

Board of Directors in Public Meeting (Part 1)

11th January 2024

09.30 – 14.00

Boardroom, Trust HQ



**Blackpool Teaching
Hospitals**

NHS Foundation Trust

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Purpose / Expected Outcome</i>
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	Patient Story	Director of Nursing	Video	To note the learning from a patient story
	5	Minutes of the Previous Meeting	Chair	Report ✓	To approve the previous minutes
	6	Action List & Matters Arising	Chair	Report ✓	To note progress on agreed actions
	7	Chair's Update	Chair	Verbal	To receive an update
	8	Chief Executive's Report	Chief Executive	Report ✓	To receive an update
Quality					
10.10	9	Quality Assurance Committee Escalation Report	Chair of Quality Assurance Committee	Report ✓	To note for assurance
	10	Quality Integrated Performance Report	Director of Nursing / Medical Director	Report ✓	To note
	11	Maternity and Neonatal Report	Director of Midwifery	Report ✓	To note
Finance and Performance					
10.35	12	Finance and Performance Committee Escalation Report	Chair of Finance and Performance Committee	Report ✓	To note for assurance
	13	Finance Integrated Performance Report	Director of Finance	Report ✓	To note
	14	Operational Performance Integrated Performance Report	Deputy Chief Executive	Report ✓	To note
Comfort break 11am					

Board of Directors in Public Meeting (Part 1)

11th January 2024

09.30 – 14.00

Boardroom, Trust HQ



**Blackpool Teaching
Hospitals**

NHS Foundation Trust

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Purpose / Expected Outcome</i>
Workforce					
11.15	15	Workforce Assurance Committee Escalation Report	Chair of Workforce Assurance Committee	Report ✓	To note for assurance
	16	Workforce Integrated Performance Report	Director of People and Culture	Report ✓	To note
	17	Hybrid Working	Director of People and Culture	Report ✓	To note
Governance					
11.40	18	Audit Committee Escalation Report	Chair of Audit Committee	Report ✓	To note for assurance
	19	Strategy and Transformation Committee Escalation Report	Deputy Chief Executive	Report ✓	To note for assurance
	20	Charitable Funds Committee Escalation Report	Chair of the Charitable Funds Committee	Report ✓	To note for assurance
	21	Board Assurance Framework	Director of Corporate Governance	Report ✓	To note for assurance
	22	Senior Independent Director	Director of Corporate Governance	Report ✓	To approve
Lunch 12.15					
Collaboration					
12.45	23	Research and Development Plan	Medical Director	Report ✓	To approve
	24	Estates Plan	Director of Integrated Care	Report ✓	To approve
	25	People Plan	Director of People and Culture	Report ✓	To approve
	26	Clinical Strategy	Medical Director	Report ✓	To note

Board of Directors in Public Meeting (Part 1)

11th January 2024

09.30 – 14.00

Boardroom, Trust HQ



**Blackpool Teaching
Hospitals**

NHS Foundation Trust

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Purpose / Expected Outcome</i>
<i>Closing matters</i>					
13.55	27	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: Thursday 7th March 2024.

Meeting Board of Directors Public Minutes

Time 09:30

Date 2nd November 2023

Venue MS Teams

Members: -

Steve Fogg	Trust Chair	Chair
Trish Armstrong-Child	Chief Executive	
Janet Barnsley	Executive Director of Integrated Care	
Mark Beaton	Non-Executive Director	
Mark Brearley	Executive Director of Finance	
Adrian Carridice-Davids	Non-Executive Director	
Steve Christian	Deputy Chief Executive (Chief Operating Officer / Executive Director of Strategy & Transformation)	
Bridget Lees	Executive Director of Nursing, Midwifery, AHPs and Quality	
Sue McKenna	Non-Executive Director	
Fiona Poxon	Non-Executive Director	
Andrew Roach	Non-Executive Director	
Robert Ryan	Non-Executive Director	
Fergus Singleton	Non-Executive Director	
Esther Steel	Executive Director of Corporate Governance (non-voting)	
James Wilkie	Non-Executive Director	
Shelley Wright	Joint Executive Director of Communication (Non-voting)	

In attendance: -

Lynn Eastham	Director of Midwifery	Item 10
Grahame Goode	Deputy Medical Director/Director of Clinical Effectiveness (deputising for Chris Barben Medical Director)	
Louise Ludgrove	HR Advisor (Deputising for K Coope Director of People and Culture	
Louise Peacock	Maternity and Neonatal Independent Senior Advocate Lancashire and South Cumbria Integrated Care Board	Item 10
Frances Roberts	Corporate Governance Officer	Minutes
Mark Singleton	Chief Information Officer	

Lauren Staveley	Freedom to Speak Up Guardian	Item 19
	Director of Adult Social Services, Blackpool Council Director of Health & Care Integration – Lancashire & South Cumbria Integrated Care Board	
Karen Smith		Item 21

Observers: -

Margaret Bamforth	Appointed Governor for Blackpool and the Fylde Collage
Pam Brooks	Appointed Governor for Blackpool Council
Sue Crouch	Lead Governor & Public Governor for Wyre
Lynne Eastham	Director of Midwifery
Gail Goodman	Public Governor for Fylde
Amy Harrison	Business Administration Apprentice
Maggy Heaton	Royal College of Nursing Representative
Martin Jones	Lancashire Institute of Directors.
Ranjit More	Staff Governor for Medical and Dental
Heather O’Hara	Public Governor for Blackpool
Sampath Perera	Medical Fellowship Associate
Tyler Warburton	Appointed Governor for University of Central Lancashire

1. Welcome

The Chair welcomed the Board members to the meeting and reminded the Board members, attendees and observers of the Trust’s meeting and presenting guidance and etiquette.

2. Declarations of Interest

There were no new declarations of interest not held in the registers.

3. Apologies

Chris Barben – Executive Medical Director.
Kay Coope – Executive Director of People and Culture.

4. Approval of Previous Minutes

The minutes of the meetings held on the 7th of September 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 took the Board members through each item on the action list, and the action list was updated to reflect progress made and completed actions were agreed and closed.

Matters Arising

There were no matters arising.

6. Chair's Update

The Chair reflected on the reality of the sizeable challenges across the Trust and the system and praised the ongoing efforts of all staff members.

Resolved: The Board members noted the update.

7. Chief Executive's Report

The Chief Executive outlined the main points from the Chief Executive Report circulated in the papers, which provided high-level updates on activities within the Trust since the previous meeting of the Board of Directors.

These included:

- Awards and Recognition
- Trust executive appointments
- Recent trial
- Industrial action update and further ballots are expected
- Urgent Care and the refurbishment
- Flu Vaccination Campaign
- Staff Survey
- Trust's Behavioural Framework
- Unveiling of Sit with Hope Benches
- New Cardiac Surgery Research Project
- Cultural Diversity Network Update
- Relocated and upgraded Spiritual Care Centre
- NHS England & NHS Improvement Visit
- System news and developments
- Smoking Cessation Campaign
- Reportable issues

Resolved: The Board members noted the update.

8. Quality Assurance Committee Escalation Report

The Chair of the Quality Assurance Committee summarised the alerts from the September and October 2023 escalation reports circulated in the papers, and emphasised the positive introduction of the Clinical Governance Committee and the Risk Management Committee.

Alerts

- Sepsis

- Demand and capacity

These are being managed with Quality Assurance Committee oversight.

Resolved: The Board members noted the update and the alerts.

9. Quality Integrated Performance Report (IPR)

The Executive Director of Nursing, Midwifery, AHPs and Quality guided the Board members through the Quality IPR circulated in the papers, which updated the Board members on the Trust's Key Performance Indicators.

For a member who was concerned regarding the government implementation of the Metropolitan and Humberside Police policy of limiting attendance to mental health incidents, the Executive Director of Nursing confirmed the Trust is committed to supporting everyone with mental health issues and providing the correct care and treatment. The Trust is working very closely with partners who specialise in delivering mental health services and how to move forward if this policy is implemented locally. In addition, the Executive Director of Integrated Care reported that as part of the Urgent and Emergency Unit (UEC) refurbishment, the Trust's Security Team will be adjacent to the UEC Unit, and the Trust is working with the police to introduce a police liaison room.

In response to a member's query on monitoring the long-term effects on patients waiting longer for treatment due to pressures, the Quality Assurance Committee Chair, the Chief Executive and the Executive Director of Nursing clarified a few points: -

- The Trust continues to perform harm reviews for any delays to pathways or treatments, and a more in-depth report is due to be presented to the Quality Assurance Committee presently.
- The Patient Safety Incident Response Framework (PSIRF) will also aid in further triangulation of trends.
- The Trust is in the process of reviewing the correlation between Accident and Emergency (A&E) attendance and elective waiting lists, and this will be presented to the Quality Assurance Committee.
- The Public Health Consultant has joined the Quality Assurance Committee to explore the broader indicators of health, health deterioration and impact and what this means for the Trust's planning and patient needs in the future.

Further assurance was sought by a member, on the Trust's view on prevention as a long-term solution to pressures. The Executive Director of Nursing and the Deputy Medical Director advised that health inequalities have been included in the Quality Assurance Committee workplan, and the Trust's Public Health Consultant is working very closely with the Blackpool place team on health inequalities and prevention. The Executive Director of Integrated Care described how Healthwatch is identifying the priorities for Blackpool, Fylde, and Wyre. The Chair and the Executive Director of Integrated Care offered to arrange an invite for the member to attend a Place Meeting and a Healthwatch Workshop.

Resolved: The Board members noted the IPR.

Action: An invite to be arranged to the Place Meeting and a Healthwatch Workshop.

BOD/23/40

10. Maternity and Neonatal Report

The Director of Midwifery joined the meeting and provided the Board members with an overview of the Maternity and Neonatal Report circulated in the papers, which reported the safety and quality programmes of work within Maternity and Neonatal Services.

The Chief Executive clarified the non-compliance and therefore the risk of incentive funds being recalled was in relation to the Clinical Negligence Scheme for Trusts (CNST) historical submission for year three, relating to reporting structures to the Board of Director level and the Chief Executive reiterated the importance of fulfilling governance compliance.

The Director of Midwifery introduced the Maternity and Neonatal Independent Senior (MNIS) Advocate from the Integrated Care Board. The MNIS Advocate summarised the presentation circulated in the papers, which provided details on the MNIS Advocate role and explained that it has arisen from the Ockenden and Kirkup investigations to advocate for women and families following adverse maternity outcomes. The role will be piloted until 2025 and a report will be presented to the Board of Directors meeting bi-monthly.

Responding to questions from the Board members, the MNIS Advocate elaborated that any health, community, faith, or social enterprise or organisation can refer to the MNIS Advocate including the individual who will receive the contact details and leaflet with the Duty of Candour letter, however, referrals can only be approved for specific adverse outcomes: -

- Stillbirth.
- A newborn dies within 28 days of admission or discharge.
- A newborn dies within 28 days of re-admission.
- An adverse outcome that leads to a hysterectomy during pregnancy, labour or within the 28-day post-natal period.
- A mother is admitted to High Dependency, Critical or Intensive Care Units within 28 days.
- A maternal death.

The MNIS Advocate confirmed for the Chief Executive, that she is receiving the appropriate level of response and action from the Trust. The Director of Midwifery also reassured the Chief Executive that the maternity team are engaging with the MNIS Advocate and feedback and concerns are being incorporated into the Trust's intelligence and lessons learned.

The Board members agreed that the pilot role will be very beneficial and crucial to families and the Trust and thanked the Maternity and Neonatal Independent Senior Advocate for attending the committee.

Resolved: The Board members noted the reports.

11. Learning from Deaths / Mortality

Accepting the quarter one of 2023/24 Mortality and Learning from Deaths Report circulated in the papers as read, the Deputy Medical Director highlighted the key metrics for the Board members and declared the Summary Hospital-level Mortality Indicator (SHMI) continues to improve to 100.3 and is within the accepted range of 90 to 110 for an acute trust, this was attributed to the successive focus and investments to produce the remarkable changes.

The Deputy Medical Director informed the Board members the death screening metric in the IPR appears low due to IT system issues and it will be reviewed to reflect the correct situation. The Deputy Medical Director reassured the Board members that all deaths are screened by the medical examiners, with the exception of coronial investigations which are completed independently and reported back to the Trust. Work is ongoing to resolve the IT system problems.

Resolved: The Board members noted the report.

12. Finance and Performance Committee Escalation Report

The Chair of the Finance and Performance Assurance Committee summarised the alerts from the October 2023 Escalation Report circulated in the papers, and acknowledged the finance matters will be included in the Fundamental Finance Review item on the Board of Directors Private Meeting at 1 pm.

Alerts

- Quality, Efficiency and Productivity Programme (QEP).
- Medical and Nursing agency spend.
- The Trust Cash position.

These are being managed with Finance and Performance Assurance Committee oversight.

A member expressed caution with regard to the use of the terms “On Target” and “On Plan” in reports as potentially misleading due to parts of the plan not being fully realised. The Executive Director of Finance concurred and will consider a more appropriate term for future reports.

Resolved: The Board members noted the escalation report and the alerts.

13. Petty Cash Reimbursement

The Executive Director of Finance explained to the Board members that this was an idea from the Bright Ideas suggestion scheme to improve efficiency. The Petty Cash Reimbursement report circulated in the papers requested approval as part of the Scheme of Delegation, to reduce petty cash reimbursements requiring Executive Director of Finance approval from £50 to £25 to tighten financial grip and control to improve financial performance.

Resolved: The Board members approved the recommendation.

14. National Cost Collection 2023 Submission Process

The Executive Director of Finance outlined the salient points from the National Cost Collection 2023 Submission Report circulated in the papers, which described the process by which the Trust annually provides the centre with patient-related cost information, and asked the Board members to approve the process and the delegation to the Finance and Performance Assurance Committee in future.

Resolved: The Board members approved the process and the delegation.

15. Finance Integrated Performance Report

The Executive Director of Finance accepted the Finance IPR circulated in the papers as read, which updated the Board members on the Trust's Key Performance Indicators, and acknowledged that finance will be included in the Fundamental Finance Review item on the Board of Directors Private Meeting at 1 pm.

Resolved: The Board members noted the IPR.

16. Operational Performance Integrated Performance Report

The Deputy Chief Executive guided the Board members through the Operational Performance IPR circulated in the papers, which updated the Board members on the Trust's Key Performance Indicators and verbally updated the Board members on the following points: -

- A 5% activity increase in UEC Unit against system plans which has impacted bed occupancy. The Trust is working closely with place and primary care to understand the factors behind the increased activity.
- Extended delays on admission of mental health patients to speciality facilities. One in seven presentations to the UEC Unit are mental health conditions and the Trust is collaborating with the Trust's mental health partners on the Initial Response Service (IRS) introduction in December 2023, which is a multi-disciplined single point of contact service for patients with mental health concerns and aspires to reduce UEC and speciality facilities admissions.
- The UEC Perfect Week, which tested several key initiatives in urgent care delivery, was completed and successful with 44 patients deferred from admission.
- The completion of the UEC refurbishment on the 15th of December 2023.
- Referral to Treatment Targets and the industrial action impact is directly attributable to this position, which is a position that is resembled across most NHS trusts.

For Board members seeking further assurance the Deputy Chief Executive elaborated on some points: -

Improving Bed Occupancy

The Trust continues to experience workforce challenges, and increasing the number of beds is not the solution and would only be a temporary fix. The Trust is endeavouring to achieve the high-impact actions from the Patient Flow Improvement Plan and there are exemplar wards that demonstrate it can be done, so the Trust's key focus is to standardise this across the Trust. The Trust is engaging with community partners to explore alternative care providers to deliver effective pathways and avoid unnecessary admissions or lengthy

stays, particularly with the No Criteria To Reside patients who significantly impact bed occupancy and no longer necessitate a hospital bed, but still require further care and support that would be better served in the community. The Trust works in collaboration with community partners who are experiencing the same pressures as the Trust, so the Winter Plan includes the No Criteria To Reside patients at the numbers the Trust is currently experiencing and the Trust has bolstered the Transfer of Care Hub and the Home First Service. However, the Trust will be relying upon the partners' ability to be able to increase provision to move patients timely, and we will continue to cooperate collectively with colleagues in that regard.

Access to the Mental Health Urgent Assessment Centre (MHUAC)

There have been marginal improvements, however, the utilisation has not achieved the improvements initially anticipated. The clinicians are engaged, and we are looking at different ways to manage higher acuity of mental health presentations to MHUAC with support from the acute teams. The difficulty has been the support, oversight, and coordination of the liaison team in the MHUAC and the assessments in the UEC Unit at the same time. The Trust is working with Lancashire and South Cumbria Foundation Trust (LSCFT) partners and is reviewing an alternative model and improved provisions to hopefully increase utilisation by 20%.

Resolved: The Board members noted the report and the updates.

17. Workforce Assurance Committee Escalation Report

The Chair of the Workforce Workshop provided the Board members with a verbal update on the September 2023 Workforce workshop on the five Trust Staff Networks, and highlighted the low attendance by staff Board members. The Workforce Workshop Chair described the discussion that took place to advertise and encourage improved attendance across the organisation and listed the actions taken from the workshop. The Staff Networks Leads will be invited to a Workforce Workshop in six months for an update.

The Executive Director of People and Culture reflected on the exceptional level of dedication, passion, and enthusiasm from the Staff Network Leads, and the positive actions to move forward.

The Chair of the Workforce Assurance Committee summarised the alerts from the October 2023 Escalation Report circulated in the papers.

Resolved: The Board members noted the workshop update and the escalation report.

18. Workforce Integrated Performance Report

The HR Advisor led the Board members through the Quality IPR circulated in the papers, which updated the Board members on the Trust's Key Performance Indicators and reminded Board members the increase in medical vacancies is largely due to the increase of establishment in May 2023 to convert to substantive posts and reduce agency spend.

A risk has been identified showing divisions are finding it difficult to perform recruitment administration tasks and interviews. A Task and Finish Group has been introduced to

support divisions with workforce and project management resources to aid efficient recruitment pathways.

Resolved: The Board members noted the IPR.

19. Freedom to Speak Up (FTSU)

The Freedom to Speak Up Guardian joined the meeting and encapsulated the key aspects of the quarter two FTSU Report circulated in the papers, which updated the Board members on the progress made and further work undertaken around the Freedom to Speak Up agenda.

The Chief Executive requested the FTSU Guardian and the Workforce Team ensure FTSU is comprehensively tied into the Trust Culture Plan to support recruitment, ongoing training and coaching.

The Chief Executive also thanked the FTSU Guardian for inviting her to the FTSU Champions Session, it was an honour, and great to see such a balance of enthusiasm and reality.

Resolved: The Board members noted the report.

20. Equality and Diversity Report (including WRES & WDES & Gender Pay Gap)

The HR Advisor outlined the key points from the Improving Workforce Inclusion and Unified Inclusion Action Plan included in the papers, which provides the Board members with assurance that the Trust's responsibilities will be met through the introduction of a unified inclusion plan that will simplify programmes of work, remove duplication, and increase impact through a more focused approach.

Resolved: The Board members noted the report.

21. Place-Based Partnership Plan Update

The Director of Adult Social Services and Director of Health and Care joined the meeting and shared the presentation circulated in the papers, on the progression and next steps within Blackpool Place to enable deeper integration with health and social care in Lancashire and South Cumbria.

Responding to questions from Board members, the Director of Adult Social Services and Director of Health & Care clarified some points: -

- Place elected Board members will be sighted on the resources and the accountability for those resources, and where the pressures occur.
- There is engagement with local colleges.
- Taking a co-production multi-cohort approach from the beginning to explore how to shape and influence the messaging in a preventative way or to change behaviours.

-Healthwatch facilitated a team of community researchers to understand what leads to young people vaping to aid prevention.

-A co-production group was conducted with people who had attended the UEC Unit and their full step-by-step journey that led them to that point for further study.

Resolved: The Board members noted the update.

22. Winter Plan

The Deputy Chief Executive provided Board Board members with a high-level overview of the Winter Plan circulated in the papers, which sets out the Trust's arrangements for the 2023/24 winter period to ensure internal processes, systems and capacity can meet demand and maintain/optimize patient safety and experience.

In response to questions, the Deputy Chief Executive described how the ICB allocate funding for winter escalation including the criteria threshold of performance and population, and informed the Board members, that the Trust have been diligent in ensuring the Fylde Coast receives a fair share of the available allocation and will continue to lobby for any further funding opportunities. The Trust has allocated the funds through modelling and where it will have the greatest impact including Frailty and Homefirst.

The Board members had an in-depth discussion and agreed the Trust has targeted the appropriate high-impact actions and focuses based on retrospective knowledge and what is within the known. However, there is still a risk due to reliance on partner organisations and plans coming to fruition, and although the Trust is confident the Winter Plan is a fair and reasonable plan, the figures show the Trust has insufficient bed capacity and it will be a tough winter period.

Resolved: The Board members noted the plan.

23. Audit Committee Escalation Report

The Chair of the Audit Committee summarised the alerts from the October 2023 Escalation Report circulated in the paper.

Two alerts were highlighted in relation to the annual auditors report which highlighted two previously identified weaknesses in relation to governance arrangements and financial sustainability. A recent MIAA audit also identified areas for improvement with regard to evidencing of documentation to support the assurance process in relation to Fit and Proper Person Tests.

These are being managed and will be followed up with Audit Committee oversight

Resolved: The Board members noted the escalation report and the alerts.

24. Audit Committee Annual Report

The Chair of the Audit Committee provided the Board members with a high-level overview of the Audit Committee Annual Report circulated in the papers, which advised of the work undertaken by the Audit Committee to discharge its responsibilities and meet its terms of reference for the period 1st April 2022 to 31st March 2023. The Audit Committee Chair drew attention to the fact that the report was due to be presented to the Board of Directors

Meeting after the financial year end, however, the timeline had not been met for 2023 but this will be rectified in future.

Resolved: The Board members noted the report.

25. Strategy and Transformation Committee Escalation Report

Accepting the Strategy and Transformation Committee Escalation Report circulated in the papers as read, the Chief Executive commented the committee has been in place since October 2022 and now would be an opportune time to review what demands the committee should encompass, targets and priorities moving forward.

Resolved: The Board members noted the escalation report.

26. Chair and Chief Executive Roles and Responsibilities

The Executive Director of Corporate Governance provided the Board members with a synopsis of the Chair and Chief Executive Roles and Responsibilities report circulated in the papers, which the NHS Code of Governance requires as a written document clearly setting out the responsibilities of the chair, chief executive, senior independent director, board and committees. This should be agreed upon by the board of directors and publicly available.

Resolved: The Board members approved the document.

27. Emergency Preparedness Resilience and Response (EPRR)

The Executive Director of Integrated Care accepted the EPRR Annual Assurance Report circulated in the papers as read, the report provided an overview of this year's Emergency Preparedness Planning and Response (EPRR) Annual Assurance return required as part of the NHS EPRR Framework in line with the NHS EPRR Core Standards.

The Executive Director of Integrated Care reported that although this was a self-assessment, a regional assessment has taken place and along with other Northwest Trusts, the Trust has received a request for further information and clarification. A response is being formulated and will be presented to the Quality Assurance Committee before resubmission.

Resolved: The Board members noted the report.

28. Clinical Strategy Guiding Principle and Themes

The Chair confirmed the Board members had reviewed the Clinical Strategy Guiding Principle and Themes Report circulated in the papers for information.

Resolved: The Board members noted the report.

29. New Hospital Programme Update

The Chair confirmed the Board members had reviewed the New Hospital Programme Update circulated in the papers for information.

Resolved: The Board members noted the update.

30. Any other business

No Any Other Business raised.

