



Blackpool Teaching
Hospitals
NHS Foundation Trust

Everything you need
to know about...

Blackpool Teaching Hospitals NHS Foundation Trust

Our Trust 2021



Everything you need to know about Blackpool Teaching Hospitals NHS Foundation Trust

The Trust comprises:

One large acute hospital:

- **Blackpool Victoria Hospital**

Two smaller community hospitals:

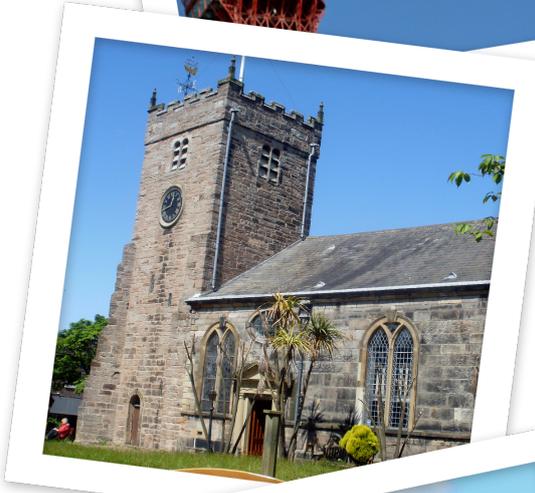
- **Clifton Hospital**
- **Fleetwood Hospital (Outpatients only)**

And two specialist centres:

- **The National Artificial Eye Service**
- **Blenheim House Child Development Centre**



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Mission, Vision, Values

Welcome from our Chief Executive Kevin McGee

At Blackpool Teaching Hospitals we put a great deal of time and effort into making improvements to our services and ensuring that the quality of everything we do makes a tangible, positive difference to the lives of local people.

Even through the challenges of the last 18 months I have been encouraged to see that that improvement journey is still going strong and I proud of the immense progress we have made during that time, whilst also responding to Covid. Thank you for everything you have done, it really is appreciated.

Many of our improvements were created in response to issues raised as part of the feedback from our latest Care Quality Commission (CQC) inspection, which took place in 2019. The regulatory system, often likened to the way Ofsted works within educational settings, categorised the Trust as 'requires improvement' overall, although there were some areas recognised as providing 'good' services and our community health services for adults were 'outstanding'.

It's important to know and recognise the detail of the wider inspection. There are great people doing great things in the Trust and while we need to improve, we should always remember that too.

The purpose of this handbook is to bring together some important information for all colleagues so they know the latest about how the Trust has improved, how our vision and values support this improvement and how you personally contribute to safe, personal and effective care.

The quality of our services is checked regularly by the CQC and their process is explained in this handbook.

It's important to remember though, a CQC visit is a great opportunity to demonstrate all the fantastic work and all the brilliant people here supporting our communities and people across Blackpool, Fylde and Wyre - and beyond - by Blackpool Teaching Hospitals.

Thanks for everything you are doing – it is valued and appreciated.



Mission, Vision, Values

The Trust Way

“Creating a Great and Safe place to work”

People Centred

People Centred

Serving people is the focus of everything we do

The Trust Person is...

- Always patient focused
- Always a team player
- Always honest
- Always striving to communicate effectively

The Trust Manager is...

- Always equally patient and staff focused
- Always supporting effective teamwork
- Always honest
- Always striving to communicate widely and effectively

Compassion

Compassion

Always demonstrating we care

The Trust Person is...

- Always showing empathy
- Always seeking to understand how others are feeling

The Trust Manager is...

- Always showing empathy for patients and staff
- Always seeking to understand how others are feeling

Positive

Having a can do response whatever the situation

The Trust Person is...

- Always staying positive to reassure patients
- Always reflecting about the impact of their own attitude and behaviours upon the service

The Trust Manager is...

- Always staying positive to reassure staff and patients
- Always reflecting about the impact of their own attitude and behaviours upon the service and staff

Positive

Excellence

Continually striving to provide the best care possible

The Trust Person is...

- Always striving to do their best for patients and colleagues
- Always appreciating the efforts of others
- Always taking responsibility for their actions
- Always seeking out opportunities for improvements

The Trust Manager is...

- Always striving to do their best for patients and staff
- Always appreciating the efforts of others
- Always taking responsibility for their actions
- Always seeking out opportunities for improvements

Excellence



Vital Annual Statistics

75,000 people seen in A&E plus 29,000 urgent care visits and 118,000 walk in attendances



800 beds across two sites at Blackpool Victoria and Clifton Community Hospitals, which break down to 700 general and acute beds and 96 specialised rehabilitation beds



400,000 outpatients supported

5,000 elective inpatients, 50,000 day cases and 50,000 emergency inpatients

Serving a population of over 400,000 across Lancashire and South Cumbria

Specialist tertiary service serving a wider population in cardiac services and haematology



3000 babies born each year at Blackpool Teaching Hospitals

An annual **turnover of £475Million**

7,521 colleagues with 68 different nationalities

Jointly awarded Employer of the Year Award in the large organisation category at the Blackpool and Fylde College's annual Apprentice Awards Event



'We Improve the Culture' HPMA award winners at the 2019 awards for the Healthier Fylde Coast 100 Systems Leaders Programme

Three key commissioners: Blackpool CCG, Fylde & Wyre CCG and NHS England Specialist Commissioning

Part of Healthier Lancashire and South Cumbria Integrated Care System (ICS)

Providing **health and care services for 354,000 people** across the Fylde Coast.



Understanding the needs of our people is so important if we are to effectively address the challenges we face and improve patient outcomes and quality of care.

Board of Directors

The role of the Board of Directors is to manage the day-to-day running of the Trust. This includes setting the strategic direction of the Trust, monitoring our performance against objectives and ensuring that we provide high quality, effective, patient focused services.



Steve Fogg

Steve Fogg
Chairman



Kevin McGee

Kevin McGee
Chief Executive



Mark Beaton

Mark Beaton
Non-Executive Director



Sheena Bedi

Dr. Sheena Bedi
Non-Executive Director



Keith Case

Keith Case
Non-Executive Director



Mark Cullinan

Mark Cullinan
Non-Executive Director



James Wilkie

James Wilkie
Non-Executive Director



Vacancy
Non-Executive Director

Board of Directors



Nicki Latham

Prof. Nicki Latham

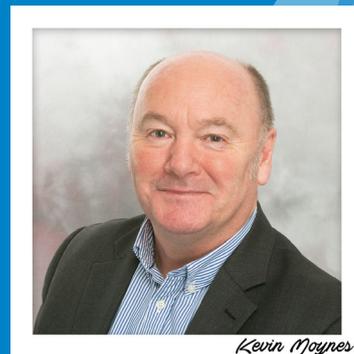
Deputy Chief Executive /
Executive Director of Strategic
Partnerships, Soft FM & Estates



Jim Gardner

Dr. Jim Gardner

Executive Medical Director



Kevin Moynes

Kevin Moynes

Joint Executive Director of Human
Resources and Organisational
Development



Peter Murphy

Peter Murphy

Executive Director of Nursing,
Allied Health Professionals and Quality



Feroz Patel

Feroz Patel

Director of Finance



Janet Barnsley

Janet Barnsley

Executive Director Integrated Care
and Performance



Natalie Hudson

Natalie Hudson

Chief Operating Officer



Shelley Wright

Shelley Wright

Joint Executive Director of
Communications

Innovations and Achievements

The Trust continues to make huge improvements which really matter to patients and families across the organisation and we've highlighted just a few below. Please take a moment to digest some of this amazing work and positive outcomes for local people.

