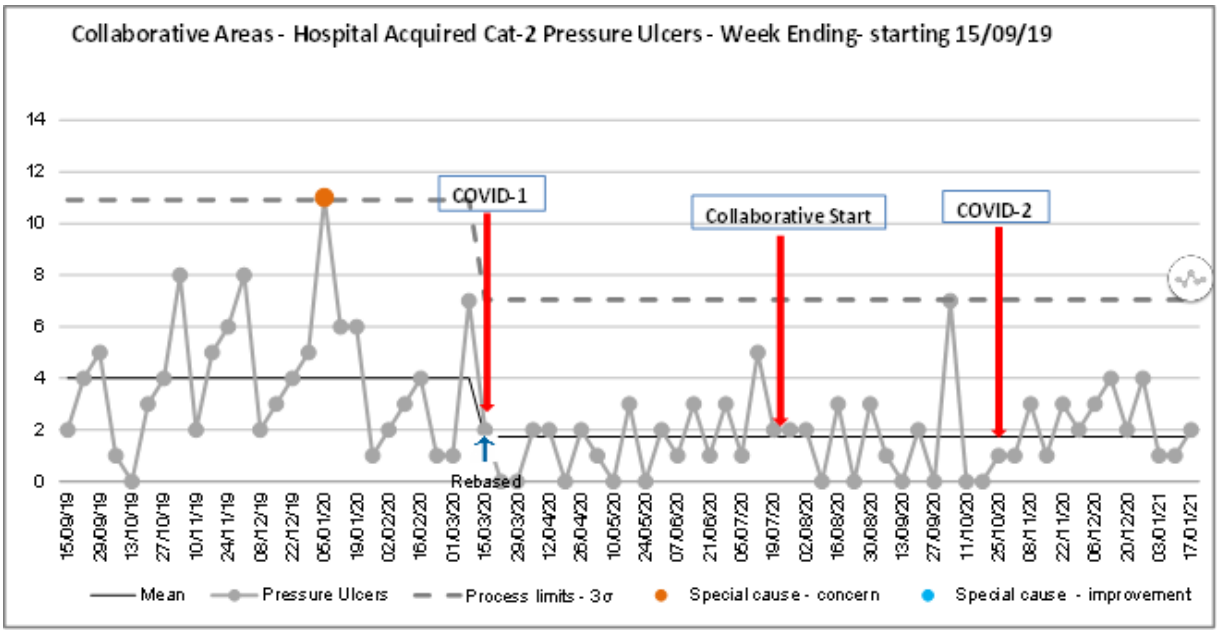
References

1. Blackpool Teaching Hospitals. *Quality Improvement Strategy 2019 – 2022*.; 2019.
2. England NHS, Improvement NHS. The NHS patient safety strategy. *Safer Cult safer Syst safer patients*. Published online 2019.
3. Furnival J, Boaden R, Walshe K. Assessing improvement capability in healthcare organisations: a qualitative study of healthcare regulatory agencies in the UK. *Int J Qual Heal Care*. 2018;30(9):715-723.
4. Turkington P, Power M, Hunt C, et al. There is another way: Empowering frontline staff caring for acutely unwell adults. *Int J Qual Heal Care*. 2014;26(1):71-78. doi:10.1093/intqhc/mzt084
5. Lloyd R. *Quality Health Care: A Guide to Developing and Using Indicators*. Jones & Bartlett Learning; 2017.
6. Shortell SM, Bennett CL, Byck GR. Assessing the impact of continuous quality improvement on clinical practice: what it will take to accelerate progress. *Milbank Q*. 1998;76(4):593-624.

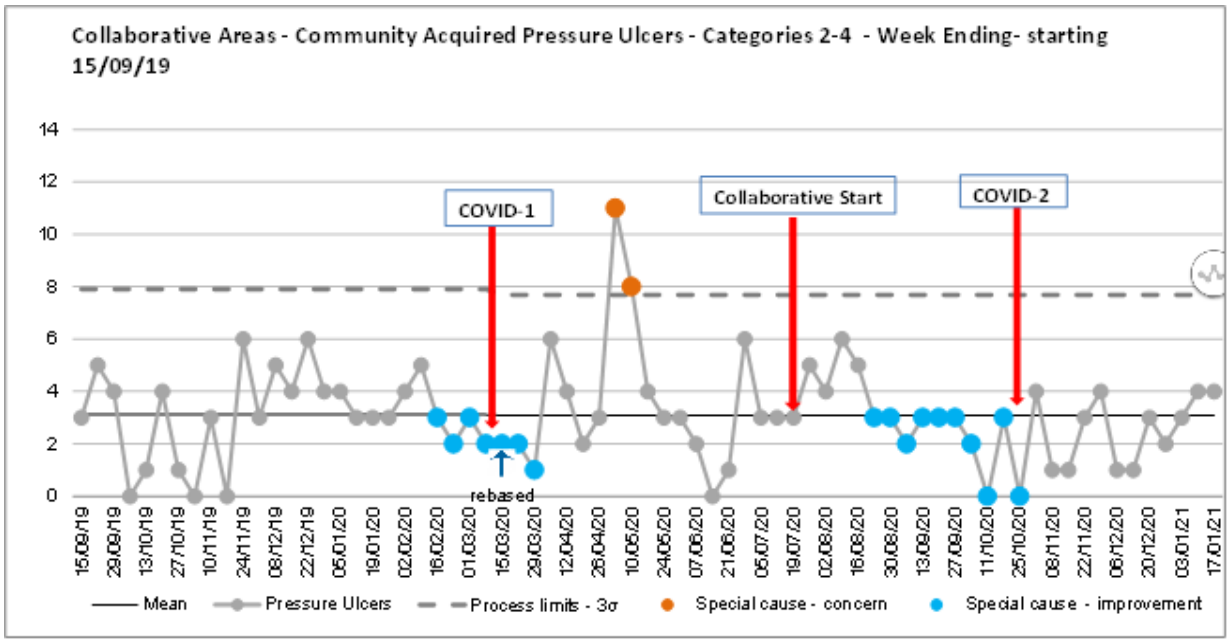
Appendix A - Eliminating Pressure Ulcers

Phase 1 Teams

Aim: achieve a 50% reduction category 2 hospital acquired pressure ulcers- weekly: Sustained improvement within normal variation. Continuous improvement efforts are needed to further eliminate pressure ulcers.



Aim: achieve a 50% reduction in community acquired pressure ulcers Further improvement efforts are required to achieve a sustained change for these teams. The chart below presents the data collected by these teams to date.



Aim: to achieve 80% reduction in Category 3 and 4 hospital acquired pressure ulcers: Since the collaborative started, there has been one hospital category 3 pressure ulcer recorded in August, and a community acquired pressure ulcer recorded in January 2021 which is under investigation.

It should be noted that data presented in this report are not inclusive of deep tissue injuries or unstageable pressure ulcers, but the work the teams are doing will have an impact on those numbers as they progress

Blackpool Teaching Hospitals NHS Foundation Trust

Board of Directors Meeting

4 March 2021

Corporate Risk Register update (February 2021)

Author of Report:	Charlotte Mays, Risk Manager Ian Brandon, Good Governance Institute
Executive Director Sponsor:	Peter Murphy, Director of Nursing, AHPs and Quality
Date of Report:	25 February 2021

Executive Summary:

The Corporate Risk Register (Part A) continues to evolve and is now at its final template state, which provides the Board of Directors with a detailed overview of the currently recorded corporate risks. Nonetheless, as is appropriate, the Corporate Risk Register is a live document that has been further updated in the preceeding month, following discussions with Executive Directors and other senior staff. Due to the continuing operational pressures, further updates to the Corporate Risk Register are required to fully reflect the current position.

As highlighted at the previous meeting, Phase 3 of the risk improvement programme entails focusing on embedding the processes for escalation and de-escalation of risks, reporting procedures, advanced utilisation of the system and its functions, and further development of training and wider education at all levels of the Trust. The Governance, Risk & Patient Safety Manager and the Risk Manager continue to work in partnership with the Good Governance Institute, to devise a comprehensive risk training & education programme (including the development of a story board), which will be rolled out across the Trust from March 2021 onwards. In addition, the final element of ensuring that the Corporate Risk Register is truly reflective of the organisation's top risks, an in-depth review of divisional risks will be undertaken, with appropriate risks escalated and/or amended.

The Institute of Good Governance are supporting the Trust in the development of the Risk Management Strategy, which will link in with our existing revised policy and SOP to ensure that there is a structured approach to the improved way of managing risk. The Risk Assurance Meetings (RAM) are being held bi-monthly and are attracting good attendance from divisions and departments.

KPMG have started an internal audit to test the operating effectiveness of the Trust's processes to manage risk. They have met with our Risk Manager and will be meeting with the Director of Corporate Governance and Deputy Director of Quality Governance. The final report will be issued on the 15th March 2021.

For Information/Assurance:	**For Discussion:**	**For Approval:**
X		

Recommendations:
For the Board of Directors to note the updated Corporate Risk Register (Part A)

Sensitivity Level:

Not Sensitive: **(for immediate publication)**	**Sensitive In Part:** **(consider redaction prior to release)**	**Wholly Sensitive:** **(consider applicable exemption)**
	X	

Summary:

1. The Board of Directors received a revised Corporate Risk Register at the previous meeting.
2. The Corporate Risk Register (Part A) is comprised of divisional, departmental and corporate services' risks, which, if materialised (in part or full), have the potential to result in significant adverse consequences for the Trust so therefore require executive input or overview.
3. This month's report provides an update to the Board of Directors on the current status of the Corporate Risk Register, including new risks, closed risks and updated risks.

The Board of Directors is advised to note material changes from the last month's report summarised below:

<u>New risks</u>

- Ref: 3094 (ambulance loading times) – Standard Operating Procedure being developed at system level to agree approach during ambulance backlogs.
- Ref: 3095 (endoscopy capacity) – Action plan in place to improve endoscopy capacity including increasing recovery area.

<u>Updated risks</u>

- Ref: 3014 (records management) – change in location due to no long term future of Parkwood building. Off-site scanning bureau being utilised whilst new location being made fit for purpose.
- Ref: 3026 (skilled and representative workforce) – Bid for funding with East Lancashire Hospitals Trust to provide support for working with carers with NHSE/I.
- Ref: 3040 (IT systems) – Procurement of Electronic Patient Record started aligning with ICS, expected to be completed by end of Q4 2020/21.

<u>De-escalated risks</u>

- Ref: 2692 (Resuscitation training rooms) – now managed on the divisional risk register.
- Ref: 12 (Dissection room) – now managed on the divisional risk register.
- Ref 2250 (Novel Pathogen and DH reporting) – now managed on the divisional risk register.

<u>Risks for highlighting but not yet populated onto the Corporate Risk Register</u>

- Ref: 2243 (Infection control standards including nosocomial infections) – Infection control Board Assurance Framework in place to support monitoring of infection control standards.
- Ref 3031 (Compliance with seven day working) – scope and ownership of risk to be discussed with executive team – actions in place relating to recruitment and retention (see risk 3027).
- Ref 3097 (Implication of commissioning changes) – risk scope to be further developed – engagement to understand potential changes via ICS (see risk 3044).

Recommendations:

For the Board of Directors to note and approve the updated Corporate Risk Register (Part A).

Blackpool Teaching Hospitals NHS Foundation Trust

Corporate Risk Register

Blackpool Teaching Hospitals NHS Foundation Trust

STEP 1 - IDENTIFY							STEP 2 - EVALUATE								STEP 3 - PLAN						STEP 4 - FOLLOW-UP
					Risk Description		Inherent / Initial Risk Score					Current Score						Target Risk Rating			
Ref.	Date Identified	Risk Category / Type	Risk Sub-Category / Type	Accountable Director (Risk Sponsor)	Risk of	Impact / Consequences	(L) likelihood Score	(I)impact Score	Risk Rating (L x I)	Controls in Place i.e. arrangements that are already in place and are helping to control the risk – please provide evidence of the risk being controlled	Assurance (RAG) rating for the strength of controls	(L) likeli-hood Score	(I)impact Score	Risk Rating	Actions to address the risks: i.e. What actions are you going to take to strengthen control of the risk and achieve the target risk rating. SMART actions (Specific - Measurable - Attainable - Relevant - Timely)	Respons-ibility of	Action Deadline	(L) likeli-hood	(I)impact Score	Risk Rating (L x I)	Progress since last update
3032	17/11/2020	Performance	Operations	Executive Director of Operations	Aggregated Risk - There is a risk that the Trust could fail to deliver the National Access Targets for the 62 day Cancer Pathway Linked to BAF 3.1 Linked to RA 165.	This could have: - a financial and regulatory impact on the service provided. - a negative impact on; the time taken to diagnosis which could lead to poorer outcomes for patients, meeting our regulatory requirements to ensure we are complaint and the Boards financial position. The current process does not suffice our regulatory requirements. Risk of poor outcomes for patients, potential to fail National cancer targets, potential financial implication and reputational damage	4	4	16	Oversight and assurance reporting to the Operations Committee and Quality Committee. Local service accountability and reporting with escalation in place	Insufficient	5	4	20	Demand & Capacity review to develop business case for oncology.	Head of Performance, Planning & Contracting	Q1 2021 /22	3	4	12	Demand and capacity modelling undertaken for phase 3 restoration. Stood down general and elective tertiary theatres to support increased ICU capacity meaning elective programme significantly reduced from restoration plan. The Integrated Care System (ICS) transformation programmes for theatres, outpatients and cancer. Cancer action plan and performance improvement plan. Forming endoscopy trajectory and action plan for recovery including national bowel screening programme, plan ready by January 2021. Cancer Board set up. Exploring collaborative approach to management of P2 cancer patients in breast, urology and gynaecology via the IS
3034	18/11/2020	Performance	Operations	Executive Director of Operations	Aggregated Risk - There is a risk that the Trust could fail to deliver the National Access Targets for 18 week RTT. Linked to BAF 3.1 Linked to RA 165.	This could have: - a financial and regulatory impact on the service provided. - a negative impact on; the time taken to diagnosis which could lead to poorer outcomes for patients, meeting our regulatory requirements to ensure we are complaint and the Boards financial position. - a negative impact on patient flow, capacity and the care provided to our patients. The current process does not suffice our regulatory requirements.	4	4	16	Oversight and assurance reporting to the Operations Committee and Quality Committee. Local service accountability and reporting with escalation in place	Insufficient	5	4	20	Implementation of green pathways for elective patients. Demand and capacity modelling. Deliver trust part of ICP transformation programme on frailty, cancer and outpatients Divisional and corporate review of flow and discharge	Head of Performance, Planning & Contracting	Q1 2021/22	3	4	12	Green pathways for elective patients agreed and in place although impacted due to trauma ward COVID outbreak. Demand and capacity modelling undertaken for phase 3 restoration. Stood down general and elective tertiary theatres to support increased ICU capacity meaning elective programme significantly reduced from restoration plan. Integrated Care Partnerships (ICP) transformation programmes for respiratory, frailty and outpatients. OPD – steering group membership agreed. Inaugural meeting in October – focus on advice and guidance and patient initiated follow up. Fix in PAS now forcing staff to accurately record media so should see increase in virtual attendances. ICS transformation programmes for theatres, outpatients and cancer. Due to COVID ICS response is paused temporarily. However, Trust level activities continue to be on trajectories. Outpatients discussions at the Medical Leadership forums for further clinical champions in respect of the outpatient programme (March 2021) CSU focus on frailty and respiratory pathways to improve flow and length of stay. New flow team commenced. Revised patient flow meetings. To redesign bed management reports and produce bed management performance dashboard. Administrative support has been out in place February 2021. Divisional supernumerary managerial and clinical teams to support flow. Outpatient steering group in place focusing on advice and guidance. Agreed new waiting list category who have agreed to defer due to COVID and exploring whether these can be removed from waiting list count to be completed end of December 2020. Categories in place but no national agreement to remove patients from list. Plans for IS use for Q4 agreed
3096	07/01/2020	Performance	Operations	Executive Director of Operations	There is a risk that COVID-19 continues to increase escalations to critical care, creating a backlog of scheduled work including day cases	This could result in patient harm from delays to treatment and regulatory action from not adhering to constitutional standards	4	4	16	Oversight and assurance reporting to the Operations Committee and Quality Committee. Local service accountability and reporting with escalation in place	Partially effective	5	4	20	Being managed at ICS basis - to be de-escalated as critical care use reduces especially considering BTH critical care bed pressures. To be achieved by daily monitoring and forecasting of bed position going forward.	Directors of Operations	Q4 20/21	3	4	12	Discussing with ICP to obtain additional bed capacity – stress testing meeting to took place October 2020. Identified nursing home for additional beds for positive Covid patients who are meet criteria to reside. Online from 13 January 2021. Having to increase ICU capacity from theatres due to wave 3 demand. Critical care surge plan agreed at ICS level. Daily call in place with management of mutual aid in terms of critical care decompression. Transfer team established on daily rotation across the acute providers to enable swift decompression when required. Elective programme managed as part of RTT and Cancer risks
3042	17/11/2020	Partnership Working	Health and Safety	Deputy CEO	Aggregated Risk - There is a risk that, due to the ambiguity around the number of properties used and lack of capacity to meet the demand, the infrastructure and facilities could not be well maintained or built for purpose Linked to Atlas TRPR04 and TRPR12. Linked to RA 005 and 2496.	This could result in potential financial penalties, breach of regulations and/or litigation.	4	5	20	Health and Safety and Environmental Assessments and its related policies in place.	Partially effective	4	5	20	The Trust has identified an area for this storage area to be reallocated to which will also incorporate the scanning bureau. Limitations of electrical capacity within Pharmacy is beyond the remit of clinical support division. An assessment into storage including basements must be complaint with the HSE regulation. All sites of storage to be planned for the relevant risk assessments in Q3 2020	Facilities / Health Informatics	Q1 2021 /22	2	2	4	Due to overcrowded storage areas there has been a loadbearing issue arise in this area. To raise awareness of the potential for patient harm through total loss of service. To help Atlas prioritise work to upgrade Pathology available electrical capacity. interim Head of Estates advises that all Pathology work is ongoing over the next two years. However, a big clean up has been done in the basement and lighting and other measures fitted to reduce flooding. Filing now needs to be kept in the basement.
3016	17/11/2020	Quality	Clinical	Associate Director of Quality Improvement	Aggregated Risk - There is a risk that the Trust could breach fundamental standards required by its license. Linked to RA 009 & 2711 **Linked to BAF RISK 1.1**	The Trust could be at risk of not meeting regulatory requirements and not providing the correct level of care for our patients.	4	5	20	Systems and processes to enable staff to deliver care and treatment in line with the fundamental standards, in order to deliver on the three quality aims as outlined in the Trust's Quality Improvement Strategy: - Reducing preventable deaths - Reducing avoidable harm - Improving the last 1,000 days of life System Improvement Plan including CQC action plan	Partially effective	4	4	16	The Trust will deliver 3 large scale programmes in 2021, as described in the Quality Improvement Strategy, that aim to deliver measurable improvements in patient quality and safety. This will be supported by the newly appointed Quality Improvement Hub (9 Whole Time Equivalents (WTE)). Safety Culture programme Completion of CQC action plan Completion of RCP action plan	Associate Director of Quality Improvement	31/03/2021	3	3	9	Deteriorating patient collaborative project initiation agreed by the Board to commence in Feb 2021. Reducing avoidable harm - Pressure ulcer collaborative commenced in July 2020, with 10 wards and community teams. Results were presented to Board on 4th November 2020. Plan is place for the learning to be shared widely, with Phase 2 commencing Jan 2021. Improving the last 1,000 days of life – Trust Board agreed the project initiation plan in Jan 2021. Currently in preparation phase, programme launch April 2021. Following confirmation from the Executive directors on 28th September 2020, a further pathway programme design (vital signs) has been agreed with a focus on frailty. Following Board's approval in November pre-work has now commenced. Currently in preparation phase, programme launch April 2021, in line with improving last 1000 days. Safety Culture – work currently underway to decide the best approach to measure safety culture. Check and challenge for CQC action plan Revising system improvement plan

STEP 1 - IDENTIFY							STEP 2 - EVALUATE							STEP 3 - PLAN						STEP 4 - FOLLOW-UP
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Ref.	Date Identified	Risk Category / Type	Risk Sub-Category / Type	Accountable Director (Risk Sponsor)	Risk of	Impact / Consequences	(L) likelihood Score	(I)impact Score	Risk Rating (L x I)			(L) likeli-hood Score	(I)impact Score	Risk Rating				(L) likeli-hood	(I)impact Score	Risk Rating (L x I)	Progress since last update
3026	16/11/2020	People and workforce	Staffing	Director of People and OD	Aggregated Risk - There is a risk that the Trust is unable to attract the appropriately skilled and representative workforce Linked to BAF 2.1 and 2.4. Linked to RA 2498, 1208,	This has the potential of adversely impacting the care provided to patients and sufficing the regulatory requirements under safe staffing.	4	4	16	Operations Committee oversight on the action plan including attracting new talent - Work is being done to address the workforce supply by working with international recruitment agencies, offering retire and return programmes as well as working with Health Education England on the Global Health Exchange programme.	Partially effective	4	4	16	Arrange workforce panel to review of appointments Convert locums into substantives staff Ensure staff work a the top of their license Roll out of Allocate roster system Agree system rate for agency staff Agency staff for winter plan Recruit AHP Lead Complete all General Medical Council and Health Education England actions from last visits and survey . Job description to be made clear and concise. Look at ways of making the Trust the employee of choice	Workforce Development	Q1 2021/22	3	4	12	• Workforce panel reviewing if appointments can be converted into apprenticeships • Plans to be drafted on conversion of locums to substantive staff. • Collaborative bench across Integrated Care System (ICS) and refreshing rates to reduce contingent labour – Natalie Hill paper on rates circulated, awaiting provider agreement to rates • Agency agreed to cover winter plan gaps – issues with fill ongoing despite plans but block bookings in place • Integrated Care Partnership workforce transformation discussions have commenced for hard to fill roles, utilising new or enhanced roles using Clear and Star workforce tools in respiratory and looking at other areas – two workshops on programme started and internal capacity to run programmes in future. Utilising for respiratory pathway. • ICP review of workforce plans across the place to improve collaboration due to start in November 2020. Director of HR Strategic Development in place to produce workforce plan for ICP. Local People Board and workforce planning group set up for ICP and ICS taking place February 2021 • Internal audit on recruitment and employment life cycle and nursing bank agency and rosters in reporting to the audit committee on findings and recommendations in Q4. Operations Committee will monitor implementation of actions in Q1 2021/22 • Awaiting national guidance on People Plan targets expected by Q3. People Plan has been socialised. • Planned corporate review of workforce by April 2021 • Linking into Healthier Lancashire, NHSE and NHS Employers to fast track international recruitment additional support preparing a bid – November update to Operations committee Bid for funding with ELHT to provide support for working with carers with NHSE/I
3036	19/11/2020	Performance	Operations	Executive Director of Operations	Aggregated Risk - . There is a risk that the Trust could fail to deliver the 4 hour and 12 hour targets, within the Emergency Department. Linked to BAF 3.1 Linked to RA 165.	This could have: - a financial and regulatory impact on the service provided. - a negative impact on; the time taken to diagnosis which could lead to poorer outcomes for patients, meeting our regulatory requirements to ensure we are complaint and the Boards financial position. - a negative impact on patient flow, capacity and the care provided to our patients. The current process does not suffice our regulatory	4	4	16	Oversight and assurance reporting to the Operations Committee and Quality Committee. Local service accountability and reporting with escalation in place	Insufficient	4	4	16	Review demand and capacity Focus on flow and discharge Review of frailty and respiratory pathways	Head of Performance Planning & Contracting	Q1 2021/22	3	4	12	Demand and capacity modelling undertaken for phase 3 restoration. CSU focus on frailty and respiratory pathways to improve flow and length of stay. Divisional supernumerary managerial and clinical teams to support flow. New flow team commenced. Revised patient flow meetings. To redesign bed management reports and produce bed management performance dashboard. Administrative support has been out in place February 2021. Outline business case for emergency village with NHSI/E – awaiting feedback. – December 2020. Started building work on Minors. 2 weeks behind due to estates issues, revised completion January 2021
3027	17/11/2020	People and workforce	Staffing	Director of People and OD	Aggregated risk - There is a risk that the Trust is unable to retain and sustain the appropriately skilled and representative workforce Linked to BAF 2.1 and 2.4. Linked to RA 2498, 1208,	This has the potential of adversely impacting the health and wellbeing of staff, and the care provided to patients This has the potential for reducing training and education income into the trust	4	4	16	Close monitoring of sickness absence and use of agency staff	Partially effective	4	4	16	Ensure staff work at the top of their license Roll out of Allocate roster system Recruit AHP Lead Utilise existing workforce to fill senior roles. Complete all General Medical Council and Health Education England actions from last visits and survey . Appraisals and 1:1s to be completed with all staff. Time allocated to staff to complete mandatory training. Risk assessments completed for staff during COVID. Talent management programme. Job Loss of funding this year cannot be changed. However by working with Liverpool to ensure an increased number of students next year and Lancaster to increase their student numbers work is actively ongoing to improve the controls. Changes to the current system are a national project. Education team involved in various groups to shape these. Assess the staff sickness absence. Look at the top three reasons for sickness. Communicate to all staff the support available from Occupational Health and the 24/7 helpline.	Workforce Development	Q1 2021/22	3	4	12	•Measuring demand and capacity from a job plan and rotas perspective to ensure job plans are accurate and staff are working to the top of their license • Roll out of Allocate roster system in progress – To be fully completed by April 2021. • Recruited Chief Allied Health Professionals (AHP) lead to review use of AHP roles to improve multidisciplinary working. Update to be provided at future date as part of workforce transformation agenda • Grow your own scheme in progress – talent management approach in place and working with East Lancashire Hospitals on joint/secondment roles. Nursing templates being reviewed to look at capacity for this scheme ready by Q1. • Review of trainees to support those in training/students – report to Operations Committee Q1 2021/22 • Awaiting national guidance on People Plan targets expected by Q3. People Plan has been socialised. • Visit from Health England Education North West (HENW) in November 2020. Action plan from previous visit ongoing. Quality and Clinical Effectiveness to received preparedness report October 2020 which showed feedback was positive. General Medical Council visit in January 2021 was also initially positive.
3015	17/11/2020	Performance	Clinical	Executive Director of Operations	There is a risk that patients with mental health issues will not be seen or treated in a timely manner. This is due to a lack of capacity to meet the service demands.	This could result in poor patient experience with potential impact on the patients long term condition as well as slow patient flow impacting on Emergency Department (ED) targets.	4	5	20	Performance is closely monitored through the operations committee. Some improvements in place - since April 2020 – there has been a step-change in the level of documentation recorded for the escalation for these patients' waits. This is carried out by the mental health team from Lancashire and South Cumbria NHSFT which works within the Emergency Department (ED).	Partially effective	4	4	16	A further review and monitoring through the Audit Committee as part of the internal audit plan and recommendations Further develop approach to re- design service provision. QIP project to be undertaken. Ongoing education of NICE guidelines for the need of documentation. Senior clinicians remind doctors during hand over if there are patients in the department who need their capacity	Divisional Director of Operations	31/03/2021	3	3	9	Delivering Urgent and Emergency Improvement Plan actions inc creating a Mental Health unit to be completed by February 2021.
3065	16/12/2020	Finance	Financial	Director of Finance	The Trust is at risk of not understanding how effectively the use of resources is to provide high-quality, efficient and sustainable care for patients. This is due to not improving the useful resources	This has the potential to impact the quality, efficiency and productivity of the service. Which could result in negatively impacting on the financial position.	4	4	16	Tools in place to assess own efficiency i.e. model hospital, service line management and right care. Cost and engagement programme. Updating audit and Operations committees in previous months	Insufficient	4	4	16	• Work with the divisions to ensure they are all using the use of resources: assessment framework, to understand their current state	Finance Department	Q1 2021 /22	2	4	8	The Trust is developing a quality efficiency and productivity improvement board to be implemented after the peak of COVID pandemic. System improvement financial forecast check and challenge for each business case since 2019.
3094	05/01/2020	Performance	Operations	Executive Director of Operations	There is a risk that the Trust cannot meet its required ambulance offloading time requirements due to a full emergency department	This could result in reduced patient flow affecting quality and timeliness of care, reduced reputation and potential regulatory action	4	5	20	Covid and non covid patient split pathways Previous work on footprint and ambulance handover to reduce ambulance waits Electronic monitoring on NEXIS system for ambulance arrivals ED senior clinician to review patients in event of backlog Escalation procedure in place to Patient Flow Matron and on call manager	Partially effective	3	5	15	Plans to decant patient with senior emergency department team. Develop Standard Operating Procedure at system level to agree approach during ambulance backlogs	Divisional Director of Operations	Q4 20/21	2	5	10	Serious incident reported, action plan agreed with ambulance service Ambulance diverts taking place agreed across provider collaboration and NWAS. Ambulance handover improvement plan being drafted and to be monitored by Urgent and Emergency Oversight from February 2021. SOP being developed to confirm the escalation policy in order to reduce ambulance handover delays. SOP to be completed and approved by the system partners by end of Feb for implementation. Solution local not yet formalised into a full document
3014	17/11/2020	Quality	Information Governance	Chief Clinical Information Officer	Aggregated Risk - There is a risk that the Trust does not adhere to records management requirements due to the insufficient storage space. Linked to RA 2506	This could cause; damaged folders, incomplete records and unable to locate records. This could lead to monetary penalties, regulatory action due to the General Data Protection Regulation (GDPR), loss of reputation and reduce the quality of care provided to our patients.	4	5	20	Some additional storage space has been acquired by the Trust to house Closed Volumes of records.	Effective	3	5	15	The implementation of the scanning bureau will ease some of the storage areas.	Health Informatics	Q1 2021 /22	3	3	9	Scanners have been delivered – full move into Parkwood was expected completion by February however to be demolished so changed to old Theatres 7 to 10. Estates working on making area fit for purpose. Utilising NHS BSA offsite scanning bureau and other spaces in mean time.
3028	17/11/2020	Performance	Strategy	Deputy CEO	Brexit deal poses a risk of interruption to service sustainability, provision and destabilising the Boards financial position.	This has the potential of adversely impacting the recruitment of staff and the care provided to our patients.	4	5	20	Financial planning responsibility and oversight maintained at the operations committee of the Trust.	Insufficient	4	4	12	A detailed discussion to be held with the relevant Board sub-committee and a paper to be presented to the Board	Directors of Operations	Q4 20/21	3	4	12	EU Exit preparations update provided to Board in March 2020. Material updates to be provided at future meetings. Bad and executive monitoring on impact. No significant impact seen so far.