Date and Time of Next Meeting

Thursday 11th January 2024 at 9.30am

Board of Directors Action List

Minute Ref/No	Meeting	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/23/40	Part 1	9	02.11.23	QAC IPR	An invite to be arranged to the PLACE Meeting and a Healthwatch workshop.	A Carridge-Davids J Barnsley	11.01.24		Verbal update	A
BOD/23/32	Part 1	16	05.07.23	Performance Integrated Performance Report	Arrange a developmental session for a future Board session on cancer pathways	E Steel	05.10.23		Verbal update will be provided at the meeting.	A
BOD/23/41	Part 2	5	07.12.23	Chief Executive update (including PCB update)	Arrange a dedicated Board session on finance, linked to the annual plan.	E Steel	01.02.24		This will be held on the 1st February 2024.	B
BOD/23/43	Part 2	9	07.12.23	EPRR Self-Assessment	The Chief Executive suggested that an internal audit was undertaken in 2024 into the Trust EPRR and this was agreed.	J Barnsley	2024		Not yet due	B
BOD/23/44	Part 2	10	07.12.23	Appointment of Atlas Board members	Seek external advice to ensure this proposal was in line with the agreements between the Trust and Atlas.	E Steel	01.02.24		Not yet due	B
BOD/23/36 BOD/23/25 BOD/23/24	Part 1	19	07.09.23	EDI Improvement Plan Anti-Racist Programme AOB	To arrange an EDI development session for the Board of Directors	E Steel	01.02.24		Companies have been contacted for proposals.	B
BOD/23/19	Part 2	9	04.05.23	Medical Employee Relations Cases	Ensure that trends are included in this report going forward.	C Barben	07.03.24		This will be included in the next Medical Employee Relations Cases report.	B
BOD/23/42	Part 2	8	07.12.23	BTH Sustainability and Improvement Plan	The CEO would approve the final version of the undertakings.	T Armstrong-Child	17.12.23		Complete	G
BOD/23/37	Part 2	5	02.11.23	Fundamental Finance Review	Present to Workforce Assurance Committee the breakdown data of: agency to substantive and agency to bank. This should include detail of agency expenditure and use and should be circulated to all Board members.	K Coope	11.01.24		Complete, reported to the November 2023 WAC.	G
BOD/23/38	Part 2	5	02.11.23	Fundamental Finance Review	Provide an update on the fundamental finance review to cover the following: •detail on the savings that will be achieved from the assumptions and mitigations to achieve the forecasted budget target. •the projects and programs to be employed in the winter plan to handle patients differently. •the full cost of the winter plan for last year and the full staff costs. •the big five to ten items where the QEP savings have been made and ensure there has been no double counting.	M Brearley	11.01.24		Complete, reported to 21.11.23 Extraordinary Meeting.	G
BOD/23/39	Part 2		02.11.23		The 05.10.23 Private Minutes to be amended, reviewed and approved at the next private BoD Meeting	E Steel	11.01.24		Complete.	G
BOD/23/35	Part 1	14	07.09.23	Operational Performance Integrated Performance Report	Provide further update on the partnerships work being undertaken to improve hospital flow and reduce patient attendance at A&E.	S Christian	02.11.23		Complete.	G
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.	Katy Coope	05.07.23	11.01.24	I have developed this, and it is being reported through WAC. There is a separate process to update the IPR so I have developed this as an additional paper and it covers what was requested	G

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

Caring · Safe · Respectful

Title	Chief Executive's Report				
Meeting:	Board of Directors				
Date:	11 th January 2024				
Author	Trish Armstrong-Child, Chief Executive				
Exec Sponsor	N/A				
Purpose	Assurance	✓	Discussion		Decision
Confidential y/n	No				

Summary (<i>what</i>)	Advise
	<p>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:</p> <ul style="list-style-type: none"> Awards and Recognition News and Developments Trust News Reportable Issues Log Risk Register and Board Assurance Framework

Implications (<i>so what</i>)	Alert
	Assure
	This paper is for information and assurance.

Previously considered by	N/A
---------------------------------	-----

Link to strategic objectives	Our People	✓
	Our Place	✓
	Our Responsibility	✓

Equality, Diversity and Inclusion (EDI) implications	
---	--

**Proposed
Resolution**
(What next)

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

1. Awards and Recognition

Victor meets the King

Trust colleague Victor Quiatchon met King Charles III during a special event at Buckingham Palace in November.

Victor, an Advanced Critical Care Practitioner, was one of 25 international nurses from the North West to be invited to meet His Majesty at a celebration of the contribution of international nurses and midwives. Victor, who has worked at Blackpool Teaching Hospitals for 13 years, was nominated by his peers to attend the celebration in recognition of his contribution to the critical care team.

Children's Community Nurse honoured with Queen's Nursing Award

Sarah Sutcliffe, a community nurse team leader within Children's Speech and Language therapy services at the Trust, was recently awarded the title of Queen's Nurse.

The honour was given to just 563 nurses across the country this year – a small fraction of the 700,000 registered nurses in the UK as a whole.

Queen's Nurses must complete a rigorous application process with applicants expected to demonstrate a high level of commitment to patient care and nursing practice. The programme brings together community nurses to develop their skills and help deliver outstanding patient care.

Sarah attended a special ceremony in London to receive her title.

Award win for Critical Care Research Team

Lisa Hayward was named winner of the 'Collaboration Project of the Year' Intensive Care Organisational Awards category at the Intensive Care Society Awards 2023. Lisa received her award for her work on developing the Patient Rehabilitation Guide Booklet.

The awards recognise and celebrate the exceptional achievements of individuals and teams in delivering the best quality care.

Cristian wins QI Award

Trust colleague Cristian Figueredo Martinez, a Trainee Advanced Care Practitioner won a quality improvement (QI) award. Cristian, who works in Ward 25 at Blackpool Victoria Hospital, won the Individual QI award for 2023 as part of the national Academy of Fabulous Stuff. The academy is 'a social movement for sharing health and social care ideas, services and solutions that work.'

His award-winning project focused on improving the patient's quality of life by using the Malnutrition Universal Screening Tool (MUST).

Changes to the Divisional Medical Director Role in IMPF

Following a formal interview process, Dr Wendy Aubrey has been appointed as the Divisional Director for the Trust's Integrated Medicine and Patient Flow (IMPF) division.

Wendy has previously been Head of Department in Critical Care and will bring this experience into her new role when she starts on Monday, 18 December. She will replace Dr David McGhee. Dr McGhee has led the division through a very challenging time and I would like to take the opportunity to thank him for all his hard work and commitment he has given to the division and the wider senior leadership team within the Trust.

Finance Team HFMA Shortlisting

The Trust's Finance Team were recently shortlisted at the prestigious National Healthcare Finance Awards, in the category of 'Governance'.

The annual awards are held by Healthcare Financial Management Association, the professional body for finance colleagues working in healthcare.

Unfortunately, the team was unsuccessful on this occasion, however the award participation helped to highlight the important governance work they are carrying out and financial awareness outside the organisation.

2. Trust Update

Recovering from a Critical Incident

The Trust declared to the Integrated Care Board (ICB) it was in Level Two Critical Incident, on 7th November 2023 following severe flooding in the basement of the Women and Children's Unit at Blackpool Victoria Hospital. This led to a loss of power and network access to the building.

The Trust evacuated patients and colleagues primarily to other areas of the hospital immediately, with some operations and outpatient appointments being cancelled as a result. Surrounding neighbouring Trusts were involved in accommodation patients.

Following a period of extensive repair work to the affected area, with support provided by partners in the wider health and care community, the Trust was able to transfer back into the building on 10th November the critical incident was formally stood down on 14th November. On behalf of the Trust we would like to formally thank and acknowledge colleagues both internally and externally for their hard work and support and patients and families affected at the time for their understanding and co-operation.

Formal debriefs have been completed internally via the Trust and externally with partners via the ICB structure.

Industrial action

Periods of industrial action took place between 20th - 23rd December 2023 and 3rd - 9th January 2024 by junior doctors across the country.

The Trust took steps to minimise the impact on patients, however the action led to a reduced level of clinical capacity across our services and some procedures had to be cancelled as a result.

Collaborating with the wider healthcare system, consistent messages were shared with the public asking people to attend appointments unless told not to and signposting to appropriate pathways for health care and support.

Opening the final phase of the Emergency Village

The final phase of Blackpool Victoria Hospital's Emergency Village development opened its doors to patients on Monday 18th December 2023. The development is the result of more than three years of work and the latest phase (phase 3) included Assessment Area A used to treat major trauma patients, a new triage area and a resuscitation department including two special areas for paediatric and trauma patients.

The Emergency Village has seen significant changes to the hospital, with previous phases introducing:

- New Same Day Emergency Care and Critical Care units
- A Mental Health Urgent Assessment Centre (MHUAC) in conjunction with Lancashire and South Cumbria Trust
- Relocation and upgrade of the Spiritual Care Centre
- New Rapid Assessment and Treatment unit
- Ambulance triage area
- A new Chaplaincy and Spiritual Care Centre, supporting both colleagues and patients.

The Trust thanks all those who have been involved in this significant development including colleagues who have continued to provide caring, safe and respectful treatment to our patients at a time when building work was taking place and demand for services remained very high.

New rest room unveiled for volunteers

A newly renovated rest room for the Trust's volunteers was opened in the Trust's Chaplaincy and Spiritual Care Centre recently.

The room, converted from a former storage area, now includes a comfy seating area, fridge, microwave, notice board and kettle. The room was opened by the Trust's Executive Director of Integrated Care, Janet Barnsley, who also presented the volunteers with a welcome hamper.

Blood cancer patients received home-from-home accommodation in Blackpool

Rosemere House, a four-bedroom house near Blackpool Victoria Hospital, opened to provide blood cancer patients home from home accommodation, avoiding the need for long hospital admissions.

The property has a mix of double and single ensuite rooms, a large lounge and relaxation area and even a kitchen where guests can make themselves meals and snacks.

More than £140,000 has been spent refurbishing the facility – through fundraising spearheaded by consultant haematologist Dr Paul Cahalin, his team and some of his former patients and relatives.

The haematology department at Blackpool Victoria Hospital is Lancashire's and South Cumbria's regional specialist blood cancer treatment centre. Patients in Lancashire and South Cumbria with serious blood cancers requiring specialist chemotherapy are treated in the regional unit in Blackpool.

Eligible patients can now be treated and receive care at Rosemere House without needing to be admitted to hospital.

Staff Survey campaign

The National NHS Staff Survey launched on 18th September 2023 and closed on 24th November 2023. As of 27th November 2023, the overall response rate was 51% or 4,244 respondents from across the Trust – above the national average.

During the survey window, colleagues were encouraged to have their say with a range of engagement events and activities to promote the completion of the survey.

In March 2024 we expect to be able to share the results from this feedback, which will be reported at a divisional level within the Trust so localised results can be discussed, influencing future planning with teams and areas.

Open Day a success for Trust

More than 250 people attended an open day recently at the Trust – the first held for several years due to the pandemic.

Visitors were able to meet representatives from a range of teams from across the Trust. Present were colleagues from services including Pathology, Medical Photography, Nursing and AHPs, Speech and Language Therapy, Community Nursing and many more.

Attendees were given information about the Trust to help them consider the organisation as a place to work. It was deemed such a success that future events are already being planned.

It All Adds Up

A new campaign called It All Adds Up has been launched encouraging colleagues to think about ways to reduce spending. The aim is to reduce expenditure where possible with immediate effect, without impact on patient safety or the quality of services.

To help, colleagues have been encouraged to put forward ideas for reducing costs and saving money – either in their own area or anywhere else in the Trust.

New patient safety framework launches at Trust

The [Patient Safety Incident Response Framework](#) (PSIRF) was recently launched at the Trust.

PSIRF is a new framework which changes the way all NHS Trusts manage incident investigations and replaces the current National Serious Incidents Framework.

The process has four clear aims:

- Compassionate engagement and involvement of patients and their families affected
- Using a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight on strengthening response systems and improvement.

The PSIRF was developed based on the feedback received through NHSE's [The future of NHS patient safety investigation](#) engagement activity.

Published in March 2020 the Introductory PSIRF was tested by 24 early adopters (including 17 provider organisations alongside their commissioners and regional leads) for two years. The early adopter programme was independently evaluated and alongside feedback from the early adopters has informed the development of the current PSIRF (2022).

Festive focus for Blue Skies

Ahead of Christmas, the Trust's charity, Blue Skies, launched a range of fundraising activities.

These included a pop-up shop opened for a week in Poulton with an appeal for donations – everything from books to clothing and gift sets were dropped off by members of the public and Trust colleagues to help the charity.

Other activity included:

- The Give a Gift Appeal to help make sure every patient waking up on Christmas morning in hospital can open a gift
- Walkies for Wards – a fundraising dog walk at Lytham Hall
- A special Christmas video to say thank you to supporters – with BTH colleagues as the stars
- A carol concert at Stanley Park's bandstand

Awareness days and events

The Trust has celebrated a range of awareness days and events over the last two months, shining a light on the work of a variety of colleagues and services.

These have included:

- Armistice Day remembrance events
- Annual baby loss remembrance service
- World aids day
- World COPD day
- Nursing support workers day
- National grief awareness week

- International fraud awareness week
- World antimicrobial resistance awareness week
- Adult safeguarding week
- Advanced Practitioner week
- Radon awareness week
- White Ribbon Day - 16 days of activism against gender-based violence
- Disability history month
- Employee of the month

3. System News and Developments

The Lancashire and South Cumbria (LSC) Integrated Care Board (ICB)

Members of the Lancashire and South Cumbria Integrated Care Board (ICB) met on 8th November 2023. A recording of the meeting is available to watch online here: [LSC ICB: 8 November Board Meeting](#).

The Chief Executive's Report submitted by Kevin Lavery as part of the meeting's papers provides a wider update. The report in full is included as *Appendix 1*.

PCB meeting – 16th November 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, Chair of University Hospitals of Morecambe Bay NHS Trust and Aaron Cummins, CEO of University Hospitals of Morecambe Bay NHS Trust is lead Chief Executive.

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.

The overview of the September meeting is at the end of this report as *Appendix 2*.

Provider Collaborative colleague briefing

A colleague briefing took place on 8 December updating attendees of the work being carried out by the local NHS Trusts to improve health and care across Lancashire and South Cumbria.

The event was led by Chief Executives from across the system and provided updates on collaboration, working together through significant challenges, clinical strategy, central services collaboration, and the people strategy.

The date and time of next briefing is 5th March 2024, 12:30pm-13:30pm.

Introducing Patient Engagement Portal Plus

Hospital Trusts in Lancashire and South Cumbria will soon be rolling out PEP+ (Patient Engagement Portal Plus) to patients. PEP+ is an online platform that gives patients more control of their hospital care experience. It allows them to access relevant information at the touch of button, schedule appointments when they need them and communicate with their clinical team if needed.

The national ambition is for all acute hospitals to provide a secure digital solution for patients to access personal health information, arrange appointments and other administrative functionalities that will be linked to the NHS app.

New funding for women's health hubs

Lancashire and South Cumbria has been awarded funding to develop women's health hubs to support women's health needs. Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

Young people can get smart about asthma

Lancashire and South Cumbria Integrated Care Board is one of the first in the country to launch the [asthma Digital Health Passport app](#), which helps children, young people and carers with self-management of asthma, and provides learning resources and education to improve knowledge and confidence.

New Engagement Hub for colleagues launched

A new colleague-only website will provide a central place for information and collaboration for the five NHS Trusts in Lancashire and South Cumbria and the Integrated Care Board. The Engagement Hub includes the most up-to-date information about changes planned across central and clinical services. The site has loads of ways for you to engage with projects and with each other, hopefully making it much easier to connect, share best practice and let colleagues know what's going on.

Reportable Issues Log

Between 23rd October and 22nd December 2023, a total of 12 StEIS reportable incidents were reported. One incident was classed as a 'never event' which related to a nasogastric tube, seven related to potential delays to care in treatment, one was a maternity incident, one was in relation to the critical incident flooding and two related to delays in ambulance handover. All the incidents are being investigated as Serious Incidents in line with Trust policy and NHSE's Serious Incident Framework.

In addition to those detailed above the Trust recorded a number of complaints including seven low risk, one moderate risk and 86 cases which are still ongoing. No high-risk complaints were reported.

Trish Armstrong-Child
Chief Executive
29th December 2023

Appendix 2

Provider Collaboration Board – November 2023

- The Provider Collaborative Board (PCB) met on 16 November 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.
- The Joint Committee has been established to give the PCB a mechanism via which to make decisions on several key programmes of work as agreed with Trust Boards. Updates on the One LSC leadership team, the Clinical Programme Board and the Pathology Network Board were discussed under Joint Committee Working items.

System pressures – acute

- September saw an increase in overall attendances across Lancashire and South Cumbria (LSC) Emergency Departments despite all the public messaging around industrial action. The trend continued into the first part of October, however towards the end of the month overall attendances started to fall and overall, there were -2% fewer throughout October than the month before. Ambulance handover delays rose by nearly 85% in October and averaged 50 per day.
- Patients being seen in urgent care within LSC had high levels of acuity which impacted on length of stay and admissions and this alongside a lack of flow and high number of patients not meeting the criteria to reside (NMC2R) had added to pressures and impacted on performance. There is an issue with data reporting and collection within some Trusts which needs to be addressed as this is impacting on the integrity of comparisons of some metrics.
- Although LSC are performing well against both North West and national peers, we do have various points of pressure in the system which require mutual aid and diverts. The ICB and Chief Operating Officers had a planned workshop to discuss winter plans and tactical and operational approach to managing pressure through the coming months.
- In recent months there has been a steady reduction in the number of patients waiting over 78 weeks at the end of the month, however the number of 65-week waits is continuing to grow and is above plan. 52 week waits are also continuing to increase across LSC, however the rate of growth has reduced in the last month.
- There is still a required focus on longest waits to reduce the Cancer backlog – those waiting over 104 days. Skin, lower and upper GI and Urology continue to be challenged across all providers. As with all Trusts the system needed to find the right balance between reductions in waiting times and elective recovery and the requirement to deliver savings. Board members had a development workshop following the PCB meeting and as part of this were going to discuss how to set aside time on a regular basis to discuss some of these issues in detail.

System pressures – mental health and learning disabilities

- The total bed request rate remains within normal range, with no indications of the extraordinary demand of January - April 2023. A&E bed requests also show more stability. A&E 12-hour breaches are trending downwards from the May 2023 peak and overall bed demand has been in the established range for the last three months.
- Actions for the Mental Health Learning Disability and Autism (MHLDA) performance include: admissions management to review all informal patients awaiting admission each day to identify community support or alternatives; a review of all community waits to ensure risks are escalated; Health Based Place of Safety (HBPoS) meetings to take place to review learning from A&R and HBPoS breaches; Clinically Ready for Discharge meetings taking place daily with a 'Perfect Week' event planned for the first week in December, and there is planned to be a future focus on reducing the number of patients in Spot Purchased (inappropriate) Out of Area Placements (OAPs). The Woodview site is due to open in November to provide 32 more inpatient beds to support the local bed base and reduction of OAPs.

- The proposal for Blackburn with Darwen transfer of physical health and mental health services would be going to the Integrated Care Board (ICB) board in January. A positive alliance was being formed with Lancashire and South Cumbria NHS Foundation Trust (LCSFT), Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) and Primary Care.
- The tender for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) had now been awarded. This is only for assessment, not for treatment and a fully funded pathway would be required from April.
- The longest waits within Mental Health are in Childrens' services, and a Quality Impact Assessment was being completed. This issue was a matter of concern for the Trust and for stakeholders, particularly Members of Parliament.
- The lead Chief Executive Officer for the PCB is meeting the ICB to ensure that Mental Health strategy was given as much scrutiny and support as the acute.
- Blackpool Teaching Hospitals NHS Foundation Trust (BTH) passed on their thanks for the support of all partners after they declared a critical incident level 2 the previous week. There had been a whole system response and leadership quality shone through.

Financial Update

- LSC was required to submit an updated and more ambitious financial plan. The Senior Responsible Officer for Finance thanked all organisations for their support on pulling this together and acknowledged that the benefits of collaboration across the system which were becoming increasingly obvious.
- There had been a significant improvement in the exit run rate in the last 10 days. Whilst the 5.5% CIP target had not yet been made, plans were in place for over 5% which is significant and demonstrates the scale of the stretch that organisations were making. The £149.49m deficit had been confirmed and Directors of Finance have identified a range of opportunities to manage the risks associated with this.
- Financial sustainability plans and metrics need to continue to be undertaken as part of a coordinated system response and it was important that services, outcomes, and safety needs to also be incorporated into the messaging to internal and external stakeholders.
- It was vital to ensure we have plans for 2024/2025 in place at an early stage and that Trusts don't lose sight of this as they focus on delivering the year end position. External intervention was still a strong possibility.
- LSC didn't fare well under the most recent financial allocation. The ICB had a number of ideas about how things could be done more creatively, however there needed to be a sustained focus on the whole issue of recruitment as some organisations had significantly increased their workforce during the pandemic. A lot of work had been done on the collaborative bank and job and role designs could be an important way of reducing costs in future years.

One LSC leadership team – approval to hire initial roles

- Approval was sought to recruit the initial leadership roles for One LSC. These roles were approved by PCB Joint Committee in June 2023 as part of the agreement to next steps for the programme. Now we have the host trust in place, the recruitment to these key roles is a critical next step in moving to our One LSC model.
- The roles included for initial appointment are as follows:
 - One LSC Managing Director
 - Director of Procurement (who will be our One LSC Chief Procurement Officer)
 - Director of IM&T (Who will be our One LSC CIO)
 - Director of E&F (Who will be our One LSC Chief Estates and Facilities Officer)
- The other programmes are at a less advanced stage, so those appointments would be made at a later time. It is not possible to determine the final impact because we cannot determine who will be appointed to each role. Were it to be an appointment from a role encompassing the current SRO, it may not require backfill as we are moving into a new way of working with this structure in situ. It will also depend on start

date that can be agreed. This has been exemplified in terms of several scenarios to show the likely cost. A budget provision had been set aside for this financial year only, specifically to fund the part year cost. For next year we will need to recover the cost of the leadership of One LSC as overhead against savings to be made.

- The PCB JC approved the above roles and agreed that they should be recruited to via open internal advert (for colleagues currently working within LSC) as soon as possible.

Clinical Programme Board Update

- At the last Provider Collaborative Board meeting, a shortfall of funding was highlighted within the clinical programme. A process is being led through the System Recovery and Transformation Board (SRT) around allocating resource. This process should ensure that the clinical programme receives the correct amount of additional funding, however this process is unlikely to be complete until the SRT board in December. As a result of this, on 1st November, project support provided by the NHS Transformation Unit to the following programmes was suspended: Urology, Musculoskeletal Trauma and Orthopaedics, Haematology, Ophthalmology, Integrated Mental and Physical Health, and Stroke networks.
- Working with other system programme areas we have tried to retain the administrative support to the networks so they can continue meeting, however the ability to progress programme plans has been severely restricted until the resourcing process has been completed. As anticipated, this news has caused some consternation within the networks and has the potential to reduce morale and engagement.
- A lot of positive engagement had taken place to get to agreed clinical models in the priority areas and a further clinical workshop was due to take place on 17th November which would cover fragile services, reconfiguration specialities, and the PCB Clinical Service Configuration Plan.
- The urology case for change was also presented at the last clinical programme board, with comments from the ICB around us being clearer on the aim of moving to a single urology cancer surgery service for the system.

Pathology Network Board

- Updates included the new Laboratory Information Management System (LIMS), the Capital Business Case, and the Pathology Network Board Terms of Reference.
- Deployment of the Magentus system at BTH is currently underway, with several critical issues relating to the configuration of the system being addressed with support from an ICB senior digital leader who is reviewing the project and the potential solutions. The timeline remains a challenge with an intended go live date for February 2024 – the contract with the current supplier has been extended to March 2024 using additional funding from NHS, however the availability of staff to undertake the current and future testing phases remains a future problem.
- As reported to the last meeting, a programme plan has been developed that aligns with the need to draw down the national capital money of £31.2m by March 2025. Key issues that have emerged in the development of the case were identified, including that the current funding would only support a hub of 2600sqm which would not be sufficient to accommodate more than microbiology, virology, and immunology. There were also significant concerns about the clinical viability of such a facility. PCB Board members and the ICB agreed that we needed a larger viable facility and were committed to finding ways of resourcing the gap, particularly as the new facility would achieve significant annual savings.
- Given tight timeframes for the business case, a site needs to have been identified and planning consent obtained by the end of June 2024. In the intervening period, the design team are progressing with the design based on a potential site with a final decision expected by December.
- The Terms of Reference for the Pathology Network Board are currently being reviewed and updated to reflect what was discussed at the last PCB meeting, specifically that the Pathology Board would review and make recommendations on any Pathology capital business case to the PCB. In addition, a further request has been made to consider the membership of the Pathology Network Board.

