Board of Directors in Public Meeting (Part 1)
4th May 2023
09.30 – 12.00
Boardroom

Blackpool Teaching Hospitals
NHS Foundation Trust

Time		Topic	Lead	Process	Purpose / Expected Outcome
09.30	1	Welcome and Introductions	Chair	Verbal	To note apologies
	2	Declarations of Interests	Chair	Verbal	To note
	3	Apologies for Absence	Chair	Verbal	To note apologies
	4	Minutes of the Previous Meeting	Chair	Report ✓	To approve the previous minutes
	5	Action List & Matters Arising	Chair	Report ✓	To note progress on agreed actions
	6	Patient Story	Director of Nursing	Video	To discuss the learning from a recent patient story
	7	Chair's Update	Chair	Verbal	To receive an update
	8	Chief Executive's Report	Chief Executive	Report ✓	To receive an update
Quality					
10.00	9	Quality Integrated Performance Report	Medical Director	Report ✓	To note
	10	Quality Assurance Committee Escalation Report	Chair of Quality Assurance Committee	Report ✓	To note for assurance
Finance and Performance					
10.30	11	Finance and Performance Integrated Performance Report	Director of Finance/Chief Operating Officer	Report ✓	To note
	12	Finance and Performance Committee Escalation Report	Chair of Finance and Performance Committee	Report ✓	To note for assurance
Workforce					

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Time		Topic	Lead	Process	Purpose / Expected Outcome
11.00	13	Workforce Integrated Performance Report	Director of People and Culture	Report ✓	To note
	14	Workforce Assurance Committee Escalation Report	Chair of Workforce Assurance Committee	Report ✓	To note for assurance
	15	Staff Survey	Director of People and Culture	Report ✓	To note
Governance					
	16	Audit Committee Escalation Report	Chair of Audit Committee	Report ✓	To note for assurance
Consent agenda for information ***Papers in this section are provided for information and assurance. If you wish to raise a question in relation to one of the reports, please advise in advance of the meeting.***					
	17	New Hospital Programme		Report ✓	To note
Closing matters					
	18	Any Other Business	Chair	Verbal	To note
		To respond to any questions from members of the public received in writing 24 hours in advance of the meeting			
		To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.			

Date and time of the next meeting: Wednesday 5th July 2023 at 9.30am

Meeting	Board of Directors Meeting	
Time	09.30 am	
Date	2nd March 2023	
Venue	MS Teams	

Members: -

Steve Fogg	Trust Chair	Chair
Trish Armstrong-Child	Chief Executive	
Chris Barben	Executive Medical Director	
Mark Beaton	Non-Executive Director	
Adrian Carridice-Davids	Non-Executive Director	
Steve Christian	Deputy Chief Executive/Executive Director of Strategy & Transformation	
Carl Fitzsimons	Non-Executive Director	
Natalie Hudson	Chief Operating Officer	
Louise Ludgrove	Executive Director of People and Culture	
Feroz Patel	Executive Director of Finance	
Andrew Roach	Non-Executive Director	
Robert Ryan	Non-Executive Director	
Fergus Singleton	Non-Executive Director	
James Wilkie	Non-Executive Director	
Shelley Wright	Joint Executive Director of Communications	

In attendance: -

Simone Anderton	Deputy Director of Nursing	
Dr Heather Catt	Consultant in Public Health	
Jacinta Gaynor	Corporate Governance Officer	Minutes
Bill Gregory	Financial Improvement Director	
Mark Singleton	Chief Information Officer	
Esther Steel	Executive Director of Corporate Governance	

Observers:-

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Margaret Bamforth	Appointed Governor for Blackpool and the Fylde College
Sue Crouch	Public Governor for Wyre/Lead Governor
William Jackson	Public Governor for Wyre
Bridget Lees	Executive Chief Nurse University Hospitals of Morecambe Bay NHS
Catherine Hefferon-Nsiah	Public Health Registrar
Shelagh Parkinson	Gazette Newspaper
Andrew Speight	Community Co-Researcher
John Turner	Associate Director of Operations Fylde Coast - Patient Flow, Lancashire and South Cumbria NHS Foundation Trust
Pauline Wigglesworth	HDRC Programme Director

Apologies:-

Janet Barnsley	Executive Director of Integrated Care
Sue McKenna	Non-Executive Director

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1. Welcome and Introductions

The Chair welcomed members to the meeting, acknowledged the current challenges and thanked all staff for their hard work.

2. Declarations of Interest

There were no declarations of interest.

3. Apologies

Apologies were recorded as above.

4. Minutes of the Previous Minutes

The minutes of the meeting held on 2nd March 2023 were approved as a true and accurate reflection of the meeting.

Resolved: The previous minutes were approved.

5. Action List

The Executive Director of Corporate Governance confirmed all the completed actions and that the remaining actions had a future completion date or were to be discussed during the meeting.

Matters Arising

There were no matters arising.

6. Patient Story

The Medical Director introduced the patient story stating it was an excellent example of a care pathway working well and how the Trust aspires to providing excellent service and care. The story featured, Ms Crank, who spoke about her skin cancer diagnosis during the pandemic and her ongoing treatment at Clifton Hospital. Ms Crank commented how swiftly her referral had been handled, the professional care she had received. Patient story link:- Patient Story - Emma Crank - YouTube

Members discussed the patient story and acknowledged that there was a great deal of good work being undertaken across the Trust. The Chair suggested sharing these stories with the Council of Governors.

Resolved: Members noted the patient story.

BOD/23/14 **Action:** To share the patient stories with the Council of Governors.

7. Chair's Update

The Chair commented that although there were still ongoing challenges to local and national healthcare system, both operationally and financially, time should be taken to reflect on all the good work undertaken across the organisation.

Members noted that there was significant engagement work through Place across local authorities, partners, and stakeholders, and this recognised that to address the issues faced there needed to be tactical partnership working across all communities, albeit there was still a lot of work to do, the Chair thanked everyone involved in making the changes.

The Chair informed members that he had met with Governors earlier in the week and that they had raised similar issues such as, understanding feedback from patients, how it feels to be a member of staff coping with pressures and challenges and reflecting on the good work being done across the Trust.

The Chair commented that transformation would happen with the correct support provided from local partners, stakeholder and Governors alike.

Resolved: The members noted the update.

8. Chief Executive's Report

The Chief Executive referred to the previously circulated report and it was taken as read, however, the following key points were highlighted from each section:-

Awards & Recognition

- Professor Naseem Naqvi awarded an MBE in the 2023 New Year's Honours.

- Tribute made to Mr Steve Mannion, Orthopaedic Surgeon for supporting the medical air charity UK Med in Turkey.
- Staff had been celebrated for Long Service awards for 20,30, 40 & 50 years services.
- Robert Yusay had taken up the role of Cultural Diversity Network Lead / Ambassador Equality, Diversity and Inclusion to support overseas staff. The Trust would be celebrated 'Overseas NHS Worker Day' on 3rd March 2023.
- Mr Mark Singleton had joined the Trust as the Chief Information Officer.
- Mr Eric Mutema, Consultant Surgeon Obstetrics & Gynaecology had taken up the role of Divisional Director (DD) in FICC Division after Dr Peter Curtis had stepped back from the role. The CEO sent her thanks to Dr Curtis for all his dedication and hard work within the DD role.
- Trust volunteer, Barry Evans had received a flood of offers for a new piano following his appeal search.
- Blue Skies Charity announced appointment of a new patron, Alfie Boe.

Trust News

- Secretary of State for Health, Steve Barclay had visited the Trust and toured areas including, Transfer of Care Hub, Same Day Emergency Care (SDEC) facility, Accident & Emergency (A&E) and the Mental Health Urgent Assessment Unit (MHUAU). He also visited the modular endoscopy unit and the Assessment and Rehabilitation Centre (ARC) in Blackpool.
- The Trust had been nationally recognised on BBC news for achieving some of the shortest waiting times within the A&E department.
- A new ambulatory unit for stroke patients was recently opened, the result of collaborative working across the ICS.
- Senior Executive had signed the NHS Smokefree Pledge to support the Trust being a smoke free zone.
- Proud of Community campaign launched led by the Trust's Well Team working with community colleagues and senior leaders.

Reportable Issues Log – 1 January 2023 to 19 February 2023

- Nine StEIS reportable incidents had been reported; five relating to treatment delays, two to diagnosis delay and two to unexpected deaths. All were being investigated in line with the Trust's incident policy and NHSE's Serious Incident Framework.
- There were no high-risk complaints for the above period.

Risk Register and Board Assurance Framework (BAF)

- Risks scoring 20+ on the BAF were being reported through the Board Committees for assurance and consideration.

Wider System News & Developments

- The Integrated Care Board met on 1st February 2023, a recording can be found at: https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/board/meetings-and-papers/future-board-meetings/1-february-2023-board-meeting

- The CEO's report can be read on:- https://www.healthierlsc.co.uk/download_file/7318/11530
- The Provider Collaborative Board met on 19th January 2023 with updates on system performance.

The CEO informed members that part of her role was to reflect on the previous year through the integrated performance reports to contextualise the challenges being faced. The CEO provided members with a snapshot year-end review for 2022/23, with the following key points to note:-

- A new Trust five-year strategy had been published with key objectives to achieve.
- Digital plan had been produced by the Senior Information Officer with funding secured for an electronic patient record.
- The Trust's SHMI mortality score had improved by 70%.
- Quality improvement methodology had improved responsiveness to complaints.
- The new SDEC unit had helped to improve the national 4-hr standard up to 84.7%, a key strategic aim.
- Virtual ward beds performance stood at 68% up from 30%
- Elective recovery performance stood at 111%.
- 78+ week waiters' performance has improved with 86 patients currently on the list, on target reduce to zero by end of March 2023.
- Cancer backlog of 198 patients, longest waits are in Gastroenterology, but plans were in place to address the backlog.
- 62-day cancer target performance stands as 93% achieved.
- A&E pressures still remain challenging, but a focus on ambulance handover times and engagement between the Trust and North West Ambulance Service has seen a significant improvements with best practice being shared across the ICS. Updates to be provided through Finance & Performance Committee.

The Chair thanked the CEO for the snapshot of the year and echoed his thanks to all staff involved. Members commented that it was important to recognise staff and their good work through Celebrating Success Awards.

Resolved: The members noted the report and the update.

9. Quality Integrated Performance Report

The members noted the Integrated Performance Report (IPR) circulated in the papers, which provided an overview of all aspects of the Trust's quality and safety performance, and it was accepted as read.

The Executive Medical Director (MD) and the Executive Director of Nursing (DoN) provided a quick overview of the below highlighted areas:-

- Pressure ulcers - best practice would be disseminated to staff working in the community.

- Dementia Tier 1 training - to be included within core mandatory training.
- Mortality Review – an issue had been highlighted with regard to data extraction. To be fedback to the next Quality Assuance meeting to provide assurance.
- MRSA infections - currently stands at 3 with a target of zero, work ongoing to reduce this total.
- Medical Examiner - scrutiny continues to be undertaken and lessons learnt are fedback into the governance system across the Trust.
- Referrals to Coroner - reduced to three days from five, but work was still ongoing to improve with feedback presented to the Mortality Governance Committee and oversight from the Quality Assurance Committee.

The Chair queried how the Trust worked with the ICS to share best practice, the DoN and the MD confirmed that information was shared through the MD meetings, standardisation of protocols and through collaborative working of staff across the ICS patch, getting it right first time (GIRFT) benchmarking against other Trusts and using this information to feedback to oversight groups.

Resolved: The report and updates were noted by members.

10. Quality Assurance Committee Escalation Report

The Chair of the Quality Assurance Committee (QAC) drew attention to the Committee Escalation Report previously circulated with the papers and it was taken as read. The following key areas were highlighted:-

- Mortality and Learning from Deaths – concerns had been raised in relation to the overarching governance, a comprehensive action plan was in place to address the issues with oversight from QAC.
- Serious Incidents – significant improvement in ways of working. Backlog has been cleared and weekly monitoring is in place.
- COAST Platinum Panel – Children's Ward had been accredited.

The Chair informed members that positive feedback had been received from the Governor representative on QAC with regards to the COAST Platinum Panel, the quality of discussion during the meeting, of reports presented, of the challenges and responses from members and the actions taken.

Resolved: Members noted the content of the report and the update.

11. Finance and Performance Integrated Performance Report

Members noted the Integrated Performance Report (IPR) circulated in the papers, which provided a detailed overview of all aspects of the Trust's operational and financial performance, and it was taken as read. The following key areas highlighted:-

- Financial Position - year to date position was an actual deficit of £14.5m which was £12.1m more than the planned deficit of £2.4m.

- Cash balance - at 31st January 2023 was £32.7m which was £16.8m less than the planned cash balance of £49.5m
- CIP – year to date savings of £18.1m have been delivered which is in line with plan.
- Agency Spend - year to date position was an actual spend of £32.4m which was £12.5m more than the planned spend of £19.9m.

Resolved: Members noted the content of the report.

12. Finance and Performance Committee Escalation Report

The Chair of the Finance & Performance (F&P) Committee drew attention to the Committee Escalation Reports previously circulated with the papers and both were as taken as read. The following key areas were highlighted:-

Financial

- Month 9 position – a deficit of £13.3m had been reported, being £9.6m worse than plan.
- Cash balance of £32.7m which was lower than plan. Finance team were reviewing guidance on liquidity.
- QEP programme – year to date savings of £15.2m mainly non-recurrent savings. Limited assurance provided on delivery of QEP.

Members undertook a detailed discussion on the financial challenges, current pressures and QEP delivery and the impact upon the Trust. Members requested further detail on QEP delivery programme assumptions, in order to gain better understanding. Limited assurance was provided on delivery of the QEP target, achievement of the financial forecast and on financial sustainability.

Operational

- RTT
  - Over 78 weeks – deep dive undertaken which highlighted issues in cardiac and GI. Some assurance provided for GI improvements; however, issues remain in cardiac which require increased capacity or mutual aid support. This is being monitored at system wide level.
  - 62-day cancer backlog continues to be a challenge, specifically Colorectal and upper GI.
  - 2-week waits had seen a significant improvement, with the target achieved in November and 93% maintained in December 2022.

Members discussed the current challenges and the implication not achieving performance targets would have on the Trust's operational plan. Members noted that future updates would be provided through F&P Committee.

Resolved: Members noted the report and agreed that further discussion would take place at the next BoD meeting.

Action: Further information to be provided to members on the assumptions behind the QEP saving programmes at the next BoD meeting.

13. Workforce Integrated Performance Report

Members noted the Integrated Performance Report (IPR) circulated in the papers, which provided a detailed overview of all aspects of the Trust's workforce performance, and it was taken as read. The following areas were highlighted:-

- Staff Sickness – significant increase within nursing staff with the highest percentage relating to anxiety issues due to current pressures.
- Vacancy rate remains challenging standing at 70.8%, mainly due to notice periods of 10 weeks.
- Mandatory training – a working group to be set up and to come back with a workable programme.

The Chair commented that it would be useful for members to see how the recruitment plan linked into the financial forecast and operational plan.

Resolved: Members noted the report.

Action: An update to be presented to the next BoD meeting to include recruitment targets, HR priorities and how these tied in with the financial plans.

14. Workforce Assurance Committee Escalation Report

The Chair of the Workforce Assurance Committee (WAC) drew attention to the Committee Escalation Report previously circulated with the papers and it was taken as read. The following key areas were highlighted:-

- WAC workshop had undertaken a deep dive on recruitment and retention, which resulted in good discussions and challenges. Assurances had been provided around improvements and innovations.
- Quality Improvement (QI) Academy video highlighted the clinical benefits of undertaking the QI training.
- Staff sickness levels had been raised as a concern. Members had noted the ongoing health & wellbeing work for all staff.
- Information had been requested on the outcomes and the effectiveness of such activities. It was noted there were currently 200+ H&WB champions across the Trust.
- Monthly monitoring of staff DBS checks continues with good progress being made.
- Targeted Agency Control Panel established to monitor and control use of agency staff with oversight from the Workforce Operational Group.

Members discussed the current challenges and the impact upon the Trust and agreed that an update on recruitment targets and overall HR priorities and how these tied in with the financial plan would be helpful for the next BoD Meeting.

Resolved: The members noted the report and the update.

15. 2021-2022 Annual Submission to NHS England Northwest Appraisal and Revalidation and Medical Governance

The Medical Director drew attention to the previously circulated report and informed members that the report provided the BoD with progress on Medical Revalidation and Appraisal and assurance on compliance with the Responsible Officer Regulations. The following key areas with to note:-

- The Responsible Officer (RO) role was updated to Dr Chris Barben.
- Submission made to NHSE on 15th September 2022.
- A new IT system MYL2P had been introduced to support doctors' completing their appraisal and had been received well by doctors across the Trust.
- A revalidation visit by Dr M Gregory had received positive feedback.

The Medical Director acknowledged the great work by Professor Gulati who was standing down as lead.

Members noted that the annual submission for 2022/23 would be presented to a future Board of Directors meeting.

Resolved: Members noted the report and the update.

16. Reducing Health Inequalities Plan and Anchor Framework

The Executive Director of Strategy and Transformation (DoS&T) informed members that Dr Heather Catt, Consultant in Public Health would provide a high-level update on the Trust's enabling plans to reduce health inequalities across the Fylde Coast.

Dr Catt's presentation covered the following key areas:-

- What are health inequalities?
- Our Health Inequalities Plan
- Priorities for 2023/24
- Anchoring on the Coast - Our Anchor Framework
- How we will delivery the Health Inequalities Plan and Anchor Framework
- Next Steps.

Members were informed of the critical elements and initiatives that the Trust and partner organisations would need to consider and prioritise in order to improve the quality of healthcare across the Fylde Coast.

Members discussed the implications of the plans with local and national context and how the frameworks would enable future discussions across the ICS for funding requirements.

Members acknowledged the work that had been undertaken, the future plans, leadership and collaborative team working that had enabled the plans. The NED

lead sought support from other BoD members and members agreed they would contact Dr Catt if interested in further supporting.

Resolved: Members approved the Health Inequalities Plan and the Anchor Framework and the proposed governance arrangements.

17. Digital Plan

The DoS&T informed members that Mr M Singleton, Chief Information Officer (CIO) would provide a high-level overview of the enabling plans that would support implementation of the Trust's Digital Strategy. The DoS&T stated that the Digital Strategy was aligned to the Trust's 5-year Strategy and was essential in driving the efficiencies and savings in order to achieve the transformational plans. Members noted the strategy had been approved at the F&P Committee on 23rd February 2023.

The CIO's presentation covered the following areas:-

- What is Digital?
- Feedback from Engagement Sessions
- Our Mission
- Our Priorities
- Our Objectives
- Our Roadmap
- Digital Governance
- Some of our successes to date
- Strategic Context.

Members discussed in detail the implications of the Digital Strategy and the impact on the Trust and the wider healthcare system. Members noted that benefits would not been realised for several years, but that the digital strategy would be essential to the achievement of the long-term ambitions of the Trust. Members further noted that staff training and knowledge would be a requirement of the smooth implementation of new IT system. The strategy would be reviewed on a regular basis to ensure it remained aligned to the Trust's 5-year Strategy, the ICS and national requirements.

Members agreed that successful implementation would require clinical engagement and it was noted that a further digital session was planned for the BoD strategy session on 6th April 2023.

Resolved: Members approved the Digital Strategy.

18. Audit Committee Chair's Report

The Chair of the Audit Committee (AC) drew attention to the Committee Escalation Report previously circulated with the papers and it was taken as read. The following key areas were highlighted:-

- KPMG outstanding actions – were being worked through by the Executive Team in order to complete. The CEO confirmed this item was being reviewed regularly at EDs meeting and should all be closed by the next A/C meeting.
- Issues highlighted around clinical governance and further discussion with the Medical Director to be undertaken.
- Data quality issues raised and highlighted the need for work around bespoke IT systems. A mapping exercise to be undertaken and feedback to A/C.
- Modern Day Slavery Statement was presented, further information requested to understand the work by the Trust with regards to supply chains.

The DoS&T informed members that a PCB clinical programme was in place and had some principles and commitments set out. Work to be undertaken on the modelling of future services and that clinical engagement would be the golden thread.

Resolved: The members noted the report and update.

19. New Hospital Programme

Members noted the previously circulated report.

Resolved: Members noted the report.

20. Any other business

The Chair acknowledged that it was the DoN's last meeting and thanked him for all his input over the past few years and wished him well in his new role.

Date and Time of Next Meeting

Thursday 4th May 2023 at 9.30am via MS Teams.

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Board of Directors Action List

Minute Ref/No		Agenda Number	Date Of Meeting	Agenda Item Heading	Action To Be Taken	Person Responsible	Date To Be Completed	Change Of Date	Progress	RAG Status
BOD/23/03	Part 1	10	12.01.23	CNST Submission	Review the IPR to ensure it details when the Trust is expected to be compliant.	B Lees	31.01.23		B Lees reviewing all maternity reporting - action to be closed	G
BOD/23/14	Part 1	6	02.03.23	Patient Story	Share Patient Stories with the Council of Governors	Corporate Governance Team	23 .03.23		All patient stories will be shared with the Council of Governors - links to all patient stories are also included on our website	G
BOD/23/15	Part 1	12	02.03.23	Finance and Performance Committee Escalation Report	Provide further information on the assumptions behind the QEP saving programmes at the next BoD meeting.	F Patel	23 .03.23		completed	G
BOD/23/04	Part 1	10	12.01.23	CNST Submission	Ensure a further conversation with the Finance Team is undertaken and that measures are in place to ensure actions are completed.	B Lees	31.01.23	01.06.23	Maternity Business reviewed in Execs - further work needed on the development of the case	B
BOD/23/08	BOD Strategy	1	02.02.23	Welcome and Introductions	Invite colleagues from Primary Care and Local Authorities to a future Board strategy session.	Corporate Governance Team	01.06.23		not yet due	B
BOD/23/10	BOD Strategy	4	02.02.23	Finance Peer Review Response	Invite S Worthington to the Board Meeting in July 2023.	T Armstrong-Child	05.07.23		TAC to discuss with SW	B
BOD/23/11	BOD Strategy	5	02.02.23	Strategy, Planning & Transformation	An annual year end presentation to be presented to Board and a one page summary provided to Governors	S Christian	04.08.23		To be included within Annual Report cycle	B
BOD/23/16	Part 1	14	02.03.23	Workforce Integrated Performance Report	Update IPR to include recruitment targets, HR priorities and how these tied in with the financial plans.	L Ludgrove	05.07.23		IPR being updated to reflect requirements	B
BOD/22/38	Part 1	8	03.11.22	Chief Executive's Report	Provide a draft enabling plan for R&D to a future Board Meeting.	T Armstrong-Child	01.06.23		not yet due	B

RAG Rating	
Red	Overdue
Green	Completed
Blue	Future agenda item
Amber	rbal update in Action update it
Yellow	On agenda

Blackpool Teaching Hospitals NHS Foundation Trust

Title	Chief Executive's Report

Meeting:	Board of Directors	**Purpose**	Assurance	√
Date:	4th May 2023		Discussion	
Author	Trish Armstrong-Child, Chief Executive		Decision	
Exec Sponsor			Confidential y/n	N

Summary *(what)*	The attached briefing paper provides some high-level updates on activities within the Trust since the previous meeting of the Board of Directors. These include: • Awards and Recognition • News and Developments • Trust News • Reportable Issues Log • Risk Register and Board Assurance Framework
Implications *(so what)*	This paper is for information and assurance.

Link to Strategic objectives	Our People	x
	Our Population	x
	Our Responsibility	x

Proposed Resolution *(What next)*	Board members are requested to receive the report and note the information provided.

1. Awards and Recognition

Celebrating Success Awards Honour Trust colleagues

Colleagues, friends, family, patients and people from across our communities were able to join the Trust's annual colleague awards ceremony, Celebrating Success on 16th March 2023.

The event was again held virtually, presented by the Executive Team with Host Kila Redfearn from the Trust's hospital charity Blue Skies, and was broadcast to colleagues from a professional studio via YouTube which enabled more than 2,300 people to either watch it live or catch up via a recording later. It is still available to view if you haven't seen it yet.

A total of 10 awards were presented to teams and individuals from across the Trust with the shortlisted finalists able to join and converse with colleagues live via video link from their homes or work.

More than 400 brilliant entries were received and considered through judging panels including members of the Trust Board, staff side and partners. Categories included awards for an unsung hero, the non-clinical and clinical teams of the year and learner of the year. This year the awards recognised the 75th birthday of the NHS and included a special prize for long service.

Following the award ceremony, members of the Trust's Executive Team visited winners in person to hand out trophies and certificates and to spend time with the winners in their place of work.

Children's Ward gains Platinum accreditation in COAST Assessment

Colleagues from the Children's Ward at Blackpool Victoria have proudly achieved Platinum accreditation in the Trust's COAST assessment scheme – which stands for Collaborative Organisational Accreditation System for Teams.

Launched in January 2021 after an initial pilot in December 2020, the assessments aim to support quality improvement across the trust, raise standards of practice and celebrate excellence in care. Earlier this year the Coronary Care Unit was the first area to be awarded the 'outstanding' status.

The Children's Ward, which proudly achieved Gold on three consecutive previous assessments, were invited to present at the Platinum panel in February for consideration. The news comes as the COAST team, which is made up of colleagues from all divisions and grades, celebrates completing over 200 assessments across 50 areas of the Trust.

The ward proved they were able to demonstrate what the constitutes as the 6 C's, Care, Compassion, Competence, Communication, Courage & Commitment as well as National PLACE standards.

Gill received fundraising recognition

The Trust's Emergency Department Secretary, Gill Booth, was recognised for her efforts by being named Fundraiser of the Year at the Blackpool Carers Awards. Gill, who arranges the organisation's Cinderella Ball and other fundraising efforts for the charity began her efforts seven years ago after being inspired by the BBC TV show DIY SOS.

National Day of Reflection marked at BTH

Colleagues across the Trust marked the National Day of Reflection to recognise the third anniversary of the first COVID-19 lockdown. The Chaplaincy team and Swan bereavement team organised a short ceremony at Blackpool Victoria Hospital by the cherry tree planted in 2021 to mark lockdown's first anniversary. It was also attended by representatives from palliative care services, wards and departments. A minute's silence was held for everyone affected by the pandemic.

Community colleagues at South Shore Primary Care Centre also marked the occasion with a minute's silence and throughout the day gave out 'Forget me not' flower seeds to those who wish to remember a loved one lost.

Meet our scientists – a focus on Healthcare Science

As part of a special focus to mark Healthcare Science Week, colleagues from across the Trust shared their experience of their roles and what they enjoy about their work.

Healthcare science roles are present in a range of areas, providing diagnostics and support to clinical teams in areas including audiology, clinical perfusion, pathology and vascular science. The Trust has 160 registered healthcare scientists with a further 130 colleagues in supporting roles.

Working in these roles gives people the chance to prevent, diagnose and treat a large number of medical conditions and diseases, while developing scientific knowledge and working with highly specialised equipment.

Afternoon tea on the neonatal unit for Mother's Day

The Neonatal unit at Blackpool Victoria Hospital celebrated all their new mums on Mother's Day by holding an afternoon tea for parents, siblings and grandparents being cared for on the unit at the time.

This event was kindly supported by a number of local businesses including Barton Grange Garden Centre who donated scones for the event, Candie Cakes who made individually-boxed cupcakes and Mel Kelly Cakes and Bakes for making a fabulous Mother's Day celebration cake. The afternoon was enjoyed by everyone on the unit.

Additional Community Role for Head of Blue Skies Charity

Kila Redfearn, Head of Charity for Blue Skies, has been appointed the first woman town crier of Lytham.

Historically, town criers were the broadcasters of their day and can be traced back to medieval times. There are about 140 registered criers in England and Wales, of whom just 20 or so are women. Today they perform ceremonial duties and make proclamations such as when the Queen died.

2. System News and Developments

Collaborative bank

A collaborative bank for nurses, midwives, health care assistants, allied health professionals and administrators is being developed by the five trusts in Lancashire and South Cumbria. It is one of a number of programmes taking place where the trusts have joined forces to support better patient care.

The collaborative bank will help reduce reliance on agencies for temporary staffing as well as creating more consistent bank rates. The project team behind the plans are now looking at a digital system to help administer the bank.

Resilience Hub update

The Lancashire and South Cumbria Resilience Hub, set up to offer psychological support to those who worked on the frontline during the COVID-19 pandemic, has paused for referrals while options are explored to sustain a future version of the service. Formed in 2020 and hosted by Lancashire and South Cumbria NHS Foundation Trust (LSCft), the hub has helped over 1,100 individuals, including colleagues across the patch and numerous teams and services but as with many COVID -19 initiatives, funding ended in March 2023. The ICB is working with ELHT to explore future options which will support an enhanced mental health and wellbeing service, in a way which is sustainable and that will support NHS colleagues across the whole of Lancashire and South Cumbria.

Support for local residents to get online and get Set for Surgery

Age UK Lancashire is working with Lancashire and South Cumbria Integrated Care Board (ICB) to offer digital support to patients aged 18+, so they can use online services to get them set for surgery. This will allow patients to manage their health and wellbeing using a smartphone, tablet or computer, and to stay as fit and healthy as possible while they wait for their treatment. It will also allow people to find out more about their condition, what to do if their condition deteriorates, and get extra support online if they need it.

Lung health checks in Hyndburn

Current or former smokers aged between 55 and 74 who live in Hyndburn have been invited to attend a free, potentially life-saving health check, described as an 'MOT for your lungs'. Targeted Lung Health Checks (TLHC) are helping the NHS to spot lung cancer and other issues early when they are easier to treat.

The Lancashire and South Cumbria TLHC programme was launched in April 2021 in Blackburn with Darwen, before expanding to other areas including Blackpool, Burnley and Rossendale. More than 24,500 people have already benefited from this service, with some receiving life-saving treatment for conditions which may have otherwise gone undiagnosed.

PCB meeting - 16th March 2023

The PCB membership comprises the Chief Executives and Chairs of the five provider trusts in Lancashire and South Cumbria and meets monthly. It is Chaired by Mike Thomas, also Chair of University Hospitals of Morecambe Bay NHS Trust and the lead Chief Executive is Kevin McGee CEO of Lancashire Teaching Hospitals.

The Board receives updates on a number of standing items and strategic items and a Joint Committee has been established to give the PCB a mechanism via which to make decisions on a number of key programmes of work as agreed with Trust Boards.

An overview of the March meeting is included in *Appendix I.*

3. Trust News

Changes to the Executive Team

Bridget Lees has now joined the Board of Directors and Executive Team as Executive Director of Nursing, Midwifery, Allied Health Professionals and Quality following a robust recruitment process in late 2022.

Bridget has a wealth of experience and expertise and is a great addition to the Trust, as well as continuing to play a key role within Blackpool, Fylde and Wyre and the Lancashire and South Cumbria system as a whole.

Industrial action

The Trust continues to face uncertainty over further industrial action from various professional groups and trade unions who are in dispute with the Government over pay. This has resulted in a number of periods of industrial action and a great deal of planning and preparation to minimise the impact on patients and their families, as well as colleagues.

Most recently the British Medical Association (BMA) has led periods of prolonged industrial action involving hundreds of junior doctors at the Trust. During this period of action the Trust's senior leadership took significant steps to ensure continuity of service and the safety of patients, colleagues and the public. This included an incident room operating from Trust HQ during the first industrial action by BMA members, and virtually during the second. Twice-daily meetings of senior leadership team members took place in the run-up to and during the strike action.

The Trust continues to provide regular information to all colleagues on the response and signposting to important information. Externally the team has worked with colleagues across the wider healthcare system to share agreed messaging that people should continue to attend appointments unless they were contacted with other arrangements.

Infection Prevention Control updates

The Trust has now removed the requirement for masks to be work in all clinical areas, with colleagues instead asked to assess the need for Transmission Based Precautions as set out in the Infection Prevention Policy. Masks must still be worn in certain circumstances, for instance when carrying out aerosol-generating procedures.

Changes were also introduced to the requirements to isolate inpatients suffering from COVID. Among these changes was the requirement that people should now be isolated from others for a minimum of five days, with precautions stepped down on day six if the patient is well.

The COVID testing guidance was also changed, to be further aligned with the management of other common respiratory infections. This was thanks to the ongoing success of the vaccination programme, increased access to therapeutic treatments and high immunity among the general population.

As a result, the requirement to carry out a lateral flow test (LFD) was removed for people who do not work primarily with severely immunocompromised patients. Colleagues who do work with severely immunocompromised patients should continue to take an LFD test.

More recently, the Trust's visiting policy was reviewed and reverted to its pre-COVID guidance.

Celebrating Ramadan and Eid

A number of colleagues at the Trust have been celebrating Eid, marking the end of Ramadan and the fasting period.

Ramadan and Eid Guidance, produced by the national NHS Muslim Network was shared to raise awareness of the religious festival, potential impact of fasting and what people could do to support or mark the occasion.

Teams and individuals were encouraged to organise fasting for a day even if they weren't Muslims, to show their support and increase their understanding of the tradition and faith.

With the fasting taking place between sunrise and sunset, during the national industrial action by junior doctors, the Trust ensured Halal food options were available including via the restaurant at BVH and vending machines.

NHS anniversary

The 75th anniversary of the NHS is 5th July and a number of key activities are planned to mark the occasion.

Hospital charity Blue Skies is hosting a number of fundraising events which colleagues are encouraged to support including a special, sold-out ball as part of a drive to raise £75,000.

In addition, a number of national initiatives have been put in place, including:

- A special event at Westminster Abbey for NHS colleagues
- Park Run for the NHS
- NHS Big Tea Party encouraging everyone to raise a cuppa
- NHS Ambassadors programme where people working in the NHS visit schools to inspire future careers
- A celebratory 50p coin

To build momentum for the celebration, a social media campaign is underway, sharing stories from Blackpool Teaching Hospitals' past and present. So far these have included a story about the first babies born at the Trust to sharing historic photos which have already generated wide engagement on social media.

NHS Staff Survey results revealed

The results of the latest NHS Staff Survey were revealed with Trust colleagues overwhelmingly feeling their roles make a difference to patients.

The staff survey is the largest of its kind and carried out across thousands of NHS organisations around the country. The results are linked to the national NHS People Promise, a pledge that everyone in the NHS will help improve the experience of working in the organisation.

In each of the People Promise themes, Blackpool Teaching Hospitals scored higher than the national average except one – the theme of 'We are always learning' - where the Trust scored slightly lower than the average largely due to the number of staff appraisals carried out. These were sometimes put on hold during the pressures of the pandemic.

In total, 4,017 colleagues completed the survey – more than 50% of all employees. Headline figures showed that:

- 88% of people felt their roles make a difference to patients – a figure higher than the national average
- 74% said that care of patients and service users is the organisation's top priority.

Macmillan Cancer Information and Support Centre Opens In Fleetwood

A brand-new information and support service has launched in Fleetwood to provide vital assistance to anyone affected by cancer across the Wyre.

The Macmillan Cancer Information and Support Centre has opened its doors to the public at the Fleetwood Community HUB, formerly Fleetwood Hospital, on Bold Street.

Singer Linda Nolan, who recently revealed her cancer had spread to her brain, in her fourth diagnosis with the disease, cut the ribbon to officially open the new facility. Linda, who has been supported by the local Macmillan service over the last couple of years, was joined at the launch event by her sister, Maureen Nolan.

The centre, which is open Monday to Friday, from 10am until 2pm, is Macmillan's first in the area and will provide practical, physical, financial and emotional support to local residents living with cancer. It has been set up by Macmillan in partnership with the Trust, with support from leisure and shopping outlet Affinity, Fleetwood Trust, Healthier Fleetwood and the local branch of the charity Hug in a Bag.

New virtual ward will save hospital and hospice admissions

The Trust, in partnership with Trinity Hospice, has launched a new service to allow a safe alternative to hospital or hospice for patients who need palliative or end-of-life care through community-based acute health care delivery.

The innovative service will see eligible patients admitted onto a 'virtual ward' where their observations can be monitored and medications quickly altered if their condition changes. Already the virtual ward has had three admissions, with patients and their loved ones benefitting from the monitoring and reassurance provided by clinical care teams. The virtual ward could also prevent a 999 call, resulting in a trip to hospital at the end of a patient's life.

Along with the virtual monitoring, Trinity's team of Advanced Clinical Practitioners and Healthcare Assistants will also be visiting patient's homes to offer psychological support, basic complementary therapy, rehabilitation alongside the hospice's Living Well Service and basic symptom management.

Heart attack patients benefit from ground-breaking remote monitoring solution

A new technology at Lancashire Cardiac Centre is helping post-operative heart attack patients return home from hospital sooner.

The Early Discharge Pathway is being led by the Trust's Consultant Cardiologist, Dr Tawiq Choudhury. Following discharge, patients receive digital monitoring using the latest technology, virtual platforms and frequent follow-ups.

The pathway has been adopted in collaboration with Barts Health NHS Trust, London where this pathway is now routinely used. Use of the virtual platform and remote monitoring allows closer follow-up of patients than would be the case with the previous model of care where patients are kept in hospital for longer and then followed up at a much later timepoint than with the remote monitoring pathway.

Electronic Patient Record

The Trust is embarking on one of the biggest and most challenging transformation projects to date as we move from a largely paper-based record system to an Electronic Patient Record (EPR).

Throughout May and June this year, over 70 clinical and non-clinical colleagues will take part in an exercise to evaluate the shortlisted EPR suppliers following a detailed procurement exercise. The Trust will work with evaluation teams from our three acute partners across the Lancashire and South Cumbria Integrated Care Board (ICB) to find the right EPR solution for all four acute Trusts. A decision on the most suitable supplier is expected to be announced in late summer.

As the project progresses there will be many opportunities for colleagues to get involved and shape the solution of the future. The programme team will need your clinical expertise and enthusiasm to turn this challenging transformation into a success.

Emergency Department Volunteer plea

The Trust's voluntary services team put out a plea for volunteers to work in the Emergency Department (ED) at Blackpool Victoria Hospital.

There are hundreds of volunteers working in 30 different roles across the Trust, but the team reports that the numbers wanting to support the ED have fallen.

Now one ED volunteer, Lynda Howarth, who has been working in the department for seven years, has revealed the role is 'hard work but rewarding, fast paced and exhilarating.' Anyone interested in volunteering should email the team on bfwh.volunteers@nhs.net

Patient Initiated Follow Up scheme expanded

A new Patient Initiated Follow Up (PIFU) system was rolled out to further areas after a successful pilot.

PIFU enables clinicians and their patients to agree an appointment process which would work best for them.

It was piloted by the Trust's Rheumatology team in mid-September and successfully rolled out to Pain Management and Ophthalmology. PIFU was due to go live for Paediatrics and Orthopaedics during March and April.

4. Reportable Issues Log

Between 20th February and 25th April 2023, a total of 22 reportable incidents were added to StEIS. All the incidents are being investigated as Serious Incidents in line with Trust policy and NHSE's Serious Incident Framework. None were identified as 'Never Events'.

In addition to those detailed above the Trust recorded a number of complaints including one considered high risk, 23 low risk, two moderate risk and 39 cases which are still ongoing.

Trish Armstrong-Child
Chief Executive
26th April 2023

Appendix 1

Provider Collaborative Board – 16th March 2023

The Provider Collaborative Board (PCB) met on 16th March 2023. It received updates on the following standing items: system pressures and performance updates within Urgent/Emergency Care and Elective Care; Mental Health and Learning Disabilities, and Finances.

Performance management continues to be the responsibility of Trust Boards, with the PCB using performance data to inform wider strategic discussions on system transformation. This month the strategic item considered was an evaluation on the Mental Health Urgent Assessment Centres.

The Joint Committee has been established to give the PCB a mechanism via which to make decisions on a number of key programmes of work as agreed with Trust Boards. Updates on Corporate Collaboration; Non-Surgical Oncology Model Implementation; Clinical Programme Board and the Delegation of Authority for Pathology Network were discussed under Joint Committee Working items.

System Pressures – Acute

February had been a very busy month during which average daily attendances increased across all four Trusts. However, despite this, the metrics within the PCB were still the best in the North West and compared well nationally for reduced A&E 12 hour waiting times, ambulance handovers and four hour waits. There had been some 12 hour breaches during the most pressurised periods.

Some real progress had been made on cancer recovery targets, with Lancashire and South Cumbria (LSC) now being held up as an exemplar in this field. In the six months prior to this the North West had been one of the worst performers on the cancer targets for 6 months, but this has now changed. A proposal about how to get sustainability on cancer and reduced Patient Tracking Lists (PTLs) across the system would be discussed at a future Chief Executives' meeting.

There had been improvements in 28-day faster diagnosis and performance has now been moved to mid-table nationally. This progress is expected to continue into March and beyond. Further improvements were needed towards meeting our 31-day first treatment standard, including surgery, chemotherapy and radiotherapy.

Elective recovery and system pressures have been improving significantly over the last six weeks, with day case rates increasing to 82.5%, putting LSC as the fourth highest Integrated Care Board (ICB) in England. The 78 weeks elective recovery work had been on target, which represented significant progress, however the junior doctors strikes had been challenging and we still need to establish how this has impacted our ability to meet the target by the end of the financial year.

While typical winter respiratory pressures have now eased, increased numbers of Covid positive inpatients and recent outbreaks of Norovirus have added to pressures in recent weeks, with relevant IPC constraints and additional trapped beds hindering flow. Impacts of the latest cold spell may also be felt in hospitals over the coming weeks.

System Pressures – Mental Health and Learning Disabilities

Lancashire and South Cumbria Foundation Trust (LSCFT) were achieving the one hour and four hour waiting time targets. There are challenges on Mental Health Urgent Assessment Centre (MHUAC) usage which will described and discussed later on and conversations are underway in respect of long waits for children and young people (CYP) CYP comprises three areas: core Children and Adolescent Mental Health Services (CAMHs) which is a commissioned service, Attention Deficit Hyperactivity Disorder (ADHD) which is an un-commissioned service provided by the Trust and Autism Assessment which is an un-commissioned service which the Trust receives referrals in to.

Key drivers of pressures within the Mental Health Urgent Care Pathway are being primarily driven by bed capacity which is significantly below the national average, the subsequent very high occupancy rate and the inability to admit patients in a timely manner.

Skylark, a new eleven bedded Mental Health facility on the Royal Preston site is helping to reduce the numbers of out-of-area patients. However, the benefits of this were being challenged by a rise in the increase in patients who do not meet the criteria to reside, particularly the number of long stay patients who needed to be found alternative beds via Lancashire County Council.

Financial Pressures

Following a great deal of hard work by all Trusts, as a system an end of year deficit position had been agreed with NHS England of an estimated £27m. This will be offset using historic Clinical Commissioning Group surpluses. The biggest risk to meeting the agreed total is the as yet unquantified impact of the junior doctors industrial action.

The projected LSC system deficit for 2023/24 is the second largest ICB deficit across the country. To mitigate this, further work is required in the coming year to review the level of CIP and review local cost pressures to see what can be managed through regular budget setting. Further work is also needed around elective recovery.

Board members had convened a special meeting to focus on finances.

Mental Health Urgent Assessment Centres Evaluation

An evaluation of the three Mental Health Urgent Assessment Centres was undertaken by LSCFT. These had been put in place as part of a response to the Covid-19 pandemic to provide a space away from Emergency Departments for patients presenting with Mental Health requirements. As there is not a national model for MHUACs, there is no best practice to compare them to.

The evaluation noted that since the opening of the centres, use declined in Autumn 2022. A Listening Into Action project involving Acute partners was therefore initiated with the aim of addressing and mitigating issues and identify key barriers to the use of the centres such as the Mental Health Act, medication management, risk management, environment and Care Quality Commission (CQC) concerns. MHUAC standard operation procedures (SOPs) were also revised to include medication management procedures, and this has been shared with CQC including a comprehensive risk assessment.

The revised SOP was launched in February 2023 and confirmation of each site's implementation of the MHUACs will be completed by mid-March 2023. LSCFT reported seeing an increased number of transfers to MHUACs over the winter period prior to the introduction of the revised SOP and found that there was no increase in the average length of stay or increase in four and 12-hour breaches as a result of increased utilisation.

Corporate Collaboration update

An update on the progress of the programme included a highlight report and indicative targets.

Targets from December were restated including a programme budget. A stretch target for the extended programme is likely to be in the region of £40-50m, however in addition a non-cashable savings target of £5-10m will be identified from improved governance and process, to free up professional time.

The Central Services Portfolio was presented to the Integrated Care System (ICS) Delivery Board this month, and it was agreed that there is a need for pace and rapid mobilisation, setting out explicit targets by programme over the next 12 months and beyond. It was also highlighted that it is important to have the right team in place to action this, ensuring change is driven quickly.

It is clear there is a need to accelerate transformation, balancing both pace and scale with taking colleagues with us and ensuring Trust Boards are informed and engaged.

Business Case Bank and Agency

An outline Strategic Business Case for a Collaborative Bank Programme was put forward which is a critical part of the wider Workforce Resilience and Sustainability Programme sitting under the Central Services Portfolio.

The issue of effective NHS workforce planning is becoming increasingly problematic. About 7% of the LSC Workforce is temporary Bank and Agency staff and sickness and absence in LSC is higher than the NW and national averages.

It is recognised that although it supports safer staffing numbers, the use of agency staffing also comes with disadvantages including lack of standardisation, a detrimental impact on the morale of substantive staff, bank

staff who are unfamiliar with local policies and agency staff costing more than substantive or bank staff. Reducing use of agency whilst protecting safe staffing is seen as a significant improvement target for all providers and the collaborative bank is a key element of this strategy.

Provider Trusts are committed to working together to improve market management and reduce the upward pressure on the rates applied by a number of Agencies. There are other actions in train into better manage agency and an outline business case was presented to the meeting which focuses on the positive impact of creating a collaborative bank. This includes increasing our bank resource via a Collaborative bank model, creating an attractive and equitable Bank or employment offering that encourages people to become bank or permanent staff, rather than agency.

Non-Surgical Oncology Model Implementation

The current workforce is stretched across the Lancashire and South Cumbria system with oncology, radiotherapy and medical psychics not currently meeting benchmarks set out by their professional bodies. In addition, cancer prevalence is rising and the volume of first treatments across the system has increased, with the 62-day standard adherence for these patients decreasing.

To alleviate this a Non-Surgical Oncology Model has been developed, which will be a clinically led optimum service model that will allow LSC to meet the current demands for non-surgical oncology whilst delivering the most cost-efficient model within the current funding envelope.

Following engagement with a variety of stakeholders across the LSC system, 10 models were developed using the previous service review. Elements of each of these models were pulled together to form the overarching preferred model in which the Cancer Centre would act as the 'Lead Provider' – managing all income along with both clinical and business responsibilities. Cancer Units will act as 'sub-contractors' to the main provider to deliver services locally, and these services will be funded by the Cancer Centre.

A finance, activity and workforce demand and capacity modelling exercise will be undertaken, using current demand to identify the trajectory for future demand.

Clinical Programme Board

The Clinical Programme Board (CPB) provided an update from their meeting in February on elective hubs, a Fragile Services Assessment tool, Urology and Cardiology Networks and identifying a suitable independent lead for Head and Neck surgery.

A high-level overview was also given on the speciality work underway beneath the CPB, with all programmes being aligned to GIRFT (Getting It Right First Time) where possible. It was reported that the Urology Network are aiming to develop a proposal for a networked model of care for both cancer and benign services in LSC by the end of March 2023. There was also an update on a development for a system-wide networked model for cardiology and development of the clinical model of care for an LSC networked service offering.

Other updates included a business case being developed for integrated mental and physical health that will implement a new model for early assessment and treatment of mental health issues within Emergency Departments; the establishment of the LSC Vascular Network with a single inpatient unit at Royal Preston Hospital; the establishment of the Frailty Network and appointment to the clinical lead position; oversight of the Respiratory Network; implementation of the Stroke Business Case with Comprehensive Stroke Centre (CSC) at Royal Preston Hospital for the system; and the development of networked services within the Musculoskeletal (MSK) pathway.

Delegation of Authority for Pathology Network

Pathology services are currently delegated to the PCB operating as a joint committee, but it has been suggested that the PCB should establish a sub-committee to be known as the Pathology Network Board and sub-delegate responsibility for these pathology matters to that sub-committee.

The proposal has been approved and endorsed by the four Trust Boards with responsibilities for Pathology Services and the PCB were asked to support and endorse these proposals.

Following approval and from 1 April 2023, the following would be delegated to the PCB and sub-delegated to the Pathology Network Board; oversight and leadership of the implementation of digital solutions for Pathology; agreement of an appropriate clinical model; coordination of all equipment procurement; responsibility for

managing the response to Pathology related GIRFT across the network; developing and implementing a programme for rolling out Point of Care Testing; coordination and delivery of cancer restoration plans; agreement to a network-wide workforce strategy; establishing a network-wide approach to Quality Management Systems (QMS); oversight and management of all pathology related research and agreeing the Terms of Reference for the Pathology Network Board.

Budgets for pathology services will continue to be held and managed by each individual Trust with the exception to projects and business cases approved for delegation to the joint committee.

Blackpool Teaching Hospitals NHS Foundation Trust

Title	Integrated Performance Report (IPR) – Quality

Meeting:	Board of Directors in Public
Date:	04/05/2023

Author	William Wood, Associate Director of BI					
Exec Sponsor	Bridget Lees Chief Nurse, Chris Barben Medical Director					
Purpose	Assurance	Y	Discussion	Y	Decision	Y
Confidential y/n	N					

Summary *(what)*	Please see IPR commentary pages for further detail.

Previously considered by	NA

Implications *(so what)*	The non-achievement or deterioration of key performance indicators has a direct correlation with the quality of care the Trust delivers.

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	✓

Equality, Diversity and Inclusion (EDI) implications considered	

Proposed Resolution *(What next)*	The Board of Directors is asked to note the Quality IPR.