Sepsis Success

The number of sepsis deaths at Blackpool Victoria Hospital has been halved through innovative changes to treatment methods. Following a year of intensive work, the death rate from the disease has been dramatically reduced through major changes to diagnosis and treatment. In 2014, the hospital's sepsis mortality rate was the third worst in the country with 30 to 35 per cent of sepsis patients dying from the disease. This has now been cut to 15 to 18 per cent putting the Trust in the top 30 per cent of best performing hospitals nationally.

Trust Praised for "World Class" Clinical Skills Training Unit

The Simulation and Clinical Skills Unit at the Trust has become only the third unit in the world to be recognised for the quality of service it delivers. The department, which helps train NHS clinical staff across a wide range of skills, has received the Association for Simulated Practice in Healthcare (ASPiH) accreditation award. The award assures healthcare professionals, educators, regulators and patients that a high quality of simulation-based education (SBE) and technology-enhanced learning (TEL) is provided by the organisation or provider who holds the award.

PLACE Award

Blackpool Victoria Hospital has beaten all national results for providing a good environment and enhanced non-clinical patient services. The hospital, which also received a top 5 star hygiene rating and a Healthier Choice Award, beat the national and regional averages for all Trusts in every area of the assessment.

The assessments are known as PLACE (Patient Led Assessment Care of the Environment) and look at how the environment supports clinical care, assessing such aspects as privacy, dignity, food, cleanliness, maintenance and how the hospital building is able to support the care of patients.



Innovations and Achievements

Freedom to Speak Up (FTSU)

The FTSU Service has continued to grow over the last 12 months and an increase can be seen in staffs' awareness about how to raise concerns from both the staff survey and the increase in colleagues coming through the FTSU Service to raise concerns.

We now have a great Staff Guardian in place in Jane Butcher, who is supported by colleagues and updated processes. The feedback on being able to use FTSU when colleagues don't feel able to talk to their line manager or access formal processes has been really positive.

SWAN Model Launched

In December 2019, the Trust launched The Swan Model of End of Life and Bereavement Care to provide excellent, individualised end of life and bereavement care for every patient and every family, every time. The Swan is an enabling model, which supports generalists to be specialists in end of life and bereavement care. The ethos is about empowering staff and giving them permission to care and to 'break' rules that do not exist. Teams are already rolling this out across their areas this work will continue to be integral to the Last 1000 Days improvement programmes for 2020/21.



National Award for NHS Training Team

The Health Informatics Education and Training Team has received the Silver award from the NHS Digital Training Service Accreditation (TSA) scheme. The scheme involves the training service being externally assessed by NHS Digital TSA assessors. **The assessment measures the performance of the training service against National NHS Education and Training Standards and proves the service is operating at a nationally recognised standard.**

Top Accolade for NHS Occupational Health Team

The Trust's Occupational Health and Wellbeing Department has been recognised for the high standard of service it provides to staff with a nationally recognised re-accreditation. The team has achieved and was awarded with the Safe Effective Quality Occupational Health Service (SEQOHS) Accreditation following a formal, independent assessment.

Innovations and Achievements

Electronic Learning for Acute Kidney Injury

The Trust has developed a sustainable electronic learning package, to raise awareness with staff and educate regarding patient risks of Acute Kidney Injury and the importance of effective fluid balance monitoring. The increased awareness has helped improve the fluid balance monitoring component of the Acute Kidney Injury pathway and the overall compliance of the pathway. The project was recognised nationally and was a finalist in the Nursing Times Awards improving patient safety category.

Trust Gains Veteran Accreditation

The Trust was awarded Veteran Aware Accreditation. The award from the Veterans Covenant Hospital Alliance (VCHA) is in acknowledgement of dedication to treating veterans with compassion and empathy.

The Trust is now one of only 33 Trusts nationwide to be accredited and this pays tribute to the empathy shown to servicemen and women who are treated at our hospitals and community sites. The award acknowledges the Trust's commitment to ensuring members of the armed forces community have specific contacts within the organisation who they can talk to if necessary and that staff are trained in understanding veterans' specific cultures and needs.

COAST

The Trust's ward accreditation programme was launched at the start of 2021 with the aim of inspecting every ward. The framework is designed around the Chief Inspector of Hospitals, five Key lines of enquiry (KLOE) of: Safe, Effective, Caring, Responsive and Well-Led. **So far the COAST team have already seen a number of wards achieve Gold status, and the programme is recognised as a key driver of a ward's continual quality improvement journey.**



Innovations and Achievements

Emergency Village

Blackpool Victoria Hospital's Emergency Village development aims to create a better Emergency Department together with the Critical Care wards, by upgrading facilities and adding capacity, enhancing patient experience across the Fylde coast.

Phase One of the Emergency Village was officially opened in January 2021. The upgraded, extended and enhanced waiting room and Minors area, which treats non-life threatening emergency illnesses and injuries, was opened by Blackpool Teaching Hospitals NHS Foundation Trust's Chief Executive, Kevin McGee and Medical Director, Dr Jim Gardner. Work on the wider development is scheduled to begin in the coming months.



Cancer Triage Unit

The new Acute Oncology Triage Unit, within the Oncology and Haematology Unit, is a dedicated facility for supporting local patients who are going through – or have already been through – treatment for cancer.

Opened during the pandemic, **the Triage Unit is now treating almost 300 patients, 80 per cent of which would have otherwise ended up attending the hospital's Emergency Department (ED).**

How the Trust is Organised

Integrated Medicine and Patient Flow

Emergency & Acute Medicine

- Emergency Department
- Ambulatory Emergency Care Unit
- Ward 1
- Ward 2
- Acute Response Team
- Critical Care Outreach
- Training - Cardiac Resus

Long-Term Conditions

- Respiratory (including Sleep Service)
- Care of the Older Person
- Ward 24
- Isolation Unit/Infection Prevention
- Stop Smoking Service (inpatient, community)
- Pulmonary Rehab

Integrated Discharge Team

- Patient Flow
- Discharge Team
- SPoD
- Clifton Outreach team
- Home First
- Early Supported Discharge
- Discharge Lounge
- Patient Travel Team
- Extensive Care (Community Fraility)

Specialist Medicine

- Diabetes & Endocrinology
- Rheumatology
- Dermatology
- Ward C
- Ward 6
- General Medicine

Integrated Medicine

- Clifton Hospital
- Clifton Hospital therapies
- Ward 12
- ASRU
- Integrated stroke and neuro rehab

Surgery, Anaesthetics, Critical Care & Theatres

Theatres & Anaesthetics

- General Theatres
- Anaesthesia
- OSU Theatres
- General Critical Care
- Waiting List
- Pre-Op

Specialist Surgery

- Breat
- Urology
- Plastics
- ENT
- Max Fax
- Audiology
- Oral
- Orthodontics

Gastrointestinal Directorate

- General Surgery
- Colorectal Surgery
- Gastroenterology
- Bowel Screening
- Decon Unit
- Enhanced Care Unit