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Report of the Chief Executive
Presented by	Kevin Lavery, Chief Executive
Author	Hannah Brooks, Communications and Engagement Manager and Executive Team contributions
Agenda item	5
Confidential	No

Executive summary

This report sets out the current challenges that the ICB is facing in relation to delivering an ambitious recovery and transformation plan, and focuses on what needs to be in place in order for the plan to be achieved.

Major change will require strong commitment and leadership, and the right culture. This will be even more key as more complex programmes of transformation are developed.

There has not been enough progress in relation to the agreed recovery plan and the month six position means that it is now necessary to prepare for intervention from NHS England. Intervention should add value and help to improve the year-end position and future transformation.

Recommendations

The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	x
SO2	To equalise opportunities and clinical outcomes across the area	x
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	x
SO4	Meet financial targets and deliver improved productivity	x
SO5	Meet national and locally determined performance standards and targets	x
SO6	To develop and implement ambitious, deliverable strategies	x

Implications

	Yes	No	N/A	Comments
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	

Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Executive Management Team	31 October		Draft reviewed for agreement.	
Conflicts of interest associated with this report				
Not applicable.				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

Report authorised by:	Kevin Lavery, Chief Executive
------------------------------	-------------------------------

Integrated Care Board – 8 November 2023

Report of the Chief Executive

1. Introduction

- 1.1 We are acutely aware that we face some major challenges around the Integrated Care Board (ICB). There are even bigger challenges within our system. We are working hard to respond to those challenges, and we have a good plan in place for recovery and transformation, which we covered in detail at the last board meeting in September.
- 1.2 Since the last formal board meeting, we have held the first two meetings of the System Recovery and Transformation Board, which brings together the leadership of all of our NHS trusts, the ICB and local government.
- 1.3 We do, however, have some real risks around the speed of implementation of our recovery plan. In the NHS, we are not used to transformational change, and we are encountering some resistance to change. Lancashire and South Cumbria has low turnover and a conservative culture, so major change is a challenge in our system. We need to work closely with our senior and middle managers in the system to build on the positive work that is already taking place and ensure they have what they need to go further, faster and truly embed change.

2. The challenge of execution against our recovery plan

- 2.1 We have got a good plan, but it is high risk and requires trusts to work closely together, major hospital reconfiguration and a switch to community services. This is nothing short of a revolution. It is not surprising that execution of such an ambitious plan is challenging. It means a major change to how we do things around here and not all the relevant staff have the necessary experience and skills.
- 2.2 As American novelist Larry McMurtry describes, “what needed to be done was simple, if not easy”. We need to make progress and move forward. To do this, we need to gain momentum. There is a lot that needs to happen and as a system we need to be on the same page.
- 2.3 The challenge is not going to go away, and as leaders we will need to be decisive in the difficult decisions that we will face over the coming years. It is likely to be a difficult experience if we are going to achieve a real step change across the system.
- 2.4 It is important that we do not come up short in this respect. One of the things that we can really focus on is getting the culture and leadership right at every

level of our healthcare system, so that we can make big and difficult decisions for the overall benefit of the people of Lancashire and South Cumbria (LSC).

- 2.5 Our central services programme is one of the more mature and well-developed programmes. The Provider Collaborative joint committee has determined what is in store, set a joint timetable and agreed that East Lancashire Hospitals Trust (ELHT) will be the host organisation.
- 2.6 However, we are now encountering some slippage which is concerning. This is a perfect example of a programme that has achieved a lot in a short space of time, but now we must ensure that the environment around the programme is right, so that we can continue to meet the challenging and ambitious objectives of the programme. This will require strong commitment and leadership and the right culture. This will be even more key as we move onto more complex programmes of transformation, like clinical service reconfiguration.
- 2.7 I am keen, therefore, that we get some strong earthed leadership development for the system – for senior leadership and high-potential managers, focused on hard skills around our agenda, such as how to roll out virtual care and zero-based budgeting, soft skills such as collaboration and engagement with clinicians as well as building a community of leaders within our system. In doing so, we will reap the rewards for years to come for people living and working in Lancashire and South Cumbria.

3. Preparing for intervention

- 3.1 So far, we have been using a range of NHS England (NHSE) financial controls around discretionary spend, consultancy, contract renewals and staff vacancies across the LSC NHS system. We voluntarily adopted these measures in an attempt to improve our financial position.
- 3.2 Although the three-year recovery plan that we agreed with NHSE is a good one, the execution of the plan has fallen short of what we expected. There is a lot of risk within the plan, due to the underlying deficit.
- 3.3 Unfortunately, we are not making enough progress and our month six position means that we are now preparing for intervention from NHS England.
- 3.4 Intervention is not how it should be done. It is much better to get it right first time, rather than intervene after the event.
- 3.5 We need to make sure that any intervention adds value and helps improve our year-end position and our future transformation.
- 3.6 We need targeted support from specialists and experts from the national team, who are able to take an objective view of specific areas that would benefit from intervention. We will therefore ask for support in relation to certain areas of commissioning, transformation programmes that are encountering barriers, and the trusts in our system that are most financially off-plan.

4. Organisational development: a way to go

- 4.1 We are currently in the annual NHS Staff Survey period and in July we ran one of the quarterly NHS Pulse Surveys. This, alongside our monthly wellbeing check-ins with staff has shown that staff satisfaction and morale remains low.
- 4.2 As chief executive of the organisation, I take responsibility for the results of our surveys and have already begun working with our leadership team to look at how we can improve the experiences of our staff.
- 4.3 We have a way to go to get some of this right, but we are committed to listening to our staff and are making our organisation a great place to work for everyone.

5. Chief operating officer

- 5.1 We have updated the job title for Craig Harris to better reflect his portfolio. Although there is no change to Craig's portfolio or responsibilities, his job title is now chief operating officer, or COO. The updated job title is more akin to what is used in other NHS organisations and is intended to help people better understand Craig's role and portfolio.

6. Continuing Healthcare transfer of staff and new model

- 6.1 On 1 October the All Age Continuing Care (AACC) and Individual Patient Activity (IPA) service provided by Midlands and Lancashire Commissioning Support Unit (MLCSU) transferred into our ICB. This means that the AACC and IPA service has now become a team of circa 250 staff. This also includes existing ICB staff and 75 new starters.
- 6.2 Four place-based Continuing Healthcare (CHC) teams will operate across the ICB. Discharge to assess, children and young people's continuing care and IPA teams will operate at system level with place-based links.
- 6.3 A senior leadership team has been established within the ICB led by the director of adult health and care and the associate director of AACH and IPA.
- 6.4 This has been a significant milestone for the service and many compliments have already been received from external stakeholders and staff who have transferred over about the improved quality and responsiveness.
- 6.5 It should also be noted that the AACC team has met their NHSE quality premium trajectory and aim to achieve this consistently across all place teams from Q4 as approved by NHSE, which is another milestone achievement.

- 6.6 The board will be aware that we have got significant financial challenges in the CHC area, with high inflation on packages and increased volumes and some of that is associated with the transfer from MLCSU to us. At the same time, we are confident that that the new model is working really well. Already, we have eliminated the backlog and we are close to hitting our target for the time requirements for assessments. The new model has already received numerous compliments from stakeholders from across the system.

7. National Allied Health Professional Day

- 7.1 In the week leading up to Allied Health Professionals (AHPs) Day on Saturday 14 October, our AHPs showcased the breadth and depth of their system working innovation through events and social media, with a focus on 'AHPs in the right place, at the right time, with the right skills'.
- 7.2 AHPs represent our third largest workforce across the ICB. They are integral to helping us move forward with new multi-professional clinical and care models that will holistically support the needs of our communities both now and in the future.
- 7.3 It is important to acknowledge the impact that AHPs have in patient care, inspire the future workforce and ensure AHPs play a central role in health and care transformation. Our allied health professions are art therapists, dramatherapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, paramedics, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.
- 7.4 Katherine Simcock, principal speech and language therapist at Lancashire and South Cumbria NHS Foundation Trust won the 'AHP leadership for equality, diversity and inclusion award' the prestigious Chief AHP Officer Awards, announced as part of the national celebrations.
- 7.5 Katherine's work included a focus on the evidence base for language used to talk about autism. Through co-production with people in Lancashire and South Cumbria, Katherine produced a language guide to help professionals talk to autistic people about their preferences for language whilst continuing to recognise that every person is an individual and language is not 'one size fits all'. This is a great example of the way in which we are keen to see our teams work across Lancashire and South Cumbria, and rightfully so, has earned national recognition.

8. Our ambition to become a truly anti-racist organisation

- 8.1 Every October marks Black History Month, which is a time to promote and celebrate Black contributions to British society, including our NHS colleagues across Lancashire and South Cumbria. While this is a time of celebration, it also shines a spotlight on some of differences and issues experienced by Black

people and people from other ethnic backgrounds.

- 8.2 Nationally, we know that NHS staff from ethnically diverse backgrounds experience disproportionately higher rates of bullying, harassment and discrimination when compared to their white counterparts and are less likely to be represented at senior levels within our workforce. We cannot allow this to be the experience of our people, and therefore we are committed as a senior team to challenge this behaviour and pave the way for equal opportunities for all of our people across the system.
- 8.3 Through our annual work on the NHS Workforce Race Equality Standard (WRES), we know that our ICB and provider trusts still have a long way to go to ensure that we have a representative workforce and that our people from ethnically diverse backgrounds are able to thrive in a workplace free from discrimination. We have recently completed our WRES System Report for 2023 and will be using this to formulate clear actions to improve the workplace experience of our ethnically diverse staff.
- 8.4 We are also in the process of engaging with the North West BAME Assembly's Anti-Racist Framework which will help us further in improving workplace experiences and amplifying the voices of our people from ethnically diverse backgrounds.
- 8.5 As part of our commitment to the Anti-Racist Framework, we will soon be publishing our anti-racism statement which will outline our organisation's stance. Our ambition as an ICB is to become a truly anti-racist organisation and we are fully committed to taking appropriate steps to ensure this happens.

9. Provider Selection Regime

- 9.1 The Provider Selection Regime (PSR) regulations have been introduced into Parliament by the Department of Health and Social Care (DHSC), and subject to scrutiny by Parliament, the DHSC intends for the new regulations to come into force on 1 January 2024.
- 9.2 The PSR will be a set of new rules for procuring health care services in England by organisations termed relevant authorities and will replace the existing procurement rules for NHS and local authority funded health care services. Relevant authorities are:
 1. NHS England
 2. Integrated Care Boards
 3. NHS trusts and NHS foundation trusts
 4. Local authorities and combined authorities
- 9.3 The PSR introduces greater flexibility when making decisions about how best to arrange healthcare services, with competitive tendering one of several potential

processes that may be followed.

- 9.4 To support implementation, NHS England have published draft statutory guidance (subject to parliamentary approval of the regulations) which will be supported by a set of resources including more detailed implementation tools such as process maps and template documents.
- 9.5 This will require a significant amount of planning for the ICB over the next eight weeks to ensure that we have our internal processes, contract reviews, and decision-making arrangements in place to implement the new regime. We will keep the board informed of any relevant updates in the lead up to anticipated implementation date.

10. Awards and recognition for our staff

- 10.1 I would like to finish by acknowledging some awards that our ICB staff have recently received.
- 10.2 Our ICB won an award at the HSJ Patient Safety Awards in the 'Improving Medicines Safety' category for our joint work with Midlands and Lancashire Commissioning Support Unit on enhancing inhaler prescribing practice.
- 10.3 Louise Hamer was also recently presented with the first ever 'Lads like Us' Ask Why award at the Institute of Health Visiting Evidence-based Practice Conference for showing tremendous trauma informed practice, and exercising professional curiosity.
- 10.4 Alison Marshall and Jane Shanahan won the Excellence in Pharmacy – Education and Development award at the National Conference for the Association for Pharmacy Technicians, after they collaborated across organisations and professions to share their learning and upskill the workforce in reducing harms and improving quality of life and outcomes for our most vulnerable patients.
- 10.5 Finally, Dr Andy Knox, associate medical director for population health, received an MBE last week in recognition of his services to primary care and tackling health inequalities across the region, awarded as part of The King's first birthday honours list. Dr Knox has been a leading figure in developing our population health model and the population health equity leadership academy, which launched last year.
- 10.6 As an ICB, we are keen to recognise and celebrate the hard work and dedication of our staff, and one of the ways that we plan to achieve that is through our new internal awards process.
- 10.7 In mid-September, we launched our first ever ICB Staff Excellence Awards, which centre around our new 'PROUD' values. During the nomination period we received over 175 nominations for the nine categories, and we will hold an

afternoon celebration event to announce the award winners on 6 December, which board members have been invited to.

Kevin Lavery

1 November 2023

Title	Quality Assurance Committee Escalation Reports for November and December 2023
--------------	---

Meeting:	Board of Directors
-----------------	--------------------

Date:	11 th January 2024
--------------	-------------------------------

Author	Esther Steel – Director of Corporate Governance
---------------	---

NED Sponsor	Sue McKenna – Chair of QAC
--------------------	----------------------------

Purpose	Assurance	✓	Discussion		Decision	
----------------	-----------	---	------------	--	----------	--

Confidential y/n	No
-------------------------	----

Summary (<i>what</i>)	Advise
	The Quality Assurance Committee has met twice since the last Board meeting, the attached AAA reports provide a summary of the issues discussed, the assurance received and the issues that are now escalated to the Board of Directors.

Implications (<i>so what</i>)	Alert
	Issues alerted within the two meetings are: <ul style="list-style-type: none"> - Escalation of challenges from the Risk Management Committee - Pathology LIMS and Cardiac waiting times - Critical Incident (SBAR) - EPRR - Infection, Prevention and Control - Clinical Governance Committee Escalation Report - Alert from the CGC in relation to complaint response times. - Never Event - Serious Incident Performance - Safeguarding - CNST
	Assure
	Positive assurance received in relation to a number of areas where good progress has been made – further detail on all these areas included within the following pages.

Previously considered by	The Quality Assurance Committee
---------------------------------	---------------------------------

Link to strategic objectives	Our People	✓
	Our Place	✓

	Our Responsibility	✓
Equality, Diversity and Inclusion (EDI) implications	The Committee actively consider the EDI implications of the reports received and also consider the impact of the levels of deprivation with the population we serve.	
Proposed Resolution (What next)	<p>The maternity report is included within the Board pack to be noted by the full Board.</p> <p>Other items discussed in the Committee will be followed up either through the QA Committee or within the Clinical Governance Group as deemed appropriate by the QA Committee.</p>	

Committee Escalation Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Trust Board
Date of Meeting:	19.12.23	Date of next meeting:	11 January 2024
Chair:	Sue McKenna	Parent Committee:	

Introduction

Quorate meeting held over a hybrid of MS Teams and in the Boardroom

Alert

What	So What	What Next
<p>Clinical Governance Committee Escalation Report</p> <p>Alert from the CGC in relation to complaint response times – standard now aligned to national standard – performance against the standard has reduced.</p> <p>One never event reported in relation to a misplaced NG tube – an SI investigation has been commenced.</p> <p>SI performance against the 60-day target has deteriorated – priority is given to ensuring an accurate report that fully answers the question.</p>	<p>Committee members noted the areas escalated by the CGC – further discussion within this agenda.</p> <p>Under the new PSIRF framework the 60-day target has removed – timescales are agreed with patients and families.</p>	<p>Work underway to improve process including review of the policy.</p> <p>IPR metrics to be reviewed in Q4</p> <p>Quarterly reports to QAC to continue</p>
<p>Risk Management Committee Escalation Report</p> <p>AAA report presented by the Chief Nurse – escalation of one risk in relation to waiting times for cardiac surgery – capacity and demand work and review of harms previously requested has not yet been completed.</p>	<p>No information in the system but concerns have been raised by the division and are now being reviewed.</p> <p>Committee members discussed the potential risk to patients and the reporting line for assurance that the risk is being controlled.</p>	<p>Update on the risk in relation to cardiac waits to January Risk Management Committee</p>
<p>Safeguarding</p> <p>Quarterly update on Safeguarding providing – external review of Safeguarding commissioned.</p> <p>Three incidents of non-accidental injuries reported in the period</p>	<p>Safeguarding Committee agenda reviewed to ensure full compliance with reporting requirements and close working with ICB and local authority colleagues.</p> <p>The named doctors for safeguarding are fully engaged and fully briefed for inclusion in reviews.</p>	<p>Update following external review of safeguarding to be presented in due course.</p> <p>Report noted</p>

Committee Escalation Report

<p>CNST</p> <p>Presentation to be submitted to Board to inform Board approval of CNST compliance – the Trust will not be able to declare fully compliance with all elements.</p> <p>Having declared not fully compliant for year 4 evidence for year 3 was resubmitted and the trust have now also been asked to review evidence for year 2 – it was anticipated that this might happen in relation to non-compliance with year 3.</p>	<p>Committee members discussed the historical declaration, the review and submission of data and the potential financial impact of non-compliance – the areas of non-compliance are in relation to embedding of previous actions.</p>	<p>Full report to be presented to the Board for approval in January 2025.</p> <p>Committee members noted that although not fully compliant this does not mean that maternity services are not safe and the Trust is likely to be fully compliant by the end of next year.</p> <p>Committee members supported the presentation of the information to the Board in January,</p>
Assurance		
<p>What</p>	<p>So What</p>	<p>What Next</p>
<p>Pulmonary Rehab Pathway with Patients</p> <p>Brigit Chesworth – Speciality Registrar in public health attended to provide an overview of the co-development work to improve attendance at the Trust’s pulmonary rehabilitation programme.</p> <p>Blackpool has the highest prevalence of COPD and double the average number of emergency admissions.</p> <p>Review identified high levels of patients not attending or not completing the programme – lack of understanding of the programme and the benefits contributed to failure to attend.</p>	<p>Committee members expressed thanks for the programme and noted the importance of initial engagement with the programme</p>	<p>Actions identified in the review and already being acted on include further engagement to understand why people do not attend and to reduce barriers to attending for those living in more deprived areas and to develop a process to contact with those who have disengaged from the programme.</p>
<p>Patient Story</p> <p>Patient story of experiences with dermatomyositis – described experience of her treatment, the support provided and emotional impact of a long admission to hospital.</p>	<p>The story highlighted the importance of kind, caring support and the impact of the personal side of care and in particular the work of the Early Supported Discharge team</p> <p>Positive feedback provided for staff with admiration expressed for the kind considerate care provided.</p> <p>Committee members discussed the feedback within the story that touched on elements of care that could be improved</p>	<p>The story highlighted the importance of the way patients are made to feel and the importance of ensuring the patient’s voice is heard. The fundamentals of care programme will be a key enabler to support this going forwards.</p> <p>Committee members recognised the importance and power of rehabilitation and the importance of emotional holistic support.</p>

Committee Escalation Report

<p>Health and Safety Committee Escalation Report</p> <p>No matters for alert – Recent MIAA report provided substantial assurance on health and safety arrangements. Positive assurance also received in relation to Ionising Radiation and Medical Exposure Regulations.</p>	<p>Committee members discussed the work to review and test business continuity plans noting the challenge of live testing of evacuation plans</p>	<p>Report noted – Committee members acknowledge the work undertaken and the achievement in relation to substantial assurance from the MIAA review of Health and Safety.</p>
<p>CDAO Controlled Drug Report</p> <p>Annual Controlled Drugs report presented to give a level of assurance on the management of controlled drugs.</p> <p>There has been an increase in controlled drug incidences and a reduction in restricted drug incidences – in part in relation to changes in reporting and drug formulation.</p> <p>Increase in reporting by pharmacy indicates improved transparency</p>	<p>Committee members discussed reporting, support and incidents noting good engagement from wards following enhanced support.</p> <p>The change from liquid to tablets has been effective in reducing discrepancies due to calculation errors and measuring processes.</p> <p>Four wards removed from enhanced checks and three wards have checks reduced following improvement.</p> <p>The Director of Pharmacy confirmed that she had no significant concerns to elevate and she would continue with the enhanced support as required.</p>	<p>Committee members noted the ongoing work and improvements made</p>
<p>Patient Experience Quarterly Report</p> <p>Report presented – Committee members notes the complaints response times escalated earlier in the meeting</p>	<p>Committee members noted the importance of the patient voice.</p>	<p>Committee noted the proposed focus to engage with patients to increase feedback from patients and service users.</p>
<p>Maternity and Neonatal incl. CNST, C-Section Variances and Robson's classification</p> <p>Three alerts escalated:</p> <ul style="list-style-type: none"> • training compliance for neonatal training and maternity skills drills; • National Maternity Survey – the Trust is ranked 58 out of 61 – actions noted to respond 	<p>Noted the ongoing alerts and actions.</p> <p>Committee members asked for assurance in relation to the stillbirth and neonatal death reported in the period seeking reassurance in relation to early findings.</p> <p>Assurance requested in relation to apparent increase in C Sections – while this is no longer a target with the change in practice this has seen an increase.</p> <p>The Director of Midwifery described the use of Robson classification to assess, monitor and compare the use of C Sections.</p>	<p>Dates scheduled to ensure training compliance achieved.</p> <p>Future reports will include a summary of findings and lessons learned.</p> <p>Review of C Section data to consider trends against national profile.</p>

Committee Escalation Report

<p>CQC Actions Update</p> <p>Paper provided setting out current validated position following check and challenge of actions in relation to CQC actions – all evidence has been reviewed with live testing with divisions and review of information with the CQC.</p>	<p>Committee members discussed divisional engagement in evidencing completion of actions</p>	<p>CQC will review evidence of actions being addressed</p>
<p>Advise</p>		
<p>What</p>	<p>So What</p>	<p>What Next</p>
<p>Integrated Performance Report (IPR)</p> <p>Committee members discussed the key metrics on the IPRR and the links to other items within the agenda.</p> <p>One neonatal mortality and two still births reported in the period – these will be reviewed in line with our policy.</p>		<p>IPR included within the Board pack.</p>
<p>PSIRF, Duty of Candour and Inquests Quarterly update</p> <p>Detailed quarterly update provided</p>	<p>Committee members commended the report noting the improved level of detail and assurance that safe processes are in place to operationally manage and respond to incidents with escalation as appropriate where operational controls identify an issue.</p>	<p>Alerts are provided through the Clinical Governance Committee.</p>
<p>Board Assurance Framework</p>	<p>Received and noted</p>	<p>Review RAG rating for effectiveness of controls for sepsis and rapid tranquilisation</p>
<p>Terms of Reference – Clinical Governance Committee</p>		<p>Updated terms of reference for Clinical Governance Committee approved</p>
<p>Other agenda items</p>		
<p>Reports on rapid tranquilisation, safe staffing and sepsis received for information</p>		

Committee Escalation Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board
Date of Meeting:	28 November 2023	Date of next meeting:	19 December 2023
Chair:	Sue McKenna	Parent Committee:	Board of Directors

Introduction

Quorate meeting held on Teams with good attendance and good engagement in a full agenda.