Blackpool Teaching Hospitals
NHS Foundation Trust

Integrated Performance Report

Quality Assurance Committee

March 2023

Caring ▪ Safe ▪ Respectful

Guide to Statistical Process Control

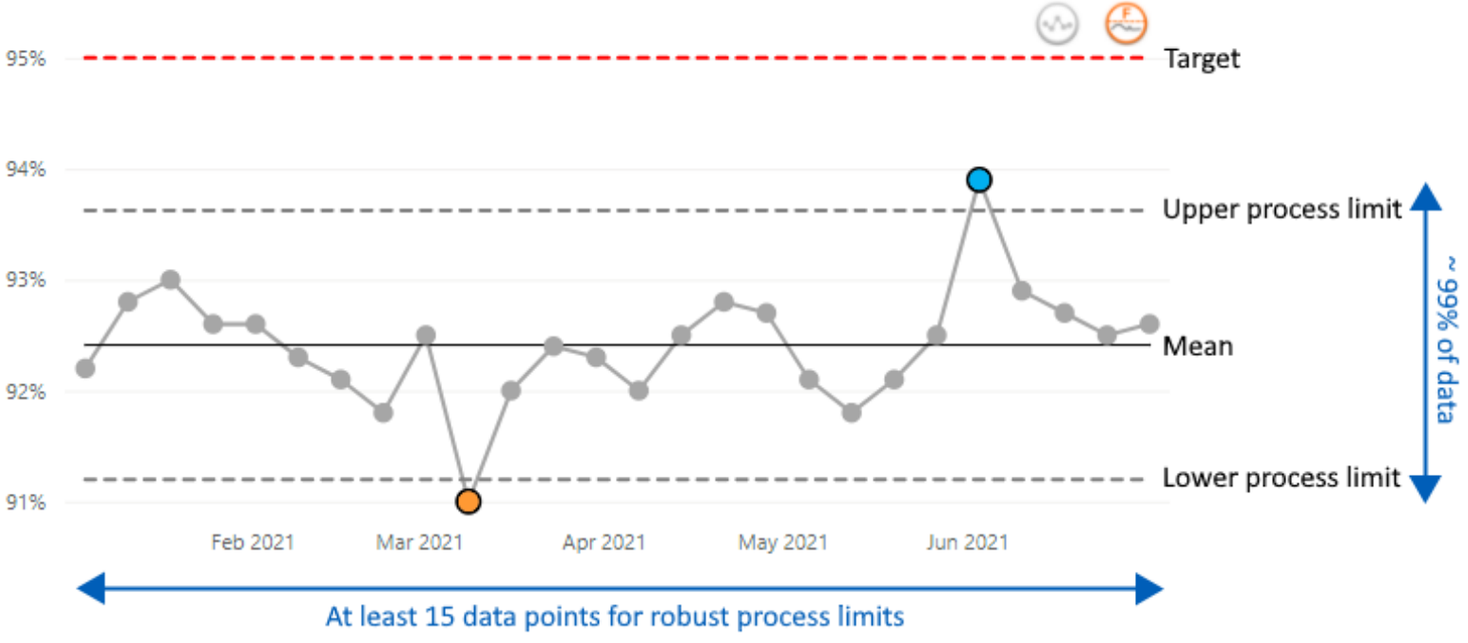
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting ***https://www.england.nhs.uk/publication/making-data-count/***

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre dashed reference line (black) is the mean, and the two light grey dashed lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.



Executive Summary

		Assurance				Variation					
		P	?	F		H	L		H	L	
Quality	Harm Free	1	5		11		1	15	1		
	Patient Experience	4	8	1	1	1		11		2	
	Maternity				13	2		10			1
	Infection Prevention and Control		5		1			6			
	Mortality		1	2	3		3	3			

Assurance

Measures the likelyhood of targets being met for this indicator.

Indicates that this indicator is inconsistently passing and falling short of the target.

Indicates that this indicator is consistently **passing** the target.

Indicates that this indicator is consistently **falling** short of the target.

Variation

Whether SPC rules have been triggered positively or negatively overall for the past 3 months.

Indicates that there is no significant variation recently for this indicator.

Indicates that there is **positive** variation recently for this indicator.

Indicates that there is **negative** variation recently for this indicator.

Special cause variation where **UP** is neither improvement nor concern.

Special cause variation where **DOWN** is neither improvement nor concern.

Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Blackpool Teaching Hospitals
NHS Foundation Trust

Harm Free

Cardiac Arrests

The resuscitation team at Blackpool Teaching Hospitals recorded 127 Adult cardiac arrests between February 2021 and February 2022 with 94 of those occurring outside of critical care areas (ED, ITU/HDU, cardiology catheter labs, CCU and public spaces) where emergency calls were made to activate the team. The total number of cardiac arrests in the trust in this time frame equates to 1.21 arrests per 1000 admissions to the trust

As a comparison the figures between February 2022 and February 2023 are a total of 103 Adult cardiac arrests, with 64 outside those areas previously listed. The total number of cardiac arrests in the trust in this time frame equates to 0.94 arrests per 1000 admissions to the trust.

Falls

In March, there were a total of 130 incidents reported against the category of falls and this number includes near miss, falls with no harm and unvalidated incidents that are currently under review within divisions and are awaiting categorisation. Validated data shows 66 harms recorded because of a fall, at minimal harm. zero reported at moderate or severe. Of the inpatient areas, 17 wards reported zero falls.

A steering group has reviewed and updated the intentional rounding tool (IR) - this tool ensures that patients individual needs and risks are identified by staff and addressed to mitigate the risk of harm by proactively managing patient needs. Relating to falls - this will ensure patients items are within reach, footwear is appropriate, patient discussions are taking place regularly regarding needs such as the bathroom and falls safety. Evidence supports a 50% reduction in falls through the robust use of IR. Plans are to test the new tool across the bedded during the last 2 weeks April and pending feedback, roll out across organisation.

Serious Incidents

The Trust observed a significant increase in SIs reported to the ICB under StEIS in March 2023, when compared to previous months. However upon review it was found that this increase was not a true spike within month. Of the 16 reported in March, only two actually occurred in March. One incident occurred in March 2022, one in September, two in November, four in December, four in January, two in February, and two in March, and one has since been downgraded in agreement with the ICB.

Quality

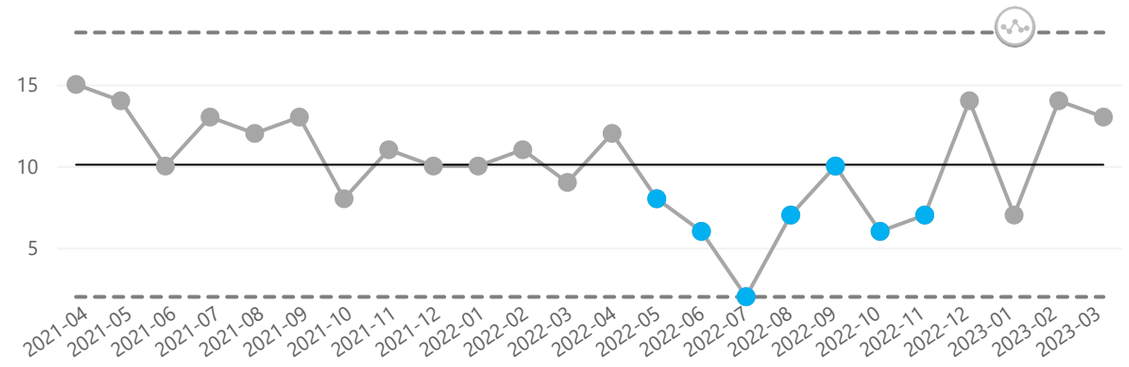
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Cardiac Arrest		13	Mar 23				14	Feb 23		106.00
IAPT Recovery	50%	52%	Mar 23		?	50%	48%	Feb 23		
IAPT Wait Times	75%	98%	Mar 23		P	75%	98%	Feb 23		
Over-seven-day incapacitation of a worker	0	1	Mar 23		?	0	0	Feb 23	0	12.00
Specified injuries to workers	0	0	Mar 23		?	0	0	Feb 23	0	3.00
New Community acquired pressure ulcers, trust attributable actual		113	Mar 23				115	Feb 23		1432.00
New Hospital acquired pressure ulcers actual		99	Mar 23				79	Feb 23		961.00
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days		1.347071031	Mar 23				1.277292141	Feb 23		14.60
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days		0.036407325	Mar 23				0	Feb 23		0.53
Patient Safety Alerts		0	Mar 23				0	Feb 23		8.00
Number of SUI/StEIS incidents		15	Mar 23	H			6	Feb 23		67.00
Number of never events	0	0	Mar 23	L	?	0	0	Feb 23	0	0.00
Number of falls		141	Mar 23				122	Feb 23		1693.00

Quality

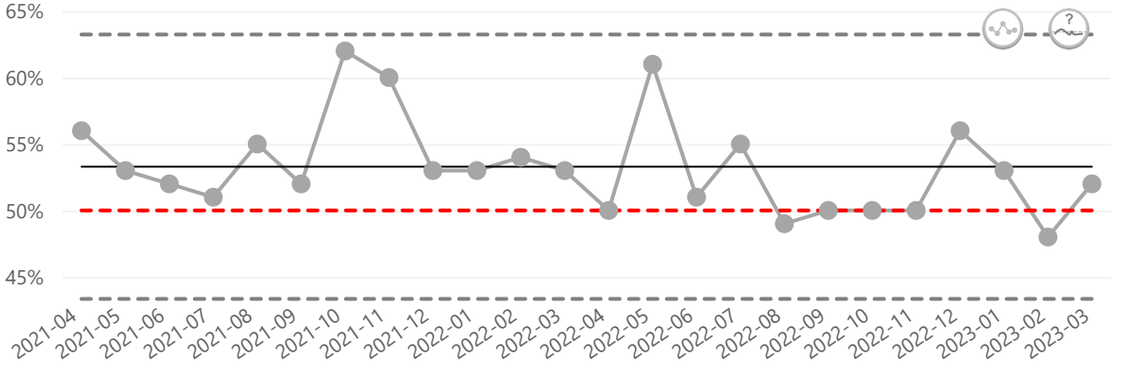
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Patient Falls resulting in harm (number)		66	Mar 23				57	Feb 23		913.00
Patient Falls - Moderate/Severe/Death - per 1,000 bed days		0.039915379	Mar 23				0.039915379	Feb 23		1.11
Safe Staffing	90%	90.1%	Mar 23			90%	91.8%	Feb 23		
30 Day Emergency Readmissions (%)		8.88%	Dec 22				7.91%	Nov 22		

Quality

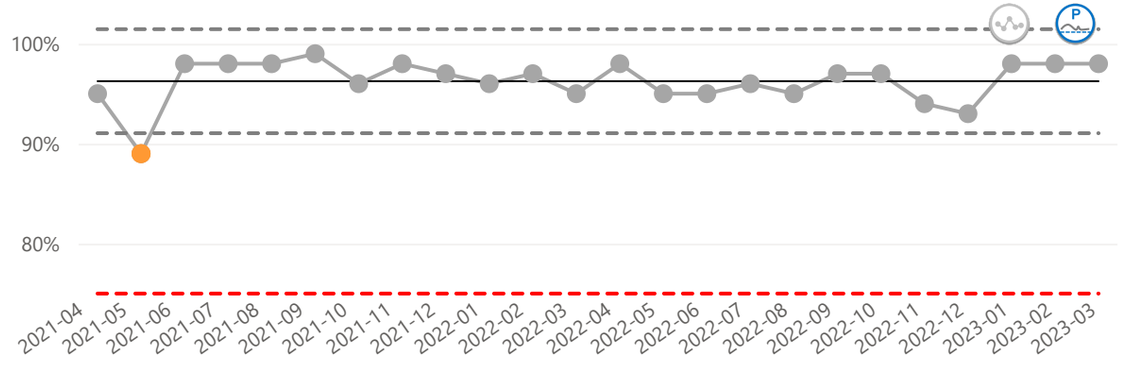
Cardiac Arrest



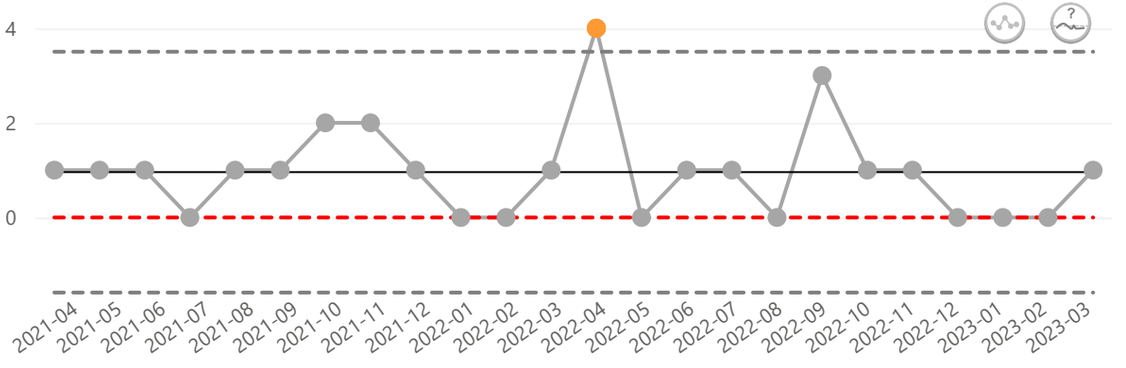
IAPT Recovery



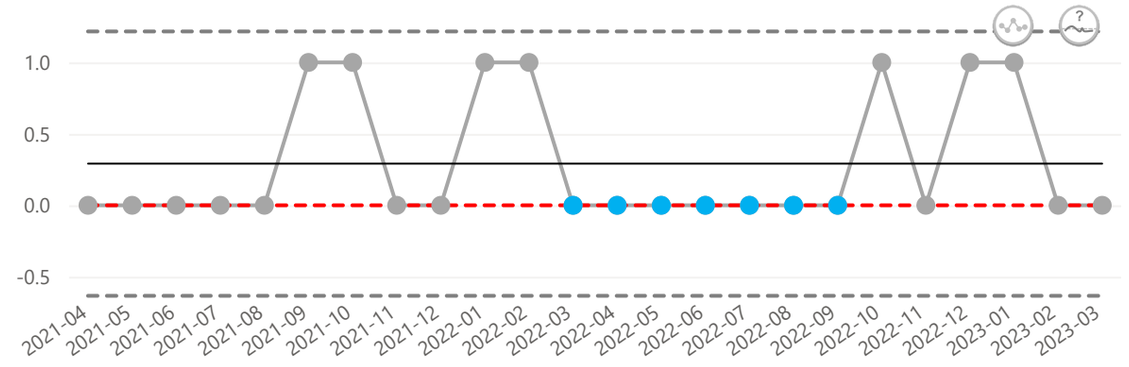
IAPT Wait Times



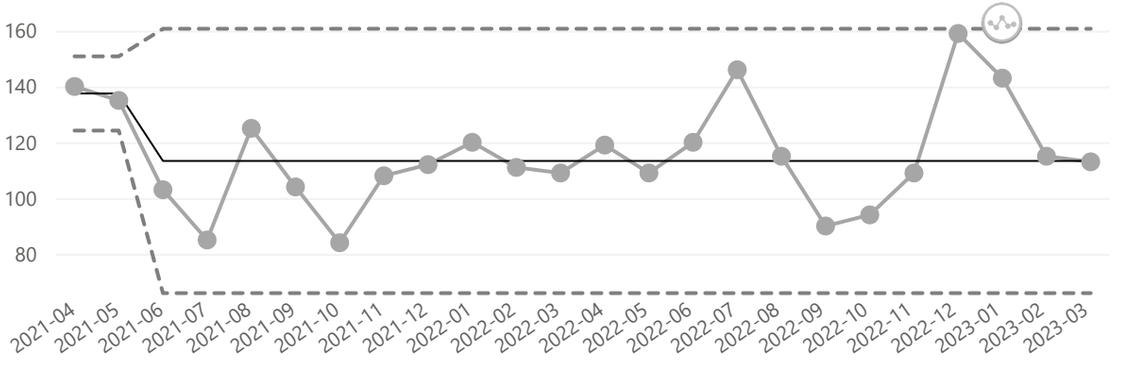
Over-seven-day incapacitation of a worker



Specified injuries to workers

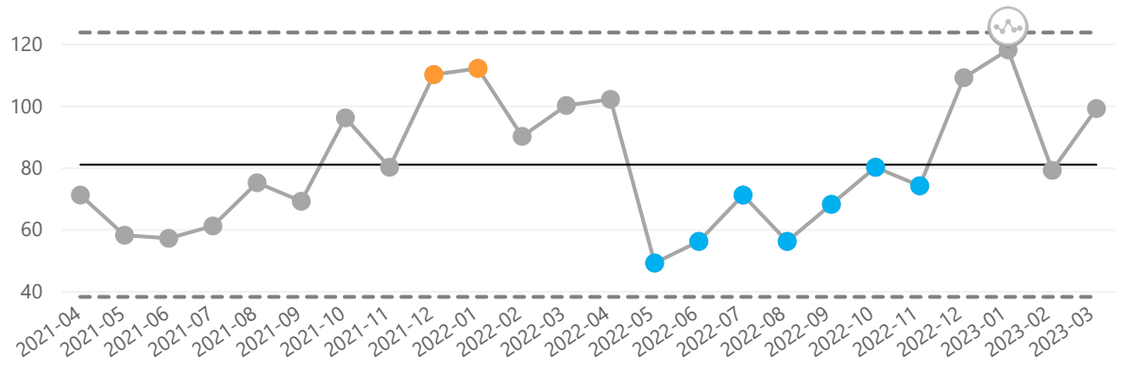


New Community acquired pressure ulcers, trust attributable actual

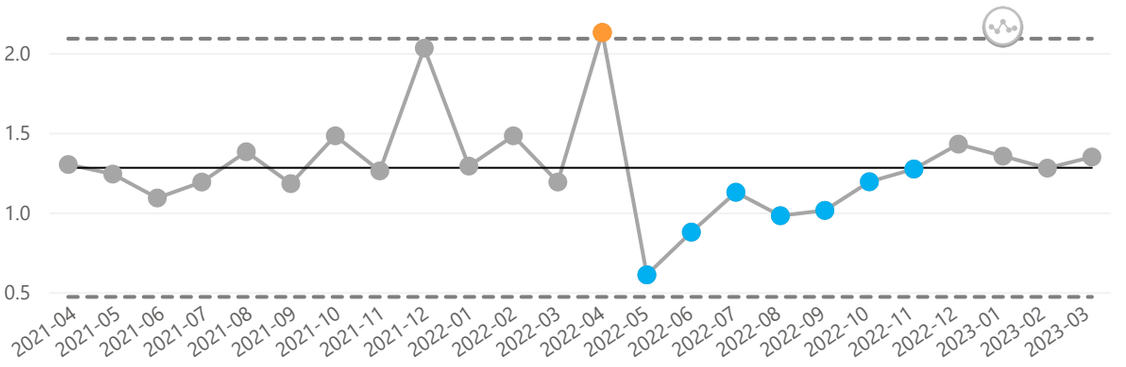


Quality

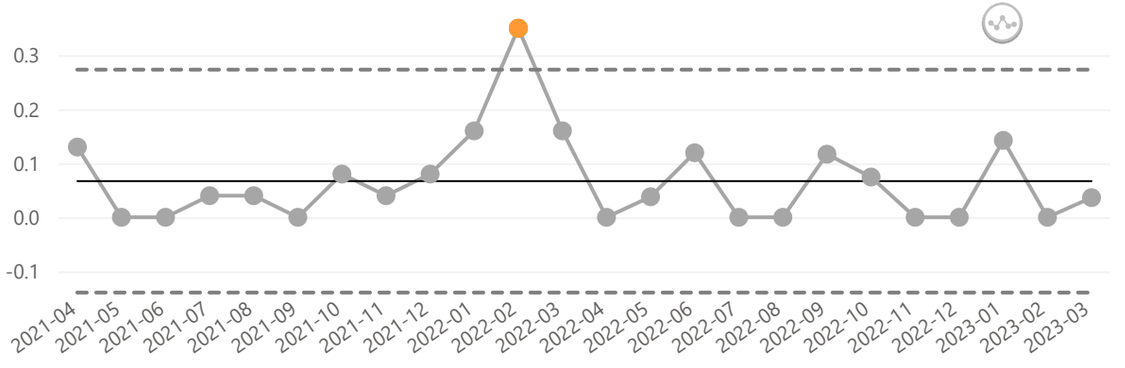
New Hospital acquired pressure ulcers actual



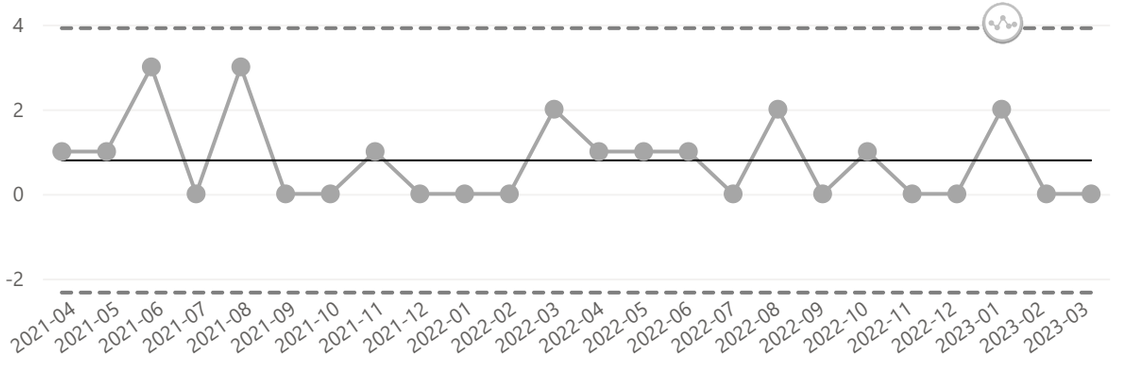
Hospital Acquired Category 2 Pressure Ulcers - per 1,000 bed days



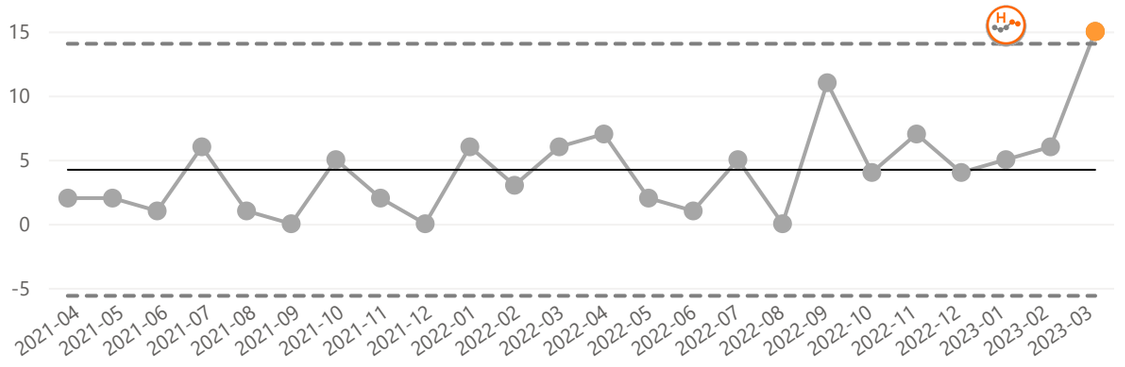
Hospital Acquired Category 3 & 4 Pressure Ulcers - per 1,000 bed days



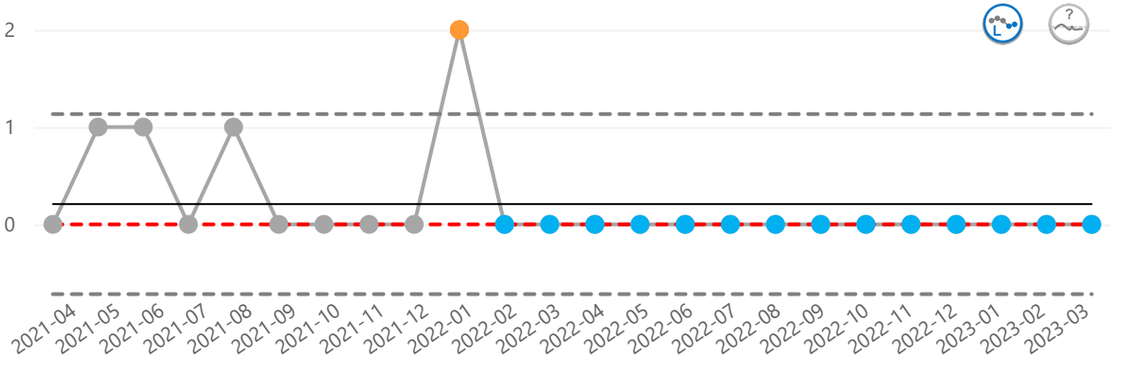
Patient Safety Alerts



Number of SUI/StEIS incidents

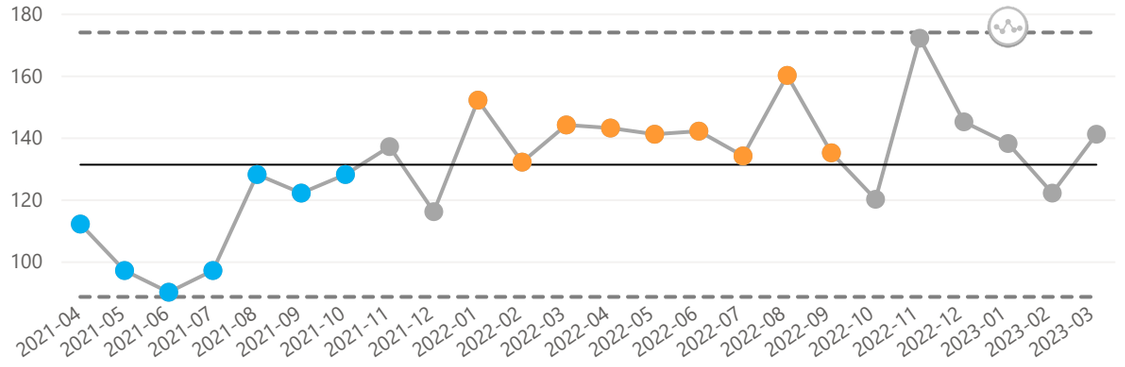


Number of never events

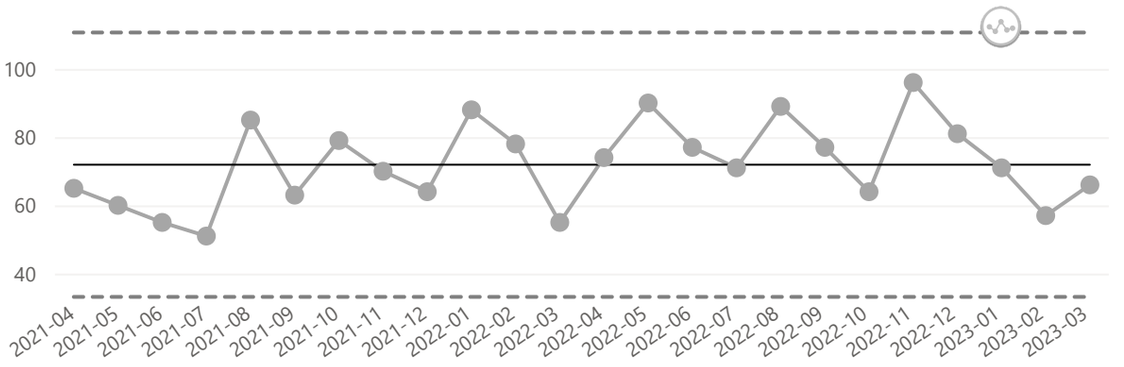


Quality

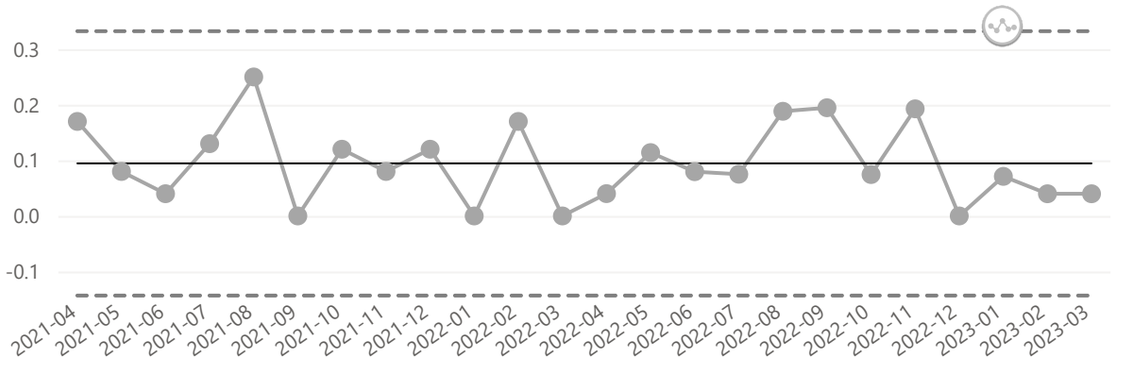
Number of falls



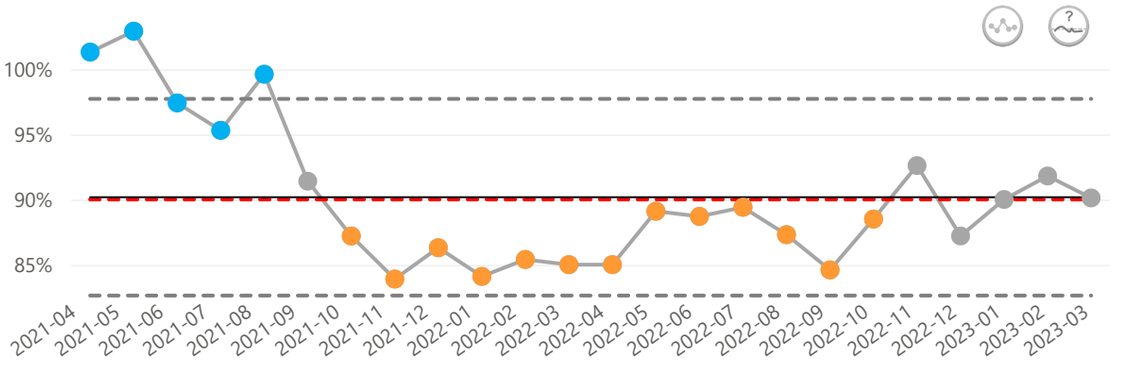
Patient Falls resulting in harm (number)



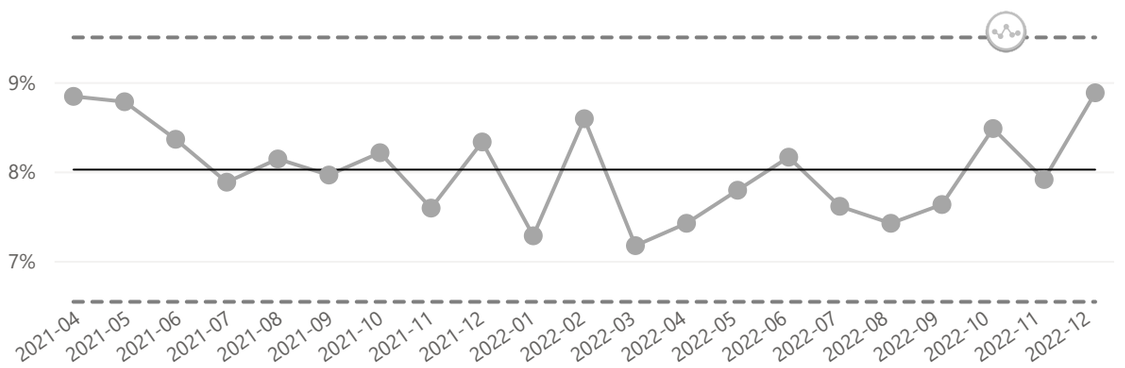
Patient Falls - Moderate/Severe/Death - per 1,000 bed days



Safe Staffing



30 Day Emergency Readmissions (%)



Blackpool Teaching Hospitals
NHS Foundation Trust

Maternity

Caesarean Section Rates
Caesarean Section rates are monitored for local information only as recommendation from Ockenden.
WHO recommends that 'Robson's classification' be used to gather information only instead of performance metrics, This is because every effort should be made to provide a caesarean section for women in need, rather than striving to achieve a specific rates and because there is no scientifically proven classification system to observe and compare caesarean rates between Maternity Units

Neonatal Mortality
February 2023
Baby born by Caesarean Section delivered in poor condition, transferred to tertiary centre and care withdrawn. Currently under investigation by HSIB

March 2023
24 weeks gestation – mother had serious infection and baby was born in poor condition also compromised with infection

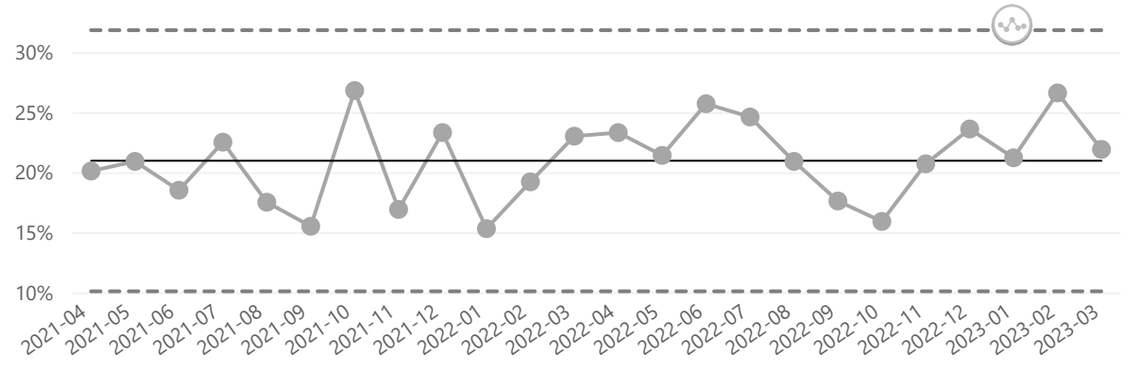
Stillbirths
March 2023
34 weeks gestation – mother attended Triage with reduced fetal movements and no fetal heart heard.

Quality

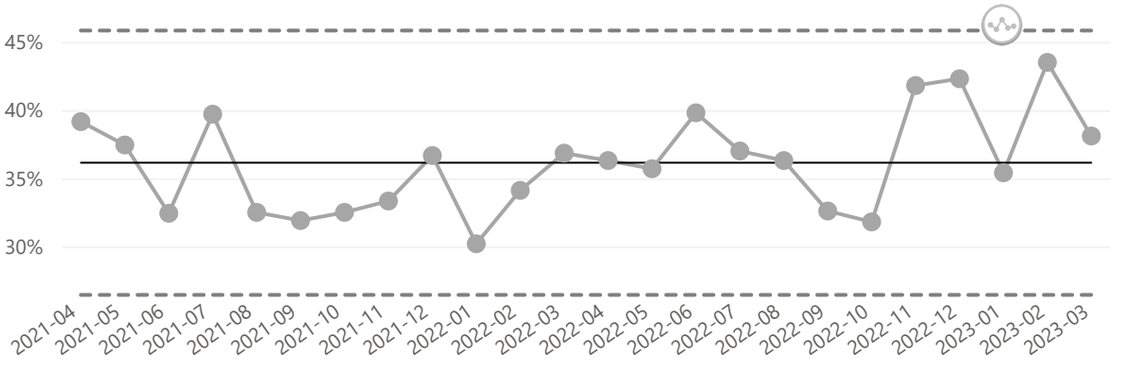
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Emergency C Section		21.9%	Mar 23				26.6%	Feb 23		
Caesarean Rates		38.1%	Mar 23				43.5%	Feb 23		
Breastfeeding Initiation		69%	Mar 23	H			66.5%	Feb 23		
Neonatal Mortality		1	Mar 23				1	Feb 23		6.00
Stillbirth		1	Mar 23				0	Feb 23		6.00
Number of Maternal Deaths		0	Mar 23				0	Feb 23		0.00
Induction Rate		37.2%	Mar 23				39.1%	Feb 23		
Maternity Complaints as % of Deliveries		0.9%	Mar 23				1.6%	Feb 23		
Percentage of Occasions 1:1 Care Provided		96.7%	Mar 23	H			98.4%	Feb 23		
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births		0%	Mar 23				0.1%	Feb 23		
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Birth		0.2%	Mar 23				0.1%	Feb 23		
Percentage of Women Booked by 12 weeks 6 days		93%	Mar 23				89.1%	Feb 23		
Induction of Labour - % within 4 hours		15%	Feb 23				13%	Jan 23		

Quality

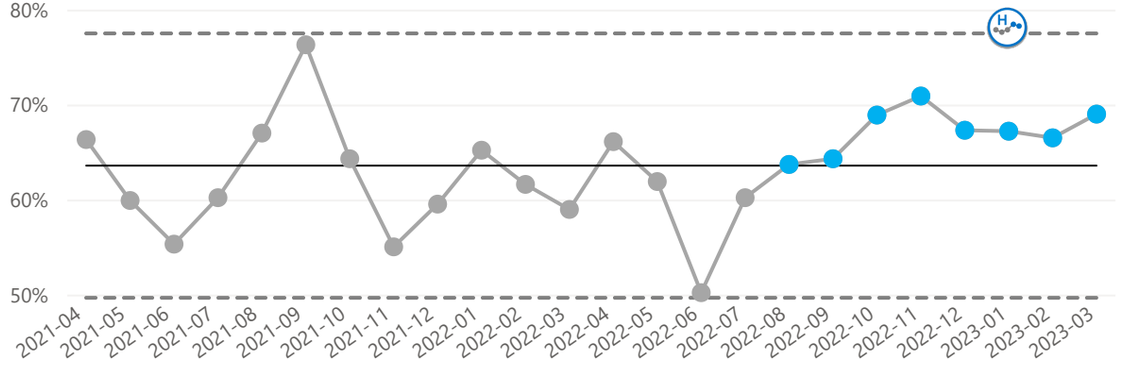
Emergency C Section



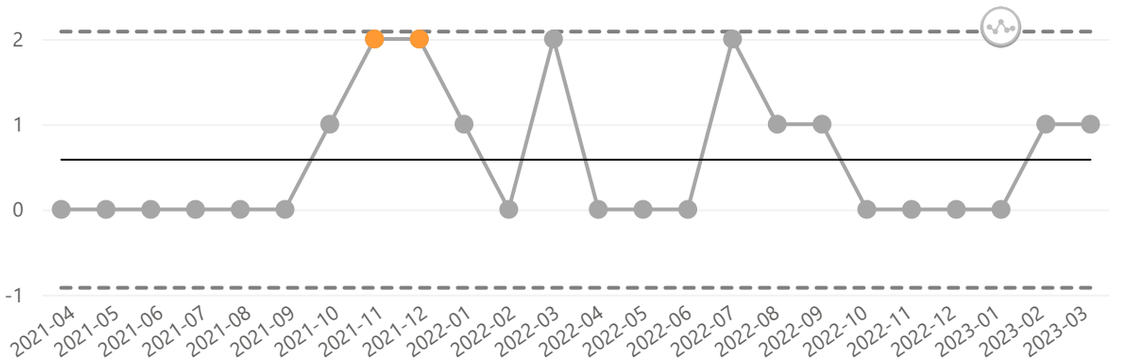
Caesarean Rates



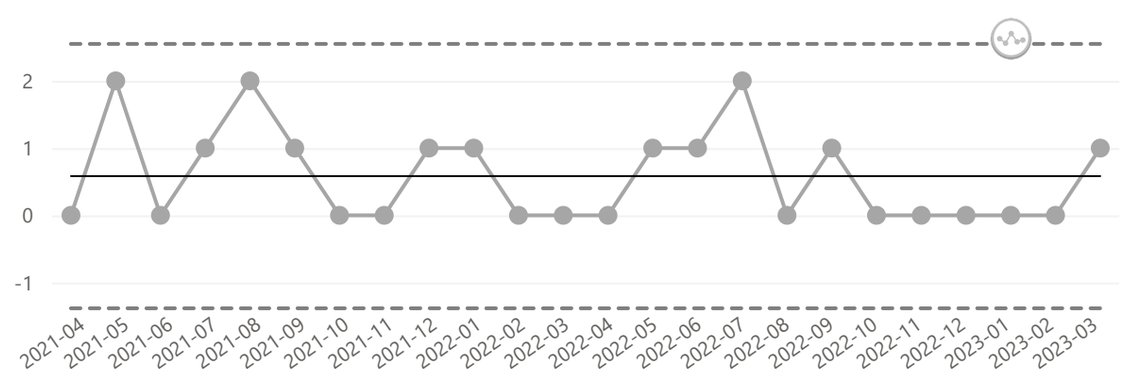
Breastfeeding Initiation



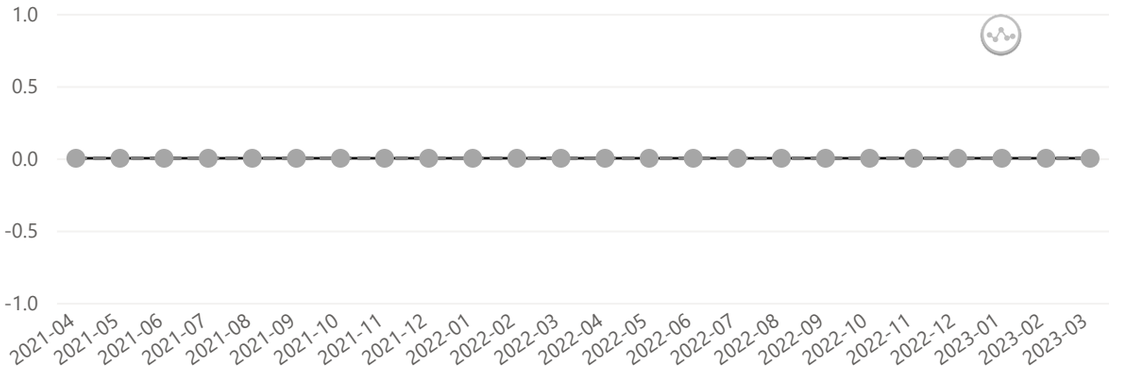
Neonatal Mortality



Stillbirth

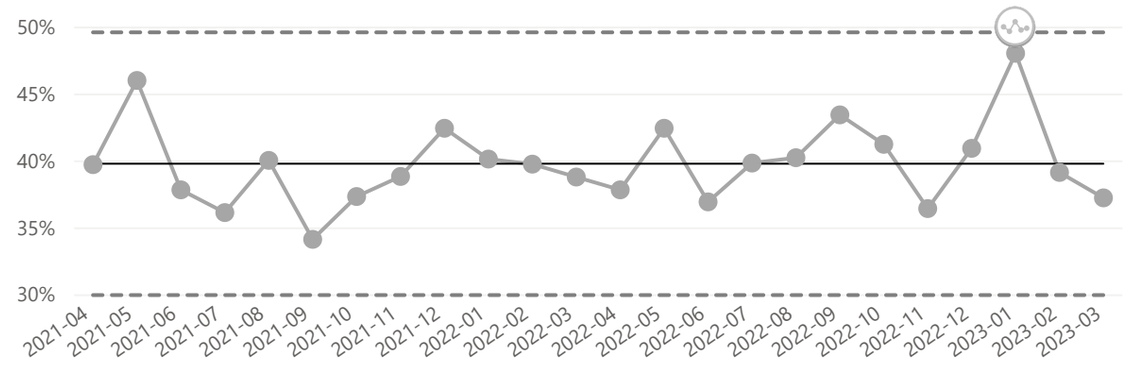


Number of Maternal Deaths

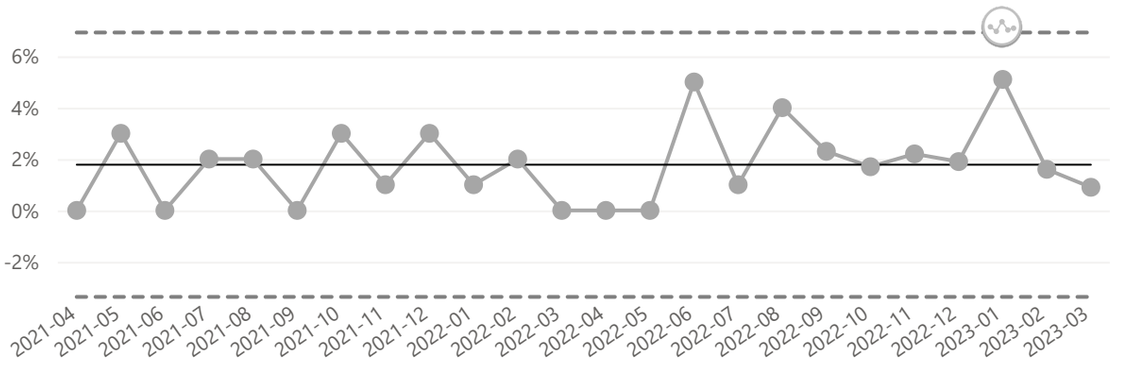


Quality

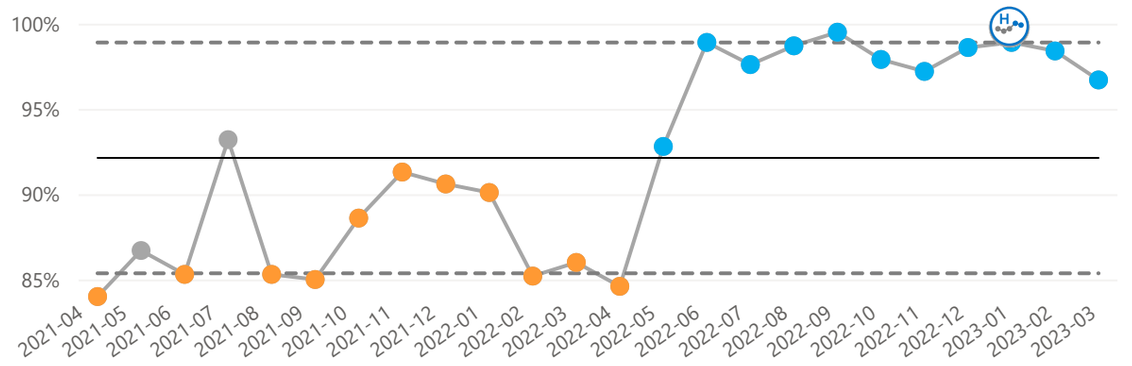
Induction Rate



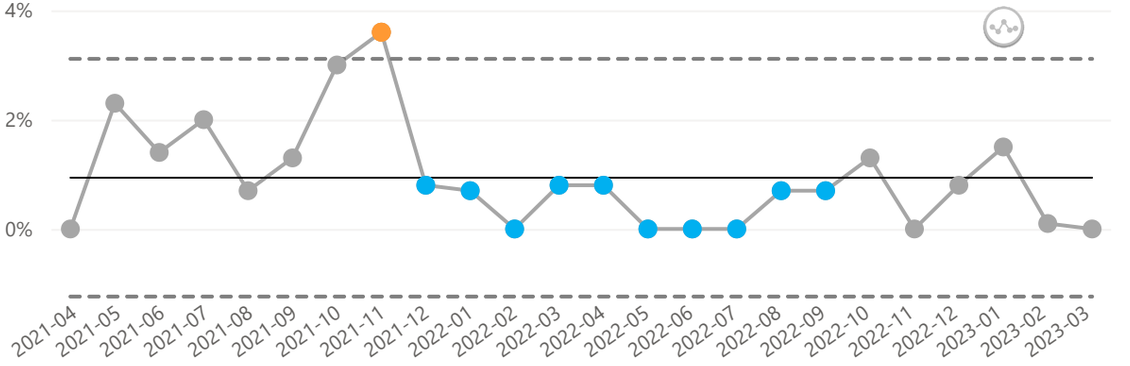
Maternity Complaints as % of Deliveries



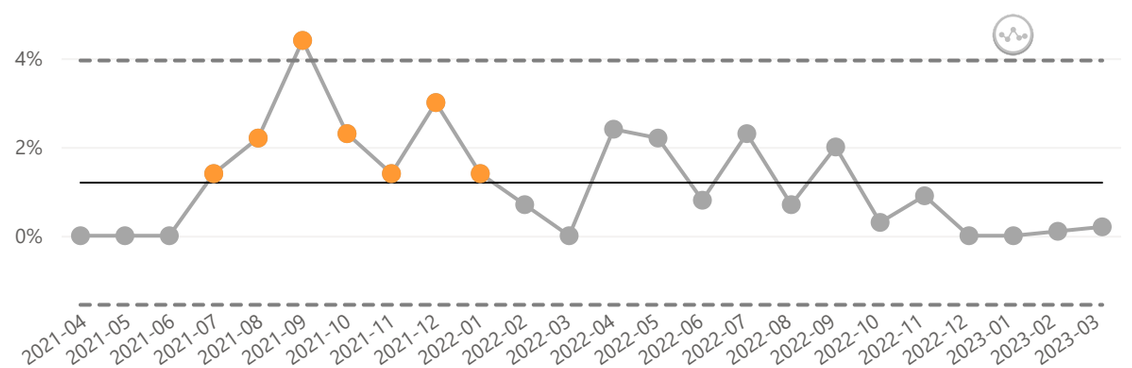
Percentage of Occasions 1:1 Care Provided



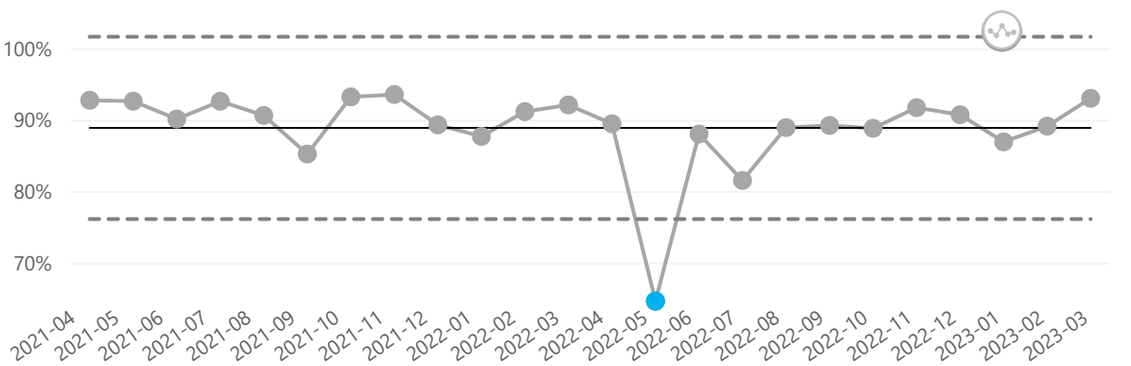
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births



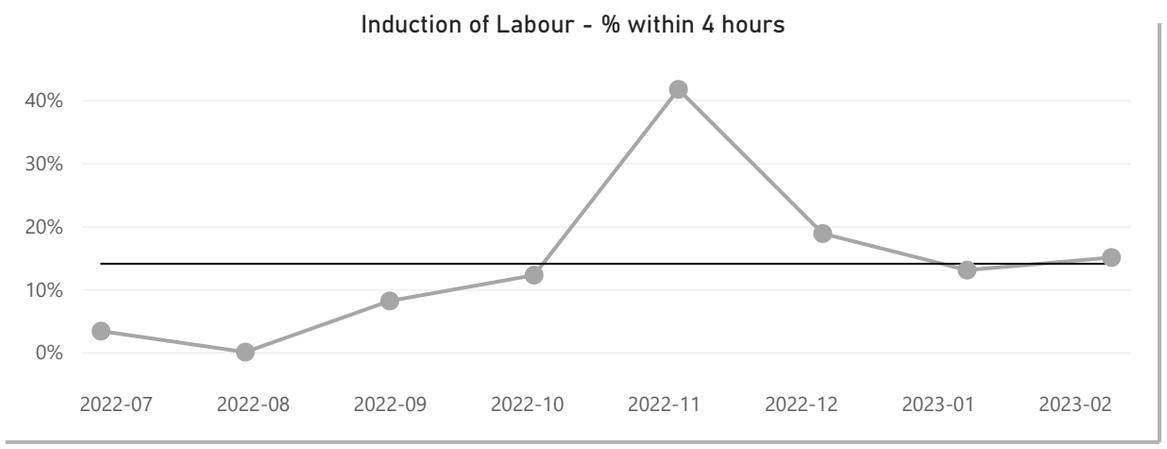
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Birth



Percentage of Women Booked by 12 weeks 6 days



Quality


Induction of Labour - % within 4 hours
40%
30%
20%
10%
0%
2022-07
2022-08
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02

Blackpool Teaching Hospitals
NHS Foundation Trust

Patient Experience

Overall, Friends and Family Test
There were 5309 FFT surveys completed in March 2023, which is a 14% increase compared to February 2023. The Patient Engagement Team have seen an increase in engagement within the outpatient services, with a 32% increase in paper surveys completed. SMS is continuing to be rolled out across the Trust, with 43% (2275) of the feedback in March collected via SMS or online.