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3038	17/11/2020	People and workforce	COVID	Director of People and OD	Aggregated Risk - There is a risk that the Trust could be unable to provide the required care standard as a result of reduced or uncertain staffing numbers due to the impact of the Covid- 19 pandemic. Linked to RA 2440, 2491, 2778, 2821 and 1734. BAF Risk 2.2	This could have an adverse affect on patient care, staff wellbeing and the delivery of the service.	3	5	15	Workforce Transformation Strategy including education, training, support, health and wellbeing and development plans are in place. COVID-19 BAME focus groups held in June 2020 led by CEO, Medical Director, Director of Nursing & HR Director to check in with staff and ensure they understood reasons for completing risk assessments. National Wellbeing initiatives in response to COVID pandemic Wellbeing apps from NHS England IAPT stress awareness training for staff	Partially effective	3	4	12	Senior management have been made aware of the desk allocation issues and have been looking for alternative accommodation for some of the departments to move into. Review COVID guidance regularly. Health and well-being conversations for all staff in Q3 National, Regional and local initiatives. 5 ways to health and wellbeing guide. Signposting in place. Other communication of health and wellbeing campaign measures to be progressed with Communication team – November 2020.	Occupational Health / Workforce Development	Q1 2021/22	3	2	6	• Monitoring and managing the number of non-medical appraisals undertaken in the appraisal window to ensure 100% compliance by April – window was deferred due to COVID and extended as part of restoration • Behaviour framework – April 2021 • Big Conversation 'listening into action' sessions to be re-established from Q4 or Q1 – deferred from Q3 due to COVID-19 pressures • Organisational Development Manager to work with Execs to identify suitable candidates to participate in the Shadow Board programme – by Q1 2021 • As part of long term plan, fit for purpose service reconfiguration and new ways of working to be established ahead of both tertiary division set up in April 2021 and at system level in the longer term. • Refresh of establishment in light of new roles – Q1 2021 • National, Regional and local initiatives. 5 ways to health and wellbeing guide. Signposting in place. Other communication of health and wellbeing campaign measures to be progressed with Communication team – Health and Wellbeing initiatives circulated and updated regularly and targeted for staff. Exploring additional options from partners as part of People recovery • Health and well-being conversations for all staff as part of appraisal process
3044	05/01/2021	Partnership Working	ICS	Deputy CEO	There is a risk that if the Trust does not engage with the ICS, ICP and provider collaborative there could be financial and patient care implications	This could result in a reduced financial envelope and potential impact on patient care and reputation	4	4	16	ICS system reform and engagement with Trust Fylde Coast strategy development programme in place Fylde Coast executive group and steering group in place with regular meetings ICP strategy in place ICP priorities focused discussions on respiratory, frailty and outpatients Partnership Boards such as A&E delivery board Regular reporting to ICS and ICP	Partially effective	4	3	12	Further develop trust input and engagement into ICP development Further development of collaborative and partnership framework with all partners	Deputy CEO	Q4 20'21	3	3	9	• Active engagement in the development of the collaborative framework and ICP development process with focus on delivery through robust programme management, partnership and relationship development to influence the developments - ICP development group in place which reports to ICS Board. Meeting 18/2/212 for future direction of ICP and ICS. • ICP development ongoing including finalisation of strategic narrative. Work programmes to be agreed in Q4 • ICS funding model agreed which includes clarity on ICP funding expectations. Director of Communications in place
3046	16/12/2020	Finance	Financial	Director of Finance	The Trust is at risk of causing delays to the delivery of the service due to not replacing outdated Medical Devices.	This could lead to reputational damage, patient harm and delayed access to care	4	4	16	Refreshed contract management processes are in place between trust and Atla. Trust has invested its resources over the last 18 months to refresh its medical devices overseen by the Medical Devices Steering Group	Insufficient	3	4	12	We are considering a medical equipment registry with relevant repair and replacement time frames. Atlas to take the lead role in identifying and monitoring all medical equipment. Increasing capital resources focus on replacements	Finance Department	Q4 20'21	2	4	8	Progress has been significant the in last 18 months. Work ongoing to cleanse database of any assets disposals. The Trust has replaced all known high risk medical equipment.
3037	17/11/2020	Finance	Financial	Director of Finance	Aggregated Risk - There is a risk that the level of funding the Trust is able to generate is insufficient to cover the costs of providing services in a safe and effective way. Linked to BAF 4.1 Linked to RA 242.	This could result in a further risk that costs increase beyond what was planned driven by two main factors – shortage of an appropriately skilled workforce and / or significant changes in the way in which services are delivered (e.g. due to the need for social distancing).	4	4	16	• Weekly Cash Action Group • Quality and Efficiency Board • Standing Financial Instructions recently updated, Standing Orders and Scheme of Delegation • Operational Plan • Medium term financial strategy • System Improvement Plan • ICP Cost Improvement/Quality Innovation, Productivity (CIP/QIPP) programme • Shareholder Panel • Articles of Association with Atlas • Contract reviews • Counter fraud strategy • Capital programme • Finance deep dives • Long term plan • Business case process • Reports on variances and forecasts • Divisional performance reviews relaunched	Partially effective	3	4	12	Financial plan for rest of 20/21 and 21/22 Develop medium term financial strategy Re-establish quality and efficiency programme Training for staff on financial management	Finance Department	Q1 2021/22	3	2	6	• The Trust has now agreed a financial plan for the remainder of the financial year based on the Phase 3 Planning requirements. • The Organisation has been given a share of the resource for COVID and will report against this value in the financial forecast • Reporting against winter plan going forward which includes progress against recruitment. • As the Trust is able to provide limited assurance that the Trust will not need Revenue Support, the Trust will continue to submit 13 week cash flow forecasts to NHSI&E's Cash and capital Team. • Developing a medium term financial strategy to include a costed, resourced and affordable plan to ensure the Trust meets all safety requirements and can achieve operational performance standards, and go beyond 2019/20 to return to at least a financial balance. This will require both transformational change which reduces costs and / or recurrent additional income to support the cost base and will be reported to the Operations Committee. NHSI/E deferred operational planning round for 21/22. Current financial regime to continue for Q1 21/22. Continuing with financial planning process internally. Update to be provided in February 2021 to Operations Committee. • Review of the Operational and Clinical Management Structure commenced. • Review the Strategic Estates Infrastructure within the ICS to be picked up as part of Health Infrastructure Plan 2 • Re-establish the Quality and Efficiency Programme to review delivery in 2020/21 and plan for saving requirements in 21/22 - Delayed due to wave 2 Covid challenges, to be addressed as part of 21/22 planning • Agreement to manage a joint CIP/QIPP programme across the ICP. Further update to be provided in before the end of March 2021. • The System Improvement Board has requested that the Trust presents an update to the original System Improvement Plan – identifying any variances and explaining what has driven these. Also, what is recurrent and what is non-recurrent. Secondly, any proposed additions to the plan – and whether these have been reported to / approved by the SIB in February. Prepared and will be reported in February 2021. • Refresher training on the financial processes to all budget holders and holders of management roles. This would include process of approving posts and procurement process by Q2 2021/22.

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3045	16/12/2020	Finance	Financial	Director of Finance	Aggregated Risk - There is a risk that the Trust may not be financially sustainable due to the deficiency of income in comparison to expenditure.	This could adversely impact the opportunities to invest in; developments, technology and a skilled workforce. This could leave the trust open to breeching licence conditions resulting in a fine and/or revoking of the licence.	4	4	16	Weekly Cash Action Group Quality and Efficiency Board Standing Financial Instructions recently updated, Standing Orders and Scheme of Delegation Operational Plan Medium term financial strategy System Improvement Plan ICP Cost Improvement/Quality Innovation, Productivity (CIP/QIPP) programme Shareholder Panel Articles of Association with Atlas Contract reviews Counter fraud strategy Capital programme Finance deep dives Long term plan Business case process Reports on variances and forecasts Divisional performance reviews relaunched	Partially effective	3	4	12	• Work with the divisions to ensure they are all working towards financial sustainability • Maximise the planned activity and reduce the emergency admissions • Recruit to substantive posts across the Trust • Improve negotiations with Commissioners and ICS	Finance Department	Q1 2021/22	3	2	6	The Trust has now agreed a financial plan for the remainder of the financial year based on the Phase 3 Planning requirements. - Further update in December to Operations Committee. The Organisations have been given a share of the resource for COVID and will report against this value in the financial forecast • Reporting against winter plan going forward which includes progress against recruitment. As the Trust is able to provide limited assurance that the Trust will not need Revenue Support, the Trust will continue to submit 13 week cash flow forecasts to NHSI&E's Cash and capital Team. Developing a medium term financial strategy to include a costed, resourced and affordable plan to ensure the Trust meets all safety requirements and can achieve operational performance standards, and go beyond 2019/20 to return to at least a financial balance. This will require both transformational change which reduces costs and / or recurrent additional income to support the cost base and will be reported to the Operations Committee. NHSI/E deferred operational planning round for 21/22. Current financial regime to continue for Q1 21/22. Continuing with financial planning process internally. Update to be provided in February 2021 to Operations Committee. Review of the Operational and Clinical Management Structure commenced. Review the Strategic Estates Infrastructure within the ICS to be picked up as part of Health Infrastructure Plan 2 Re-establish the Quality and Efficiency Programme to review delivery in 2020/21 and plan for saving requirements in 21/22 - Delayed due to wave 2 Covid challenges, to be addressed as part of 21/22 planning Agreement to manage a joint CIP/QIPP programme across the ICP. Further update to be provided in before the end of March 2021. The System Improvement Board has requested that the Trust presents an update to the original System Improvement Plan – identifying any variances and explaining what has driven these. Also, what is recurrent and what is non-recurrent. Secondly, any proposed additions to the plan – and whether these have been reported to / approved by the SIB in December. Prepared and will be reported in January 2020 Refresher training on the financial processes to all budget holders and holders of management roles. This would include process of approving posts and procurement process by Q2 2021/22.
3040	17/11/2020	Partnership Working	Clinical	Deputy CEO	Aggregated Risk - There is a risk that the Trust could encounter system failures with IT systems. Linked to RA 2529, 1370, 2493, 2532 and 2512.	This could have an effect on the delivery of services and care provided to our patients.	3	4	12	Seeking system level resource to improve digital infrastructure Health Informatics Committee – engagement with Trust on informatics Health Informatics strategy Electronic Document Management Project (EDMS) Electronic Prescribing and Medicines Project (EPMA) Health Informatics programme team Utilised capital to improve health informatics infrastructure	Partially effective	3	3	9	The implementation of the Scanning Bureau (EDMS – Electronic Document Management System) will enable the clinicians to have a complete digitized record of the patients' healthcare journey.	Health Informatics	Q1 2021 /22	2	2	4	Awaiting emergency funding to fund Health informatics strategy. Additional offer of Health systems led investment presentation to ICS clinical systems road map board 8 October following outcome update to execs to next steps for PAS– quarter 3. Emergency funding for Health Informatics projects acquired for 2021 part offset due to funding not released from centre for Covid related purchases. Procurement on EPR started aligning with ICS – procurement excise expected to be completed by quarter 4 Agreement reached with current PAS supplier to trigger two year extension to support as per SBS framework agreement • Scanners have been delivered – full move into Parkwood was expected completion by February however to be demolished so changed to old Theatres 7 to 10. Estates working on making area fit for purpose. Utilising NHS BSA offsite scanning bureau and other spaces in mean time. Health Informatics Strategy to be reviewed to ensure alignment with the ICS – ongoing looking both over the next 12 months and 5 years
3041	17/11/2020	Partnership Working	Financial	Deputy CEO	There is a risk that the Trust could not meet the green targets due to exceeding our carbon foot print due to waste management and additional waste from PPE.	This will have an impact on the environment and attract monetary penalties.	3	4	12	Fleetwood and Clifton Hospital special treatment waste avoids landfill.	Partially effective	3	3	9	Action to improve organisation sustainability including reduction of single use items utilising waste priority tree (reduce, reuse, repair, recycle, recover, dispose)	Facilities	Q2 21/22	3	2	6	Special treatment waste has increased by 50% over the last 3 months.
3039	17/11/2020	Partnership Working	Cyber Security	Deputy CEO	There is a risk that the Trust could sustain a cyber attack due to the increasing sophistication of attacks and failure to provide assurance that our IT systems are protected.	This could have an affect on the delivery of services and care provided to our patients, financial loss due to fraud, regulatory action due to information governance breaches and reputational damage.	3	4	12	Threat scanning software in place Signed up to national CareCert system CIO network communications in place to rapidly escalate immediate threats	Partially effective	3	3	9	Trust to seek help on specific issues through NHS Digital team to ensure protection from any cyber threat. Any specific instances must be reported and escalated to the senior management	Chief Clinical Information Officer	Q1 2021 /22	2	2	4	Continuous daily monitoring and senior team twice weekly meeting on health informatics obligations and prioritisation. External resource available if necessary.
3095	06/01/2020	Performance	Operations	Executive Director of Operations	There is a risk that our endoscopy department continues to suffer delays and lack capacity, impacting on our cancer and referral to treatment pathways	This could result in patient harm from delays to treatment and regulatory action for not adhering to diagnostic standards	4	3	12	Maintaining P1 and P2 activity inc GP fast tracks All referrals clinically triaged Harm reviews for long wait patient (45 weeks) Patient Tracker List (PTL) meetings to track cancer waiting lists Nursing for endoscopy at establishment Waiting list initiatives inc insourcing sessions for weekends Validation of PTL inc patient communication	Partially effective	3	3	9	Increase endoscopy capacity Incentivise shifts for waiting list initiatives Run three session days Increase substantive administrative cover Recruiting for additional endoscopist utilising national campaign initiatives Review of consultant job plans to increase triage capacity Prioritisation in relation to post covid Looking at outsourcing option at ICS level to	Divisional Director of Nursing	Q1 21/22	2	3	6	Forming endoscopy trajectory and action plan for recovery inc national bowel screening programme, plan ready by January 2021. Capital provided for increasing estate and department capacity inc recovery area to better utilise endoscopy capacity Three session days in place Additional administrative cover in place Job plans reviewed

Board of Directors

4 March 2021

Board Assurance Framework

Author of Report:	Good Governance Institute
Executive Director Sponsor:	Nicki Latham, Deputy Chief Executive
Date of Report:	25 February 2021

Executive Summary (to include, where appropriate, the level of assurance and position on trajectory):

- No additional risks have been added to the Board Assurance Framework (BAF)
- Although there has been no risk movement since the last Board report on the BAF, progress has been made with many of the actions
- In the refreshing of the Corporate Risk Register, the BAF has also been updated to reflect this where appropriate at a strategic level
- The Board Assurance Framework has continued to be used as a tool to drive the committee agendas, with updates in the BAF reflecting committee papers

The Board is asked to note:

- The latest updates to the Board Assurance Framework (highlighted in Green)

Next steps:

- Recognising the strategy development process, BAF to be refreshed to reflect strategic objectives, once developed
- Define and express Trust Board's risk appetite for inclusion in the BAF

For Information/Assurance:	**For Discussion:**	**For Approval:**
X	X	

Recommendations:

The Board is asked to note the report including the changes to the BAF since the last update and the progress made in the utilisation of the BAF in driving the business of the committees.

Sensitivity Level:

Not Sensitive:	**Sensitive In Part:**	**Wholly Sensitive:**
(for immediate publication)	**(consider redaction prior to release)**	**(consider applicable exemption)**
X		

Introduction

The Trust Board's main focus is strategic. Board members must understand the business objectives and be able to identify the principal risks that may threaten the achievement of these objectives.

The purpose of the Board Assurance Framework (BAF) is to bring together in one place all of the relevant information on the risks to the Board's strategic objectives. It is an essential tool for the Boards seeking assurance against delivery of key organisational objectives. It is envisaged that through appropriate utilisation of the BAF the Board can have confidence that they are providing thorough oversight of strategic risk.

In simple terms

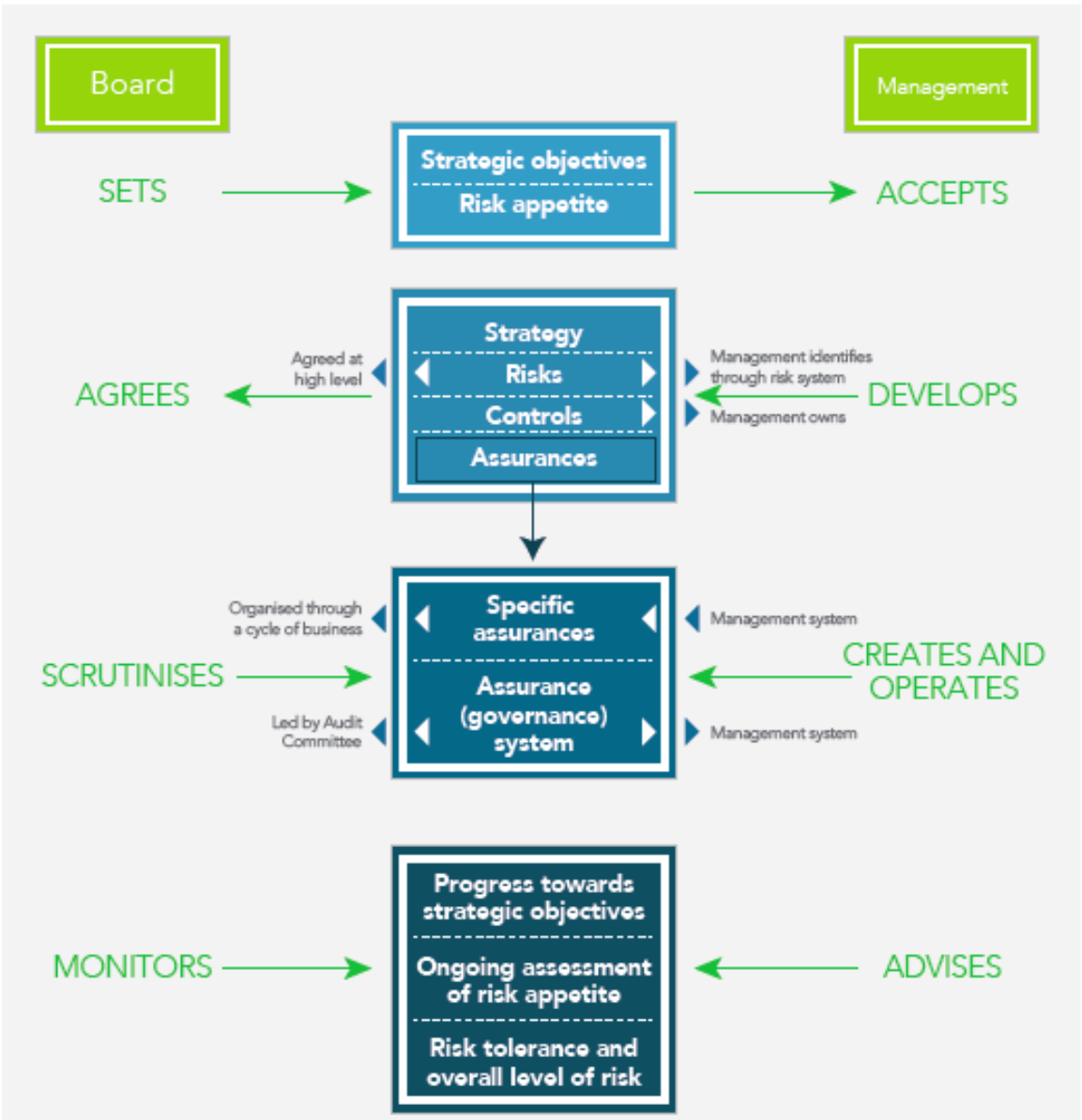
"An assurance framework is a structured means of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect."

The development of Board assurance arrangements should be a logical extension of an organisation's existing risk management arrangements. It is important therefore that you are satisfied with how the Board and the Audit committee understands and implements risk management, and that an informed engagement with the risks and opportunities that it faces. It is important that these arrangements are effective as they will help in understanding the process and control environment, and help you answer the following core questions:

• What do we want assurance over?

• How much assurance do we need?

Governance and reporting arrangements are vital aspects of any effective Board Assurance Framework. Blackpool Teaching Hospitals NHS Foundation Trust have defined clear lines of accountability and roles and responsibilities for the management and the Board (illustrated below).