Trauma, Orthopaedics & Ophthalmology

- Orthopaedics
- Ophthalmology
- Surgical Podiatry
- Surgical appliances

Clinical Support Services

Laboratory Diagnostics

- Biochemistry
- Microbiology
- Haematology
- Blood Bank
- Cell Path
- Diagnostics IT
- ADAS
- POCT
- Mortuary/ Medical Examiners Office

Imaging

- MRI
- CT
- Nuclear Medicine
- Ultrasound
- General Imaging
- Community Radiography
- Medical Photography
- EEG

Pharmacy

- Clinical Services
- Pharmacy Support Services
- Aseptic
- Clinical Trials
- Dispens & Distr
- Purh & Homecare
- ED & Training

End of Life Care

- Palliative Care
- End of Life Support
- Bereavement Team

Outpatients

Therapies

- OT
- SLT
- Dietetics
- Podiatry
- Acute Hospital Physiotherapy
- MSK Physiotherapy
- Tier 2 MSK
- Pain Management
- Long Covid

Clinical Psychology

- Clinical Psychology

How the Trust is Organised

Families and Integrated Community Care

Women's Health

- EPAU
- Gynaecology
- Cervical Screening
- Maternity

Children's Health

- Neonatal Unit
- Acute Paediatrics
- Outpatient Paediatrics

Children's Community

- Community Paediatrics
- Specialist Children Nursing
- Specialist Practitioners in Child Development
- Allied Health Professionals
- Health Visiting
- Family Nurse Partnership
- School Nursing
- Vaccination & Immunisation
- Continence Team

CAMHS

- CAMHS
- CASHER
- Youthery

Mental Health & Learning Disabilities

- Primary Intermediate Mental Health
- Integrated Community Learning Disability
- IAPT

Sexual Health

- GUM
- Contraceptive
- HIV
- Psychosexual
- Young Peoples Sexual Health
- Vasectomy
- Cytology

Neighbourhood Care Teams

- **Blackpool Lead:** Neighbourhood Care Teams, Night Nursing, Continence, High Dependency Equipment Service and Community Rental Beds
- **Fylde Lead:** Neighbourhood Care Teams, Community IV, Falls, Care Home Team, Specialist OTs, Personalised Care Hub
- **Wyre Lead:** Neighbourhood Care Teams, The ARC, Intermediate Care Therapies

Dental Services

- Emergency Dental
- Special Care Dental
- Blackpool Dental Education Centre
- Morecambe Dental Education Centre
- South Shore PDS Dental Practice

Tertiary Services

Cardiology and Cardiothoracic

- Cardiology Lab
- Cardiac Day Case
- Coronary Care Unit
- Cardiac Investigations
- Cardiac Rehab
- Community HF
- Cardiac Intensive Care Unit
- Cardiothoracic Surgery
- Theatres
- Private Patients

Specialist Tertiary Services

- Haematology
- Oncology
- Macmillan Unit
- Cystic Fibrosis

Artificial Eye Service

- Artificial Eye Service



Last Ratings From CQC

Overview and CQC inspection ratings

Overall Requires improvement Read overall summary	Safe	Requires improvement ●
	Effective	Requires improvement ●
	Caring	Good ●
	Responsive	Requires improvement ●
	Well-led	Inadequate ●
	Use of Resources	Requires improvement ●
Requires improvement	Combined rating ? Combined rating summary	

Latest inspection: 03 June to 07 June 2019



What is the Inspection Process?

Prior to an inspection we will have already submitted information about our work and our performance to the CQC, so the inspectors will know some things about us before they arrive – but don't assume they will have remembered it all.

There are normally 20-30 people in the inspection team. Everyone in the CQC team will be wearing a visitor lanyard and CQC ID badge. Members of the inspection team always introduce themselves. If they don't, please ask them to show their ID - just as you would with anyone.



What to do when the team arrives?

- Welcome them and ask to see their identification
- Alert the most senior member of your team
- Inspectors know that patients and families come first. If you are busy with a patient, just let the inspector know and they will wait

What happens during an inspection?

- Observe care and review patient notes
- Talk to teams, managers, clinicians, administrators, receptionists, cleaners, porters etc
- They will also talk to patients, carers and visitors
- They will distribute cards/comments boxes around the Trust seeking feedback on our services

If an inspector asks to talk to you:

- There isn't a right or wrong answer to the questions they will ask
- Be honest and as helpful as you can
- Be proud and positive of the excellent work you do. This is your opportunity to demonstrate your skills and commitment
- Remember to keep your conversations away from public areas to avoid disruption or breaching patient confidentiality
- Respect patient privacy and dignity. Always check with the patient first if the inspectors want to observe your treatment or interaction with them
- If you don't understand the question or don't know the answer just ask for clarification or say where you would look for the answer

What is the Inspection Process?

Are our services safe?

1

This is all about the safety of patients and staff, protected from abuse and avoidable harm.

Here are some of the main areas it covers:

- Incidents and learning from them
- Infection control and hygiene
- Environment and equipment
- Medicines management
- Records management
- Safeguarding
- Training
- Staffing
- Protecting information



Some questions for you to think about:

- Have I been trained in safeguarding?
- Do I make sure that the clinical environment is safe?
- Are the medical devices I use well maintained?
- Are medical devices decontaminated before and after use?
- Do I know where to locate resuscitation equipment?
- Are medicines securely stored?
- Do I follow hand hygiene procedures?
- Do I know who to contact for advice on infection control?
- Do I know how to raise day-to-day concerns or make a complaint internally?
- Do I know what the Trust's whistleblowing policy is?
- Do I know who the Trust's Freedom to Speak Up Guardian is?
- Do I always lock my computer screen when I step away?

What is the Inspection Process?

Are our services Effective?

2

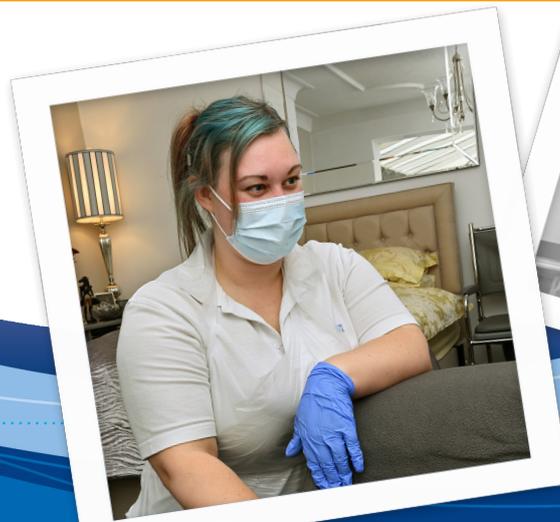
This looks at whether the care, treatment and support we provide to our patients achieves good outcomes, helps maintain quality of life and is based on the best available evidence.