93% of our patients rated their care as good in March which is a 1% decrease on February. The monthly meetings with services continue to discuss their FFT feedback, where we agree key priorities to improve the patient and carer experience. The below breakdown provides individualised actions to address performance.

Outpatients and Day Case
There were 2429 FFT surveys completed for outpatients and day case in March, which is a 19% increase compared to February. The overall satisfaction rating was 94%, which is a decrease of 1% against a target.

Patient Engagement continues to meet with the outpatient clinical matron to identify themes and define an agreed improvement plan. An in-depth monthly report is also emailed to the staff from the matron highlighting what is working well and where there is room for improvement. Work is ongoing in cleansing the SMS clinic list for outpatients, which will inform more targeted actions going forward.

Inpatient
There were 1019 FFT surveys completed by inpatients across Clifton and BTH sites which is a 20% increase on the previous month. The overall satisfaction rating was 94%, which is a decrease of 1% and below target.
Patient Engagement continues to meet with inpatient areas and continue to highlight when actions have not been completed on the FFT software.

SMS has now been launched within inpatient areas which is supporting the numbers of responses received but we have also seen an increase of 28% in paper surveys returned this month for inpatient areas.

The team continue to encourage Staff Shout outs to promote positive feedback and recognition with a plan to increase social media presence.

Emergency Department
There were 248 FFT surveys completed in March, which is a 20% increase compared to February. The overall satisfaction rating was 70%, which is a 14% decrease on the previous month.

The monthly meeting with the ED service leads continue to take place to identify new and emerging themes within the feedback. The common themes within the feedback were around the uncomfortable seating in the department, the cleanliness of beds and the lack of volunteers. The ED team are going to get the broken reclining chairs fixed to provide better seating for patients. Patient Experience have contacted the Voluntary service and they are currently undertaking a social media campaign to help boost the number of volunteers.

Maternity
There were 145 FFT surveys completed for maternity in March, which is a 14% decrease compared to February. The overall satisfaction was 92%, which is a 2% decrease on the previous month and below target.

The poor responses were related to a lack of communication, the level of noise and waiting times for pain relief. Patient Engagement continue to schedule meetings with the maternity team leads each month. Patient Experience send the service leads a monthly email highlighting the common themes and issues. We have also scheduled a new meeting with EPAU for the upcoming month.

Community
There were 1431 FFT surveys completed in March within the community, which is a 11% increase compared to February. The overall satisfaction was 97% which is an 1% increase on the previous month and remains above target.
There has been a 15% increase in paper surveys this month for community services.

Blackpool Teaching Hospitals
NHS Foundation Trust

Patient Experience

Paediatrics
There were 428 FFT surveys completed across paediatrics in March, which is a 15% decrease compared to February. The overall satisfaction was 90%, which is a 2% decrease on the previous month and below target.

Patient Engagement continue to hold monthly meetings with the Children's Engagement leads in both the community and acute settings to discuss how we can improve the FFT responses. We are in the process of ensuring that every hospital site has an easily accessible QR code at eye level for patients to see.

Mental Health
There were 37 FFT surveys completed within mental health in March which is a reduction of 100 surveys on the previous month. The overall satisfaction was 92%, which is a 4% increase on the previous month but below target.

Patient Engagement continues to work with informatics to roll out and embed SMS surveys across the service. We are currently in the process of discussing the SMS frequency for each service and hope to have this in place over the next quarter. This will drive up the FFT numbers and encourage consistent feedback across all mental health services.

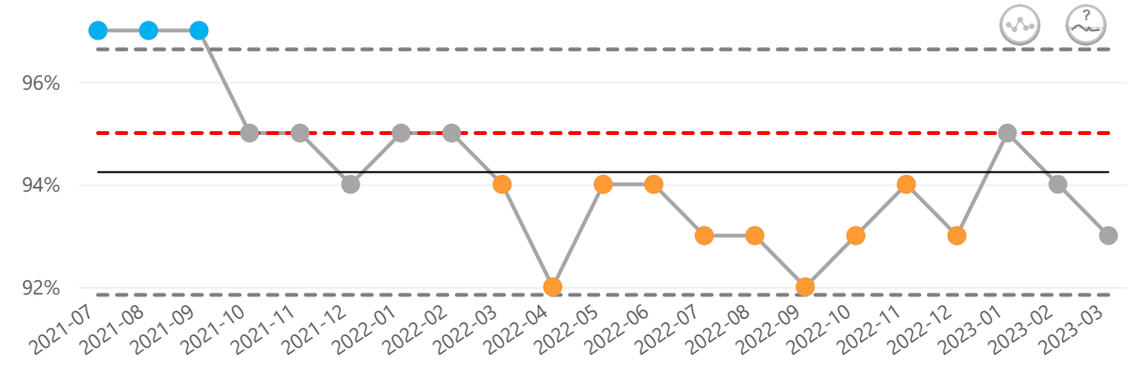
Complaints
Patient and Family Relations received 45 new formal complaints in March, which is 50% higher than in February. There were 40 complaints 'Due to be Responded to', of which 35 (88%) were completed within our 25/40-day timescales. There were 6 second responses due within March with 100% being received within the agreed time scales. The key themes reported remain treatment/care issues, a lack of communication and poor staff attitude.
The team also dealt with 28 informal concerns and 1,448 general enquiries as we continue to resolve concerns at the earliest opportunity.

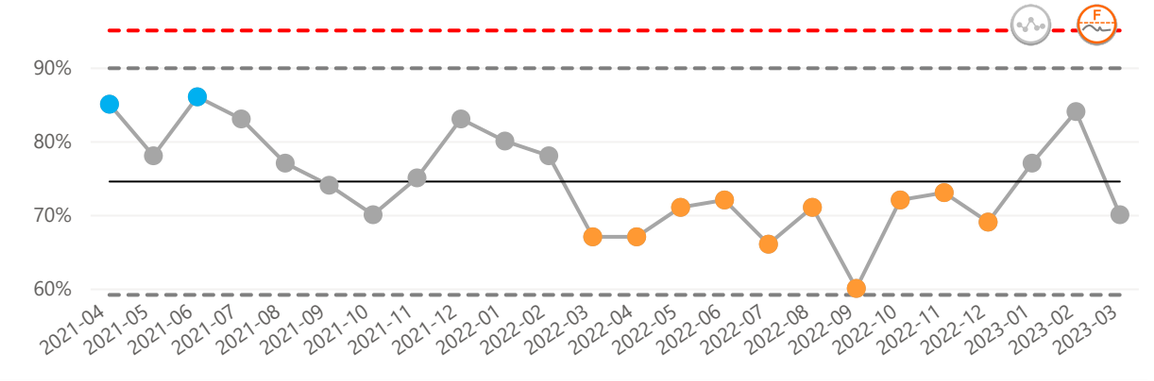
Mixed Sex Breaches
We had no mixed sex breaches in March.

Quality

	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
FFT Overall - % Rated Good or Very Good	95%	93%	Mar 23		?	95%	94%	Feb 23		
FFT AE - % Rated Good or Very Good	95%	70%	Mar 23		F	95%	84%	Feb 23		
FFT Community - % Rated Good or Very Good	95%	97%	Mar 23		?	95%	96%	Feb 23		
FFT Inpatients - % Rated Good or Very Good	95%	94%	Mar 23	L	P	95%	95%	Feb 23		
FFT Outpatients / Day Case - % Rated Good or Very Good	95%	94%	Mar 23	L	?	95%	95%	Feb 23		
FFT Maternity - % Rated Good or Very Good	95%	92%	Mar 23		?	95%	94%	Feb 23		
FFT Mental Health - % Rated Good or Very Good	95%	92%	Mar 23		?	95%	88%	Feb 23		
FFT Patients Response Rate	15%	14%	Jan 23	H	?	15%	12%	Dec 22		
Mixed Sex breaches	0	0	Mar 23		?	0	0	Feb 23	0	41.00
Duty of Candour – Stage 1a – Initial Verbal	100%	100%	Mar 23		P	100%	100%	Feb 23		
Duty of Candour – Stage 1b – Initial Written	100%	100%	Mar 23		P	100%	100%	Feb 23		
Duty of Candour – Stage 2 – Final DoC	100%	100%	Mar 23		P	100%	100%	Feb 23		
Complaints Formal (number)		45	Mar 23				30	Feb 23		455.00
Complaints - % closed within 40 working days	80%	88%	Mar 23		?	80%	84%	Feb 23		

Quality


FFT Overall - % Rated Good or Very Good
96%
94%
92%
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
2022-06
2022-07
2022-08
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02
2023-03


FFT AE - % Rated Good or Very Good
90%
80%
70%
60%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
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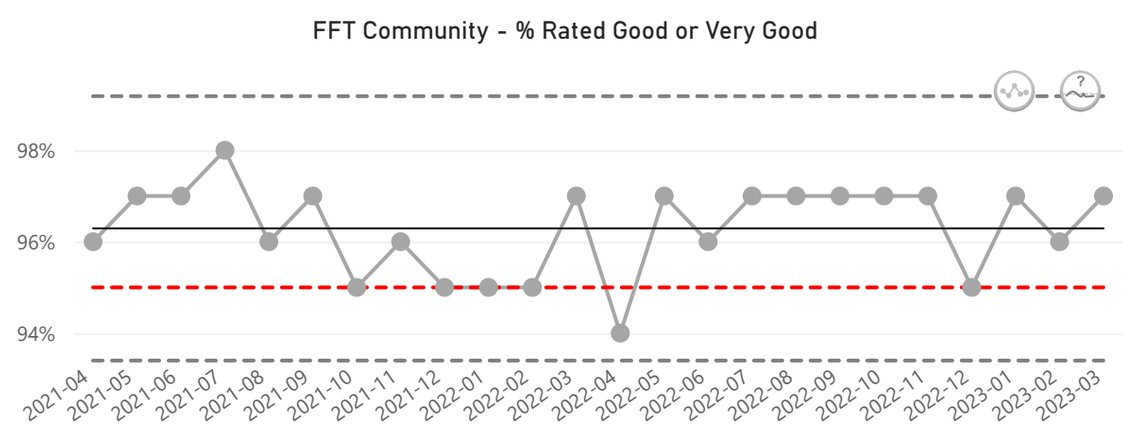
2022-12
2023-01
2023-02
2023-03


FFT Community - % Rated Good or Very Good
98%
96%
94%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
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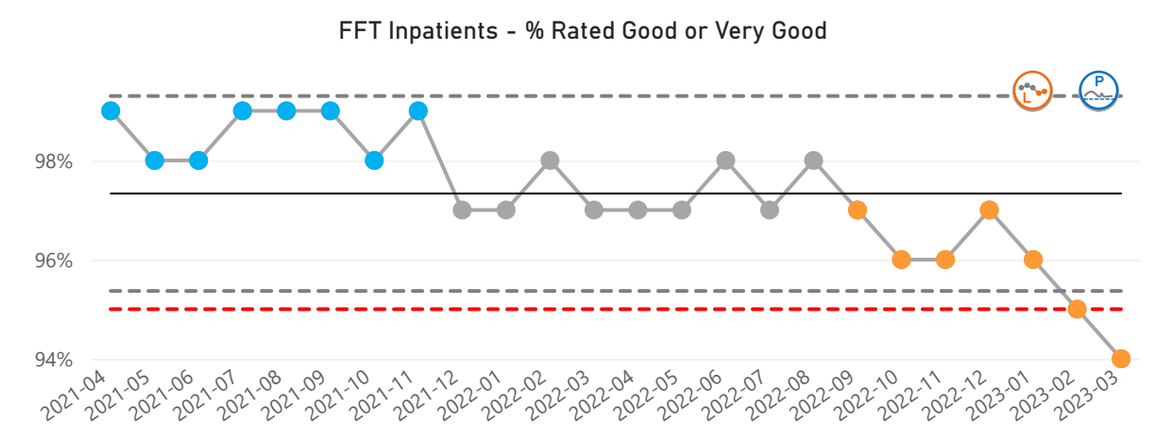
2023-01
2023-02
2023-03


FFT Inpatients - % Rated Good or Very Good
98%
96%
94%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
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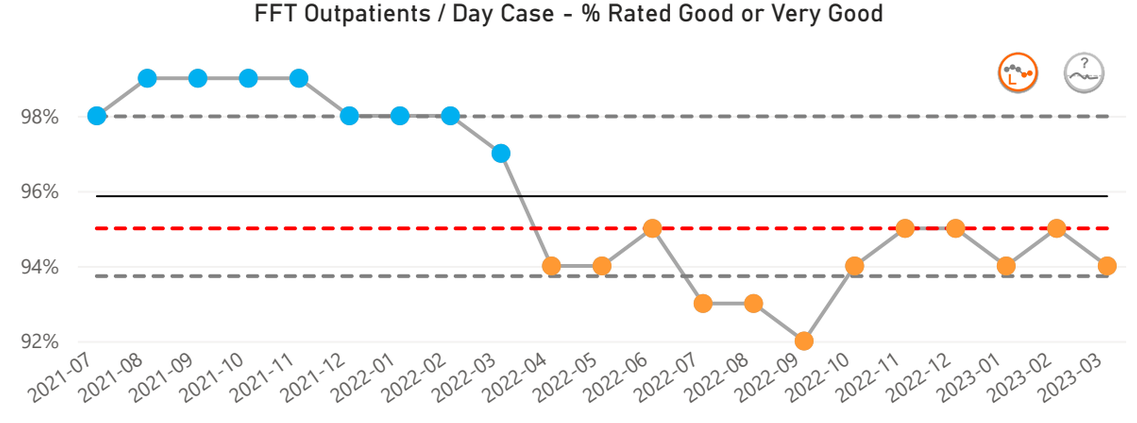
2023-01
2023-02
2023-03


FFT Outpatients / Day Case - % Rated Good or Very Good
98%
96%
94%
92%
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
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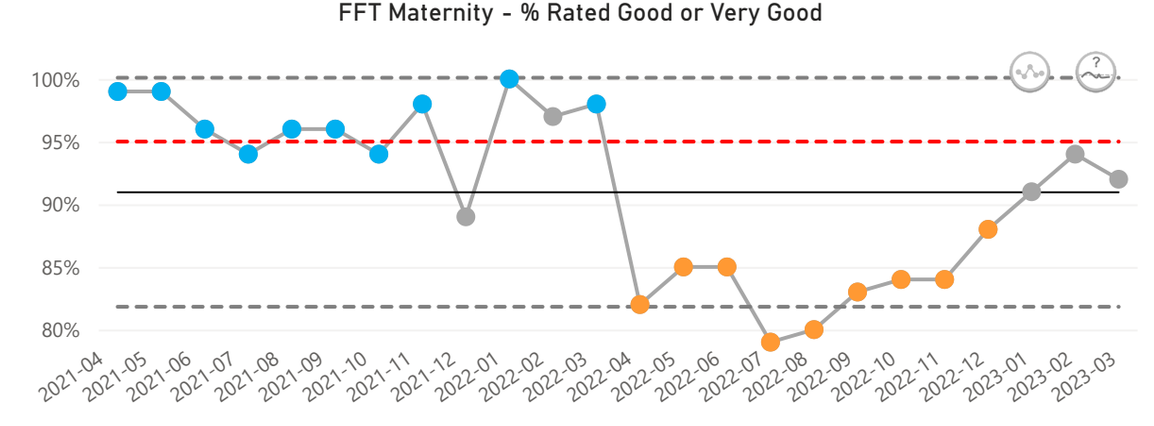
2022-12
2023-01
2023-02
2023-03


FFT Maternity - % Rated Good or Very Good
100%
95%
90%
85%
80%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
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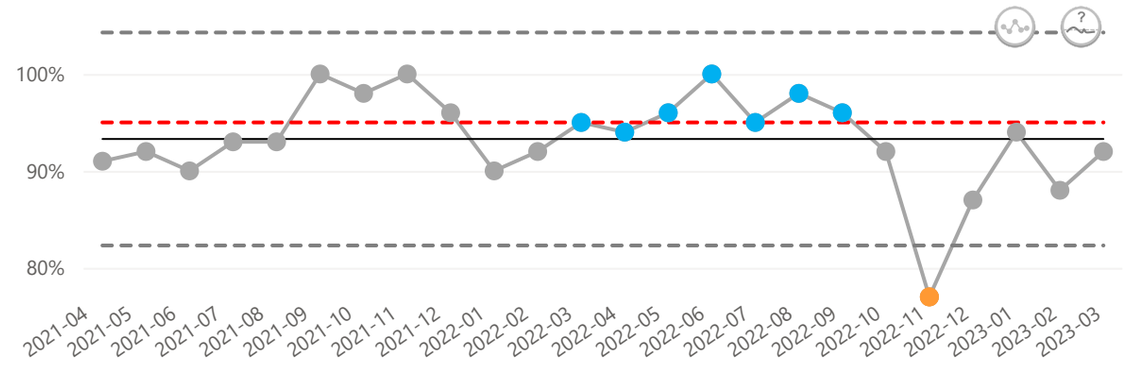
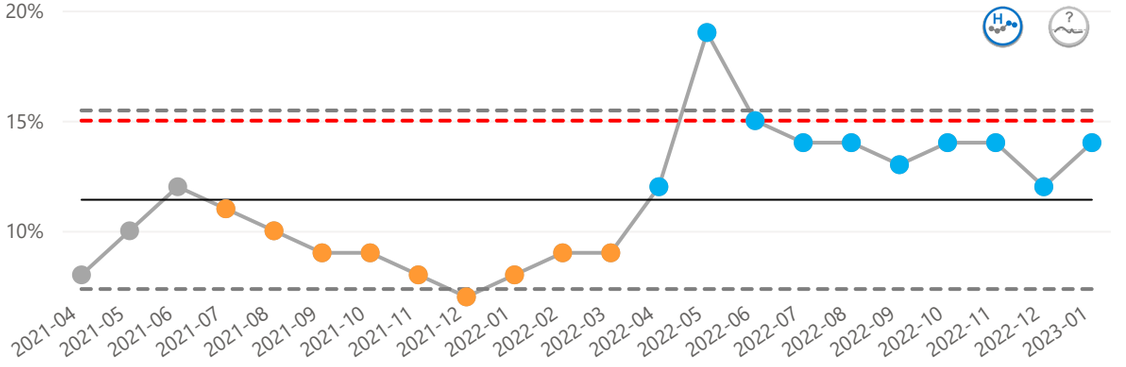
2023-01
2023-02
2023-03

Quality

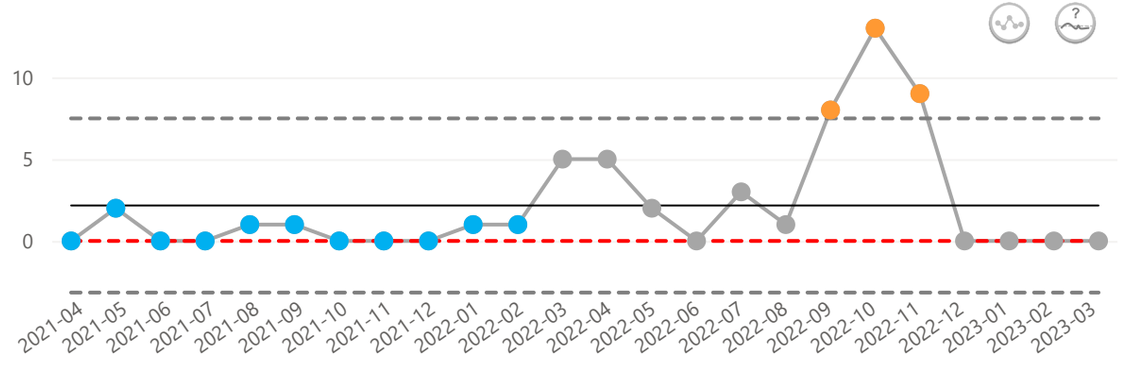
FFT Mental Health - % Rated Good or Very Good



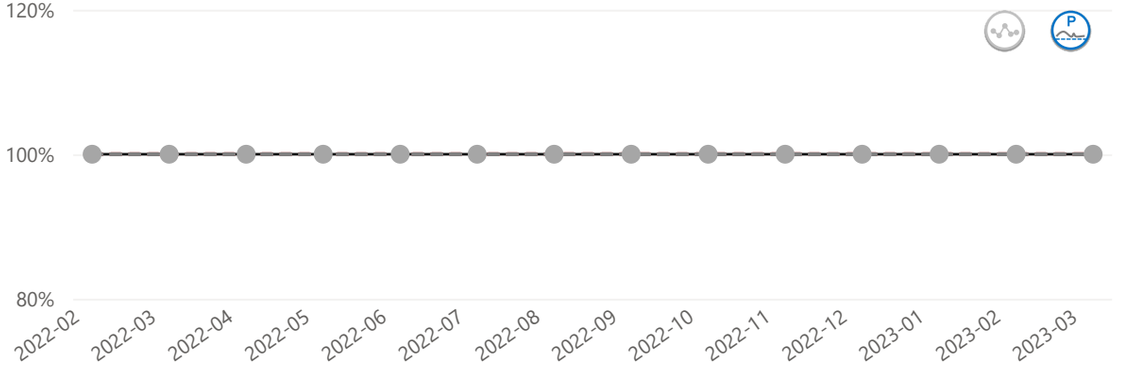
FFT Patients Response Rate



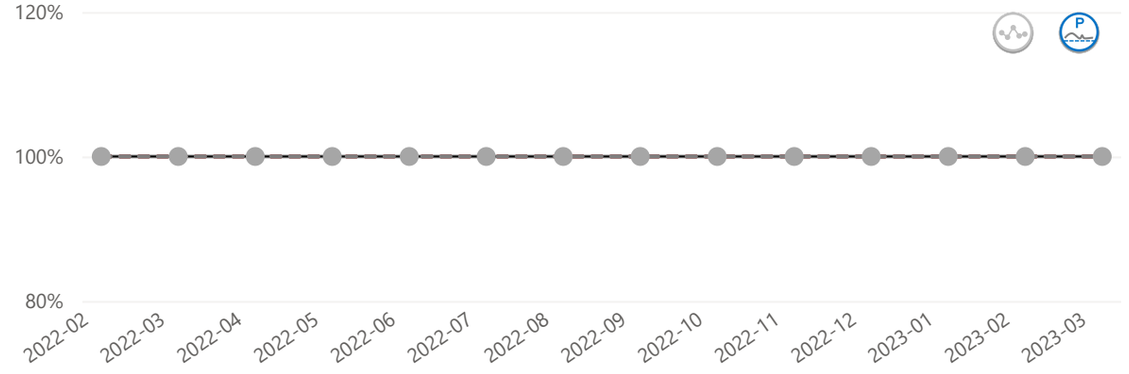
Mixed Sex breaches



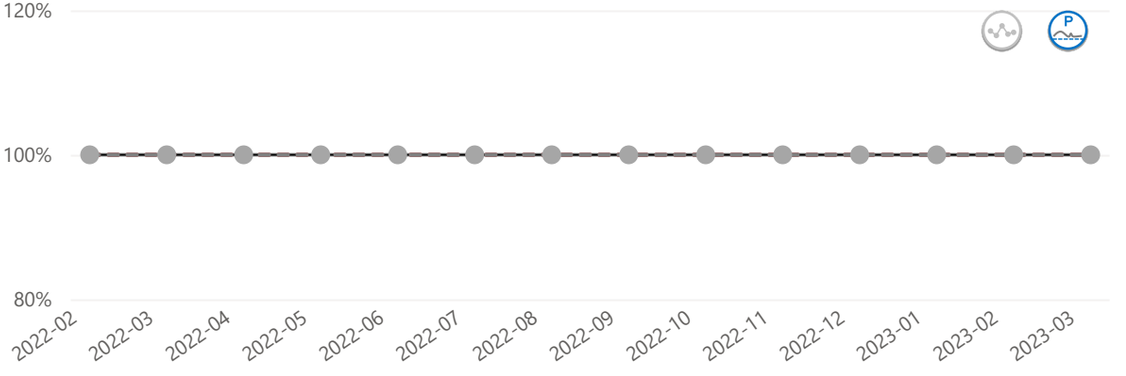
Duty of Candour – Stage 1a – Initial Verbal



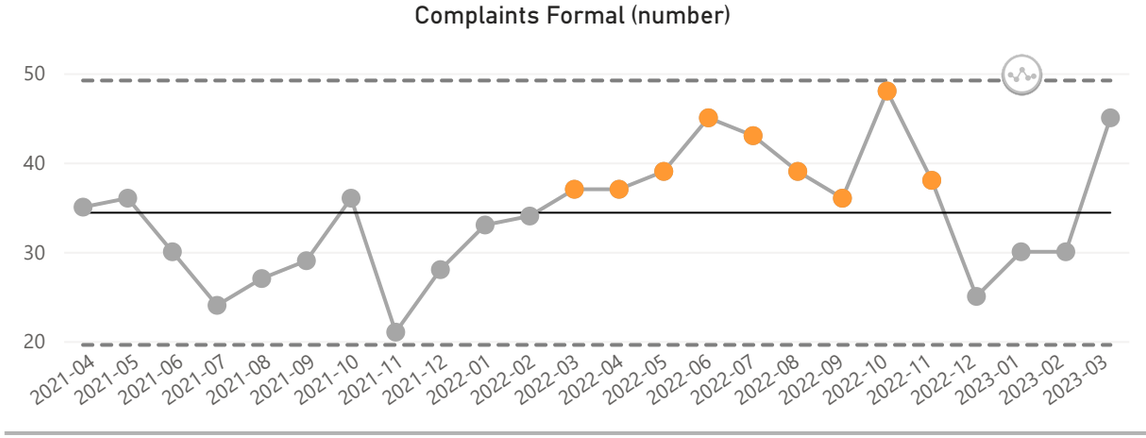
Duty of Candour – Stage 1b – Initial Written



Duty of Candour – Stage 2 – Final DoC



Quality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40
30
20
2021-04
2021-05
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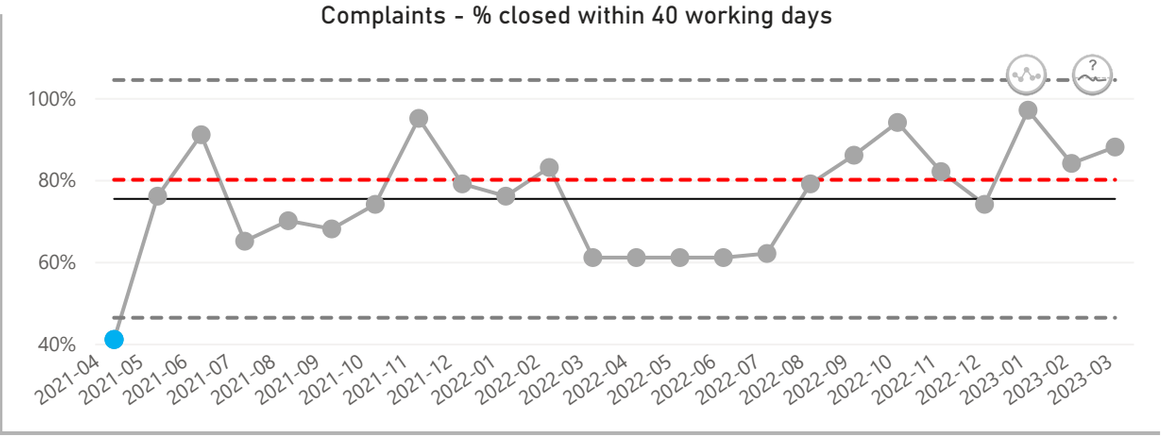
Complaints - % closed within 40 working days
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Blackpool Teaching Hospitals
NHS Foundation Trust

Infection Prevention and Control

MRSA
No cases of MRSA bacteraemia were attributed to the trust in March 2023. Therefore, the total number of cases for the year remains at three which is a 50% reduction on last year.

MSSA
Four cases of MSSA were attributed to the trust in March bringing the total number of cases for the year to 49. This is an 25.6% increase on last year. Data provided by NHS England showed an increase in MSSA regionally and nationally, the cause of which is being investigated. Locally, case numbers remain within normal variation. No threshold has been set for MSSA.

CDI
Seven cases of CDI were attributed to the trust in March bringing the total number of cases to 91 against a threshold of 109. This equates to a 9.9% reduction on last year. Furthermore, 2022/23 data provided by NHS England shows that by the end of Q3, BTH was one of only seven of the 24 acute trusts in the Northwest, and the only acute trust in the L&SC ICB, to remain within the NHS Standard Contract threshold for Clostridioides difficile infections (CDI).

E. coli
Eight cases were reported in March. This brings the total, number of cases for the year to 115 which is a 45% increase on last year. The NHS Standard Contract threshold for E. coli blood stream infections for 2022/23 has been set at 91. Therefore, the trust has breached the annual threshold.

Pseudomonas aeruginosa
Two cases of Pseudomonas aeruginosa were attributed to the trust in March. This brings the total for the year to 21 against an NHS Standard Contract threshold of 19. This equates to a 23.5% increase on last year.

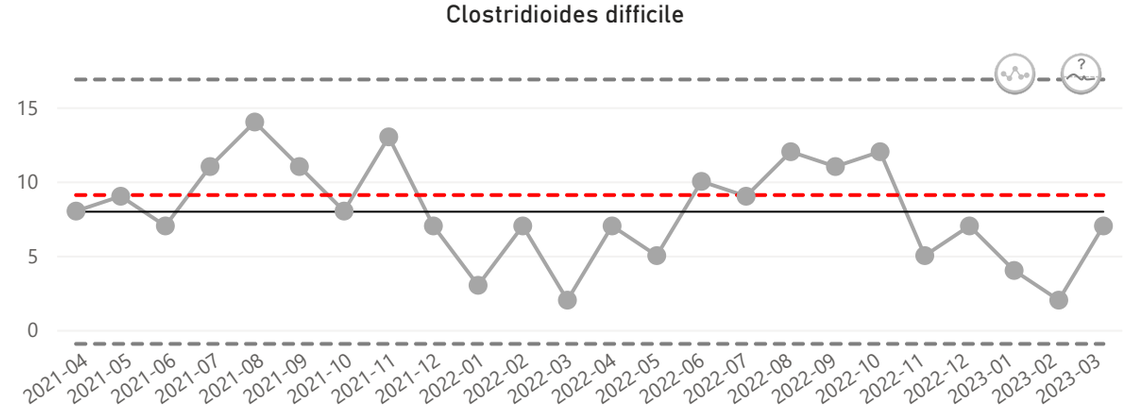
Klebsiella spp.
Three cases of Klebsiella spp. were reported in March. This brings the total number of cases this year to 52 which is a 1.8% reduction on last year. The NHS Standard Contract threshold for 2022/23 was set at 43 and therefore the trust has breached the annual threshold.

Data provided by NHS England determined that most acute trusts in the Northwest are also above ambition for Gram-negative blood stream infections ((GNBSIs) i.e., E. coli, Pseudomonas aeruginosa and Klebsiella spp.) and UKHSA data showed an upward trend in cases nationally. Reducing GNBSIs requires multiple national strategies. To this end, the NHS England Antimicrobial Resistance (AMR) Programme has committed to funding a series of hydration pilots to support the development of a knowledge base as to which hydration interventions will reduce urinary tract infections (UTIs), which are known to be the main source of GNBSIs. An NHSE UTI continence workshop was held on March 22nd as well as a GNBSI workshop on March 29th. Representatives from the Trust attended both events and any learning will be Implemented locally.

Quality

	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Clostridioides difficile	9.08	7	Mar 23			9.08	2	Feb 23	109	91.00
E. Coli	7.58	8	Mar 23			7.58	14	Feb 23	91	115.00
Klebsiella spp.	3.6	3	Mar 23			3.6	9	Feb 23	43	52.00
MRSA Bacteraemia	0	0	Mar 23			0	0	Feb 23	0	3.00
MSSA		4	Mar 23				4	Feb 23		49.00
P. aeruginosa	1.58	2	Mar 23			1.58	1	Feb 23	19	21.00

Quality


Clostridioides difficile
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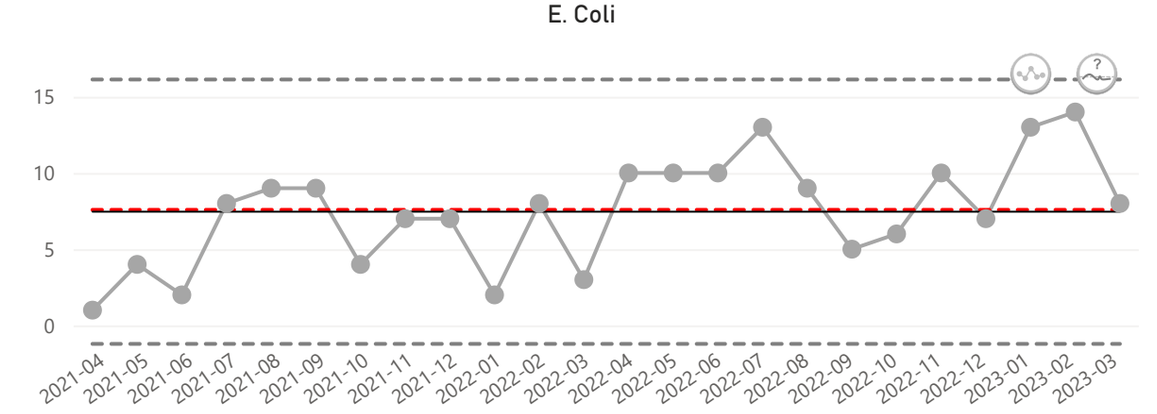
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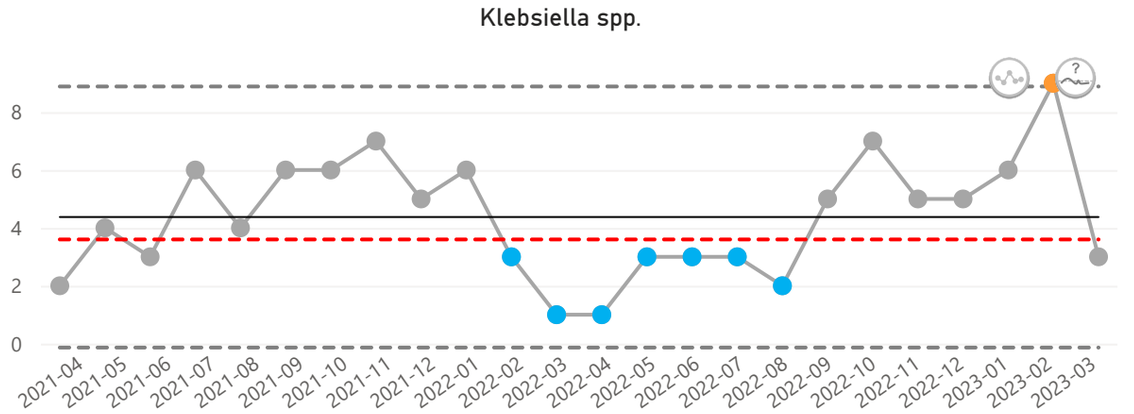
Klebsiella spp.
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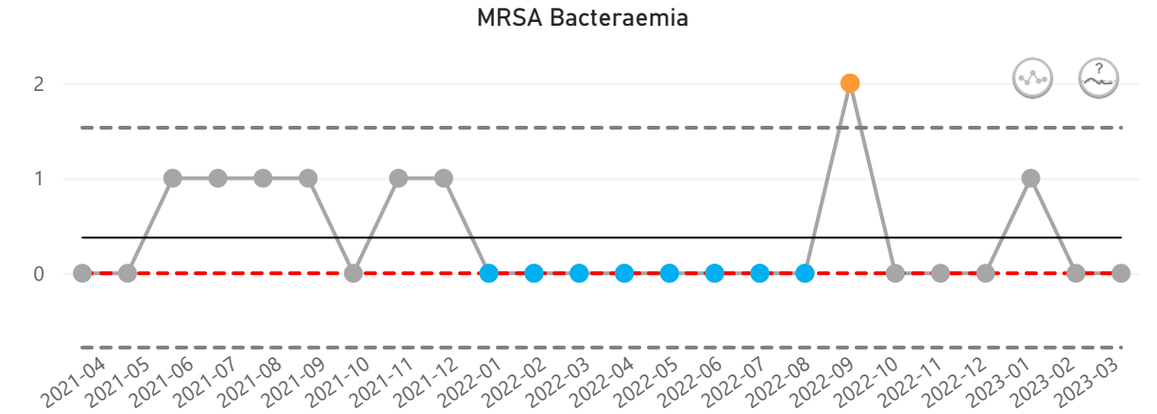
MRSA Bacteraemia
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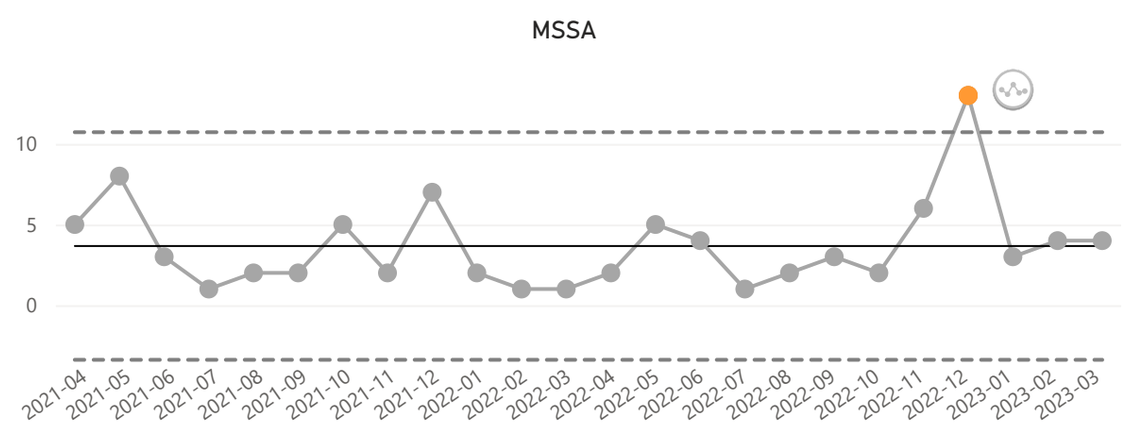
MSSA
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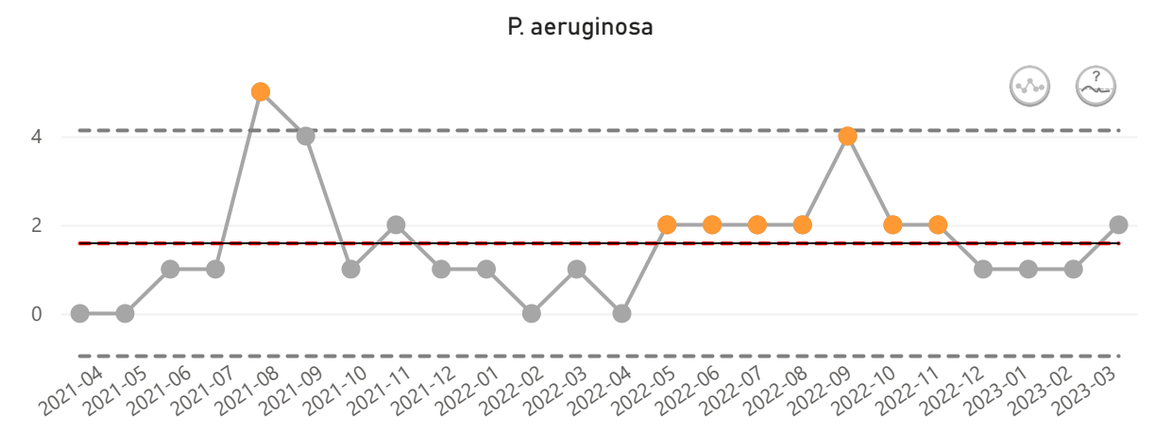
P. aeruginosa
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Blackpool Teaching Hospitals
NHS Foundation Trust

Mortality

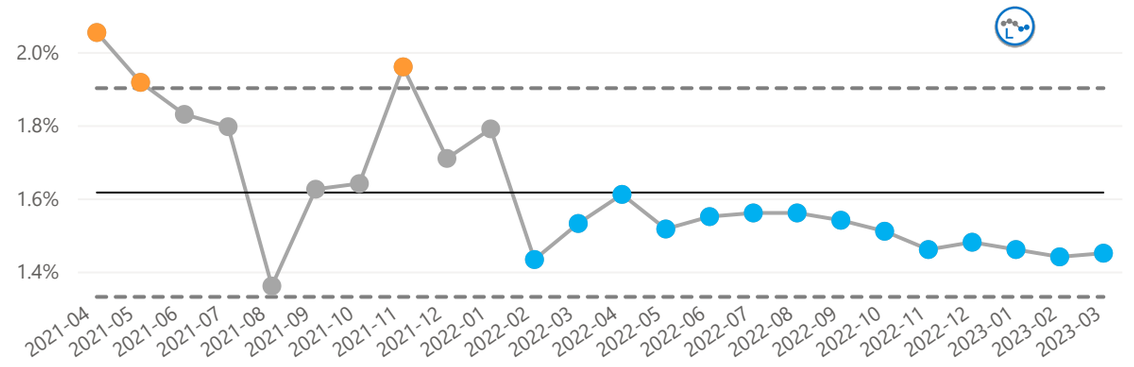
- Crude Mortality, HSMR and SHMI continue to be satisfactory with an improving trajectory
- Average time to death certification by hospital medics is 3 days with Registry office completion at 5 days
- The mode time to coroner's referral is 1 day, but there are still around 50% of cases taking longer
- The scrutiny of deaths is from the Learning from Death App. The decreased data point is due to a technical problem and also unit staffing. The latest figure for March is back up to 90% (current data)
- Medical Examiner scrutiny of all deaths remains between 80-90%.

Quality

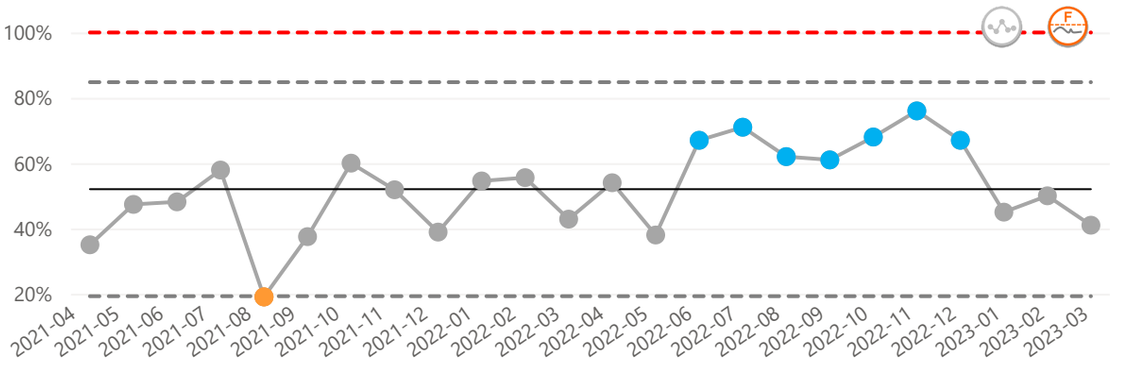
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
CRUDE Mortality Rate (Rolling 12 months)		1.45%	Mar 23	L			1.44%	Feb 23		
Referral to Coroner Within 24 Hours	100%	41%	Mar 23		F	100%	50%	Feb 23		
Death Registered within 5 Days	100%	43%	Mar 23		F	100%	49%	Feb 23		
SHMI – Rolling 12 months		103.88	Nov 22	L			104.78	Oct 22		103.88
HSMR – Rolling 12 months		87.45	Jan 23	L			88.67	Dec 22		87.45
Percentage of Deaths Screened	100%	90%	Mar 23		?	100%	56%	Feb 23		

Quality

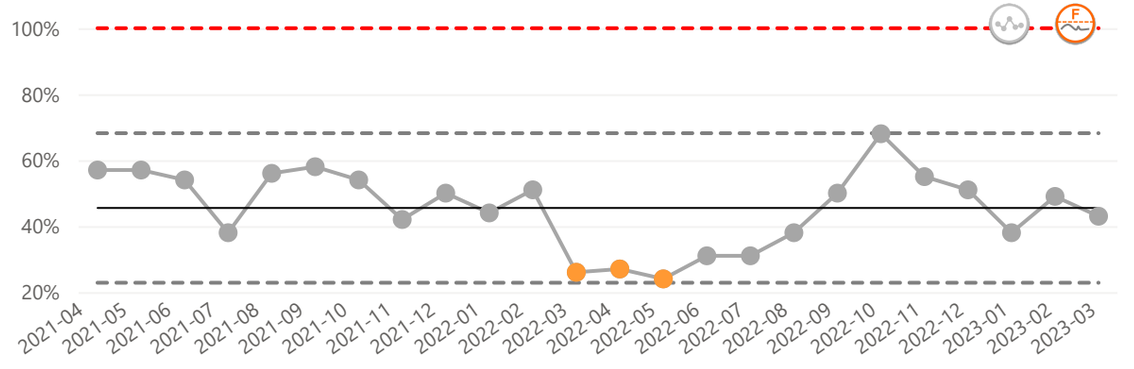
CRUDE Mortality Rate (Rolling 12 months)



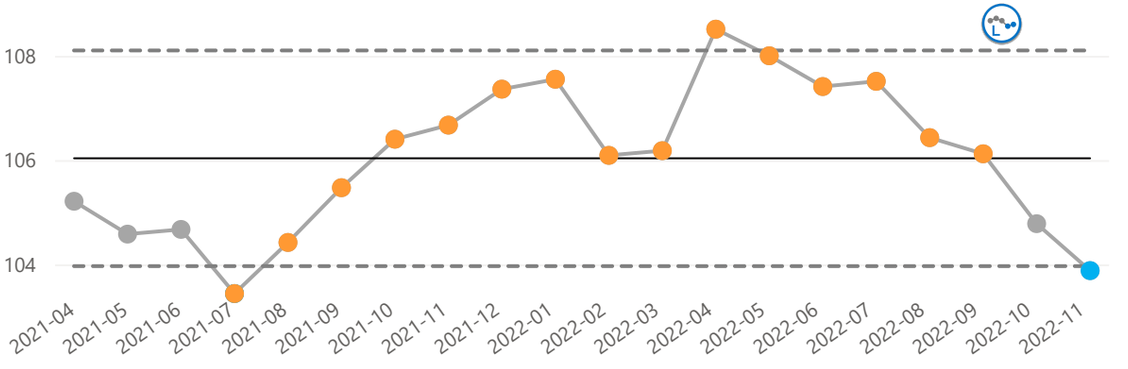
Referral to Coroner Within 24 Hours



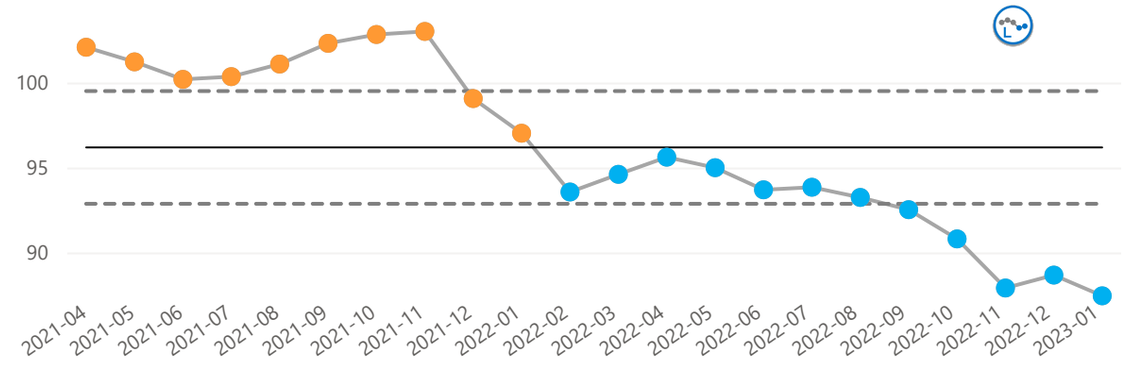
Death Registered within 5 Days



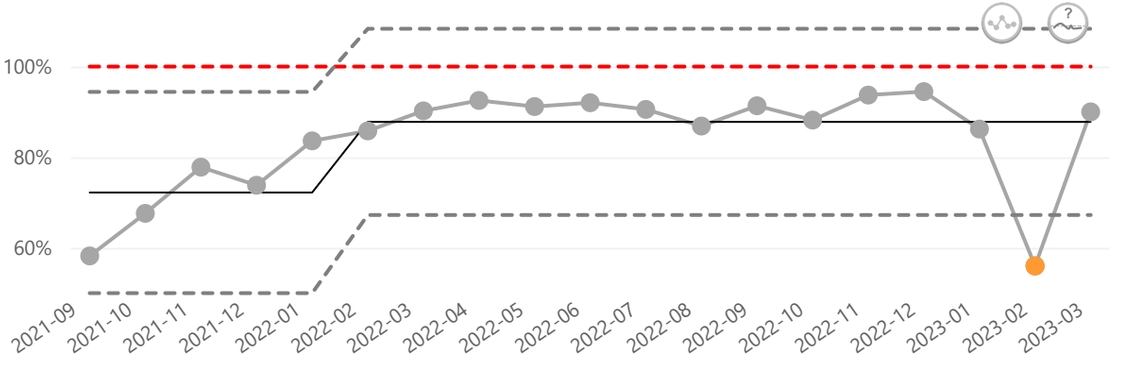
SHMI – Rolling 12 months



HSMR – Rolling 12 months



Percentage of Deaths Screened



Blackpool Teaching Hospitals NHS Foundation Trust

Title	Quality Assurance Committee Escalation Report

Meeting:	Board of Directors in Public Meeting
Date:	4th May 2023

Author	Esther Steel, Director of Corporate Governance					
NED Sponsor	Sue McKenna					
Purpose	Assurance	x	Discussion	x	Decision	
Confidential y/n	No					

Summary *(what)*	Report provided to update the Board on matters discussed at the Quality Assurance Committees on: **Tuesday 28th March 2023** Four areas were identified for escalation to the Board of Directors, these were in relation to falls, pressure ulcers, cardiac arrest and maternity data issues. The Committee also spent time discussing serious incidents and how to gain assurance from lessons learnt. **Tuesday 25th April 2023** Four areas were identified for escalation to the Board of Directors, these were in relation to cardiac triage risk, CQC Maternity Action Plan (including NHSI Maternity Safety Support Programme and FICC Division Governance SBAR), Maternity and Neonatal metrics and Adult Critical Care – Peer Review.