Context

1. This paper is the latest version of the Board Assurance Framework following a commission of the Good Governance Institute (GGI) by Blackpool Teaching Hospitals NHS Foundation Trust (BTH) firstly in February 2020 to review the Trust Risk Management and then subsequent commission in Summer 2020 to support the implementation of a new Board Assurance Framework, culminating in the current form of the BAF that was approved by Board in September 2020.
2. GGI have continued to support the Trust in imbedding the use of the BAF as a live tool to drive the agendas of the committees and the Board in recent months, facilitating monthly updates of the BAF by the Executive Team.
3. The BAF has continued to be an item on Committee agendas each month, supporting a focus of agenda items and papers

Update

4. No additional risks have been added to the BAF since the last report to the Board
5. Although there has been no risk movement since the last Board report on the BAF, progress has been made with many of the actions
6. In the refreshing of the Corporate Risk Register, the BAF has also been updated to reflect this where appropriate at a strategic level

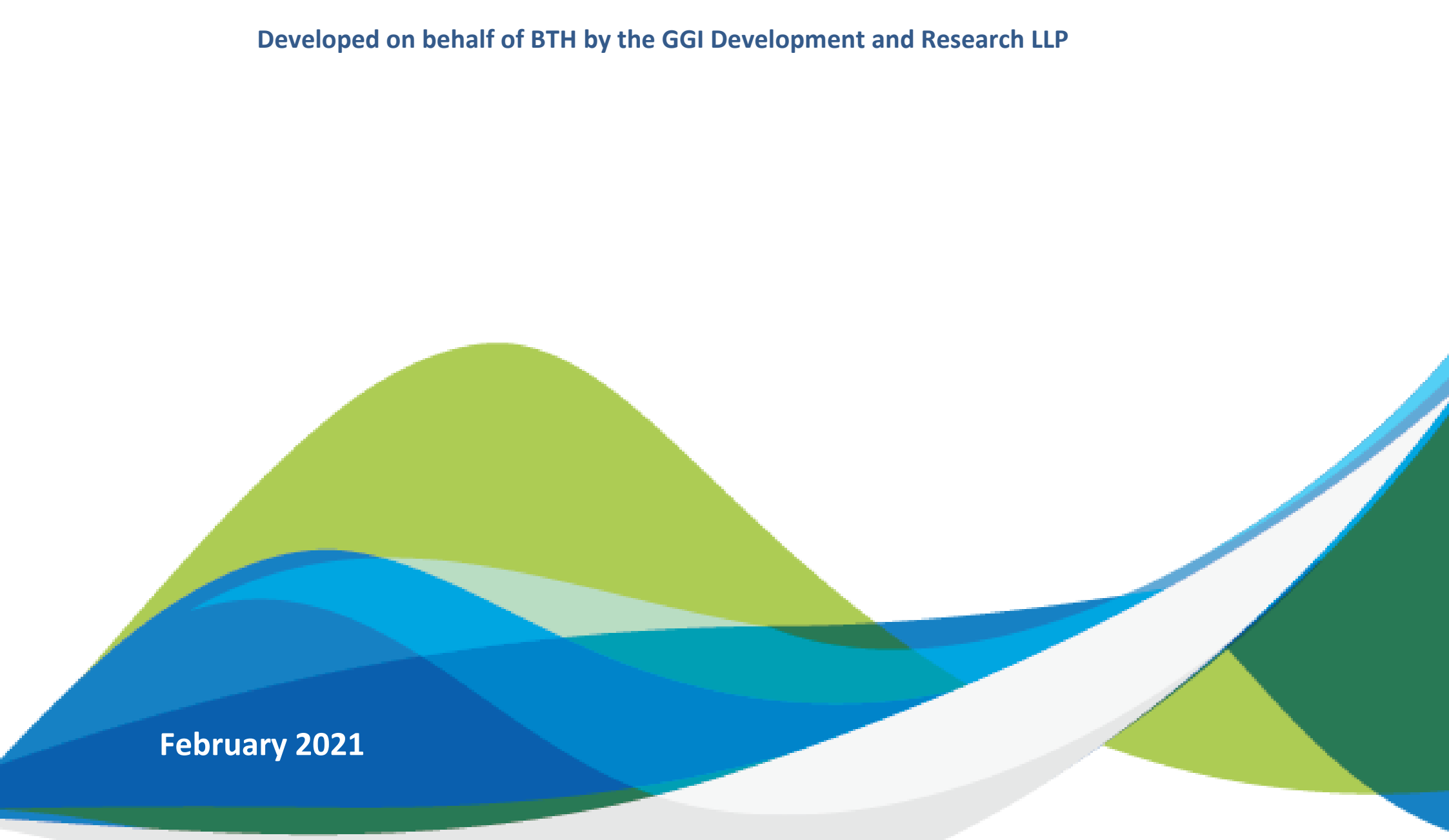
Recommendations:

The Board is asked to note the report including the changes to the BAF since the last update and the progress made in the utilisation of the BAF in driving the business of the committees.

Blackpool Teaching Hospitals NHS Foundation Trust

Board Assurance Framework

Developed on behalf of BTH by the GGI Development and Research LLP



February 2021

Strategic Board Assurance Framework – Board overview

Strategic Priorities/Domain	Strategic Risks	Assurance Committee	Risk Score and Profile				
			Initial Risk Score	Current Score	Target Score	Risk Movement	Risk Appetite
Quality and Clinical Effectiveness	1.1 There is a risk that the Trust does not meet fundamental standards of quality and care, does not learn from poor performance and does not continuously improve, resulting in patient harm and reputational damage.	**Quality and Clinical Effectiveness Committee** **Audit Committee**	20	15	10		TBC
People and Workforce	2.1 There is a risk that the Trust is unable to attract, recruit and sustain appropriately skilled and representative workforce	**Quality and Clinical Effectiveness Committee** **Operations Committee**	16	16	12	-	TBC
	2.2 There is a risk that the Trust fails to foster, grow and continuously nurture the right culture where everyone feels they belong, safe, healthy and well		16	12	9	-	TBC
Finance	3.1 There is a risk that the level of funding the Trust is able to generate is insufficient to cover the costs of providing services in a safe and effective way. There is a further risk that costs increase beyond what was planned driven by two main factors – shortage of an appropriately skilled workforce and / or significant changes in the way in which services are delivered (e.g. due to the need for social distancing).	**Operations Committee**	20	20	12	-	TBC
	3.2 There is a risk that the Trust's digital systems and processes are unable to support clinical services and business functions		15	15	8	-	TBC
Performance	4.1 There is a risk that the Trust is unable to manage demand caused by, insufficient resources, volume of attendances and referrals as well as fundamental process issues resulting in an ability to meet the regulatory requirements as required by the NHS Constitution and the potential of patient harm or reduced patient outcomes.	**Operations Committee**	20	20	12	-	TBC
Partnership Working	5.1 There is a risk of a lack of timely and effective integrated solutions emerging from system development and ICP modelling	**Operations Committee**	16	12	9	-	TBC
	5.2 There is a risk that the Trust's systems and processes are unable to support the transformations in clinical services and business functions that emerge from more integrated working.	**Quality and Clinical Effectiveness Committee**	16	16	12	-	TBC

Summary Board Assurance Framework

QUALITY AND CLINICAL EFFECTIVENESS		
ACCOUNTABILITY:	Lead –Medical Director/Director of Nursing	Committee – Quality and Clinical Effectiveness Committee and Audit Committee
Risk Appetite:		

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
Risk There is a risk that the Trust does not meet fundamental standards of quality and care, does not learn from poor performance and does not continuously improve, resulting in patient harm and reputational damage. **Impact** Patient harm Reputational damage **Risk Score** Initial: 20 (5 Impact, 4 Likelihood) Current: 15 (5 Impact, 3 Likelihood) Target: 10 (5 Impact, 2 Likelihood) **Risk Trend** (— ⇧ ⇩) Last update: — Current: —	• Systems and processes to enable staff to deliver care and treatment in line with the fundamental standards, in order to deliver on the three quality aims as outlined in the Trust's Quality Improvement Strategy: o Reducing preventable deaths o Reducing avoidable harm o Improving the last 1,000 days of life • System Improvement Plan has been submitted to the System Improvement Board that includes all CQC actions which will be monitored by the Quality Committee and through CQC Engagement Meetings. - next presentation to System Improvement Board in October. **How effective overall these controls are (tick one)?** ☐ Effective ✓ Partially Effective ☐ Insufficient	**Internal** - Whole Health Economy Infection Prevention and Control Committee (WHIPC) - Antimicrobial Governance Committee - Mortality Governance Committee - VTE Committee - Blood Transfusion Committee - Assurance via reports to the Quality and Clinical Effectiveness Committee including: o Patient stories o Quality dashboard o Harms report o Serious incident/Duty of Candour report o Safe staffing reports o Learning from Deaths report o Clinical audit reports o National Confidential Enquiry into Patient Outcome and Death reports o National Safety standards invasive procedures report o Medical engagement survey updates o Ward and Community Team Accreditation programme o Pressure Ulcer collaborative o Care of the deteriorating adult collaborative o Dissemination of learning to staff from newsletters o Patient Safety walkabout summary reports on a quarterly basis o Quarterly divisional reviews - Medical Examiners appointed, started in August - Strategic Objectives and Strategic risks updated following the Board workshop in October - Royal College of Physicians (RCP) action plan is reported to the Quality Committee on monthly basis for maintaining the oversight and providing assurance to the Board	• Reoccurring themes in serious incidents such as poor documentation and record keeping • Regulatory breaches per the CQC inspection report including person-centred care, safe and caring, equipment and premises, good governance, staffing • Patient safety visits need to be relaunched • Trust SHMI was a persistent outlier however situation has improved and focus is now on clinical sub groups that are a persistent outliers.	• Delivery and implementation plan for the three quality aims in the Trust's Quality Improvement Strategy: **Reducing preventable deaths -** Deteriorating patient collaborative project initiation agreed by the Board to commence in Jan 20201. First learning session February 2021. **Reducing avoidable harm -** Pressure ulcer collaborative commenced in March 2020, with 10 wards and community teams. Results were presented to public board on 4th November 2020. Plan is place for the learning to be shared widely by Jan 2021 **Improving the last 1,000 days of life –** Trust Board agreed project initiation plan in January 2021. Current in preparation phase, programme launch April 2021. Phase 2 launch January 2021 Following confirmation from the Executive directors on 28th September 2020, a further pathway programme design (vital signs lean) commenced with a focus on frailty. Following Board's approval in Nov work has now commenced. Preparation phase ahead of full launch in April 2021 in line with improving last 1000 days. • Safety Culture Programme – work currently underway to decide the best approach to measure safety culture • Manage CQC actions per CQC action plan with an aim of 95% completion by Q4 – check and challenge by executive cascaded through division • Discussion to the revised system improvement plan taken place. The revised plan will be presented to a future System Improvement Board. Deputy CEO linking with NHSI Improvement Director on step down plan. • Simplified assessment forms. EpR coming into place (see BAF 3.2) Awaiting CQC findings from 11 January 2021 inspection of A&E and general medicine. • COAST accreditation visits in place and virtual visits being considered as covid wave 3 reduces. • Ongoing programme with NHSI on mortality reduction. Focus on implementation of mortality app and training of SJR reviewers. • Draft clinical strategy version 1.9 gone through New Hospitals Plan. To be presented at informal Board in April. • Developing senior leadership visibility templates to support services walkabouts during Q3-Q4. On pause due to COVID-19 wave three.

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
		- Infection, prevention and control Board Assurance Framework at trust and divisional level and checklist audits - Regular updates to executives weekly, quality and clinical effectiveness monthly, and Board bi-monthly on nosocomial infections work - Mortality Alerts - Structured Judgement Reviews **External** - System Improvement Board - CQC reports - NHSI reports - HEENW reports and corresponding action plans - Friends and Family Test - Inpatient survey - Quality Surveillance of tertiary services in relation to specialised commissioned services	• Previously high reporting and consequential outbreaks of nosocomial (COVID-19) infections – current gaps in compliance with aspects of national guidance including personal protective equipment, re-screening and social distancing though improving picture • Using lamp staff screening not been able to roll out to extent of infection control standards • High bed occupancy levels	• Completion of RCP action plan by end of Q4. Report to Quality and Clinical Effectiveness Committee on cultural piece. • Monthly report on infection control to Quality and Clinical Effectiveness highlighting board to ward approach. • Onboarding teams in hospital and reviewing alternatives to screening process • Mass roll out of vaccination programme (see BAF 2.1) • IPC BAF version 1.4 submitted to NHSE.

PEOPLE AND WORKFORCE		
ACCOUNTABILITY:	**Lead – Director of Human Resources and Organisational Development**	**Committee – Quality and Clinical Effectiveness Committee and Operational Committee**
Risk Appetite:		

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
Risk There is a risk that the Trust is unable to attract, recruit and sustain appropriately skilled and representative workforce **Impact** Staff motivation and morale Poor patient care Sustainability and delivery of services **Risk Score** **Initial:** 16 – 4 Impact, 4 Likelihood **Current:** 16 – 4 Impact, 4 Likelihood **Target:** 12 – 4 Impact, 3 Likelihood **Risk Trend** (— ⇧ ⇩) **Last update:** — **Current:** —	• Operations Committee oversight on the action plan including attracting new talent • Close monitoring of sickness absence and use of agency staff • Work is being done to address the workforce supply by working with international recruitment agencies, offering retire and return programmes as well as working with Health Education England on the Global Health Exchange programme. • The Trust is engaged in cohort 4 of NHSI Retention Programme and also has a retention and recruitment board in situ, to address and mitigate risks wherever possible. • A recruitment microsite up and running. • A daily and weekly staffing report is available demonstrating clinical fill rates. • Staffing contract with Medacs has been agreed to ensure consistency and quality of care is delivered. • The Apprenticeship Levy is being used to develop clinical staff – Nursing Associates and RGNs commenced in March 2020 • Regular audits on returns to work • North West Reservist model programme in response to COVID-19 outbreak in relation to Bringing Staff Back initiative • Redeployment hub • Guardian of Safe Working • Clear project workforce transformation tools to support Emergency Village Programme • Flu programme • Work had been undertaken with the Director of Nursing, AHP and Quality to look at the total workforce; and monthly reviews of all vacancies, recruitment activity, time to hire and alternative recruitment measures were taking place. • Continuing Professional Development and Simulation skills as part of staffing training package • Fast track recruitment process for COVID-19 as part of Call to Action • Human Resources Directors working at system level to ensure we apply guidelines and policies consistently and we look for areas of mutual aid working with hospital cell process • HR Directors undertaking workforce planning activity at ICP including frailty pathway • Internal coordination centre in place responsive to second spike working till at least end of March • COVID-19 and emergency preparedness plan to ensure appropriate safe staffing levels • Mutual aid agreement in place across the system • Opportunistic recruitment in place, working with job centres and colleges to bring non-NHS staff into trust on appropriate schemes • Block booked agency staff for winter plan • International Recruitment programme • Workforce panel reviewing if appointments can be converted into apprenticeships	**Internal** • Annual & Quarterly Guardian of Safe Working Report • CQC Action plan on engagement and culture change • Recruitment dashboard in place with Statistical Process charts • Growing for the future Trajectories • Monthly safer staffing report to Operations Committee • Regular audits on returns to work • Recruitment, retention and re-design plans • Conversion rate of internal recruits **External** • National Staff survey results • Staff Friends and Family Test • Pulse survey on People Plan	• Gaps in unscheduled care division of medical workforce • Retention/turnover of nursing workforce due to aging workforce profile. • Uncertainty about Integrated Care Partnership (ICP) progression and opportunities to share resources • Winter plan and restoration phase three has highlighted gaps in workforce for delivery • Inability to grow our own at the pace required to meet gaps in professional roles- lead in educational time required and unfunded • Application of policies and procedures • Potential COVID-19 second wave impact on sickness and staff availability • Need for increased engagement in relation to rota issues with junior doctors	• Plans to be drafted on conversion of locums to substantive staff. Divisional performance reviews stood down due to COVID • Measuring demand and capacity from a job plan and rotas perspective to ensure job plans are accurate and staff are working to the top of their license- ongoing • Roll out of Allocate roster system in progress –To be fully completed by April 2021. • Collaborative bench across ICS and refreshing rates to reduce contingent labour – Natalie Hill paper on rates circulated, awaiting provider agreement to rates • Agency agreed to cover winter plan gaps – issues with fill ongoing despite plans but block bookings in place. Change of model for agency fill inc contractual change having initial negative impact during transition to new provider. • ICP workforce transformation discussions have commenced for hard to fill roles, utilising new or enhanced roles using Clear and Star workforce tools in respiratory and looking at other areas – two workshops on programme started and internal capacity to run programmes in future. Utilising for respiratory pathway. • Recruited Chief AHP lead to review use of AHP roles to improve MDT working. Update to be provided at future date as part of workforce transformation agenda. To feed into NHSI work on new divisional structure and workforce modelling due in Q1 2021/22 • Grow your own scheme in progress – talent management approach in place and working with ELHT on joint/secondment roles. Nursing templates being reviewed to look at capacity for this scheme ready by Q1. • Review of trainees to support those in training/students – report to Operations Committee Q1 2021/22 • ICP review of workforce plans across the place to improve collaboration. Director of HR Strategic Development in place to produce workforce plan for ICP. Local People Board and Workforce Planning Group set up for ICP and ICS taking place February 2021. • Internal audit on recruitment and employment life cycle and nursing bank agency and rosters in reporting to the audit committee on findings and recommendations in Q4. Operations Committee will monitor implementation of actions in Q1 2021/22

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
	How effective overall these controls are (tick one)? ☐ Effective/Adequate ✓ Partially Effective ☐ Insufficient		• Risk to funding from Health Education Funding in relation to improvements to training offering in particular areas (emergency medicine) • National Skills shortages in key professional groups • COVID-19 has had an impact on the pipeline for international recruitment due to the restrictions for travel.	• Awaiting national guidance on People Plan targets expected by Q3. People Plan has been socialised. • Visit from Health England Education North West (HENW) in November 2020. Action plan from previous visit ongoing. Quality and Clinical Effectiveness to received preparedness report October 2020 which showed feedback was positive. GMC visit in January 2021 which was also positive. • Planned corporate review of workforce by April 2021 • Linking into Healthier Lancashire, NHSE and NHS Employers to fast track international recruitment additional support preparing a bid – bid successful to help with pastoral support and OSCE (objective structural clinical examination) • Bid for funding with ELHT to provide support for working carers with NHSE/I
Risk There is a risk that the Trust fails to foster, grow and continuously nurture the right culture where everyone feels they belong, safe, healthy and well **Impact** Patient harm Staff motivation and morale Loss of staff and their skills **Risk Score** Initial: 16 – 4 Impact, 4 Likelihood Current: 12 – 4 Impact, 3 Likelihood Target: 9 – 3 Impact, 3 Likelihood **Risk Trend** — ⇧ ⇩ Last update: — Current: —	• Health Education England (NW) action plan • Workforce Service Improvement Plan • Health Education England (HEE's) STAR workforce planning and Clinically Led Workforce and Activity Redesign (CLEAR) programmes and tools • Compassionate Leadership and Just Culture strategies presented at the January Board. Implementation plan in progress. • Inviting staff identifying as future senior leaders via the succession planning process to participate in the Senior Collaborative Leadership programme • Trust values and behaviours framework • Medical Engagement Scale survey and associated working groups • Close monitoring of disciplinary and grievance cases • Trust appraisal process • Close partnership working with Staff Side colleagues • Big Conversation 'listening into action' sessions • NHS North West Leadership Academy (NWLA) Shadow Board programme • Accountability and Performance Management Framework • Trust succession planning and talent management processes • Job planning activity for doctors • Piloting the NHS National Leadership Academy High Potential Scheme across the ICS • Workforce Transformation Strategy including education, training, support, health and wellbeing and development plans are in place. • A buddy ward system is n in place for senior managers. • COVID-19 BAME focus groups held in June 2020 led by CEX, MD, DON & HRD to check in with staff and ensure they understood reasons for completing risk assessments. • People Pulse surveys completed fortnightly • Employee Assistance Programme for all staff to access • OH services including self and management referrals for counselling and MH practitioner support fully recruited to • People Plan to become a standing agenda item on all divisional management meetings • North West Regional Trauma Hub • National Wellbeing initiatives in response to COVID pandemic • Wellbeing apps from NHS England • IAPT stress awareness training for staff • Staff encouraged to work from home • Wobble rooms for staff to relax • Shiny Mind app • Flu campaign and flu plan • Health and wellbeing induction in staff handbook • Staff risk assessments for COVID and DSE	**Internal** • Regular monitoring and assurance through the relevant committee(s) • Monthly monitoring of appraisal compliance rates • Number of disciplinary and grievance cases • Number of people promoted • Executive, divisional and occupational succession plans • Trust Board, with its new leadership to engage with front line staff – 4Ss walkabout in place • Occupational Health (OHD) KPI's to measure and monitor performance • Sickness absence levels • Employee Sponsor Group for improving culture • Charitable funding utilised to continue wobble rooms • Director of Health and Wellbeing **External** • Health Education England (NW) action plan • CQC inspection – Well Led Domain • NHS NSS results • Annex 23 of Agenda for Change pay deal • NHS People Pulse survey results • SEQOHS accreditation • Internal Auditor report on sickness	• Staff who do not have an appraisal • Staff unclear of the responsibilities and accountabilities • Identifying candidates to attend the Shadow Board programme • Lack of fully developed internal plan and response to the NHS People plan • Lack of succession planning within divisions • Vacancies in Occupational Health Department • Better marketing of the health and wellbeing offer • COVID-19 second/third wave and shielding impact on sickness and staff attendance • Temporary funding of some national wellbeing initiatives. Need to urgently identify whether any relevant former national health wellbeing initiatives funded by NHSE can be secured and funded on an ICS, ICP or Trust level though being funded during COVID-19 • Non-executive director health and wellbeing champion required • Working carers passport to be implemented • Occupational Health involved in COVID vaccine roll-out	• Monitoring and managing the number of non-medical appraisals undertaken in the appraisal window to ensure 100% compliance by April – window was deferred due to COVID and extended as part of restoration • Behaviour framework – April 2021 • Big Conversation 'listening into action' sessions to be re-established from Q4 2020/21 or /Q1 2021/22 – deferred from Q3 due to COVID-19 pressures • Organisational Development Manager to work with Execs to identify suitable candidates to participate in the Shadow Board programme – by Q1 2021 • As part of long term plan, fit for purpose service reconfiguration and new ways of working to be established ahead of both tertiary division set up in April 2021 and at system level in the longer term. • Refresh of establishment in light of new roles – Q1 2021 • National, Regional and local initiatives. 5 ways to health and wellbeing guide. Signposting in place. Other communication of health and wellbeing campaign measures to be progressed with Communication team. Health and Wellbeing national initiatives circulated and updated regularly and targeted for staff. Exploring additional options from partners as part of People recovery • Health and well-being conversations for all staff as part of appraisal process • Advert for 100 HCAs onto bench • Given 7656 vaccines to staff and local population through vaccination hub

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
	How effective overall these controls are (tick one)? ☐ Effective/Adequate ✓ Partially Effective ☐ Insufficient			

FINANCE		
ACCOUNTABLITY:	Lead – Director of Finance	Committee – Operations Committee
Risk Appetite:		

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
Risk There is a risk that the level of funding the Trust is able to generate is insufficient to cover the costs of providing services in a safe and effective way. There is a further risk that costs increase beyond what was planned driven by two main factors – shortage of an appropriately skilled workforce and / or significant changes in the way in which services are delivered (e.g. due to the need for social distancing). **Impact** Financial sustainability Regulatory intervention and enforcement **Risk Score** Initial: 20 – 4 Likelihood – 5 Impact Current: 20 – 4 Likelihood – 5 Impact Target: 12 – 3Likelihood – 4 Impact **Risk Trend** — ⇧ ⇩ Last update: — / Current: —	• Weekly Cash Action Group • Quality and Efficiency Board • Standing Financial Instructions updated, Standing Orders and Scheme of Delegation • Operational Plan • Medium term financial strategy • System Improvement Plan • ICP Cost Improvement/Quality Innovation, Productivity (CIP/QIPP) programme • Shareholder Panel • Articles of Association with Atlas • Contract reviews • Counter fraud strategy • Capital programme • Finance deep dives • Long term plan • Business case process • Reports on variances and forecasts • Divisional performance reviews relaunched **How effective overall these controls are (tick one)?** ☐ Effective/Adequate ✓ Partially Effective/Partially Adequate ☐ Insufficient	**Internal** • Integrated Performance Report • Counter Fraud report • Losses and Compensation report • Annual Report and Accounts • National cost collection report • Waivers report • Financial forecast inc cash forecasting that is stress tested • Financial flash results • Financial performance report High level pay/non-pay trajectory forecasting Cashflows Stress testing • Operations Committee • Winter plan 20/21 • Financial forecasts to ICS • Workforce planning group **External** • CQC Use of resources assessment • External audit • Internal audit • NHSI Report	• Failure to manage cost pressures and / or new investments (including capital) and agency expenditure within the affordability envelope agreed with the ICP. • Lack of clarity on future financial regime does not support good financial decision making. • Unclear cash position post COVID-19 • Unclear deficit position post COVID-19 but likely to have worsened • Potential for the recurrent services badged as winter created an increasing deficit • The financial envelope for COVID expenditure in the ICS is lower than the forecast. • Significant shortfall in substantive staff and therefore increased spend of agency and bank staff. • Lack of appropriate tertiary service offer nor exploitation of current tertiary services. • No cold elective site. • Current funding regime is not needs led meaning it does not support the population demographic or activity that Trust currently serves • Quality and Efficiency (Cost Improvement) Programme requires refresh • Business cases are financially assessed from an economic perspective rather than an affordability one. • Pressure to respond to quality and safety issues leads to circumstances of operating outside financial control procedures	• The Trust has now agreed a financial plan for the remainder of the financial year based on the Phase 3 Planning requirements. – Updates to be given to future Operations Committees on a monthly basis incorporating latest NHS I/E guidance. • The Organisations have been given a share of the resource for COVID and will report against this value in the financial forecast. • Reporting against winter plan going forward which includes progress against recruitment. • The Trust has significantly invested in the replacement of medical equipment in the previous four months • As the Trust is able to provide limited assurance that the Trust will not need Revenue Support, the Trust will continue to submit 13 week cashflow forecasts to NHSI&E's Cash and capital Team. • Developing a medium term financial strategy to include a costed, resourced and affordable plan to ensure the Trust meets all safety requirements and can achieve operational performance standards, and go beyond 2019/20 to return to at least a financial balance. This will require both transformational change which reduces costs and / or recurrent additional income to support the cost base and will be reported to the Operations Committee. NHSI/E deferred operational planning round for 21/22. Current financial regime to continue for Q1 21/22. Continuing with financial planning process internally. Update to be provided in February 2021 to Operations Committee. • Review of the Operational and Clinical Management Structure commenced. • Review the Strategic Estates Infrastructure within the ICS to be picked up as part of Health Infrastructure Plan 2 • Re-establish the Quality and Efficiency Programme to review delivery in 2020/21 and plan for saving requirements in 21/22 - Delayed due to wave 2 Covid challenges, to be addressed as part of 21/22 planning • Agreement to manage a joint CIP/QIPP programme across the ICP. Further update to be provided in before the end of March 2021.