Alert

What	So What	What Next
<p>Risk Management Committee AAA report</p> <p>Pathology LIMS risk remains with continued concerns about the new system – the current system is clinically safe.</p> <p>The report also included a summary of high risks from the clinical divisions and the action in place to mitigate and an update on actions taken in relation to previously escalated risks.</p>	<p>The NED Maternity Champion provided positive feedback confirming the benefits of the maternity triage service.</p>	<p>Report on the Clifton Hospital model back to the Quality Assurance Committee in the New Year (Feb/March 2024)</p>
<p>Critical Incident (SBAR)</p> <p>Briefing provided from the critical incident on 7 November that led to a loss of power to the women's and children's block with the evacuation of patients at time of operational pressures</p>	<p>Services have been restored and initial de briefs have now taken place with wellbeing support to staff as required – all de briefs to be completed by 8 December.</p> <p>Evacuation resulted in cancellation of outpatient and inpatient activity.</p>	<p>Some immediate recommendations in place and a full action plan will be developed. This will be followed up by the Committee to seek assurance on the actions and mitigations particularly with regard to evacuation practice.</p> <p>Committee members commended the work of the staff involved.</p>
<p>EPRR</p> <p>Annual self-assessment reviewed by the Committee in September for submission and approval by the Board. Evidence file has since been reviewed externally resulting in challenges on the self-assessment (this is in line with other Trusts locally and in other regions. Further information has since been provided to address some challenges there are no areas of non-</p>	<p>Committee members discussed the review of the submission and the challenges in relation to the revised submission.</p>	<p>Actions now to be taken to ensure all standards can be evidenced for the 2024 submission.</p> <p>Revised submission to be approved by the Board</p>

Committee Escalation Report

compliance, but the overall rating is now a rating of non-compliant		
<p>Infection, Prevention and Control</p> <p>Update provided on Q1 and Q2 performance, the Trust are above threshold for MSSA and E Coli blood stream infections.</p>	the work on the fundamentals of care programme will be key to mitigate this position.	Report noted
Assurance		
What	So What	What Next
<p>Patient Story</p> <p>Positive patient story telling of an experience with an emergency admission for abdominal surgery. The patient was treated with care and compassion and gave positive feedback in relation to medical and nursing care received.</p>	Committee members recognised the significant improvements made within critical care over recent years with recruitment to posts, a new department and a thriving culture.	Story noted and recognised the learnings from positive stories.
<p>Ambulance Handover Collaborative</p> <p>The IMPF DDO attended to provide an update on the Ambulance Handover collaborative, outlining the challenges faced, the actions taken and the next steps. Ambulance activity in Blackpool is volatile, previous initiatives have demonstrated impacts, but these have not been sustained.</p> <p>The department has seen an increase in incidents, some in relation to the refurbishment of ED and some following an increased focus on raising incidents. While the majority of incidents are low harm, two Serious Incidents have been reported in relation to ambulance handovers. A Safety Summit aimed to share incident data to facilitate discussion on the risks and barriers to the delivery of high-quality care.</p> <p>The ambulance handover collaborative aimed to reduce handover time and ensure clear escalation processes for each area. Presentation described the actions taken and the escalation route to provide assurance with regard to the impact of actions.</p>	<p>Committee members raised a number of questions in relation to the presentation, the ongoing risks and issues, the assurance that the collaborative will have the desired impact and the improvement trajectory towards the national standard.</p> <p>The ED improvement group has agreed an improvement trajectory linked to the national standard with cultural improvement alongside the patient flow improvements recognising that not all elements of patient flow are within the gift of the ED.</p>	<p>Committee members discussed the reporting of progress and the route for assurance to the Board with further consideration being given to the reporting of all improvement programmes in the STP.</p> <p>Invite issued for Committee members to visit the department to see first hand the improvements made – the department after the latest work will be 30% bigger.</p> <p>The Committee recognised the improvements made and thanked the staff for their continued focus.</p>

Committee Escalation Report

<p>Research and Development</p> <p>Update provided on the work of the Research and Development Department. The Trust is one of only five national patient recruitment centres for the National Institute Health Research which brings quality and financial benefits to the Trust.</p>	<p>Committee members discussed the benefits of investment in research and development and the need to continue this important work with evidence of the financial benefits and reinvestment back into research.</p>	<p>Report to be submitted to the public Board meeting in January 2024.</p> <p>The Trust will need to reapply for national status and Committee members voiced support for this work.</p>
<p>Quality Improvement</p> <p>Update provided on progress towards the Quality Improvement goals – the new Quality Academy launched in November 2023; the programme has been supported by exec colleagues giving their support for front line improvement. The QI team are supporting the fundamentals of care programme.</p>	<p>Committee members voiced their support for the programme and the value it brings as a key thread in the Trust’s improvement journey</p>	<p>Committee members noted the many benefits of the Quality Academy and recognised the impact QI skills can have across the Trust.</p> <p>Open invite for Committee members to see the programme prior to the next meeting.</p>
<p>Advise</p>		
<p>What</p>	<p>So What</p>	<p>What Next</p>
<p>Clinical Governance Committee</p> <p>AAA report from the CGC provided – most papers are covered within this report.</p> <p>One item escalated in relation to LIMS – this will be overseen via the Exec Team and the Risk Management Committee.</p>	<p>Internal assessment has been completed to evidence the actions taken in response to previously agreed rapid tranquilisation actions.</p>	<p>Report noted</p>
<p>Quality Impact Assessment</p> <p>New process of Quality Impact Assessments commenced as part of the ongoing work following the financial peer review to improve QEP schemes. MIAA have recently reviewed the QEP programme with moderate assurance provided.</p> <p>For each QIA and PID there are at least four stages of approval with six signatures on each QIA for sign off of each stage of check and challenge.</p> <p>The work is supported by the Transformation team with actions including review of any potential negative impact.</p>	<p>Committee members discussed the checks and balances to corroborate the QIA process. And the role of the process alongside change programmes and significant cutbacks in spending seeking assurance that the quality and safety of care will not be impacted by the reduction of costs.</p> <p>The MIAA Audit gave moderate assurance with some actions recommended to rectify.</p>	<p>Committee members asked for an overview of the top ten schemes by value with assurance to flag areas of concern with a process by which NEDs can see more detail on the schemes to be assured that safety and quality will not be compromised by the delivery of the main schemes.</p> <p>The next report will include post implementation reviews to specifically cover risks in relation to the schemes – this will provide assurance with regard to the impact of schemes.</p>

Committee Escalation Report

<p>Escalation Report H&SC</p> <p>No areas for escalation, progress made with fire risk assessments.</p> <p>Further RAAC assessment of the RVH site completed – no additional areas identified.</p>	<p>Good progress made with regard to subcommittee reporting and divisional reports.</p>	<p>Report noted</p>
<p>Waiting List Assessment Reviews</p> <p>Paper provided an update on the 78-week harm reviews and the implementation of an automated clinical review system (chatbot)</p> <p>As at 1 November 2023 zero harm reviews had identified moderate or severe harm because of delayed treatment.</p>	<p>The committee discussed the validation steps in ensuring a robust harm review and prioritisation plan is in place based on targeted patient feedback.</p> <p>A weekly operational assurance meeting is in place to review in detail all actions being taken with regard to waiting list management.</p>	<p>Update noted</p>
<p>Maternity and Neonatal</p> <p>Regular maternity and neonatal report provided.</p> <p>The team did continue to see women and babies during the incident with 96% of those seen, seen within the time frame.</p>	<p>Committee members discussed the uptake of training and the barriers to ensuring all staff undertake the appropriate levels and frequency of training.</p>	<p>Training needs analysis for specialist training by the Board to be approved by the Board on 7 December 2023.</p> <p>The Board will continue to receive bi-monthly updates on maternity and neonatal services.</p>
<p>Other agenda items</p>		
<p>The Committee noted updates on Sepsis and CQUIN with recognition that further work is needed on the reporting. A number of reports were postponed to the next meeting to allow for extended discussion on earlier agenda items</p>		

Title	Integrated Performance Report (IPR) – Quality				
Meeting:	Board of Directors Meeting				
Date:	11/01/2024				
Author	William Wood, Associate Director of Business Intelligence				
Exec Sponsor	Bridget Lees, Executive Director of Nursing, Midwifery, AHP and Quality Chris Barben, Executive Medical Director				
Purpose	Assurance	✓	Discussion	✓	Decision
Confidential y/n	N				

Summary (what)	Advise
	<p>Falls - Falls remain within normal variation overall.</p> <p>Pressure Ulcers (PU) – PU remain within normal variation and below the Trust trajectory of 1.4 per 1000 bed days.</p> <p>Infection Prevention - The Trust is currently on trajectory for MRSA, Klebsiella Spp and Pseudomonas aeruginosa.</p>

Implications (so what)	Alert
	<p>Pressure Ulcers (PU) - 3 Category 4 Pressure ulcers has been validated for the community setting in the month of November 23. 72-hour reviews have been completed to ensure immediate safety actions taken and wider lessons are also identified for sharing across the organisation through inclusion in the pressure ulcer reduction framework.</p> <p>Patient Experience - 92% of our patients rated their care as good in November which is below the Trust’s target of 95%.</p> <p>Emergency Department / Same Day Emergency Care - Friends and Family Test –The overall satisfaction rating for ED was 79%, which is a 10% increase on the previous month but remains below our Trust target of 86%. Our ED (Emergency Department) target is currently set at 86% which is thought to be attainable and in line with other trusts.</p> <p>Complaints – the response to closed complaints within 25/40 days is below plan at 32%.</p> <p>Infection Control - The Trust was currently above plan for CDI and E Coli for October 2023.</p> <p>% of Deaths Screened - There has been a significant reduction in the percentage of deaths screened in the last 3 months. A more detailed explanation of this is in the narrative.</p>

	Maternity - There was 1 neonatal mortality and 2 stillbirths in month. Also – 2 third degree tears in women in the month of November.	
	Assure	
	Mortality - SHMI continues to improve and as of May 2023 is at 101.15. Maternity – there were zero 4 th degree tears in month. MRSA – there were no cases in October. The threshold is zero and the Trust remains at zero.	
Previously considered by	Quality Assurance Committee.	
Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	✓
Equality, Diversity and Inclusion (EDI) implications	In preparing this report consideration was given to EDI implications – failing to improve our KPIs could worsen inequality and exclusion.	
Proposed Resolution (What next)	The Board of Directors is asked to acknowledge and approve the Quality IPR.	



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

Integrated Performance Report

Quality Assurance Committee

November 2023



Caring • Safe • Respectful

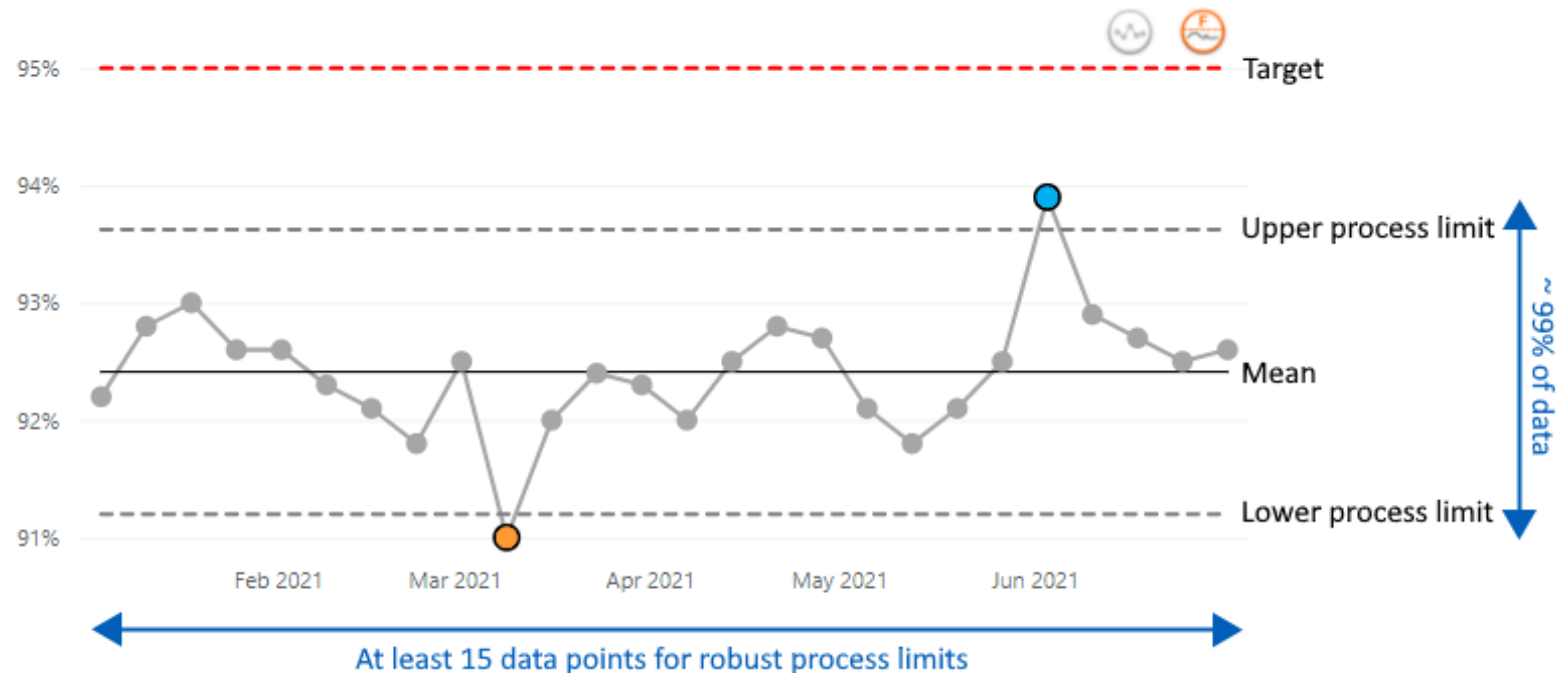
Guide to Statistical Process Control

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



Quality	Indicator	Assurance			Variation				
		P	?	F	H	L	?	Dashed	
Quality	Harm Free	2	13	5	3		16	1	
	Patient Experience	3	10		1		11		2
	Maternity				13	1		10	2
	Infection Prevention and Control		6			1		4	1
	Mortality			2	3		3	1	

Assurance

Measures the likelihood 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.

Harm Free

Month End 30/11/2023



Cardiac Arrests

Advise: The resuscitation team at Blackpool Teaching Hospitals recorded 102 Adult cardiac arrests between October 2021 and October 2022 with 89 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 0.936 arrests per 1000 admissions to the trust.

As a comparison the figures between October 2022 and October 2023 are a total of 74 Adult cardiac arrests, with 57 outside those areas previously listed. The total number of cardiac arrests in the trust in this time frame equates to 0.768 arrests per 1000 admissions to the trust.

It is challenging to examine arrest data against rate of admission, due to the exclusion of ED, ITU/HDU, cardiology catheter labs and CCU from the data, hence why the data per 1000 is only representing the total number of Adult cardiac arrests in the given time frame.

Assurance: The Trust continues to see a reduction in cardiac arrests rates.

Action: As described in the Trust QI Strategy, our approach to improvement is to use a Breakthrough Series collaborative, which launched in February 2021.

In addition, the Trust launched a further QI collaborative on the 'Management of the Acutely Unwell Patient' in September 2023.

NEVER Event

Alert: The Trust reported one NEVER Event in November 2023 which related to the misplacement of a nasogastric tube, and which was not identified until feeding was commenced. An investigation has been commenced and will be completed in line with the agreed timescale of investigation.

Patient Safety Alerts

There were no new patient safety alerts received this month, there are 3 ongoing alerts which are:

NatPSA/2023/012/DHSC - Shortage of verteporfin 15mg powder for solution for injection. The due response date for this is 20/10/2023.

NatPSA/2023/010/MHRA - Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from ... The due response date for this is 01/04/2024.

NatPSA/2023/007/MHRA - Potential risk of underdosing with calcium gluconate in severe hyperkalaemia. The due response date for this is 01/12/2023.

Sepsis

Alert: The composite process score for sepsis compliance is at 82%. This is compiled from senior review, prescription and delivery of antibiotics, completion of patent observations including fluid balance and obtaining of the blood cultures. This is an improving position with all breaches validated and used to inform targeted improvement.

Assure: To support improvement at least 30 case notes are audited weekly, with weekly validation meetings also continuing with the emergency department to ensure targeted actions and support new ways of working. The department has demonstrated improvement using the rapid assessment and treatment model. The improvements seen through internal data are also evident in the external AQUA audits with the trust now at 6th place of the 15 organisations being measured.

Advise: To ensure improvement continues to be demonstrated, new ways of working continue to be scoped including improved systems for the taking of blood cultures and use of the 'voicera' tool in the emergency department to improve timely communication within the team. Education for staff continues to be a priority supported by the corporate practice development team and critical care outreach through the recognise and act training programme.

Harm Free

Month End 30/11/2023



Rapid Tranquillisation

Alert: Total compliance for November 91.5% and this includes – medication, observations both at 100% and capacity and use of correct pathway that require improvement. Use of correct pathway has been included into the metric to ensure oversight of the new pathways.

Assure: The clinical audit team continue to audit rapid tranquillisation from patient notes. The quality matrons/ bleep 1600 review each episode of RT in addition to this to provide assurance that no patient harm has occurred because of this intervention. This group also provides supportive and educational feedback to staff at the point of care following use of the pathway. 3 new pathways are being launched – 2 are a simplification of the current pathways following staff feedback, and the 3rd is for adolescents as there is a clinical need to provide a pathway for this group.

Actions: The corporate practice development team are focused on improving documentation of capacity, use of pathways, de-escalation and debrief techniques and training has been updated to include this. This training is delivered through clinical skills using simulation. Staff from AMU and ED have been prioritised; however, the practice development team also support areas with infrequent use to support compliance and safe practice.

Pressure Ulcers - Acute

Advise: A total of 76 hospital acquired pressure ulcers were reported in November that includes 23 Category 2's – this is below the trajectory of 1.4 per 1000 beds and is an improved position.

Assure: In November the acute site reported one Category 3 and no Category 4 pressure ulcers. Also of note, during November, 22 clinical areas declared zero health care associated pressure ulcers; and of these areas - 11 have reported zero attributable skin damage in the last 6 months. Also of note is the emergency department who have reduced attributable skin damage from 104 from January – June 23 to 24 from July – November 23.

Action: Prevention of attributable skin and tissue damage remains the highest priority with the skin integrity committee supporting the divisional teams. Within the Emergency Department, the joint working between the Tissue Viability team and the senior ED nurses with a Tissue Viability Team presence daily in the department continues with good effect.

The Fundamentals of Care Pressure Ulcer Steering Group continues with priority one being to support the roll out of purpose T across the organisation. Mandatory back to basic training sessions is scheduled twice a month being led by Tissue Viability for Ward managers and Senior Nurses with regards to pressure ulcer prevention.

The Acute Validation Project will be commencing in the new year with support from the Tissue Viability Team and Medical Photography Team as they introduce wound photography into clinical areas to support Incident report submission and validation.

Pressure Ulcers - Community

Advise: A total of 120 non-hospital health care associated (community) pressure ulcers were reported in November, remaining in normal variation though above the stretch target. This includes 47 Category 2's.

Alert: Validation has confirmed 0 category 3's and 3 at Category 4 – all category 4s were attributable to individual patients. Reviews are underway to identify any lapses in care and lessons are also identified for sharing across the organisation.


























The community validation project has now rolled out to all 12 District Nurse Bases validating category 2, unstageable and deep tissue injury pressure ulcers. For assurance of this process - audits to monitor the validation is undertaken and managed by the Tissue Viability Team. The community teams are part of the Fundamentals of Care Pressure Ulcer Group and Purpose T has now been rolled out across the division.

Falls

Advise: Also in November, there were a total of 148 incidents reported against the category of patient 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 59 harms recorded because of a fall, all at minimal harm. This total number is reduced from 77 the previous month.

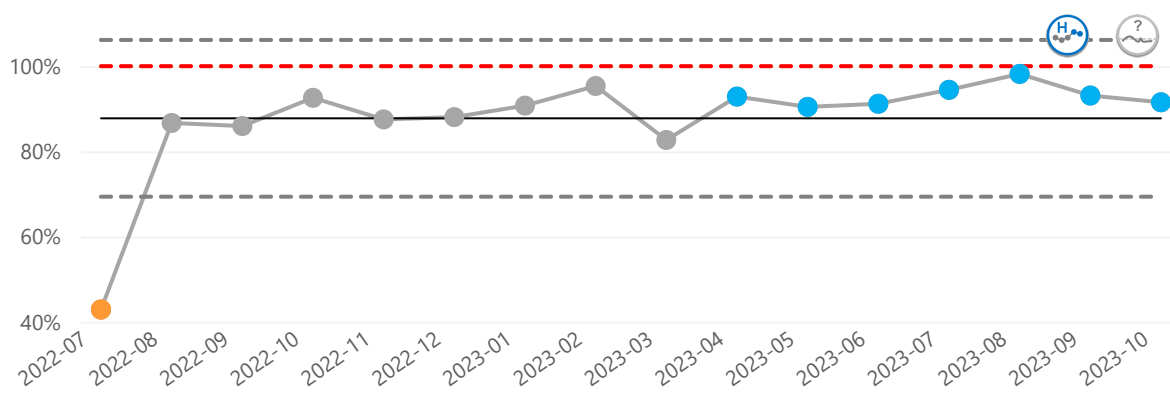
Assure: This remains within normal variation. Across inpatient areas, 22 wards reported zero falls. The falls trajectory has been set as 1.4 per thousand bed days for falls with moderate or above harm and there have been zero falls with moderate or above harm in month.

Action: The Fundamentals of Care Fall's steering group has updated the intentional rounding tool (IR) and this has been rolled out across the acute adult bed base. Evidence supports a 50% reduction in falls through the robust use of IR. The group have also updated the admission and assessment documentation to include a falls safety bundle – the tumble bundle that has also now been introduced to the acute adult bed base.