Here are some of the main areas it covers:

- Evidence-based care
- Availability of pain relief
- Nutrition and hydration
- Patient outcomes
- Multidisciplinary working
- Health promotion
- Consent, Mental Health Capacity, Deprivation of Liberty Safeguards (DoLS).
- Respecting equality, diversity and inclusion
- Ease of access to policies and information

Some questions for you to think about:

- Do I assess the patient holistically and consider all their care needs?
- Are these reflected in the care plan?
- Do I involve patients in preparing their own care/treatment plans?
- Do I ensure multidisciplinary involvement in patient care, and participate in handover and multidisciplinary meetings?
- Have all my competencies been assessed and signed off this year?
- Am I aware of NICE guidance relevant to my work? Is this followed?
- Do I get involved in clinical audits and can I evidence improvements?
- Am I given the opportunity to learn and develop?
- Do I fully understand the relevant consent, deprivation of liberties, mental health capacity and decision making requirements?



What is the Inspection Process?

Are our services Caring?

3

This looks at whether we involve and treat patients with compassion, kindness, dignity and respect.

Here are some of the main areas it covers:

- Compassion, privacy and dignity
- Respecting confidentiality
- Involving patients in their care
- Named Consultant
- Named Nurse
- Emotional support
- Awareness of different cultural and religious practices and preferences



Some questions for you to think about:

- Do I always introduce myself by name?
- Do I wear my NHS ID badge at all times?
- Do I give patients/carers information about services available to them, about their treatment or medication, and where to get further support?
- Do I always involve patients/carers in decisions about their care and treatment?
- Do I always treat patient and carers with dignity, respect and kindness?
- Do I respect privacy and confidentiality at all times?
- Is the environment clean and comfortable?
- Does patient know how to make a compliment or complaint?
- Do I always consider the patients personal, cultural or religious needs?
- Are all noticeboards and information leaflets up to date?
- What do I understand by discrimination, equality and diversity?



What is the Inspection Process?

Are our services Responsive?

4

This looks at whether services are organised so that they meet peoples' needs.

Here are some of the main areas it covers:

- Service planning and delivery to meet the needs of local people
- Access and flow, including smooth patient referrals and transfers between departments
- Meeting patients' individual needs
- Learning from complaints and concerns

Some questions for you to think about:

- Do I take a personalised approach to care?
- Do I always prioritise patients according to their needs?
- Do I know how to make arrangements to support special needs (e.g. learning disabilities)?
- Do I know how to arrange an advocate or interpreter for a patient?
- Do I provide information on the benefits/risks of treatment?
- Do I gain valid consent and do I know how to document this?
- Am I able to test for capacity under the Mental Capacity Act and do I understand Deprivation of Liberty (DoLs)? If a patient lacks capacity, do I know how to ensure their best Interests are assessed and recorded?
- Do I encourage patient feedback and do I act upon it?
- Are call bells answered promptly?
- Does my team share lessons learned from clinical audits, incidents or complaints/compliments?



What is the Inspection Process?

Is our organisation Well-led?

5

This looks at the leadership, management and governance of the organisation, making sure it is providing high-quality care that is based around peoples' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Here are some of the main areas it covers:

- Vision and strategy
- Governance, risk management and quality measurement
- Leadership of the Trust and individual services and departments
- Culture; what the organisation is like to work for?
- Staff engagement
- Demonstrates continuous improvement and innovation



Some questions for you to think about:

- Did I have a corporate and local induction when I started working for the Trust?
- Do I know the Trust vision and values?
- How do these values apply to me?
- Is my mandatory training up to date? If not, do I know how to arrange this?
- Have I had my PDR within the last 12 months?
- Do I have a personal development plan?
- Do I attend team meetings and training events?
- Do I know how to complain, whistleblow or raise a safeguarding alert?
- Do I know how to find support in human resources, occupational health or a union, or how to contact the Trust's Freedom to Speak Up Staff Guardian?
- Do I know what the current risks are for my team or service?
- Are lessons shared and learning from incidents, complaints, audits and patient feedback?
- Do I know what actions are in place following these?
- Do I know who the Chief Executive, Executive team and Board members are?

What is the Inspection Process?

How well do we use our Resources?

6

This element looks at how well the organisation uses the resources at its disposal.

Effective use of resources is fundamental to enable us to deliver and sustain safe, high-quality services for patients.

Here are some of the main areas it covers:

- Clinical services
- People
- Clinical support services
- Corporate services, procurement, estates and facilities
- Finance

How well do we use our resources to provide clinical services?

- Do we have significant gaps in current staff rotas? What am I doing to address these?
- Do I/my team use the Trust e-rostering system?
- Do I know what the staff retention rate is in my area?
- Do I know what the staff sickness absence and turnover rates are in my department/ward?
- How much do we rely on temporary staff in a particular agency and locums?
- Do I know what our non-pay costs are and do I scrutinise these on a regular basis?
- Am I on target to meet my budget?
- How often do I look for cost efficiencies and am I able to realise these?
- Is there an appropriate skill mix for the work being carried out?
- Does my team share lessons learned from clinical audits, incidents or complaints/compliments?



EDI Equality, Diversity and Inclusion

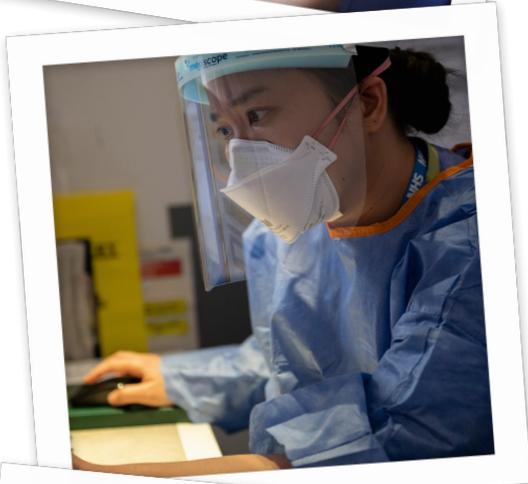
We are all part of **#TeamBTH** and are committed to delivering care to everyone regardless of their background. This is equally important for our patients and our staff.

We work to ensure that these principles are underpinned in everything that we do and that we consistently and inclusively deliver excellent services for our patients, communities and our workforce.



We will ensure that:

- All our patients are treated to the highest possible standards, individuality is recognised and celebrated
- Everyone is treated with dignity and respect
- Equality, diversity and meeting human rights are our 'business as usual'



We strive to deliver a quality service to all people. Irrespective of:

- Age
- Disability
- Marriage and civil partnership,
- Pregnancy and maternity status
- Race
- Religion or belief
- Sex, including gender reassignment
- Sexual orientation



Consent

What is consent

“Consent” is a patient’s agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

Be competent to take the particular decision;

Have received sufficient information to take it; and

Not be acting under duress.

Why is consent important

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare, from providing personal care to undertaking major surgery.

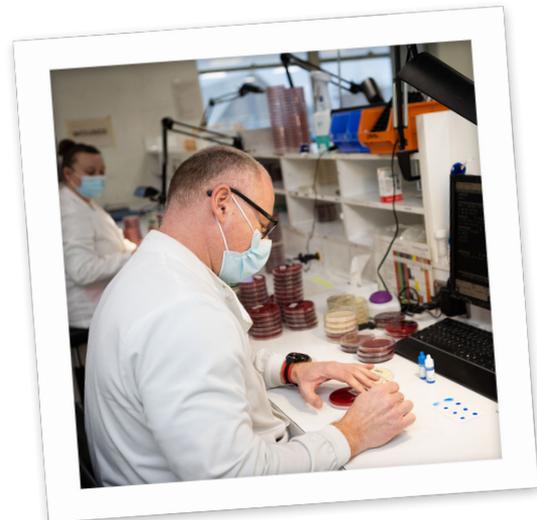
Seeking consent is also a matter of common courtesy between health professionals and patients.