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
			• Further rigour and scrutiny needed of current financial management. • No agreed ICS financial regime approved or agreed for 21/22. • No agreed NHS I/E contractual regime approved for 21/22.	• The System Improvement Board has requested that the Trust presents an update to the original System Improvement Plan – identifying any variances and explaining what has driven these. Also, what is recurrent and what is non-recurrent. Secondly, any proposed additions to the plan – and whether these have been reported to / approved by the SIB in February. Prepared and will be reported in February 2021. • Refresher training on the financial processes to all budget holders and holders of management roles. This would include process of approving posts and procurement process by Q2 2021/22.

There is a risk that the Trust's digital systems and processes are unable to support clinical services and business functions

Impact
Poor patient care
Poor service delivery
Reputational damage
Financial performance and efficiency

Risk Score		
Initial	**Current**	**Target**
15 **5 Impact** **3** **Likelihood**	**15** **5 Impact** **3** **Likelihood**	**8** **4 Impact** **2** **Likelihood**

Risk Trend — ⇧ ⇩	
Last update	**Current**
—	—

- Seeking system level resource to improve digital infrastructure
- Health Informatics Committee – engagement with Trust on informatics
- Health Informatics strategy
- Electronic Document Management Project (EDMS)
- Electronic Prescribing and Medicines Project (EPMA)
- Health Informatics programme team
- Utilised capital to improve health informatics infrastructure
- 5 year plan for informatics on 'rainbow model'
- Continuous daily monitoring and senior team twice weekly meeting on health informatics obligations and prioritisation. External resource available if necessary.

How effective overall these controls are (tick one)?

	Adequate
✓	**Partially Adequate**
	Insufficient

Internal
- Ongoing tracking and assurance through the Operations committee with escalation and exception reporting to the Board.
- Health Informatics Committee reporting to Operations Committee
- Information governance report and data quality to Health Informatics Committee
- Vacancy Chief Clinical Information Officer role recruited to
- Quarterly report to Operations Committee on Health Informatics

External
- Internal and External audit report findings
- Active involvement by Chief Information Officer at ICS level, regional and national events to ensure the trust implementing the health informatics infrastructure for the future

- Trust is well placed with technology architecture to meet current national and regional standards and the trust has a well-developed route to digital maturity however not yet implemented due to funding constraints
- 5 year financial plan but is awaiting resource
  Old digital infrastructure such as Patient administration system (PAS)
- Although Electronic patient record (EPR) procurement started aligning with the ICS, the trust financial position may mean we cannot implement the EPR within the stated timeframes.
- In addition, other resource constraints may mean more focus is placed on operational delivery rather than strategic development.
- Physical location of the scanning bureau delayed due to requirement to change location
- Board only assured every six months of Health Informatics progress
- Potential for digital support for Covid impacting on other strategically significant projects in the short term

- Additional offer of Health systems led investment presentation to ICS clinical systems road map board 8 October following outcome update to execs to next steps for PAS– quarter 3. Emergency funding for Health Informatics projects acquired for 2021 part offset due to funding not released from centre for covid related purchases.
- Procurement on EPR started aligning with ICS – procurement excise expected to be completed by quarter 4
- Agreement reached with current PAS supplier to trigger two year extension to support as per SBS framework agreement.
- Initiation of electronic observation procurement project.
- Scanners have been delivered – full move into Parkwood was expected completion by February however to be demolished so changed to old Theatres 7 to 10. Estates working on making area fit for purpose. Utilising NHS BSA offsite scanning bureau and other spaces in mean time.
- Health Informatics Strategy to be reviewed to ensure alignment with the ICS – ongoing looking both over the next 12 months and 5 years
- Stepping down daily call to twice weekly on covid as improving picture.

PERFORMANCE		
ACCOUNTABILITY:	Lead – Directors of Operations	Committee – Operations Committee
Risk Appetite:		

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
Risk There is a risk that the Trust is unable to manage demand caused by, insufficient resources, volume of attendances and referrals as well as fundamental process issues resulting in an ability to meet the regulatory requirements as required by the NHS Constitution and the potential of patient harm or reduced patient outcomes. **Impact** Regulatory scrutiny and enforcement Poor patient care Reputational damage **Risk Score** Initial: 20 Impact 4 Likelihood 5 Current: 20 Impact 4 Likelihood 5 Target: 12 Impact 4 Likelihood 3 **Risk Trend** Last update: – Current: ⇧	**Internal** • Operations Committee – focus on Trust-wide performance and reporting to Board • Operational Delivery Plan and Restoration plan • CQC Action Plan focus on operational issues • Daily – Emergency Department reporting, Referral to treatment (RTT) over 30 week position, delayed transfers of care etc • Weekly – patient tracker list meetings for Cancer and RTT, weekly performance dashboards and forward view • Monthly – Review of performance and improvements plans at Operation Committee and subsequent Integrated Performance dashboard provided to the Board. • Bi-monthly – Trust Internal Cancer Board, Outpatient and Theatres Efficiency Programme and Elective length of stay reviews reported to Planned Care steering group **External** • Monthly – Integrated care partnership level meetings for planned and unplanned care including A&E Delivery Board, NHSI/E monthly performance review, System Improvement Board • Bi-monthly – Cancer Alliance Board • Provider collaboration including mutual aid support • ICS wide programmes for restoration and recovery **How effective overall these controls are (tick one)?** Effective: ✓ Partially Effective: Insufficient:	**Internal** Ongoing tracking through various reports, including:- • Patient tracker actions escalated • Weekly performance report and forward view subject to scrutiny by Executives with actions noted • Reporting to Cancer Board Quarterly Divisional Performance Reviews. • Internal Audit reviews • Integrated Performance Report • RTT improvement plan – monthly monitored at division and operational management group and monthly Patient Tracker List (PTL) • Integrated care system wide agreement to enhanced pay rates for non-medical staff to support additional sessions • Monthly meetings of A&E delivery board **External** • Minutes and action notes for integrated care provider meetings and Cancer Alliance Board • Integrated Care Provider performance review with NHSI/E – key lines of enquiry and action notes • Oversight Framework report • Emergency Care Improvement Programme report	• Managing elective and non-elective pressures – often competing due to no cold site facilities • Insufficient capacity – i.e. diagnostics • Infection prevention and control requirements resulting in reduced throughput compared to performance pre-COVID-19 • Workforce issues – as well as ongoing recruitment and retention (link to BAF risk 2.1) • Resources to fulfil extra sessions due to COVID - 19 that may have an impact on staff wellbeing and maintaining a healthy work life balance • • Understanding current and future demand and capacity to plan and utilise resources effectively – ongoing due to further pressure on services from the current COVID wave. • Ability to deliver winter plan bed capacity and staffing • Business intelligence capacity not sufficient to support operational delivery	• Ring fencing of key elective provision – being progressed linked to the Winter Plan – winter plan was finalised but ring fencing on hold due to COVID pressures • Endoscopy capacity approved for waiting list initiatives (19 September) and insourcing model started in October 2020. Additional CT scanner to delayed due to national procurement. Order placed but 8 to 10 week delivery, will be in place pre March 2021. There is a business case has been approved for capital required to enhance capacity on track for delivery by end of March 21 • Green pathways for elective patients agreed– in place but impacted due to trauma ward COVID outbreak meaning non-elective work in elective footprint • Additional sessions started end of September 2020 supported by ICS agreed enhanced overtime rate across multiple specialties – reduced programme due to theatre staff supporting escalated critical care and no day case facility • Demand and capacity modelling undertaken for phase 3 restoration and winter planning. Stood down general and elective tertiary theatres to support increased ICU capacity meaning elective programme significantly reduced from restoration plan. • Discussing with ICP to obtain additional bed capacity – stress testing meeting to took place October 2020. Identified nursing home for additional beds for positive COVID patients who are meet criteria to reside. Online from 13 January 2021. Completed and seeing a reduction in COVID related discharges • To complete bed modelling for 2020/21 to adequate NEL and EL capacity – on hold due to phase 3 restoration. Restart Q4 2020/21. This needs to be refreshed in light of current phase (March 21) • ICS wide working for mutual aid and addressing equity & access issues and strengthening system working to help achieve national targets – Provider Board in place. Mutual aid in use in relation critical care decompression. Ambulance diverts taking place agreed across provider collaboration and NWAS. – System interventions in place and progress on track. Further de-escalation expected by end of March 2021 • Scoping of business intelligence requirements to take place – To be incorporated into divisional restructure for April 2021

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
			• Lack of understanding or ability to utilise performance data at divisional level • Service transformation has not kept up with demand • Priority targets and trajectories to be agreed – Some focus on trajectories of recovery in phase 3 • Patient choice and confidence	• Divisional restructure to enable streamlined reporting going forward • ICS transformation programmes – adapt and adopt – theatres, OP, endoscopy, diagnostics, cancer – commenced and key priorities by end of September – update at November Ops Committee. PMO to support work on theatres diagnostic to define improvement plan by end of Q4 2020/21. Forming endoscopy trajectory and action plan for recovery inc national bowel screening programme, plan ready by January 2021. Update at Operations Committee December 2020. Outpatients focus on virtual appointments and advice and guidance. Due to COVID ICS response is paused temporarily. However, Trust level activities continue to be on trajectories. Outpatients discussions at the Medical Leadership forums for further clinical champions in respect of the outpatient programme (March 2021) • ICP wide transformational programmes – respiratory, frailty and outpatients – PCNs supporting external respiratory pathways and MDT approaches with system partners. Respiratory programme board in place. Frailty – stood down in the short term due to medical staffing challenges. CSU workshop to take place. OPD – steering group membership agreed. Inaugural meeting in October – focus on advice and guidance and patient initiated follow up. Fix in PAS now forcing staff to accurately record media so should see increase in virtual attendances. CSU level business case to be developed for Frailty (April) to be presented to the Board in May • Cancer action and performance improvement plan in place and subject to ongoing refinement – Cancer Board terms of reference and membership reviewed so next meeting likely in 28 January 2021. A further review of Cancer action plan (March 2021)
			• Potential reduction of independent sector support for planned care due to national contract changes • Inability of the Trust to affect directly the capacity of external organisations which impairs ability to discharge patients in a timely fashion.	• Utilising IS capacity via the National Contract – plans agreed at specialty level. Linking with CCG colleagues to ensure acute access to contract going forward. Framework paused, reversion back to national contract for Q4. Reviewing IS facilities to support capacity and elective programme. • Deliver all actions from Urgent and Emergency Care Improvement Plan - update reports to ICP Oversight Board and Ops Committee at each agenda. • Working with external partners to support delivery of reduction in LoS and improved flow – implementing improved end to end pathways across the Integrated Care Partnership – Commissioned with CSU. Focus on pathway delays in frailty and respiratory pathways. Presentation in January on frailty and respiratory.
			• The existing estate configuration is not ‘fit for purpose’ in some areas i.e. outpatient suites, inpatient wards	• Outline business case for emergency village with NHSI/E – awaiting feedback. – December 2020. Started building work on Minors. 2 weeks behind

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
			• Enacted the escalation plan for critical care which has impacted on elective programme due to critical care utilising the day case unit • Severe impact on paediatric surgical programme due to children's ward on amber rating for non-elective work • Pressures in discharging COVID patients resulting in increased bed occupancy affecting elective programme and 12 hour waits • Ambulance handover delays	due to estates issues, revised completion January 2021 • Agreed new waiting list category who have agreed to defer due to COVID and exploring whether these can be removed from waiting list count to be completed end of December 2020. Categories in place but no national agreement to remove patients from the list. Agreement dependent on the national policy • National requirement focus on admitted pathways by December to clinically prioritise and validate waiting list utilising National E review process – ongoing. To be completed in Feb internal process to continue the validation programme across outpatients and diagnostic, completion in 12 months. • Working with UCLAN for minor dental surgery as additional capacity – ongoing • New flow team commenced. Revised patient flow meetings. To redesign bed management reports and produce bed management performance dashboard. Administrative support has been in place February 2021. • Created supernumerary managerial and clinical teams in each division supporting flow • Creation of COVID-19 virtual ward led by primary care now up and running • ICP system wide hospital discharge programme board set up to focus on criteria to reside and improving length of stay • Ambulance handover improvement plan being drafted and to be monitored by Urgent and Emergency Oversight from February 2021. SOP being developed to confirm the escalation policy in order to reduce ambulance handover delays. SOP to be completed and approved by the system partners by end of Feb for implementation.

SYSTEM AND PARTNERSHIP WORKING		
ACCOUNTABILITY:	**Lead – Director of Strategy and Innovation and Director of Finance**	**Committee – Operations Committee**
Risk appetite:		

Principal Risk	Key Controls	Potential Sources of Assurance	Gaps	Action, Timeline and Progress
Risk There is a risk of a lack of timely and effective integrated solutions emerging from system development and ICP modelling **Impact** Future commissioning of services Reputational damage The future system configuration may result in not fit for purpose and misaligned incentive schemes within the system Trust sustainability Unclear role in design and delivery of placed based modelling **Risk Score** Initial: 16 Impact 4 Likelihood 4 Current: 12 Impact 4 Likelihood 3 Target: 9 Impact 3 Likelihood 3 **Risk Trend** — ⇧ ⇩ Last update: - Current: -	• ICS system reform and engagement with the Trust • Fylde Coast strategy development programme in place • Interim governance arrangements are in place • Fylde Coast executive group and Fylde coast steering group in place, regular meetings • Fylde Coast ICP strategy 2020 – 2025 in place • Focused discussion through boards on ICP priorities Respiratory, Frailty and Outpatients • Partnership Boards such as A&E delivery board • Regular reporting on ICS and ICP decisions to Trust Board **How effective overall these controls are (tick one)?** [ ] Effective [✓] Partially Effective [ ] Insufficient	**Internal** • Trust Board and sub committees reports • Systems partnerships report to Board • CEO update including ICP and ICS developments • ICP strategy in place • ICS Strategy in place **External** • Regular meetings with Fylde Coast (Monthly meeting papers)	• Need to develop the trusts input and engagement into ICP development • Unclear placed based population health modelling in specific to the needs of each of the five ICPs • Refined programme management approach to the delivery • Further developed collaborative and partnership framework that is agreed with all partners Need for strengthening stakeholder engagement	• Active engagement in the development of the collaborative framework and ICP development process with focus on delivery through robust programme management, partnership and relationship development to influence the developments – ICP development group in place which reports to ICS Board. Meeting 18/2/21 for future direction of ICP and ICS. • ICS Clinical Strategy to be ratified at Trust Board in November and discussed with Trust Board in October 2020 – ongoing clinical input and engagement in ICS development • System reform across ICS ongoing • ICP development ongoing including finalisation of strategic narrative. Work programmes to be agreed in Q4 • ICS funding model agreed which includes clarity on ICP funding expectations. • New Director of Communications in place.
Risk There is a risk that the Trust's systems and processes are unable to support the transformations in clinical services and business functions that emerge from more integrated working. **Impact** Staff recruitment and retention Lack of strategic delivery Quality of care **Risk Score** Initial: 16 Impact 4 Likelihood 4 Current: 16 Impact 4 Likelihood 4 Target: 12 Impact 4 Likelihood 3 **Risk Trend** — ⇧ ⇩ Last update: — Current: —	• Divisional and corporate restructure plan including creation of tertiary division • Internal clinical transformational plan • Trust working closely with Health Education England and other strategic partners before COVID to address some of the gaps in the workforce and System wide approach to workforce issues and Robust workforce plan and close working with the strategic partners and local workforce plan and succession planning for key roles • Clinical leadership • Imbedding performance management assurance framework • Quality Improvement and Vital Signs • Shareholder Board **How effective overall these controls are (tick one)?** [ ] Effective [✓] Partially Effective [ ] Insufficient	**Internal** • Trust governance and board committees • Internal Respiratory Programme • RCP Board chaired by Dr G Goode. • Performance management quarterly Review meetings • Executive team meetings • Delivery roadmap for transformation of corporate services **External** • ICP Respiratory Programme Board • ICP Frailty Programme Board (to be developed) • ICP outpatients programme board	• Limited resources in the system due to COVID19 and required rate of response to address the challenges faced in workforce • Lack of leadership capacity and oversight to ensure delivery • KPIs not agreed with Atlas • Lack of permanent staff at Atlas • Lack of capacity to manage Atlas client side	• Deputy Medical Director appointed for professional standards and due to recruit DMD for Public Health • ICS Clinical Strategy ratified at Trust Board in November and discussed with Trust Board in October 2020 – ongoing clinical input and engagement in ICS development • Frailty Programme Director had been identified, Establishment of ICP programme Board and Delivery Roadmap by January 2021 to Frailty programme Board. • Corporate services Review to be completed by 1st April 2021. • Tertiary services division to be set by April 2021. • Atlas recruitment programme in place inc MD and senior team – recruitment by Q1 2021/22 • Agree KPIs with Atlas • Create capacity of client side for Atlas – recruitment due Q1 2021/22 • Need for strategy for Atlas at trust and across ICS

Appendix 1 – The Board Assurance Framework as a tool for governance

A) A key part of the BAF is ensuring that the Board gains assurance about the effectiveness of the controls in place to manage the principal risks. The Board not only needs to ensure that controls are in place and effective, but also to use the intelligence and insights of external agencies, such as external auditors or CQC and ensure that the control framework is proportionate to the associated risk. A system that provides good coordination and evaluation of the work of the auditors, inspectors and reviewers will bring increased benefits to both the Trust and the review bodies. It will help minimise the burden on the Trust by reducing overlap and allow potential gaps in assurance to be identified and addressed.

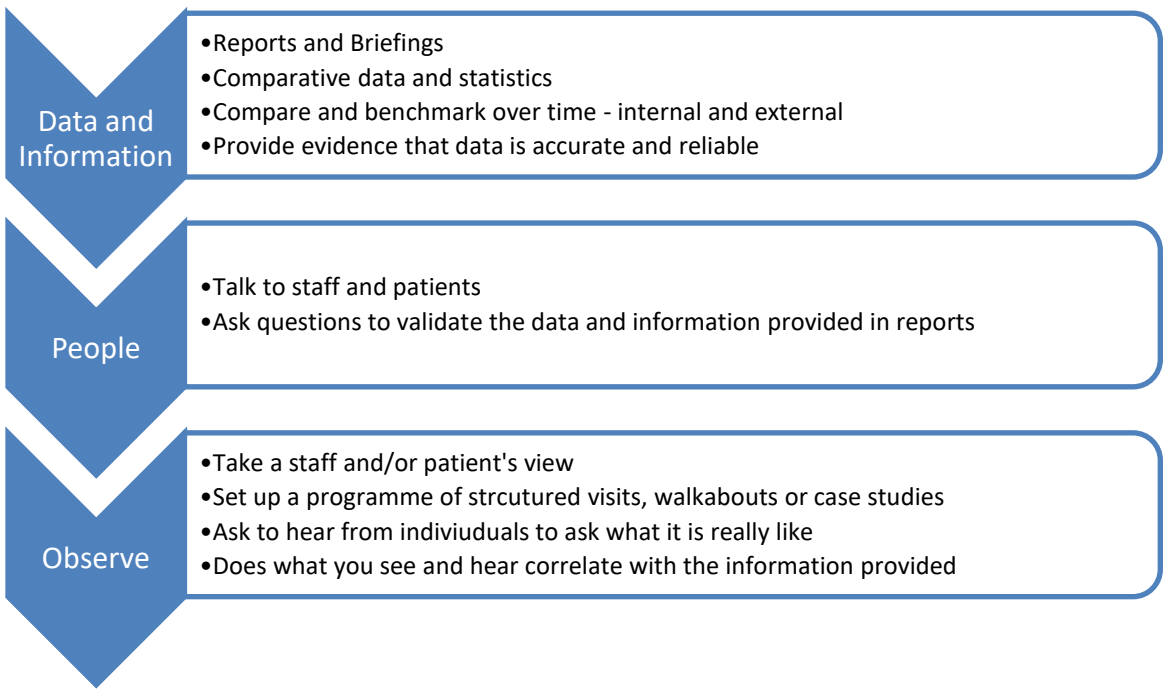
B) A gap in assurance is deemed to exist where there is failure to gain evidence that controls are effective. Any gaps in either controls or assurance will be identified in the BAF, along with actions, action owners and timescales for implementation. The Board has delegated scrutiny and challenge to the its committees in line with its scheme of delegation.

C) The BAF provides a framework for identifying which of the Trust's objectives is at risk because of inadequacies in controls or where the Trust has insufficient assurance about those controls. At the same time, it provides structured assurances about risks which are being managed effectively and objectives that are on track to be delivered. This allows the Board to determine where to make best use of its resources and address the issues identified in the delivery of strategic objectives.

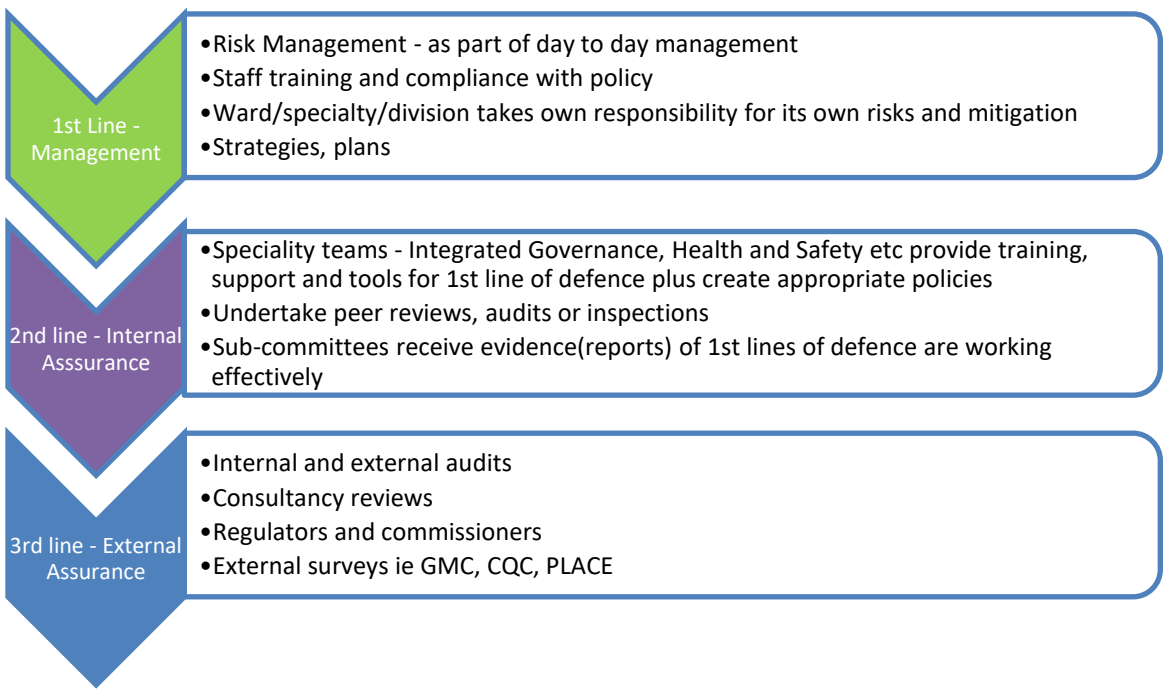
Testing the Controls

D) Prior to presenting reports and information about key controls to the Board, Executive Directors and senior managers must be assured themselves that the arrangements in place are robust and will enable reasonable assurance to be provided.

Example Sources and levels of Assurance:



Strength of Assurance – Three Lines of Assurance



Blackpool Teaching Hospitals
NHS Foundation Trust

Minutes of the Audit Committee Meeting
held on Monday 16th November 2020 at 1.00 pm
via Microsoft Teams

Members Present: Mr Mark Cullinan – Non-Executive Director (Chair)
Mr Mark Beaton – Non-Executive Director
Professor Tony Warne – Non-Executive Director

In Attendance:
Mr Tim Bennett – Deputy Chief Executive/Director of Finance & Performance
Mrs Angela Bosnjak-Szekeres – Director of Corporate Governance
Miss Harriet Fisher – Internal Auditor, KPMG
Mr Kevin Fletcher – Head of Procurement, Lancashire Procurement Cluster
Mr Rob Jones – Internal Auditor, KPMG
Mr John Marsden – Local Counter Fraud Specialist
Mr Feroz Patel – Deputy Director of Finance
Mr Joe Stone – Partner, Deloitte
Ms Nicola Wright – Partner, Deloitte
Mr Andrew Corbett-Nolan – Chief Executive, The Good Governance Institute (GGI) (for item 7b)
Mr Nabil Jamshed – Consultant, The Good Governance Institute (GGI) (for items 1-7b)
Professor Nicki Latham – Deputy Chief Executive/Director of Strategic Partnerships (for item 7d)
Mr Stefan Verstraelen – Deputy Director of Quality Governance (for item 7e)
Miss Judith Oates – Corporate Assurance Manager/FT Secretary (minutes)

The Chairman opened the meeting with a welcome and introductions. It was noted that it was Deloitte's first meeting and he welcomed Nicola Wright and Joe Stone. He also welcomed Nabil Jamshed from GGI who was observing the meeting.

1. Declarations of Interests

There were no declarations of interest.

The Chair asked that declarations be made during the meeting, if appropriate.

2. Apologies for Absence

Apologies for absence were received from Mr Neil Seddon (Head of Financial Services) and Ms Helen Taylor (Partner, Deloitte).

3. Minutes of the Previous Audit Committee Meeting held on 11th August 2020

The minutes of the previous meeting held on 11th August 2020 were presented for approval.