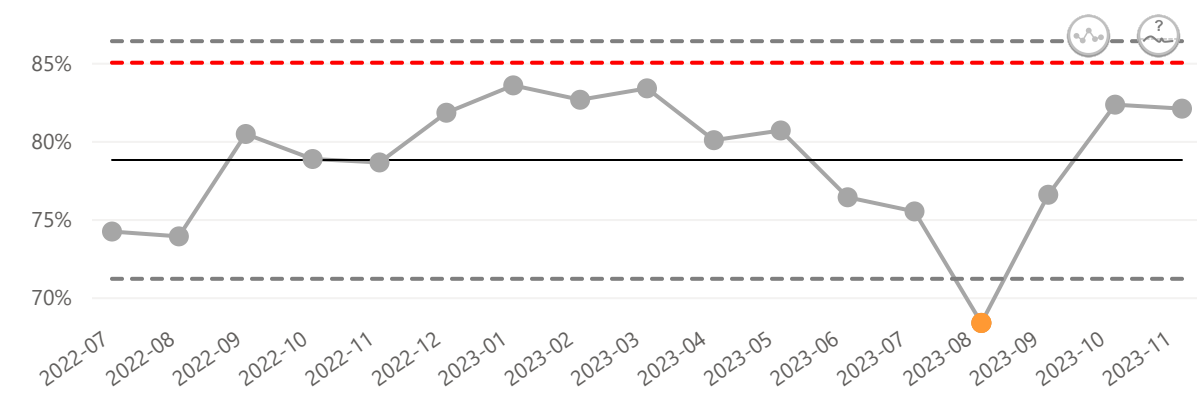
Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Rapid Tranquilisation Overall Compliance (%)	100%	91.5%	Oct 23			100%	93.1%	Sep 23	100%	91.5%
Sepsis Composite Process Score (%)	85%	82.0%	Nov 23			85%	82.3%	Oct 23	85%	82.0%
Cardiac Arrest	10	9	Nov 23			10	8	Oct 23	80	48.00
NHS Talking Therapies - Recovery	50%	57%	Nov 23			50%	56%	Oct 23		
NHS Talking Therapies - Wait Times	75%	98%	Nov 23			75%	97%	Oct 23		
Over-seven-day incapacitation of a worker	0	0	Nov 23			0	0	Oct 23	0	4.00
Specified injuries to workers	0	0	Nov 23			0	0	Oct 23	0	3.00
Inpatient Category 2 pressure ulcers per 1000 bed days	1.4	0.886490 653	Nov 23			1.4	0.8	Oct 23	1.4	0.886490653
Inpatient Category 3 pressure ulcers per 1000 bed days	1.4	0.038543 072	Nov 23			1.4	0	Oct 23	1.4	0.038543072
Inpatient Category 4 pressure ulcers per 1000 bed days	0	0	Nov 23			0	0	Oct 23	0	0
Community Category 2 pressure ulcers		47	Nov 23				34	Oct 23		309.00
Community Category 3 pressure ulcers		0	Nov 23				3	Oct 23		19.00
Community Category 4 pressure ulcers		3	Nov 23				3	Oct 23		19.00
30 Day Emergency Readmissions (%)	7.12%	8.27%	Aug 23			7.12%	7.81%	Jul 23		

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Patient Safety Alerts		0	Nov 23				0	Oct 23		7.00
Number of SUI/StEIS incidents		9	Nov 23				8	Oct 23		66.00
Number of never events	0	1	Nov 23			0	0	Oct 23	0	1.00
All Inpatient Falls per 1000 bed days	6.42	5.742917 711	Nov 23			6.42	5.5559590 38	Oct 23	6.42	5.742917711
Inpatient Falls with moderate and above harm per 1000 bed days	0.14	0	Nov 23			0.14	0	Oct 23	0.14	0
Safe Staffing	90%	94%	Nov 23			90%	92%	Oct 23		

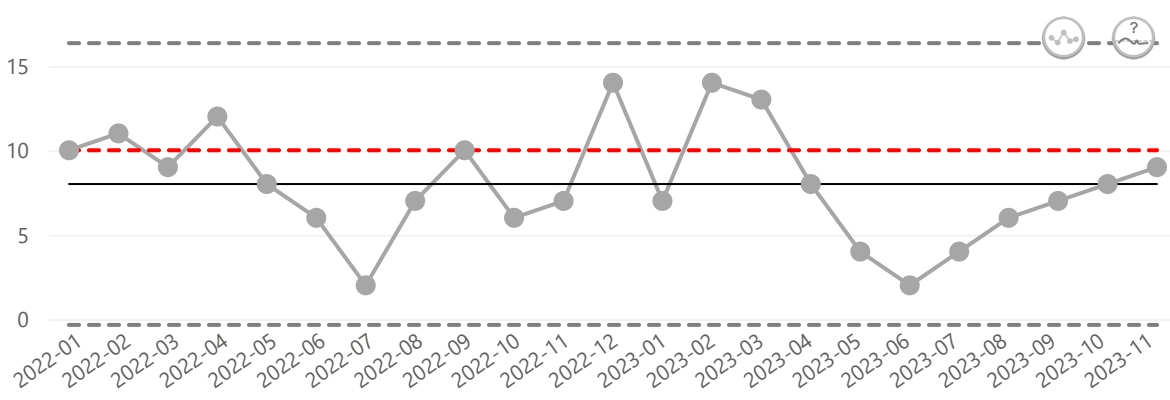
Rapid Tranquilisation Overall Compliance (%)



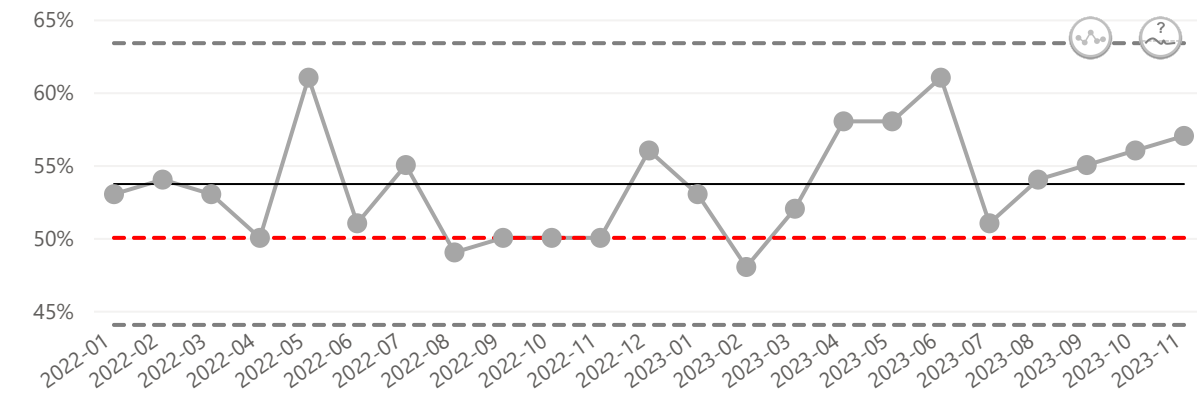
Sepsis Composite Process Score (%)



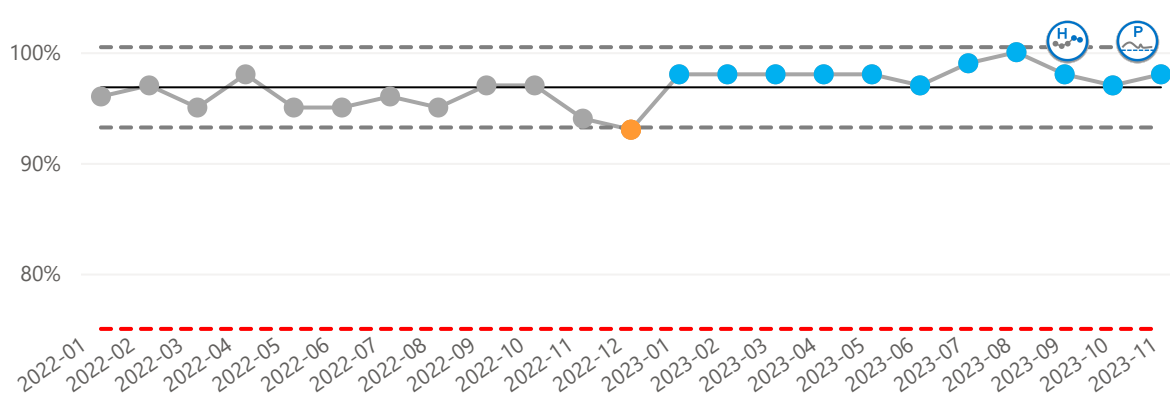
Cardiac Arrest



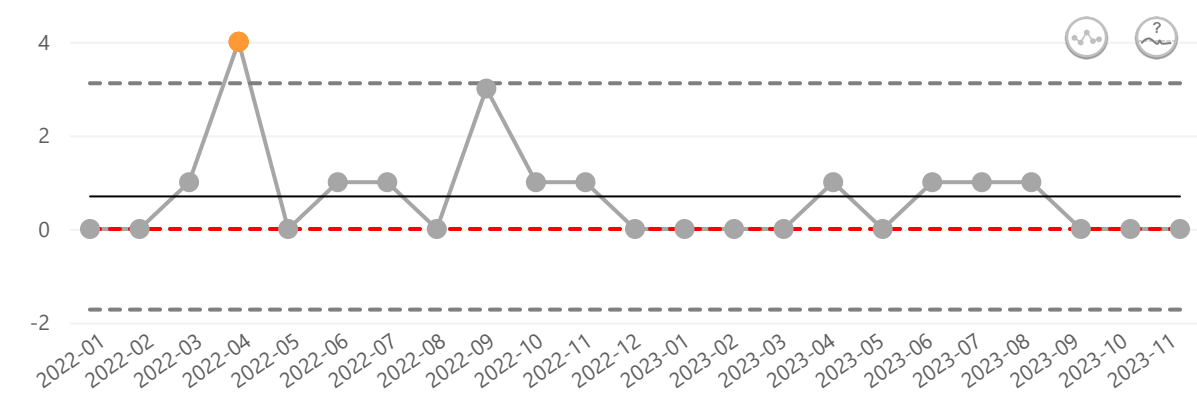
NHS Talking Therapies - Recovery



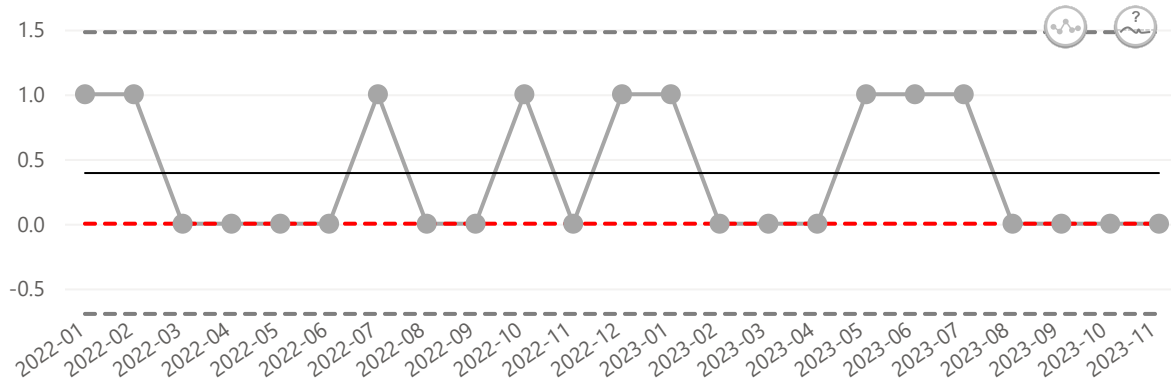
NHS Talking Therapies - Wait Times



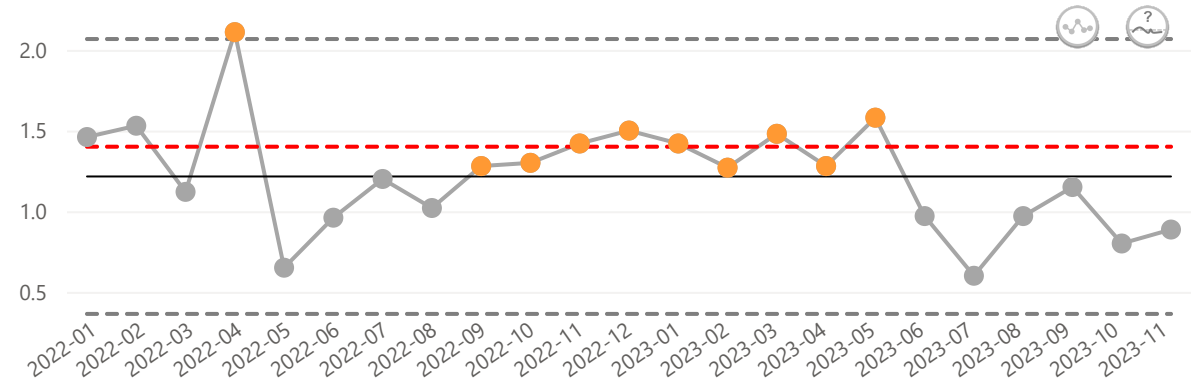
Over-seven-day incapacitation of a worker



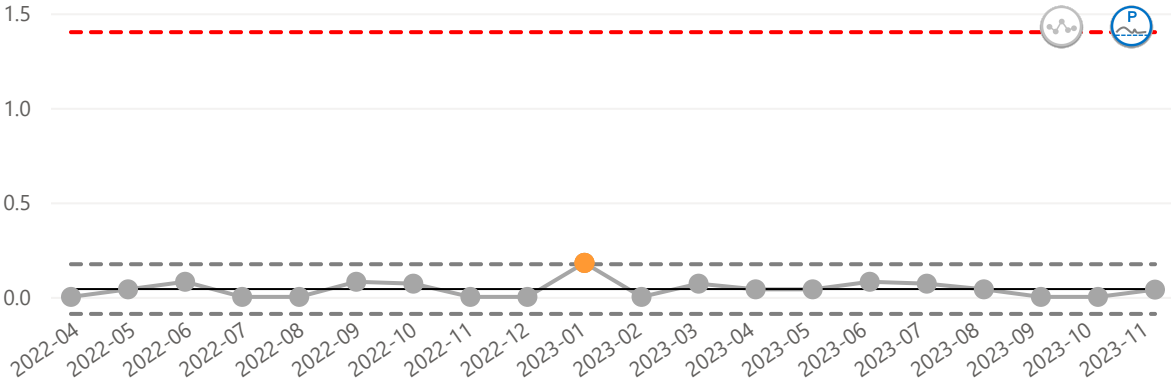
Specified injuries to workers



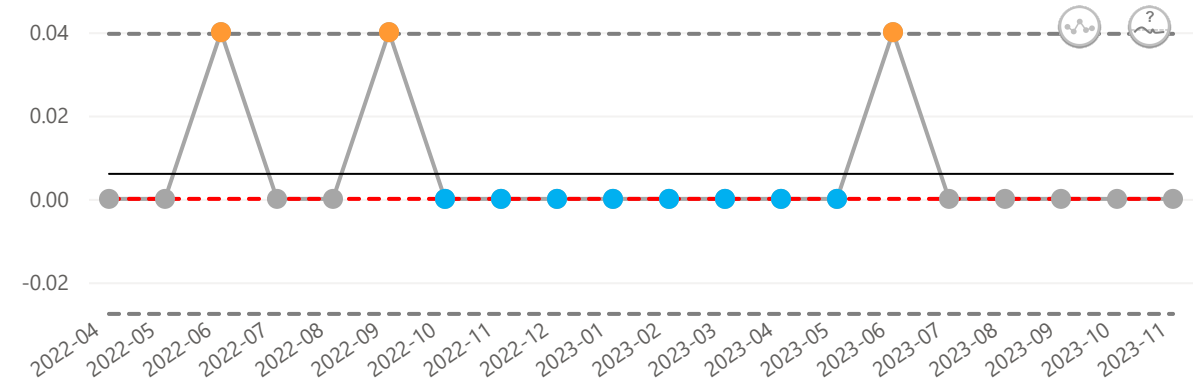
Inpatient Category 2 pressure ulcers per 1000 bed days



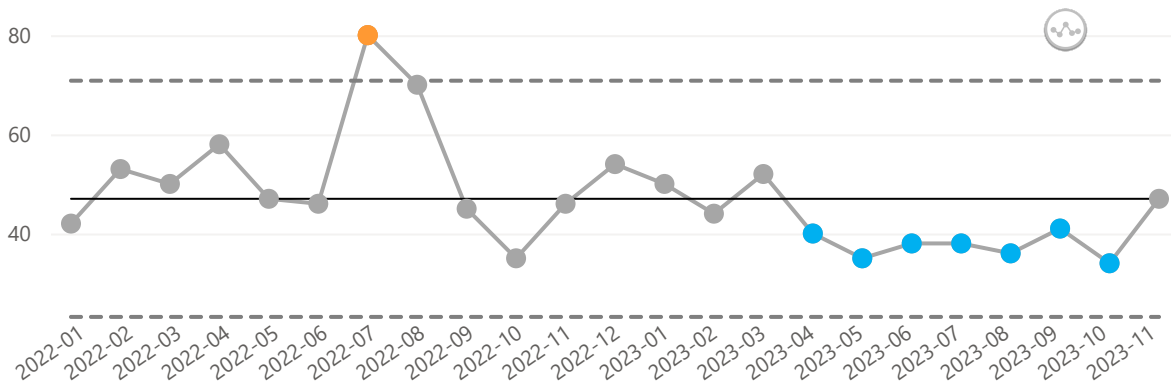
Inpatient Category 3 pressure ulcers per 1000 bed days



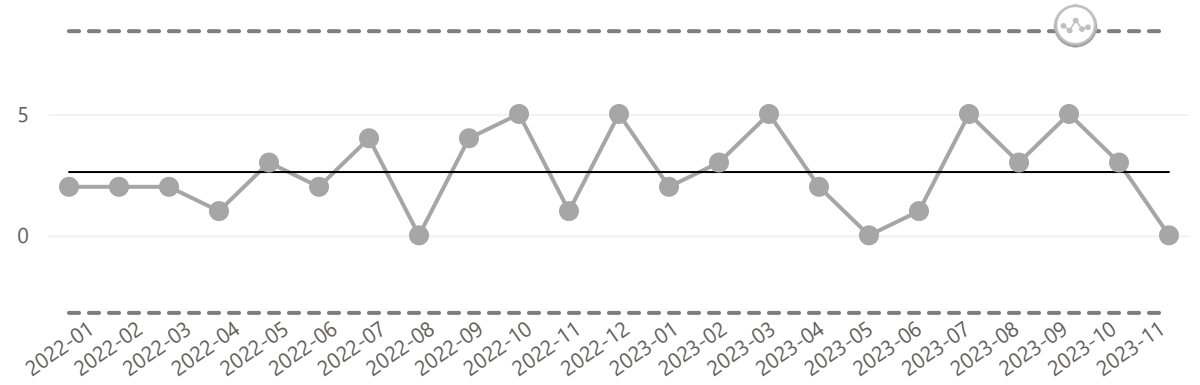
Inpatient Category 4 pressure ulcers per 1000 bed days



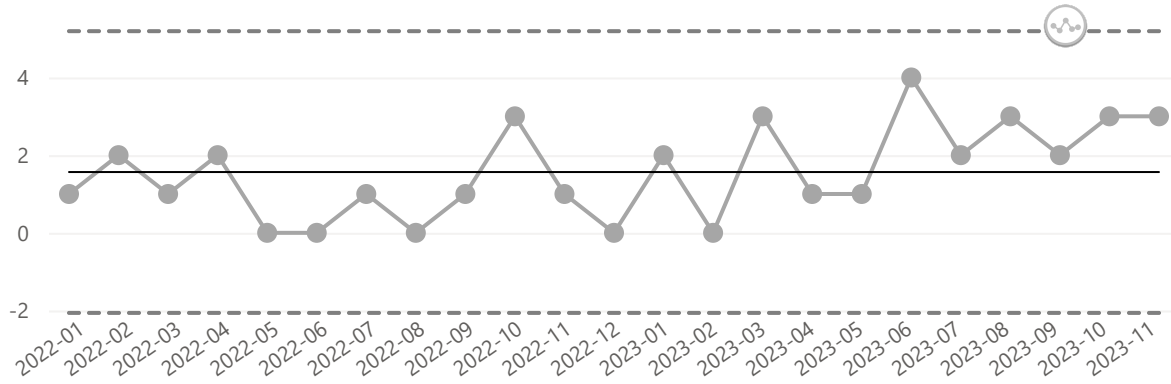
Community Category 2 pressure ulcers



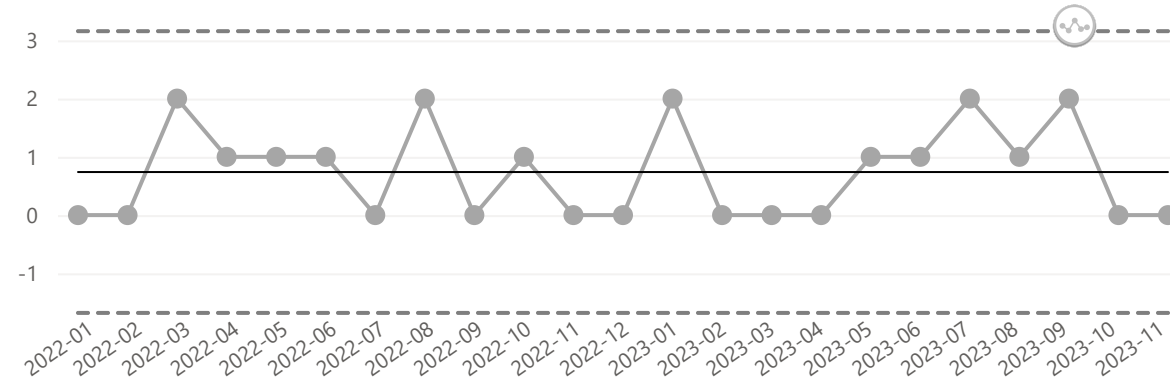
Community Category 3 pressure ulcers



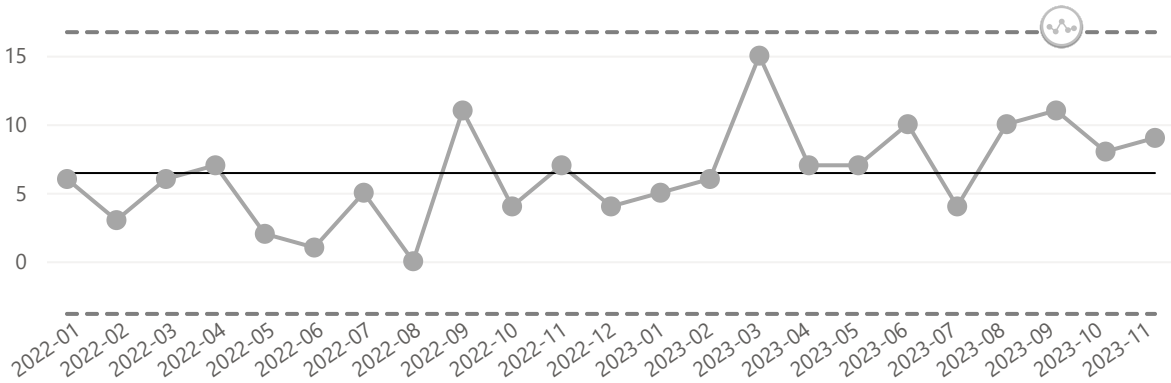
Community Category 4 pressure ulcers



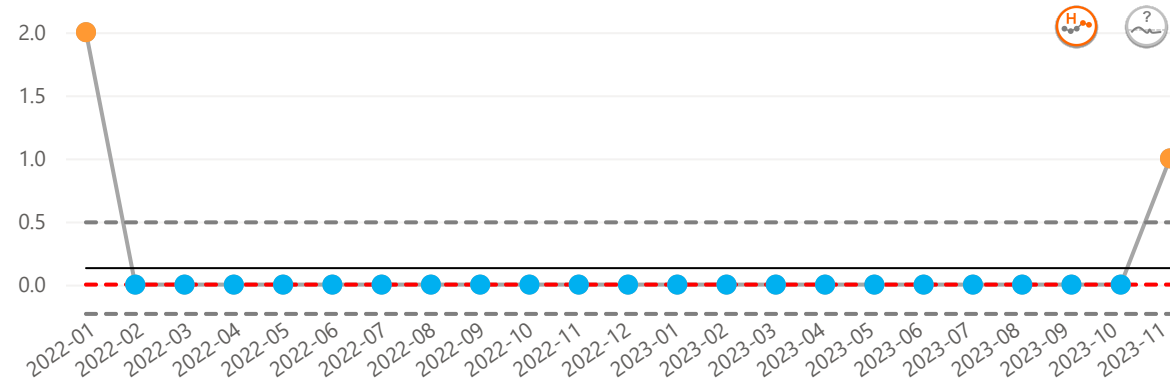
Patient Safety Alerts



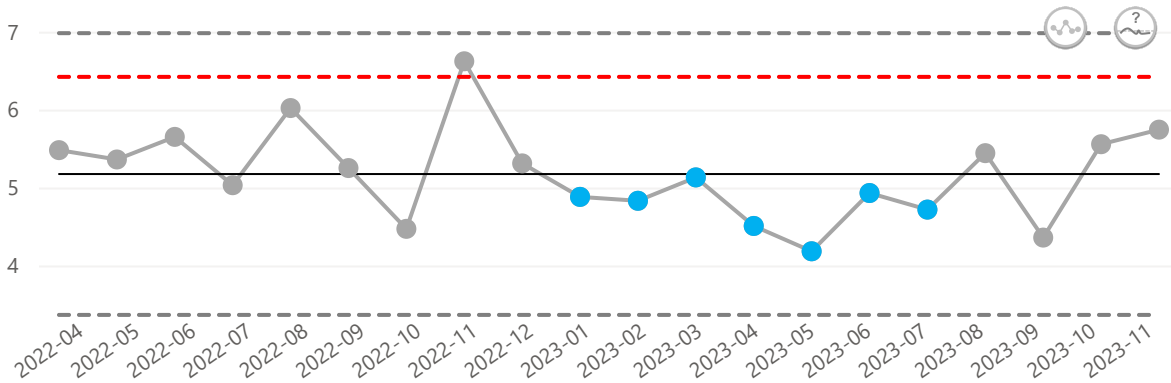
Number of SUI/StEIS incidents



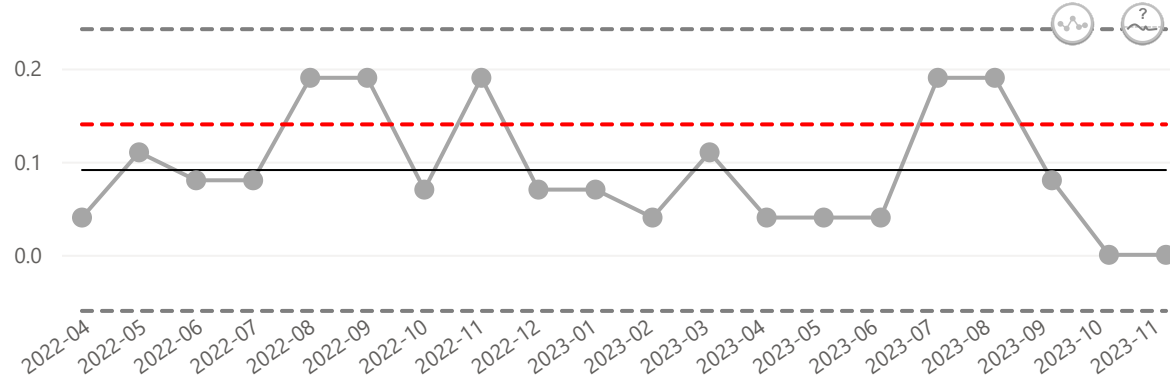
Number of never events



All Inpatient Falls per 1000 bed days



Inpatient Falls with moderate and above harm per 1000 bed days



Maternity

Month End 30/11/2023

Alert

Caesarean sections 48.5%, triggering a negative variation.