Previously considered by	N/A

Implications *(so what)*	Actions have been agreed through the Quality Assurance Committee

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications considered	Yes - no apparent EDI implications to the matters noted

Proposed Resolution ***(What next)***	The Board of Directors is asked to note the Quality Assurance Committee Escalation Reports and the proposed actions.

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	**Report to:**	Board of Directors
Date of Meeting:	28th March 2023	**Date of next meeting:**	25th April 2023
Chair:	S McKenna	**Parent Committee:**	Board of Directors

Introduction

Quorate meeting with a full agenda and good debate on key topics – good challenging conversations with areas for improvement recognised

Alert

What	So What	What Next
Integrated Performance Report (IPR) The following metrics were noted and discussed. Falls – Positive reduction in the number of falls with assurance given that falls that did happen were low or no harm. Pressure Ulcers - Work was being undertaken to continue to reduce pressure ulcers with the QI collaborative and targeted work in the Emergency Department. Cardiac Arrest – Data was not enough to provide a level of assurance Maternity Data issues were discussed with regard to the narrative which did not match the data.	Committee members commented on the data and the supporting narrative. In some area there was inconsistencies.	Action to review the falls and pressure ulcer data. A cardiac arrest report would be presented to the Clinical Governance Committee in May 2023 and subsequently reported to this meeting through the Chairs report to explain the detail and work taking place to improvement outcomes of cardiac arrest. Maternity Data would be reviewed and reported back at the April meeting.
Serious Incident Report / Duty of Candour SI report was noted. Members highlighted challenges with reporting timelines and lack of assurance around the learning.	Members discussed serious incidents and the importance of the Trust learning from the incident to prevent reoccurrences	Action agreed to include a timeline within the next SI report outlining when the incidents occurred and when it was reported.

Assurance

What	So What	What Next

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Patient Story Story featured a gentleman who recently attended the Urology department and how the patient felt reassured and felt that they were in the very best hands during his contact with the department.	Members highlighted the importance of provided a balance of positive and negative patient stories to ensure the Trust was learning from them.	Patient Experience Team were working on providing a more balanced selection of patient stories. Thankyou letter to be sent to the clinical team.
COAST The following points were highlighted. To date (Monday 20th March 2023), 224 assessments had taken place with 50 areas being assessed. There were currently 2 confirmed platinum areas, 2 awaiting board approval and 3 triple gold scheduled to present at the platinum panel; 23 Gold; 15 silver and 4 bronze.	Members mentioned the advantages of the COAST assessment having an MDT approach which would take into account all staff within the areas.	Agreed to add a standard for medicine and AHPs into the COAST assessments.
Getting it Right" for People with a Learning Disability and or Autism 2022 -2027 Delivery Plan. Work was commencing to ensure Oliver McGowan Training was mandatory to all staff.	Members welcomed the report and commented on the significant progress that had been made with regards to Learning Disabilities.	Work would be carried out to assist in ensuring alerts were in place on all hospital systems to notify staff of a patient with a learning disability.
Professional Judgement The report provided covered nursing staff and Health Care Assistants (HCAs) and provided the Committee with assurance that a nationally recognised nursing acuity tool had been used along with the professional judgement of the senior nursing team	Members were assured that staffing was being managed to ensure the Trust was as safe as possible and noted the investments made to improve staffing.	An update on professional judgement for AHPS would be provided at a future meeting.
Nutrition and Food Annual Standards An update on the eight standards that all NHS organisations were required to meet was provided.	The Nutrition Steering Committee would continue to monitor the implementation and impact of these standards and expand were appropriate.	A decision to be taken by the ex re future reporting route and format.

Members noted that the report did not provide assurance but information, future reporting would need to be agreed.		
Board Assurance Framework (BAF) Committee members noted the quality element of the BAF	Agenda items covered key risks included on the BAF	No new areas identified for inclusion on the BAF
Advise		
What	**So What**	**What Next**
Escalation Report – Clinical Governance Committee (CGC) The Clinical Governance Committee had a detailed discussion regarding NCEPOD and the Stroke Improvement Board Chairs report.	Other items discussed at Clinical Governance Committee have also been reported in full to the QA Committee and are picked up within the relevant section of this report.	A report on Clinical Audit would be provided to the next meeting.
Maternity Survey 95 women responded to the survey; the response rate was 32.31% which was relatively low compared to other Trusts**.**	Issues were raised around numbers and type of collection in this research with regard to service user group.	A full report on maternity would be provided to the next meeting.
Induction of Labour Pathway and Improvement Plan The February 2023 Audit concluded that out of 78 women, 50% had been transferred within 4 hours, which was an improvement.	Members discussed the maternity data within the IPR and requested that the narrative matched the data The Chair requested triangulation with all the maternity reports to enable the Committee to understand the service overall, and how we will see improved monitoring and mechanisms for assurance.	the IPR data would be reviewed prior to the next meeting.

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Risk Management Committee - Escalation Report Members noted that the only item for alert within the escalation report was the Clinical Triage of Cardiac Referrals.	Trust was on track for the backlog of referrals to be triaged within Cardiology with a completion date of the first week in March 2023. Main challenge that was mentioned at the Risk Management Committee was workforce planning	Updates would be provided through future Risk Management Committee escalation reports.
Health & Safety Committee – Escalation Report The Medical Gases Committee was being reinstated. Committee Terms of Reference would be further reviewed with a view to amending the core membership and quoracy requirements to ensure that quoracy could be maintained.	There were no alerts to raise from the report.	
IPR Supplement – Ward to Board Quality Heatmap First time this report was provided to the Committee**.**	Further information and interpretation was required.	An updates version would be provided to future meetings.
NCEPOD The Medical Directors reported that Mr Johnson Amu was the Trusts NCEPOD ambassador and work was being undertaken to coordinate and monitor submissions.	Regular reporting on clinical audit including NCEPOD had to be provided. The Chair reiterated the requirement for the committee to understand the clinical audit process and plan.	A full list of submissions will be included within the Quality Account which will be presented to the QAC Committee in May 2023. An update on Clinical Audit would be reported to the April 2023 meeting.
Recommendation for PLATINUM COAST Status The report from the panel convened to consider platinum status for Ward 3, 15b and 6 was considered for approval.	The COAST Panel consisted of a Governor, Non-Executive Director and Executive Director and were all in agreement to recommend these wards.	Agreed to grant all 3 wards platinum status and a thank you letter would be sent to the wards.

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	**Report to:**	Board of Directors
Date of Meeting:	25 April 2023	**Date of next meeting:**	30 May 2023
Chair:	S McKenna	**Parent Committee:**	Board of Directors

Introduction

Quorate meeting with a full agenda and good debate on key topics – good challenging conversations with areas for improvement recognised.
A workshop is scheduled for May 2nd 2023.

Alert

What	So What	What Next
Cardiac Triaging update Following the identification of a risk in relation to the clinical triage of patients following cardiac referral a review was undertaken and 24 incidents were initially identified – of these two cases have now been declared as serious incidents	Work is ongoing to review the incidents the outcome of which will come to the committee.	The ongoing concern has now been reduced with clinical triage now in place – more robust assurance processes are now in place to ensure this incident is not repeated and learning takes place.
CQC Maternity Action Plan including NHSI Maternity Safety Support Programme and FICC Division Governance SBAR Update provided on actions undertaken in response to the CQC report with support from focused improvement support. Actions focus on three key areas – leadership, clinical pathways and governance. Good progress has been made although seven actions are off track but have plans in place to address. A second paper was provided to alert the Committee to governance challenges in the division including response to incidents and meeting best practice guidance	Next step in relation to the CQC action plan, a check and challenge of response and evidence portfolio will take place in May. Proposals discussed and outlined within the report include a deep dive of divisional governance and review of structures and process in place for reporting through from the clinical areas to the Board of Directors. Mitigations are in place to maintain safety and plans are in place for governance improvement work, including an external review to provide further scrutiny and assurance.	The Committee expressed some concerns about governance and while understanding that a lot of work is going on and data is starting to demonstrate improvement it was agreed that further assurance is needed. LMS Chief Midwife will provide external scrutiny and assurance.
Maternity and Neonatal Report Detailed report provided including maternity metrics presented. The Director of Midwifery is working with	Committee members accepted that there are ongoing programmes of work – currently some areas of good practice alongside some recognised challenges.	National Three-year delivery plan for maternity and neonatal services sets out the responsibilities for each level of the NHS across four high level themes.

the Chief Nurse to develop a clear report that will be reported regularly to the Board of Directors. A number of areas have been identified as concerns and work is ongoing to enable the right outcomes and the provision of assurance to the Board	Report will provide information on the measures in place to monitor maternity standards.	The report will be refined going forwards to provide assurance of progress against the action plan. Committee asked to consider recent media reporting on increased maternity risks for women from a BAME background.
Adult Critical Care – Peer Review Trust Critical Care services were peer reviewed in November 2022 with the formal report provided in March 2023 – although the initial verbal feedback was positive the written report identified two areas for action in relation to the Critical Care Outreach team and delayed discharge	A Critical Care action plan has been developed and was reviewed by the Clinical Governance Committee	Lancs and South Cumbria ICB will review the action plan
Assurance		
What	**So What**	**What Next**
Escalation Report – Clinical Governance Committee Report summarised items discussed – the report from the Adult Critical Care review was identified as an area for escalation to this Committee	no issues escalated – all key reports covered within the QA Committee agenda	Report noted
Risk Assessment/Harm Reviews In January's update to Quality Assurance Committee, it was highlighted that significant progress has been made in ensuring long waiting elective patients are reviewed and a harm assessment completed. The Trust successfully managed to reduce the 78 week waits by the end of March in line with trajectory with only 11 patients now remaining on a 78-week active pathway either due to patient choice to delay their treatment until April (9 patients) or the patient is complex/unfit (2 patients).	A further three patients have been assessed as having experienced moderate harm following extended wait. Chat bot automated phone call review has been trialled across the ICB with positive feedback – this has potential to enable focused clinical review for patients who are waiting for elective treatment. Committee members discussed the impact on patients and the need to reflect patient experience in reporting on the initiatives.	Paper set a proposal to move to a targeted harm review process – seeking support from the ICB to fund recurrently. Will need further review of data to understand implications in terms of demand and capacity and exclusion criteria for application of Chat Bot review. Committee supported the principles and agreed the Committee role in regard of assurance with operational oversight to be agreed through the relevant operational forum. ICB representative commended the proactive approach – future harm reviews will provide detail of learning and themes and any changes in relation to pathways

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Patient Story Story provided with the aim of promotion of awareness of ongoing challenges post Covid in relation to access to holistic support services for Long Covid.	Committee members reflected on and recognised the impact of Long Covid on patients including some of the Trust's own staff who are currently living with Long Covid.	Report noted as a reminder that Covid has not gone away and continues to have an impact on individuals with a continuing need to meet the long term needs of a group of highly complex patients where the impact is not yet fully understood.
Mortality and learning from deaths The Committee received a report summarising the Trust's mortality rates, which included an overview of the conditions with the highest observed rates of deaths. The report detailed the ongoing work to scrutinise the Trust's deaths and ensure that learning is identified.	The committee were advised that areas of high SHMI will be reviewed with improvement plans developed in a similar methodology to that employed in response to Sepsis. The committee discussed the development of the QI priorities which are currently being written and all will be rolled over into the financial year but with a combined focus and approach.	Report noted. Looking to work with next QI collaborative to pick up all areas where there is a potential to make a difference
Dementia Update provided on delivery of the Trust's dementia plan – phase two data submitted for national benchmarking – results expected in Q4	The dementia pathway has picked up an action to improve on cognitive assessments. The Trust has signed up to John's Campaign and has a Carer's Charter – further engagement planned to develop this area	Looking to repeat case note audits this will give visibility of the work and an aid to focus on work to improve assessments. The team are working to provide metrics to bring to life how this work supports and helps our patients
Infection Prevention and Control and IPC BAF The Committee noted that the role of Director of Infection Prevention and Control has moved to the Chief Nurse's portfolio	Committee assured that actions taken by the Ventilation Safety Group to seek assurance that areas take action to meet modern ventilation standards	The Trust are in plan with regard to Clostridium Difficile
Safeguarding Quarterly report from the Head of Safeguarding providing including metrics for safeguarding training and Deprivation of Liberties (DoLs)		Committee members noted the report
Quality Accounts – Trust Priorities Update provided on the process for the production of the Quality Account	The Committee discussed the oversight of the priorities in the account and the alignment with QI objectives	Update noted and agreed need for a clear co-ordinated approach

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Risk Management Committee – escalation report Divisional Risk Reports were scrutinised with emphasis placed on ensuring that Divisional Risk Registers contain risks that reflect areas of Divisional pressure. Challenge was provided to risk descriptions, risk scores and mitigating actions. This was the first meeting of the RMC to receive an update report from one of the Trust's corporate divisions. The Health Informatics/Digital Risk Register was reviewed at the committee. Discussion focused on risks that are shared between Health Informatics/Digital and the clinical divisions.	One risk escalated concerning delays to the insertion of PICC lines – the division have been asked to review the data and develop a sustainable solution to the risk	Report corelates with understood risks Moving forwards particular emphasis will be placed on ensuring digital risks that apply to clinical divisions are appropriately reflected on the clinical divisions' risk registers. Going forwards, it is the intention that other corporate teams'/divisions' risk registers will be submitted to the RMC for review in line with a rolling work-plan
Serious Incidents/Duty of Candour 16 new serious incidents and 0 never events reported in March 2023 The Trust was advised in March 2023 of the intention to issue a letter of concern for an inquest which concluded on 30 March 2023 and which The Trust will action accordingly - a learning paper will be submitted to QAC. HSIB wrote to the Trust escalating some concerns regarding a case open for investigation The concerns related to effective Duty of Candour, learning identified and escalation and timeliness of intervention following an abnormal CTG.	Committee members discussed the management of the SI process reflecting on the most effective way of ensuring that Committee members have assurance that the Trust has effective measures in place for the management of incidents. Committee members noted the improvement in the timeliness of responses and the reporting to the Committee.	Further discussion at the workshop on the process to provide assurance to Board members on the management of SIs to ensure organisational learning is embedded to move on from SIs.
Clinical Audit Now have a clear picture in terms of Clinical Audit compliance – action taken to address previously identified backlog of cases for TARN audit	Ongoing focus to improve engagement in Clinical Audit through a revitalised Clinical Audit and Effectiveness Committee	Report noted – going forward there will be monthly reports to Clinical Governance Committee with escalation through the AAA report

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Board Assurance Framework (BAF) Committee members noted the quality element of the BAF	Agenda items covered key risks included on the BAF	No new areas identified for inclusion on the BAF
Recommendation for PLATINUM COAST Status: for Surgical Assessment Unit Panel considered application and recommended the award of platinum status.		Committee approved recommendation
Advise		
What	**So What**	**What Next**
Integrated Performance Report (IPR) The Committee received and discussed the IPR noting the key metrics	Committee members discussed the corelation between metrics and other reports within the agenda.	Full review of the IPR to be undertaken in the next quarter

Reports received for information on rapid tranquilisation, sepsis and safe staffing.

Blackpool Teaching Hospitals NHS Foundation Trust

Title	Integrated Performance Report (IPR) – Finance & Performance

Meeting:	Board of Directors in Public
Date:	04/05/2023

Author	William Wood, Associate Director of Business Intelligence					
Exec Sponsor	Steve Christian – Chief Strategy and Operating Officer/Deputy CEO					
Purpose	Assurance	Y	Discussion	Y	Decision	N
Confidential y/n	N					
Summary *(what)*	See the IPR summary pages for appropriate narrative.					

Previously considered by	NA

Implications *(so what)*	Inability to achieve national, regional, and local targets can be a driver of poor quality and experience for patients.

Link to strategic objectives	Our People	
	Our Population	
	Our Responsibility	✓

EDI implications considered	Considered

Proposed Resolution *(What next)*	The Board of Directors is asked to note the Finance and Performance IPR.

Blackpool Teaching Hospitals
NHS Foundation Trust

Integrated Performance Report

Finance and Performance Committee

March 2023

Caring ▪ Safe ▪ Respectful

Guide to Statistical Process Control

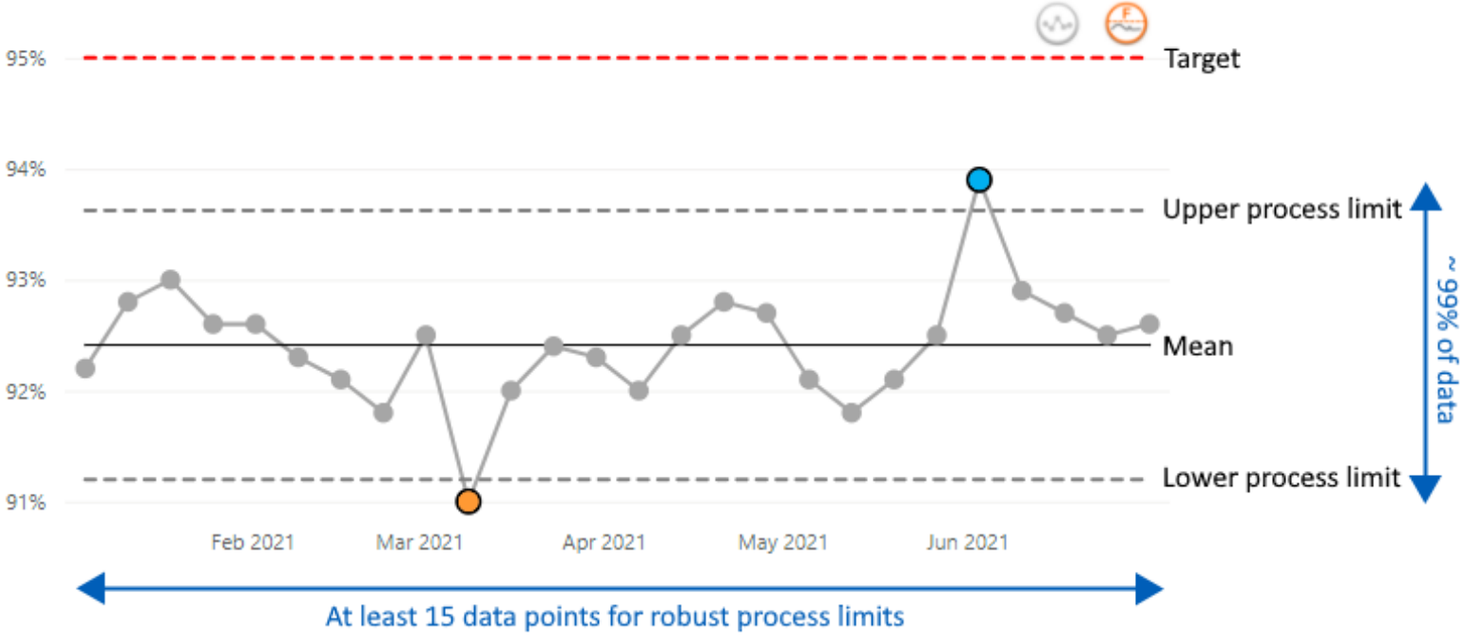
Blackpool Teaching Hospitals NHS Foundation Trust

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting ***https://www.england.nhs.uk/publication/making-data-count/***

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre dashed reference line (black) is the mean, and the two light grey dashed lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.



Executive Summary

		Assurance				Variation					
		P	?	F		H	L		H	L	
Operations	Access		5	10	5		3	9	6	1	1
	Activity		6					5		1	
	Cancer		8	2	1	1		8	1	1	
	Productivity	1	3	2	5	1	1	7	1	1	
Finance	Finance	2	12	1	1		2	7	6		1

Assurance

Measures the likelyhood of targets being met for this indicator.

Indicates that this indicator is inconsistently passing and falling short of the target.

Indicates that this indicator is consistently **passing** the target.

Indicates that this indicator is consistently **falling** short of the target.

Variation

Whether SPC rules have been triggered positively or negatively overall for the past 3 months.

Indicates that there is no significant variation recently for this indicator.

Indicates that there is **positive** variation recently for this indicator.

Indicates that there is **negative** variation recently for this indicator.

Special cause variation where **UP** is neither improvement nor concern.

Special cause variation where **DOWN** is neither improvement nor concern.

Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Blackpool Teaching Hospitals
NHS Foundation Trust

Access

UEC
A&E Performance – both type 1 and all type ED performance continue to trigger with continuous underperformance against the national standard and the rolling average.

Pressures have continued throughout March with ongoing pressures in relation to Bed occupancy levels and increases in those patients who do not meet the criteria to reside.

Percentage of Patients spending 12 plus Hours in ED increased in month with the lack of available beds in the hospital causing increases in the length of stay in the Emergency Department. Issues with ambulance handover continues with a lack of physical space available to enable the handover of patients from NWAS to the ED teams.
Ambulance Handovers continue to be challenged and remain a key focus within the organisation, March's performance was worse than the previous month reporting 440 delays over 60 mins.

Management Actions
The Trust is using the Patient Flow Improvement Programme to mobilise and monitor the improvement workstreams to address the Urgent and Emergency Care Performance. The details of the workstreams and their progress is included within the Patient Flow Improvement Programme presented to the Finance and Performance Committee.

Key Highlights from the report this month are:
The Emergency Village development completed phase 2 with the conversion of the old ITU footprint into additional ED assessment cubicles. The new area of the ED was successfully opened at the beginning of April providing new ED assessment cubicles and dedicated ligature free cubicles which were previously lacking in the old environment.

Trust's De-escalation plan progressing in line with plans with no additional patients in ward areas and the surgical and cardiac day case areas to be successfully de-escalated and ringfenced by the end of April 2023.

Frailty assessment unit business case on track to be presented to the executive team by the end of April 2023.
Additional domiciliary care hours which came online at end of December 2022 have been extended to support Quarter 1 of 2023/24.

Elective Care
Number of RTT incomplete pathways is continuing to rise with demand outstripping current capacity. The number of patients currently over 52 weeks has reduced consistently for last 5 months with 849 declared at end of Mar 23.

RTT Incomplete pathways over 78 weeks – The numbers of longest waiters continued to reduce with 9 over 78-week patients remaining in month. All 9 patients have had some form of patient choice or clinical complexity involved in the pathway causing them to remain on active pathways at month end.

Diagnostics – Percentage of patients waiting over 6 weeks for a diagnostic test continues to report non-achievement of the standard. Performance has remained consistent sitting at 79.8% achievement against the 95% standard.
Management Actions

The Trust is using the weekly Escalation and Assurance PTL and Divisional PIDA meetings to monitor the Elective Care Performance. The details of workstreams and their progress is included within the Elective Care and Data Quality report presented to the Finance and Performance Committee.

Diagnostics – The 6th endoscopy room being delivered via a modular unit went live from December 2022. With the urgent referral demand and backlog improving, further capacity has been able to be provided to routine waiting patients resulting in the improved DMO1 performance.

RTT long waits – Specialities formed improvement plans to both reduce their waits and have successfully brought them within 78 weeks in line with the national improvement trajectories. Focus must now turn to reducing these further to achieve the 65 week standard as outlined in the latest planning guidance.

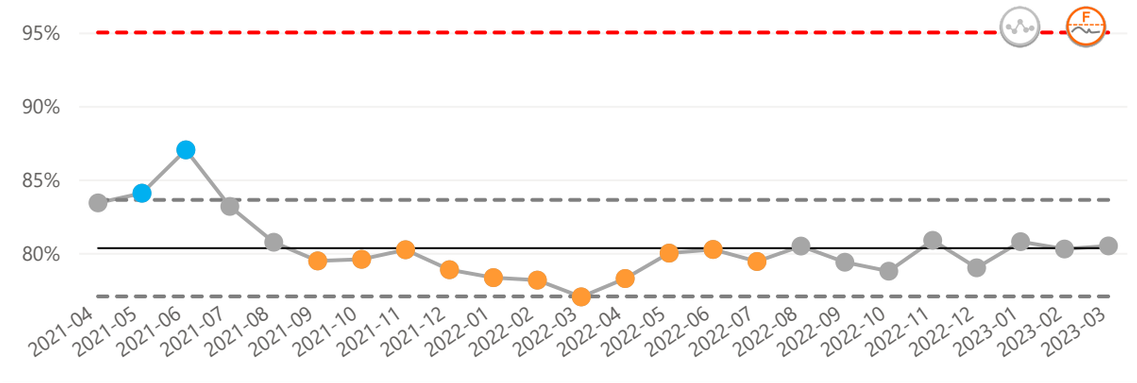
Operations

	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
4 Hours from arrival to ADT - % within 4 hours	95%	80.4%	Mar 23		F	95%	80.2%	Feb 23		
A&E Type 1 Performance %	65%	54.6%	Mar 23		F	65%	53.2%	Feb 23		
Ambulance Handovers - % within 15 minutes	65%	19.4%	Mar 23		F	65%	28.0%	Feb 23		
Ambulance Handovers - % within 30 minutes	95%	64.6%	Mar 23		F	95%	75.4%	Feb 23		
Ambulance Handover 30-60 Mins		387	Mar 23				280	Feb 23		4928
Ambulance Handover Over 60 Mins	0	440	Mar 23	H	?	0	243	Feb 23	0	3549
Number waiting over 12 hours from DTA		1048	Mar 23	H			848	Feb 23		10841
Number of Patients spending 12+ Hours in ED - Trust		1671	Mar 23	H			1414	Feb 23		18432
% of Patients spending 12+ Hours in ED - Trust	2%	8.3%	Mar 23	H	F	2%	8.06%	Feb 23		
% of patients waiting less than 6 weeks for a diagnostic test	95%	79.8%	Mar 23		F	95%	79.2%	Feb 23		
Total RTT Waiting List - Trust	30026	34951	Mar 23	H	?	30129	34168	Feb 23	30026	34951
RTT Incomplete Pathways - % within 18 weeks	92%	61.0%	Mar 23	L	F	92%	63.1%	Feb 23		
RTT Incomplete Pathways - Over 52 Weeks	505	849	Mar 23	L	F	525	907	Feb 23	505	849

Operations

	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
RTT Incomplete Pathways - Over 78 Weeks	0	9	Mar 23			13	75	Feb 23	0	9
RTT Incomplete Pathways - Over 104 Weeks	0	1	Mar 23			0	0	Feb 23	0	1
Total 52 week waits – completed		363	Mar 23				308	Feb 23		2874
On the Day Cancelled Operations for Non-Clinical Reasons - % not admitted within 28 days	0%	15.2%	Mar 23			0%	5.26%	Feb 23		
TIA - High Risk Treated within 24Hrs	60%	58.4%	Mar 23			60%	54.1%	Feb 23		
Stroke - 90% Stay on Stroke Ward	80%	64.2%	Mar 23			80%	55.6%	Feb 23		
2-Hour UCR	70%	83.3%	Feb 23			70%	94.4%	Jan 23	70%	83.3%

Operations


4 Hours from arrival to ADT - % within 4 hours
95%
90%
85%
80%
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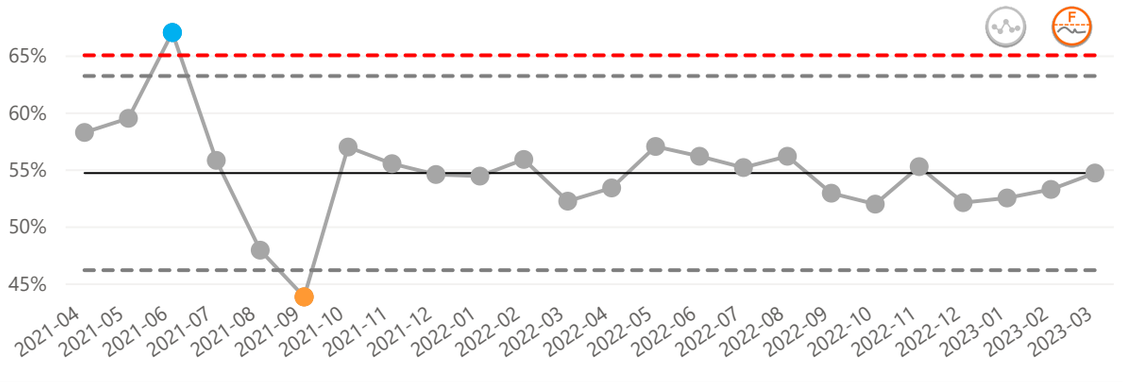
A&E Type 1 Performance %
65%
60%
55%
50%
45%
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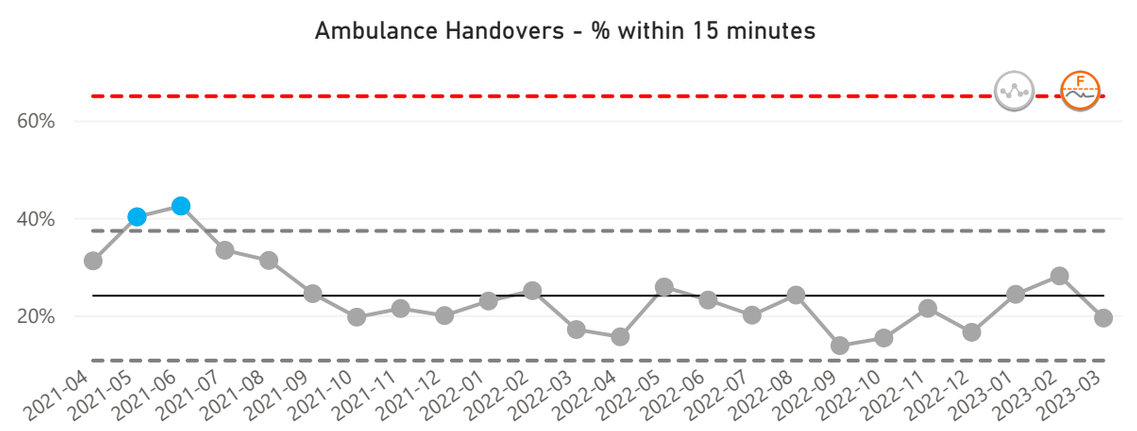
Ambulance Handovers - % within 15 minutes
60%
40%
20%
2021-04
2021-05
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2021-07
2021-08
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2021-10
2021-11
2021-12
2022-01
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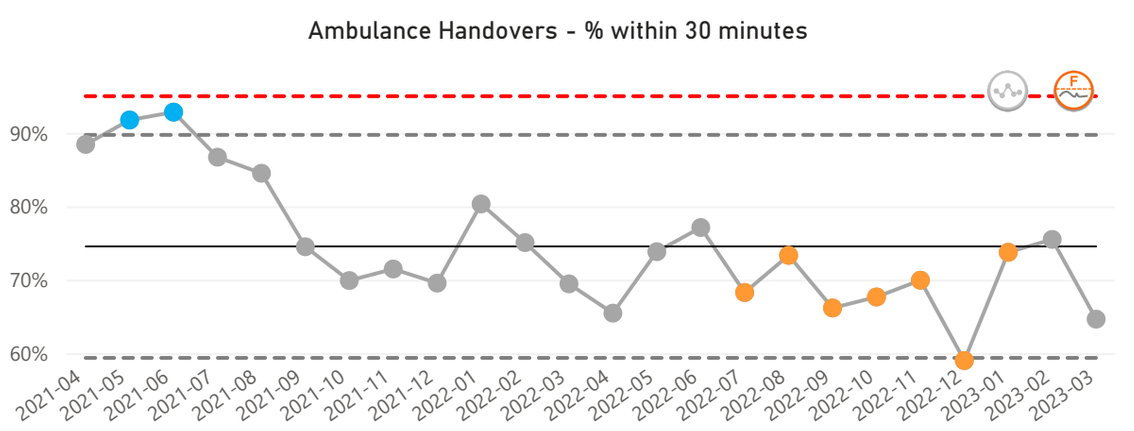
2023-03


Ambulance Handovers - % within 30 minutes
90%
80%
70%
60%
2021-04
2021-05
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2021-09
2021-10
2021-11
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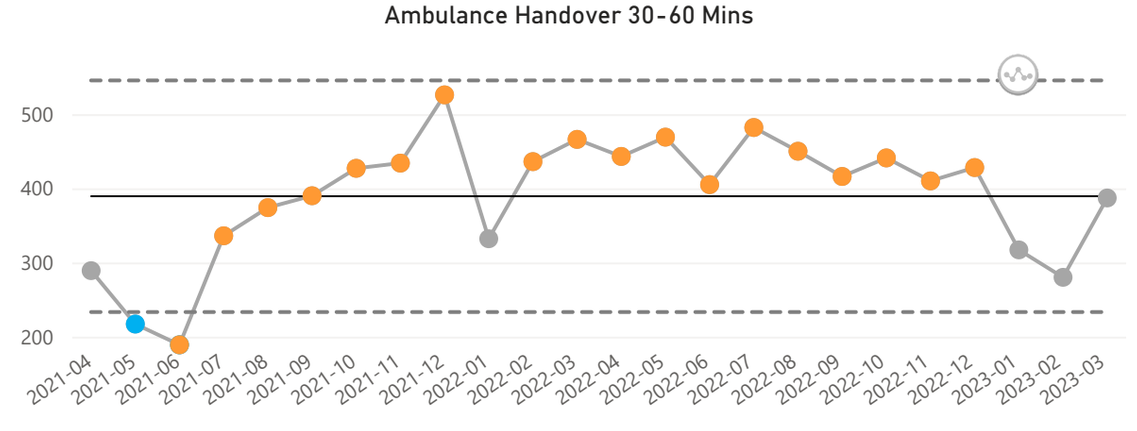
Ambulance Handover 30-60 Mins
500
400
300
200
2021-04
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2021-10
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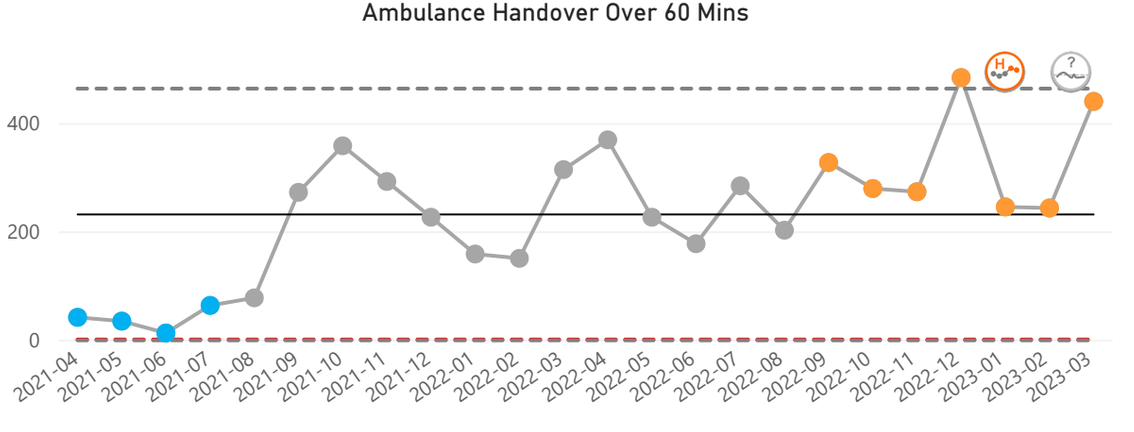
Ambulance Handover Over 60 Mins
400
200
0
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2021-11
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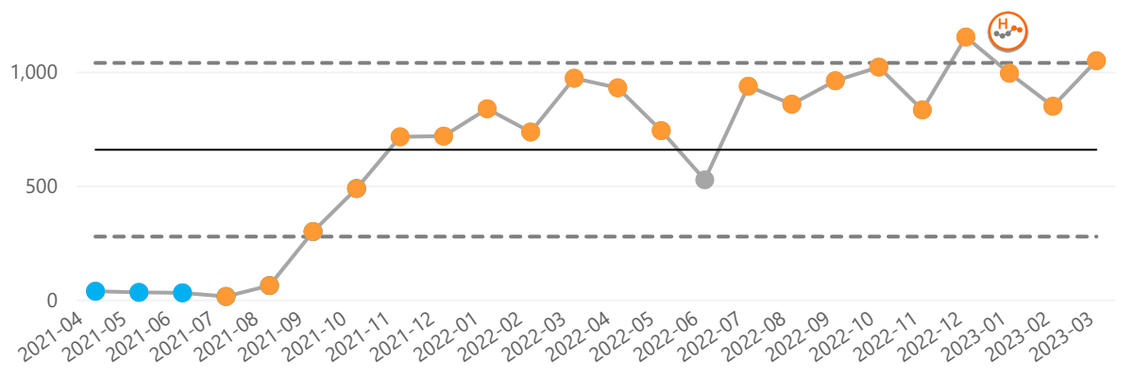
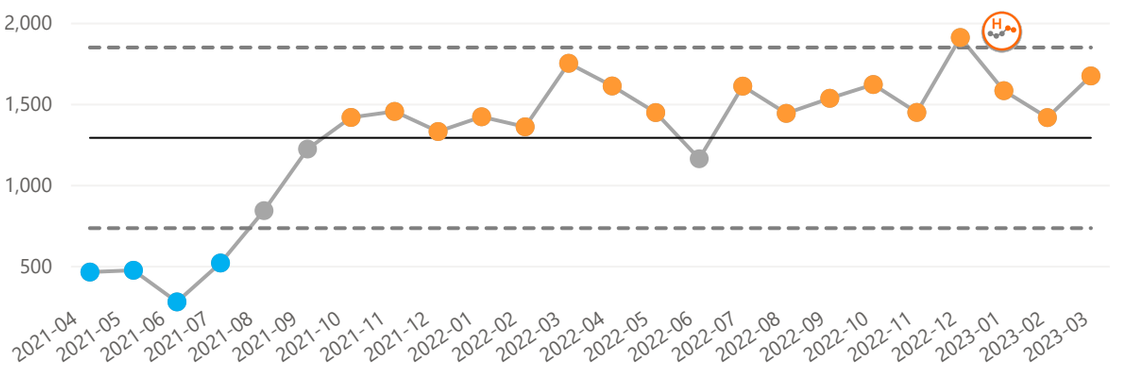
Operations

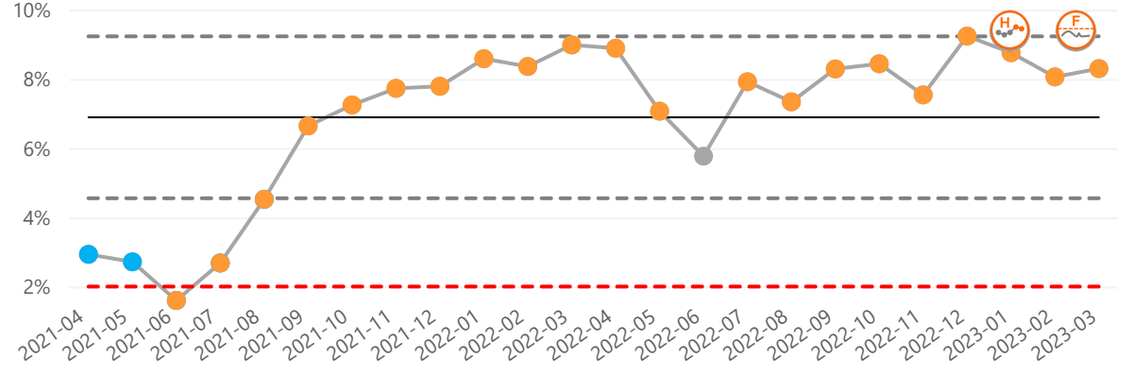
Number waiting over 12 hours from DTA



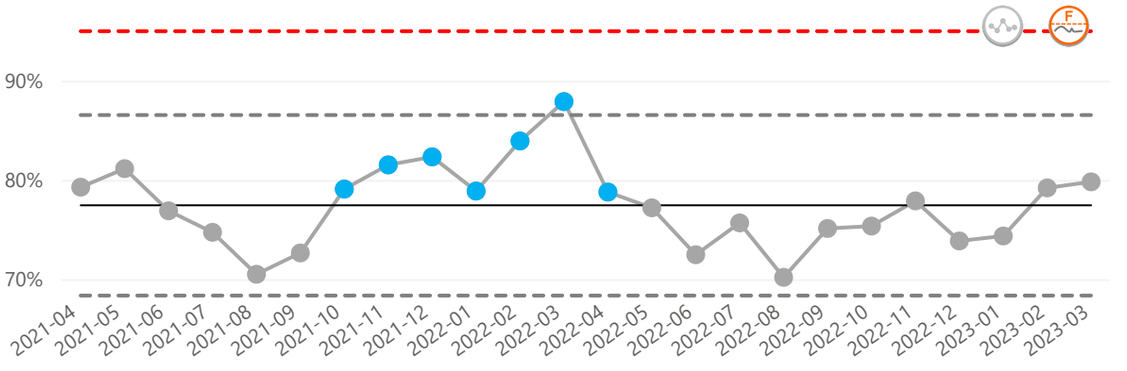
Number of Patients spending 12+ Hours in ED - Trust



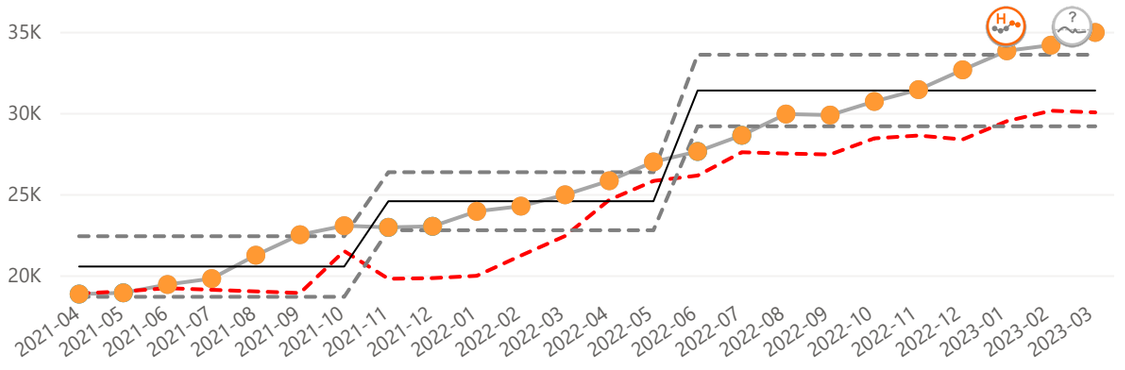
% of Patients spending 12+ Hours in ED - Trust



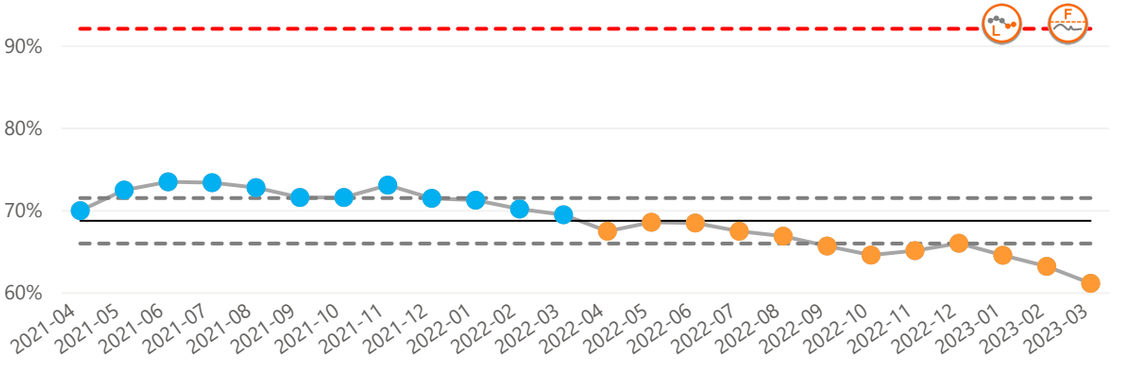
% of patients waiting less than 6 weeks for a diagnostic test