RESOLVED: That the minutes of the previous meeting held on 11th August 2020 be agreed as a correct record.

4. Matters Arising:

a) Action List

It was noted that there were no matters arising which were not included on the action list.

With regard to the action list, it was noted that the majority of the items had been completed and the Chairman expressed thanks to those involved in progressing these items to a conclusion. Reference was made to the outstanding items and Mr Bennett confirmed that they would be addressed as part of the Internal Audit Annual Plan which was on the agenda under item 5b.

It was noted that there had been no feedback in relation to the meeting technology and the Chairman suggested that this item been transferred to the "closed" list.

It was further noted that there had been no feedback in relation to the chairing of the meeting and the Chairman suggested that this item should remain on the action list and be addressed at the end of each meeting.

5. Review of Internal Audit Progress (KPMG)

a) Internal Audit Progress Report and Recommendations Follow-Up
b) Revised Internal Audit Plan 2020/21

Mr Jones provided a brief summary relating to the internal audit agenda items.

With regard to the Internal Audit Plan, Mr Jones confirmed that, following discussion with Mr Bennett, and following Miss Fisher's attendance at an Executive Directors' meeting, he was content that the revised plan was deliverable during the pandemic.

With regard to the Internal Audit Progress Report, Mr Jones advised that it had been submitted based on the revised audit plan. Miss Fisher stated that, hopefully, Committee members had noted that good progress had been made since the previous meeting and she stated that the Trust was in a good position for this point in the year. She further stated that the Internal Auditors would continue with the reviews unless there were specific capacity issues.

In terms of the final reports, Mr Jones referred to the appendices and highlighted the following:

Frailty Pathway

It was noted that there were two elements to this review; firstly, compliance with Acute and Community Frailty Pathways and, secondly, Readiness of Winter Plan in relation to Frailty and that the respective assurance ratings were "significant assurance with minor improvement opportunities" and "partial assurance with improvements required".

Mr Bennett stated that, since the review in September/October 2020, a Work Plan had been agreed by the Trust; it being noted that there were significant challenges associated with the Work Plan in view of Covid-19 and the on-going restoration and that it needed to be managed as an entire organisational response.

Mr Cullinan acknowledged that circumstances had changed since the meeting held in August and recognised the impact on the hospital and frontline staff and the Emergency Department. He expressed thanks for the work being undertaken, but pointed out the Audit Committee's role in terms of the impact.

Professor Warne reported that one of the priorities of the Quality & Clinical Effectiveness Committee was to receive assurance in relation to improvements for the last 1000 days of life and he asked whether this was recognised as a Trust priority. Miss Fisher confirmed that it was included in the Frailty Pathway.

Emergency Department – 12 Hour Breaches

It was noted that a few issues had been highlighted from this audit, in particular:

- That the current process in place did not capture the various escalations for mental health patients.
- That there was potential for the Trust to be over reporting 12 hour breaches.
- That there was a specific Patient Navigator role within the Emergency Department, but no link to the Patient Flow Team to provide information and therefore the process needed to be reviewed.
- That the Root Cause Analysis (RCA) process was not happening currently and there was no formal agreement with the CCGs.

It was noted that the assurance rating was "partial assurance with improvements required".

Mr Jones stated that it was worthwhile bearing in mind that the Internal Audit Team had recently completed the fieldwork around the post-CQC visit report which reviewed in detail the findings around the Emergency Department, therefore there would be some additional conclusions to be submitted to the next Audit Committee meeting.

With regard to the RCA, Mr Bennett commented that it was difficult for the team to be able to manage the process and asked whether there should be a thematic review rather than an individual case by case review. Miss Fisher agreed with Mr Bennett's suggestion, confirming that this linked to the management response received in respect of the recommendation. Mr Cullinan stated that the Committee would support a thematic review. Mrs Bosnjak-Szekeres confirmed that the Deputy Director of Nursing and the new Interim Director of Operations had approached the CCGs who were in support of a resolution via a thematic review.

Mr Beaton thanked Mr Jones and Miss Fisher for their interesting report and asked for assurance about whether managers were really focused on the key trigger points in the business and, if not, why not, emphasising the importance of this focus despite the challenges around Covid-19. Miss Fisher made reference to the cohort of patients around the cut-off point, i.e. 12 hours, 5 minutes, and Mr Jones advised that this was more of a system measure which needed to be better defined.

ACTION: Mr Bennett to raise this issue with Mrs Hudson to ensure appropriate focus in this matter.

Covid-19 Financial Governance and Controls

It was noted that work had been undertaken on the design and application of expenditure controls and it was pleasing to note a positive report with high levels of compliance and only two minor recommendations. Mr Cullinan commented on the excellent feedback and the accuracy in terms of management and credibility. Professor Warne echoed Mr Cullinan's comment, confirming that the focus had been on front line clinical staff, but that this was an important piece of work and to receive significant assurance was a credit to Mr Bennett and his team. Mr Jones advised that discussions had taken place with Mr Bennett and Mr Patel prior to the end of the financial year and they were keen to ensure that risk was captured much earlier in the plan which had been actioned. Mr Bennett advised that the additional controls had been introduced with the expectation that they would be time limited in terms of duration and scope, however, obviously at this stage it was not feasible to remove such controls.

In terms of the internal audit recommendations, Miss Fisher stated that it was pleasing to note that progress had been made since the previous meeting, with 36 recommendations being implemented since August 2020. Committee members were advised that the Corporate Governance Team had bolstered the follow-up process which had resulted in an improved position.

With regard to the Appendix Follow-Up (recommendations with a revised due date), it was noted that a number of the recommendations related to Covid-19. It was also noted that the Atlas recommendations linked to a separate review of Atlas which should address the recommendations within the assurance report.

Mr Cullinan asked whether there was confidence about the processes in place to deliver the recommendations within the timescale and whether the Trust was at risk in terms of the lapsed timescales. Miss Fisher provided some background information, confirming that responses had been received and that it should be borne in mind that 2020 had not been a normal 12 months.

Mr Bennett stated that the Corporate Governance Team had undertaken significant work to follow-up responses to the recommendations and that directors/managers were now more engaged with the process of following up the recommendations.

Professor Warne stated that, from a triangulation point of view, complaints handling and risk management were both agenda items considered by the Quality & Clinical Effectiveness Committee and that Committee members had been able to gain assurance through the Committee following the work undertaken by the Corporate Governance Team.

Mr Beaton stated that it was important to understand this work in the context of other important on-going issues and that it appeared to be an efficient management operation and that all these issues should be considered collectively by the Audit Committee despite the challenges around Covid-19. He stated that he had noted a step change in the last eighteen months and he wanted to reflect this in his feedback.

Mr Cullinan expressed thanks to Mrs Bosnjak-Szekeres and the team for chasing up the recommendations and reiterated Mr Beaton's congratulatory message in terms of the overall progress despite the challenges around Covid-19. Mrs Bosnjak-Szekeres advised that significant work had been undertaken in terms of the detail and this would continue as part of the journey to change the organisational culture. With regard to Atlas, Mrs Bosnjak-Szekeres reported that it was encouraging that the work commissioned by the Trust would conclude at the end of December and would be presented to the Board early next year, which would provide the foundation for formalising the relationship and procedural issues. It was suggested that Mr Jimmy Maguire, Interim Chief Executive at Atlas, be invited to a future Audit Committee meeting to provide assurance.

ACTION: The Corporate Governance Team to invite Mr Maguire to a future Audit Committee meeting to provide assurance in respect of the Internal Audit recommendations.

Mr Jones pointed out that, although the Corporate Governance Team had undertaken a significant amount of work to obtain responses, he pointed out that the directors/managers needed to submit their updates and provide assurance about the implementation of the recommendations and therefore he had some concerns about how much organisational change was actually happening. Mr Cullinan thanked Mr Jones for being a "critical friend".

Mr Beaton asked about the key areas for improvement and Mr Bennett advised that some good progress had been made but further improvements were needed. He reminded Committee members that the Trust had commissioned The Good Governance Institute (GGI) to assist with risk management throughout the organisation which was a reflection that there was an understanding that improvements needed to be made.

In summary, it was noted that there was still much work to be undertaken to make the necessary improvements in the organisation, however, it was recognised that some good progress had been made and that the Trust was in a better place than previously.

ACTION: The Internal Auditors to provide a verbal progress update at the next meeting.

ACTION: Mr Cullinan to liaise with Mr Bennett and Mrs Bosnjak-Szekeres about whether any help was needed from the Audit Committee.

With regard to the Annual Internal Audit Plan 2020/21, it was confirmed that all reviews had commenced with the exception of the following:

- Nursing Bank, Agency and Rostering
- Recruitment and Employee Lifecycle
- Medical Devices

It was noted that the above mentioned reviews were planned for Quarter 4.

RESOLVED: That the Annual Internal Audit Plan for 2020/21 be approved.

c) Sector Technical Update

The Health Technical Update was provided for information.

6. External Audit Report (Deloitte)

a) Introductory Report

The Chairman welcomed Ms Wright and Mr Stone to the meeting. Ms Wright commented that she was grateful for the opportunity to work with the Trust and the Audit Committee. Mr Stone introduced himself and commented that he was looking forward to working with the Trust during the next few months/years and meeting Committee members. It was noted that another member of the Deloitte Team, Helen Taylor, would be involved in the audit work, but was currently off work due to sickness.

Ms Wright reported on the status of the audit work to date:

- An introductory meeting had taken place with the Finance Team.
- The feedback from the previous External Auditors had been worked through.
- Arrangements had been made for meetings with Mr Bennett and Mr Patel and, subsequently, with other finance team members.
- Meetings were being arranged with key people; Mr Cullinan, Mrs Bosnjak-Szekeres and KPMG.
- Time had been allocated at the beginning of December to review key documents prior to commencing the audit work remotely in the new year.
- Liaison with PricewaterhouseCoopers (PwC) would take place once their programme of work had been completed.

Mr Bennett welcomed Ms Wright and Mr Stone to the Trust and stated that he looked forward to working with them over the next few months/years. Professor Warne and Mr Beaton commented that they looked forward to the audit work being progressed.

7. Governance and Assurance Framework

a) Standing Financial Instructions

Mr Bennett referred to the cover sheet which explained the work that had been undertaken in respect of the Standing Financial Instructions (SFIs). It was noted that the SFIs had not been updated for several years, during which time significant changes had taken place including the establishment of the subsidiary company and the establishment of the Lancashire Procurement Cluster, therefore the finance team had taken the opportunity to review and update all sections of the document.

Mr Bennett advised that the Board had given delegated authority to the Audit Committee to approve the SFIs. Mr Bennett also advised that Mr Patel had been instrumental in co-ordinating this work during the past few months.

Mr Beaton stated that it was a comprehensive document and that he had no specific comments or suggested amendments. Professor Warne echoed Mr Beaton's comments and congratulated Mr Patel on a well written document. Mrs Bosnjak-Szekeres expressed thanks to the Non-Executive Directors for their involvement in reviewing the document at the initial stages and for their feedback which had been incorporated.

Mr Cullinan referred to the target audience of "all staff" and asked whether the document would be divided into areas for staff compliance, ensuring that they were targeted to the relevant people. With regard to compliance, Mr Cullinan stated that it was a useful reminder to note the rules within the document and asked whether progress had been made in terms of compliance around this issue. Mr Patel stated that compliance was very difficult, particularly when moving at a fast pace, which was the case at present, however, he assured the Committee that there had been significant improvements whereby decisions regarding expenditure outside budgetary controls were being taken in the right forums.

Mr Patel pointed out the short review date of 2022 for the SFIs which was intentional due to the changes happening in the organisation and within the Integrated Care System (ICS).

RESOLVED: That the draft Standing Financial Instructions be approved.

b) Board Assurance Framework/Risk Appetite

Mrs Bosnjak-Szekeres reminded Committee members that the Board Assurance Framework (BAF) had been refreshed and it was pleasing to note that Board members now felt that there was a more functional BAF which informed the decision-making process and the agendas. It was noted that the regular review work was continuing and that the next piece of work would be aligning the divisional risks with the corporate risks. Committee members were reminded that GGI had been commissioned to assist with this work and that significant improvements had been made.

Mr Cullinan welcomed Mr Corbett-Nolan and Mr Jamshed and invited them to present the BAF item.

Mr Corbett-Nolan was pleased to note that the Board was satisfied with the refreshed BAF which linked to the Trust's risk system. He stated that the work which GGI were engaged on was intended to increase the capacity within the organisation to take this forward. He further stated that Mr Jamshed would describe the work being undertaken on the BAF and the training involved.

Mr Jamshed reiterated the comment about having a functional BAF and congratulated Committee members for this achievement despite the pandemic. It was noted that representatives from GGI were working towards three layers; fundamentals of risk management and procedural issues, refresh of the risk register aligned with best practice, and assurance to the Committee that this work would lead to sustainability. Reference was made to the risk management training programme and self-assessment tool.

Professor Warne reported that the Quality & Clinical Effectiveness Committee had started to make use of the BAF in terms of a structured approach to gaining assurance, i.e. nosocomial infections, but that the terminology was not quite right yet and consideration needed to be given to how to manage significant risks. He commented that the BAF needed to be linked more closely to the Integrated Performance Report (IPR) which was presented to the Board.

Mr Beaton agreed with Professor Warne but also suggested a link to the strategic objectives. With regard to the next stage, Mr Beaton expressed concern that this could become a significant amount of work with little value and stated that staff needed to be able to access the risk process in a meaningful way.

Mr Corbett-Nolan emphasised the importance of not confusing the risk register and the BAF and having the mindset about the purpose and development of the risk register.

Mr Jamshed explained the training programme in more detail, pointing out that further work needed to be undertaken which would be supported by GGI. Mr Corbett-Nolan stated that the aim was to ensure that the Trust was not in a position whereby it received a qualified opinion.

Mr Cullinan thanked Mr Corbett-Nolan and Mr Jamshed for their input and for joining the meeting.

c) Quality and Clinical Effectiveness Committee: Progress Update

Professor Warne presented a progress update in respect of the work of the Quality & Clinical Effectiveness Committee.

Professor Warne reported that he was pleased with the way in which the divisional triumvirates had responded to the request about presenting their divisional work which had been sharply focused whereby each of the divisions had produced evidence and, as a consequence, had provided the Committee with an action plan that could be used to monitor progress. He stated that the submission of high quality reports was a credit to the divisions.

Professor Warne advised Committee members that there was a significant amount of paperwork for the meetings and that the Committee was on a journey to produce the standard reporting format, i.e. a maximum of two pages for the front cover and a maximum of four pages for the report and for the remainder of the documents to be included in the appendices. He stated that if the Committee could operate within these criteria, and on the assumption that the reports had been read in advance of the meeting, the arrangements should work well.

Mr Cullinan acknowledged that the Committee had only been in place for a short time and that the Committee had only recently received a useful BAF, however, he asked for feedback at this early stage about whether the direction was appropriate in terms of giving assurance and whether it was sustainable going forward and also whether there would be a recommendation proposing that the existing arrangements should continue. Professor Warne confirmed that the structure enabled the Committee to gain assurance or to understand where assurance was not evidenced.

Professor Warne referred to the review of the Committee structure and stated that his preference would be for the Committee to operate for a whole year's cycle prior to making any changes.

ACTION: **The Committee to review elements of the BAF and report to the Board.**

The Chairman to recommend to the Board that the existing meeting arrangements remain in place for a full year.

d) Divisional Accountability Assurance Update

Professor Latham provided some background information and set the scene around building on accountability and about an open and transparent culture and she highlighted two key pieces of work, namely, the Performance Management Accountability Framework and the work with GGI to support the development and improvement of the divisional governance arrangements.

It was noted that the GGI work had commenced in November 2020 and would be completed in January 2021 and that there were two key areas, namely, reviewing the existing divisional structures and reviewing divisional governance to achieve best practice.

Professor Warne stated that the work being undertaken with the divisions was critical to the aims in terms of the changing culture in Blackpool and he asked Professor Latham to advise if the NEDs could assist with this work. With regard to the forecasting and predicted modelling with divisions, Professor Warne stated that he would welcome a conversation with Professor Latham outside the meeting to gain an understanding of the plans and whether he could provide assistance. Professor Latham stated that a meeting with Professor Warne and Mr Beaton would be helpful. Mr Beaton stated that the Operations Committee had started to use forecasts in terms of finance, operations and HR.

ACTION: The Corporate Governance Team to arrange a meeting between Professor Warne, Mr Beaton and Professor Latham to discuss forecasting and modelling.

Mr Cullinan commented on the excellent progress being made in terms of accountability around performance, pointing out that this had been a concern for the Non-Executive Directors (NEDs) for number of years and therefore this was a positive move forward. Mr Cullinan also commented that the Executive Directors (EDs) meetings with the divisional triumvirates was an excellent initiative.

e) Quality Accounts 2019/20

Mr Verstraelen joined the meeting for this item.

Professor Warne reported that the draft Quality Accounts had been submitted to the Quality & Clinical Effectiveness Committee and he apologised to Mr Verstraelen for not forwarding comments following the meeting. Professor Warne advised that he had now read the document and he congratulated Mr Verstraelen on the content which captured the Trust's journey. Mr Beaton confirmed that he was satisfied with the content of the document.

Mr Cullinan asked for assurance that the report had been through the various stages for review and feedback and Mr Verstraelen confirmed that this was the case and that he had co-ordinated the responses from contributors and that they had been forwarded to Mrs Anderton for review due to her previous experience in this area of work. Mr Verstraelen also advised that, due to Covid-19, the deadline for submitting the Quality Accounts had been deferred and, subsequently, removed. He stated that, in principle, the Trust had complied with the correct processes, however, for future years he would wish to implement a more robust approach and confirmed that he would be drafting a Standard Operating Procedure to include key lines of quality assurance and a different reporting template which would be more appropriate for a lay person. Mrs Bosnjak-Szekeres pointed out that the template was prescribed by the Regulator, but welcomed a user friendly version of the accounts based on the regulatory report. Mr Patel reminded Committee members that, due to Covid-19, the 2019/20 Quality Accounts did not need to be reviewed by the External Auditors, but that this would be reinstated in 2021 and perhaps the approach could be discussed with Deloitte.

RESOLVED: That the Quality Accounts be approved by the Audit Committee, on behalf of the Board.

8. Reference Folder – For Information Only

a) Governance and Assurance Framework

The following reports/minutes had been included in the Reference Folder and circulated with the agenda for information:

i) Losses and Compensations Report – Quarter 2
ii) Local Counter Fraud Update
iii) Waivers

b) Minutes/Actions from Board Committees

i) Quality & Clinical Effectiveness Committee Meetings – 28th July/18th August/ 22nd September 2020
ii) Operations Committee Meeting – 30th July/20th August/24th September 2020

9. Items Recommended for Discussion/Decision by the Board of Directors – Advice/Assurance/ Alert

There were no items to be escalated to the Board of Directors:

10. Attendance Monitoring

The Attendance Monitoring information was noted by the Committee.

11. Any other Business

a) Bribery and Corruption Presentations

Mr Marsden drew attention to the global invite in relation to the Bribery and Corruption presentations taking place on 18th November and 16th December. Mr Marsden stated that Miss Oates would be circulating the information following the meeting and he asked Committee members to make time to attend one of the sessions.

b) Thank You

Professor Warne referred to the significant amount of paperwork circulated for the meeting and congratulated Mr Cullinan on his chairing of the meeting and for progressing the business in less than two hours.

12. Formal Meeting Review

The Chairman asked Committee members to respond via email in terms of the meeting review.

ACTION: Committee members to email the Chairman with feedback regarding the meeting review.

13. Declaration of Confidentiality

RESOLVED: That all items be declared confidential unless they were already in the public domain.

14. Date of Next Meeting

It was noted that the next meeting would take place on Tuesday, 26th January 2021.

Blackpool Teaching Hospitals NHS Foundation Trust

Minutes of the Quality & Clinical Effectiveness Committee Meeting
held on Tuesday 22 December 2020 at 1.00 pm
via Microsoft Teams

Members: Professor Tony Warne - Non-Executive Director (Chair)
Dr Sheena Bedi - Non-Executive Director
Mr Keith Case - Non-Executive Director
Mrs Mary Watt - Non-Executive Director
Dr Jim Gardner - Executive Medical Director
Mr Peter Murphy - Executive Director of Nursing, AHPs and Quality

In Attendance: Mrs Sharon Adams - Interim Operational Director of Human Resources and Organisational Development
Mrs Simone Anderton - Deputy Director of Nursing & Quality
Mrs Margaret Bamforth - Appointed Governor (Blackpool & The Fylde College) (Observer)
Mrs Rebecca Bond - Director of Pharmacy
Mrs Angela Bosnjak-Szekeres - Director of Corporate Governance
Dr Peter Curtis - Divisional Director (Families and Clinical Support Divisions)
Dr Gavin Galasko - Director of Research Development & Innovation (for item 6b)
Dr Grahame Goode - Director of Clinical Effectiveness/Deputy Medical Director
Mrs Amy Hirst - Corporate Governance Officer (Observer)
Mrs Lisa Horkin - Assistant Director of Nursing (Unscheduled Care Division)
Miss Lauren Kavanagh - Corporate Governance Officer (Minutes)
Mr David Kay - Interim Assistant Director of Nursing (Adult and Long-Term Conditions Division)
Mrs Claire Lewis - Head of Quality, Fylde Coast Clinical Commissioning Groups
Mrs Jo Lickiss - Assistant Director of Nursing (Scheduled Care Division)
Mrs Sharon Mawdsley - Infection Prevention Nurse Consultant
Dr Richard Morgan - Mortality Lead (for item 5ai)
Dr Angela Parker - Research Development & Innovation Manager (for item 6b)
Mrs Nicola Parry - Assistant Director of Nursing (Families Division)
Mr Stefan Verstraelen - Deputy Director of Quality Governance
Mr Jed Walton-Pollard - Deputy Director of Nursing & Quality

1. Welcome/Apologies for Absence

It was noted that Committee members had received the reports and presentations in advance of the meeting, therefore report authors and presenters were asked to advise the Committee about the implications of their reports and to provide an update on the level of assurance.

Apologies for absence were received from Professor Nicki Latham (Deputy Chief Executive/Director of Strategic Partnerships), Mrs Jane Scattergood (Director of Nursing & Quality - Fylde Coast Clinical Commissioning Groups) and Dr Steve Wiggans (Divisional Director - Scheduled Care).

2. Minutes of the Previous Meeting held on 24 November 2020.

The minutes of the previous meeting held on 24 November 2020 were presented for approval.

Dr Gardner highlighted an error within the draft minutes on page 9, paragraph 1, advising that the reporting was not incorrect as no data was reported to the national database.

ACTION: **Corporate Team to amend the minutes from the previous meeting accordingly.**

RESOLVED: **That the minutes of the previous meeting held on 24 November 2020 be approved as an accurate record, subject to the amendment above.**

3. Matters Arising

a) Action List

It was noted that updates would be provided throughout the meeting to cover the outstanding actions on the action list.

Mr Case referred to the action regarding the circulation of the Stroke Visit report from NHS England/Improvement and asked whether a thank you had been conveyed to the staff on the Stroke Ward because the feedback regarding the staff was positive. Mr Murphy informed the Committee that himself, Dr Gardner, Mr McGee and Mr Butler had all met with the staff on the Stroke Ward and conveyed thanks from the Board.

CARING

4. a) Patient Story

Mr Murphy introduced the patient story and advised that it was related to the Covid 19 pandemic. It was noted that this patient story highlighted the contribution made by staff, especially the End of Life Team which provided personable and unique care to each individual patient and their family.

Following the patient story video, Professor Warne expressed thanks to everyone involved in the excellent care that was being provided.

Mrs Watt referred to the End of Life meeting that she had recently attended when she had been asked by Ms Jackie Brunton and her team to pass on a huge thank you to Dr Gardner and Mr Murphy for the support they had given to the team.

SAFE

5.

a) Mortality Data

i) Mortality Data Quarterly Summary Report including feedback from the National Mortality Reduction Teams and Learning from Deaths

Dr Morgan advised the Committee that the Covid 19 pandemic continued to have a substantial impact on the mortality review process for Quarter 2 of 2020/2021, although the number of cases recorded had improved from Quarter 1.

Dr Morgan reported that the Hospital Standardised Mortality Ratios (HSMR) rolling 12-month position was maintained at 99.58 and the Summary Hospital Mortality Indicators (SHMI) 12 month rolling position for June 2020 was at 109.83.

It was noted that the three conditions with the highest excess deaths using SHMI were Pneumonia, Septicaemia and Acute Myocardial Infarction. It was noted that the crude mortality in hospital for October 2020 was at 3%.

Dr Morgan stated that the Mortality Improvement Project Team, in conjunction with IT Developments, had completed version 1.0 of the Learning from Deaths digital database and would be starting Trust-wide training in December 2020, ready for the start of the Trust- wide roll out in Quarter 4.

Dr Morgan highlighted the key points from the Learning from Deaths Dashboard Quarter 2 as follows:

- Number of in-hospital deaths was 294
- Number of deaths reviewed was 167 or 57% (last quarter 29%)
- No deaths reviewed generated an RCP avoidability score of =<3
- 8 Learning Disabilities Mortality Review (LeDeR) cases were referred to LeDeR Central.

Dr Morgan reported that, in August 2020, the Trust had started the implementation of the Medical Examiner role and that Medical Examiners were part of the Department of Health and Social Care's (DHSC's) death certification reforms programme for England and Wales. It was noted that the Medical Examiners would independently scrutinise deaths that occurred.

Dr Morgan commented that the full implementation of the Medical Examiner's role and of the Learning from Deaths Application would both contribute substantially to embedding improvements.

Mr Case questioned whether reviews were taking place with regards to out of hospital deaths and Mrs Lewis advised that the System Improvement Board (SIB) had requested that the Trust reviewed out of hospital deaths and concentrated on this as an area of focus.