28 grade 4, 16 grade 3, 27 grade 2, 10 grade 1

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 rate and because there is no scientifically proven classification system to observe and compare caesarean rates between Maternity Units. Robson classification is already collected in badgernet and is currently being reviewed in the LMNS and locally .

Neonatal mortality 1 - 27/40, category 1 caesarean section for APH baby survived 4 days. This will be subject to review and investigated under the serious incident policy if required.

Stillbirths 2 – 28/40, 25/40 weeks pregnant, these cases will be reviewed under our serious incident guidance and will be investigated if required. As both women were under 37/40 this will be Trust led as does not qualify for MNSI (previously HSIB).

Induction rate – 44.6% 76 inductions in November, high rate triggering due to low birth number in the month of November. However, inductions of labour are on the rise due to a change in national policy where women are induced from 41 weeks instead of 41 and 5 days. We are also implementing the saving babies care bundle version 3 which has a focus on fetal surveillance and planning induction when babies need delivering based on their scan results. We are not an outlier in our region.

Assure/ Action

171 births – critical incident accounts for lower birth value, may attribute to increased variables as elective activity and labours transferred to other units during this time.

3rd and 4th Degree tears

Two 3rd degree tears in November, one 3b with episissors, one 3c.

Grade 3a tear: Less than 50% of external anal sphincter (EAS) thickness torn. Grade 3b tear: More than 50% of EAS thickness torn. Grade 3c tear: Both EAS and internal anal sphincter (IAS) torn.

Pelvic health midwife commenced role this week to assist in teaching and lesson learned from OAI (obstetric Anal Injury).

Maternity

Month End 30/11/2023

1:1 care in labour - corrected data 100% since may 2023.

Induction of labour under 4 hours - increased to 50 % which is the highest data point since collecting the data.

Under 4 hours = 30

4-12 hours = 7 (50%)














12- 24 hours = 12 (11.6%)

24 – 36 hours = 8 (20%)

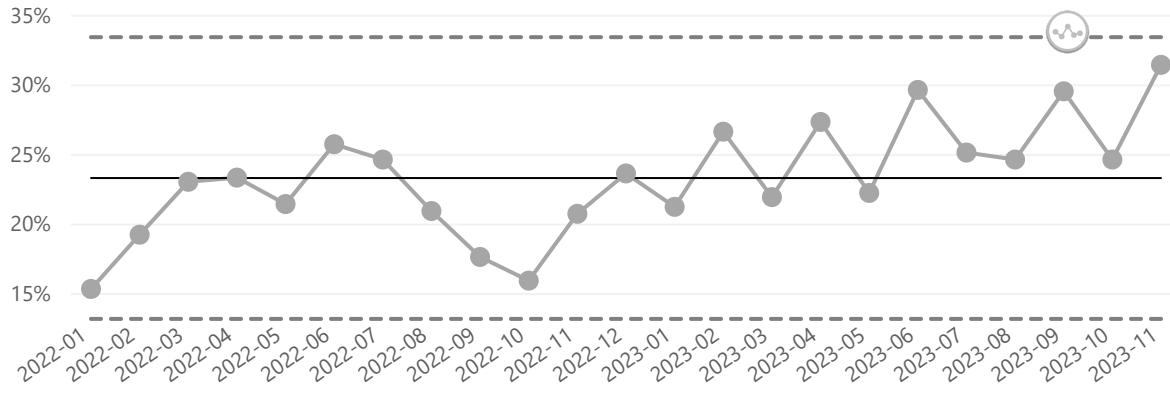
36 – 28 hours = 1 (1.3%)

Over 48 hours = 2 (3.3%)

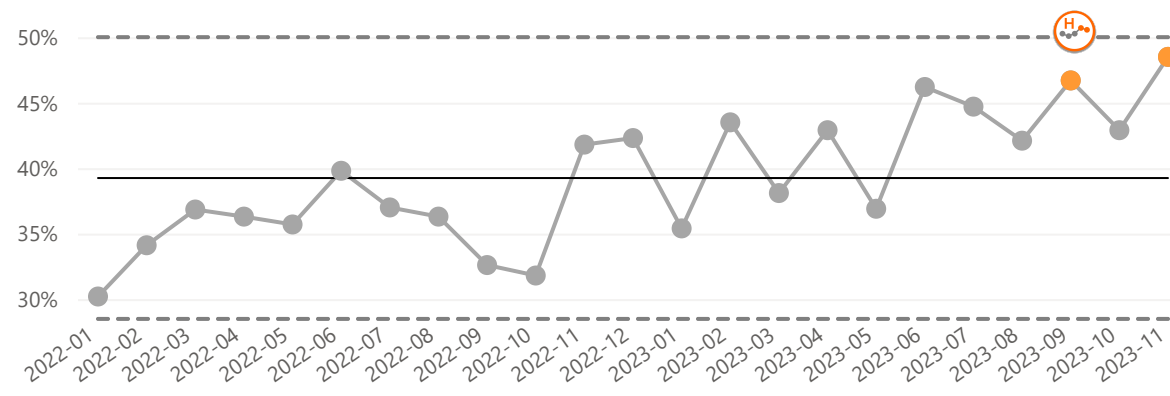
Bookings under 12+6 - back over 90% at 93.3% - 209 women booked under 12+6/40

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Emergency C Section		31.4%	Nov 23				24.6%	Oct 23		
Caesarean Rates		48.5%	Nov 23				42.9%	Oct 23		
Breastfeeding Initiation		65.7%	Nov 23				65.7%	Oct 23		
Neonatal Mortality		1	Nov 23				0	Oct 23		1.00
Stillbirth		2	Nov 23				0	Oct 23		4.00
Number of Maternal Deaths		0	Nov 23				0	Oct 23		0.00
Induction Rate		44.6%	Nov 23				44.8%	Oct 23		
Maternity Complaints as % of Deliveries		0.41%	Nov 23				0.5%	Oct 23		
Percentage of Occasions 1:1 Care Provided		100%	Nov 23				99.4%	Oct 23		
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births		1.5%	Nov 23				0.9%	Oct 23		
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Birth		1.5%	Nov 23				3.4%	Oct 23		
Percentage of Women Booked by 12 weeks 6 days		93.3%	Nov 23				75.9%	Oct 23		
Induction of Labour - % within 4 hours		50%	Nov 23				35.5%	Oct 23		

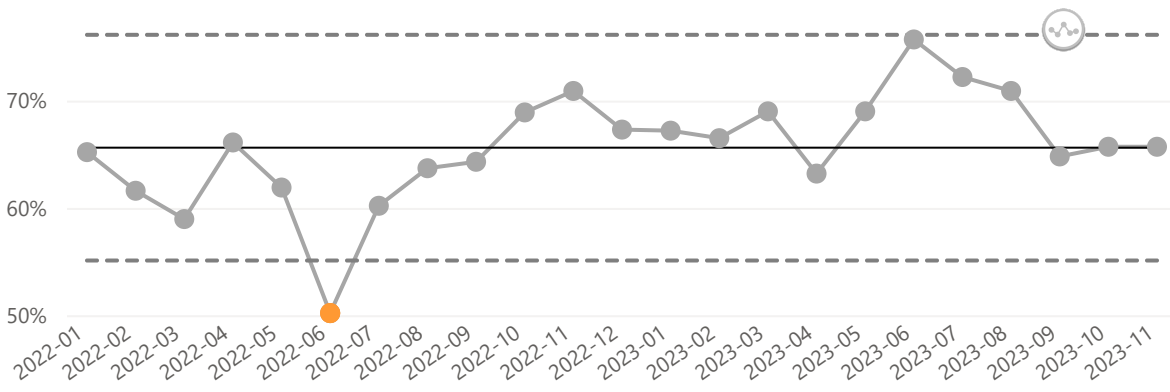
Emergency C Section



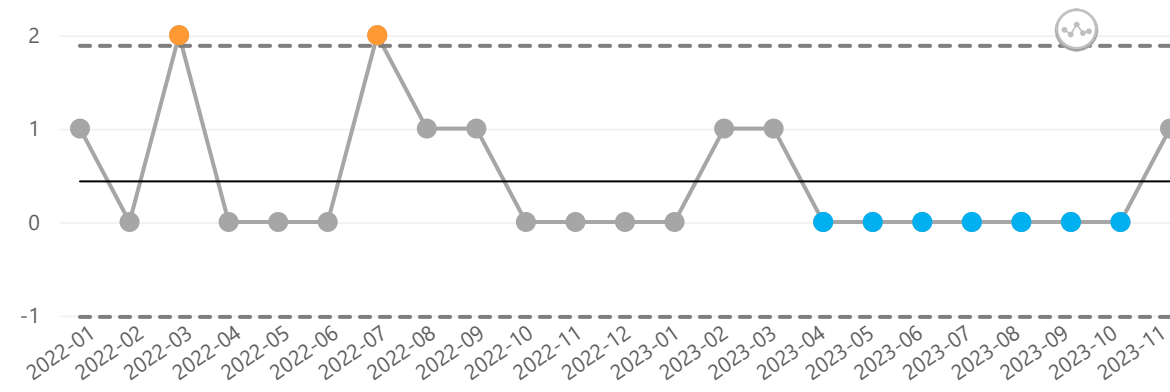
Caesarean Rates



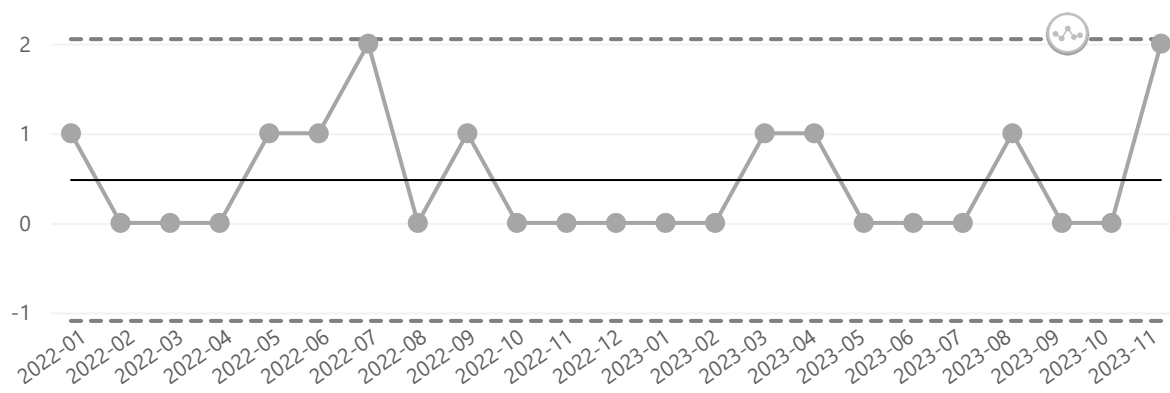
Breastfeeding Initiation



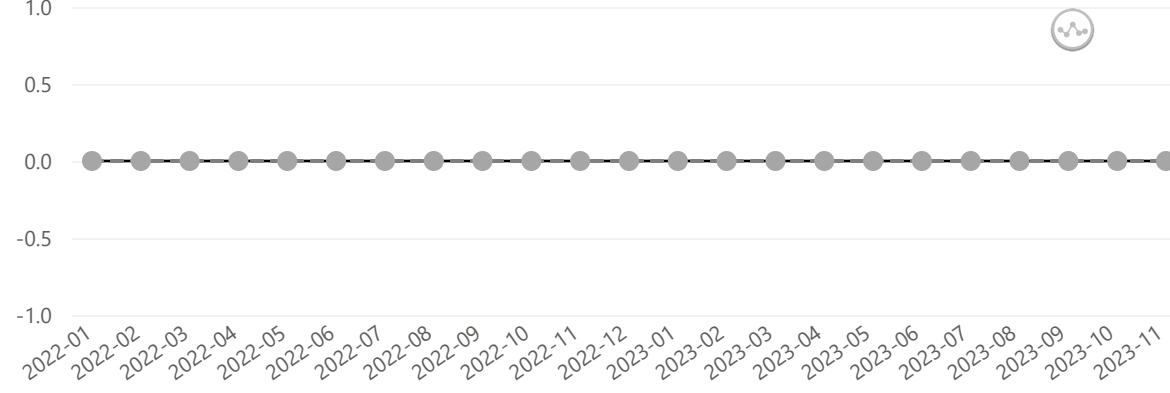
Neonatal Mortality



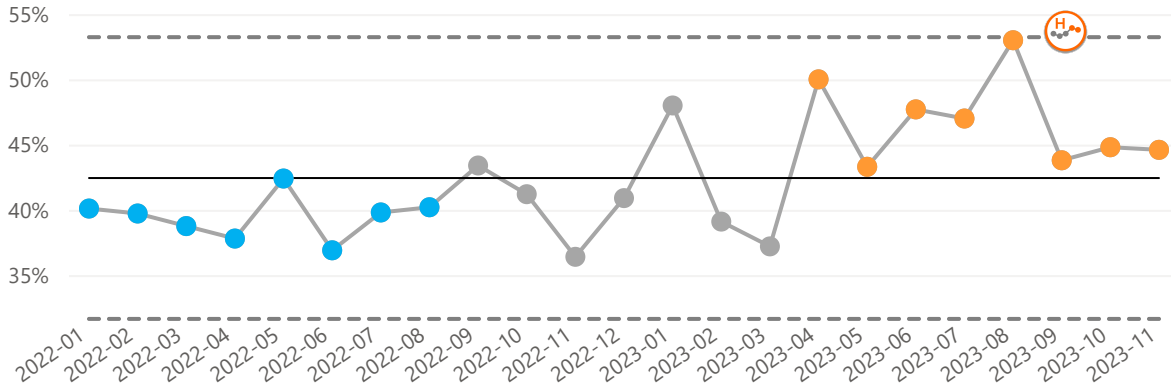
Stillbirth



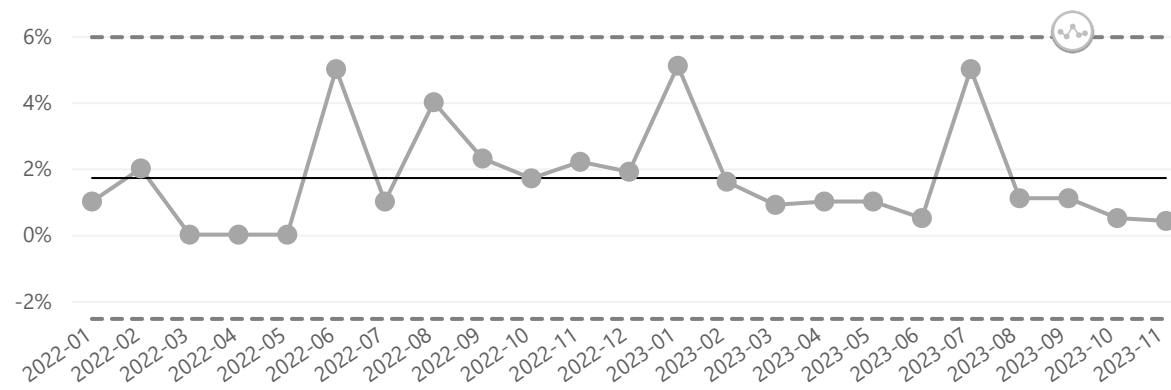
Number of Maternal Deaths



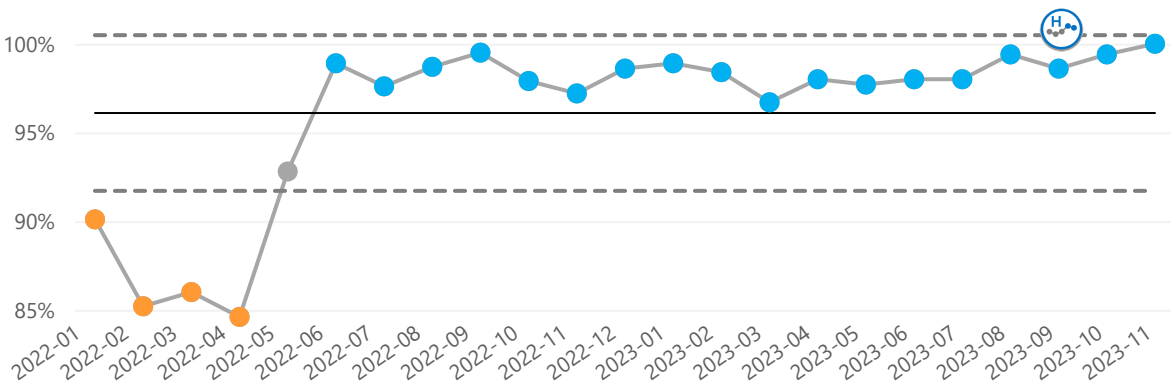
Induction Rate



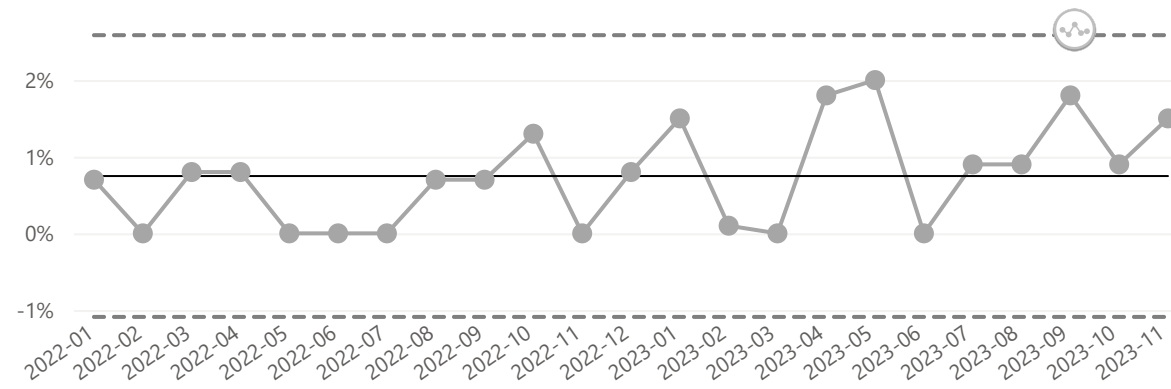
Maternity Complaints as % of Deliveries



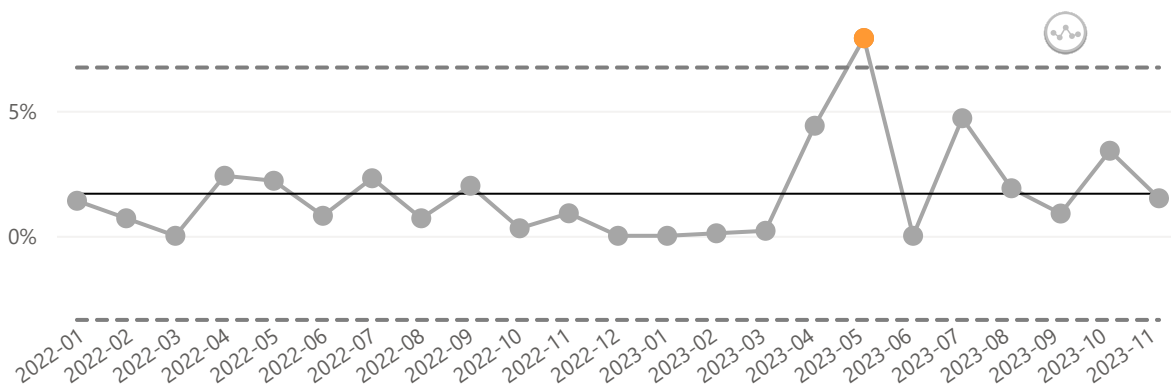
Percentage of Occasions 1:1 Care Provided



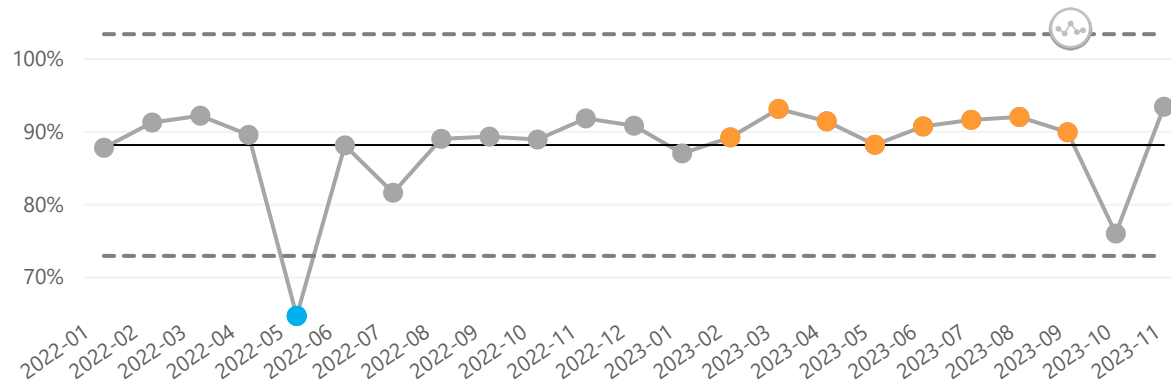
Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births



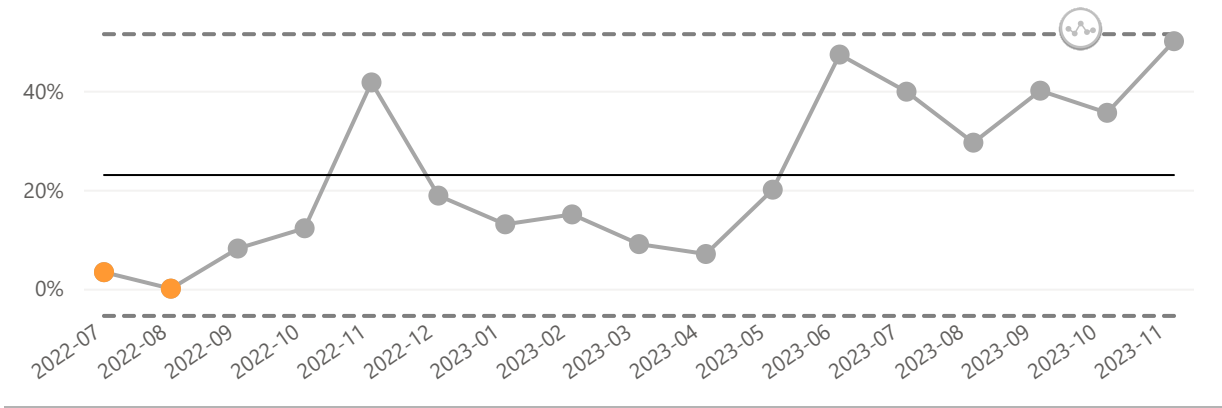
Percentage of 3rd/4th Degree Tears in Unassisted Vaginal Birth



Percentage of Women Booked by 12 weeks 6 days



Induction of Labour - % within 4 hours



Patient Experience

Month End 30/11/2023



Friends and Family Test

Advise: There were 7012 FFT (Friends and Family Test) surveys completed in November 2023, which is an increase of 11 FFT's compared to October 2023.

There were 692 FFT surveys completed in November for the Emergency Department (ED), which is an 18% increase compared to October.

There were 148 FFT surveys completed for maternity in November, which is a decrease of 43 responses compared to October.

Alert: 93% of our patients rated their care as good in November, which is the same as the previous month, but below the Trust's target of 95%.