Total RTT Waiting List - Trust

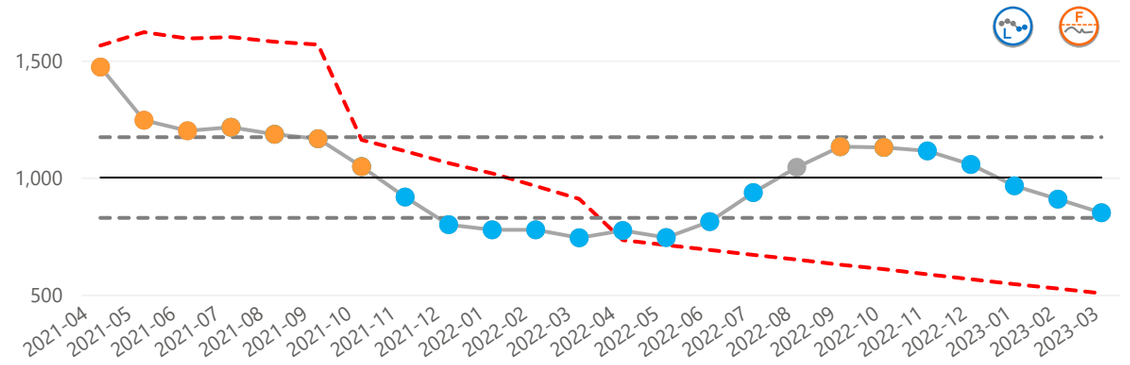


RTT Incomplete Pathways - % within 18 weeks

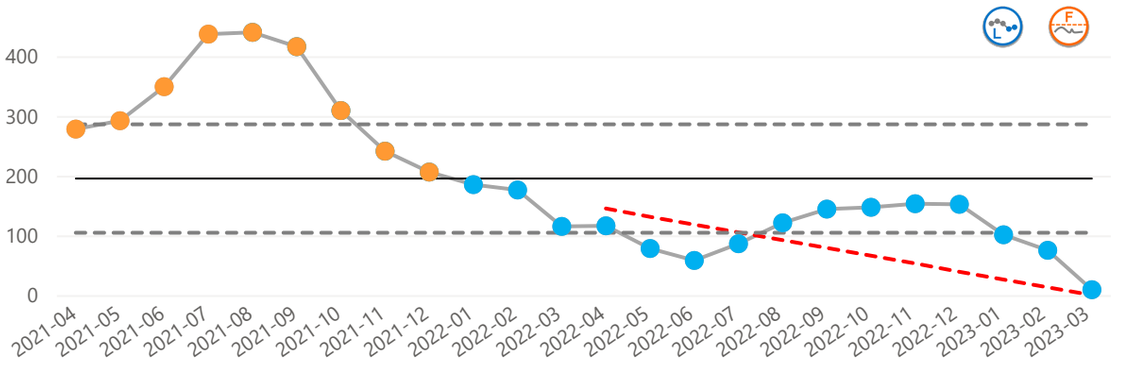


Operations

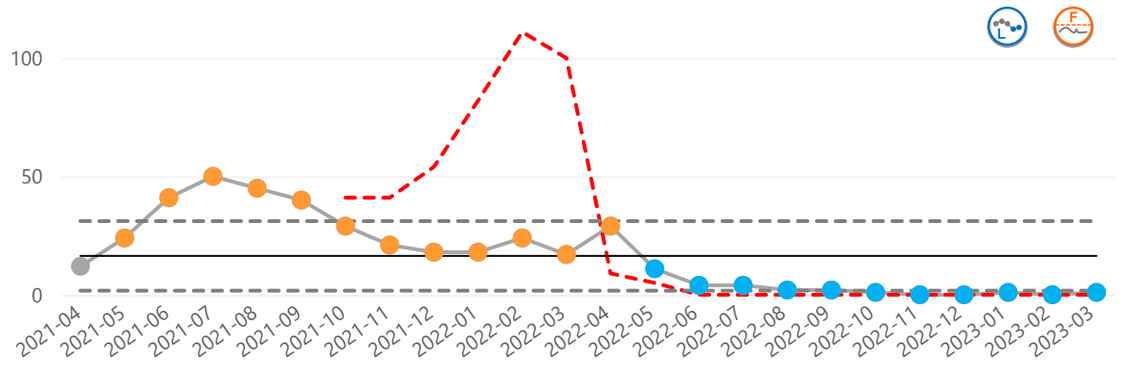
RTT Incomplete Pathways - Over 52 Weeks



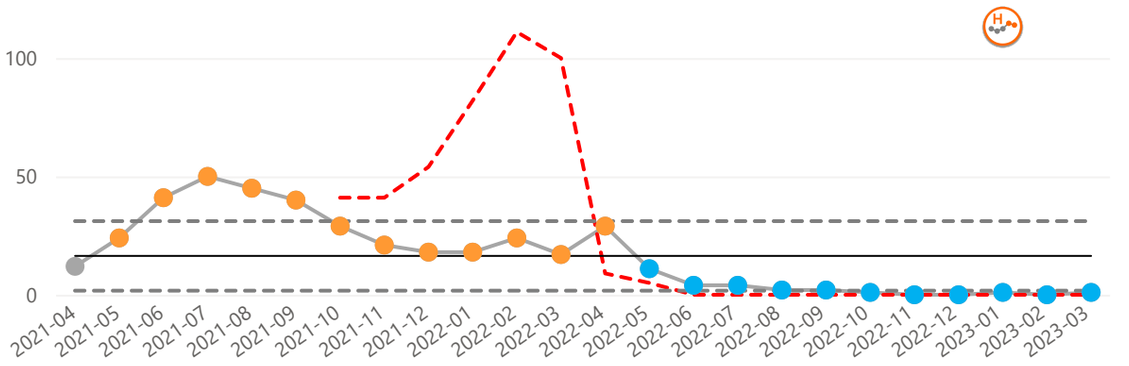
RTT Incomplete Pathways - Over 78 Weeks



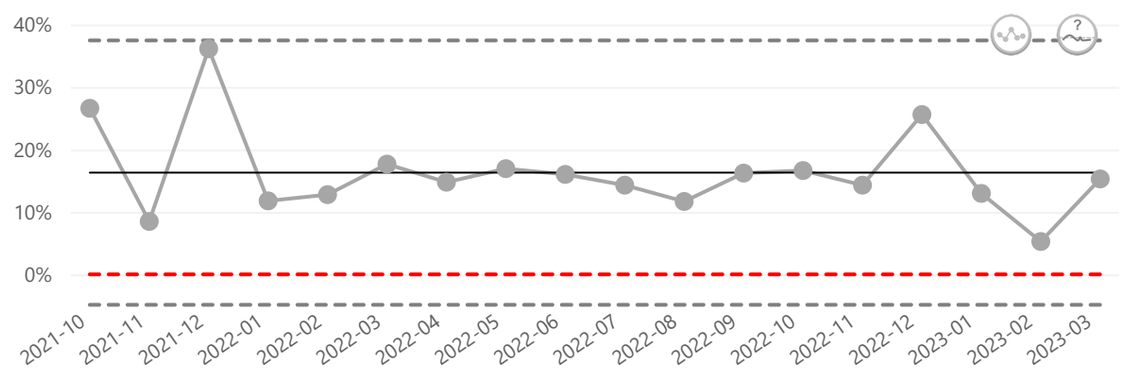
RTT Incomplete Pathways - Over 104 Weeks



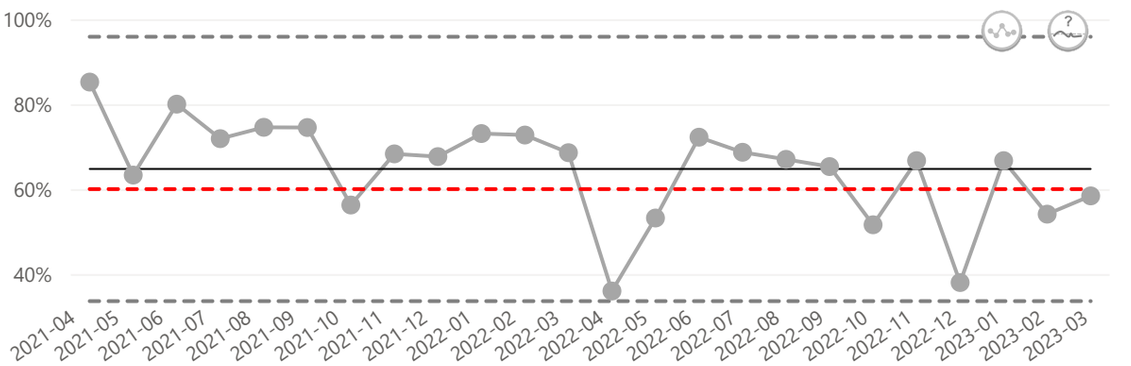
Total 52 week waits – completed



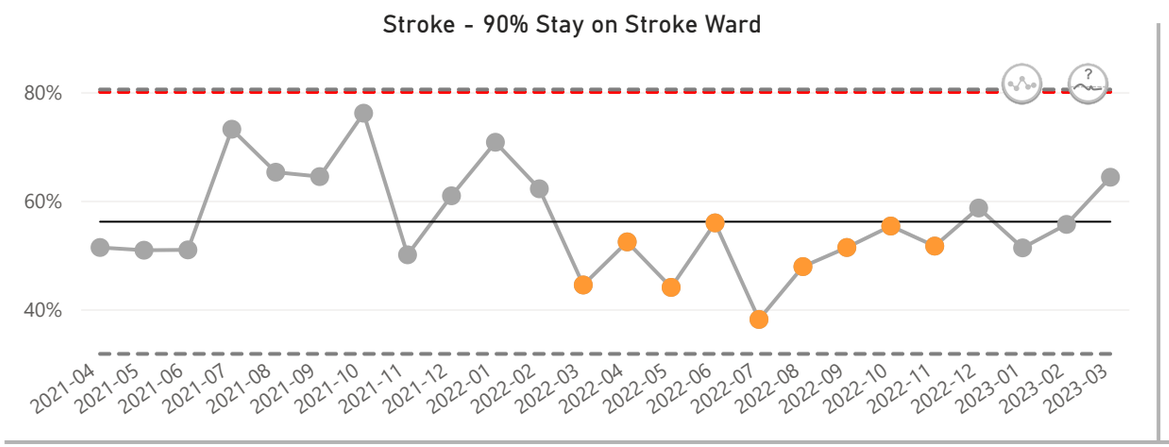
On the Day Cancelled Operations for Non-Clinical Reasons - % not admitted within 28 days



TIA - High Risk Treated within 24Hrs



Operations


Stroke - 90% Stay on Stroke Ward
80%
60%
40%
2021-04
2021-05
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2021-10
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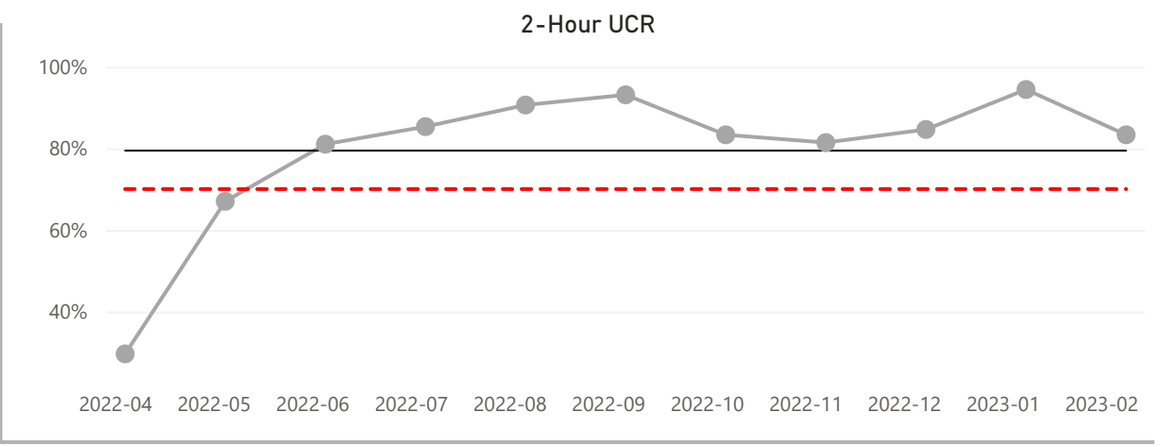
2-Hour UCR
100%
80%
60%
40%
2022-04
2022-05
2022-06
2022-07
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2022-10
2022-11
2022-12
2023-01
2023-02

Blackpool Teaching Hospitals
NHS Foundation Trust

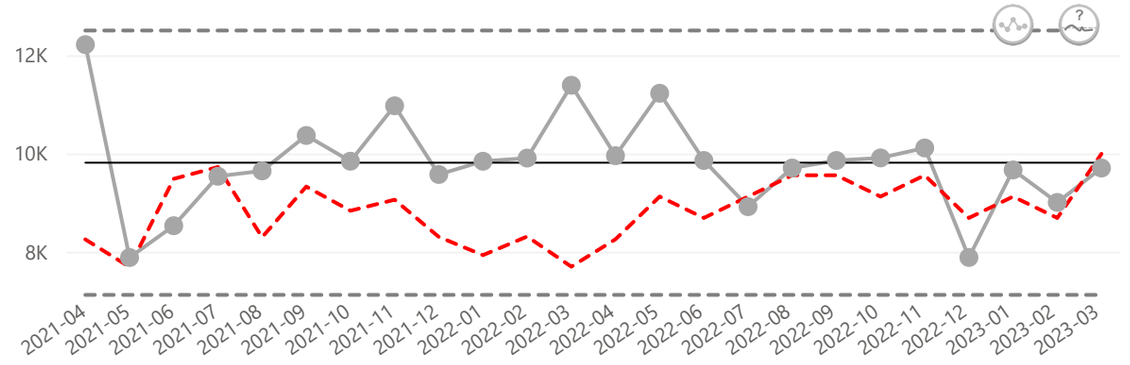
Activity

Operations

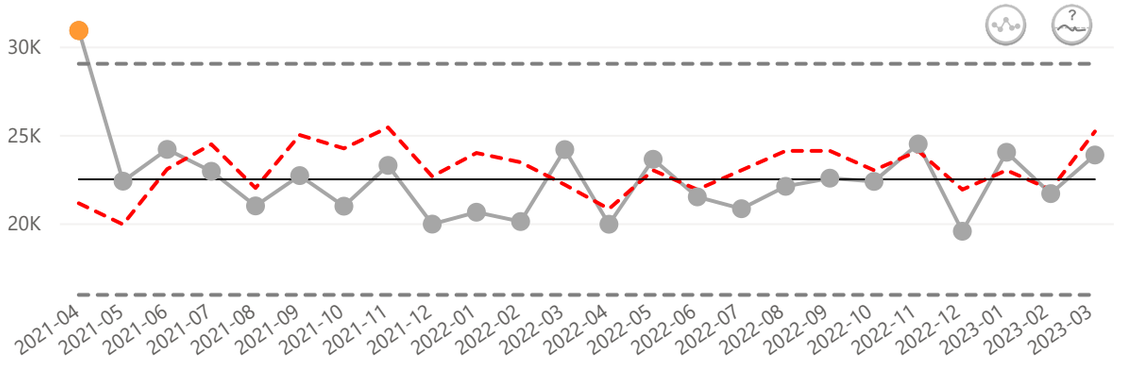
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Outpatient New	9991	9703	Mar 23			8687	9003	Feb 23	109461	115789
Outpatient Follow Up	25189	23860	Mar 23			21903	21675	Feb 23	275980	266455
Day Case	5154	5284	Mar 23			4481	4493	Feb 23	56461	54610
Elective Inpatient	550	516	Mar 23			479	435	Feb 23	6032	5173
Non-Elective Inpatient	4458	4658	Mar 23			4027	4041	Feb 23	52489	51297
ED Attendances	6944	6478	Mar 23			6272	5681	Feb 23	81760	74882

Operations

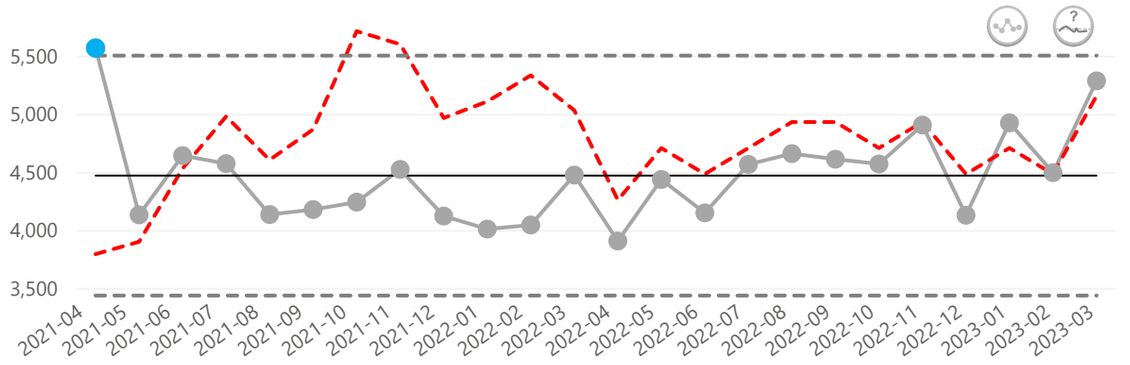
Outpatient New



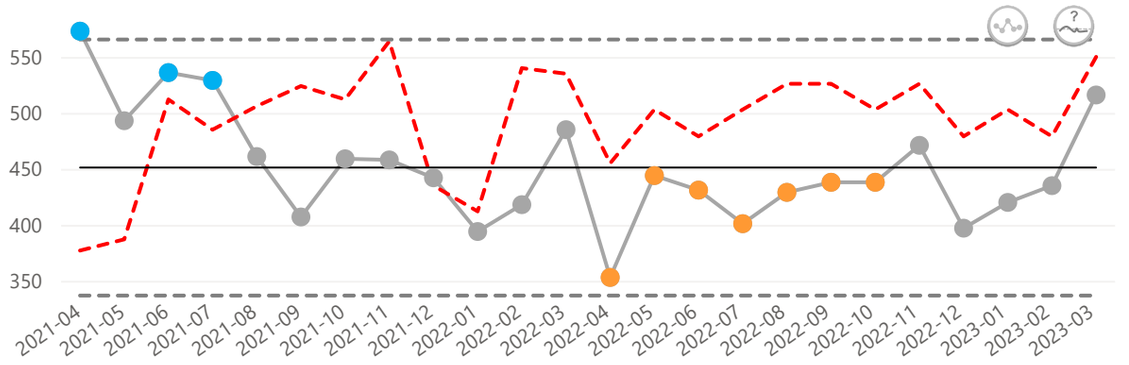
Outpatient Follow Up



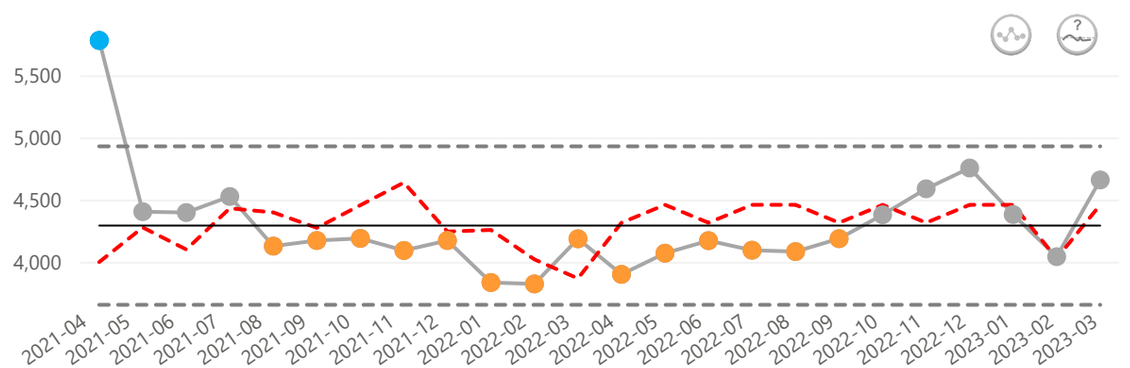
Day Case



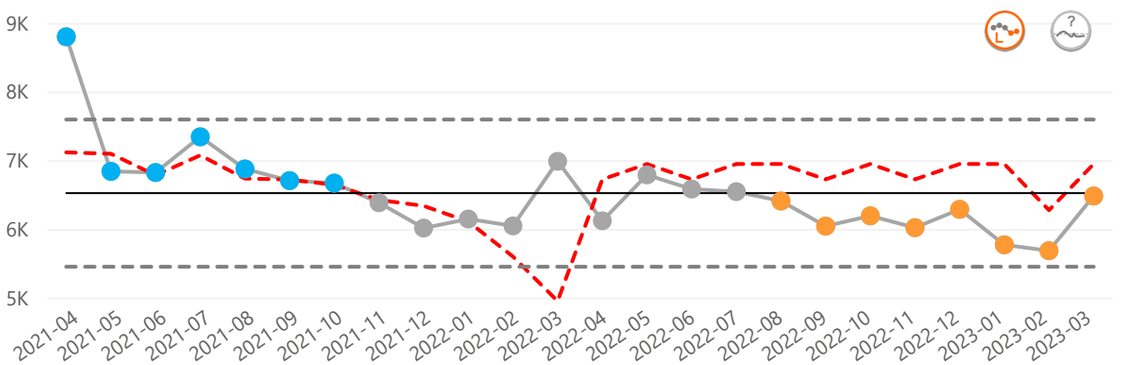
Elective Inpatient



Non-Elective Inpatient



ED Attendances



Blackpool Teaching Hospitals
NHS Foundation Trust

Cancer

Cancer
Cancer Performance continues to be a key focus within the Trust with ongoing challenges to meet the national standards.

The 2WW performance achieved the standard in February at 94.4% but is predicted to deteriorate in March due to capacity issues within the GI pathways and the breast service with mutual aid being provided within the PCB to give short term support due to absences within the Breast clinical team.

The 28-day performance remains a consistent challenge to meet the performance standard significant improvement was seen in month with 74.3% achievement against the 75% standard. Although positive in month this is not yet a sustained improvement and focused work is commencing to review and streamline pathways in line with national best practice to improve this consistently.

The 62-day cancer backlog continues to reduce with 141 patients over 62 days at month end compared to 203 in February, hitting the forecast to reduce below 150 by the end of March.

The Trust has consistently under achieved against the 85% 62-day treatment standard and in month performance is 57.3%. Performance is not expected to significantly improve until the 62-day backlog is cleared.

Management Actions
The Trust is using the Weekly Cancer PTL meetings and Divisional PIDA meetings to monitor the Cancer Performance. The details of workstreams and their progress is included within the Cancer Performance report presented to the Finance and Performance Committee.

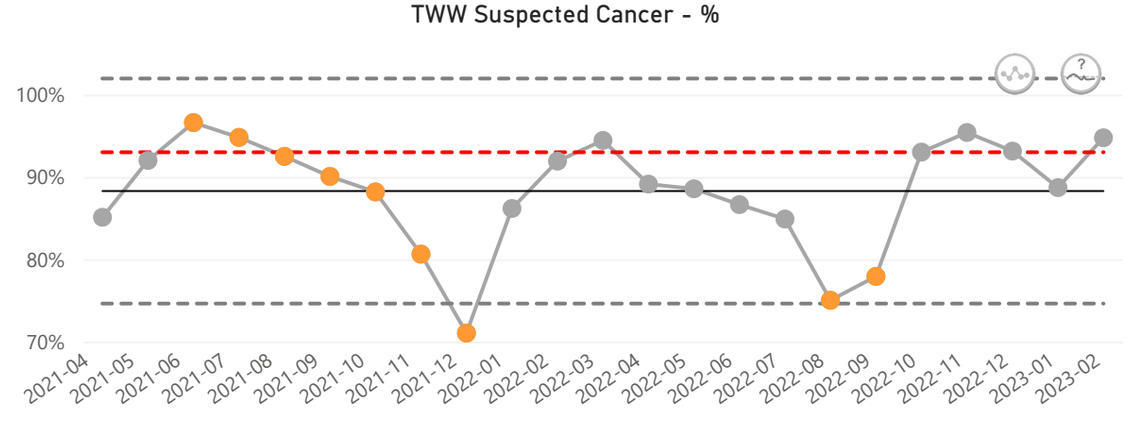
The Gastroenterology department are developing a workforce strategy case to present to the Executive team in April 2023 to support recruitment to current vacant posts and provide a sustainable staffing plan for the 6 endoscopy rooms.
Weekly assurance and support meetings have been taking place with the Cancer Alliance to review cancer recovery plans and additional funding has been allocated from the cancer alliance to fund some additional short-term sessions to aid improvement in Upper GI, Lower GI, Gynaecology, & Urology tumour groups which account for over 90% of the noncompliance.

A Sustainability programme is being developed in line with cancer recovery planning guidance. The new performance standards and trust trajectories for 2023/24 will be updated in the April IPR.

Operations

	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
TWW Suspected Cancer - %	93%	94.7%	Feb 23		?	93%	88.7%	Jan 23		
TWW Breast Symptomatic - %	93%	93.3%	Feb 23	H	?	93%	97.2%	Jan 23		
28 Days Faster Diagnosis Standard - %	75%	74.3%	Feb 23		?	75%	63.4%	Jan 23		
31 Days First Treatment - %	96%	89.0%	Feb 23	L	?	96%	87.0%	Jan 23		
31 Days Subsequent Treatment - Drugs - %	98%	100%	Feb 23		?	98%	100%	Jan 23		
31 Days Subsequent Treatment - Surgery - %	94%	91.6%	Feb 23		?	94%	92.3%	Jan 23		
62 Days GP Referred (Classic) - %	85%	57.3%	Feb 23		F	85%	62.9%	Jan 23		
62 Days National Screening - %	90%	41.1%	Feb 23		F	90%	57.1%	Jan 23		
62 Days Consultant Upgrade - %	85%	65%	Feb 23		?	85%	72.9%	Jan 23		
62 Days - GP Referred (Classic) Open Pathways >62 Days	95	141	Mar 23		?	110	203	Feb 23	95	141
62 Days - GP Referred (Classic) Open Pathways >104 Days		66	Mar 23	H			86	Feb 23		66

Operations


TWW Suspected Cancer - %
100%
90%
80%
70%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
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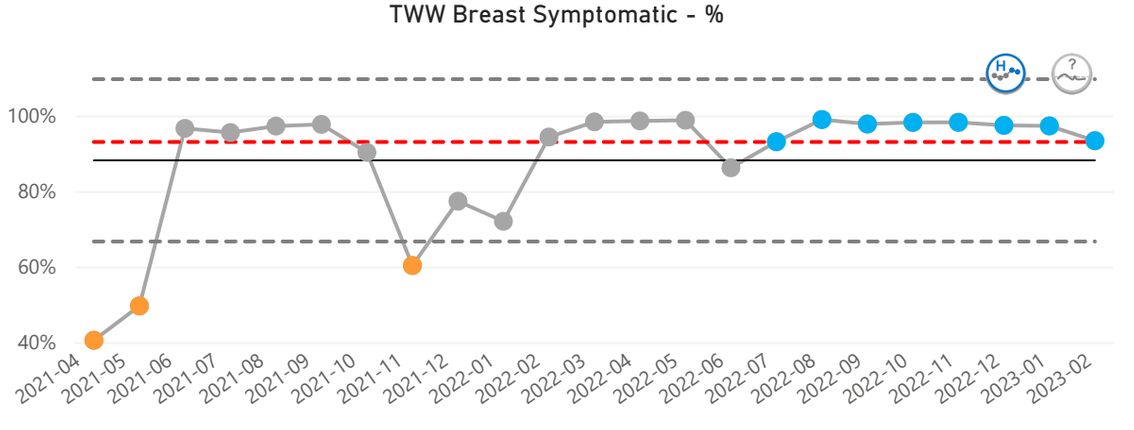
2022-11
2022-12
2023-01
2023-02


TWW Breast Symptomatic - %
100%
80%
60%
40%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
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2022-04
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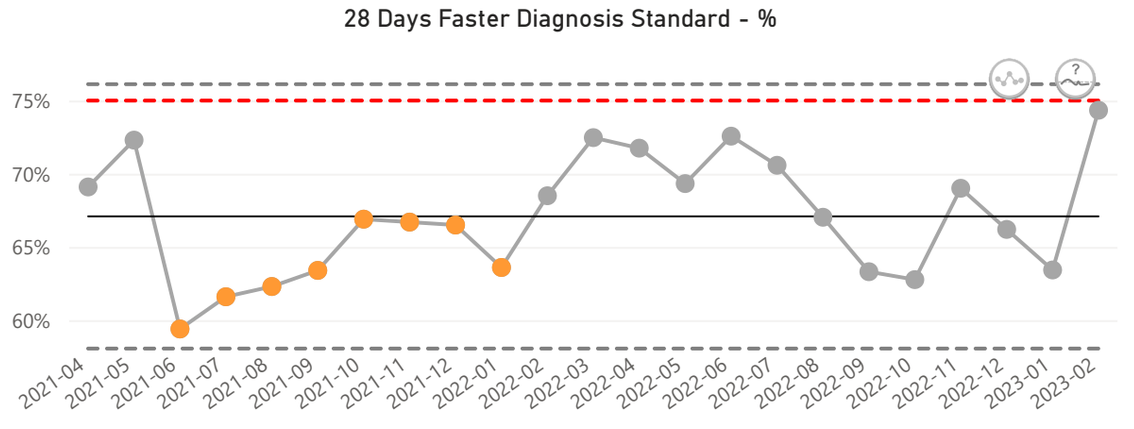
2022-11
2022-12
2023-01
2023-02


28 Days Faster Diagnosis Standard - %
75%
70%
65%
60%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
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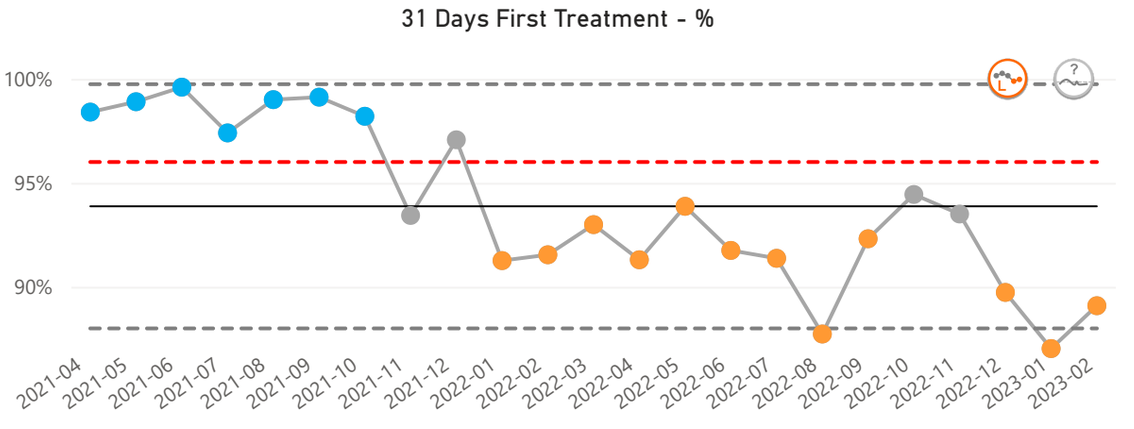
2022-11
2022-12
2023-01
2023-02


31 Days First Treatment - %
100%
95%
90%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
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2022-04
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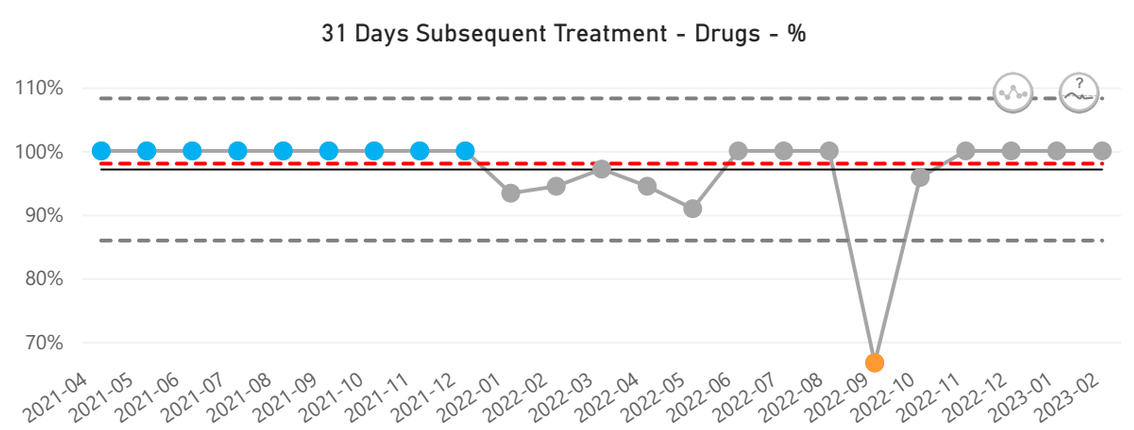
2023-01
2023-02


31 Days Subsequent Treatment - Drugs - %
110%
100%
90%
80%
70%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
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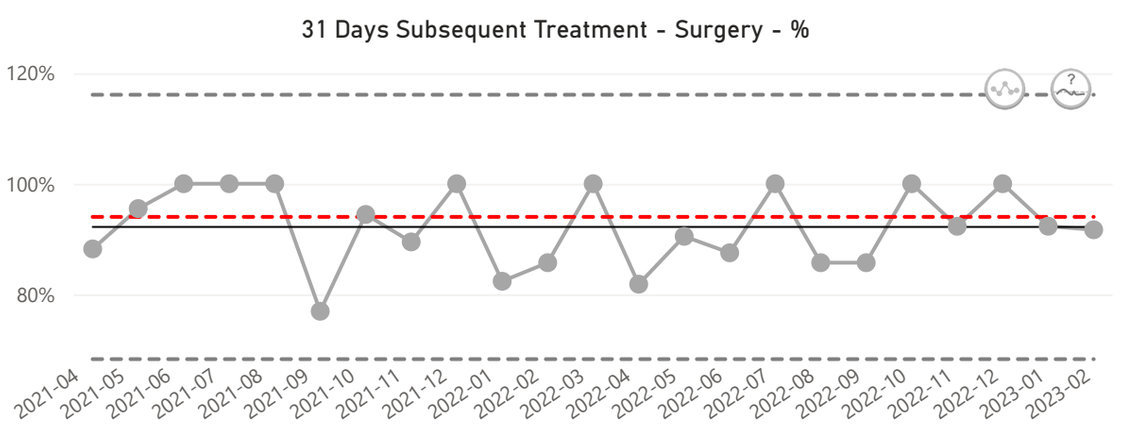
2022-10
2022-11
2022-12
2023-01
2023-02


31 Days Subsequent Treatment - Surgery - %
120%
100%
80%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
2022-06
2022-07
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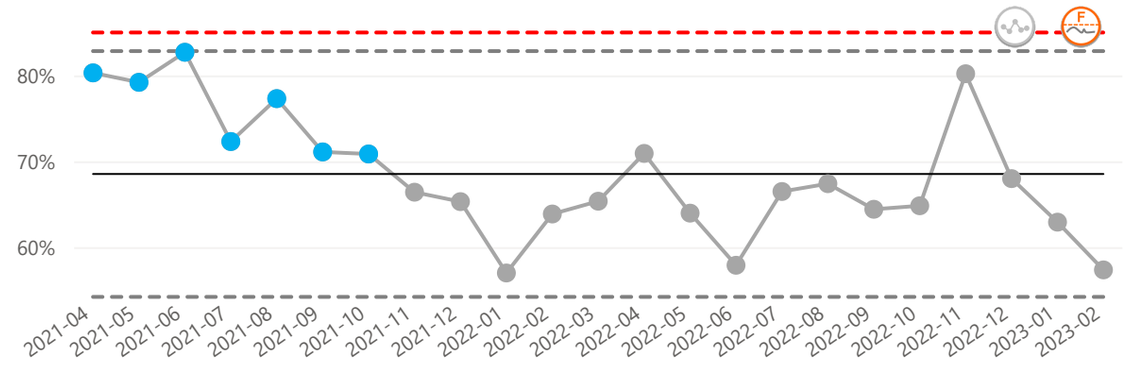
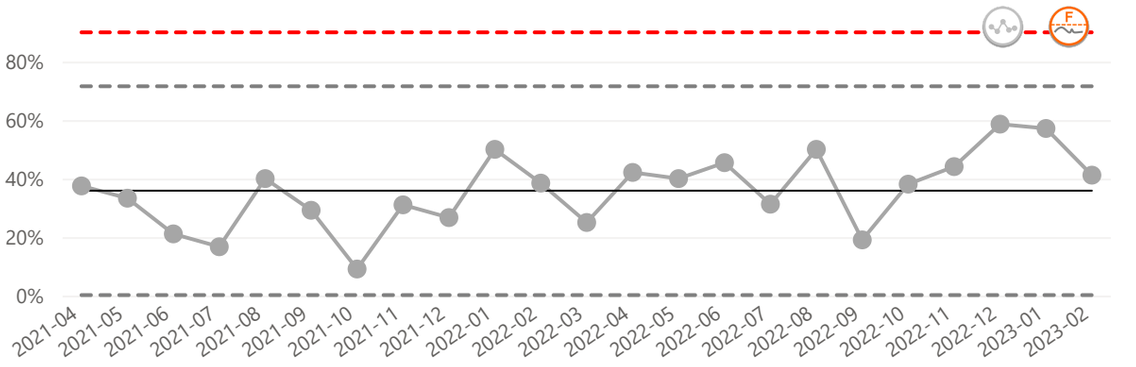
2022-12
2023-01
2023-02

Operations

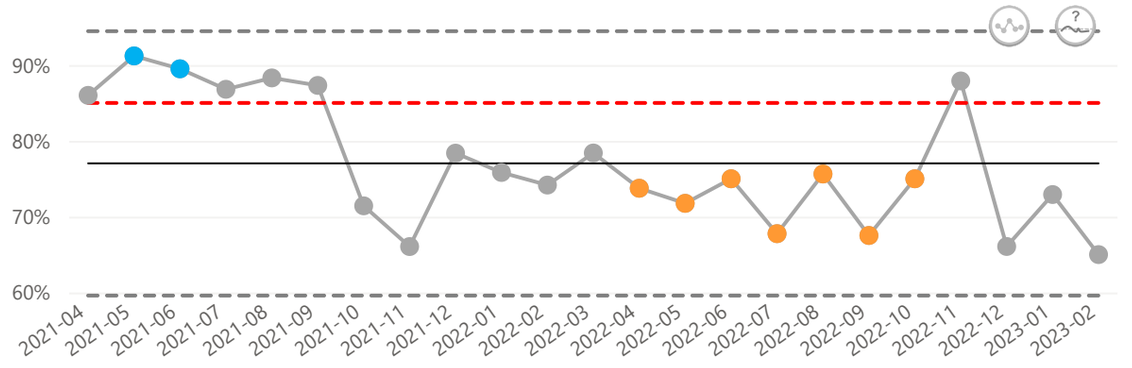
62 Days GP Referred (Classic) - %



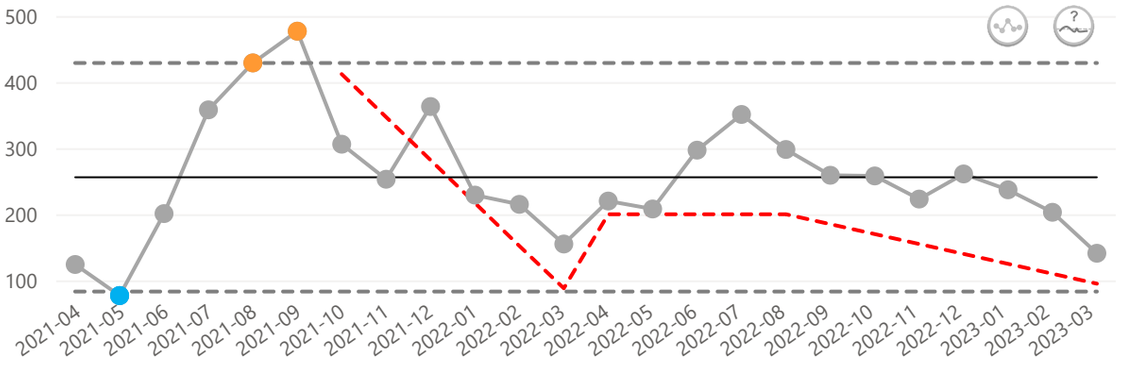
62 Days National Screening - %



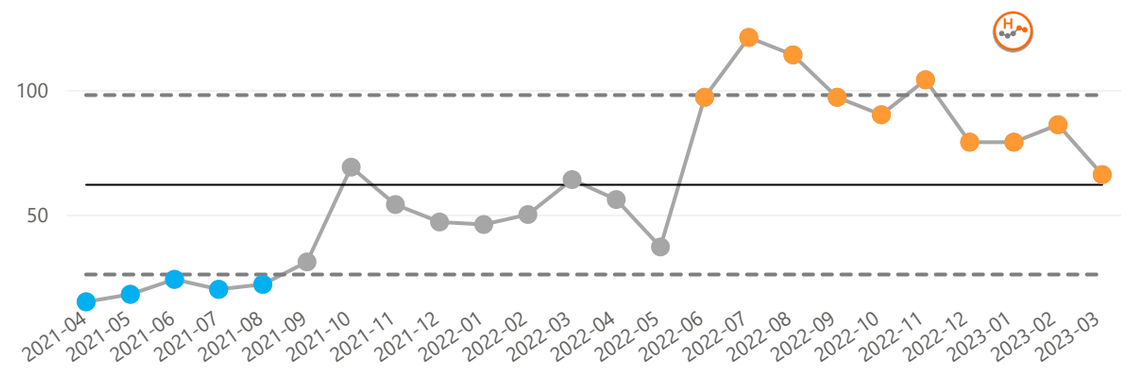
62 Days Consultant Upgrade - %



62 Days - GP Referred (Classic) Open Pathways >62 Days



62 Days - GP Referred (Classic) Open Pathways >104 Days



Blackpool Teaching Hospitals
NHS Foundation Trust

Productivity

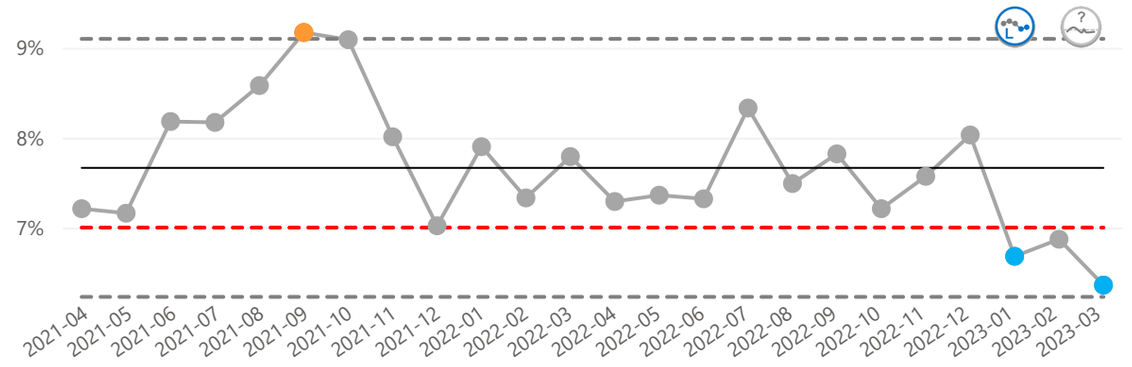
Productivity
- OP Slot Utilisation – triggering due to inconsistent achievement of the target
- Bed Occupancy – BTH – triggering due to consistent non-achievement of the target
- Stranded Patients (>6 Days LOS) – triggering due to consecutive data points above the average (suggesting deterioration)
- Theatre Utilisation – triggering due to consistent non-achievement of the target

Operations

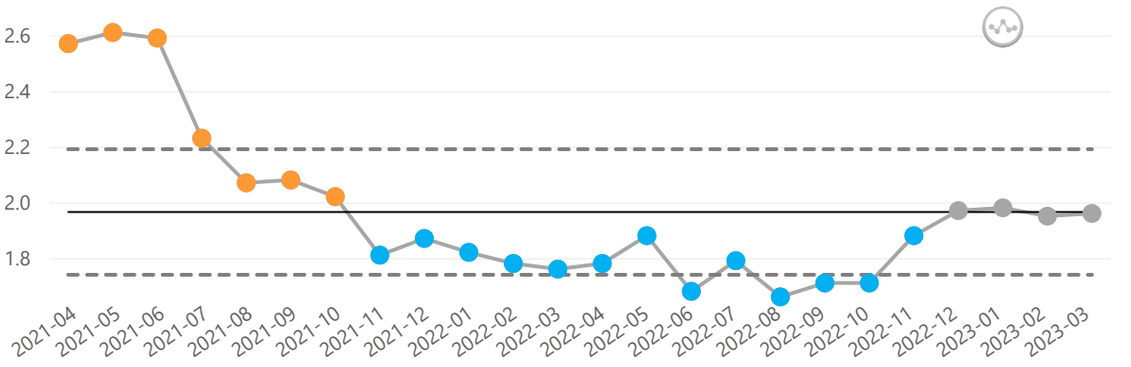
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
DNA rate (OPD) %	7%	6.36%	Mar 23	L	?	7%	6.87%	Feb 23		
New:Follow Up rate		1.96	Mar 23				1.95	Feb 23		1.96
OP Slot Utilisation	95%	91.8%	Mar 23		?	95%	94.1%	Feb 23		
ED Conversion Rate		39.0%	Mar 23				39.3%	Feb 23		
Bed Occupancy - BTH	85%	93.2%	Mar 23		F	85%	94.6%	Feb 23		
Stranded Patients (>6 Days LOS)		347	Mar 23	H			358	Feb 23		347
Super Stranded Patients (>20 Days LOS)		118	Mar 23				116	Feb 23		118
Theatre Utilisation, All Specialties, Urgent & Elective	85%	71.6%	Mar 23		F	85%	72.5%	Feb 23		
Data Quality Maturity Indicator	82.5%	91.5%	Nov 22		P	82.5%	91.4%	Oct 22		
Depth of Coding		5.44	Jan 23	L			6.92	Dec 22		5.44
PIFU Open Pathways	0.05%	0.4%	Mar 23	H	?	0.05%	0.3%	Feb 23		

Operations

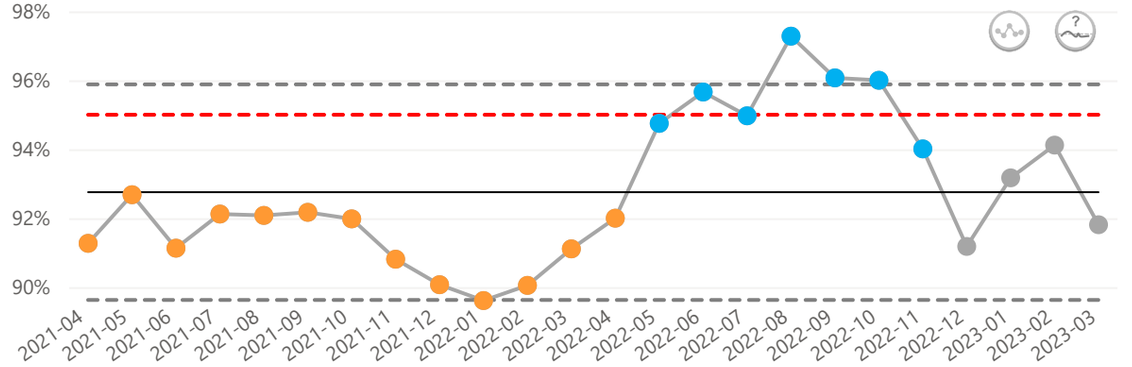
DNA rate (OPD) %



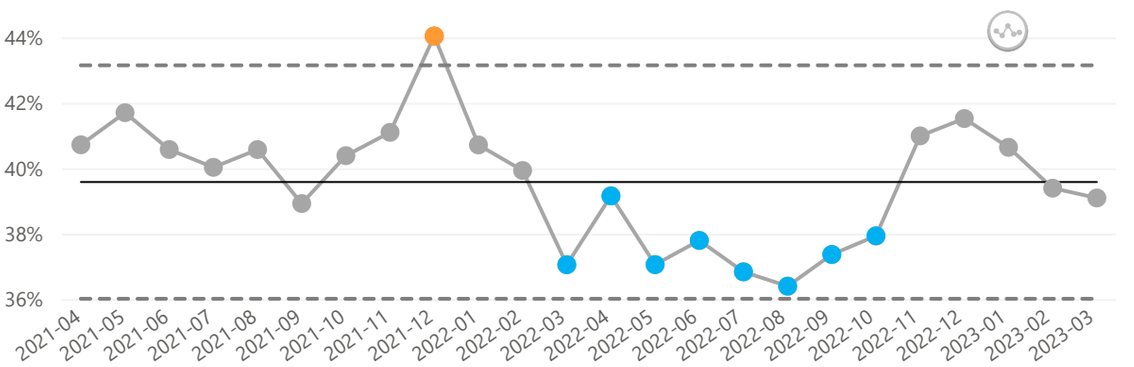
New:Follow Up rate



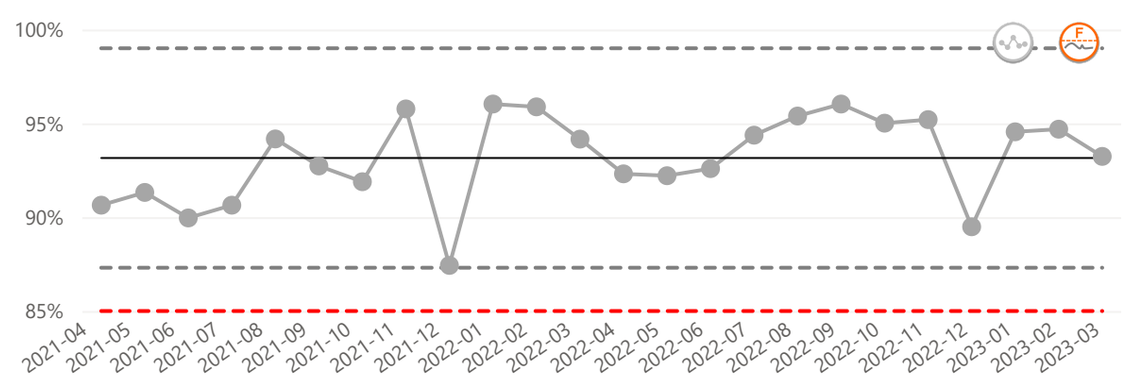
OP Slot Utilisation



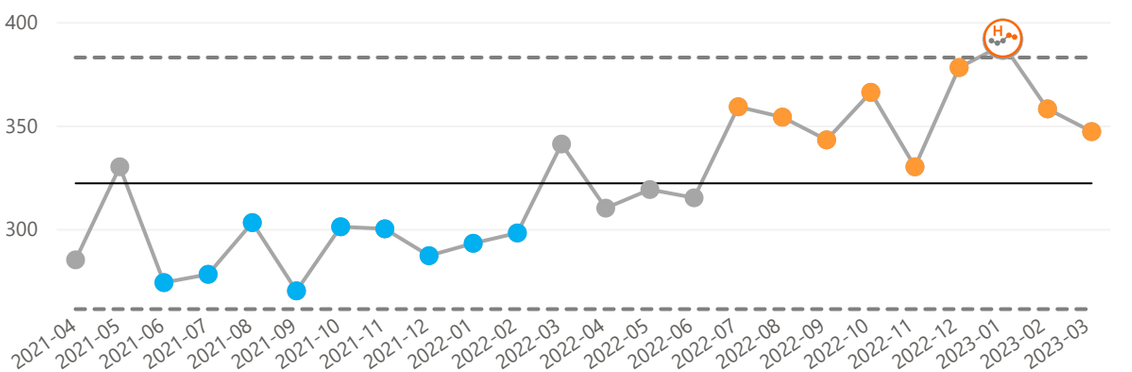
ED Conversion Rate



Bed Occupancy - BTH

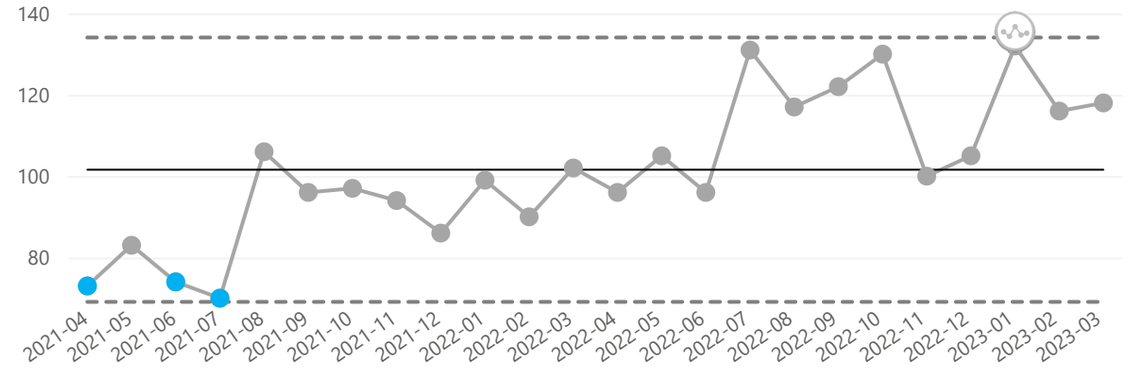


Stranded Patients (>6 Days LOS)