The Committee discussed the importance of working together as an Integrated Care Partnership (ICP) and Integrated Care System (ICS) as the SHMI data was spread across the system and not just within the Trust.

It was agreed that an update on the Sepsis pathway would be provided within the next Learning from Deaths quarterly report.

ACTION: Dr Morgan to provide an update on the Sepsis pathway within the Learning from Deaths quarterly report.

ii) Royal College of Physicians Report Action Plan Update

Dr Goode reported that medical recruitment within the Respiratory Team was underway with 2 additional consultants appointed and in post to date and 3 locum respiratory consultants expected to be recruited in January 2021. It was noted that some actions were still outstanding due to the lack of project management support, although many actions would be completed during Quarter 4.

Professor Warne queried whether newly recruited staff would be working across the system. Dr Goode advised that they were aware of the plans for integration and would be supported by the Trust.

b) Serious Incident and Duty of Candour Report

The report was taken as read and Mr Verstraelen highlighted the incidents and investigations and confirmed that there had been 4 new Serious Incidents reported on the Strategic Executive Information System (StEIS) in November 2020. Mr Verstraelen commented that as of 9 December 2020, the Trust had 14 on-going StEIS reported serious incidents, which was an improvement compared to the previous year.

Mr Verstraelen stated that the Trust had experienced 2 'Never Events' in Ophthalmology, both of which had occurred in November 2019 and had been reported in December 2020. It was noted that these incidents were being reviewed and that they had not been reported at the time due to confusion with the 'Never Event' guidance.

Mr Verstraelen advised that the key theme from the Serious Incident report was communication, but he assured the Committee that work was on-going with the Quality Improvement Team to resolve the issues.

It was noted that initial duty of candour had improved slightly, with the Adults and Long-Term Condition (ALTC) Division at 100%. It was noted that improvements were required within the Unscheduled Care Division in relation to documenting the relevant evidence when duty of candour had been undertaken.

Mr Case referred to the 'Never Events' and asked for clarity about whether they had been reviewed and documented. Mr Verstraelen advised that the unit manager had reviewed 100 sets of patient case notes related to these events and improvements had been made to ensure that these events did not take place going forward.

Professor Warne highlighted the importance of linking the section of the report regarding pressure ulcers to the Quality Improvement Report in order that assurance could be gained about how the Trust was managing pressure ulcers collectively.

c) Infection Prevention Control Report including Update on Nosocomial Infections, NHS England Actions and Board Assurance Framework

Professor Warne informed the Committee that the Trust had been recognised for its outstanding work with regards to Infection Prevention and Control (IPC); it being noted that the Trust was within the top 3 Trusts in the North West. Professor Warne conveyed a thank you to Mrs Mawdsley, the IPC Team, Dr Gardner and Mr Murphy.

Mrs Mawdsley provided a summary of the Infection Prevention Control Report and highlighted the Clostridium Difficile section. It was reported that the Trust had a total of 8 cases in November 2020 which brought the overall total to date to 61, which was a 28.2% reduction compared to the previous year.

It was noted that the number of nosocomial or Hospital Onset Covid Infections (HOCI) was decreasing slowly, with 23 cases reported for the week commencing 7 December 2020.

Mrs Mawdsley advised that the Trust currently had 3 on-going outbreaks which were on Ward C, Ward 34 and the Intensive Care Unit (ICU) and it was noted that the Trust was reporting fewer outbreaks than other Trusts across the region.

It was noted that the Associate Directors of Nursing (ADON) had developed a Standard Operating Procedure (SOP) to help staff manage potential non-compliant patients in relation to wearing face masks and remaining on the ward and that NHS England had requested that this SOP be shared with other Trusts.

It was noted that the Quality Improvement Team had delivered a nosocomial improvement event and the feedback received following the event had been positive and therefore another event would be delivered in the coming year.

Mrs Mawdsley updated the Committee on the NHS England Key Actions and reported that the Trust was non-complaint with 2 of the actions, namely, key action 4 and key action 7a. It was noted that key action 4 required two negative test results to be obtained before moving patients and the Trust, like many other Trusts, had not been able to comply with this action due to the impact it would have on patient flow. Mrs Mawdsley commented that a possible solution to this key action was the use of isolation pods in bay areas and confirmed that this option was being explored across the Integrated Care System (ICS). Mrs Mawdsley advised that key action 7a related to staff testing and that the Trust would not be fully compliant with this action until the Lateral Flow testing was available to all Trusts, but confirmed that, in the meantime, the Trust had rolled out LAMP (loop-mediated isothermal amplification) testing.

In response to a question from Professor Warne, it was confirmed by Dr Gardner that Dr Morgan and the Mortality Team were reviewing all nosocomial deaths.

Mrs Mawdsley advised that the Board Assurance Framework had been updated and she pointed out that compliance with IPC mandatory training had been escalated to the divisions.

d) Clinical Safer Staffing Report including update on Nursing Vacancies

Professor Warne commented that assurance was received from this report.

Mrs Anderton advised that the report centred around nurse staffing and that the Trust was experiencing significant complex issues with regards to a mix skill set and ensuring that the correct number of charge nurses were on each ward to mitigate risks.

It was noted that the Trust's nursing absence rates had increased and this was due to Covid-19 and stress related sickness. Mrs Anderton reported that the Trust had noted a reduction in the availability of agency nurses throughout the Covid 19 pandemic.

Mrs Anderton updated the Committee with regards to the Trust's overseas nurses, reporting 17 had been denied access into the UK recently due to the border closures. Mrs Anderton assured

the Committee that work was on-going to "grow our own" nurses to ensure vacancies would be filled long term.

Mr Walton-Pollard advised that the Trust was monitoring nursing compliance daily and that this data was collated on a monthly basis with a view to ensuring safety across all wards.

In response to a question from Mrs Watt, it was noted that Health Education England had informed the Trust that all nurse training would continue.

Mr Walton-Pollard informed the Committee that the fill rate within the report was the actual number of nurses on shift which included agency and temporary staff, as well as absences.

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Dr Bedi asked whether a breakdown of percentages could be provided to include staff self-isolating and shielding due to Covid 19 in order to provide assurance that all staff were being utilised. Mrs Anderton responded that the HR Hub was documenting this data and deploying staff into administrative roles working from home.

i) Mass Recruitment Event Update

Mrs Adams provided an update in relation to the Mass Recruitment Event of Health Care Assistants and advised that 50 candidates had been invited for an interview with 37 of those offered the role. It was noted that the Trust was working with the Department for Work and Pensions (DWP) to train individuals on improving their application forms.

e) Controlled Drugs Compliance Update following the Three-Month Audit

Professor Warne welcomed Mrs Bond and asked how the Committee could help to improve the areas of non-compliance outlined within the report.

Mrs Bond advised the Committee that a quarterly controlled drugs audit had been carried out in 65 areas within Blackpool Victoria Hospital and Clifton Hospital and she outlined the recommendations and responsibilities. Reference was made to the high compliance on the Stroke Unit which was due in part to having a Pharmacy Assistant on the Ward. Mrs Anderton advised that the Trust needed to adapt this culture throughout its wards to improve compliance.

Professor Warne suggested that a report on controlled drugs compliance be submitted to the Committee once the Quarter 4 audit had been undertaken in order that the Committee could obtain assurance about whether implementation of the actions was delivering improvements.

ACTION: Mrs Bond to provide feedback to the Committee on controlled drugs compliance following the Quarter 4 audit.

f) Ockenden's Review of Maternity Services

Dr Gardner drew attention to a letter received from the Regulator on 15 December 2020 setting out Immediate and Essential Actions (IEAs) in Relation to the Ockenden Review. It was noted that a response to the actions within the letter had been sent from the Chief Executive on 21 December 2020.

It was noted that the response to the letter would be provided to the Trust Board of Directors, following which it would be provided to Committee members in order that they could be sighted on and oversee the actions.

ACTION: Dr Gardner to provide the response letter to the Board and to the Committee.

It was agreed that it would be beneficial for the Committee to be sighted on the finalised response and Mrs Parry advised that an assessment tool to manage the actions had been received on 21 December.

ACTION: Mrs Parry to provide feedback on the responses and actions taken from this review.

6. <u>EFFECTIVE</u>

a) Quality and Clinical Effectiveness Indicators from the Integrated Performance Report

Dr Gardner drew attention to the key issues within the report and advised that the Trust was working on increasing its elective activity.

Mr Case commented that the Committee was not sighted on the Health and Safety data of its staff and it was agreed that this data should be reported to the Committee.

ACTION: Mr Murphy to provide an update to the Committee on the Health and Safety data.

Dr Bedi queries the success of the NHS 111 First service and Dr Gardner advised that it was currently being implemented across all Trusts and the feedback received from patients was positive.

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Mrs Anderton advised that the IPR contained no dementia or learning difficulties data, but that this information would be included for future reports. It was agreed that a report would be provided in the New Year regarding the proposed programmes of work around dementia and learning difficulties.

ACTION: Mrs Anderton to ensure that a report on the proposed programmes of work around dementia and learning difficulties was provided to the Committee in the New Year.

Mrs Anderton updated the Committee with regards to complaints and reported that work was on-going to understand the themes of complaints. It was noted that it had been previously agreed that a formal report would be presented to the Committee in January regarding resolving informal complaints and this would include an update on patient experience.

ACTION: Mrs Anderton to ensure that an update on patient experience within the resolving informal complaints report was provided to the Committee in January 2021.

b) Research and Development (R&D) Update Report

Professor Warne welcomed Dr Gavin Galasko and Dr Angela Parker to the meeting and thanked them for joining.

Dr Galasko advised that presentation slides had been provided to Committee members within the agenda papers which gave an overview of the research activity throughout the financial year 2020/21. It was noted that research was now part of the Well Led Framework and key CQC measures which included research awareness, research equity and research facilitation within an organisation.

Dr Galasko highlighted the key points from the presentation as follows:-

- Why Do Research?
- Who We Are
- Latest Research Performance Data including our Participant Experience
- Recent Successes / Opportunities
- R&D Response to Covid-19
- NIHR Patient Recruitment Centre: Blackpool
- R&D Vision

It was noted that prior to the Covid-19 pandemic the Trust had 88 studies open, with 1757 participants recruited to these studies.

Dr Galasko reported that the Trust had recruited 2000 patients from 1 April 2020 to the 14 December 2020 and that all patient feedback received had been extremely positive.
Dr Galasko updated the Committee on the R&D Department's Covid-19 response and reported that they had taken part in 7 Urgent Public Health Care Studies.

It was noted that the Trust had been selected as one of five Nationally Selected Patient Recruitment Centres (PRCs) for Commercial NHS Research and within the commercial research pipeline 29 commercial studies had expressions of interest.

Dr Galasko also updated the Committee on the R&D Department's vision. Mr Case questioned the alignment of the R&D Department with the overall Trust vision and strategy and Dr Galasko advised that work was on-going in this matter.

7.

a) Complaints and Friends and Family Test

It was noted that this item had been discussed under item 06a (Quality and Clinical Effectiveness Indicators from the Integrated Performance Report).

8. <u>WELL-LED</u>

a) Corporate Risk Register (CRR)

The Committee noted the updates on the Corporate Risk Register and Mrs Bosnjak-Szekeres informed the Committee that the Trust was now in a better positon of understanding its risks and that updates were being regularly provided.

b) Board Assurance Framework: Committee Specific Risks

It was noted this item had been discussed throughout the meeting. The risk score has remained the same and the monthly review carried out by the Executive Directors.

c) Quality Improvement Update

It was noted that this item was deferred to the meeting in January 2021.

d) Items Recommended for Escalation to the Board

It was noted that the Ockenden Review response would be submitted to the Board.

ACTION: Dr Gardner to submit the Ockenden Review submission to the Board.

Professor Warne stated that the Board should be informed that the Trust had been recognised for its outstanding work with regards to Infection Prevention and Control and was within the top 3 Trusts in the North West.

ACTION: The Chair to inform Board members of the recognition regarding Infection Prevention and Control.

e) Annual Work Plan

The Annual Work Plan was noted by the Committee.

9. <u>CLOSING MATTERS</u>

a) **<u>Any other Business</u>**

There was no other business.

b) **Formal Meeting Review**

Members agreed that the meeting had been well focused and that good levels of assurance had been received from the reports.

It was agreed that future meetings would be extended to 2½ hours.

ACTION: The Corporate Team to extend the calendar invites accordingly.

c) **Date of the Next Meeting:**

It was noted that the next meeting would take place on Tuesday, 26 January 2021 at 1.00 pm.

Blackpool Teaching Hospitals NHS Foundation Trust

Minutes of the Quality & Clinical Effectiveness Committee Meeting
held on Tuesday 26 January 2021 at 1.00 pm
via Microsoft Teams

Members: Professor Tony Warne - Non-Executive Director (Chair)
Dr Sheena Bedi - Non-Executive Director
Mr Keith Case - Non-Executive Director
Dr Jim Gardner - Executive Medical Director
Professor Nicki Latham – Deputy Chief Executive/ Director of Strategic Partnerships
Mr Peter Murphy - Executive Director of Nursing, AHPs and Quality

In Attendance: Mrs Sharon Adams - Interim Operational Director of Human Resources and Organisational Development
Mrs Simone Anderton - Deputy Director of Nursing & Quality
Mrs Margaret Bamforth - Appointed Governor (Blackpool & The Fylde College) (Observer)
Mrs Angela Bosnjak-Szekeres - Director of Corporate Governance
Dr Peter Curtis - Divisional Director (Families and Clinical Support Divisions)
Mrs Jacinta Gaynor – Membership and Governors Officer (Observer)
Mrs Katharine Goldthorpe - Associate Director of Quality Improvement (for item 8a)
Professor Morris Gordon - Consultant Paediatrician/Strategic Clinical Lead for Quality (Item 5b)
Miss Lauren Kavanagh - Corporate Governance Officer (Minutes)
Mr David Kay - Interim Assistant Director of Nursing (Adult and Long-Term Conditions Division)
Dr Nigel Laycock - Consultant Paediatrician (for item 5b)
Mrs Claire Lewis - Head of Quality, Fylde Coast Clinical Commissioning Groups
Mrs Jo Lickiss - Assistant Director of Nursing (Scheduled Care Division)
Mrs Sharon Mawdsley - Infection Prevention Nurse Consultant
Mrs Nicola Parry - Assistant Director of Nursing (Families Division)
Ms Courtney Spinks – Associate Director of Nursing (Unscheduled Care)
Ms Jayne Thomas - Senior Business & Delivery Manager
Mr Stefan Verstraelen - Deputy Director of Quality Governance
Mrs Eleanor Walsh – Head of Patient Experience (for item 7)

1. Welcome/Apologies for Absence

Professor Warne informed the Committee that NHS England/Improvement (NHSI/E) had issued guidelines informing all organisations to reduce the number of non-essential meetings. It was noted that Committee members had received the reports and presentations in advance of the meeting, therefore, report authors and presenters were asked to advise the Committee about the implications of their reports and to provide an update on the level of assurance.

Apologies for absence were received from Dr Grahame Goode (Deputy Medical Director/Director of Clinical Effectiveness).

2. Minutes of the Previous Meeting held on 24 November 2020.

The minutes of the previous meeting held on 22 December 2020 were presented for approval.

Dr Gardner highlighted an error within the draft minutes on page 2, paragraph 3, advising that the 4 locum consultants on the Stroke Ward are not substantive posts.

Mr Case drew attention to the health and safety action on page 6, action 2, advising that this action should have been an action for Mr Murphy and not Dr Gardner. It was noted that Mr Murphy had commenced work to provide the Committee with health and safety data to ensure assurance could be gained.

RESOLVED: **That the minutes of the previous meeting held on 22 December 2020 be approved as an accurate record, subject to the amendments above.**

3. Matters Arising

a) Action List

It was noted that updates would be provided throughout the meeting to cover the outstanding actions on the action list.

Mrs Parry updated the Committee on the Ockenden Review and reported that the Trust had done the initial letter of compliance and the next submission date that was set for the 15 January, had been moved to the 15 February 2021 by the national team.

It was noted that Mrs Parry and her team had completed an assurance tool and this would be reported to the Local Maternity System (LSM) on 29 January 2021 and presented at the Perinatal Surveillance Committee (PSC) on 15 February. Mrs Parry informed the Committee that she had been asked to join the PSC as the maternity representative for Lancashire and South Cumbria. Mrs Parry thanked Mr Murphy for his assistance in completing the assurance tool. It was agreed that an update on the Ockenden Review would be provided to the Committee in February 2021.

ACTION: Mrs Parry to provide an update on the Ockenden Review at the next meeting.

CARING

4.

a. Patient Story

Mr Murphy introduced the patient story and advised that it was related to a mother giving birth during the pandemic. It was noted that this patient story highlighted the contribution made by staff, especially the midwifes which provided excellent care to the patient.

Following the patient story video, Professor Warne expressed thanks to everyone involved in the excellent care that was provided.

SAFE

5. Mortality Data

a) Royal College of Physicians (RCP) Report Action Plan Update

Dr Gardner introduced Ms Thomas, Senior Business & Delivery Manager, to the meeting and advised that Ms Thomas would be working with Dr Goode and colleagues on the RCP Action Plan.

It was noted that due to severe operational pressures and increasing Covid-19 numbers, there had been limited progress in relation to some of the actions, which were now behind trajectory on the timescale set out from the RCP review. Dr Gardner advised that work was due to take place in the next couple of weeks, which would bring the Trust back on target.

Dr Gardner advised that the Medical Consultant recruitment remained challenging. However, there was a robust workforce plan in place in conjunction with Health Education England (HEE) and a plan with the University of Central Lancashire (UCLAN) for academic posts, which would address this issue going into 2021. It was noted that the Trust was looking to recruit a Chair of Respiratory Medicine in the next couple of months.

Mr Case expressed concerns with regards to stakeholders being updated about the outstanding actions. Dr Gardner reported that through the System Improvement Board (SIB), which included representation from NHSI/E and the Care Quality Commission (CQC), the RCP Action Plan was presented and the stakeholders acknowledged the current situation.

Professor Warne and Dr Bedi highlighted the importance of setting new targets/timescales for these actions. Dr Gardner advised that the current targets/timescales in the report were articulated by the

RCP before the pandemic. It was noted that with the support of Dr Goode and Ms Thomas, the targets and timeframes would be rearticulated and provided to the Committee in February 2021.

ACTION: Dr Goode to rearticulate the targets and timescales in the RCP Action Plan and reported back to the Committee in February 2021.

b) Sepsis Report 2016-21

Professor Gordon reported that in 2016, a stream of strategic quality improvement work was undertaken to address key conditions of concern within outcome data for the Trust, with Sepsis being a key area of concern, which became the focus of work for this stream. It was noted that through a process of evidence-based rationalisation of both key clinical targets, data collection methods and cycles of quality improvement practice informed system change, the Trust's clinical performance and outcome data in this key area has been transformed and maintained.

Professor Warne and Mr Case thanked Professor Gordon for the comprehensive and detailed report which provided the Committee members with assurance.

Professor Morris reported that the Trust's 12 month rolling Summary Hospital-level Mortality Indicator (SHMI) for Sepsis had not risen above 100 since the August 2017 data, and had been maintained with a mean of 93 between August 2017 and May 2020.

Professor Morris stated that it was important to provide this update to the Committee as it enabled the team to provide assurance and reassurance that work was on-going with regards to Sepsis. It was agreed to add Sepsis updates to the Committee workplan.

ACTION: Corporate Governance Team to add Sepsis update to the Committee workplan.

Mr Kay advised that the Adult and Long Term Conditions Division had been working closely with the primary health care networks to look at patients showing early symptoms of Sepsis.

c) Serious Incident Report and Duty of Candour Report (including positional update from the Divisions and Health and Safety Report)

Mr Verstraelen highlighted the incidents and investigations and confirmed that there had been 5 new serious incidents reported on Strategic Executive Information System (StEIS) in December 2020. Mr Verstraelen commented that as of 12 January 2021, the Trust had 16 on-going StEIS reported serious incidents. It was noted that there had been a significant reduction in the number of serious incidents (of severe harm or unexpected death) occurring in the Trust since January 2020.

Mr Verstraelen advised that although the reported serious incidents had reduced, the Trust had reported a total of 2322 incidents in the month of December 2020, excluding Pharmacy Interventions, which showed an increase against November 2020 figures of 2258.

Professor Warne advised that it was beneficial to see the root cause analysis section of the report and reported that going forward it would be helpful to see more detail on how the root causes were recognised and addressed at Divisional level.

ACTION: Mr Verstraelen to provide more detail on how root causes were recognised and addressed at the next meeting.

Mr Verstraelen reported that the Trust currently had a total of 782 incidents, which had breached the target timeframes for closure. It was noted that the Incident and Risk team had been undertaking improvement work with the Divisions to reduce the numbers. However, there were many 72-hours rapid reviews outstanding which were not true moderate harms, and that these could be closed locally by the Divisions. Mr Murphy reported that it would be useful for the Committee to see the breached incidents on a Statistical Process Control (SPC) Chart as this would show the significant improvements.

ACTION: Mr Verstraelen to provide the breached incidents data within a SPC chart for the February 2021 Committee meeting.

Mr Case thanked Mr Verstraelen for the helpful and comprehensive report which provided an overarching measure which could be a key area of focus for the Trust.

Mr Case referred to the health and safety of staff and requested that this data be provided to the Committee within the Integrated Performance Report.

Professor Warne highlighted the importance of making sure all the data within the reports aligned.

The Committee members commented on the positive Duty of Candour data and thanked Mr Verstraelen for all his hard work on this.

d) Infection Prevention Control (ICP) Report Including an update on Nosocomial Infections and Board Assurance Framework

Mrs Mawdsley provided a summary of the Infection Prevention Control Report and highlighted that the position with regards to Covid 19 positive patients had decreased when the report was written, although it was noted that this could be due to testing more patients.

Mrs Mawdsley informed the Committee that NHSI/E had visited the Trust on the 22 January 2021, with a focus on infection prevention. It was noted that the verbal feedback received was extremely positive and it was a testament to the hard work of the staff in the Trust. Dr Gardner reported that NHSI/E had been complimentary of the Trust's processes regarding the oxygen supply.

Dr Gardner thanked Mrs Mawdsley for her exceptional leadership and extraordinary daily focus on managing the Covid 19 pandemic.

Professor Warne queried whether the Committee members could assist in highlighting awareness of the Lamp Testing service. Mrs Mawdsley advised that the number of staff being tested was increasing and that designated teams were visiting the wards to promote the Lamp Testing service to staff.

Mrs Mawdsley advised that the Board Assurance Framework had been updated and she indicated that compliance with the IPC mandatory training remained an issue, although a communication had been circulated to medical staff by Dr Gardner.

e) Nursing & Midwifery Safe Staffing Exception Report (Quarter 3)

It was noted that in order to support the achievement of safe staffing and to consider the daily fluctuating patient care needs, there was a twice daily, ward by ward, review of staffing levels. Mr Murphy reported that it was at these divisionally held meetings that senior nurse decisions and management of risk were made, to ensure patient safety and appropriate skill mix of nurses was facilitated.

It was noted that the Trust was looking to provide Allied Health Professional data within this report going forward.

Mrs Anderton reported that the figures within the report showed an increase in overall fill rates, since last month, for Blackpool Victoria Hospital (105%) and a decrease for Clifton Hospital (77.7%).

Dr Bedi questioned whether the data within the report would be improved when integrated into the Integrated Care System (ICS). Mr Murphy agreed with Dr Bedi and advised that staff will be contracted across the ICS to enable a flexible model.

Dr Bedi requested clarity on the Care Hours Per-Patient Day (CHPPD) and Mr Murphy agreed to contact Dr Bedi outside of the meeting to provide a breakdown of the data.

ACTION: Mr Murphy to provide Dr Bedi with a breakdown of the CHPPD data outside of the meeting.

Dr Bedi commented that it was reassuring that the Trust was recruiting 60 individuals into an apprentice programme for the Registered Nursing Degree and Trainee Nursing Associate Apprenticeships.

Mrs Anderton reported that HEE and the Nursing and Midwifery Council (NMC) had announced they would reintroduce emergency education standards to enable final year nursing students to opt-in to support the response to the Covid 19 pandemic, via extended clinical placement. It was noted that the Trust had a total of 31 final year student nurses that had taken up this offer and work was on-going to allocate these student nurses to the wards.

f) Getting It Right First Time (GIRFT) Update

Dr Gardner advised that following an enforced pause during the Covid 19 first wave, the GIRFT reviews had recommenced virtually. It was noted that there was a GIRFT review planned for Gastroenterology on 25 January 2021 and for Acute and General Medicine on 8 March 2021.

The Committee was in agreement that it would be beneficial for the Non-Executive Directors (NEDs) to attend on 8 March 2021 to provide their input. It was agreed that Dr Gardner and Dr Goode would arrange for the NEDs to be involved.

ACTION: Dr Gardner and Dr Goode to arrange for the NEDs to attend the GIRFT session on 8 March 2021.

Dr Bedi questioned how often the GIRFT reviews took place and Dr Gardner advised that the timescale was provided via the NHS Improvement Programme.

g) CORP-POL-627 Internal Professional Standards Policy

Dr Gardner advised Committee members that the policy was provided for ratification by the Committee. Professor Warne confirmed that the Committee supported the policy and that the policy could be ratified.

ACTION: That the CORP-POL-627 Internal Professional Standards Policy be ratified.

It was noted that interviews for the Director of Professional Standards were taking place on 27 January 2021.

6. EFFECTIVE

a) Quality and Clinical Effectiveness Indicators from the Integrated Performance Report

Professor Warne thanked Professor Latham for the provision of a front sheet with the IPR and observed that this provided clarity. Professor Latham advised that the IPR was still under development and the Trust was focusing on information and data over the next couple of weeks, so progress would be shown within the IPR. It was noted that feedback from this Committee was important to provide intelligent, transparent data within the IPR.

Mr Murphy drew attention to the mixed sex breaches section of the IPR and assured the Committee that if one of these breaches occurred that those patients would be safeguarded.