The overall satisfaction rating for the ED was 79%, which is a 10% increase on the previous month, but remaining below our Trust target of 86%.

The overall satisfaction rate for maternity was 86%, which is a 3% increase on the previous month however remaining below the trust target of 95%.

Assure: SMS is continuing to be rolled out across the Trust, 57% (4019) of the feedback in November was collected via SMS or online. The bespoke ED survey includes the three standardised FFT questions as well as 5 additional questions, which is closely monitored by Patient Engagement.

Patient Experience are creating a monthly board report for maternity, which includes a breakdown of survey responses, a total of complaints and concerns recorded, positive FFT comments, common themes and you said we did to ensure oversight of themes and inform actions.

We have commenced a focused workstream to improve the 'You Said, We Did' feedback function of the FFT data.

Complaints

Advise: There were 48 new formal complaints registered in the month, a 41% increase on the 34 registered in October.

Alert: There were 44 complaints 'Due to be responded to' in November, 14 of which (32%) were completed within our 25/40-day timescales.

In term of late complaints by Division, at the end of November the position was:

Complaint Corporate CSS FICC IMPF SACCT Tertiary

1st response 0 1 19 18 11 0

2nd response 1 0 2 7 1 0

Assure: Patient Relations are undertaking process mapping with support of the QI team to review the complaints process to improve compliance with timescales.

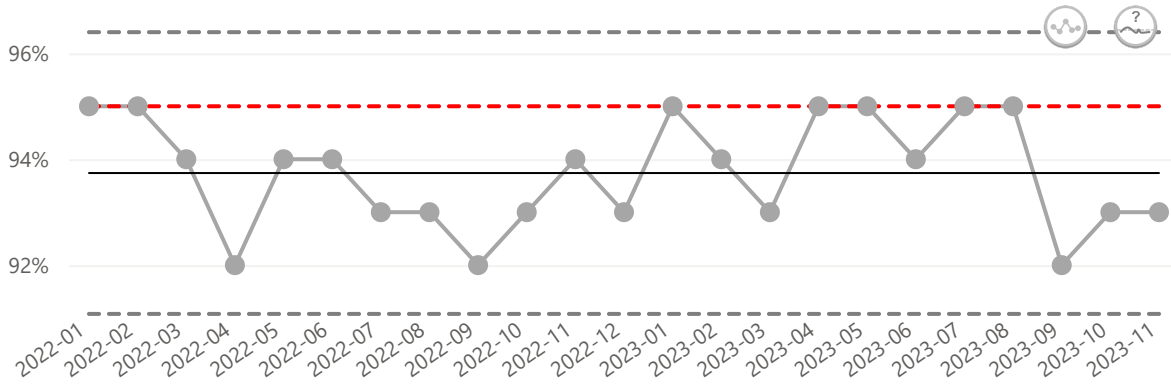
Mixed Sex Breaches

Advise: In November there were 4 mixed sex breaches declared.

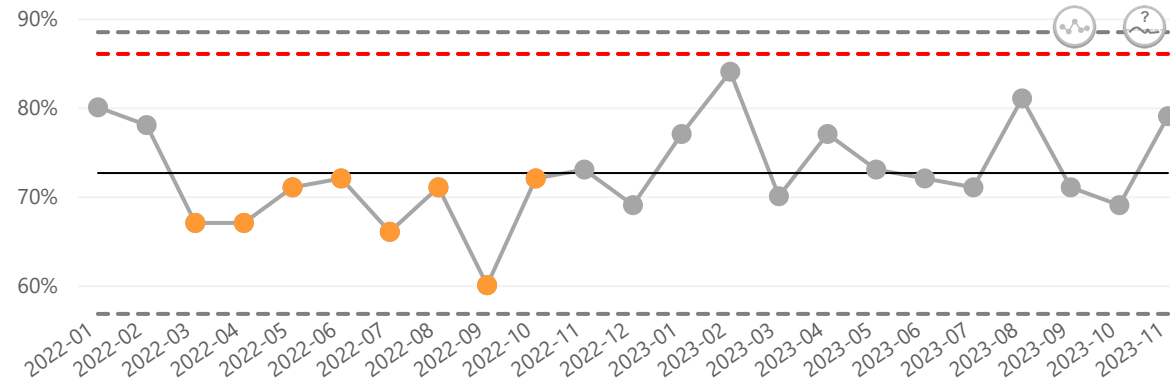
Assure: The Patient Engagement team monitor mixed sex compliance via the untoward incident system and are undertaking an audit of the mixed sex breaches declared to look at decision making. The Eliminating Mixed Sex Accommodation policy has been updated and ratified.

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
FFT Overall - % Rated Good or Very Good	95%	93%	Nov 23			95%	93%	Oct 23		
FFT AE - % Rated Good or Very Good	86%	79%	Nov 23			86%	69%	Oct 23		
FFT Community - % Rated Good or Very Good	95%	97%	Nov 23			95%	97%	Oct 23		
FFT Inpatients - % Rated Good or Very Good	95%	92%	Nov 23			95%	95%	Oct 23		
FFT Outpatients / Day Case - % Rated Good or Very Good	95%	94%	Nov 23			95%	94%	Oct 23		
FFT Maternity - % Rated Good or Very Good	95%	86%	Nov 23			95%	83%	Oct 23		
FFT Mental Health - % Rated Good or Very Good	95%	94%	Nov 23			95%	99%	Oct 23		
FFT Patients Response Rate - For inpatient, day case, maternity - birth, and ED	15%	25.4%	Nov 23			15%	24.2%	Oct 23		
Mixed Sex breaches	0	4	Nov 23			0	0	Oct 23	0	27.00
Duty of Candour – Stage 1a – Initial Verbal	100%	100%	Nov 23			100%	100%	Oct 23		
Duty of Candour – Stage 1b – Initial Written	100%	100%	Nov 23			100%	100%	Oct 23		
Duty of Candour – Stage 2 – Final DoC	100%	100%	Nov 23			100%	100%	Oct 23		
Complaints Formal (number)		48	Nov 23				34	Oct 23		344.00
Complaints - % closed within 25/40 working days	80%	32%	Nov 23			80%	34%	Oct 23		

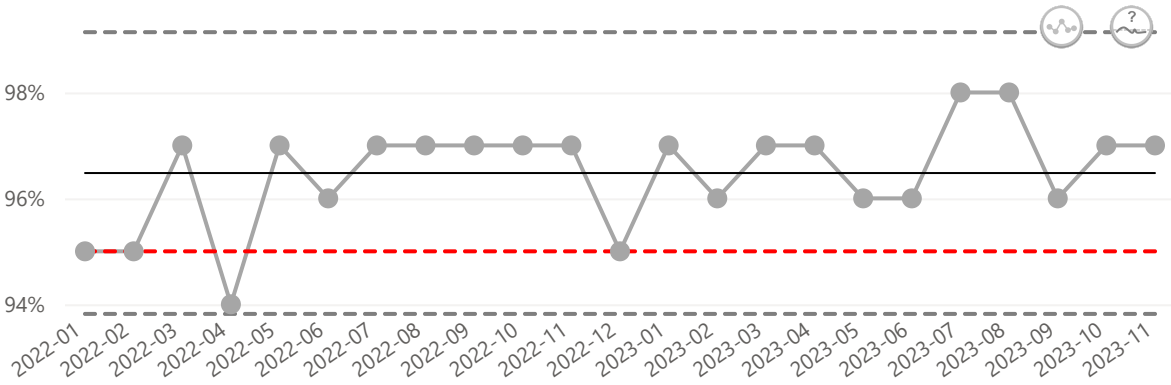
FFT Overall - % Rated Good or Very Good



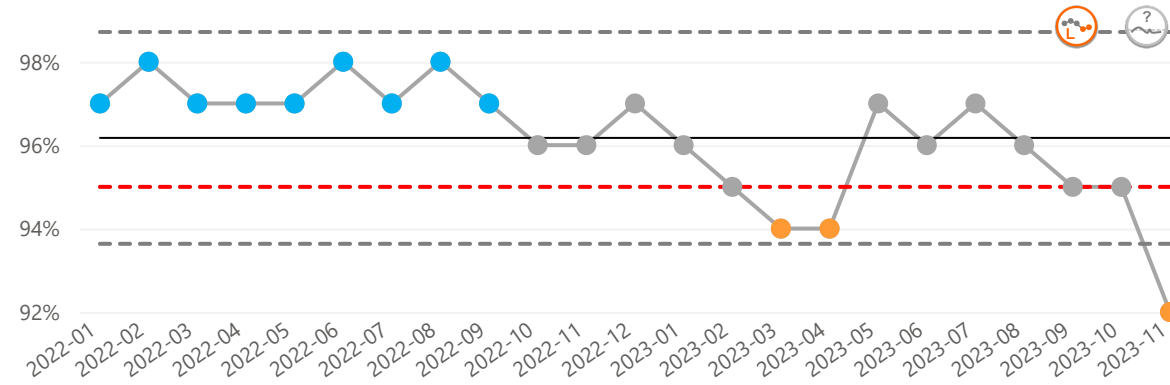
FFT AE - % Rated Good or Very Good



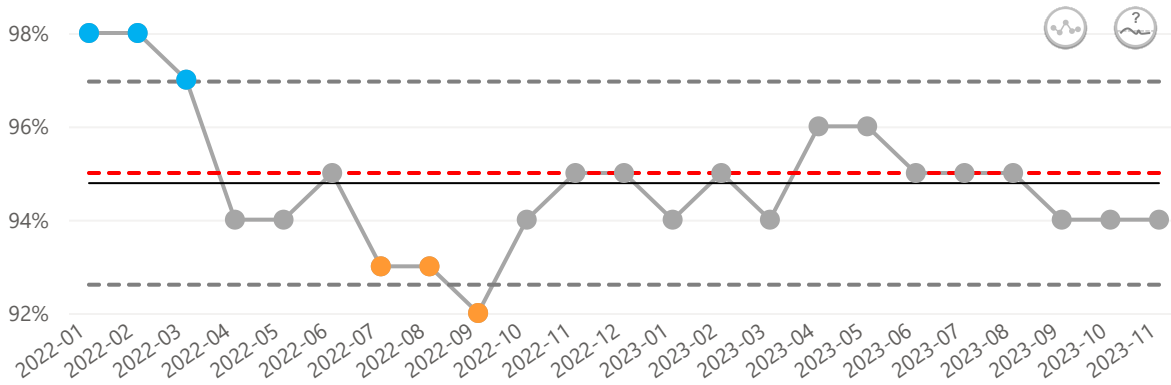
FFT Community - % Rated Good or Very Good



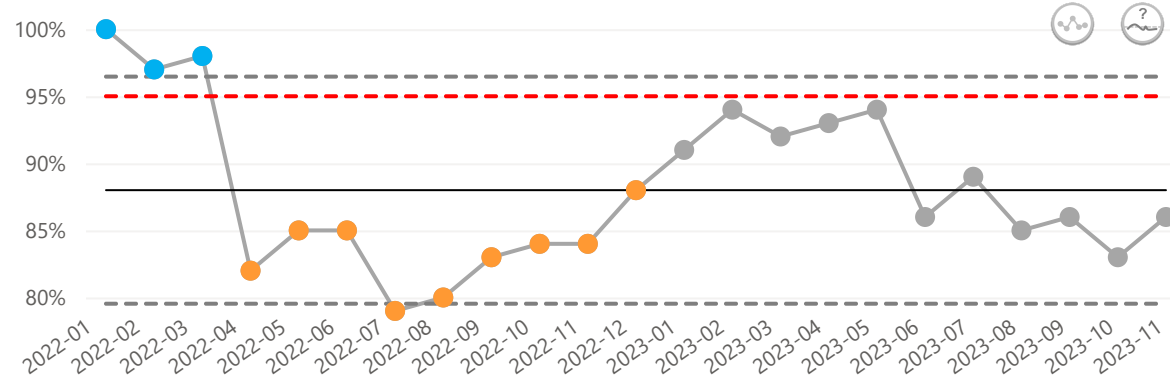
FFT Inpatients - % Rated Good or Very Good



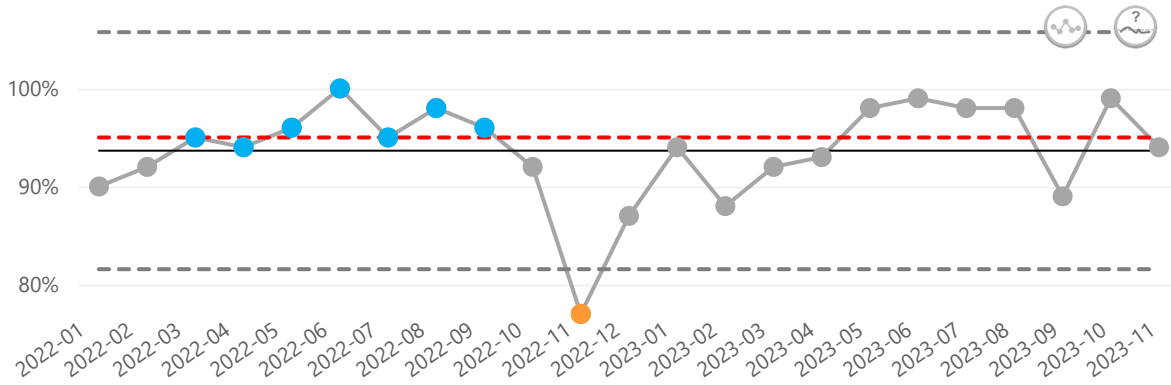
FFT Outpatients / Day Case - % Rated Good or Very Good



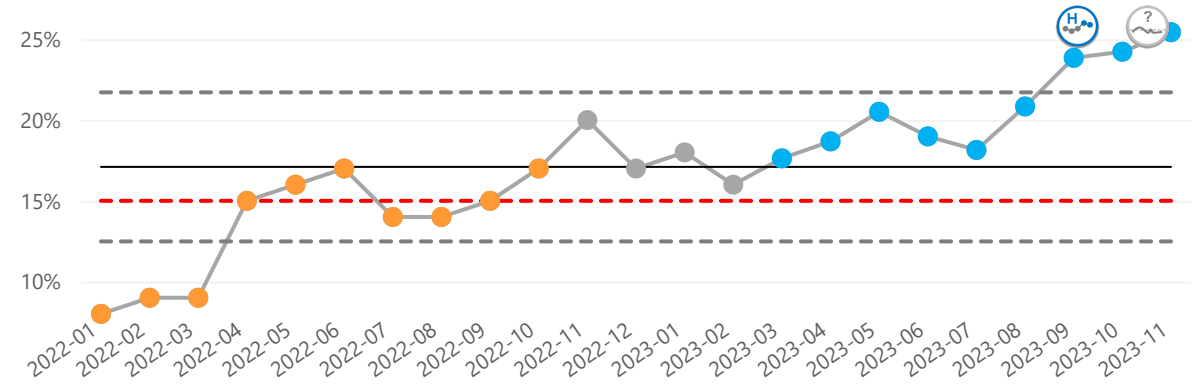
FFT Maternity - % Rated Good or Very Good



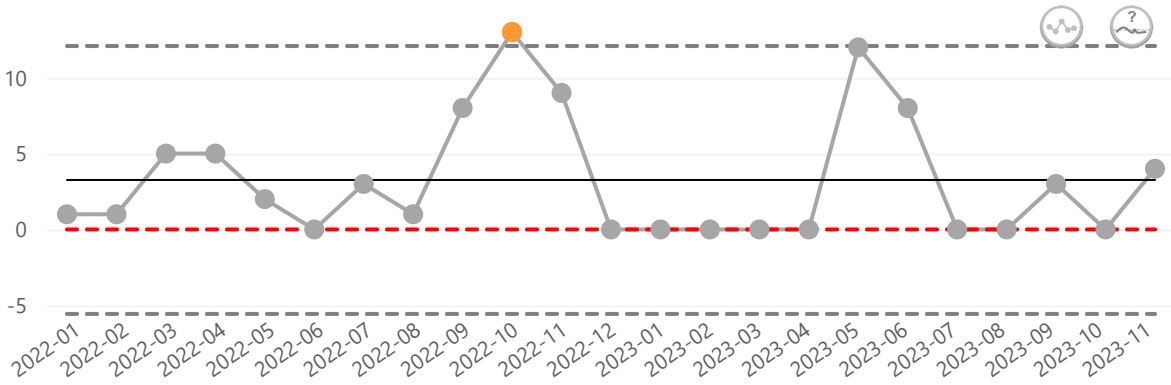
FFT Mental Health - % Rated Good or Very Good



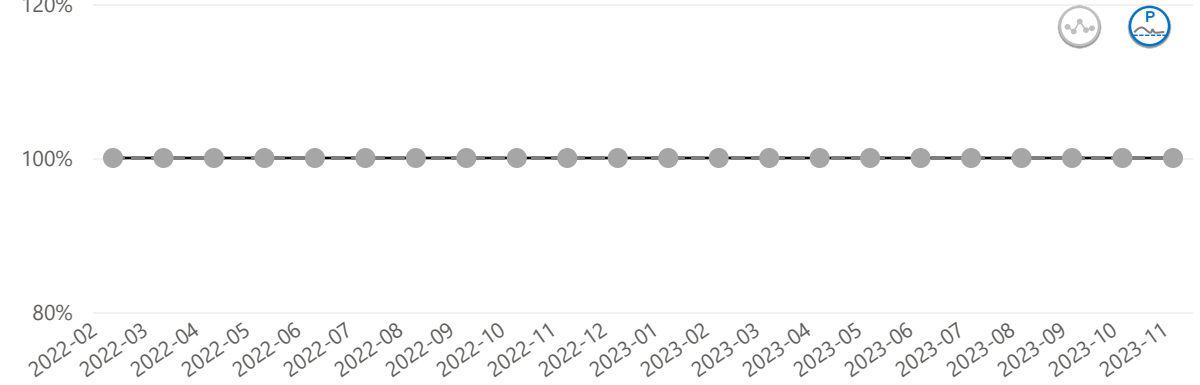
FFT Patients Response Rate - For inpatient, day case, maternity - birth, and ED



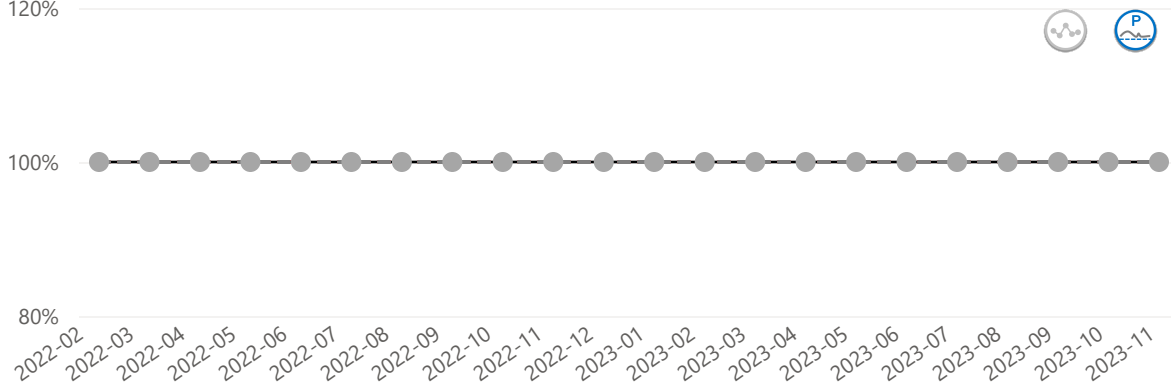
Mixed Sex breaches



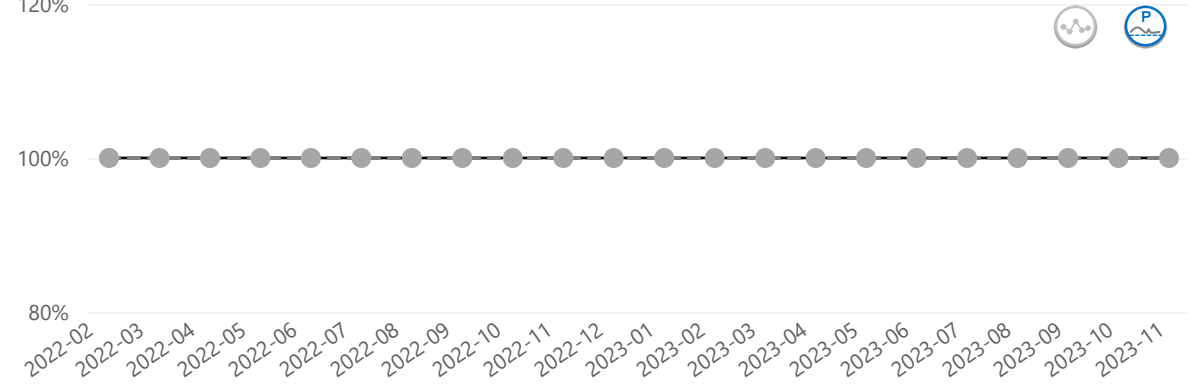
Duty of Candour – Stage 1a – Initial Verbal



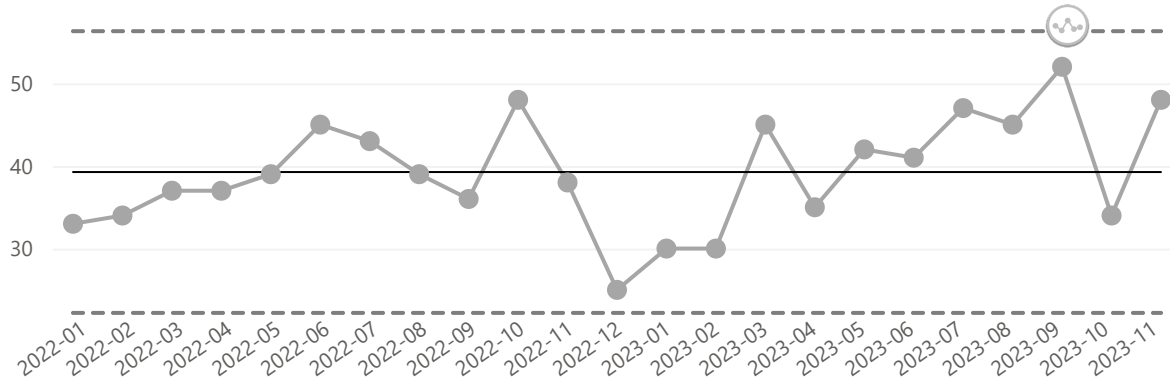
Duty of Candour – Stage 1b – Initial Written



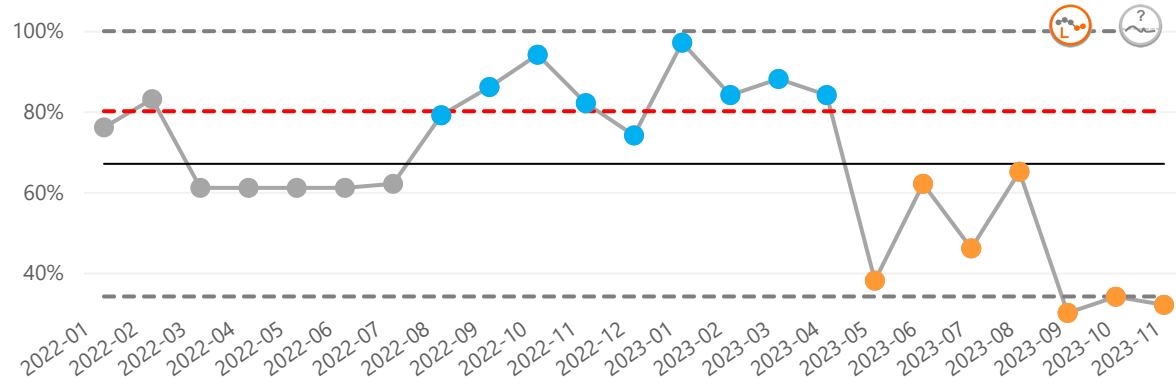
Duty of Candour – Stage 2 – Final DoC



Complaints Formal (number)



Complaints - % closed within 25/40 working days



Infection Prevention and Control

Month End 30/11/2023

MRSA

Advise - No cases of MRSA bacteraemia were attributed to the Trust in November therefore the total number remains at zero.