Valid Consent

Once it has been determined that a person has the capacity to make a particular decision at a particular time, (the test of capacity is set out in the Mental Capacity Act Procedure), a further requirement (under common law) for that consent to be valid is that it must be given voluntarily and freely, without pressure or undue influence being exerted upon them, either to accept or refuse treatment.

Such pressures can come from partners or family members, as well as health or care practitioners.

Practitioners should be alert to this possibility and where appropriate should arrange to see the person on their own in order to establish that the decision is truly their own.



Duty of Candour

1. Tell patients, their relatives and/ or carers as soon as possible if an incident has occurred which has caused or contributed to moderate or severe harm, or death. This should include a discussion about what has happened.
2. Offer an apology and let the patient, their relatives and/or carers know we will be undertaking an investigation into the incident. An apology is not an admission of liability.
3. Report the incident via the Ulysses electronic incident reporting system and to senior staff immediately.
4. Follow this up by sending the patient/ carer a letter summarising the disclosure, apology and next steps within 10 days of the incident occurring.
5. Provide patients and their relatives and/or carers with the appropriate support following an incident.
6. Share our findings with the patient, family and/or carers.
7. Share learning and improvements across the Trust.



Deprivation of Liberty

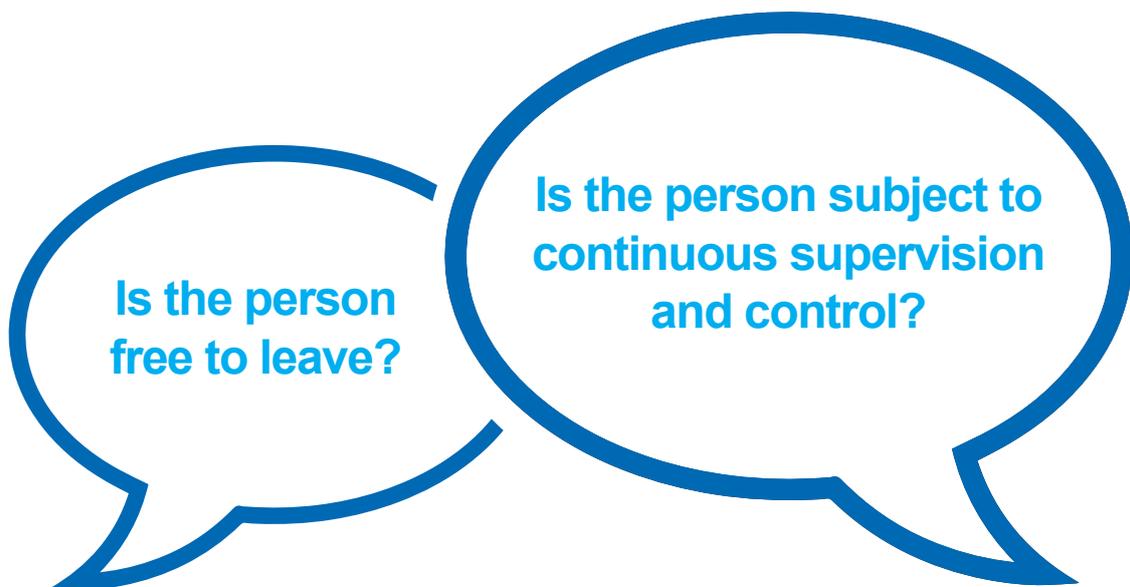
Deprivation of Liberty Safeguards (2009) (DoLS)

The deprivation of a person's liberty is a major issue and should only happen when absolutely necessary. Where a Deprivation of Liberty cannot be avoided and least restrictive options exhausted, the Deprivation of Liberty Safeguards (DoLS) will apply. These apply to patients who need to remain in hospital to receive appropriate care and treatment but lack capacity under the Mental Capacity Act to consent to these arrangements. It must be in the best interests of the person to protect them from harm. The point at which restriction and restraint move to deprivation of liberty is not easy to define.

It depends on various factors, but applies to people in registered care homes or hospitals who:

- Are over 18 years old
- Lack capacity to give consent to the arrangements for their care
- Need to be deprived of their liberty in their best interests, to protect them from harm where this is a necessary and proportionate response.

There are two key questions to ask:



Incident Management and Reporting

Reporting to improve

The Trust is committed to listening to our patients and staff about how we can improve our care and treatment to ensure that we make our Trust a safer place for its patients and the staff who work here.

Serious incidents in healthcare are relatively uncommon but when they do occur we have a responsibility to ensure that there are systemic measures in place for safeguarding people, property, NHS resources and reputation. We strongly support an open and transparent incident reporting culture and supporting processes to ensure patient and staff safety, and actively promote the importance of learning to prevent re-occurrence.

What is an incident?

An incident is any occurrence that has given, or may give rise to:

- Actual or possible injury or harm to a patient, member of staff, visitor or contractor
- Damage to Trust property/other assets
- Damage to the Trust's reputation



Incident Management and Reporting

What must I do if I am involved in, or identify an incident?

Ensure the person(s) affected is safe from harm then report the incident and escalate it to the relevant person and/or your line manager.

How do I report an incident?

Incidents are reported on the Safeguard (Ulysses) incident reporting system. Access to Safeguard is via the Trust's intranet page on your computer. If you do not have access to a PC, please inform your manager who will be able to support you in logging the incident.

How is feedback from issues relating to incidents fed back to me?

Feedback is provided to the reporter automatically through the Safeguard system when the incident is closed by the manager of the area (investigator). For more serious incidents that have been subject to a formal investigation, the Trust ensures that feedback to staff is included on the associated action plan to facilitate learning and change across the area involved and the wider Trust.

Why is it important to report incidents?

To highlight risks or actual events which compromise patient, staff and visitor safety and/or quality of care. If you don't report an incident, we won't know what went wrong and why, and what steps we can put in place to help prevent it happening again.

What about reporting near misses?

Reporting near misses is an opportunity to prevent future incidents from occurring. It also plays a key part in information gathering and trend analysis, and contributes to organisational learning. The Trust is fully supportive of raising concerns about unsafe clinical practice as highlighting such issues



Learning from Incidents

Serious Incidents and Never Events

Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available and should have been implemented. Examples of Never Events include wrong site surgery, wrong implant/prosthesis, retained foreign object post procedure, misplaced nasogastric or orogastric tube and administration of medication by the wrong route. There are currently 15 Never Event categories of incidents on the NHS Improvement List published in 2018.

It is hard when things go wrong for our patients. We aim to be an open and transparent Trust, encouraging and supporting staff to report incidents, so that we can learn and put improvements in place.

Learning from when things go wrong and having the skills and dedication to make lasting improvements is key for our patients and staff to deliver the best care that we can.

Is there dedicated support available?

All incidents must be logged via the Safeguard (Ulysses) Incident Reporting system, which can be accessed via the Trust's Intranet page.