Dr Gardner reported that the rolling 12-month SHMI remained within statistical range and under 100.

Dr Gardner requested that the Sepsis data appendix be circulated to the Committee members.

ACTION: Corporate Governance Team to circulate the Sepsis data appendix to Committee members.

b) Safeguarding Quarterly Report

Professor Warne referred the to the Safeguarding Adults training compliance and commented that it was assuring to see such high percentages.

It was noted that the application and management of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) was no longer owned and overseen by one named individual, but the accountability sat within each Division.

Mrs Anderton reported that an increase in DOLs applications was seen as positive assurance that increased awareness of DOLs processes and procedures were being realised and applied appropriately by staff.

Mr Murphy reported that an increase in 1 to 1 care requirements due to the Covid 19 pandemic had caused an additional pressure on staff. It was noted that some expenditure would be used in the next financial year to recruit a trained team to care for complex patients instead of using security personnel.

7. RESPONSIVE

a) Complaints Report

The report was taken as read and Mrs Walsh highlighted that only 5% of the data for Quarter 3 was from complaints and 10% was from general enquiries. It was noted that, therefore, the remaining 85% were compliments to the Trust, which was extremely positive and highlighted the incredible work taking place throughout the organisation.

It was noted that in Quarter 3, the Trust received 789 general enquiries, 224 less enquires than in Quarter 2. A total of 227 informal concerns had been received, which required internal investigation by the Patient Relations Team, a decrease of 17% from Quarter 2 when 274 concerns had been investigated.

Mrs Walsh reported that within the Patient Relations Department the staffing had increased which would improve their response times and this would be reflected in future data.

It was noted that a Complaint Learning Forum (CLF) was due to commence in Quarter 1 of 2021-22. This would be an opportunity for the Divisions to examine their concern and complaint performance throughout the year. Professor Warne highlighted the importance of these forums to ensure that staff learn from complaints and share good practice.

Mrs Walsh advised that the CLF would be chaired by a Trust Non-Executive Director and complaints would be reviewed against the principles of the Patient Association Good Practice Standards for NHS Complaints Handling and the Parliamentary and Health Service Ombudsman (PHSO) Complaints Standard Framework (2020).

Mr Murphy commented on the positive impact that the staffing increase would have within the Patient Relations Team and it was noted that the team would be fully staffed by April 2021.

8. <u>WELL-LED</u>

a) Quality Improvement Update

Mrs Goldthorpe reported that the Trust currently had 30 teams involved in the Quality Improvement Programme, which included the following programmes: Pressure Ulcers, Deteriorating Patients, Last 1000 Days and Vital Signs Collaborative. She highlighted the importance of recognising that the Divisions and Divisional Triumvirates were supporting the collaboratives as their staff were learning new skills.

Mrs Goldthorpe stated that the Trust would be commencing Phase 2 of the Pressure Ulcer Collaborative and assured the Committee that the teams who took part in Phase 1 were still being reviewed regularly.

Professor Warne sought assurance that the Trust was confident with the progress made with regards to the collaboratives. Mrs Goldthorpe advised that the progress within the hospital was positive, although it was more difficult to progress on these collaboratives in the community setting.

Mr Case reported that he had previously discussed with Dr Bedi and Mrs Lewis the tracking of patients that had died within 30 days of leaving the hospital, and commented that it would be useful for Mrs Goldthorpe to collaborate with Mrs Lewis to combine that data with the last 1000 days collaborative data.

Mrs Goldthorpe advised that the Trust had plans for an extensive training programme and would provide an update at the next meeting.

ACTION: Mrs Goldthorpe to provide an update on the Quality Improvement Programme at the next meeting.

b) CQC Action Plan Update (including update on 'confirm and challenge' sessions)

Mr Verstraelen presented the CQC Action Plan Highlight Report which outlined a summary of the considerable progress on the actions arising from the CQC Report. It was noted that 13 actions were still to be completed and Mr Verstraelen assured the Committee that the Divisions had plans in place to complete these actions.

Mr Case referred to the 2 'must do' actions that were overdue and sought assurance that work was taking place to close these actions. Mr Verstraelen confirmed that work was taking place to close the outstanding actions.

It was noted that the Trust had held 4 'confirm and challenge' sessions in order to review evidence that had been submitted to close actions and for Divisions to provide narrative around the actions in order to learn from them going forward. Mr Verstraelen informed the Committee that a recent audit by the internal auditors, KPMG, had recognised the 'check and challenge' sessions as good practice.

Mr Murphy advised that an unannounced CQC visit took place at the Trust on 11 January 2021 and reported that no risks or concerns had been raised on the day. It was noted the CQC report would hopefully address the progress the Trust had made with the CQC Action Plan.

The Committee supported the 'confirm and challenge' sessions and highlighted the mature way of managing performance, as Divisions had ownership of their actions.

c) Corporate Risk Register (CRR)

The Committee noted the updates on the Corporate Risk Register (CRR) and Mr Verstraelen informed the Committee that the Trust was working with the Good Governance Institute (GGI) to provide training sessions for staff with regards to the CRR to help improve risk management.

Mrs Bosnjak-Szekeres highlighted the great work that GGI had undertaken to create the CRR, although, the importance of the Trust having ownership of its own risks was noted.

d) Board Assurance Framework: Committee Specific Risks

The Committee noted the Board Assurance Framework and the updates that were provided.

e) Items Recommended for Escalation to the Board

It was noted that an update on infection prevention and control would be provided to the Board.

ACTION: Dr Gardner and Mrs Mawdsley to provide an update to the Board on infection prevention and control.

f) Annual Work Plan

The Annual Work Plan was noted by the Committee.

Professor Warne commented on the importance of preparing the workplan for next year and to ensure it included all statutory regulatory items as well as the other requested items from Committee members. Professor Warne suggested a meeting with Mrs Bosnjak-Szekeres to discuss the contents of the workplan and it was agreed that Committee members would provide Professor Warne and Mrs Bosnjak-Szekeres with any items they wished to be added to the workplan.

ACTION: Corporate Governance Team to arrange a meeting between Professor Warne and Mrs Bosnjak-Szekeres to discuss the workplan contents for the coming year.

ACTION: Committee members to email Mrs Bosnjak-Szekeres with any additions to the workplan.

9. CLOSING MATTERS

a) **Any other Business**

Mr Verstraelen advised that he had recently recruited a Deputy in the Quality Governance team who was due to commence in post on 5 April 2021. Mr Verstraelen highlighted the importance of this role as it would link Quality Governance with Quality Improvement, as well as bringing different elements of Quality Governance together. Professor Warne requested a meeting when the new member of staff commenced in post.

ACTION: Professor Warne to meet with the new Deputy in the Quality Governance team when they commence in their role.

Dr Gardner advised that HEE North West had completed a review of doctors in training and the initial feedback had been positive. It was noted that the report would be provided the week commencing 1

February 2021, for checking factual accuracy and the formal report would be presented to the Board in March 2021. Dr Gardner agreed to update the Committee on the feedback received from HEE when the formal report was received.

ACTION: Dr Gardner to provide the formal feedback to the Committee when received from HEE, North West.

Mrs Bosnjak-Szekeres informed the Committee that the Board of Director Informal Meeting that was due to take place on Thursday 4 February would be stood down in order to release capacity to deal with the pandemic and operational pressures.

b) **Formal Meeting Review**

Members agreed that the meeting had been well focused and that good levels of assurance had been received from the reports.

c) **Date of the Next Meeting:**

It was noted that the next meeting would take place on Tuesday, 23 February 2021 at 1.00 pm.

Blackpool Teaching Hospitals
NHS Foundation Trust

Minutes of the Operations Committee Meeting held on Wednesday 23 December 2020 at 2.00 pm via Microsoft Teams

Members:	Mr Mark Beaton	Non-Executive Director (Chair)
	Mr James Wilkie	Non-Executive Director
	Dr Sheena Bedi	Non-Executive Director
	Mrs Janet Barnsley	Director of Operations (Planned Care)
	Mrs Natalie Hudson	Interim Director of Operations (Urgent & Emergency Care) (for items 1-8)
	Mr Kevin Moynes	Joint Director of Human Resources & Organisational Development (HR & OD)
	Mr Feroz Patel	Interim Director of Finance
In Attendance:	Mrs Sharon Adams	Deputy Director of Workforce, Education and OD
	Mrs Angela Bosnjak-Szekeres	Director of Corporate Governance
	Mr Steve Gratrix	Governor Observer (Public) – Fylde Constituency
	Mr Stefan Verstraelen	Deputy Director of Quality Governance (for items 4 & 5)
	Mrs Jacinta Gaynor	Membership & Governors Officer (minutes)

1. Welcome/Declarations of Interests/Apologies for Absence

The Chair welcomed members and attendees to the Operations Committee meeting.

There were no declarations of interests.

Apologies for absence were received from Professor Nicki Latham (Deputy Chief Executive/Director of Strategic Partnership) and Mrs Lesley Smith- Payne (Deputy Director of Workforce).

2. Minutes of the Previous Meeting

The minutes of the previous meeting held on 26 November 2020 were presented for approval.

RESOLVED: **That the minutes of the previous meeting held on 26 November 2020 be agreed as a correct record.**

3. Matters Arising

a) Action List

It was noted that all actions had been completed with the exception of one relating to Capital Expenditure and those items recommended for escalation to the Board, which were due to be escalated at the Board of Directors meeting scheduled to take place on 7 January 2021.

The Chair stated that all future actions in relation to 'items for escalation to the Board', should be actioned by the Corporate Governance Team.

ACTION: **All future actions in relation to 'items recommended for escalation to the Board' should be actioned by the Corporate Governance Team.**

4. Care Quality Commission (CQC) Action Plan: Progress Update (items relating to Operational and HR & OD matters)

Mr Verstraelen informed the Committee that there were some inaccuracies within the previously circulated report and confirmed that an amended version would be circulated to the Committee following the meeting.

ACTION: **Mr Verstraelen/Corporate Governance Team to circulate an amended version of the report to Committee members following the meeting.**

Mr Verstraelen drew attention to the highlight report in respect of the Care Quality Commission (CQC) action plan and confirmed that good progress had been made regarding the actions. He advised that three "confirm and challenge" sessions had been undertaken with the Scheduled Care Division, which had resulted in a number of actions being returned to an incomplete status because it had been deemed by the Panel that insufficient robust evidence had been submitted to warrant closure of the actions.

The Chair drew attention to the action from the previous meeting (reference 94 on the action list) and stated this had not been addressed. He requested that the action be amended to 'red' on the action list and that the action be discussed at the next meeting to specifically include the processes and principles that had been used to manage the actions to a sustainable position.

ACTION: **Mr Verstraelen to amend action reference 94 to 'red'.**

The Corporate Governance Team to include the item on the draft agenda for the meeting on 28 January 2021 and for the report to include specifically the processes and principles that had been used to manage the actions to a sustainable position.

A discussion took place regarding the next CQC inspection and Mr Verstraelen confirmed that the methodology and framework of the CQC inspections had changed to a more conversational approach and was an on-going process. The Chair stated that the Trust needed to manage the action plan recommendations to ensure standards were achieved in the future.

5. Corporate Risk Register

Mr Verstraelen provided background information on the progress being made in monitoring the key organisational risks and stated that good progress was being made in partnership with the Good Governance Institute (GGI). He outlined the process being undertaken with Executive Directors to ensure that the correct risks were identified and how controls and actions were identified to mitigate the risks. He also advised that an urgent piece of work needed to be undertaken to connect these risks from the Divisional Risk Registers to the Corporate Risk Register. Mr Moynes agreed that the connection with the divisions was an important aspect of this work.

The Chair drew attention to the financial risk scoring and controls and questioned whether it provided an accurate picture of the current funding and staffing position of the Trust. It was confirmed that a further meeting had taken place since the agenda papers had been issue, and that these risks had been updated. The Chair stated that the controls needed to be reviewed to ensure that a clear picture was provided.

ACTION: **Mr Patel to work with Mr Verstraelen to review the financial risks in order to provide a clear picture of the Trust's current position.**

6. Board Assurance Framework (BAF)

This item was discussed under agenda items 8a, 9a, 10a and 11a.

7. Integrated Performance Report (IPR)

This item was discussed under agenda items 8a, 9a, 10a and 11a.

8. Operational Performance Update

Mrs Hudson apologised to the Committee for the omission of the presentation slides and confirmed that they would be circulated following the meeting. She confirmed that the key statistics were included in the IPR.

ACTION: **The Corporate Governance Team to circulate the operational performance presentation slides to Committee members following the meeting.**

a) Performance Metrics and BAF Update

Mrs Barnsley reported that the BAF score remained at 20, with a target of 12; it being noted that the main drivers were the on-going Covid-19 pandemic and the increased bed occupancy position.

Urgent & Emergency Care

- Accident & Emergency (A&E) Performance (**moderate assurance** provided)
- Length of Stay (LoS) (**moderate assurance** provided)

Mrs Hudson provided a detailed update on urgent and emergency activity, including Accident & Emergency (A&E) breaches, performance and bed occupancy. Mrs Hudson explained that the current process of swab testing patients admitted from A&E and patients remaining in A&E until the result had been received had caused an increase in 'decision to admit' (DTA) breaches. It was noted, however, that a breach outweighed the reduction in the 4-hour target and that this process had resulted in the reduction of nosocomial infection rates. It was further noted that bed occupancy levels were resulting in challenges within A&E.

Discussion took place around a designated place for Covid-19 patients and it was noted that Maplewood Nursing Home in Bolton had a 12-bedded designated area and was open for access across the Integrated Care System (ICS). Mrs Hudson informed the Committee that the Trust would have access to a care home in January 2021.

Impact of NHS 111 Pilot Scheme

Mrs Hudson drew attention to the previously circulated report and provided details of the impact of the NHS 111 Pilot Scheme; it being noted that, although utilisation of the scheme needed to be increased, the Trust was using the scheme effectively.

Discussion took place around the need to make people more aware of the service to increase the uptake by patients and it was confirmed that a renewed communications strategy was due to be released in January 2021. The Chair suggested that further data be provided in terms of the service usage and he requested sight of the communications strategy. Dr Bedi commented that this should be a system wide communications approach and needed to be communicated across the Integrated Care Partnership (ICP).

ACTION: **Mrs Hudson to provide further data on the service usage.**

Mrs Hudson to share the NHS 111 Pilot Scheme communications strategy with the Committee.

In response to Dr Bedi's request to understand the percentage of attendances through A&E in relation to patients contacting NHS 111, Mrs Hudson agreed to provide this data.

ACTION: **Mrs Hudson to provide data on the percentage of attendances through A&E in relation to patients contacting NHS 111.**

Hospital Discharge (LoS)

Mrs Hudson informed the Committee that, in the absence of a full detailed overview report, a verbal update would be provided. Mrs Hudson stated that a Hospital Discharge Programme had been set up across the ICS and, as the Executive Director Lead, she would report on a monthly basis to the ICS Programme Board and the Operations Committee. The Chair requested that a standard item be added to the Committee agenda and for the report to include data on the biggest areas of improvement, reasons preventing improvement, accountability and priorities.

ACTION: **The Corporate Governance Team to include the Hospital Discharge Programme as a standard agenda item.**

Mrs Hudson to include the above mentioned areas within her monthly report to the Committee.

Endoscopy Activity Recovery Plan

Mrs Hudson drew attention to the previously circulated report and provided an update on the current issues within endoscopy and the actions being undertaken to address the current backlog, including a recovery trajectory. She confirmed that a business case proposal had been developed for a total of £1.9M and that the Trust had been successful in securing capital funding of £1.1M from the Cancer Alliance, therefore a further £0.8M investment was required by the Trust. Mrs Hudson confirmed that alternative options were being investigated to address the staffing issues and the service gaps.

Discussion took place around the funding arrangements for the service and it was noted that there were significant challenges post April 2021. It was confirmed that endoscopy would be a high priority area for funding allocation. It was noted that the commencement of the Bowel Cancer Screening service would increase pressure on the already pressured service and that a solution was needed to address the issues.

The Chair acknowledged that the Trust needed to find a solution to this situation and agreed to escalate to the Board of Directors.

ACTION: The Chair to escalate the endoscopy service issues to the Board of Directors.

Planned Care

Mrs Barnsley provided a detailed update on planned care activity, including referral to treatment (RTT), 52-week breaches, cancer performance, diagnostic performance, elective and non-elective re-admissions, and cancelled operations.

- Referral to treatment (RTT) performance (**limited assurance** provided)
- 52-week breaches (**limited assurance** provided)
- 62-day cancer waiting times (**limited assurance** provided)
- 6-week diagnostics (**limited assurance** provided)

Mrs Barnsley informed the Committee that the cancer 62-day performance target had failed at 75.4%, however, all other cancer targets had been achieved and the North West had been escalated as a region for improving overall cancer targets. Mrs Barnsley confirmed that an additional scanner would be on site by the end of the financial year. She also confirmed that another cardiology waiting list validation exercise was being undertaken with harm reviews being completed for affected patients and stated that a full briefing would be provided at the next meeting.

ACTION: Mrs Barnsley to provide a full briefing at the next meeting regarding the validation exercise/harm reviews in relation to the cancer targets.

Discussion took place around the worsening situation with the pandemic and the possible standing down of elective work and the back-log this would create. It was noted that the Phase 3 targets were still in place and that it would take several years to improve the current backlog position. Dr Bedi commented that there was a significant move to the next stage and the Trust needed to consider how it would perform differently in order to reach this stage.

In response to Dr Bedi's query about the classification of a nosocomial infection, Mrs Barnsley agreed to check with the Lead Executive Directors, Dr Gardner and Mr Murphy. Mrs Barnsley advised the Committee that the Trust had been recognised at the Regional Nursing Directors meeting for the improvements introduced to maintain low infection rates.

ACTION: Mrs Barnsley to check with Dr Gardner and Mr Murphy regarding the classification of a nosocomial infection and provide feedback to the Committee.

The Chair thanked Mrs Hudson and Mrs Barnsley for their presentations and stated that, for future agendas, the operational section should be allocated 45 to 50 minutes due the amount of data being presented.

ACTION: The Corporate Governance Team to allocate 45 to 50 minutes on future agendas for the Operational Performance Update.

The Chair stated that the following items would be escalated to the Board of Directors; A&E performance (80%), DTA breaches (12 hour wait), bed occupancy (95%), designated area for

Covid-19 patients, NHS 111 Pilot Scheme, endoscopy business case, RTT, 62-day cancer waiting times, restoration and elective activity. The Chair also stated that the achieved cancer targets and 52-week waiters target should be reported to the Board of Directors.

ACTION: The Chair to escalate the above items to the Board of Directors.

Operational Performance Metrics (indicators from the IPR)

It was noted that this item had been discussed as part of the operational report.

9. Human Resources & Organisational Development Performance Update

Mr Moynes thanked the HR & OD Team for collating the presentation slides and he reported on the BAF, trajectory updates, health & wellbeing, flu and Covid-19 vaccination programmes, North West (NW) Black, Asian and Minority Ethnic (BAME) Assembly, Disciplinary Policy and HR & OD metrics.

It was noted that the assurance level remained as **partial assurance.**

Mr Moyes drew attention to the IPR and reported that appraisals would commence in April 2021, levels of sickness oscillated between 7% and 8% (split of Covid-19 and non Covid-19 sickness) resulting in a total of 500 staff (8%) being unavailable for work.

a) Recruitment Update

Mr Moynes drew attention to the staffing trajectory which provided a level of reassurance. He informed the Committee that 11 extra qualified nurses had been recruited, 39 overseas nurses would be available once qualified, 46 nurses who have arrived from the Philippines were currently in isolation, which would end on 4 January 2021 and 6 overseas nurses from Turkey had been returned to Istanbul on 18 December 2020 due to restrictions on entering the UK.

Discussion took place in relation to the current resources versus the establishment and the need for clarity on the number of agency and bank staff. In response to the Chair's query in relation to understanding the staffing gap on each ward, Mrs Adams informed the Committee that a staffing report was presented to the Quality and Clinical Effectiveness (Q&CE) Committee that provided assurance on the ward staffing levels.

ACTION: Mr Moynes/Mrs Adams to circulate the staffing report from the Q&CE Committee.

b) Health & Wellbeing

The Committee noted the good work on-going in relation to the health and wellbeing of staff.

c) Flu and Covid-19 Vaccination Programme Update

Mr Moynes stated that the Occupational Health staff had carried out remarkable work and expressed his personal thanks. He reported that 5000 staff had received the 'flu vaccine and 850 staff had received the Covid-19 vaccine.

d) NW BAME Assembly

Mrs Adams drew attention to the previously circulated report and provided a detailed update.

Discussion took place in relation to the Trust embedding BAME policies into the fabric of the organisation and bringing BAME themes into everyday conversations from the top down and bottom up. Dr Bedi suggested that it would be useful to have a Board of Directors session on BAME.

e) Imperial College Disciplinary Policy

The Committee noted the report on the Imperial College Disciplinary Policy.

ACTION: **The Chair/Corporate Governance Team to escalate items to the Board of Directors as follows:**

- **Progress regarding trajectories and the need for clarification in terms of staffing levels.**
- **Staff health and well-being.**
- **Progress and good work in relation to the flu and Covid vaccines.**
- **Suggestion for a BAME Board of Directors session.**

10. Finance Update

a) Performance Metrics and BAF Update

It was noted that there had been no significant changes to the BAF or the overall assurance rating.

Key Financial Risks

i) Cash Position and Forward View - only **limited assurance** could be given that the Trust would not need further interim revenue support in 2020/21.

ii) Deliverability of the Forecast – only **limited assurance** could be given to the end of November 2020.

iii) Sustainability – only **limited assurance** could be given.

iv) Based on current performance and latest guidance, only an **overall limited level of assurance** could be provided at this stage.

2020/21 Financial Forecast

Mr Patel reported that the financial plan and trajectory indicated a deficit of £20.6m by the end of November 2020, however, following a further financial stock-take, a forecasted deficit was reported of £22.3m at year-end after accounting for £36.5m of top up and system funding for months 7 to 12.

Cash Position

Mr Patel reported that the Trust continued to receive monthly cash payments in advance, however, this would cease after March 2021 and the Trust would then require interim cash support. Mr Patel further reported that, post Covid-19, the Trust would be required to reduce supplier payment terms. He confirmed that all investments that had been committed to, but not yet paid, were being reviewed.

Discussion took place around the generation of income, the need for system-wide conversations in relation to funding and the need to ensure that the Trust delivered on internal efficiencies such as improving Length of Stay (LoS) and substantive recruitment.

Pay and Non-Pay Expenditure

The previously circulated presentation slides were noted by Committee members.

In response to Mr Wilkie's query about whether the same data source was used to generate both the staff and the pay trajectory, Mr Patel confirmed that the overall pay expenditure trajectory included both substantive and agency staff. He also confirmed that production of a more triangulated report was being investigated by the nursing, HR and finance teams.

In response to the Chair's comment that the position had worsened each period and whether the gap would be nearer £30M by the end of the year, Mr Patel anticipated that the trajectory would be nearer £34M.

Business Cases & Developments - Emergency Village/Critical Care (EVCC) Update

Mr Patel informed the Committee that the NHS England/Improvement Team had reviewed the EVCC business case and had submitted 10 queries around the use of the subsidiary company for the development of the scheme. Mr Patel confirmed that a revised business case would be presented to the Board of Directors in January 2021.

It was noted that Mr Fort was leading on the project, with Mr Patel as the Lead Executive Director. It was also noted that Mr Clark, who had been heavily involved in the project, had now left the Trust. The Chair stated that Mr Wilkie and himself would be available for an informal discussion outside the meeting.

b) Month 8 Position

It was noted that this item has been discussed as part of the finance report under the cash position.

Finance Performance Metrics (indicators from the IPR)

It was noted that this item had been discussed as part of the finance report.

ACTION: The Chair to escalate items to the Board as follows:

- **Overall limited assurance.**
- **Forecast deficit of £22.3M at the end of November and link between staff and agency levels**
- **The Emergency Village & Critical Care business case.**

11. System and Partnership Working Update

a) Board Assurance Framework

In Professor Latham's absence, Mrs Bosnjak-Szekeres stated there was nothing additional to report and the risks had not changed.

b) IT Update

In Professor Latham's absence, Mr Patel reported that the IT portfolio had transferred from Mr Patel's remit to Professor Latham's remit.

The previously circulated report was noted.

12. Governance

a) CT Staffing Business Case

Mrs Bosnjak-Szekeres reported that the CT Staffing business case had been submitted to the Executive Directors meeting on 21 December 2020. It was noted that the substantive recruitment to CT Staffing incurred no additional costs in the run rate.

RESOLVED: That the Committee supported the CT Staffing business case.

b) Parkwood and Wesham Property Transfer

Mr Patel reported that the business case detailed the transfer of ownership of both Parkwood and the old Wesham Rehabilitation Unit between the Trust and the Lancashire Care Foundation Trust (LCFT). He confirmed that the Executive Directors and the Board of Directors had supported the transfer which had been completed on 15 December 2020.

RESOLVED: That the Committee noted and supported the Parkwood and Wesham Property Transfer business case.

13. Items Recommended for Escalation to the Board

It was noted that the items recommended for escalation to the Board of Directors had been identified during the meeting.

14. Any other Business

a) Sexual Health Services Tender

The previously circulated report was noted for information.

15. Formal Meeting Review

The Chair asked Committee members for feedback in relation to the questions posed as part of the meeting review.

Mr Gratrix answered positively and extended his thanks to the Committee for the provision of open and transparent reporting. He referred to Dr Bedi's comment about the reporting providing a feeling of the mood around the Trust and how the Non-Executive Directors added value with their observations from a caring point of view. Mr Gratrix stated this is what he would expect from the Committee as a Governor.