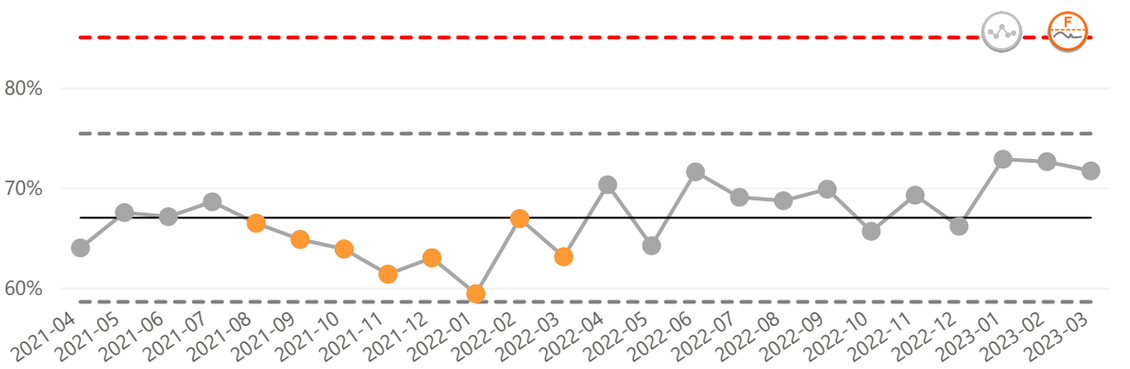


Operations

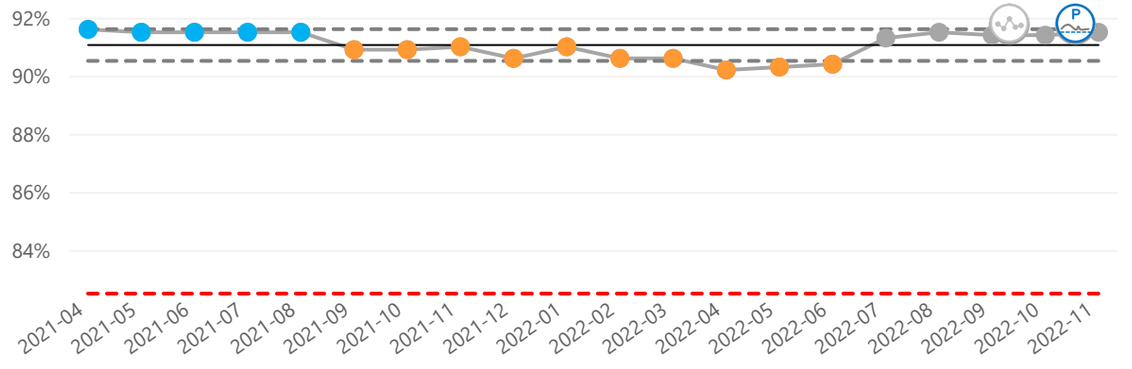
Super Stranded Patients (>20 Days LOS)



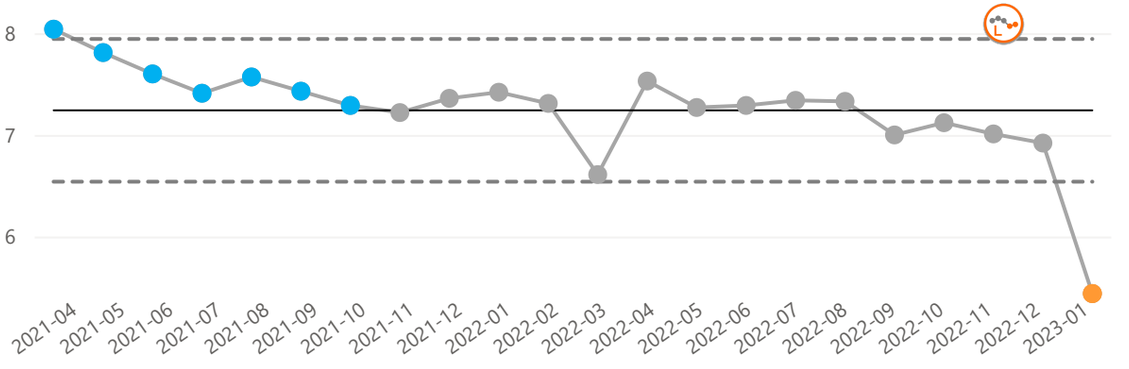
Theatre Utilisation, All Specialties, Urgent & Elective



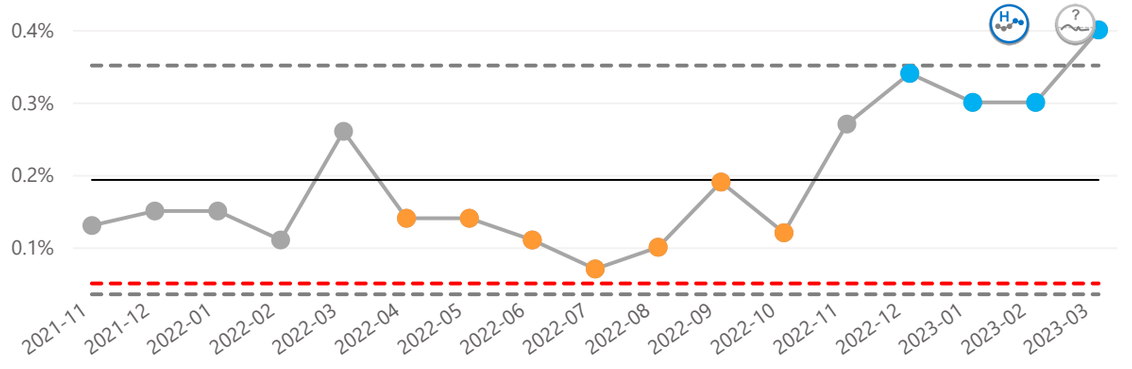
Data Quality Maturity Indicator



Depth of Coding



PIFU Open Pathways



Blackpool Teaching Hospitals
NHS Foundation Trust

Finance

Financial Position - year to date (£m) - Year to date position is an actual deficit of £8.8m which is £8.8m more than the break even plan

Pay Spend - year to date (£m) - Year to date position is an actual spend of £423.1m which is £31.5m more than the planned spend of £391.6m. (note - the year end adjustments for employers pension contribution £14.2m and the non consolidated pay award £14.9m have been excluded)

Agency Spend - year to date (£m) - Year to date position is an actual spend of £40.3m which is £17.7m more than the planned spend of £22.6m

Bank Spend - year to date (£m) - Year to date position is an actual spend of £31.0m which is £20.5m more than the planned spend of £10.5m

Bank and Agency Rate run (%) - Year to date 16.9% of the paybill is spent on bank and agency which is 8.4% more than the planned spend of 8.5%

Non pay spend - year to date (£m) - Year to date position is an actual spend of £218.8m which is £2.6m less than the planned spend of £221.4m

CIP - year to date (£m) - Year to date savings of £24.0m have been delivered which is in line with plan

Capital spend - year to date - Year to date position is an actual spend of £38.8m which is £0.3m more than the planned spend of £38.5m (£26.4m original plan updated to £38.5m due to additional central funding)

Cash balance at month end - Cash balance as at 31st March 2023 is £47.8m which is £1.3m more than the planned cash balance of £46.5m

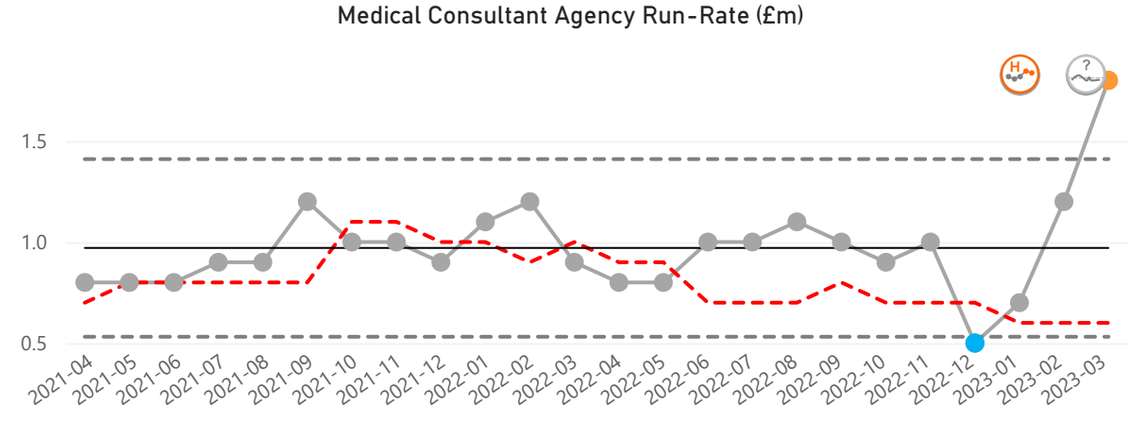
Finance

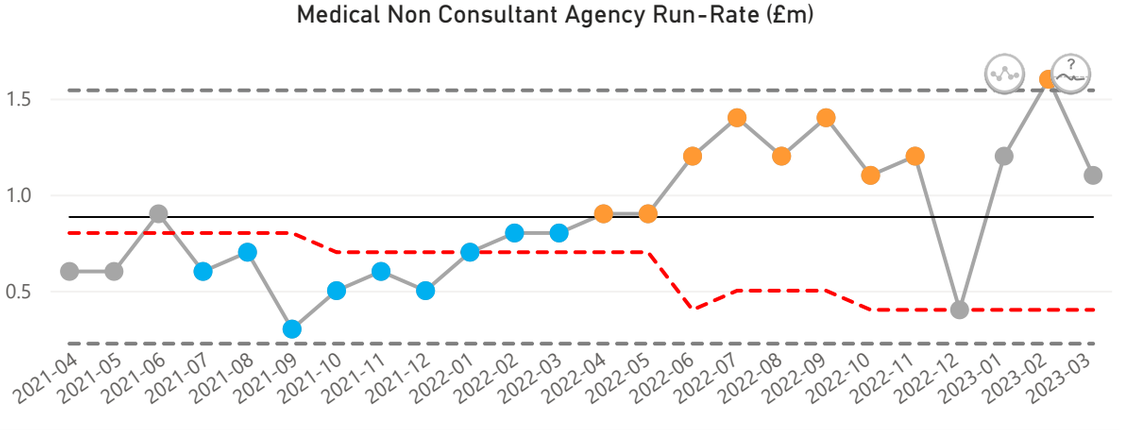
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Medical Consultant Agency Run-Rate (£m)	0.6	1.8	Mar 23	H	?	0.6	1.2	Feb 23	8.6	11.8
Medical Non Consultant Agency Run-Rate (£m)	0.4	1.1	Mar 23		?	0.4	1.6	Feb 23	5.7	13.6
Medical Consultant Bank Run-Rate (£m)	0	0	Mar 23	L	?	0	0	Feb 23	0.0	0.0
Medical Non Consultant Bank Run-Rate (£m)	0	0.2	Mar 23		?	0	0.4	Feb 23	10.0	5.1
Nurse Agency Run-Rate (£m)	0.3	0.3	Mar 23	L	F	0.3	1.5	Feb 23	7.0	13.0
Nurse Bank Run-Rate (£m)	0.8	1.3	Mar 23		?	0.8	1.1	Feb 23	10.1	12.4
Pay Run-Rate (£m)	33.3	35.4	Mar 23	H	?	32.2	36.6	Feb 23	391.6	421.7
Non Pay Run-Rate (£m)	18.8	17.5	Mar 23		?	18	19.4	Feb 23	221.3	219.9
Capital Spend (£m)	3.6	16.3	Mar 23			3.8	5.6	Feb 23	26.5	38.7
Cash Balance (£m)	46.5	47.8	Mar 23			50.6	45.8	Feb 23	46.5	47.8
Surplus / Deficit Against Plan (£m)	2.1	2.5	Feb 23			1.3	-1.2	Jan 23	-0.4	-12.0
QEP Performance (£m)	3	3	Mar 23			3	3	Feb 23	24.1	24.1
BPPC (by value) - In Month	95%	98.6%	Mar 23			95%	95.9%	Feb 23		
BPPC (by volume) - In Month	95%	97%	Mar 23			95%	95%	Feb 23		

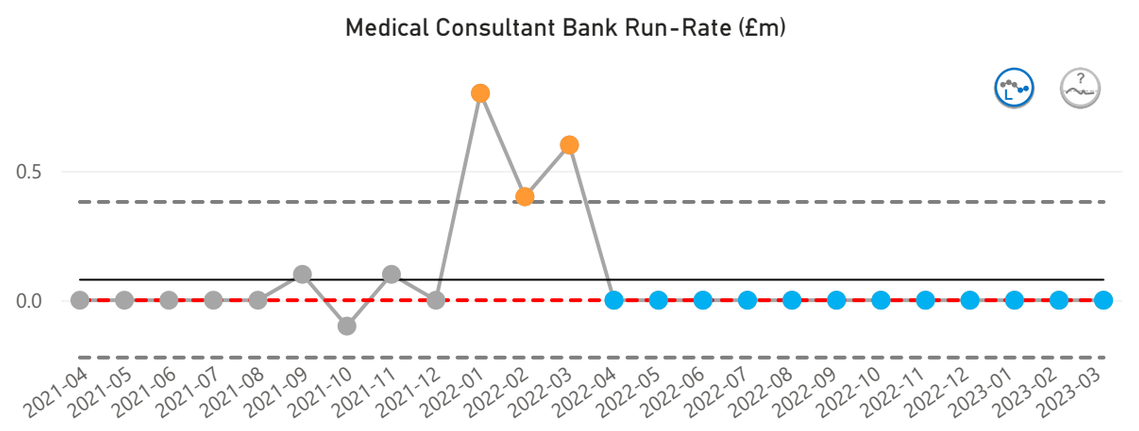
Finance

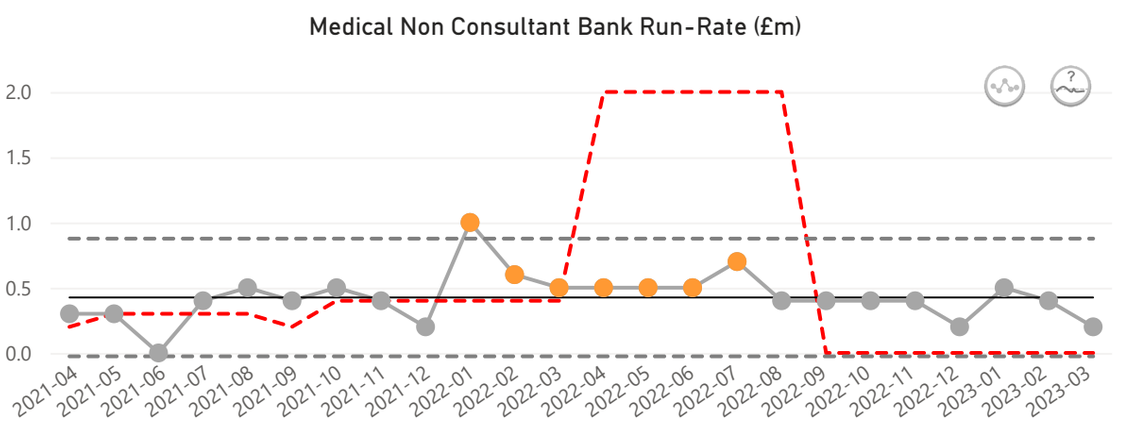
	Latest			Previous			Year to Date	
Indicator	Plan	Actual	Period	Plan	Actual	Period	Plan	Actual
BPPC (by value) - Year to Date	95%	94.4%	Mar 23	95%	93.8%	Feb 23	95%	94.4%
BPPC (by volume) - Year to Date	95%	93.4%	Mar 23	95%	93.1%	Feb 23	95%	93.4%

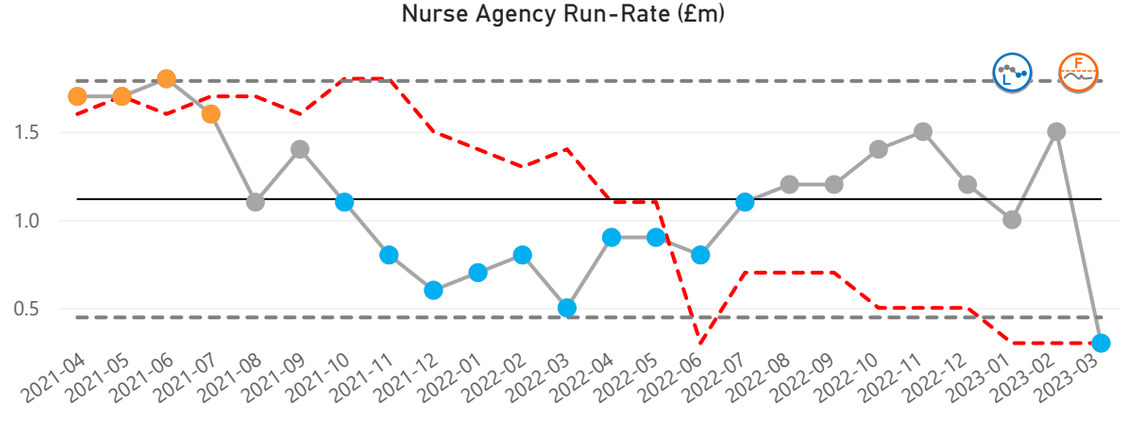
Finance

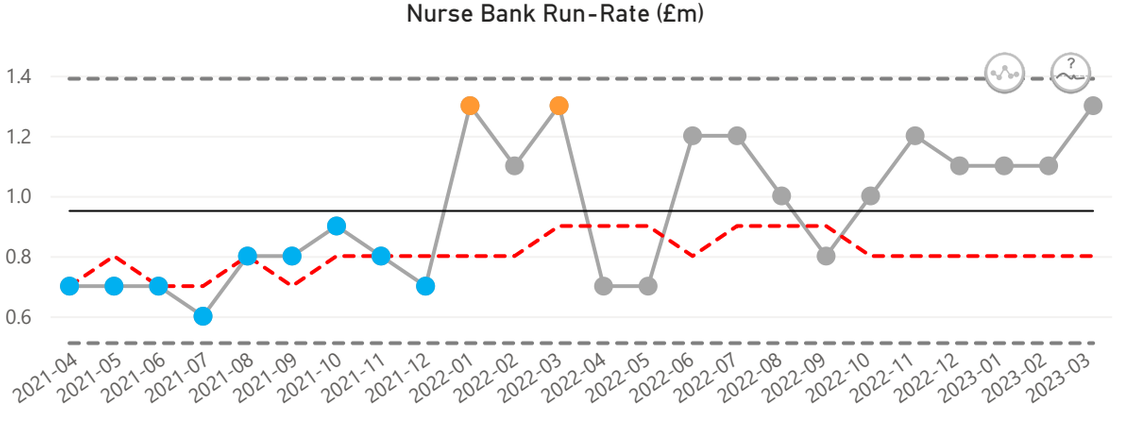

Medical Consultant Agency Run-Rate (£m)
1.5
1.0
0.5
2021-04 2021-05 2021-06 2021-07 2021-08 2021-09 2021-10 2021-11 2021-12 2022-01 2022-02 2022-03 2022-04 2022-05 2022-06 2022-07 2022-08 2022-09 2022-10 2022-11 2022-12 2023-01 2023-02 2023-03


Medical Non Consultant Agency Run-Rate (£m)
1.5
1.0
0.5
2021-04 2021-05 2021-06 2021-07 2021-08 2021-09 2021-10 2021-11 2021-12 2022-01 2022-02 2022-03 2022-04 2022-05 2022-06 2022-07 2022-08 2022-09 2022-10 2022-11 2022-12 2023-01 2023-02 2023-03

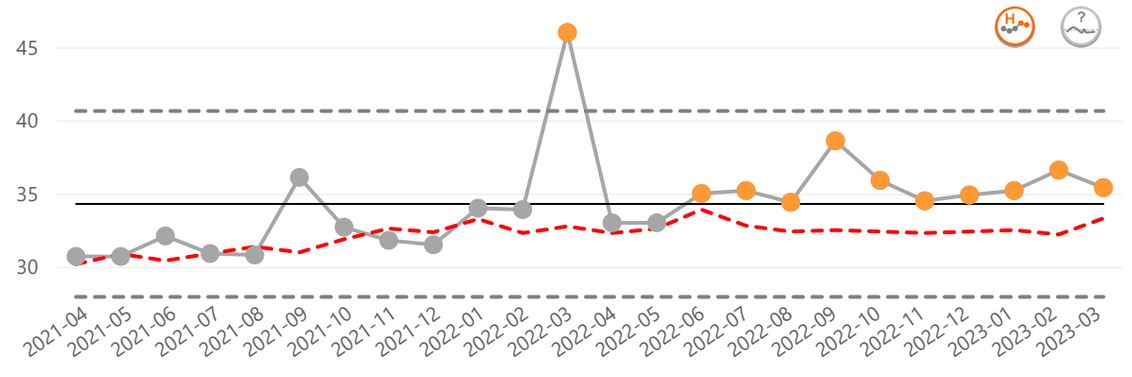

Medical Consultant Bank Run-Rate (£m)
0.5
0.0
2021-04 2021-05 2021-06 2021-07 2021-08 2021-09 2021-10 2021-11 2021-12 2022-01 2022-02 2022-03 2022-04 2022-05 2022-06 2022-07 2022-08 2022-09 2022-10 2022-11 2022-12 2023-01 2023-02 2023-03


Medical Non Consultant Bank Run-Rate (£m)
2.0
1.5
1.0
0.5
0.0
2021-04 2021-05 2021-06 2021-07 2021-08 2021-09 2021-10 2021-11 2021-12 2022-01 2022-02 2022-03 2022-04 2022-05 2022-06 2022-07 2022-08 2022-09 2022-10 2022-11 2022-12 2023-01 2023-02 2023-03


Nurse Agency Run-Rate (£m)
1.5
1.0
0.5
2021-04 2021-05 2021-06 2021-07 2021-08 2021-09 2021-10 2021-11 2021-12 2022-01 2022-02 2022-03 2022-04 2022-05 2022-06 2022-07 2022-08 2022-09 2022-10 2022-11 2022-12 2023-01 2023-02 2023-03


Nurse Bank Run-Rate (£m)
1.4
1.2
1.0
0.8
0.6
2021-04 2021-05 2021-06 2021-07 2021-08 2021-09 2021-10 2021-11 2021-12 2022-01 2022-02 2022-03 2022-04 2022-05 2022-06 2022-07 2022-08 2022-09 2022-10 2022-11 2022-12 2023-01 2023-02 2023-03

Finance


Pay Run-Rate (£m)
45
40
35
30
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
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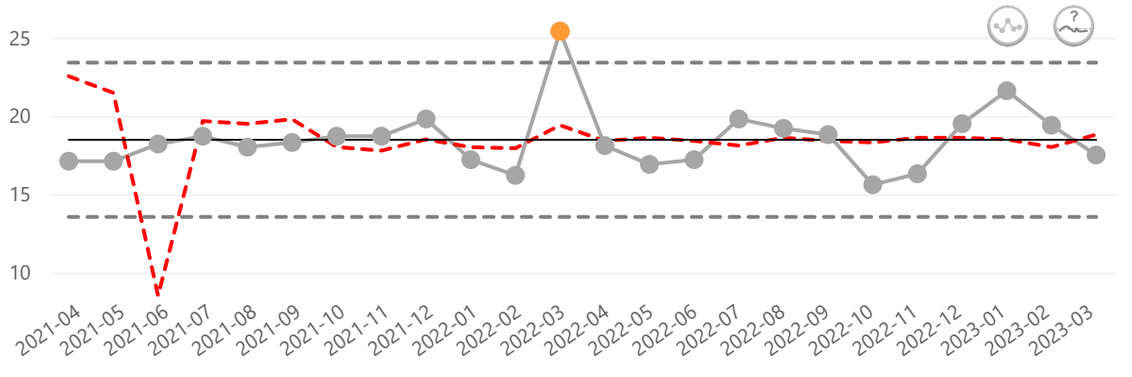
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02
2023-03


Non Pay Run-Rate (£m)
25
20
15
10
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
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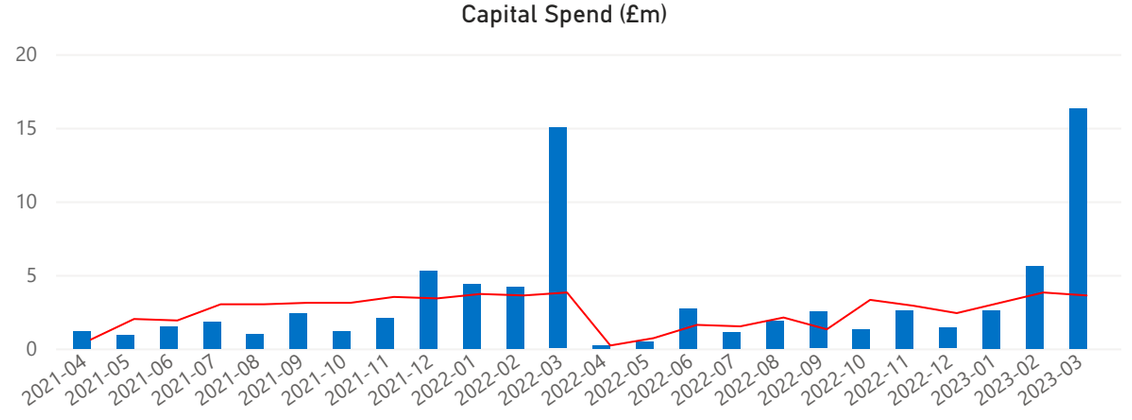
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02
2023-03


Capital Spend (£m)
20
15
10
5
0
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
2022-06
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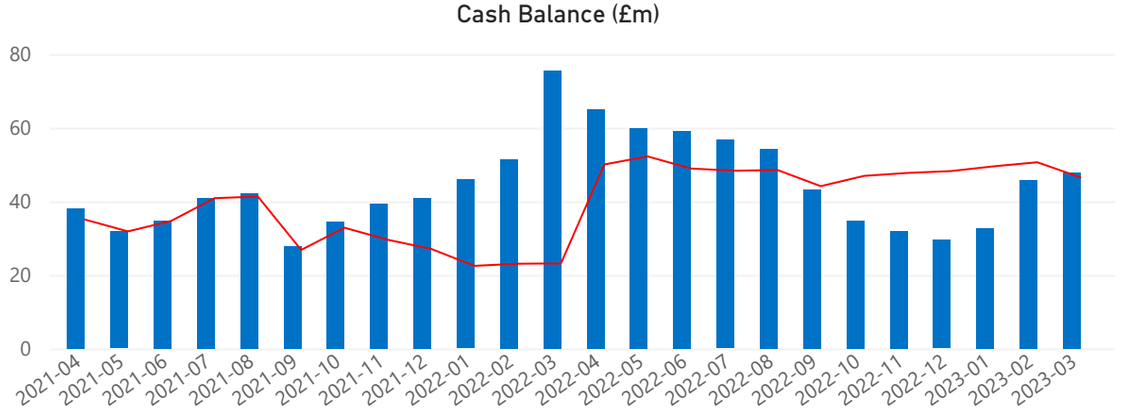
2022-12
2023-01
2023-02
2023-03


Cash Balance (£m)
80
60
40
20
0
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
2022-06
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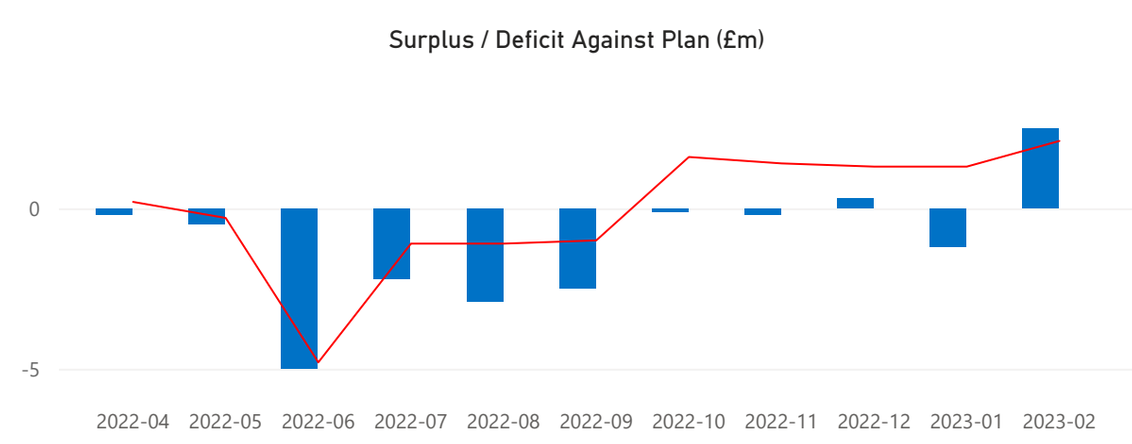
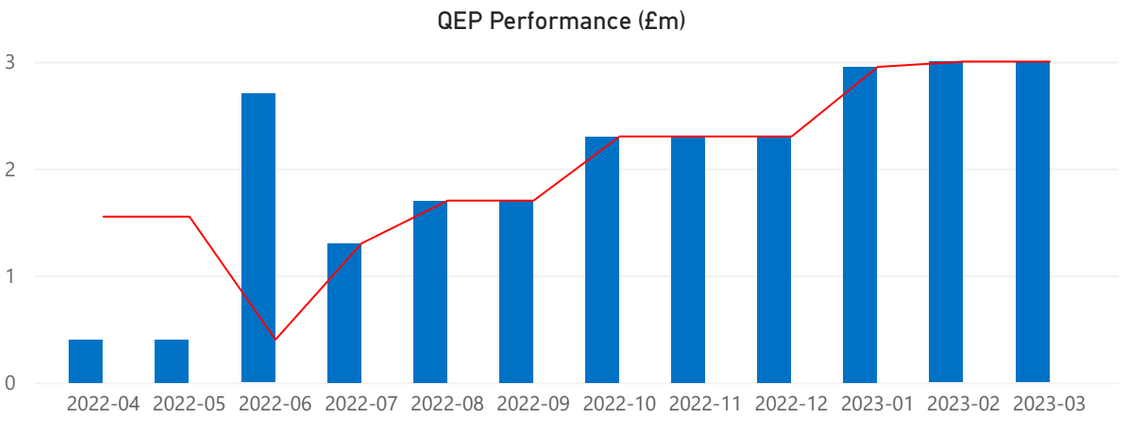
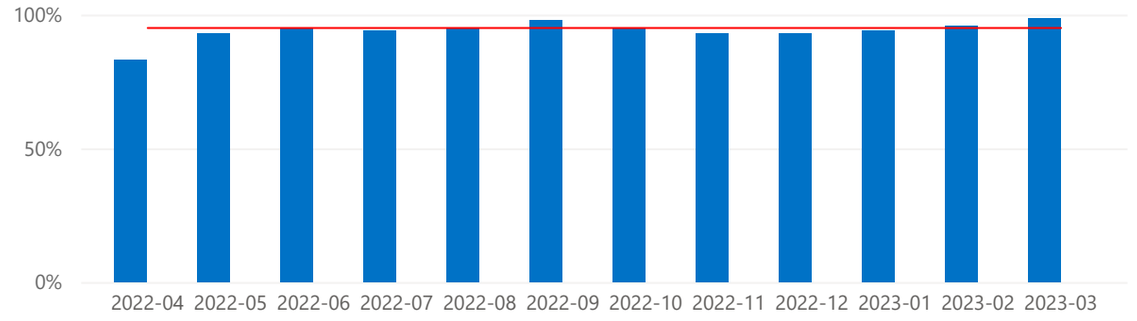
2023-01
2023-02
2023-03


Surplus / Deficit Against Plan (£m)
0
-5
2022-04
2022-05
2022-06
2022-07
2022-08
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02

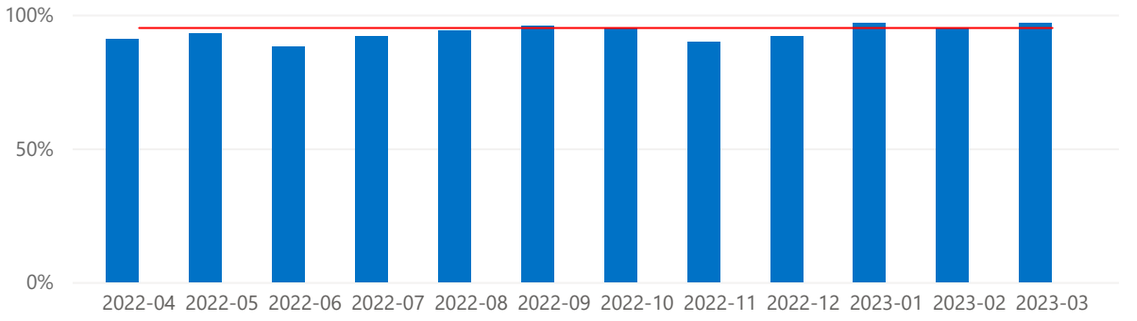

QEP Performance (£m)
3
2
1
0
2022-04
2022-05
2022-06
2022-07
2022-08
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02
2023-03

Finance

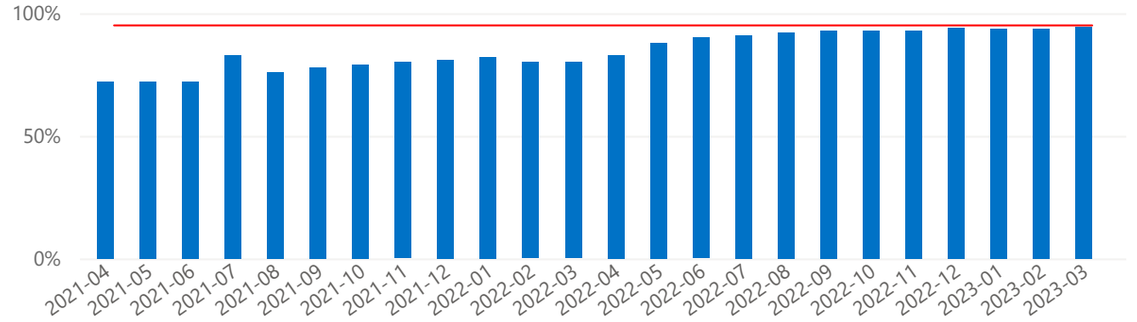
BPPC (by value) - In Month



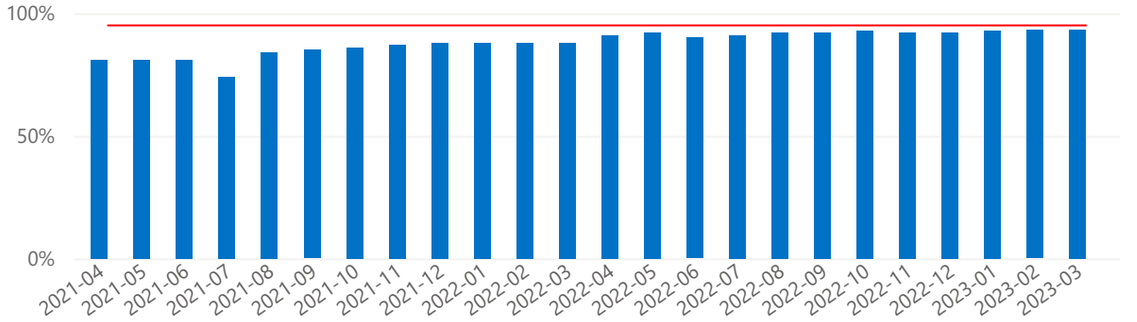
BPPC (by volume) - In Month



BPPC (by value) - Year to Date



BPPC (by volume) - Year to Date



Blackpool Teaching Hospitals NHS Foundation Trust

Title	Finance & Performance Committee Escalation Report

Meeting:	Board of Directors in Public
Date:	4th May 2023

Author	Esther Steel, Director of Corporate Governance					
NED Sponsor	Robbie Ryan					
Purpose	Assurance	x	Discussion	x	Decision	

Confidential y/n	No

Summary *(what)*	To update the Board on the alerts, assurance and advise content, discussed at the Finance & Performance (F&P) Committees on: - Thursday 30th March 2023 - Thursday 27th April 2023. Both meetings focused on financial and operational challenges with areas for alert are identified within both escalation reports.

Previously considered by	n/a

Implications *(so what)*	Board members are asked to note

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications	None noted

Proposed Resolution *(What next)*	The Board of Directors is asked to note the F&P Committee's Escalation Reports

Committee/Group Chair's Report

Blackpool Teaching Hospitals NHS Foundation Trust

Name of Committee/Group:	Finance and Performance	**Report to:**	Board of Directors
Date of Meeting:	30 March 2023	**Date of next meeting:**	27 April 2023
Chair:	Mark Beaton	**Parent Committee:**	Board of Directors

Introduction

Quorate meeting held on MS Teams, good engagement in discussion with a focus on key operational and financial challenges.

Last meeting for Mark Beaton as Chair of the Committee Mark Beaton was thanked for his engagement in the Committee and responded to thank everyone doing the day to day work for our patients and staff

Alert

What	So What	What Next
Cancer Exception Two week wait performance improved in February and unvalidated performance currently predicts an achievement of the standard however, this is forecast to deteriorate in March due to capacity issues within the breast service with mutual aid being provided within the PCB to give short term support. The 28-day performance remains a consistent challenge to meet the performance standard. Additional funding has been allocated from the cancer alliance to fund some additional short term sessions to aid improvement in Upper GI, Lower GI, Gynaecology, & Urology tumour groups which account for over 90% of the noncompliance. The 62-day cancer backlog continues to reduce with weekly assurance meetings in place with the cancer alliance to support the delivery of the recovery plan. Significant progress has been made in month with a current reduced backlog position of 138 (target of 50	Committee members discussed performance and noted the progress made. Asked if any other areas potentially unsighted – breast is only area of concern but do have bridging plans2ww standard okay	Work will continue to focus on reducing the 62 day backlog to pre pandemic levels and enable us to move focus to achievement of the 28 day faster diagnosis standard and restoring 62 day performance as we move into 2023/24 A Sustainability programme is being developed in line with cancer recovery planning guidance. The new performance standards and trust trajectories for 2023/24 will be updated in the April IPR.

Committee/Group Chair's Report

Blackpool Teaching Hospitals NHS Foundation Trust

RTT and elective waits Cardiology have eradicated all 78 weeks other than patients who have elected to wait – still aiming to be at zero – positive performance No waits above 78 weeks is target going forward – confident that this will be maintained going forward. From April will monitor against new standards for 23/24	Trajectory will reduce and we have plans to achieve this.	Focus will then be diagnostics and have submitted a trajectory to achieve it. From April will need to move to reporting on activity – target for 115% elective recovery – monthly reporting through F and P
Integrated Performance Report Urgent and Emergency care – ambulance handover and bed occupancy remain challenged this is picked up in PFIP programme	Committee members agreed that while the elective recovery was commendable, we are still not at a level that we would deem acceptable and performance has been achieved at a significant cost. Committee members discussed the metrics included in the report noting the process for any change to reported metrics.	Going forward to 2023/24 have plans to manage in line with the national asks – caveats are the sustainability of performance in terms of care and cost effectiveness – e.g. gastro
Financial Performance Report Committee members received the month 11 finance report and noted the deficit position of 11.9 m - this is above the forecast figure but on track to delivery year end plan The drivers of the adverse position are agency and bank expenditure with balance sheet flexibilities used to achieve non recurrent target Forecast full delivery of capital programme	Challenge from Committee members asking with regard to the work going on in the system if is there anything else that we can be done to expedite recruitment into substantive post Committee discussed accountability for budget management and the challenge of achieving the savings expected including an ask with regard to the actions divisions are taking to reduce overspend Discussed the management, delivery and oversight of QEP targets recognised the need for timely information and ownership of budgets with a risk assessed process against milestones to drill down to detail. Discussed process for budget setting, savings against budgets with the need to align budget plan with expenditure and live within means	Working to resolve oversight and ownership of divisional budgets Difficult situation but could and should do better – need credible plan to significantly reduce agency expenditure. Finance team confident that the final position will be £-8.8 deficit There is **low assurance** on the long-term financial sustainability – action is required to reduce the reliance on contingent workforce.

2023/24 financial and operational plan The presentation summarised the financial, activity and workforce assumptions which result in a £71.4m deficit. The Trust is still in the draft submission stage and is working towards a 4.5% QEP which will give the Trust an overall deficit position currently at £68,000,000.	Discussed plans and benchmark plans – organisations continue to develop assumptions -	Noted that this is an iterative and dynamic position
Cash – The current forecast indicates that cash will run out end of Q2 beginning of Q3 – this is a significant concern and an application for contingency funding may be required	Feb improvement in cash position but anticipate this being spent in 2023/24	Continue to monitor – **low assurance** on future cash position
Assurance		
What	**So What**	**What Next**
Health inequalities reporting Report presented in line with the statutory requirement to report waiting lists in terms of EDI information – next challenge is how to use the data to drive appropriate service delivery to meet our patient's needs.	Committee members discussed the data within the report and the potential use to drive services and reduce inequalities – no areas for concern identified from the data presented	Seek to learn from others that are doing it well to reduce inequalities
Atlas Client Performance meeting Update provided from the Atlas client meeting – assurance that good progress has been made to address previous areas of concern: • Boiler house has been inspected and has passed • Assurance that good progress on fire • All authorised engineers and persons in place • Atlas have now appointed a new substantive Director of Operations	The Committee noted the update and the improvement in the management of the contract between Atlas and the Trust the SLAs are in a good position – **improved assurance** in oversight and management of Atlas Committee members noted the energy consumption price impact – electricity is higher in summer – associated with fans and air can	Improvement noted Seeking assurance that all areas covered by generators for electrical upgrade Planning underway for delivery of 23/24 plan Potential future work with Lancashire Care around compliance Atlas to be represented at Trust Health and Safety meeting

Committee/Group Chair's Report

Blackpool Teaching Hospitals NHS Foundation Trust

Patient Flow Improvement Programme (PFIP) Update provided on the PFIP programme – Specific Alert in relation to no criteria to reside numbers and the adverse impact on patient flows. The Emergency Village restructuring of the Emergency Department is on track for completion by the festive holiday season this year	Acknowledged flexibility of the programme and the ongoing work including: Weekly length of stay reviews Weekly input to escalation areas Metric on corridor care change next week QEP conversation – EV reset to a realistic plan – biggest lesson is never too late to stop something and turn in the right direction	Learn from the evaluation for future developments Next phase of the new ED department will be released be released next week – metrics in flux as the capital programme continues
Procurement Strategy Sharon Robson Director of Procurement at the LPC shared the L&SC PCB Procurement strategy. The financial benefit to the trusts historically has been a 25% to 30% overall saving programme Procurement are supporting training with finance and HR – reviewing impact of no PO no pay	Committee members asked for further information on collaborative and collegiate working – what does this give in financial benefits Encouraged by social value work and impact – what is the system doing for social values – all five trusts are doing things but there are opportunities to share detail Good to see actions to remove unwanted variation	Request for benchmarking on no PO no pay Discussed procurement support for digital transformation and particularly installation of EPR Strategy approved
Advise		
What	**So What**	**What Next**
Compliance with month 11 reporting Report on reporting timetable – majority of tasks completed within timetable Will continue to strive for compliance – continuing to work to faster close.	Committee members noted that this was an action from the Peer review and asked if the Committee would receive a full update on performance against the full peer review	Regular updated on progress with the peer review actions to the Committee

Committee/Group Chair's Report

Blackpool Teaching Hospitals NHS Foundation Trust

Name of Committee/Group:	Finance and Performance	**Report to:**	Board of Directors
Date of Meeting:	27 April 2023	**Date of next meeting:**	25 May 2023
Chair:	Robby Ryan	**Parent Committee:**	Board of Directors

Introduction

Quorate meeting held on MS Teams, good engagement in discussion with a focus on key operational and financial challenges.

Board members had met in private earlier in the day for a robust debate on the 2023/24 financial plan

Actions – review of funding for maternity business case – noted discussion at Board on the 2023/24 plan and approved funding as being part of the Build Back funding giving the division the authority to go ahead and recruit

Alert

What	So What	What Next
Financial planning 2023/24 Annual planning round not yet complete – current position discussed in detail in earlier Board meeting	Board members had previously noted the iterative nature of the plan	Further Board discussion required to review future iterations of the plan
Cancer Exception In terms of 2 week, some improvement but risk going forward due to vacancies so risk of sustaining Work ongoing to meet other targets on a consistent basis Cancer performance has been challenging -some improvements seen but still some work to do – improvements have been recognised by regulators. Divisions will continue to report through PIDA	Committee members noted the improvement In relation to the 62-day forecast a question was raised about the difference between the ICS agreed forecast and the Trust internal forecast.	Handover completed from the outgoing COO to the Chief Operating and Strategy Officer. Report noted

Assurance

What	So What	What Next
Financial Performance Report Committee members received the month 12 finance and noted that while the planned £8.8m deficit had	Concerns about failure to deliver recurrent QEP schemes Committee members discussed the detail in the report and reflected on financial performance and historical delivery of QEP programmes noting the foundation now provided	Committee members will discuss how to discharge the duties of the Committee in the current financial climate.

been achieved performance on QEP was disappointing.	by the Build Back process and the enhanced financial framework. Cash position had previously been highlighted as a risk but is higher than in earlier months – a reassessment is underway to determine if there will be a need for cash support as previously discussed.	
Compliance with month 12 reporting Report on reporting timetable – majority of tasks completed within timetable Will continue to strive for compliance – continuing to work to faster close.	Committee members noted that this was an action from the Peer review and asked if the Committee would receive a full update on performance against the full peer review	Regular updated on progress with the peer review actions to the Committee
Finance Peer Review Update provided on progress with the actions in the finance peer review	Committee members noted the progress made and the change in the financial position since the time of the report, in general felt that hard to assess what further actions do we need to take and by when– request for RAG rating on the progress section.	More detail will be provided in the next iteration of the report – update to be provided to Audit Committee. Report from Leeds visit to be shared with Committee members.
Patient Flow Improvement Programme (PFIP) Update provided on the Patient flow programme for March	Noted update	Focusing on a review alongside delivery of 23/24 delivery plan with a cycle of effective initiatives following by evaluation and reflection to revise actions
Financial Performance Report Committee members received the month 12 finance and noted that while the planned £8.8m deficit had been achieved performance on QEP was disappointing.	Concerns about failure to deliver recurrent QEP schemes Committee members discussed the detail in the report and reflected on financial performance and historical delivery of QEP programmes noting the foundation now provided by the Build Back process and the enhanced financial framework. Cash position had previously been highlighted as a risk but is higher than in earlier months – a reassessment is underway to determine if there will be a need for cash support as previously discussed.	Committee members will discuss how to discharge the duties of the Committee in the current financial climate.
Compliance with month 12 reporting	Committee members noted that this was an action from the Peer review and asked if the Committee would receive a full update on performance against the full peer review	Regular updated on progress with the peer review actions to the Committee

Report on reporting timetable – majority of tasks completed within timetable Will continue to strive for compliance – continuing to work to faster close.		
Finance Peer Review Update provided on progress with the actions in the finance peer review	Committee members noted the progress made and the change in the financial position since the time of the report, in general felt that hard to assess what further actions do we need to take and by when– request for RAG rating on the progress section.	More detail will be provided in the next iteration of the report – update to be provided to Audit Committee. Report from Leeds visit to be shared with Committee members.
Patient Flow Improvement Programme (PFIP) Update provided on the Patient flow programme for March	Noted update	Focusing on a review alongside delivery of 23/24 delivery plan with a cycle of effective initiatives following by evaluation and reflection to revise actions
Advise		
What	**So What**	**What Next**
High value contracts		report noted

Blackpool Teaching Hospitals NHS Foundation Trust

Title	Integrated Performance Report (IPR) - Workforce

Meeting:	Workforce Assurance Committee
Date:	04/05/2023

Author	William Wood, Associate Director of Business Intelligence					
Exec Sponsor	Natalie Hudson, Chief Operating Officer Louise Ludgrove, Executive Director of People and Culture					
Purpose	Assurance	Y	Discussion	Y	Decision	N
Confidential y/n	N					

Summary *(what)*	See the IPR summary pages for appropriate narrative.

Previously considered by	NA

Implications *(so what)*	The Trusts performance against the workforce KPIs have a direct impact on the finance, operational, and quality aspects of the organisation. Meaning negative trends here can cost the organisation more, reduce operational performance, and worsen the quality of care.

Link to strategic objectives	Our People	✓
	Our Population	
	Our Responsibility	

EDI implications considered	

Proposed Resolution *(What next)*	The Board of Directors is asked to note the Workforce Assurance Committee's IPR.

Blackpool Teaching Hospitals
NHS Foundation Trust

Integrated Performance Report

Workforce Committee

March 2023

Caring ▪ Safe ▪ Respectful

Guide to Statistical Process Control

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting ***https://www.england.nhs.uk/publication/making-data-count/***

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre dashed reference line (black) is the mean, and the two light grey dashed lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.

Executive Summary

		Assurance				Variation				
		P	?	F		H	L		H	
Workforce	Organisational Development		1	2	3	1		2		3
	Sickness, Vacancy and Turnover	5	4	5			3	6	5	

Assurance

Measures the likelyhood of targets being met for this indicator.

Indicates that this indicator is inconsistently passing and falling short of the target.

Indicates that this indicator is consistently **passing** the target.

Indicates that this indicator is consistently **falling** short of the target.

Variation

Whether SPC rules have been triggered positively or negatively overall for the past 3 months.

Indicates that there is no significant variation recently for this indicator.

Indicates that there is **positive** variation recently for this indicator.

Indicates that there is **negative** variation recently for this indicator.

Special cause variation where **UP** is neither improvement nor concern.

Special cause variation where **DOWN** is neither improvement nor concern.

Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Blackpool Teaching Hospitals
NHS Foundation Trust

Organisational Development

Organisational Development
- Core Skills Training Compliance % - triggering due to consistent non-achievement of the target.
- NEW Data Security & Awareness Training (%) – new KPI added representing the percentage of staff that have completed and passed the training in the last 12 months against a target of 95%. Currently showing inconsistent achievement.
- Appraisal Compliance % – triggering due to consistent non-achievement of the target.

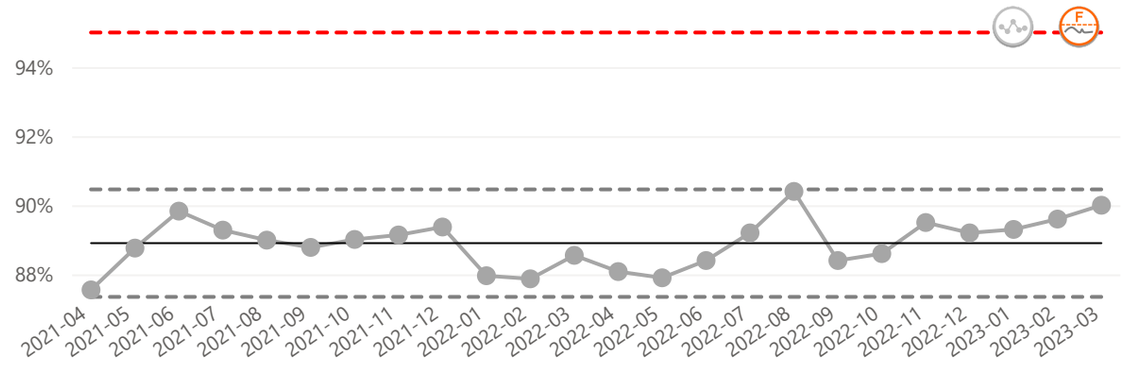
Workforce

	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Core Skills Training Compliance %	95%	90%	Mar 23			95%	89.6%	Feb 23		
Data Security & Awareness Training (%)	95%	93.3%	Mar 23			95%	94.2%	Feb 23	95%	93.3%
Appraisal Completeness %	90%	69.6%	Mar 23			90%	68.9%	Feb 23		

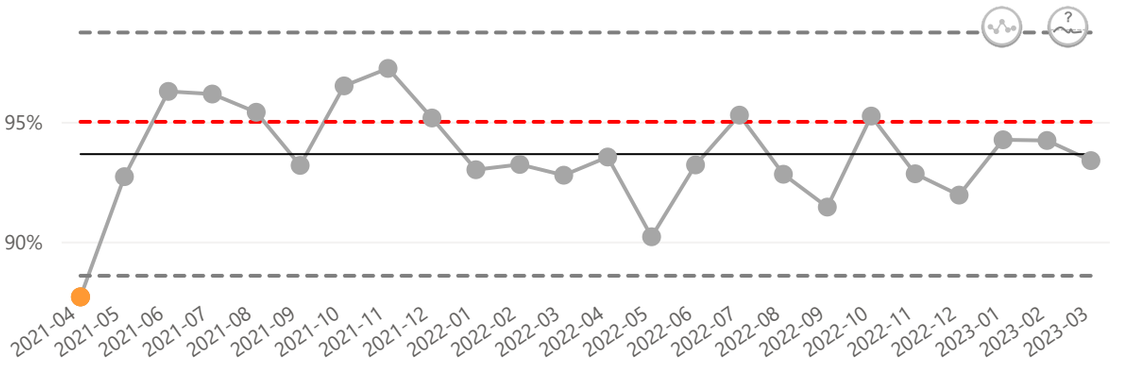
Indicator	2017-04	2018-04	2019-04	2020-04	2021-04	2023-01
Staff Survey - Care of my patients / service users is my organisations top priority	72.40%	72.70%	73.80%	78.70%	77.20%	74.00%
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	66.30%	65.20%	63.20%	69.30%	65.30%	59.00%
Staff Survey - I would recommend my organisation as a place to work	61.10%	62.10%	62.00%	68.10%	64.30%	60.00%

Workforce

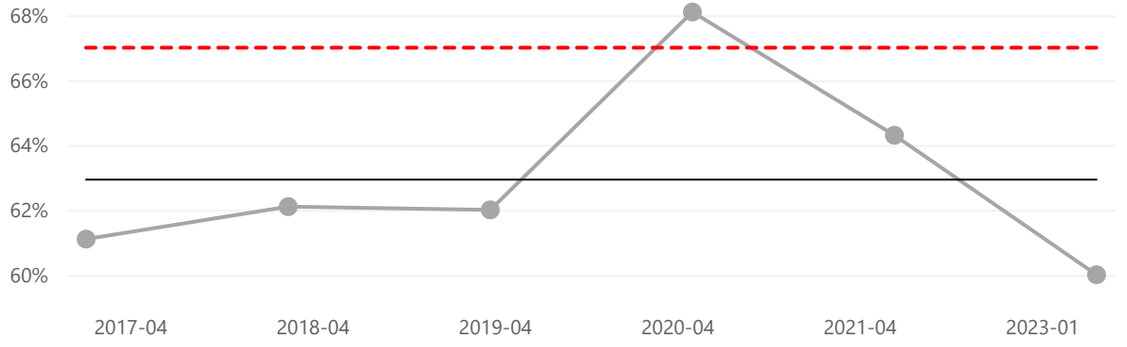
Core Skills Training Compliance %



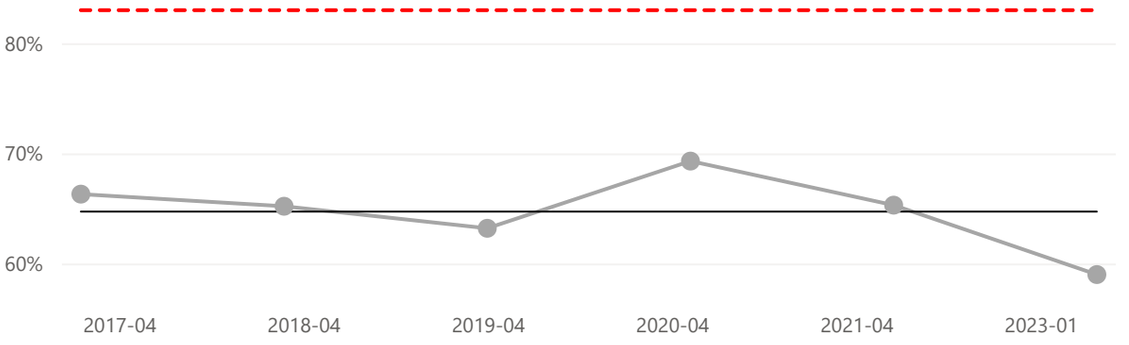
Data Security & Awareness Training (%)



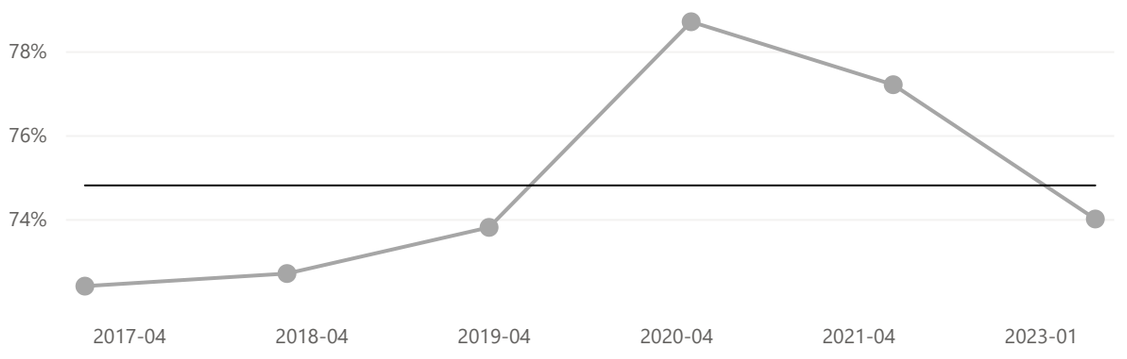
Staff Survey - I would recommend my organisation as a place to work



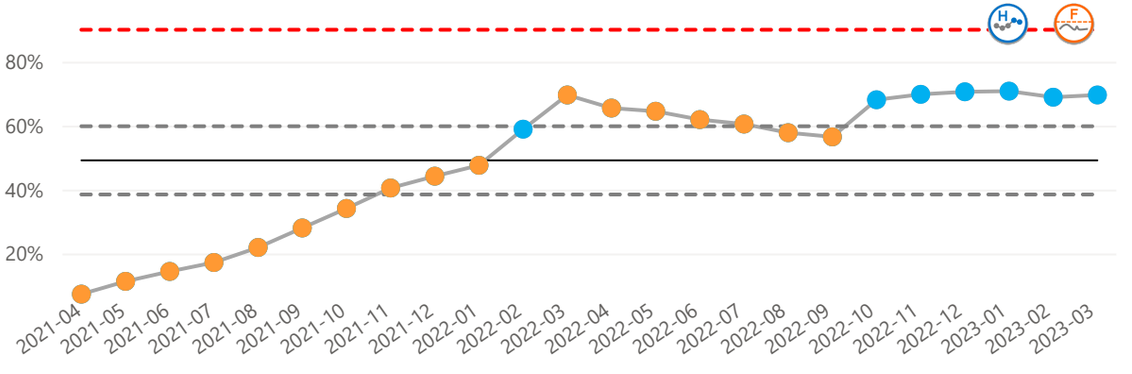
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



Staff Survey - Care of my patients / service users is my organisations top priority



Appraisal Completeness %



Blackpool Teaching Hospitals
NHS Foundation Trust

Sickness, Vacancy and Turnover

Sickness
There has been a small decrease in sickness absence of 0.57% taking the monthly sickness percentage for February to 6.42%, although we do remain significantly higher than the Trust target of 4%.

In comparison to year end 21/22 the percentage for sickness is considerably lower as we ended the year last year on 7.43%.

The largest reason for sickness absence in February remains the same as previous months and is related to Anxiety/stress and depression, accounting for 29.64% of the sickness absence and the second largest reason for sickness absence continues to report as infectious diseases currently running at 15.04% which relates to covid-19.

Due to this, both the top reasons for short term and long term absence relates to stress/anxiety with 31.98% relating to short term absences and 42.12% to long term. Other reasons for short term absence include injury/fracture and Cold/Flu and long term includes injury/fracture and MSK.

Although sickness absence is high across all divisions, we saw a reduction in the sickness absence percentages within all but one division in February (SACCT)

The breakdown is as follows:
• IMPF: 8.12%
• FICC: 5.70%
• SACCT: 7.31%
• Tertiary: 5.62%
• Clinical services: 4.37%
• Facilities: 5.91%
• Corporate: 6.23%
• R&D: 7.57%

Actions
• A review is currently ongoing to look at all areas where we have a concerns regarding stress/anxiety to try to address any underlying issues within the workplace and provide support and initiatives. The Well Team are also looking at the hot spot areas to enable them to provide support.
• Weekly support meetings with managers are taking place within IMPF, supporting managers with sickness absence and specific cases to help staff return to work.
• All long term sickness cases are now being referred into the WAS at 28 days rather than 12 weeks to ensure that we provide pro active support to both management and staff to help aid return to works.
• Monthly reviews are being undertaken to identify hotspot areas where we have high sickness levels and discussions are taking place with managers to look at support/initiatives.
• The Healthy Team MDT is underway and meeting regularly identifying teams that require additional support to help staff remain in work.
• There has been a focus on attendance management training across the Trust to ensure that all managers and leaders are fully trained.

Vacancy
- Vacancy Rate % - All Clinical Staff – triggering due to consecutive points above the average.
- Vacancy Rate % - Medical Staff (Excluding Deanery Drs) – triggering due to consistent non-achievement of the target and consecutive points above the average.
- Vacancy Rate % - Nursing and Midwifery Staff – triggering due to inconsistent achievement of the target and consecutive points above the average.
- Vacancy Rate % - AHP – triggering due to inconsistent achievement of the target.

Recruitment
- Time to Recruit (Weeks) - triggering due to consecutive points above the average.

Workforce

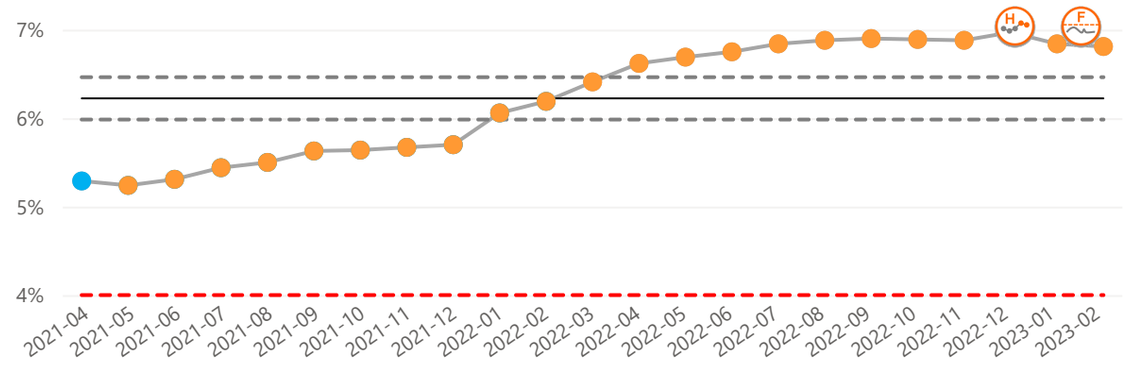
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Sickness % - Rolling 12 Months	4%	6.81%	Feb 23	H	F	4%	6.84%	Jan 23		
Sickness % - All Staff (In Month)	4%	6.42%	Feb 23		F	4%	6.99%	Jan 23		
Sickness % - Medical Staff (In Month)	4%	3.29%	Feb 23		P	4%	3.9%	Jan 23		
Sickness % - Nursing Staff (In Month)	4%	7.25%	Feb 23		F	4%	8.35%	Jan 23		
Sickness % - AHP (In Month)	4%	3.54%	Feb 23		?	4%	3.78%	Jan 23		
Sickness % - Not related to Covid 19 Trust (In Month)	4%	5.89%	Feb 23		F	4%	5.38%	Jan 23		
Turnover % - All Staff (Rolling 12 months)	11%	8.63%	Feb 23	L	?	11%	8.71%	Jan 23		
Turnover % - Nursing & Midwifery (Rolling 12 months)	11%	8.78%	Feb 23	L	P	11%	7.39%	Jan 23		
Turnover % - AHP (Rolling 12 months)	11%	6.99%	Feb 23	L	P	11%	6.62%	Jan 23		
Vacancy Rate % - All Clinical Staff	4.28%	3.17%	Feb 23	H	P	4.28%	3.53%	Jan 23		
Vacancy Rate % - Medical Staff (Excluding Deanery Drs)	4.28%	12.7%	Feb 23	H	F	4.28%	12.3%	Jan 23		
Vacancy Rate % - Nursing & Midwifery Staff	4.28%	4.75%	Feb 23	H	?	4.28%	4.67%	Jan 23		
Vacancy Rate % - AHP	4.28%	7.24%	Feb 23		?	4.28%	7.58%	Jan 23		

Workforce

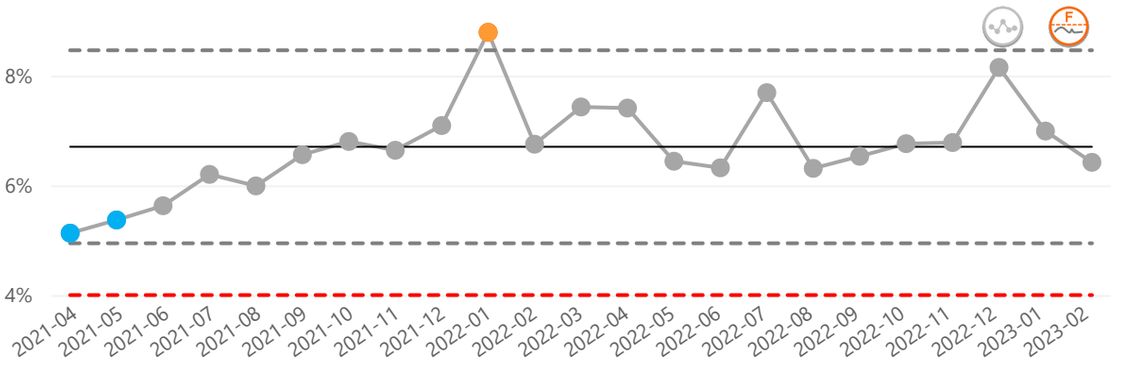
	Latest					Previous			Year to Date	
Indicator	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Time to Recruit (Weeks)	12	10.32	Feb 23			12	10.08	Jan 23	12	10.32

Workforce

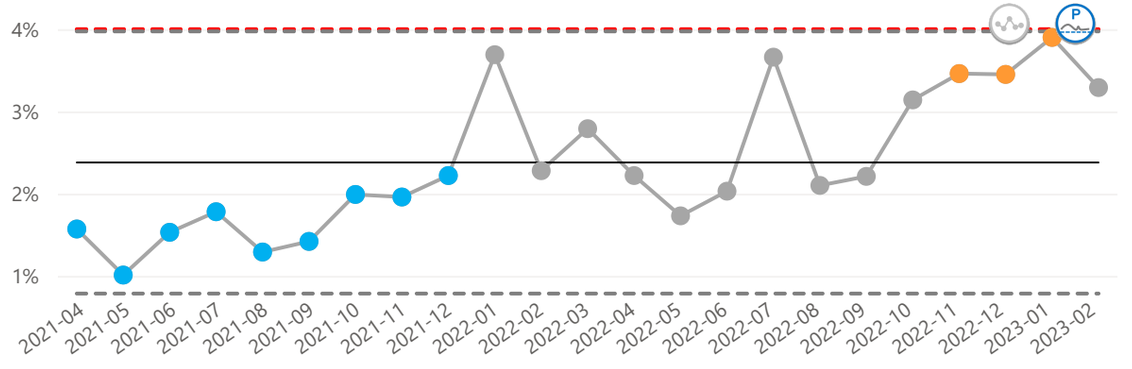
Sickness % - Rolling 12 Months



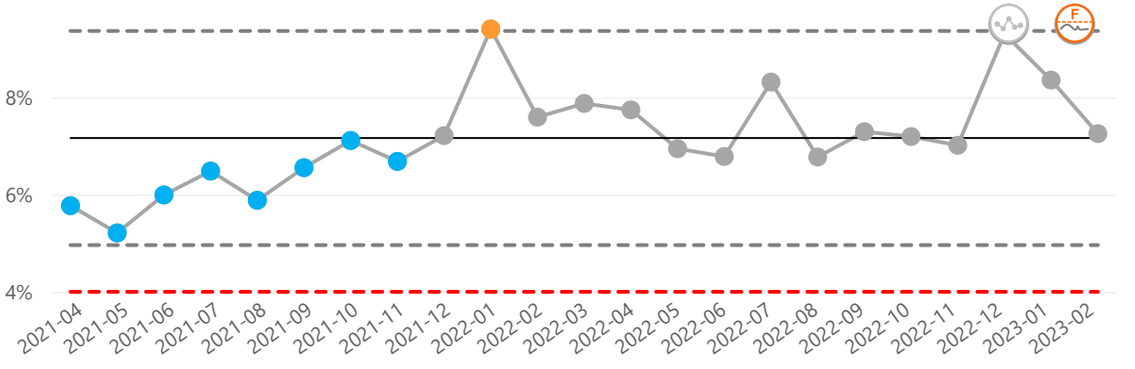
Sickness % - All Staff (In Month)



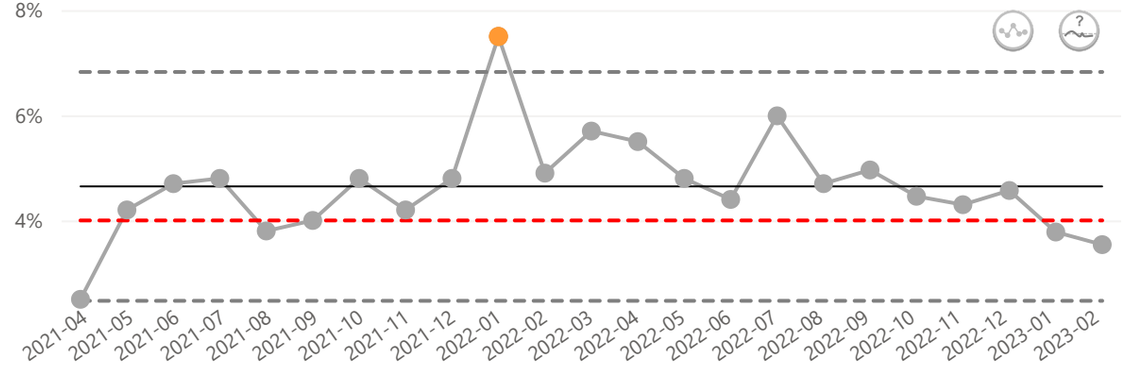
Sickness % - Medical Staff (In Month)



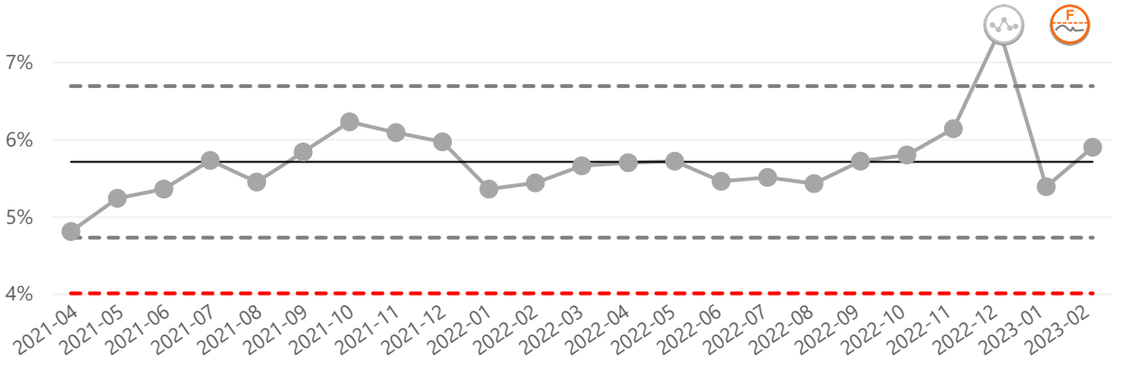
Sickness % - Nursing Staff (In Month)



Sickness % - AHP (In Month)

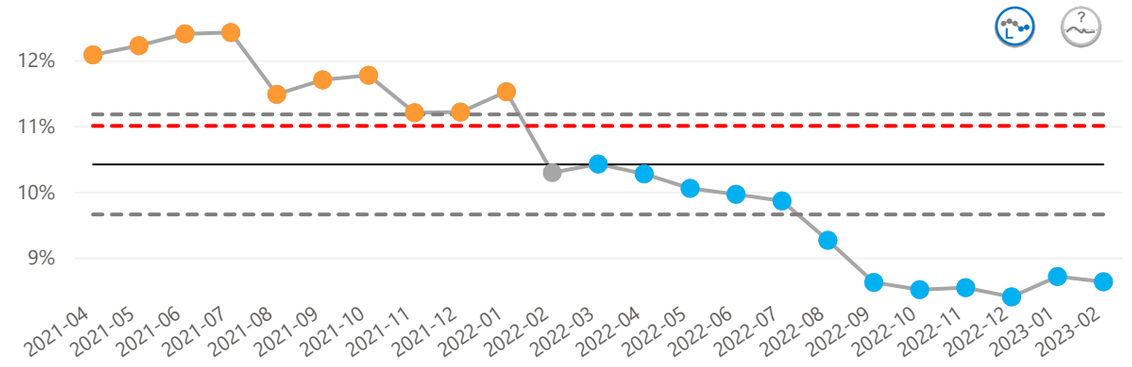


Sickness % - Not related to Covid 19 Trust (In Month)

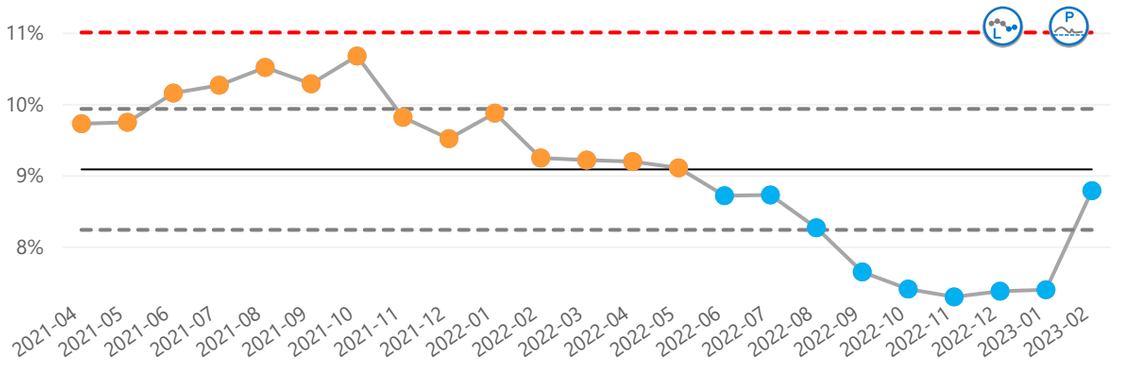


Workforce

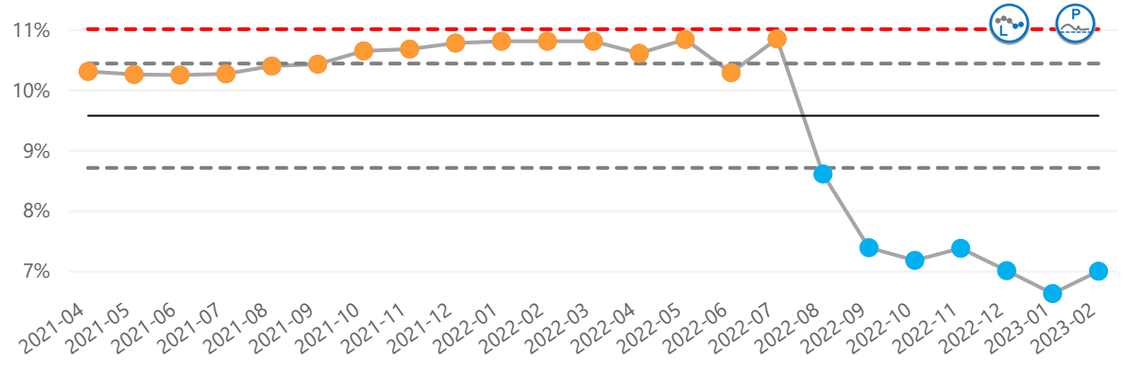
Turnover % - All Staff (Rolling 12 months)



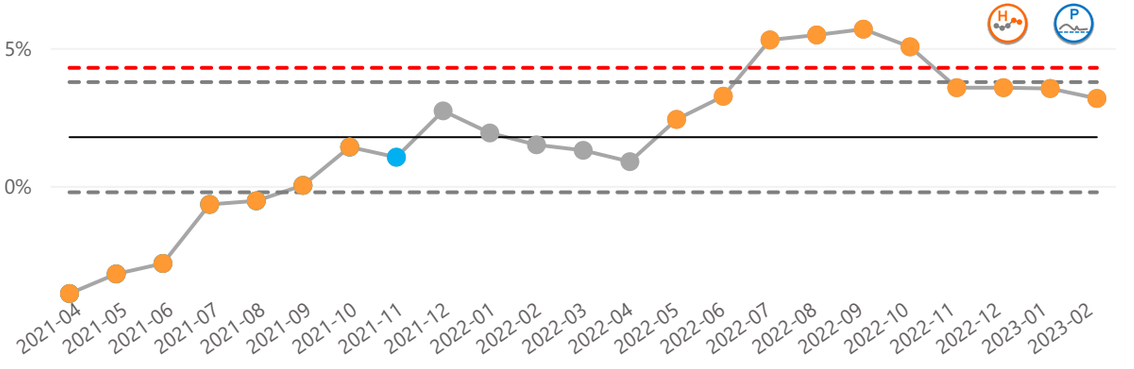
Turnover % - Nursing & Midwifery (Rolling 12 months)



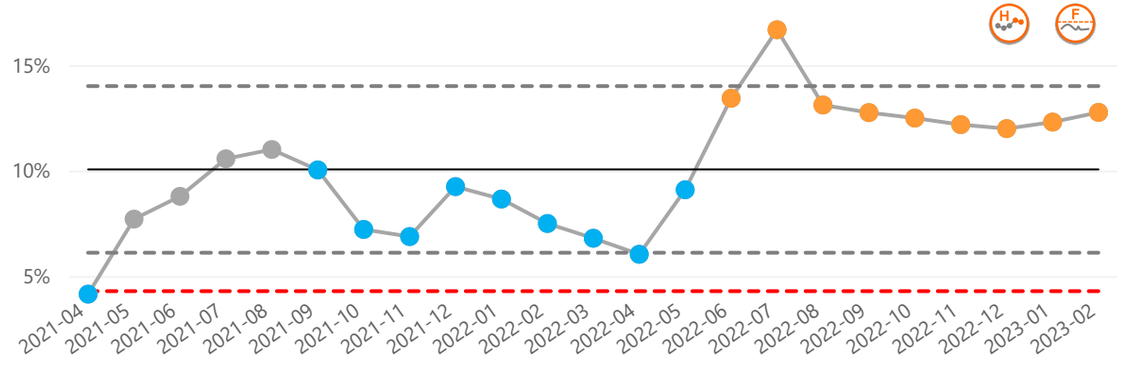
Turnover % - AHP (Rolling 12 months)



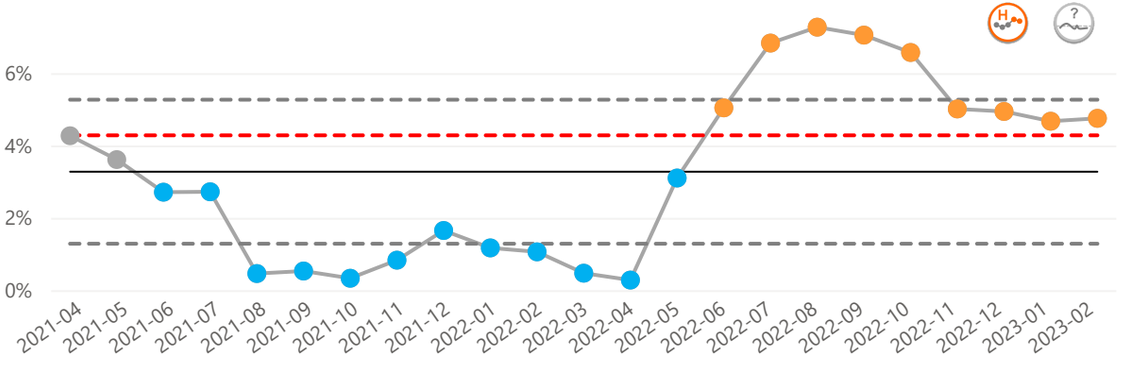
Vacancy Rate % - All Clinical Staff



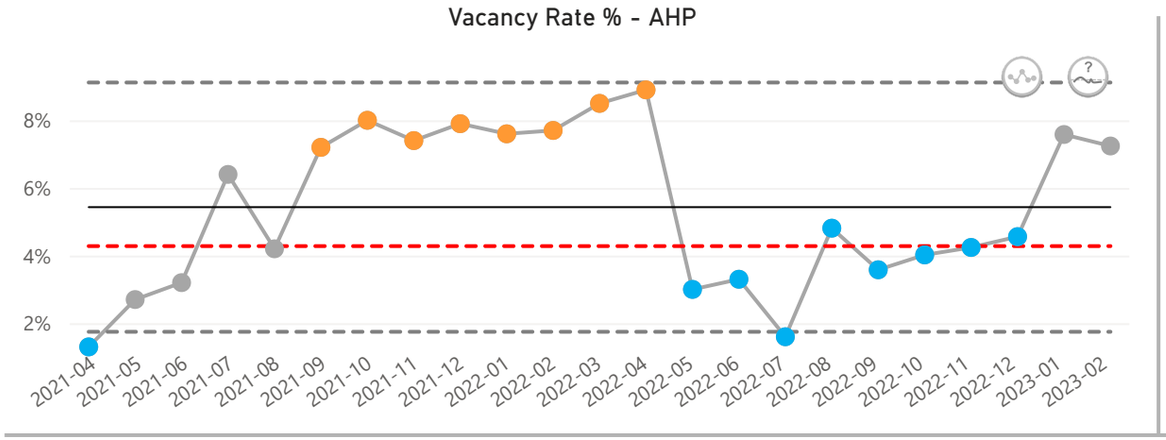
Vacancy Rate % - Medical Staff (Excluding Deanery Drs)



Vacancy Rate % - Nursing & Midwifery Staff



Workforce


Vacancy Rate % - AHP
8%
6%
4%
2%
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
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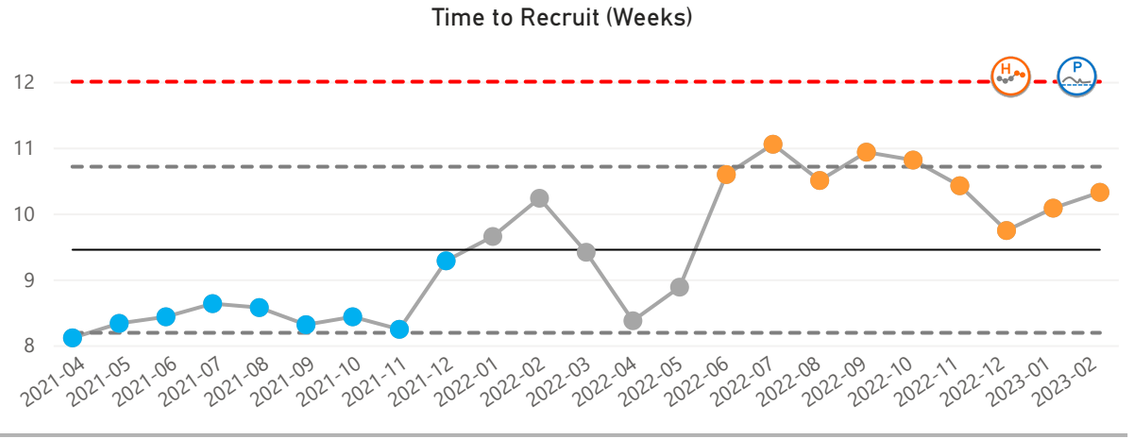
2023-01
2023-02


Time to Recruit (Weeks)
12
11
10
9
8
H
P
2021-04
2021-05
2021-06
2021-07
2021-08
2021-09
2021-10
2021-11
2021-12
2022-01
2022-02
2022-03
2022-04
2022-05
2022-06
2022-07
2022-08
2022-09
2022-10
2022-11
2022-12
2023-01
2023-02

Blackpool Teaching Hospitals NHS Foundation Trust

Title	Workforce Assurance Committee Escalation Report

Meeting:	Board of Directors in Public
Date:	4th May 2023

Author	Esther Steel, Director of Corporate Governance					
NED Sponsor	Carl Fitzsimons					
Purpose	Assurance	x	Discussion	x	Decision	
Confidential y/n	No					

Summary *(what)*	Chair report attached for the formal Workforce Assurance Committee held on Wednesday 15th March 2023. In addition to this the Committee met on Wednesday 19th April 2023 for a focused workshop to consider workforce planning with matters discussed including recruitment, retention and working differently.

Previously considered by	

Implications *(so what)*	The Workforce Assurance Committee will continue to focus on actions to support our staff, improve our quality and provide a cost effective service making best use of public monies

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications considered	EDI is within the remit of this committee and all papers are reviewed to ensure EDI implications are considered

Proposed Resolution *(What next)*	The Board of Directors is asked to note the Workforce Assurance Committee's Escalation Report

Committee/Group Escalation Report

Blackpool Teaching Hospitals NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	**Report to:**	Board of Directors
Date of Meeting:	15.03.23	**Date of next meeting:**	19/04/23 (Workshop) 17/05/23 formal meeting
Chair:	Carl Fitzsimons	**Parent Committee:**	Board of Director Meeting

Introduction

The March meeting was held in the Trust Boardroom, well attended by HR and divisional teams. The meeting was quorate. Good open discussion with member questions to Executive team, answered fully. The April meeting was an informal workshop session to allow focused discussion on recruitment and retention of staff and possible plans for future workforce delivery.

Alert

What	So What	What Next
IPR Members reviewed the metrics within the workforce IPR: Although the Trust is not back to achieving the pre-covid and pre-flu 4% sickness absence target current performance is consistent with national and regional benchmarking. BDI Resourcing has successfully recruited 5 key medical positions that have been previously difficult to recruit to	Committee members noted the data within the report and noted some inconsistencies in data between medical vacancies, establishment, and agency spending which required further work	The IPR report will be updated in Q1
National Staff Survey The members reviewed and discussed the results of the survey – report included for full discussion with the May Board meeting	Committee members discussed the survey results and reflected on the themes and areas identified as needing further work noting that the Trust should focus on the low-scoring areas, including initiatives, kindness to each other, leadership development and sharing best practices.	The Head of Wellbeing & Inclusion will bring back a report to the committee to show the staff survey Action Plan's impact on the low-scoring areas identified in the 2021/22 results compared to the 2022/23 results, and the NSS Action Plan for the low scoring areas, identified in the 2022/23 results, for the coming year.

	All Committee members were clear that the Trust need to be clear that bad behaviour will not be tolerated.	The results will be discussed at the SLT Meeting.
Workforce Race Equality Standard (WRES) **Workforce Disability Equality Standard (WDES)** Committee members received an update on the WRES and WDES action plans	Committee members discussed the flexibility of policy application and the important of ensuring leaders are trained in the application of policies. Committee members discussed the challenges faced by staff with protected characteristics and agreed there maybe a lack of flexibility in the application of polices and some staff are still not confident to voice concerns.	Report noted Adrian Carridice-Davids shared an Anti-Racist Framework with Sharon Adams.
Assurance		
What	**So What**	**What Next**
Guardian of Safe Working Report (GOSW) The GOSW attended to introduce his report providing an overview of compliance with safe working practices for junior doctors The overriding theme from the exception reports remains a combination of high workload on the wards combined with short staffing levels due to rota gaps. The GOSW reported there is still some resistance to the completion of the Exception Reports.	Committee members welcomed the report and discussed the barriers to completing exception reports – Dr NG the GOSW advised that this fear seems to be linked to a belief of negative repercussions and it is a national issue.	The GoSW and the ED of People & Culture will meet to discuss ways to encourage Exception reporting.
Advise		
What	**So What**	**What Next**
Update from February Workshop	Members of the senior medical team will be invited to attend for their insights.	An update will be provided at the next committee.

The members were updated on the discussions at the previous Workshop which was Recruitment and Retention.		To investigate workforce coding discipline issues on Healthroster. To discuss the proposed solution of controlling workforce expenditure and accountability of Budget Holders. To discuss whole time establishment and planned activities with the Executive Medical Director. To share the attrition rates and reasons with the members. The Chair is to share HR contacts with the Widening and Participation Apprentice Manager.
IPR The Trust's staff demographic has been mapped with the help of the Trust's Public Health Consultant.	This will aid in measuring the effectiveness of the Health & Wellbeing initiatives in the future.	
Annual Library Report The Head Librarian joined and highlighted the main points from the report, including the facilities and services offered to all staff, and that there are multiple leadership resources available.	Committee members welcomed the report and the new understanding provided of the facilities that are available to all staff	The library and its facilities and services are to be mentioned in the Team Brief.
Annual ToR Review There were no suggested changes to the WAC ToRs.	Committee members agreed that the Terms of Reference remained fit for purpose	Terms of Reference approved
Other agenda items		
Any other business		

Multi-professional Educational Governance Committee Report

Blackpool Teaching Hospitals NHS Foundation Trust

Title	2022 National Staff Survey Report: Action Planning Update

Meeting:	Board of Directors in Public
Date:	4th May 2023

Author	Susie Srivastava, Head of Wellbeing and Inclusion					
Exec Sponsor	Louise Ludgrove, Executive Director of People & Culture					
Purpose	Assurance		Discussion	X	Decision	X
Confidential y/n	N					

Summary *(what)*	Historically, the Trust has produced divisional action plans to help address the findings from the annual staff survey. However, when year on year data was compared, it was evident that these action plans lacked impact. A stakeholder review of the existing process was undertaken to establish why this was the case. The findings of the review resulted in the Trust looking for a new way of doing things. This includes focusing on teams that are having a less favourable employee experience and teams with the greatest year on year reduction in confidence to speak up. This report provides the Board with an overview of where those teams are and proposed new organisational and proposed approaches to addressing the key findings from the National Staff Survey reports.

Previously considered by	N/A

Implications *(so what)*	Acting on the findings in the staff survey will improve the Trust's ability to meet its strategic workforce ambitions, and: • Attract, recruit, and sustain appropriately skilled and representative workforce • Foster, grow and continuously nurture the right culture where everyone feels they belong • Keep our patients safe, healthy, and well and deliver high quality clinical services.

Link to strategic objectives	Our People	X
	Our Place	
	Our Responsibility	

EDI implications considered	Yes, any key findings from the National Staff Survey that specifically impact on colleagues from a Black, Asian and Minority Ethnic background or those who have a disability or long-term condition will be addressed through robust 2023 Workforce Race Equality Standard and

	Workforce Disability Equality Standard reports and associated action plans.

Proposed Resolution ***(What next)***	It is recommended that the Board of Directors: • Support the new approaches identified in this paper that are designed to improve the experience and engagement levels in 'hot spot' areas and areas where employee experience and engagement levels are poorest • Agree to receive a progress update in six-months

Board of Directors Meeting

Thursday 4th May 2023

2022 National Staff Survey Report: Action Planning Update

1. Introduction

The National Staff Survey provides an overview of staff experience in relation to the seven elements of the People Promise, together with themes for engagement and morale. The results of the 2022 National Staff Survey were presented to the Board of Directors in March 2023. A copy of the report can be found on Appendix 1.

The Trust is performing above the national average for six of the seven People Promise elements and has made substantial year on year progress improving the seventh. However, in focusing attention on aggregated data, areas where staff experience is less favourable may be overlooked.

This report outlines how the Trust will refocus its approach to acting on the findings from the survey to increase impact and effectiveness.

2. Key areas of focus identified from the report

This year, de-aggregated data was presented at divisional board meetings for the first time; and teams with less favourable staff experience have been identified. Highly engaged teams typically experience lower absenteeism and turnover, increased innovation, and advocacy, and ultimately deliver better patient outcomes. The teams identified below have been prioritised for support and interventions during the coming year.

Team	Division	Staff Engagement Score (E_4)	Motivation Sub-score (E_1)	Involvement Sub-score (E_2)	Advocacy Sub-score (E_3)
Integrated Stroke And Neuro Rehabilitation - 114121	IMPF	5.2	5.8	5.4	4.4
General Haematology - 110136	CSS	5.6	6.0	5.6	5.3
Microbiology - 110152	CSS	5.7	5.3	5.7	6.0
A&E Nursing - 110103	IMPF	5.8	6.4	6.1	4.8
Radiography North & Central - 110117	CSS	5.9	6.1	5.8	5.6
Audiology - 111086	SACCT	5.9	5.5	6.7	5.4
Combined Specimen Reception - 110135	CSS	5.9	6.4	5.3	6.0
Med Records - Appointments - 113038	CSS	5.9	6.6	5.1	5.9
Anaesthetics & Recovery - 111173	SACCT	5.9	6.1	5.6	6.1
Payroll - 113104	CS	6.0	6.6	6.1	5.3

Teams that reported the greatest year on year reduction in confidence to speak up have also been identified and prioritised for further exploration alongside the Freedom to Speak Up Guardian. These areas are identified below. It is important to note that the NHS Staff survey commenced in September 2022 and the Freedom to Speak Up Guardian only commenced in role in July 2022 so we need to consider other data points when drawing conclusions. It is vital that staff feel able to speak up without fear of reprisal if the Trust is to develop the culture it aspires to and provide the best patient care.

Team	Division	2022	2021	Diff
Integrated Stroke And Neuro Rehabilitation - 114121	IMPF	23.5%	71.4%	-47.9%
VH Patient Meals - 112027	FM	38.5%	80.0%	-41.5%
Surgical Division - 111032	SACCT	57.9%	90.5%	-32.6%
South-Community Therapy Team - 114245	FICC	45.5%	76.9%	-31.5%
Admin - Vacc and Imm Team - 114611	FICC	25.0%	54.5%	-29.5%
Haematology Ward - 110206	TS	48.5%	77.8%	-29.3%
Childrens Therapy & Hearing Team South - 114264	FICC	52.2%	81.0%	-28.8%
Ward 26 - 110217	IMPF	33.3%	61.5%	-28.2%
Obs Ward - Medical Escalation - 111231	IMPF	54.5%	81.8%	-27.3%
Advanced Clinical Practitioners - 111253	IMPF	43.8%	69.2%	-25.5%

3. The Trust's usual approach to addressing survey findings

Survey results are presented at divisional board meetings and shared with colleagues through a series of local Big Conversations which help to establish divisional priorities.

Annual action plans are then developed, with updates provided quarterly to the Employee Engagement Sponsor Group.

However, when comparing year on year data, it is evident that locally deployed plans lack impact. The engagement team completed a stakeholder review of the existing process to establish why this was the case. This highlighted:

- Low levels of divisional accountability in driving change and minimal divisional communication to share priorities across the workforce
- 12-month improvement plans don't always provide sufficient time needed to implement actions before the following years' results are released
- An over reliance on corporate teams owning the action plans
- A 'blanket' divisional approach to addressing the key findings leaving limited resource to work with 'hot spot' areas or highly disengaged teams

4. The proposed new approach for addressing survey findings

The proposed plan is to address the findings from the National Staff Survey at two levels, organisationally and locally

4.1 Organisational approach

- An organisational cultural improvement plan is in development and will focus on wider components that influence cultural.
- The deployment of the Trust's behavioural framework, which will show managers and employees what "good" looks like.
- The Trust will make more effective use of the National Quarterly Pulse Survey by collecting and acting on more feedback more frequently. This will help the Trust understand the impact and effectiveness of the above proposed new approaches.
- A robust staff survey communication programme will provide regular workforce updates; including how data collected during Big Conversations is used to drive local and organisational improvement. The emphasis will be on "You Said, Together We Did" rather than "You Said, We Did"

4.2 Local approach

- The Trust will move away from developing divisional action plans, instead directing its resources into addressing 'hot spot' areas where the employee experience is poorest (areas and teams identified in section 2 of this paper)

- Bespoke action plans will be delivered in partnership with divisional stakeholders, which will be overseen by Human Resource Business Partners and regularly reviewed at the Healthy Teams Collaborative MDT (the Healthy Teams Collaborative is a multi-disciplinary team that has been established with the purpose of triaging and identifying solutions for teams who are struggling.)

- Focus groups will be held with members of high performing teams to help identify 'what works well for them'. From this, a series of case studies will be developed highlighting examples of good practice, which may be shared with other teams

- The Trust will deploy the monthly NHS People Pulse tactically to teams to receive real time feedback which will be monitored at the Healthy Teams Collaborative MDT

- Team level activity will be staggered throughout the year to ensure a manageable workload is maintained that delivers sustainable, measurable improvement.

5. Tools and Resources available at the Trust

The Healthy Teams Collaborative uses a range of diagnostics and interventions that are designed to deliver team level improvements. Areas of good practice include:

- An ongoing multi-disciplinary programme of work in Surgical Theatres, comprising of management support and monthly in reach activity. Staff survey engagement metrics have greatly improved year on year; with scoring for motivation improving by 0.3 to 7.1 and involvement by 0.4 to 6.9 (on a 10-point scale)

- The recent deployment of an engagement App "Stribe" in our Midwifery service that assists in connecting the workforce, improving communication, and involving teams to act on feedback in real time. This has already yielded some improvements as the team involvement sub score has increased significantly, by 0.4 to 6.6.

- A programme of holistic therapy and health checks deployed to teams with high levels of stress related absence. Data is routinely collected and analysed following each session. This consistently indicates considerable benefits to individual staff wellbeing following each intervention

- A programme of engagement work at Clifton that supports managers to engage more effectively with their teams. Overall engagement at Clifton has improved by 0.6 to 7.1, motivation by 0.4 to 7.5, involvement by 0.7 to 7.0, and advocacy by 0.8 to 6.8

- Further information on the diagnostic and team improvement interventions that are available in Appendix 2

6. Assurance

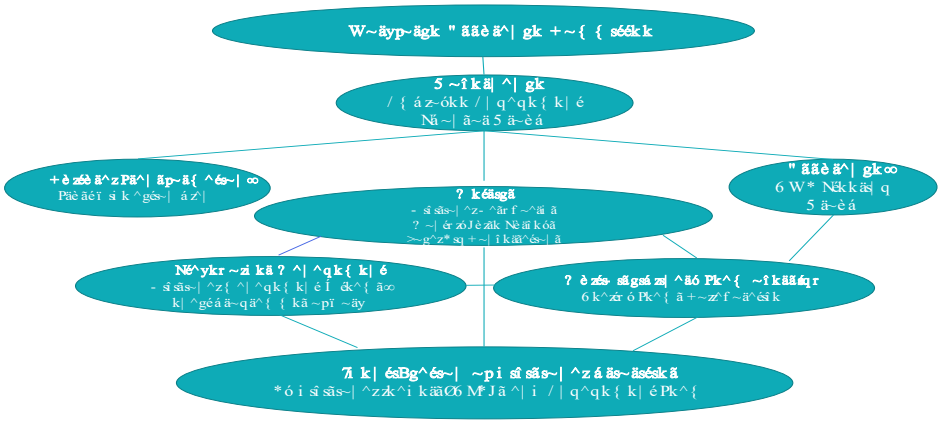
The Healthy Teams Collaborative is a well-established multi-disciplinary team. Subject matter experts meet weekly to discuss teams that require support, and to design, implement, and evaluate appropriate and effective team interventions.