Your manager will talk to you following an incident giving you feedback and/or support. If you are involved in a Serious Incident you will be supported by your manager/professional supervisor, your Divisional Quality team and the Trust's Incident and Risk team and you also can be supported by Occupational Health, if required.

How does the Trust manage serious incidents?

The Trust reviews all incidents that are reported on the Safeguard Incident Reporting system on a daily basis. Any serious incidents that are identified are subject to a rapid review called a 72 Hour Review whereby an immediate review of the facts are undertaken and identification of any immediate actions that may need to be put in place to ensure safety for our patients.

Learning from Incidents

Once the 72 Hour Review is completed, a decision is made as to whether the incident will be managed as a Serious Incident (SI) requiring investigation and external reporting to the national Strategic Executive Information System (StEIS) - which means it is reported on a national system which is overseen by our commissioners and our regulators.

For moderate harm incidents, an After Incident Review (AIR) investigation is carried out, to identify in further detail the events around the incident and to involve staff at all levels in the investigation, in order to capture effective learning and actions for improvement.

We also undertake Duty of Candour with the patient and/or their family. We must do that verbally and also in writing within 10 days of the incident occurring and again when the investigation has been concluded.

The Serious Incident is then investigated by the Division where the event occurred, with input from relevant experts. The investigation team will review the care provided, may interview staff involved or ask for statements. An investigation tool called a Root Cause Analysis (RCA) will be undertaken and a report produced which will be presented to the weekly Safety Panel meeting. This panel is attended by the Medical Director, Director of Nursing, Quality & AHPs or their deputies, a representative from our local commissioners, the Governance, Risk & Patient Safety Manager and chaired by the Deputy Director of Quality Governance. The investigation team and representatives from the Division(s) involved in the incident are invited to attend to present the Serious Incident report, for discussion and sign off.

The final report is then shared with staff, the patient and/or family and also commissioners. Our investigation reports may also be shared with HM Coroners, if there is an inquest and solicitors if there is a claim.

Actions to improve will be shared across the Trust via our Divisional local governance meetings, the Trust's Learning from Incidents and Risk Committee (LIRC) and the Quality & Clinical Effectiveness Committee. Action plans are audited through the LIRC Committee to ensure embedded and sustained safe practices.

Learning from these incidents is also shared at local level, through safety huddles, ward handovers and ward and departmental meetings and through local newsletters.

Key safety messages from SI investigations



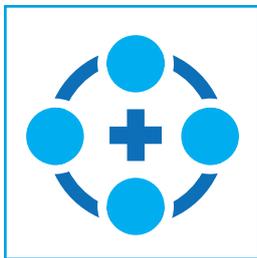
Deteriorating patients must be robustly identified and escalated so that an appropriate level of review can take place and the appropriate plan of care initiated.



Patients must be managed in line with the appropriate identified clinical pathway, such as for AKI, Pneumonia, Sepsis, Stroke, COPD, Cardiac Chest Pain etc.



All patients attending the Emergency Department should have a 'golden hour' review, which is a review by a senior doctor within one hour of attendance.



Patients should receive a full and holistic assessment, in order to rule out other possible clinical conditions and enable the correct management plan and treatment.



Staff should have the appropriate knowledge and skills to be able to identify and act upon safeguarding concerns.



It is essential for staff to engage with patients and/or their next of kin to establish a common understanding of any challenges to treatment and any risks that treatment outcomes may be poor.

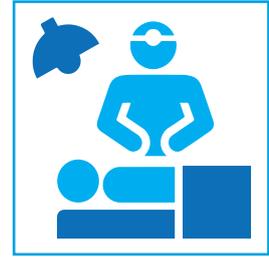
Key safety messages from SI investigations



There needs to be a culture of consistent and robust fluid balance monitoring which matches the approach to the NEWS2 observations.



Any concerns about clinical decision making must be escalated to the appropriate senior manager / clinician at the time. Junior staff should feel confident and able to challenge senior colleagues if they are concerned about any decisions or instructions.



The Five Steps to Safer Surgery must be adhered to.



Best practice principles for pressure ulcer prevention must be embedded within the practice of teams, for instance frequent wound measurements, risk assessment updates and robust use of PPPFN (pressure, pain, palliative, falls, nutrition) prompts at each visit, to assess the patient's needs and to stop pressure damage and deterioration.



Compliance with the standard operating procedure (SOP) for clinical record keeping must be followed. It is essential to ensure that clinical records are completed to the required standard to support the delivery of care to our patients.



It is essential that an untoward incident is reported for all incidents and near misses, to enable an appropriate level of investigation and to support learning and improvement.

Freedom To Speak Up

Freedom to Speak Up is a national initiative and where each organisation has a F2SU Guardian supported by a number of champions. The Trust believes that having an open and responsive raising concerns culture, where staff feel confident to speak up when things go wrong, is one of the key elements of ensuring a safe and effective workplace.

We encourage all staff to speak to their line manager in the first instance however if you feel that you can't, or that you haven't been listened to, then please contact either our BTH F2SU Guardian Jane Butcher or one of the Champions, you can find these on the extranet – all concerns will be treated confidentially.

#SpeakUptoMe

If You See Something, Say Something!

If something at work is troubling you, please tell us.

We are committed to dealing with all concerns raised:

Confidentially
Openly
Responsibly
Professionally

You can contact our Interim Staff Guardian **Jane Butcher** via:

Email: Jane.Butcher@NHS.net

Phone: 07909 116153

#SpeakUptoMe



Safeguarding

Safeguarding is everyone's responsibility. It is the process of protecting vulnerable adults and children from abuse or neglect, protecting their health, development and well-being, thus enabling them to live free from harm in a safe environment with the support they require.

We have a responsibility to ensure we keep people safe whilst they are in our care, but we must also recognise and escalate where there are concerns about care and treatment at home.

Effective safeguarding arrangements seek to protect individuals from harm caused by abuse or neglect occurring, regardless of circumstances (NHS England, 2015).

There are 6 principles as defined within The Care Act 2014 which are key to underpinning all safeguarding work:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent
- Prevention: It is better to take action before harm occurs
- Proportionality: The least intrusive response appropriate to the risk presented
- Protection: Support and representation for those in greatest need
- Partnership: Local solution through services working with their communities
- Accountability: Accountability and transparency in delivering safeguarding

Safeguarding Adult Team

53262 Bleep – 538 / 923

Children's Safeguarding Team

51263 / 51265

There are 10 categories of abuse recognised within The Care Act 2014:

Physical abuse

Domestic violence

Sexual abuse

Psychological abuse

Financial or material abuse

Modern slavery

Discriminatory abuse

Organisational abuse

Neglect and acts of omission

Self-neglect

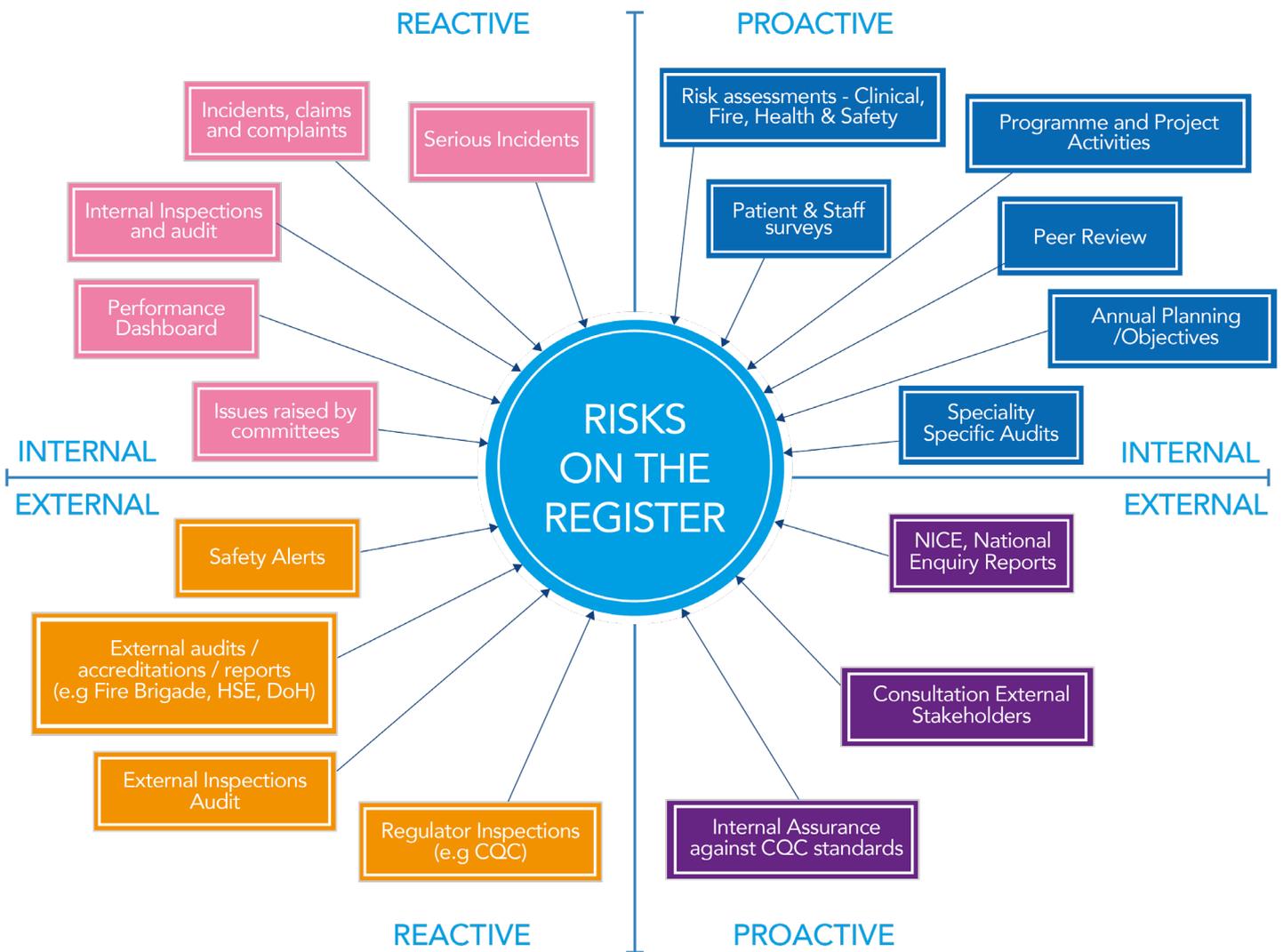
Risk Management

What is a risk?

A risk is the chance of something happening that will have an adverse impact on the achievement of the Trust's objectives and the delivery of high-quality care.

What types of risk are there?

Risks can be identified from a number of sources, as shown below.



Risk Management

What should I do if I think there is a risk in my ward/ department?

If it is safe to do so, make it safe immediately by introducing control to minimise the risk and inform your manager. If a risk still remains complete a risk assessment on Safeguard and work on further controls to minimise the risk.

Who is responsible for identifying risks in my ward/department?

Identification and reporting of risk is everyone's business and it is expected that all staff are identifying and reporting risks as soon as they arise and that a formal risk assessment process is followed.

What is a risk assessment?

It is a systematic process of identifying, quantifying and controlling risks. As part of managing safety in your workplace, you must control the risks. To do this you need to assess what potential hazards there are and ensure you take reasonable steps to reduce the risk of that hazard causing harm.

Who is responsible for risk assessments on my ward/ department?

All levels of staff are responsible for risk assessments. Ward Managers/Department Heads are ultimately responsible for the assessment of risks on their ward.

What is a risk register?

The risk register is a list of all actual risks that threaten the objectives of the Trust, division, specialty, ward, team or department.

Where would I find the risk register on my ward / department?

Risks are all logged on Safeguard and can be accessed via the intranet. Speak to your manager or the Risk and Incident Team for more information.

How do concerns in my area get onto the risk register?

Any risk identified must be discussed with the Ward/department manager or Matron who may then decide to include a risk on the local risk register or, if necessary, escalate as appropriate.



Risk Management

All risks are managed through the Trust's risk register; the risk register has three levels of management:

Corporate

Any risk which has been escalated and accepted by the Risk Assurance Meeting as a risk, which requires senior ownership and support in mitigating. These will be risks that are scored 15 and above, or risks that could have a significant impact on the Trust Strategic Objectives. All corporate risks will be linked to the BAF and will maintain reporting and oversight of the Audit Committee and Risk Assurance Meeting, providing assurance to the Board.

Divisional

Any risk that affects multiple directorates. Risks that are within the Divisional Directors' delegated budgetary limits and financial resources. Risks below a score of 15. Risks that cannot be resolved at directorate or below level.

Service/Department/Ward

Any risk that affects the service or team level only. Risks that are within the Deputy Directors / local managers delegated budgetary limits and financial resources.



Quality Improvement



Quality Improvement Approach

Our ambition over the next three years is to reduce our mortality rate to one that is below the national average, saving over 900 lives across the Fylde Coast. The Trust is developing a portfolio of Quality Improvement projects to achieve this ambition. Across our hospitals and community services our staff, patients and partners will be empowered and supported to provide high quality, safe care for all, via our Quality Improvement Initiatives, with the aim to reduce harm and mortality.

To support this, we will use the NHS Improvement QSIR methodology, which stands for Quality, Service Improvement and Redesign. This approach brings together stakeholders to learn improvement theory, build capability, share and implement change ideas, which will be tested through Plan Do Study Act cycles and underpinned by meaningful measurements, to drive improvement. It is designed for both clinical and non-clinical staff. For complex improvements, we intend to use this methodology, alongside a structured collaborative approach.

For more information please contact the Quality Improvement Team at: bfwh.qualityimprovement@nhs.net

Our two high level aims over the next three years are to:

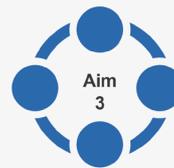


Reduce Preventable Death



Reduce Avoidable Harm

Our high-level System-wide aim over the next three years is to:



Improve the last 1,000 days of life

Quality Improvement

The Underlying Quality, Service Improvement and Redesign (QSIR) Principles

1.



Understanding the problem

2.



Understanding the processes and systems this may be in the organisation or across the ICP

3.



Understanding the data and what it's telling us

4.



Generating ideas for change

5.



Implementing change in a systematic way

6.



Measuring and evaluating the impact of change to ensure it is a sustainable improvement

7.