Mr Wilkie answered positively to the questions, however, he commented that when he initially posed the question about added value, he stated that he had asked the Executive Directors (EDs) whether they thought the Non-Executive Directors (NEDs) added value to the meetings and fulfilled their role as a NED. The EDs answered positively and commented that additional discussions were helpful, such as the recent breakout session. The Chair stated that there was a great amount of detail to be covered during the meetings, but sometimes there was not sufficient time for quality discussions. He reiterated that the operational section should have at least 45 to 50 minutes allocated time on the next agenda.

Discussion took place around the format of the Q&CE Committee meetings which included divisional staff being invited to the meetings, however, it was noted that the Committee was an assurance committee and therefore it would be more beneficial to introduce a similar format during any future breakout sessions.

In answer to Mr Wilkie's question in relation to the assembly of the agenda, Mrs Bosnjak-Szekeres explained the process of the agenda setting. It was noted that if the NEDs had any items for future agendas, they should be submitted to Mrs Bosnjak-Szekeres two weeks in advance of the deadline for the agenda/reports being circulated.

The Chair thanked Committee members for their time and input in terms of the preparation for the meeting and expressed thanks to the staff working in the Trust for the excellent commitment shown in these extremely difficult circumstances.

16. Date of Next Meeting

It was noted that the next meeting would take place on Thursday, 28 January 2021 at 3.00 pm.

Blackpool Teaching Hospitals NHS Foundation Trust

Minutes of the Operations Committee Meeting held on Thursday 28 January 2021 at 3.00 pm via Microsoft Teams

Members:	Mr Mark Beaton	Non-Executive Director (Chair)
	Mr James Wilkie	Non-Executive Director
	Dr Sheena Bedi	Non-Executive Director
	Mrs Janet Barnsley	Director of Operations (Planned Care)
	Professor Nicki Latham	Deputy Chief Executive/Director of Strategic Partnership
	Mrs Natalie Hudson	Interim Director of Operations (Urgent & Emergency Care)
	Mr Kevin Moynes	Joint Director of Human Resources & Organisational Development (HR & OD)
	Mr Feroz Patel	Interim Director of Finance and Performance
In Attendance:	Mrs Sharon Adams	Deputy Director of Workforce, Education and OD
	Mrs Simone Anderton	Deputy Director of Nursing (for item 6c)
	Mrs Angela Bosnjak-Szekeres	Director of Corporate Governance
	Mr Nigel Fort	Programme Manager, Emergency Village/Critical Care (for item 7b)
	Mr Steve Gratrix	Governor Observer (Public) – Fylde Constituency
	Miss Lois O'Neill	Patient Level Information & Costing Systems (PLICS) & Statutory Liquidity Ratio (SLR) Accountant
	Mr Stefan Verstraelen	Deputy Director of Quality Governance (for items 4 & 5)
	Mrs Jacinta Gaynor	Membership & Governors Officer (minutes)

1. Welcome/Declarations of Interests/Apologies for Absence

The Chair welcomed members and attendees to the Operations Committee meeting. The Chair noted, for the context of the meeting, the extremely difficult circumstances NHS staff were currently working under and thanked all staff for their work.

There were no declarations of interests and no apologies were received.

2. Minutes of the Previous Meeting

The minutes of the previous meeting held on 23 December 2020 were presented for approval.

RESOLVED: That the minutes of the previous meeting held on 23 December 2020 were agreed as a correct record.

3. Matters Arising

a) Action List

It was noted that all actions had been completed with a number of these included on the agenda for discussion. The Chair placed his thanks on record for the completion of the actions.

4. Care Quality Commission (CQC) Action Plan: Progress Update (items relating to Operational and HR & OD matters)

Mr Verstraelen confirmed that a meeting had taken place with the Chair during the previous week, which had produced good discussions and outcomes.

Mr Verstraelen drew attention to the highlight report in respect of the Care Quality Commission (CQC) action plan and confirmed that good progress had been made regarding

the actions with 90% of all actions being completed. Mr Verstraelen reported that he had reviewed five overdue actions and was assured that the management of these by the Divisions was sufficient. He further reported that, with reference to some long-term actions in relation to recruitment and electronic systems, the Divisions had assessed these risks and they were being managed and mitigated. Mr Verstraelan confirmed that a review session had been arranged with the CQC for 24 February 2021. He asked the Committee to note the good progress being made with the action plan and assured members that the action plan was being well managed through the 'confirm and challenge' sessions.

a) Processes and Principles used to manage actions to a sustainable position

Mr Verstraelen drew attention to the previously circulated report which provided background information on the 'confirm and challenge' sessions. He confirmed that four sessions had taken place to date, and positive feedback had been received from the Divisions which had taken part, as well as the Clinical Commissioning Group (CCG) representative.

Mr Verstraelen informed the Committee the sessions had adopted an iterative process based on a guidance principle, which would in turn then be integrated as part of normal daily practices and culture, with focus on continuous improvement. It was noted that following a recent audit by the internal auditors, KPMG, this process had been recognised as 'good practice'.

In response to Mr Wilkie's query in relation to the timescale with the blue category actions, Mr Verstraelan confirmed that there was no current trajectory, due to the continuously changing planning process and also to ensure that these sessions were kept as a supportive process. However, he confirmed that a lot of assurance was being provided by the link between Divisions and the Executive Directors.

Dr Bedi noted the good work being undertaken by the Trust to drive the CQC action plan and to change culture through supportive leadership behaviours.

There was a short discussion about future CQC inspections and how the 'confirm and challenge' sessions would become an integral part of this process. It was confirmed a further four/five sessions had been arranged. The Chair asked Mr Verstraelen to consider how to formalise this process in preparation for future CQC inspections.

Mr Gratrix commented that the CQC inspections should be embraced by all Trust staff as a positive learning experience, similar to other expert organisations, such as, the Office for Standards in Education (OFSTED).

ACTION: **Mr Verstraelen to consider how to formalise the 'confirm and challenge' session process for future CQC inspections.**

5. Corporate Risk Register (CRR)

Mr Verstraelen referred to the ongoing development of the CRR and that ongoing work over the next few weeks would result in being close to final version of the CRR. He stated that the Trust now needed to take ownership of the CRR, and that this would be achieved through a staff education and training programme, which was due to be rolled out over the next three months. He stated this would result in the correct level of assurance being provided at Board of Director level.

In response to Mr Wilkie's question relating to the consideration of Atlas being incorporated onto the Trust's Board Assurance Framework (BAF) and CRR in order to provide an oversight by the Board of Directors, Mr Verstraelen confirmed that Atlas had its own risk register, although, discussions were being undertaken at an Executive level, to ensure risks were managed at a safe level for the organisation.

ACTION: **Mrs Bosnjak-Szekeres and Mr Verstraelen to update the BAF and CRR to incorporate Atlas risks.**

Dr Bedi's sought clarity on whether the Risk Patient Safety Manager and the Risk Manager were the same role and it was confirmed these were two separate roles.

In response to Dr Bedi's query in relation to identifying which narrative was the most up to date on the CRR, it was agreed that the risks would be numbered in future to provide clarity.

ACTON: **Mr Verstraelen to ensure the risks are numbered for clarity purposes.**

6. Human Resources & Organisational Development Performance Update

a) Performance Metrics and BAF Update

Mr Moynes thanked the HR & OD Team for collating the presentation slides and reported on the BAF, People Plan updates, Growing for the Future, Looking after our People, Flu Campaign, Staff Survey, Health and Wellbeing update and Belonging to the NHS – Reverse Mentoring/Equality, Diversity and Inclusion.

It was noted that the assurance level remained as **partial assurance.**

b) HR & OD Performance Presentation

Mr Moynes confirmed that an update on the People Plan would be provided at the Board of Directors Meeting in March 2021 and confirmed that the ongoing work being undertaken aligned with the national and regional requirements.

c) Overseas Nursing Programme Presentation Update

Mr Moynes drew attention to the trajectory within the presentation slides and confirmed that there were currently 156 nursing and midwifery vacancies. It was noted that due to all the work being undertaken, this was at the lowest level over the past two years. Mr Moynes confirmed that the Trust would achieve the break-even point by May 2021 and would be above this point by July 2021.

At this point, Mr Moynes introduced Mrs Anderton, Deputy Director of Nursing to the Committee and invited her to provide an update on Growing Your Own and Safe Staffing items.

Mrs Anderton drew attention to the presentation slides and confirmed that the number of overseas nurses now stood at 177, with a further 30 expected during the next few weeks. It was further confirmed that between February and October 2021, a total of 159 were expected. This would enable a reduction in the uplift templates for safe staffing of wards as agreed at the System Improvement Board (SIB) last year.

Mrs Anderton also reported that the 'Growing Our Own' programme contributed to the trajectory targets and this included the Health Academy, Cadets, Healthcare Assistants and the Registered Nursing Apprentice Programme (RNAP). It was noted that as a result of an engagement event last year with local schools and higher education facilities, a total of 70 recruits from within the Blackpool area had been recruited to phase 3 of the RNAP.

Dr Bedi commented on the impressive recruitment conversion rate of the engagement event and queried whether this could be scaled up. Mrs Anderton suggested that the key to the success had been the introduction of several different ways to enter nursing, apart from the more traditional routes and it was noted that this work was encouraging younger people to consider a career within nursing.

d) Quality and Clinical Effective Committee – Safe Staffing Exception Report

Mrs Anderton drew attention to the previously circulated report, which had provided full assurance on 19 wards, significant assurance on 4 wards and limited assurance on 17 wards. It was noted that the main reason for the limited assurance on the 17 wards was as a result of high sickness levels due to Covid-19, this being a national issue. Mrs Anderton assured the Committee that continual seven day a week monitoring of safe staffing levels was undertaken and provided background information on how this monitoring was carried out.

Mr Wilkie commented that the report was useful to provide assurance, however, he stated that the report did not clarify the model used to move staff based on the complexity and acuity of the wards. In response to Mr Wilkie's comment, Mrs Anderton informed the Committee that the safer care nursing tool was used, this was an electronic-based system which set agreed safe staffing templates and was used in conjunction with the Trust's Electronic Staff Record (ESR) allocate system, which indicates the number of staff on duty

each day. Mrs Anderton stated that at set times each day, every ward would input data on the acuity of patients and the system would indicate the requirement of nursing staff hours to patient ratio and create a heat map, which indicated those wards that were at risk. She further confirmed that discussions would then be undertaken with the Matron to assess the level of risk, acuity of patients and critical care requirements and based on these professional decisions and assessments it would be decided where to move staff.

In response to Mr Wilkie's question that the 17 wards with limited assurance had less complexity/acuity and the 19 with full assurance had more complexity/acuity, Mrs Anderton confirmed that that was the case. The Chair queried if the Trust target was for all wards to be fully assured and would the Trust have full assurance if the target was achieved, and it was confirmed this was correct. The Chair stated that the report needed to show what was specifically required to make wards safe, what the gap is, whether the agency staffing rate was being reduced and the financial savings involved.

ACTION: Mrs Anderton to ensure the report shows the above-mentioned additions for the next iteration.

Mr Patel to include the financial savings due to the reduction of agency staffing.

In response to the Chair's query if the 156 vacancies were filled, whether would the Trust have full assurance, Mrs Anderton explained that the trajectory was based on a sickness level of 4.3%, however, in the current environment of a sickness level of 7% due to Covid-19, full assurance could not be provided. Mrs Anderton further explained that the agency spend was not a true reflection due to the number of cancellations and that the fill rate did not correlate to a reduction of agency staff, due to the increase in intensive care.

The Chair thanked Mrs Anderton for the explanation, however, he stated that the Committee needed to understand where the gap was in terms of numbers and if this would be a long-term issue. Mr Moynes confirmed that he was clear on the ask. There was a short discussion around safety on wards and that that Trust was not at the ideal level of staffing, however, that the process described previously, described how the risks were managed on a daily basis and how those risks were mitigated. It was further confirmed that at the recent unannounced CQC visit to the Trust, the team had joined the staff meeting and had been assured that the correct systems and processes were in place at the Trust to manage the risk on a day to day basis.

Mr Patel confirmed that a Task and Finish Group, with staff from both nursing and corporate, was in place and would report back to the Committee at the March meeting.

ACTION: Mr Patel to feedback on the work of the Task and Finish Group at the March meeting.

It was noted that the Staff Survey report was embargoed and would be reported to the Board of Directors Meeting in March 2021. It was further noted by the Committee the good work ongoing on the health and wellbeing of staff and work in relation to equality and diversity.

ACTION: The Chair/Corporate Governance Team to escalate items to the Board of Directors as follows:

- **Safe staffing update**
- **Growing Your Own update**
- **Staff health and well-being**
- **Staff Survey**
- **Flu and Covid vaccines.**

7. Finance Performance

a) Performance Metrics and BAF Update

It was noted that there had been no significant changes to the BAF or the overall assurance rating.

b) Finance Performance Presentation

Mr Patel drew attention to the previously circulated reports and highlighted the key areas below.

Key Financial Risks

Cash Position and Forward View - only limited assurance could be given that the Trust would not need further interim revenue support in 2020/21.

Deliverability of the Forecast – only limited assurance could be given to the end of December 2020.

Sustainability – only **limited assurance** could be given.

Based on current performance and latest guidance, only an **overall limited level of assurance** could be provided at this stage.

2020/21 Financial Forecast

Mr Patel reported that the financial plan and trajectory indicated a deficit of £20.6m by the end of December 2020, however, following a further financial stock take undertaken in January, the Trust had been set an ICS target of delivering a deficit of £17.3m.

Cash Position

Mr Patel confirmed that guidance had been published and that all planning for 2021/21 had been paused. However, he stated that the Trust continued with the work in order to understand the impact. He confirmed the monthly cash payments in advance would cease after March 2021 and the Trust would then require interim cash support. Mr Patel confirmed that a revenue submission would be presented to the Board of Directors at the meeting on 4 March 2021.

Discussion took place around whether the Trust would achieve the target of £17.3m and what the impact of not achieving the target would be. Mr Patel confirmed that the ICS agreed target would be achievable, however, he confirmed there would be no changes in the financial governance arrangements.

Business Cases & Developments - Emergency Village/Critical Care (EVCC) Update

Mr Patel informed the Committee that NHSE/I team had reviewed the EVCC business case and had requested that a full business case be produced. It was noted this had been due to be discussed at the Informal Board of Directors Meeting on 4 February 2021, but this meeting had been stood down.

Mr Patel invited Mr Fort to provide an update to the Committee on the outline business case (OBC). Mr Fort referred to the previously circulated report and highlighted the main areas; an update on the approval process for the OBC, the key changes between that case and the full OBC and requested approval to submit the full OBC for approval.

A detailed discussion took place in relation to the OBC and the Committee sought assurance on how the work would be facilitated. The Chair stated that the OBC needed to provide clarity on how the EVCC programme would be facilitated and by whom, both through the subsidiary route and/or the internal route.

Mr Gratrix commented that the paper needed to highlight the benefits of the scheme to the care of patients and the community the Trust served, and not appear to be about financial savings.

It was agreed to await the decision and to provide an updated paper with the outcomes of the NHSE/I decision and present the updated report to the Board of Directors on 4 March 2021.

ACTION: **Mr Patel to await the NHSE/I decision and to update the OBC with those outcomes and submit a report to the Board meeting on 4 March 2021.**

c) Month 9 Position

It was noted that this item has been discussed as part of the finance report under the cash position.

d) Patient Level Information and Costing (PLICS) / Service Line Reporting (SLR)

Mr Patel introduced Miss O'Neill and invited her to provide and update to the Committee.

Miss O'Neill drew attention to her previously circulated report and provided a detailed update on the PLICS/SLR. She confirmed that good progress was being made within the team and that data flow was now fully automated, which created huge benefits to the team by increasing productivity and data quality. She confirmed that the next step for the team was to work with staff on the provision of narratives to be used for benchmarking and decision making.

There was a detailed discussion around the level of and the benefits of clinical engagement with the management of financial envelopes and budget setting. It was agreed that a cultural change was required to heighten awareness and ownership across all staff of the financial impact of their decisions and how to implement savings.

Miss O'Neill confirmed that once an understanding of the activity data had been gained, this would be one of the next steps for the team. It was noted that this position would take approximately two to three years to accomplish.

In response to Mr Wilkie's query on whether improvement in the financial position would create incentives to Divisions, it was confirmed that this would require a cultural change of more accountability in what was being spent. Mr Patel confirmed that the Divisional Triumvirates shared an accountability in the delivery of overall financial objectives and that the work being undertaken now would have an impact over the next two to three years. It was noted that the business model would need to include sanctions alongside the accountability.

The Committee thanked Miss O'Neill for her report and presentation.

ACTION: **The Chair/Corporate Governance Team to escalate items to the Board as follows:**

- **Overall limited assurance for finances**
- **Forecast deficit of £20.6m at the end of December**
- **Target of £17.3m deficit and funding requirement from March 2021**
- **The EVCC discussions and guidance**

8. Operational Performance Update

a) Performance Metrics and BAF Update

Mrs Barnsley reported that the planned and unplanned care performance metrics referred to BAF item 3.1, and the score remained at 20, with a target of 12; it being noted that the main drivers were the continued high bed occupancy levels due to Covid-19 and the affected restoration programme.

b) Operational Performance Presentation (Planned Care)

Mrs Barnsley drew attention to the presentation and provided a detailed update on planned care activity, including referral to treatment (RTT), 52-week breaches, cancer performance, diagnostic performance, elective and non-elective re-admissions and cancelled operations. It was noted there had been slight improvement in the three areas; RTT, cancer waiting times and diagnostics, but overall performance remained below the target.

Limited assurance was provided for:
Referral to treatment (RTT) performance,
52-week breaches,
62-day cancer waiting times and
6-week diagnostics.

c) Echocardiogram Cardiology Waiting List

Mrs Barnsley referred to the previously circulated report and provided background on the substantial backlog in echocardiograms which resulted from a combination of factors; including staffing pressures within the team and impacts of the Covid-19 pandemic. It was confirmed that all cases had been validated. It was noted the team were pursuing an insourcing option with funding covered by departmental vacancies. Mrs Barnsley asked the Committee for approval of a continuation of waiting list weekend sessions from April 2021 at a cost of approximately £31k.

RESOLVED: The Committee approved the continuation of the waiting list weekend sessions with funding from the departmental vacancies.

d) National Clinical Validation Review

Mrs Barnsley drew attention to the previously circulated report and assured the Committee that all elective waiting list cases would be reviewed by 12 February 2021.

In response to Dr Bedi's query whether every patient would receive a harm review and how productive the review had been so far, Mrs Barnsley confirmed that every patient would be reviewed and that this had enabled a data cleanse of the waiting list in line with Royal College of Surgeons' guidance. It was reported that a number of patients had elected not to receive care during the pandemic and due to a lack of guidance on the management of these patients, the Trust continued to review them on a regular basis. It was noted that this had been a secondary care initiative.

b) Operational Performance Presentation (Urgent & Emergency Care)

Mrs Hudson provided a detailed update on urgent and emergency activity, including Accident & Emergency (A&E) breaches, performance and bed occupancy.

- **Accident & Emergency (A&E) Performance (<u>moderate assurance</u> provided)**
- **Length of Stay (LoS) (<u>moderate assurance</u> provided)**

Mrs Hudson reported that the Minors Department had recently opened which had resulted in some improvement in A&E care pathways. It was noted that a consultation document was due to be published regarding the A&E 4-hour target and a summary report would be presented to the Committee at the next meeting.

ACTION: Mrs Hudson to provide a summary report on the A&E 4-hour consultation due to be published.

<u>Endoscopy Activity Recovery Plan</u>

Mrs Hudson informed the Committee that due to sickness the endoscopy action plan, discussed at the Board of Directors meeting on 7 January 2021, had been delayed, but assured the Committee this was now being actioned and a highlight report would be presented to the Committee meeting in March 2021.

ACTION: Mrs Hudson to provide an update on the Endoscopy Action Plan to the Committee at the next meeting.

<u>Hospital Discharge/Length of Stay (LoS)</u>

Mrs Hudson provided an update on the hospital discharge programme and confirmed that the Trust had been the only Trust across Lancashire and Cumbria to achieve the daily targets. The Chair thanked Mrs Hudson for the update and stated that this type of initiative would drive the model required by the Trust to create improvements within the system.

ACTION: Mrs Hudson to provide an update on LoS to the Committee at the next meeting.

At this point, Mr Gratrix, Governor for Fylde, commented that as a member of the community it had been pleasing to hear that services were included within the metrics based on seven-day working. Mrs Hudson stated that to ensure services and care pathways remained patient centred and to provide patient involvement a number of patient stories had been collated to reflect patient experiences on these improved care pathways.

ACTION: **The Chair/Corporate Governance Team to escalate the items to the Board of Directors for planned and urgent and emergency care as follows: -**

- **Improvement in RTT, 62-day cancer waiting times and diagnostics**
- **National targets not being achieved**
- **Standing down of restoration and elective activity agreed across the ICS**
- **Improvement in reduction of length of stay**
- **Improvement in emergency department**

9. System and Partnership Working

a) Board Assurance Framework Update

It was noted there was no significant changes to the BAF scores.

b) System and Partnership Working Update

Professor Latham drew attention to the previously circulated report and provided a detailed update in relation to the ongoing work across the ICS and acknowledged the accelerating work being undertaken following the publication of the Integrating Care consultation.

Professor Latham confirmed the Trust's strategy on a page had been produced and was presented at the ICS Board to gain a steer on what was expected to be achieved over the next year, in line with the NHS England/Improvement letter published detailing priorities.

There was detailed discussion about the collaborative work being undertaken across Lancashire & South Cumbria (L&SC) and the remit of the Trust within this. It was noted that an accountability framework consultation had been issued and it was envisaged that some guidance would be produced over the coming years.

ACTION: **The Chair/Corporate Governance Team to escalate the items to the Board of Directors as follows:-**

- **Accelerated work ongoing as part of the ICS.**
- **The role of the Board of Directors with the ICS developments.**

10. Board Assurance Framework (BAF)

This item was discussed under agenda items 6a, 7a, 8a and 9a.

Mrs Bosnjak-Szekeres confirmed that all Executive Directors had reviewed and updated actions, but the risk scores had not changed. It was noted the BAF would continue to be reviewed regularly and an update with regards the subsidiary would be included for the next meeting, as previously agreed.

11. Integrated Performance Report (IPR)

This item was discussed under agenda items 6a, 7a, 8a and 9a.

12. Items Recommended for Escalation to the Board

It was noted that the items recommended for escalation to the Board of Directors had been identified during the meeting.

13. **Any other Business**

a) Letter from NHS England and NHS Improvement (NHSE/I)

Mrs Bosnjak-Szekeres informed the Committee that NHSI/E had issued a letter in continuation of support for activity to release capacity in order to deal with the pandemic and operational pressures. Mrs Bosnjak-Szekeres suggested that the Committee give some consideration to the degree of essential reporting. The Chair confirmed that he would be satisfied that report contain the title of the paper, the reasons for the paper being presented and what actions were required by the Committee.

14. Formal Meeting Review

The Chair asked Committee members for feedback in relation to the questions posed as part of the meeting review.

Mr Gratrix commented that he was pleased with the open and transparent reporting within the Committee and noted that less paperwork would facilitate more discussion.

Mr Wilkie responded positively that the felt comfortable with the current format of the meetings and worked well with engagement between Governors and Non-Executive Directors (NEDs).

Dr Bedi agreed that the format worked well. However, she queried whether there was a perceived gap between assurance provided at the Committee and what happened at 'ground level'. She also agreed that more succinct paperwork would enhance discussion.

The Chair commented that he believed that little preparation was required and that a short slide deck to cover the main highlights with verbal feedback from the Executives would suffice. He stated this would be beneficial to the governance assurance framework in order to ensure quality questioning and challenge from the NEDs. He used the HR & OD presentation as an example of this.

Mr Gratrix agreed with the Chair and further stated that the Governors played a role in feeding back soft intelligence from events such as, ward rounds before the pandemic.

There was further discussion about the inclusion of deputies within the Committee meeting and the Chair referred to Mrs Anderton's involvement today and how this would be a learning and developmental opportunity for the deputies. However, it was noted that in the current circumstances operational pressures were the priority and that the Chair would be happy to undertake further discussion outside of the meeting about this matter.

ACTION: To discuss with Executive Directors the involvement of deputies within the Committee meetings outside of the meeting.

The Chair thanked Committee members for their time and input in terms of the preparation for the meeting and expressed thanks to the staff working in the Trust for the excellent commitment shown in these extremely difficult circumstances.

15. Date of Next Meeting

It was noted that the next meeting would take place on Thursday, 25 February 2021 at 2 pm.

The schedule of meeting dates for 2021/22 was noted by the Committee.

Board of Directors

Attendance Monitoring
1st April 2020 – 31st March 2021

Attendees (quorate)	7.5.20 (cancelled)	2.7.20 (cancelled)	3.9.20	5.11.20	7.1.21	4.3.21
Steve Fogg (Chairman from 01.02.2021)						
Mark Cullinan	N/A	N/A	A	G	G	
Keith Case	N/A	N/A	G	G	G	
James Wilkie	N/A	N/A	G	G	G	
Mark Beaton	N/A	N/A	G	G	G	
Dr Sheena Bedi	N/A	N/A	G	G	G	
Professor Tony Warne	N/A	N/A	G	G	G	
Kevin McGee	N/A	N/A	A	G	G	
Kevin Moynes	N/A	N/A	G	G	A	
Peter Murphy	N/A	N/A	G	G	G	
Dr Jim Gardner	N/A	N/A	G	G	G	
Professor Nicki Latham	N/A	N/A	G	G	G	
Pearse Butler (Chairman to 31.01.2021)	N/A	N/A	G	G	G	
Mary Watt	N/A	N/A	G	G		
Tim Bennett	N/A	N/A	G	G		
Attendees (non-quorate)	**7.5.20**	**2.7.19**	**3.9.20**	**5.11.20**	**7.1.21**	**3.3.21**
Janet Barnsley			G	G	G	
Natalie Hudson				G	G	
Feroz Patel					G	
Shelley Wright					G	
Berenice Groves			G			

Attendance	Apologies/Deputy	No Apologies	Not in post
G	A	R	