The Healthy Teams Collaborative will plan, manage, and oversee the interventions undertaken in the teams listed above, in partnership with divisional colleagues who will maintain accountability for local engagement with the initiatives.

A data dashboard is in development and will be used to monitor activity and measure progress, while regular People Pulse surveys will be deployed to “temperature check” staff sentiment. This will provide an opportunity for in the moment action and serve to offer assurance to teams that their voice counts.

Assurance will be provided to the Workforce Assurance Committee through the Employee Engagement Steering Group (see figure 1.)

Figure 1: Proposed process flow for mobilising the survey action planning process



7. Conclusion

The Trust remains committed to ensuring it creates an inclusive working environment where our people can thrive, feel that they have a voice that counts and want to recommend the organisation as a great place to work.

There are several Trust wide initiatives planned to be implemented in the next twelve months that will help to improve engagement levels including the development of a new behavioural framework and the inclusion of career conversations in the non-medical appraisal process.

However, analysis undertaken with a group of key stakeholders has identified that there is limited activity at a team level, with several teams performing poorly in the staff survey over a prolonged period.

Therefore, the proposed focus for the next twelve months is to support improvement in ‘hot spot’ areas, and those areas where employee experience and engagement is poorest.

8. Recommendations

It is recommended that the Board of Directors:

8.1 Support the new approaches identified in this paper that are designed to improve the experience and engagement levels in ‘hot spot’ areas and areas where employee experience and engagement levels are poorest

8.2 Agree to receive a progress update in six months

Blackpool Teaching Hospitals NHS Foundation Trust

Meeting:	2022 National Staff Survey Report and Findings
Date:	15th March 2023

Author	Susanna Srivastava, Head of Wellbeing, and Inclusion					
Exec Sponsor	Louise Ludgrove, Executive Director of People and Culture					
Purpose	Assurance		Discussion	X	Decision	X
Confidential y/n	N					

Summary *(what)*	The Board of Directors are asked to note the 2022 National Staff Survey report and the key findings identified.

Previously considered by	N/A

Implications *(so what)*	Acting on the findings in the staff survey will improve the Trust's ability to: • Attract, recruit, and sustain appropriately skilled and representative workforce • Foster, grow and continuously nurture the right culture where everyone feels they belong • Keep our patients safe, healthy, and well and deliver high quality clinical services

Link to strategic objectives	Our People	X
	Our Place	
	Our Responsibility	

EDI implications considered	Yes.

Proposed Resolution *(What next)*	Committee Members are asked to discuss, support, and approve the outlined recommendations

1. Executive summary

1.1 This report summarises the findings from the 2022 NHS Staff Survey for Blackpool Hospitals NHS Foundation Trust (BTH). Members are asked to note the current findings and support the recommendations detailed within the report.

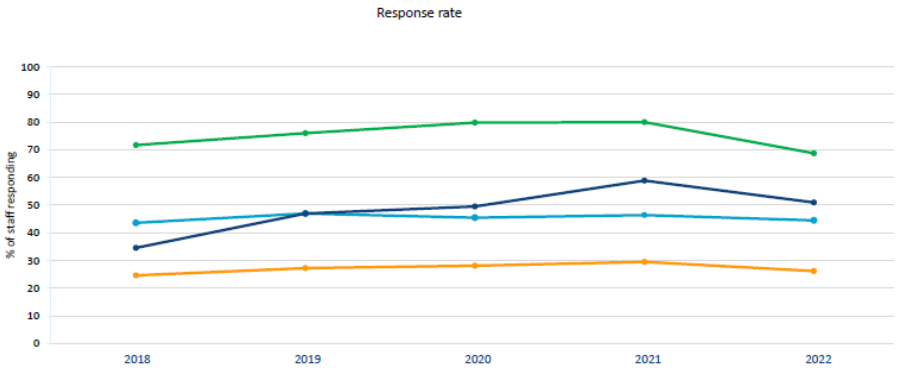
1.2 Members are requested to note that the national staff survey embargo is lifted on Thursday 9th March. Additional analysis of this data will be presented at the Workforce Assurance Committee meeting on 15th March.

2. Introduction

2.1 The Trust undertook a full census in 2022 with a total of 7,925 staff eligible to complete the survey. 4,017 staff returned a completed questionnaire, giving a response rate of 51% which is above average for Acute and Acute and Community Trusts in England – the median response rate for which is 44%. This demonstrates a decrease of 8% when compared to the 2021 response rate of 59% (4,311 responses.)

2.2 It can be noted from Figure 1, that the organisations with the most significant deterioration are those which previously reported the highest response rates.

Figure 1 below details the response rate trend over the last 5 years.



	2018	2019	2020	2021	2022
Your org	34.5%	46.9%	49.5%	58.8%	50.9%
Highest	71.6%	76.0%	79.8%	79.9%	68.7%
Average	43.6%	46.9%	45.4%	46.4%	44.5%
Lowest	24.6%	27.2%	28.1%	29.5%	26.2%
Responses	2307	3150	3548	4311	4017

3. Return Rates

Figure 2: Return rate by division/directorate

Division	Response Rate 2022	Response Rate 2021	Yoy Change
Office of the Chief Executive	70.7%	89.2%	(18.5%)
Finance	77.3%	83.6%	(6.3%)
Research & Development	77.6%	82.2%	(4.6%)
HR, OD, Med Ed	78.8%	82.2%	(3.4%)
Corporate Services	73.9%	80.9%	(7%)
Facilities Management	64.9%	67.4%	(2.5%)
Clinical Support Services	55.5%	64.2%	(8.7%)
Families & Integrated Community Care	51.9%	61.0%	(9.1%)
Tertiary Services	55.9%	57.1%	(1.2%)
Surgery, Anaesthetics, Critical Care and Theatres	43.7%	52.6%	(8.9%)
Integrated Medicine and Patient Flow	38.4%	49.1%	(10.7%)

4. Summary of Themes

4.1 The National Staff Survey Benchmark report for Blackpool Teaching Hospitals NHS Foundation Trust contains results for themes, sub-scores and questions from the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of the best, average, and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations (see appendix 1 for the full report and appendix 2 for the summary report). The 2022 survey provides an overview of staff experience in relation to the seven elements of the People Promise, together with existing measures for engagement and morale. The resulting staff survey report is presented in the form of nine themes to provide a high-level overview of the results for an organisation, which are as follows:

a) *We are compassionate and inclusive*

b) We are recognised and rewarded

c) We each have a voice that counts

d) We are safe and healthy

e) We are always learning

f) We work flexibly

g) We are a team

h) Engagement

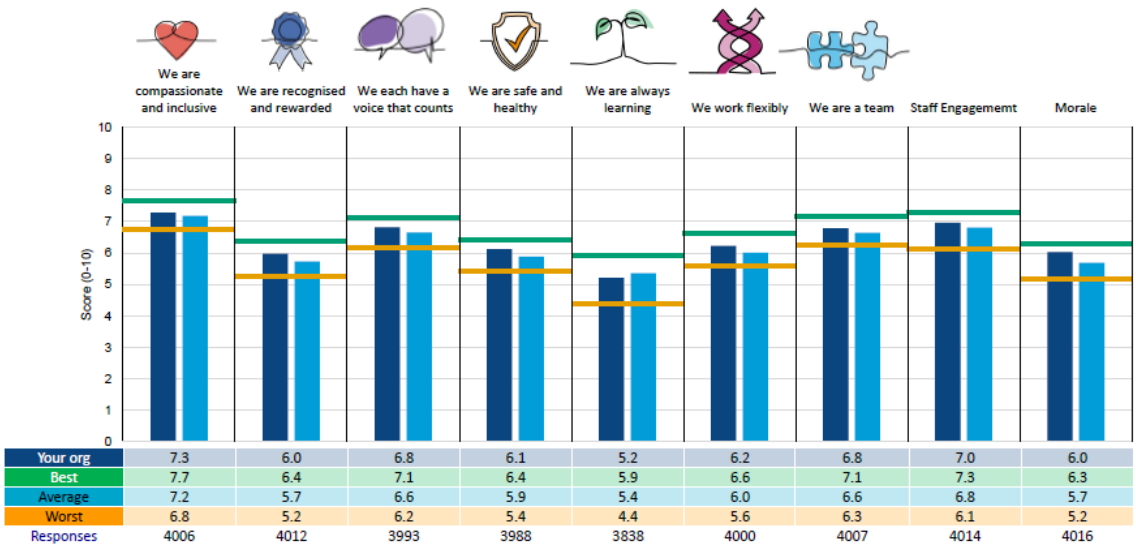
i) Morale

4.2 The nine themes are scored consistently on a 0-10pt scale with 10 being the best possible score. As in previous years, question level data is presented in percentage scores. As with 2021's

survey, the Trust staff satisfaction responses scored above average for 8 of the 9 themes when compared with all Acute and Acute and Community Trusts. The 8 themes BTH scored above average in were:

We are compassionate and inclusive, we are recognised and rewarded, we each have a voice that counts, we are safe and healthy, we work flexibly, we are a team, engagement and morale. (NB: performance for the ninth theme of *we are always learning* was below the national average).

Figure 3 below outlines the theme results



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.3	6.0	6.8	6.1	5.2	6.2	6.8	7.0	6.0
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	4006	4012	3993	3988	3838	4000	4007	4014	4016

4.3 The 9 themes are aggregates of 21 sub-scores which break down as follows:

Figure 4: People Promise Sub-scores

People Promise element	Sub-scores
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion
We are recognised and rewarded	[No sub-scores]
We each have a voice that counts	Autonomy and control Raising concerns
We are safe and healthy	Health and safety climate Burnout Negative experiences
We are always learning	Development Appraisals
We work flexibly	Support for work-life balance Flexible working
We are a team	Team working Line management
Theme	**Sub-scores**
Staff Engagement	Motivation Involvement Advocacy
Morale	Thinking about leaving Work pressure Stressors

5. Statistical Significance

5.1 **Figure 5** below presents the results of significance testing. It can be noted that two themes: *we each have a voice that counts* and *engagement* are significantly lower than in 2021, *while we are always learning* is significantly higher.

Figure 5: significance testing

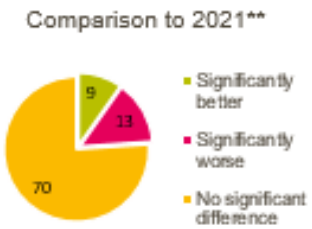
The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.3	4178	7.3	4006	Not significant
We are recognised and rewarded	6.1	4261	6.0	4012	Not significant
We each have a voice that counts	6.9	4121	6.8	3993	Significantly lower
We are safe and healthy	6.1	4168	6.1	3988	Not significant
We are always learning	5.0	3887	5.2	3838	Significantly higher
We work flexibly	6.2	4228	6.2	4000	Not significant
We are a team	6.7	4199	6.8	4007	Not significant
Themes					
Staff Engagement	7.1	4269	7.0	4014	Significantly lower
Morale	6.0	4257	6.0	4016	Not significant

6. Question level comparisons

6.1 Of the 117 survey questions, 112 questions can be compared historically to 2021. The pie chart below demonstrates that 9 questions scored significantly better, 70 questions showed no significant difference and 13 questions are significantly worse when compared with 2020's responses.

Figure 6: Question level historical comparison



7.0 Overall indicator for staff engagement at Blackpool Teaching Hospitals NHS Foundation Trust

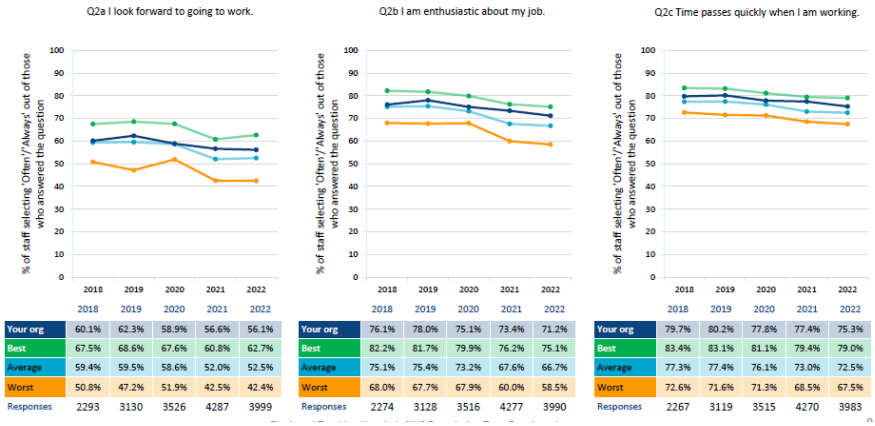
7.1 The staff engagement indicator score has deteriorated from 7.1 to 7.0. This is still above average when compared with all Acute and Acute and Community Trusts (for which the national average has maintained at 6.8.)

7.2 The overall indicator of staff engagement is still calculated using 9 questions which focus on advocacy, motivation, and involvement.

Staff motivation

7.3 *I look forward to going to work* (Q2a) *I am enthusiastic about my job* (Q2b) and *time passes quickly when I am working* (Q2c) scores are all above average when compared with other Acute and Acute and Community Trusts. Historic comparisons demonstrate all three questions have deteriorated from the previous year and are at the lowest levels for the past five years.

Figure 7: Staff motivation questions



	2018	2019	2020	2021	2022
Your org	60.1%	62.3%	58.9%	56.6%	56.1%
Best	67.5%	68.6%	67.6%	60.8%	62.7%
Average	59.4%	59.5%	58.6%	52.0%	52.5%
Worst	50.8%	47.2%	51.9%	42.5%	42.4%
Responses	2293	3130	3526	4287	3999

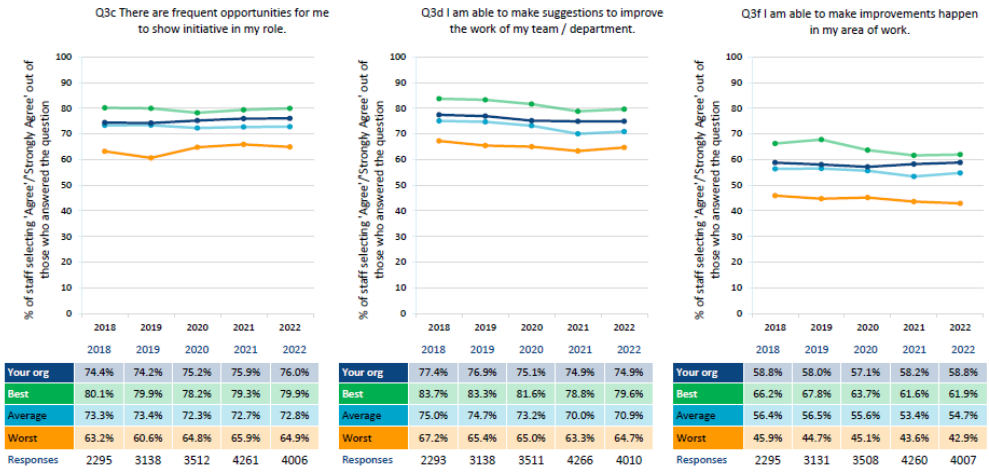
	2018	2019	2020	2021	2022
Your org	76.1%	78.0%	75.1%	73.4%	71.2%
Best	82.2%	81.7%	79.9%	76.2%	75.1%
Average	75.1%	75.4%	73.2%	67.6%	66.7%
Worst	68.0%	67.7%	67.9%	60.0%	58.5%
Responses	2274	3128	3516	4277	3990

	2018	2019	2020	2021	2022
Your org	79.7%	80.2%	77.8%	77.4%	75.3%
Best	83.4%	83.1%	81.1%	79.4%	79.0%
Average	77.3%	77.4%	76.1%	73.0%	72.5%
Worst	72.6%	71.6%	71.3%	68.5%	67.5%
Responses	2267	3119	3515	4270	3983

Staff involvement

7.4 *There are frequent opportunities for me to show initiative in my role* (Q3c), *I am able to make suggestions to improve the work of my team/department* (Q3d) and *I am able to make improvements happen in my area of work* (Q3f) scores are above average when compared with other Acute and Acute and Community Trusts. Historic comparisons demonstrate questions 3c and 3f have improved from the previous year while question 3d has maintained its scoring.

Figure 8: Staff involvement questions



	2018	2019	2020	2021	2022
Your org	74.4%	74.2%	75.2%	75.9%	76.0%
Best	80.1%	79.9%	78.2%	79.3%	79.9%
Average	73.3%	73.4%	72.3%	72.7%	72.8%
Worst	63.2%	60.6%	64.8%	65.9%	64.9%
Responses	2295	3138	3512	4261	4006

	2018	2019	2020	2021	2022
Your org	77.4%	76.9%	75.1%	74.9%	74.9%
Best	83.7%	83.3%	81.6%	78.8%	79.6%
Average	75.0%	74.7%	73.2%	70.0%	70.9%
Worst	67.2%	65.4%	65.0%	63.3%	64.7%
Responses	2293	3138	3511	4266	4010

	2018	2019	2020	2021	2022
Your org	58.8%	58.0%	57.1%	58.2%	58.8%
Best	66.2%	67.8%	63.7%	61.6%	61.9%
Average	56.4%	56.5%	55.6%	53.4%	54.7%
Worst	45.9%	44.7%	45.1%	43.6%	42.9%
Responses	2295	3131	3508	4260	4007

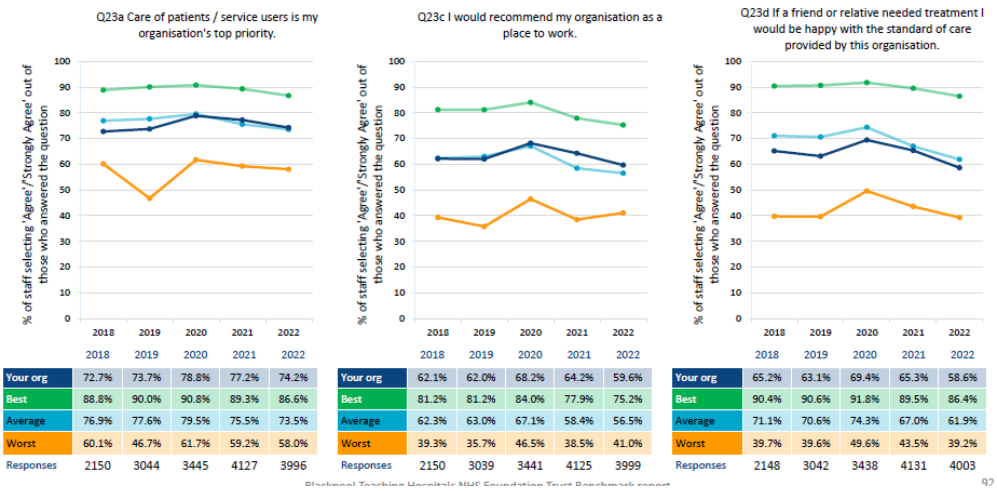
Staff advocacy

7.5 *Staff belief that care of patients/service users is the organisation's top priority* (Q23a): this response has deteriorated for the third year running, however is also above the Acute and Acute and Community Trusts average for the second year running in the past 5 years.

Staff *recommendation of the Trust as a place to work* (Q23c): is above average, however has also declined year on year.

If a friend/relative needed treatment I would be happy with the standard of care provided by this organisation (Q23d): has deteriorated since 2021 and is below average when compared with other Acute and Acute and Community Trusts for the fifth consecutive year. Historic comparisons demonstrate that responses to all 3 advocacy questions have deteriorated from the previous year.

Figure 9: Staff advocacy questions



	2018	2019	2020	2021	2022
Your org	72.7%	73.7%	78.8%	77.2%	74.2%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	2150	3044	3445	4127	3996

	2018	2019	2020	2021	2022
Your org	62.1%	62.0%	68.2%	64.2%	59.6%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	2150	3039	3441	4125	3999

	2018	2019	2020	2021	2022
Your org	65.2%	63.1%	69.4%	65.3%	58.6%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	2148	3042	3438	4131	4003

8. Workforce Race Equality Standard (WRES) Indicators

8.1 Four of the WRES indicators are drawn from the national NHS staff survey. Within the last 2 years; the Trust has begun to actively engage with BME staff through the establishment of the Culturally Diverse Staff Network, to explore what accounts for the differences between the treatment and experiences of white and BME staff, and to co-create initiatives that will close the existing gaps.

8.2 **WRES Metric Five** - *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months*. Has decreased slightly for white staff but increased significantly for BME staff (by 6.8%). The figure for BME staff is above the Acute and Acute and Community Trust average.

8.3 **WRES Metric Six -** *Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*. This has increased by 0.9% for white staff although this figure is 1.5% below the

national average. However, for BME staff, this figure has increased for the second year running, by 3.6%, to 31%. This is 2.2% above the national average. The reported gap in experience between white and BME staff is 8.2% worse for BME staff. This has increased from last year's survey, when reported BME staff experience was 6.5% worse than white staff.

As a comparator, the national average experience gap between white and BME staff is 5.5% worse for BME staff (an increase from 4.9% the previous year.)

8.4 **WRES Metric Seven-** *Percentage believing that the Trust provides equal opportunities for career progression or promotion*. BAME staff remain significantly less likely than white staff to believe that BTH provides equal opportunities for career progression. However, while for white staff this figure has decreased year on year by 1.3% to 62.6%; for BME staff this figure has increased 1.3% to 51.2%. The gap between white and BAME staff experience at BTH has increased from 9.5% in 2020 to 14% in 2021.With the exception of the 2020 staff survey, the experience of BME staff at BTH has been deteriorating consistently over the past 5 years. National data evidences a slight decline in the experience gap between white and BME staff from 14.2% to 14%.

8.5 **WRES Metric Eight-** Q17B*. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues?* BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers. 18.4% of BME staff reported personally experiencing discrimination at work from staff in the last 12 months compared to 5.9% of white staff. For BME staff, this figure represents a 0.2% decrease when compared with the previous year, while white staff reported an 0.4% decrease. BTH responses are above the national average responses of 17.3% for BME staff and below the national average of 6.5% for white staff working in the Acute and Acute and Community Trust sector.

9. Workforce Disability Equality Standard

9.1 The annual collection of the WDES Metrics allows the Trust to better understand and improve the workplace and career experiences of Disabled staff in the NHS.

9.2 ***Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months –*** This metric has increased for the first time in five years, to 14.6%. This increase of 1.3% is below the national average of 17.1% but significantly higher than staff without a long-term condition.

9.3 ***Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it –*** At 49.9%, this is a year-on-year deterioration of 4.4%, and the lowest reported level for 5 years. The national average is 48.4%, an annual *increase* of 1.4%.

9.4 ***Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion*** – 56% of staff with a long-term condition agree with this statement – a deterioration of 3.8% year on year, though this sentiment remains above the national average for staff with a long-term condition of 51.4%.

9.5 ***Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties –*** This response has deteriorated 6.8 year on year, compared to a national deterioration of 2.2%. This figure is below the national average of 30%.

9.6 ***Engagement*** It is evident that staff with a long-term condition are less engaged with the organisation. The Trust average is 7.0 (out of 10), however for staff with a long-term condition this decreases to an average of 6.6 (a decrease of 0.2% year-on-year.) For staff without a long-term condition, the average engagement score is 7.1 (a decrease of 0.1 year on year.)

10. Recommendations and Considerations

10.1 The national embargo is lifted on 9th March. It is therefore proposed to contextualise these findings with a further update highlighting performance with regional and national data.

We are compassionate and inclusive

10.2 A cultural programme of work should be established to promote the new values of the Trust, together with the resulting behavioural framework (once available). This should reinforce behavioural expectations around civility and respect.

We each have a voice that counts

10.3 Given the increased disparities of staff satisfaction from staff with protected characteristics, it is recommended BTH undertakes an inclusivity audit to establish where gaps might be in the established employee life cycle.

It is further recommended that the Trust wide action plan on equality, diversity, and inclusion is progressed at pace to ensure all staff have equal opportunities.

10.4 Divisions should make time to better understand and action their survey data, particularly divisional strengths, and areas for improvement. The Well Service will support divisions to facilitate

Big Conversation events during April and May 2023. It is recommended that as many line managers as possible along with the senior management team of all divisions/directorates attend these sessions.

10.5 Divisions should use this year's Big Conversations to specifically focus on staff experience and engagement as a mechanism to discuss the current climate and culture at BTH. Using a participative approach; divisions will collaborate with their staff base to formulate bespoke action plans that target areas of improvement and celebrate successes, with an agreed communications campaign plan '*you said, together we did'* for each division which will be supported by the Well Team, HRBP'S and Divisional management.

10.6 It is recommended that, should any directorate teams previously identified as hot spots of poor staff experience in the 2021 National Staff Survey remain hotspots in the 2022 National Staff Survey; further diagnostics, support and interventions are agreed and implemented by the Organisational Development Team.

10.7 The Trust should develop a listening strategy to provide further opportunities for feedback and evidence to staff that their voice is relevant and heard.

10.8 Recognition and Reward – Divisional Leads should be supported by the Well Service to introduce and embed local recognition initiatives that support the development of positive local cultures, and embed Trust values at a local level, thereby contributing to improved morale, job satisfaction and motivation, and indirectly to reduced staff absenteeism and turnover.

We are safe and healthy

10.9 Continue to build on the excellent work between the Trust Board / Senior Management and the Staff Guardian to embed the culture of speaking out safely. Further work should be undertaken to raise awareness and assure all staff that the Trust encourages and supports staff who raise concerns if they feel safety is at risk. Further education and communication should be deployed to ensure all staff know how to report unsafe clinical practice and understand how concerns raised by service users are acted upon.

10.10 The Trust's Well Aware Team Award, the first tier of the three-tier staff support programme (developed between the Well Service, Occupational Health, and Staff Psychology), should be piloted and then introduced in teams throughout the Trust footprint to promote healthy team rituals and contribute to the development of psychological safety.

We are always Learning

10.11 It is recommended that there is a specific and sustained focus from all leaders to champion the appraisal process, and managers are suitably equipped to facilitate meaningful conversations that help staff do their jobs well, add value, agree clear objectives, and leave them feeling engaged and valued by the organisation.

We are a team

10.12 All teams should develop a set of shared objectives aligned with the Divisional National Staff survey action plans and should be encouraged to meet regularly to discuss the teams' effectiveness and, where relevant, champion new ways of working that have evolved from the Covid pandemic that support our agile workforce.

11. Conclusion

11.1 Given the challenging operating landscape and the legacy impact of the pandemic, it is to be expected that this challenge is reflected in staff sentiment.

11.2 We are realistic that there is significant work to be done, particularly with regards to developing a compassionate culture, fostering a climate of inclusion and equity, and ensuring that everyone is able to speak up and, crucially, that when they do, their voices are listened to.

11.3 We remain resolutely focussed on improving our employee experience through robust and measurable actions plans that are co-created together with our people. We will continue to build encourage staff to be active participants in making #teamBTH a better place to work by building happy, healthy teams that actively support our people to deliver the best quality of care to our patients and the populations we serve.

12. Next steps

12.1 It is hoped that the Committee will discuss, support, and approve all of the above recommendations. Following this, we will together mobilise each strand of this workplan to evidence to staff that their voice will be heard and acted on to improve the cultural climate in our Trust.

End of Report.

Appendix 2: Tools utilised by the Healthier Teams Collaborative MDT

Tool	Purpose
Team level Tools	
Psychologically Aware Teams Training	Training that provides managers with an overview of how routine psychological protection may shield the wellbeing of teams exposed to psychological stress at work.
QI Improving Care Programme	(Currently under development) A 4-week QI led programme of support for clinical teams.
Team Wellbeing Support	Teams with low wellbeing sub-scores in the staff survey participate in a wellbeing audit that identifies improvements and supports the implementation of restorative measures.
Team Engagement Diagnostic "TED"	TED reports benchmark team engagement and effectiveness to help managers understand where focus is needed.
Team Time	A reflective session that supports teams to come together to share their experience of working in health and care and supports the processing of challenging emotions
Schwartz Rounds	Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.
MBTI surveys	A psychometric tool that gives individuals and teams insight into what makes them tick, helping them to better frame decisions, reduce miscommunication, and understand personal needs more effectively.
Stribe Engagement App	An online employee engagement tool that gives staff a platform to voice their thoughts, worries and ideas, or answer surveys so the service can better understand how they are thinking and feeling.
Individual Tools	
Occupational Health EASE programme	Contact will be made with the staff member on day 1 of sickness with assistance offered to help them address their symptoms and return to work sooner. *Similarly, teams with elevated levels of MSK concerns will be proactively identified by OH, with supportive plans put in place to address any issues identified.*
Occupational Health PALS programme	Staff may self-refer to access fast track physiotherapy advice to help them keep well and in work
Leadership Development Offer	The Trust has a comprehensive in-house development offer from aspirant to senior leadership offers. Staff are also able to access development opportunities though the North West Leadership Academy.
BTH Mini 360	The BTH Mini 360 is an online, user-friendly questionnaire designed to enable managers and leaders to collect feedback on their management and leadership style.

Blackpool Teaching Hospitals NHS Foundation Trust

Title	Audit Committee Escalation Report

Meeting:	Board of Directors in Public Meeting
Date:	4th May 2023

Author	Esther Steel, Director of Corporate Governance					
NED Sponsor	Fiona Eccleston					
Purpose	Assurance	x	Discussion	x	Decision	
Confidential y/n	No					

Summary *(what)*	To update the Board on the alerts, assurance and advise content, discussed at the Audit Committee on Tuesday 18th April 2023 Three areas were highlighted for escalation to Board of Directors including medical job planning, internal audit follow up report – two high risk recommendations remain outstanding and ESR/Payroll.

Previously considered by	

Implications *(so what)*	The Audit Committee plays a key role in providing oversight of the assurance provided to the Board

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications considered	No EDI issues noted

Proposed Resolution *(What next)*	The Board of Directors is asked to note the Audit Committee's Escalation Report

Name of Committee/Group:	Audit Committee	**Report to:**	Board of Directors Meeting
Date of Meeting:	18th April 2023	**Date of next meeting:**	13th June 2023
Chair:	Fiona Eccleston	**Parent Committee:**	Board of Directors Meeting

Introduction

Meeting held in person with good engagement on papers covering a wide range of topics.

Seven internal audit reports included on the agenda – one report outstanding before year end. From the 2022/23 workplan three substantial, five moderate and one limited assurance reports received the Head of Internal Audit Opinion for 2022/23 is moderate assurance (this is unchanged from 2021/22.)

The Committee approved revised Terms of Reference, these are appended for Board approval

Alert

What	So What	What Next
Medical Job Planning - Limited assurance Medical Director in attendance The review tested a number of job plans and identified that at the time of sampling only a limited number of job plans had full sign off and sample testing identified discrepancies between plans and payment	Findings acknowledged with recognition of the need for actions – an action plan has been produced and reviewed through execs and significant progress made on completing job plans – 80% now signed off. Committee members discussed the immediate concern around matching job plans to payment – reconciliation to take place to ensure clinical staff are paid appropriately Concern expressed by Committee members that the report is indicative of lack of grip and control – although recognised that process had improved.	For 2023/24 have started work to get the job plans on the system using previous year plans as the basis Some longer-term issues – agreeing SMART personal objectives for consultants will be included in the 2023/24 round of job planning. Further controls implemented to ensure pay progression is linked to appraisal. Medical Director to provide update on actions MIAA will validate closure of actions
Internal Audit Follow up Report Progress has been made to reduce the number of outstanding actions however two high risk recommendations dating from 2020/21 are yet to be closed	Deputy Director of Quality Governance attended to provide reassurance that the six outstanding CQC recommendations have now been superseded – MIAA will follow this up for the next report	Blue Skies and business planning follow up and other reports to next meeting Progress noted

ESR/Payroll - Moderate assurance Director of People and Culture in attendance Several areas of risk identified that could result in staff being incorrectly paid – staffing issues in the team were noted to be impacting on operation of controls. Responses indicate that many of the actions have been followed up	Director of People and Culture in attendance advised that we now have a detailed plan to demonstrate progress on the points flagged – satisfied that we are taking concerns on board and addressing. Committee members discussed the response to the report seeking assurance that actions were appropriate and sufficient to meet the recommendations.	Committee members discussed the potential for delivery as a shared service but recognised this is subject to further work as a sector through the corporate collaboration workstream. MIAA to consider role of internal audit in corporate collaboration.
Assurance		
What	**So What**	**What Next**
General Ledger/Treasury Management – moderate assurance Five medium recommendations relating to tightening management response, user access, legacy reconciliation and information presented to Board	Auditors advised that while the checks appear to be happening, they are not always evidenced. Actions have been taken to tighten on documentation and an action is in place to address other recommendations.	Assurance that no significant issues identified
Mental Health Capacity Act This report had received substantial assurance with 2 medium and 1 low recommendations. It was noted that the 2 medium risks were in relation to documentation and the Safeguarding Committee.		Report noted
Freedom to Speak Up Director of People and Culture in attendance Report commissioned to look at progress against NGO actions Positive developments highlighted including increased awareness of service and increased level of Board reporting however NGO report not seen at Board and not all actions evidenced as complete	The Director of People and Culture attended to respond to the report and provide a reminder of the context noting that the more we do the more we understand, reflect and review to continue to develop the service Progress has been made in terms of service reviews and the number of people speaking up. RR as Freedom to Speak up NED confirmed that he is happy with the service and is assured that the process works as evidenced through increased levels of reporting	The Director of People and Culture took an action to map across the report to demonstrate and seek WAC sign off of all actions – quarterly report to WAC/Board to include closure of the actions. Progress against development is monitored through NHSE

Board Assurance Framework The review of the Board Assurance Framework provided assurance that the BAF is populated and used in accordance with guidance however further work is recommended to ensure that all actions are aligned to the strategic risks and have an appropriate date for completion	Committee members noted the progress made recognising that the BAF is a dynamic document which will continue to develop	Actions noted Continue to align with ICB partners and Atlas
Divisional Risk Management Review - Moderate assurance Deputy Director of Quality Governance in attendance The report provided positive feedback on strengthened risk management committee, 10 recommendations in total with the priority action being to ensure that actions are in place to mitigate all risks. Medium recommendations on strategy/policy and record keeping for training	The Deputy Director of Quality Governance (LC) attended to respond to the report and agreed the report was a fair summary of the current position. A Risk Management Committee has been established alongside risk clinics to review key risks and aim to help people understand effective risk management in a safe space Discussed report in the context of wider knowledge about risk management in specific areas and the process to escalate and respond to concerns. Further work acknowledged to address the recommendations – full training analysis to be completed.	LC will liaise with MIAA to finalise response to actions, she acknowledged the need to do a full review – date extension requested.
MIAA Internal Audit Plan Additional reviews added to the plan – meetings scheduled with Execs to go through the plan – any requests for changes to the plan to be through the Audit Committee chair.	Committee members discussed the indicative timescales for the reports and the alignment with QEP review Discussed benefits of working with operational leads in planning and scheduling reviews.	Change to KPIs to include Audit Committee members input to audit terms of reference
Clinical Audit Forward plan Presented to QA Committee – clear audit plan 90% of audits with named audit leads	Report approved at QAC	Report to be forwarded to Committee members for information Update in 6 months on progress with the report

Advise

What	So What	What Next
External Audit Progress Report Planning and interim work completed; draft accounts expected next week – planning time on site for a collaborative approach.	Committee members discussed the process for year-end audit and Value For Money (VFM) work	Aiming for 30 June submission deadline. Have looked to bring VFM work forward but need to recognise changes to governance – any weaknesses will be reported in the financial position
Implementation of IFRS16 Report Report provided to aid understanding of the changes in relation to the implementation of IFRS16.	Majority of leases are right of use leases with NHS Property services – do have some gaps but working to get leases in place for all properties.	Deloitte as external auditors will review supporting evidence Also need to ensure when entering into a new leases or renewing leases that future service developments are taken into consideration. New leases to be capitalised on balance sheet in accordance with guidance change.
Losses and Special payments No losses but 60 special payments Bad debts – circa £53k of debt – highest individual debt is £5k – was chased and not tracked Held under IFRS provision	Committee members noted the report and agreed that while the financial cost might be low it was important to note that 60 patients had been impacted by the loss of items needing special payments	Ensure consideration given to the impact on patients in relation to the special payments
Waivers Standard report provided on orders which required a waiver	Discussed the use of waivers with some questions raised in relation to detail on individual lines in the report	Action to understand further on some of the waivers Report author to attend to speak to future reports future reports to include more on the rationale and factors behind waivers.
Counter Fraud Annual Report Counter Fraud Annual Report received, Committee members noted the work undertaken and the key areas of focus with a 50/50 split between reactive and proactive work.	Detail discussed – not included within this report for reasons of confidentiality	Seeking to ensure that counter fraud training is mandated.
Counter Fraud Plan Plan noted	Discussed the planned trust wide risk review drilling down to a departmental level on risk. Counter Fraud Authority role in driving the plan discussed	Planned proactive work on declarations of interest Plan Approved – any changes to be approved by the Committee

Terms of Reference – Group Audit Committee

1 Constitution

The Board has established a statutory Committee to be known as the Audit Committee (the Committee). The Audit Committee is a non-executive Committee of the Board and has the full, delegated authority to act on behalf of the Group in exercising the remit and functions described below.

2. Main Authorities/Limitations

The Group Audit Committee is authorised by the Board to investigate any activity within its Terms of Reference and to seek any information it requires from any employee; all employees are directed to co-operate with any requests made by the committee. The committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3. Reporting Arrangements

The Audit Committee will be accountable to the Board of Directors of Blackpool Teaching Hospitals NHS Foundation Trust and will also report to the Board of Atlas for matters within the scope of services provided by the subsidiary.

The minutes of Committee meetings shall be formally recorded by the Secretary with a Chair report summarising the proceedings and highlighting areas of concern submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

The Committee will refer to the other Board governance committees (the Quality Assurance Committee the Finance and Performance Committee and the Workforce Assurance Committee) matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by those two governance Committees.

4. Main Duties and Responsibilities

The committee will:-

- Provide the third line of assurance focusing on reviewing assurance and gaps in the control and scrutiny provided by other committees.
- Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives.
- Review the Board Assurance Framework at least twice a year.

In particular, the committee will review the adequacy of:-

- All risk and control related disclosure statements together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- Review and seek assurances on the work of other committees.

In carrying out this work the committee will primarily utilise the work of internal audit, external audit, and other assurance functions, but will also seek reports and assurance from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Internal Audit

The committee shall ensure that there is an effective internal audit function established by management, that meets mandatory Government audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board this will be achieved by:-

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approve the internal audit strategy, operational plan, and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consideration of the major findings of internal audit work (and managements response) and ensuring co-ordination between external and internal auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Trust.
- Annual review of the effectiveness of internal audit.

External Audit

The committee shall review the work and findings of the external auditor appointed by the Governors and consider the implications and management's responses to their work this will be achieved by:-

- Consideration of the appointment and performance of the external auditors, as far as the rules governing the appointment permit.
- Liaison with the Council of Governors regarding the appointment and performance of the external auditor.
- Discussion and agreement with the external auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.

- Review all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

NHS Counter Fraud

The Audit Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work including but not limited to: -

- The policies and procedures for all work related to fraud and corruption as set out in the Service Condition 24 of the standard contract for counter fraud and security management.
- regular reports from the Local Counter Fraud Specialist (LCFS).
- The Trust has identified a Non-Executive Director to undertake the whistleblowing role in line with the Trust's policy and will review any issues raised in the Audit Committee.

Financial Reporting

The Audit Committee shall monitor the integrity of the financial statements of the Trust, this will include statements for Atlas Facilities and the group financial statements and any formal announcements relating to the Trust's financial performance.

The committee will also ensure that the systems for financial reporting to the Board, including those of budgetary control are subject to review as to completeness and accuracy of information provided to the Board.

The Audit Committee shall review the Annual Report and financial statements before submission to the Board, focusing primarily on:-

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the committee.
- Changes in, and compliance with, accounting policies, practices, and estimation techniques.
- Unadjusted mis-statements in the financial statements.
- Significant judgements in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letter of representation.
- Qualitative aspects of financial reporting.

Clinical Assurance

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

The Quality Assurance Committee will provide assurance from the clinical audit function.

The Audit Committee will if requested comment on the work of the Quality Assurance Committee

Corporate Governance

The committee will monitor corporate governance compliance, including but not limited to:

- Compliance with Provider licence and NHS constitution,
- Compliance with the Code of Governance
- Compliance with codes of conduct, standing orders and standing financial instructions.

Other Responsibilities

The audit committee will also be responsible for:-

- Scrutinising waivers approved by the CE and DOF and approving waivers of £250,000 - £1m.
- Approving changes to the Trust's standing financial instructions.
- Receiving regular reports on losses and compensations and review the appropriateness thereof.
- Receiving regular reports on variations to terms and conditions of service and review the appropriateness thereof.

6. Membership

Members:-

Three Non-Executive Directors (may not be the Trust Chair or the Chair of the Finance Committee).

Attendees:-

Director of Finance

External Auditors

Internal Auditors

Counter Fraud

Director of Corporate Governance

The Chief Executive will be invited to attend to discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement.

Other Executive Directors will be invited to attend when the committee is discussing areas of risk or operation that are the responsibility of that director.

7. Chair

The Committee shall be chaired by a Non-Executive Director with recent and relevant financial experience. In the absence of the Chair, a decision will be taken in advance of the meeting regarding who will chair that meeting.

8. Frequency of Meetings

A minimum of five meetings per year at appropriate times in the reporting and audit cycle.

Prior to each meeting there will be an opportunity for Audit Committee members to meet in private with the auditors if required.

9. Quorum

Two Non-Executive Directors

10. Attendance

It is highly important that members attend on a regular basis. No more than two meetings should be missed in any one year unless due to extenuating circumstances. Executive attendees are expected to nominate a deputy to attend in their absence.

If a committee member or regular attendee is unable to attend the meeting or send a deputy then a formal summary report of progress made against their areas of responsibility should be given, in advance of the meeting, identifying the key issues that should be raised.

If a member fails to attend two consecutive meetings the Chair of the Committee will speak to the individual. The Chair of the Committee will also be required to bring to the attention of the Chair of the Trust if they feel that lack of attendance has not enabled adequate discussion or decision making.

11. Decisions

Decisions by the Committee must accord with the requirements of the Standing Orders and the Scheme of Delegation – General Principles and be reported to the next available Board of Directors meeting via the Escalation Report.

12 Agenda & Papers

An agenda for each meeting, together with relevant papers, will be forwarded to committee members no later than 5 working days before the meeting.

13 Organisation

The committee will be supported by the Corporate Governance team whose duties in this respect will include:

- Agreement of the agenda with the Chair, Director of Finance and Director of Corporate Governance and collation of papers.
- Taking the minutes and keeping an action log of matters arising and issues to be carried forwards.

Minutes of the meeting will be approved by the committee members.

14 Conduct of Meetings

The Chair of the Committee will be supported by the Director of Corporate Governance who will ensure that the appropriate processes are followed:-

- Minutes and action log are accurate, comprehensive, and timely.
- The agenda and supporting papers are sent out to committee members five working days prior to the meeting, unless authorised by the Chair for exceptional circumstances.
- Authors of papers presented must use the required template.
- Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues.
- Committee members and those in regular attendance should actively participate in discussions pertaining to the agenda, ensuring that solutions and action plans have multidisciplinary perspectives and consideration of Trust-wide impact.

15 Monitoring Effectiveness

The Committee will undertake an annual review of its performance against its annual work plan, to evaluate the achievement of its duties.

16 Review of Terms of Reference

These Terms of Reference will be reviewed at least annually. Changes to these Terms of Reference must be approved by the Board of Directors.

Title	New Hospitals Programme Quarter 4 Board Report

Meeting:	Board of Directors	**Purpose**	Assurance	X
Date:	4 May 2023		Discussion	
Author	Rebecca Malin, Programme Director Jerry Hawker, Programme SRO		Decision	
Exec Sponsor	Janet Barnsley, Executive Director of Integrated Care		Confidential y/n	N

Summary ***(what)***	The purpose of this report is to provide an update on the Lancashire and South Cumbria New Hospitals Programme for the Quarter 4 period: January to March 2023. This quarterly report is presented to the following Boards: • University Hospitals of Morecambe Bay NHS Foundation Trust • Lancashire Teaching Hospitals NHS Foundation Trust • East Lancashire Hospitals NHS Trust • Blackpool Teaching Hospitals NHS Foundation Trust • Provider Collaborative

Implications ***(so what)***	The report includes the progress against plan for January to March 2023, in particular providing an update on the potential new site options, progress on equality and health inequality impact assessments and continued engagement work. It outlines next steps with the national New Hospital Programme business case and capital funding allocation.

Link to Strategic objectives		

Proposed Resolution ***(What next)***	It is recommended the Board: • Note the progress undertaken in Quarter 4. • Note the activities planned for the next period.

NEW HOSPITALS PROGRAMME Q4 BOARD REPORT

1. Introduction

1.1 This report is the 2022/23 Quarter 4 update from the Lancashire and South Cumbria (L&SC) New Hospitals Programme.

2 Background

2.1 Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) are working with local NHS partners to progress the case for investment in local hospital facilities. The programme is part of cohort 4 of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest building programme in a generation. Further information can be found on the 'Improving NHS infrastructure' website.

2.2 The L&SC New Hospitals Programme (NHP) offers a once-in-a-generation opportunity to transform some of the oldest buildings and develop new, cutting-edge hospital facilities. This will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next generation hospital facilities and technologies. Hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.

3 National New Hospital Programme

3.1 **Programme business case and early / enabling works** – the national programme business case was presented to HM Treasury in February 2023. This will determine the capital range allocation and phasing for the L&SC NHP. The outcome of the national business case will also include the status of the L&SC bid for early works / investment at Furness General Hospital to improve the Critical Care Unit and Emergency Department. An announcement was expected in March 2023 and was not forthcoming. No announcements are now expected until after local council elections in May 2023.

3.2 **National guidance** – as part of cohort 4, L&SC NHP is expected to fully adopt the national NHP guidance, including: standard hospital design (Hospital 2.0); digital; demand and capacity modelling; and the associated underpinning assumptions. Members of the NHP team and wider system colleagues have been proactively supporting the national team on developing some key components of this guidance. This collaborative working was evident at a recent valuable and positive national NHP workshop on **Hospital 2.0**. Topics covered

included: hospital design principles with a focus on single rooms; digital transformation; and workforce. When delivered in a standardised way, it is anticipated noteworthy time and cost benefits will be realised.

4 Progress against plan (for the period January to March 2023)

4.1 **Potential new sites** – the focus of this quarter has been on finalising the potential new site options for each Trust. This work culminated for this phase of the Programme with an update to the Strategic Oversight Group and Trust's Board of Directors.

4.2 Additional potential new sites have continued to be identified throughout this quarter, and these have been appraised against the agreed technical criteria and reported to the Strategic Oversight Group (SOG) in January 2023. It is important to note the Programme will continue to receive and assess new sites up to public consultation (if required) and business case submission.

4.3 To underpin potential new sites work, the Programme Team have concluded the RIBA stage 1 (Royal Institute of British Architects) bringing greater certainty to the deliverability of each site i.e., could a new hospital facility be accommodated on the site with sufficient supporting infrastructure. This work has incorporated further informative discussions with local authority planning and highways teams, finalisation of the latest designs, and a review of the traffic impact on the local infrastructure.

4.4 **Equality and health inequality impact** – the team are concluding this phase of work, having undertaken an assessment of the impact of the Programme on equality and health inequalities. The recent focus has been on the model of care, digital strategy, and potential new site selection and appraisal. This essential and important work will continue throughout future phases of the Programme to enable both the NHP and wider system to consider the likely impact of new hospital facilities on different groups of people.

5 Public, patient and workforce communications and engagement

5.1 **Lancaster University research report** – the NHP team and colleagues from Lancaster University were delighted to publish a joint research report this quarter. This has been the culmination of a collaborative project, which ran from March to July 2022. The focus was to review engagement with under-represented people within the Lancashire and South Cumbria region. The resulting new joint academic report, 'Engaging underrepresented people in a regional transformation project: co-production of a framework', has now been published on Lancaster University's website and also shared with all New Hospital Programme schemes

across the country. For further information, read the news article about the joint Lancaster University and New Hospitals Programme research report.

5.2 **Under-represented communities and health inclusion groups** – a report by the ICB has been developed on the engagement with under-represented communities and health inclusion groups conducted between December 2022 and February 2023. The aim was to focus on the priority groups highlighted by the NHP, which included some of the most seldom heard and the most hard-to-reach groups within the community. This phase of engagement has established a baseline and foundation for future, targeted engagement with these communities and networks, which will continue through the work of the ICB and provide insight to the NHP on a rolling basis.

5.3 **Your Hospitals, Your Say** – the report which brings together all the valuable input from the engagement work undertaken to date was published in September 2022. Work is underway to develop a British Sign Language (BSL) version of the Your Hospitals, Your Say report with support from Lancashire Teaching Hospitals NHS Foundation Trust's Blended Learning team. The BSL video will be available in Quarter 1 of 2023/24 on the Your Hospitals, Your Say section of the NHP website.

6 Stakeholder management

6.1 **Briefings** – briefings and discussions have continued through NHP team-led staff updates / drop-in sessions with Primary Care Networks, ethnicity, disability and LGBTQ inclusion forums and carers forums. This is part of an ongoing, open dialogue with groups across our partner organisations, which provides continued insight and feedback on the programme. Frequently asked questions are updated as new queries are raised and key themes of conversations are captured and analysed, inputting into the decision-making process and development of proposals.

7 Next period – Q1 2023/24

7.1 Following the announcement of the national business case, the Programme will work with the national NHP team to understand what this means for new hospital facilities in L&SC. Noting that the start of Q1 will coincide with the beginning of the pre-election period, so local announcements on the Programme could be delayed until after the local elections in May 2023.

8 Conclusion

8.1 This paper is a summary of progress on the Lancashire and South Cumbria New Hospitals Programme throughout Quarter 4 2022/23.

9 Recommendations

9.1 The Board is requested to:

- Note the progress undertaken in Quarter 4.
- Note the activities planned for the next period.

Rebecca Malin
Programme Director
April 2023

Jerry Hawker
Programme Senior Responsible Officer