Effective leadership at all levels and clinical engagement

8.



Skills development, staff and patient participation



Staff, Health and Wellbeing

The Well Team's aim is to encourage, motivate and support you to achieve good health.

During these ever changing times we know that staff may be experiencing different challenges and emotions and we want to encourage all, where possible, to take some time to look after yourself and to care for your own wellbeing.

The Health and Wellbeing toolkit is aimed at managers and line managers and offers a collection of resources all in the one place that can be accessed and used to support the mental, physical and emotional health of individuals and teams.

It is our ambition to ensure each of the staffing groups across the organisation have access to and engaging in all of the sections within the toolkit. This will ensure information on activities, interventions and updates regarding health and wellbeing activity is cascaded to all staff, across all levels and job roles.

Over the next three years it is our aim for all teams to:

- Be familiar with the Wellbeing Directory and use it to support and direct staff to access information, resources and support, as appropriate
- Have access to a designated Well Space within their working environment, encouraging teams to take time out if they become overwhelmed, anxious or upset
- Have a designated Wellbeing and Engagement Champion within their team to help embed health and wellbeing in their area of work
- Have managers who have completed the Workforce Trauma Support training equipping them to have supportive and informative wellbeing led conversations with their colleagues
- Be delivering Health and Wellbeing Conversations with their teams
- Be aware of the mediation service available for staff and how it can be accessed, ensuring staff have the opportunity to resolve conflicts before they become disruptive

The above will enable staff to feel their wellbeing is important to the Trust and their managers and will contribute to providing a working environment where mental, physical and financial wellbeing of staff is supported and promoted. It will also help to create a healthy working culture and provide opportunities for staff to engage in activities and interventions that could enhance their individual health and wellbeing.



Staff, Health and Wellbeing

The Wellbeing Directory

Staff have access to information, apps and support services that they can access directly and quickly to help them with their mental physical and financial wellbeing, all in one place.

The directory:

- Signposts to free, anonymous mental health and talking therapy services available to all staff.
- Provides handy tools, guides, tips and webinars that can help improve financial wellbeing and happiness.
- Supports you to lose weight, be more active, quit smoking or reduce your alcohol intake.

Well Space

It is recognised that our staff are working under extreme pressures and often in difficult working environments of which are both challenging and relentless at times. It is understood that this places a huge amount of emotional strain on our staff working across the organisation.

We have therefore introduced 'Well Spaces' across the organisation. These spaces aim to ensure staff have a space to go to rest and refuel at times when they might be feeling overwhelmed, anxious, upset, tired and the list goes on.

Wellbeing and Engagement Champions

The Trust is recruiting staff Wellbeing and Engagement Champions across the Trust. It is our ambition to have a volunteer champion within every team across the organisation. The purpose of this role to embed staff health and wellbeing into all we do as a Trust and to improve the understanding and importance of having good health.

We are looking for people who have a passion for health and wellbeing and those who are enthusiastic about supporting others to engage and partake in leading a healthier lifestyle. No previous experience is needed.

Staff, Health and Wellbeing

Workforce Trauma Support Training

Workforce Wellbeing & Trauma Support (WTS) is an essential element of the BTH recovery and restoration programme. It aims to ensure that we can support staff in coping with distressing workplace experiences. Staff health and wellbeing are of paramount importance, particularly during and after the impact of COVID-19, traumatic for many NHS workers. Responding to the NHS People Plan and the National NHS People Pulse survey, WTS will help Managers understand and support the evolving needs of staff.

Health and Wellbeing Conversations

Wellbeing Conversations are supportive, coaching-style one-to-one conversations focused on building individual and team resilience. They take place between an individual and someone they trust at work (typically their Line Manager but can be someone else if preferred), at a convenient time and place.

These conversations are designed to help support staff and nurture the recovery of all our staff, to help guide those who need additional support reduce the long-term impact of their distress.



Staff, Health and Wellbeing

Mediation

Mediation is a confidential and informal process that helps parties to talk through issues with impartial mediators to find a way forward. Mediation works because it helps people find practical solutions that feel fair to everyone.

The distinctive features of mediation are:

- An informal modern approach to resolving conflict
- A voluntary process
- Completely confidential
- Facilitated by accredited workplace mediators, who are impartial
- The process will not be recorded on your personal file.

The Trust fully supports the principles of mediation and has trained a group of staff from various backgrounds to enable them to undertake an in-house mediation service.

**Together lets really make a difference
and support our staff and our wider
teams to engage and participate in
activities that promote good health
and wellbeing for all.**

Staff Engagement

Staff Engagement Highlights

- Team efforts have led to an increase in staff survey responses from 35% in 2018 to 47% in 2019 and 49.5% in 2020.
- We've overhauled the way we communicate with staff, introducing Big Conversations and Health, Wellbeing and Engagement Champions, and continue to run the Great Place To Work groups.
- The Going the Extra Mile scheme remains popular for peer to peer thanks and we have installed a staff gratitude rainbow for messages of thanks from patients. We continue to link closely with our partners in patient engagement, staff side and at East Lancashire.
- We are currently working on projects to install digital information screens throughout the Trust, launch Employee of the Month, Thankful Thursday, Back to the Floor and to relaunch Long Service Awards.
- We have refreshed our approach to implementing the staff survey to include staff voice in the planning process and simplifying the action planning. We have also introduced team packs for managers to use at a local level.
- Our internal OD consultancy provides a four part engagement boost programme to managers.
- We're currently working with the Associate Medical Director to implement the recommendations of the medical engagement survey; one cohort at a time (currently medical HoDs)
- Our mediation service is being relaunched to engage with staff and improve relationships in a timely and compassionate way.



The Rich History of our Trust

Blackpool Teaching Hospitals NHS Foundation Trust has its organisational roots in the former Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust, **established on December 1, 2007 under the National Health Service (NHS) Act 2006.**

In October 2010, the Trust was awarded Teaching Hospitals status and changed its name to Blackpool Teaching Hospitals NHS Foundation Trust in recognition of this.

On April 1, 2012, the Trust merged with community health services of the former NHS Blackpool and NHS North Lancashire.

On October 31, 2018, Lancashire Community Health Services transferred to the University Hospitals of Morecambe Bay NHS Foundation Trust.

On March 20, 2017, the Trust's subsidiary company BFW Management Limited (Atlas) began trading to provide the Trust's estates services.

The Trust is situated on the west coast of Lancashire and operates within a regional health economy catchment area that spans Lancashire and South Cumbria, supporting a population of 1.6 million.

The Trust is a recognised provider of specialist tertiary care for Cardiac and Haematology services across this region. The Trust does not operate outside of the United Kingdom.

The Trust provides a range of acute services to 352,000 people living across the Fylde, Wyre and Blackpool coastline's health economy, as well as an estimated 18 million visitors who holiday in the seaside town of Blackpool each year.

Since April 1, 2012, the Trust has also provided a wide range of community health services to 445,000 residents in Blackpool, Fylde, Wyre and North Lancashire.

The Trust also hosts the National Artificial Eye Service, which provides services across England.



What I'm proud of at Blackpool Teaching Hospitals

A large rounded rectangular area with a dotted border, containing 15 horizontal dotted lines for writing.



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

www.bfwh.nhs.uk