Assurance - The Trust is meeting the zero threshold.

MSSA

Advise - Seven cases of MSSA were attributed to the Trust in November bringing the total number of cases so far this year to 39. A local Trust threshold of no more than 44 cases has been agreed internally.

Alert - The Trust is currently above plan for this threshold.

Assurance/Actions – The Trust aims to tackle MSSA blood stream infections as part of the Fundamentals of Care Quality Improvement Programme. Progress with this initiative will be reported quarterly at the Quality Assurance Committee.

CDI

Advise - Eight cases of CDI were attributed to the Trust in November bringing the total number of cases so far this year to 59. The NHS Standard Contract threshold for 2023/24 is 89 cases for the year, or 7.4 cases per month.

Alert - The Trust is above the monthly plan for this infection for November.

Assurance – However, the Trust is currently within the annual plan for this infection.

E. coli

Advise - Seventeen cases were reported in November which brings the total number of cases so far this year to 120.

Alert – The NHS Standard Contract threshold for 2023/24 is 86. Therefore, the trust has already breached the annual threshold for this infection.

Assurance/Actions - Case numbers remain high in England with the Northwest being a particularly high outlying region. The Trust aims to tackle E. coli as part of the Fundamentals of Care Quality Improvement Programme. The first project focuses on improving and promoting good patient hand hygiene practices. This will be monitored via the COAST FOC audits.

Klebsiella spp.

Advise - Two cases of Klebsiella spp. were reported in November bringing the total so far this year to 21. The NHS Standard Contract threshold for 2023/24 is 41.

Assurance - The Trust is currently within plan for this infection.

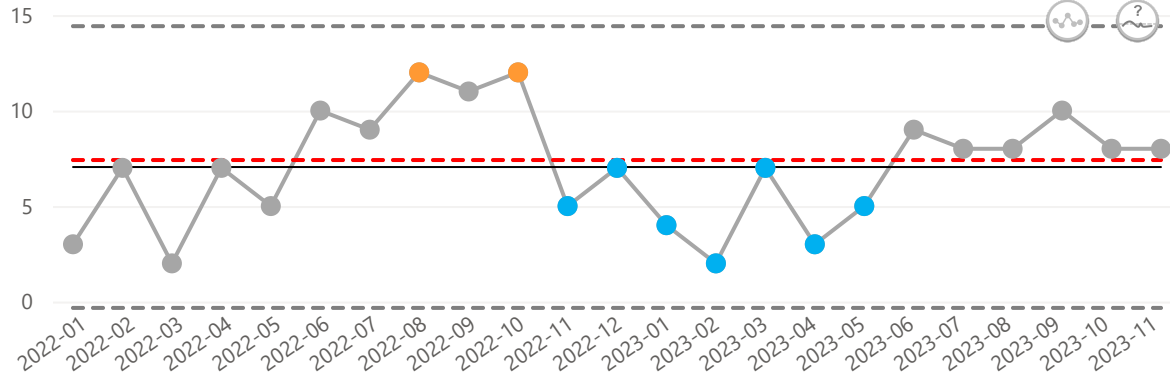
Pseudomonas aeruginosa

Advise - Three cases of Pseudomonas aeruginosa was attributed to the Trust in November. Therefore, the total so far this year is 10. The new NHS Standard Contract threshold for 2023/24 is 18.

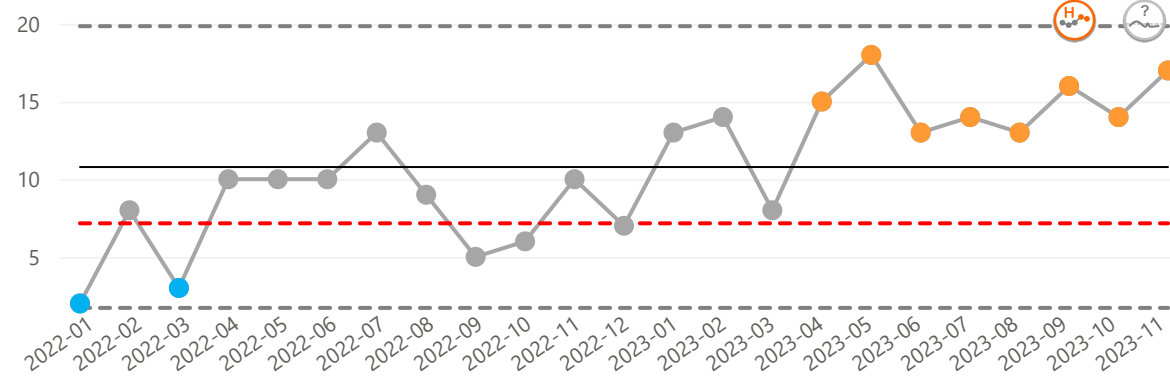
Assurance - The Trust is currently within plan for this infection.

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Clostridioides difficile	7.41	8	Nov 23			7.41	8	Oct 23	59	59.00
E. Coli	7.16	17	Nov 23			7.16	14	Oct 23	57	120.00
Klebsiella spp.	3.41	2	Nov 23			3.41	3	Oct 23	27	21.00
MRSA Bacteraemia	0	0	Nov 23			0	0	Oct 23	0	0.00
MSSA	3.6	7	Nov 23			3.6	6	Oct 23	29	39.00
P. aeruginosa	1.5	3	Nov 23			1.5	0	Oct 23	12	10.00

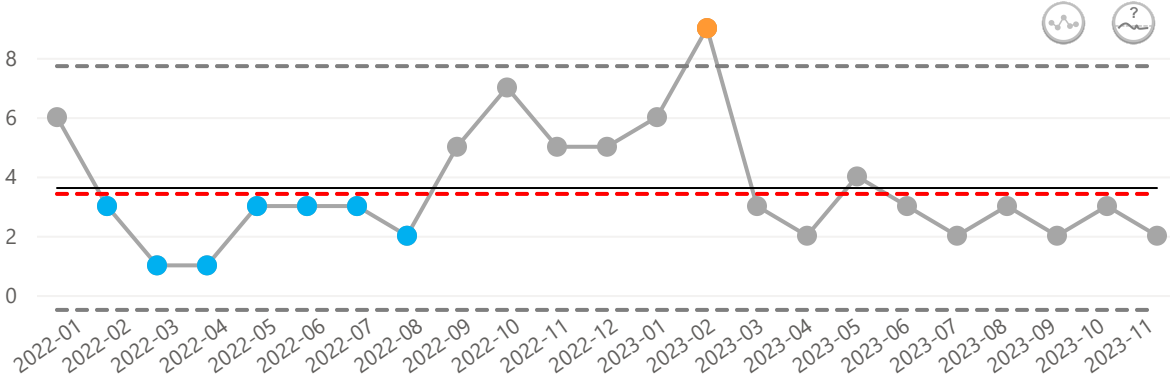
Clostridioides difficile



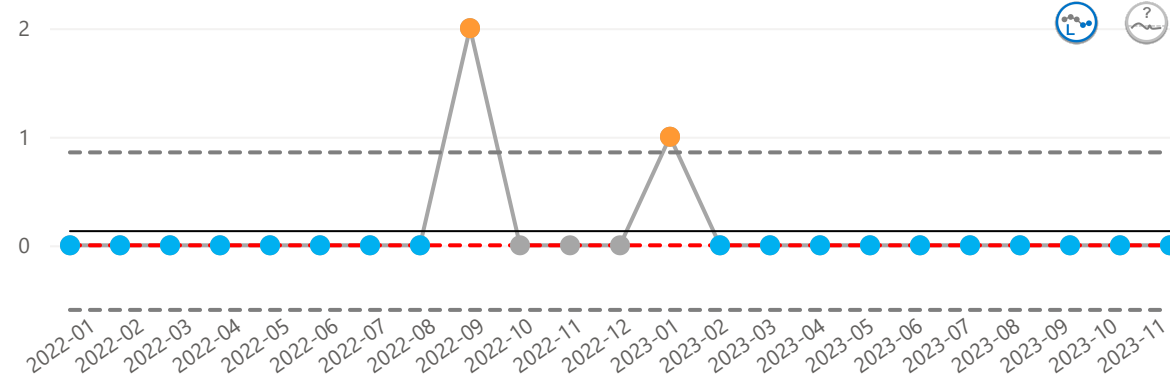
E. Coli



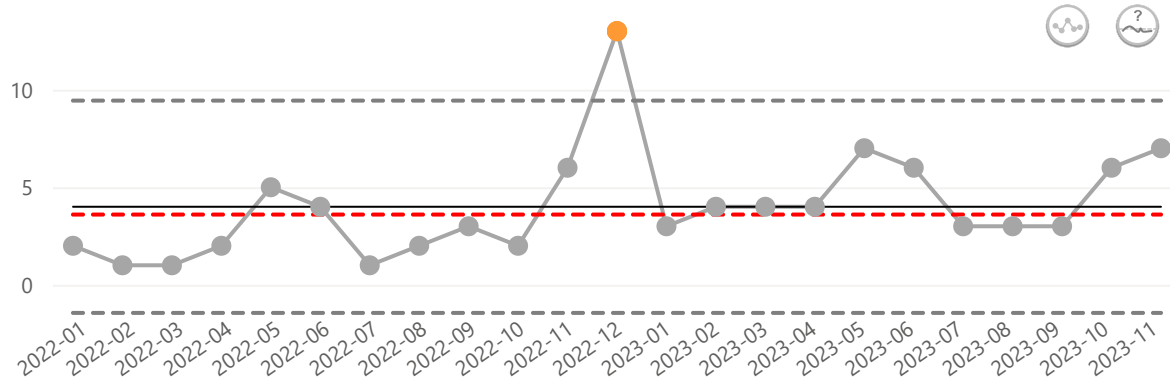
Klebsiella spp.



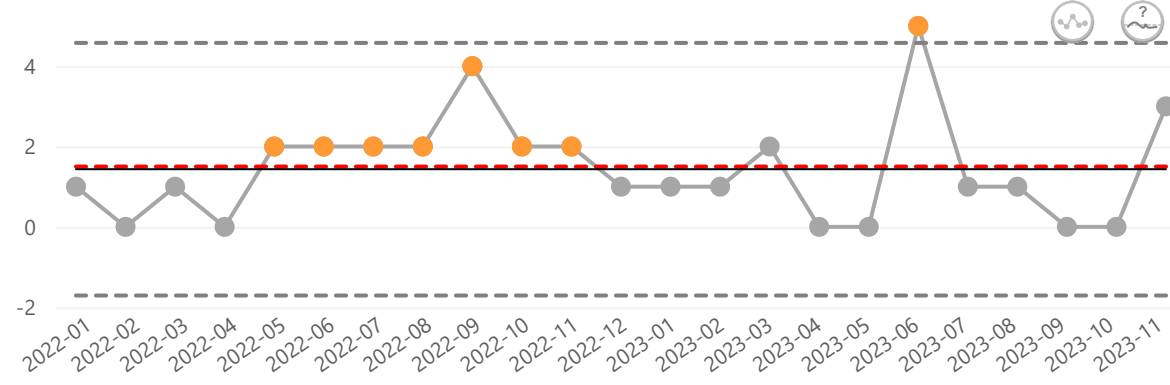
MRSA Bacteraemia



MSSA



P. aeruginosa



Mortality

Month End 30/11/2023

Mortality

Advise/ Assurance

SHMI - continues to perform well and, as of May 2023, is at 101.15

HSMR - continues to remain good at 88.93 (July 23)

Advise/ Alert








Referral to Coroner - within 24 hours has seen a decline over the last few months (currently at 25%). A plan to improve this is with the medical director.

MCCD Completion

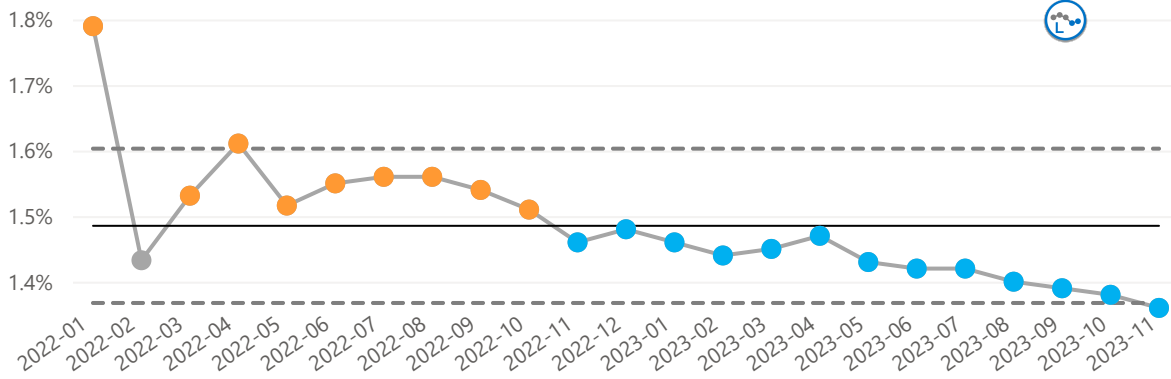
Advise/ Assurance

There is a 2-day turnaround to get note to bereavement, and then a further 2 days for scrutiny to certification or coroner's referral.

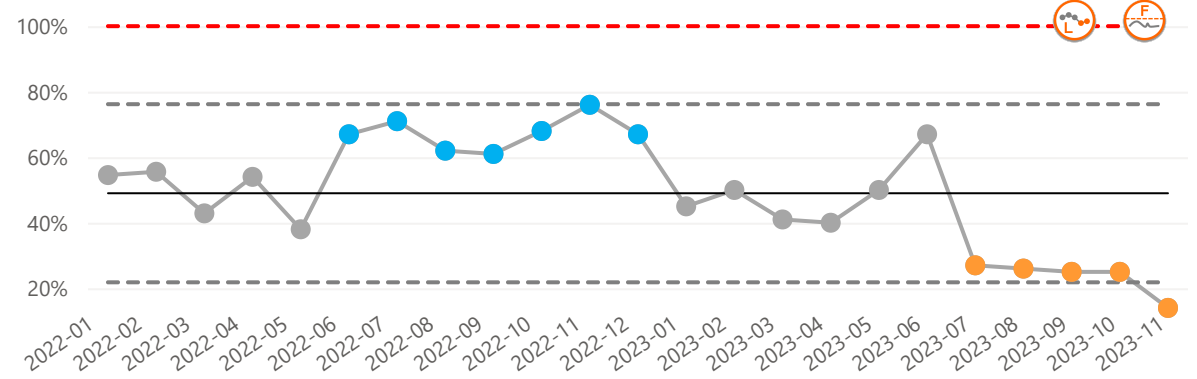
Since June, a change in process has seen the Medical Examiners Officer contact the consultant first, if there is a delay in the junior doctors attending the ME office. This has improved times, although now plateaued.

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
CRUDE Mortality Rate (Rolling 12 months)		1.36%	Nov 23				1.38%	Oct 23		
Referral to Coroner Within 24 Hours	100%	14%	Nov 23			100%	25%	Oct 23		
Death Registered within 5 Days	100%	56%	Nov 23			100%	63%	Oct 23		
SHMI – Rolling 12 months		100.87	Jul 23				101.75	Jun 23		100.87
HSMR – Rolling 12 months		88.8	Sep 23				88.09	Aug 23		88.8

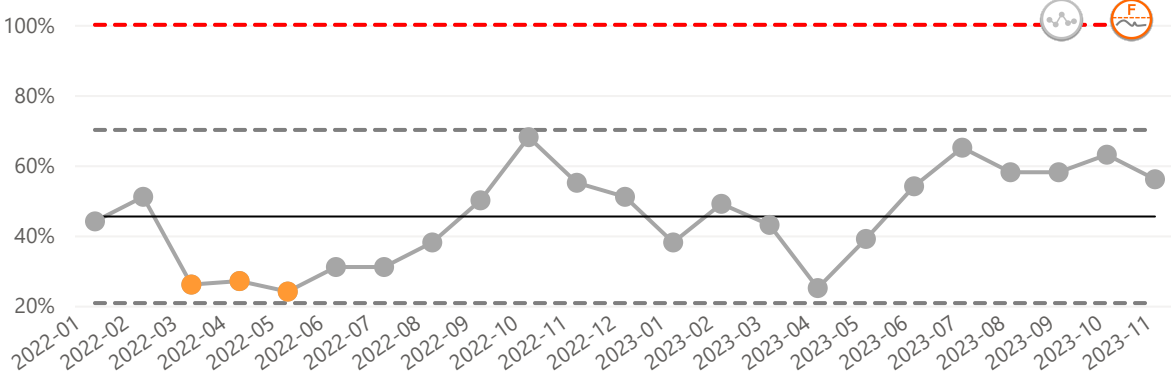
CRUDE Mortality Rate (Rolling 12 months)



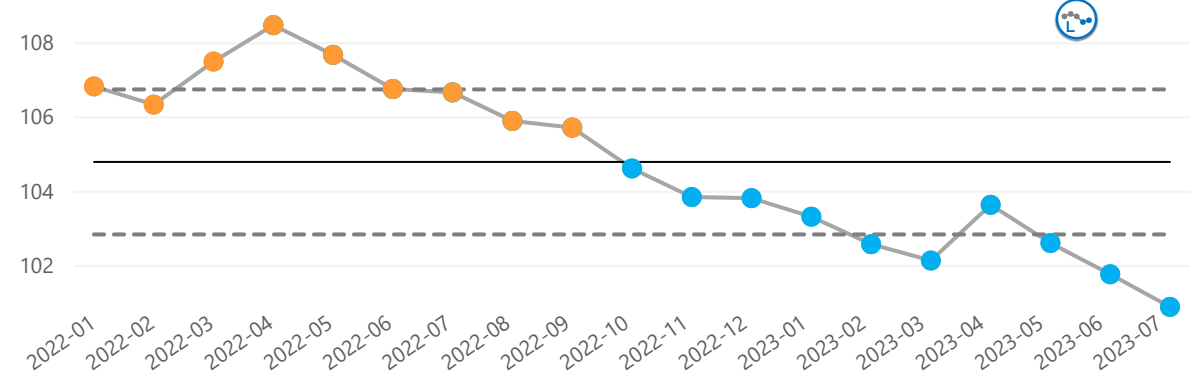
Referral to Coroner Within 24 Hours



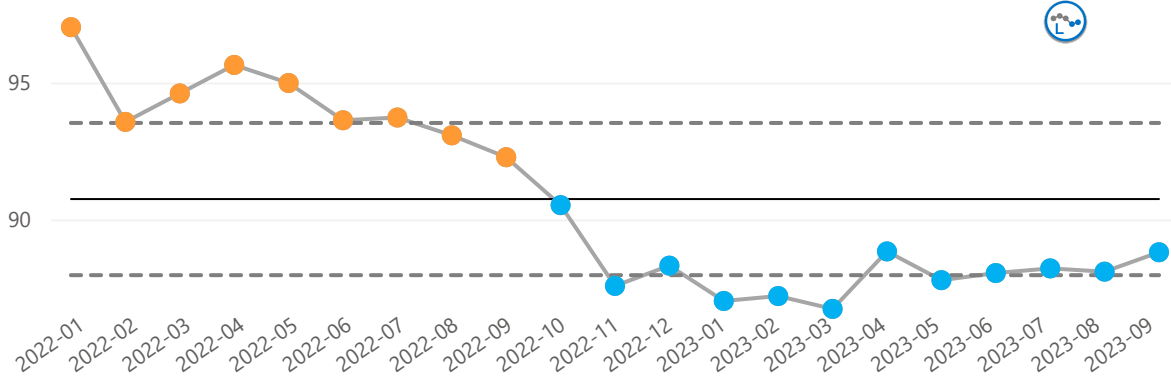
Death Registered within 5 Days



SHMI – Rolling 12 months



HSMR – Rolling 12 months



Title	Maternity and Neonatal Report (reporting for November 2023)					
Meeting:	Board of Directors Meeting					
Date:	December 2023					
Author	Lynne Eastham, Director of Midwifery & Neonates					
Exec Sponsor	Bridget Lees, Executive Director of Nursing, Midwifery, Allied Health Professionals, Quality Chris Barben, Medical Director					
Purpose	Assurance	X	Discussion		Decision	X
Confidential y/n	No					

Summary (what)	Advise
	<p>The purpose of this report is to provide an overview of safety and quality programmes of work within Maternity and Neonatal Services and to inform the Board of present or emerging safety concerns or activity. This is to ensure safety with a two-way reflection of 'ward to board' insight.</p> <p>Regular reporting of information to Trust Board on safety and quality in Maternity and Neonatal services is required to comply with:</p> <ul style="list-style-type: none"> • The Perinatal Quality Surveillance Model • CNST (Clinical Negligence Scheme for Trusts) operated by NHS Resolution • Ockenden (2021) • East Kent (2022) <p>Going forward a monthly Maternity and Neonatal Update Report will be presented at Quality Assurance Committee and reported bi-monthly at Board, supported by other reports, which will provide updates for the reporting period or progress in compliance with national standards such as Clinical Negligence Scheme for Trusts (CNST). These supporting reports will be presented following an Annual Cycle.</p> <p>Neonatal Hypoxic – ischaemic Encephalopathy (HIE) (section 4, page 16)</p> <p>Neonatal Hypoxic – ischaemic Encephalopathy (HIE) is a type of brain damage caused by a lack of oxygen to the brain before or shortly after birth.</p> <p>Lowering the baby's body temperature soon after birth and for approximately 3 days afterwards can cause a slowing down of the</p>

processes that cause brain damage. It is usually carried out on babies born from 36 weeks gestation onwards using a special mattress or a head cap. This is called 'therapeutic cooling'.

The team are currently working through processes to be able to provide a metric which can be included in this report going forward. Until this is completed this will be reported on via a table.

There are 3 grades of HEI:

Mild – most babies recover quickly and will be monitored to check stability and progress.

Moderate to Severe – risk of long term damage to the brain or death in severe cases

Month	Numbers of babies having cooling therapy	Confirmed cases of HIE
July 2023	None	None
August 2023	1 – Emergency C/Section due to fetal distress, Apgars 5@1, 7@5, 10@10 Commenced sepsis pathway transferred to tertiary unit	Confirmed as Grade 1 HEI (mild) by MRI Scan
September 2023	1 – low risk pregnancy with one episode of reduced movements day of elective C/Section Normal CTG. Apgars 2@1, 3@5, 3@10-transferred to tertiary unit	Confirmed as Grade 2 (moderate) HEI by MRI Scan
October 2023	None	None
November 2023	1 – Low risk pregnancy, mother collapsed in labour and required peri mortem caesarean section. Baby transferred to tertiary unit for cooling	Confirmed as Grade 2 (moderate) HEI by MRI Scan

Induction of Labour (Section 11, page 24)

Induction of labour delays are monitored daily through safety huddles, and flow meetings and risk assessments completed by the consultant of the day daily.

In November 2023, 50% of women were transferred to Delivery Suite within 4 hours and 61% transferred before 12 hours, which is an increase from last month of 15.5%

The Maternity Team are in contact with the LMNS and other maternity units via the Gold Call each day.

No women were transferred out to other maternity units in the region as mutual aid.

2 women were accepted from other maternity units in the region.

November							
w/c	30/10/2023	06/11/2023	13/11/2023	20/11/2023	27/11/2023	Total	%
Under 4 hours	4	7	7	8	4	30	
4 - 12 hours	0	2	4	1	0	7	11.6666
12-24 hours	6	0	4	1	1	12	
24-36 hours	1	2	1	1	3	8	13.3333
36-48 hours	0	0	0	1	0	1	1.66666
48+ hours	0	0	1	0	1	2	3.33333
Total	11	11	17	12	9	60	
Transfer out							
Transfer in		2					

**CNST Maternity Incentive Scheme (Section 12, page 25)
Safety Action 6 Saving Babies Lives Care Bundle Version 3**

Saving Babies Lives Care Bundle 3 (SBLv3) was published in June 2023, building on the achievements of the previous two versions set out in the NHS Maternity Safety Ambition to reduce perinatal mortality. The care bundle consists of 6 key elements which include:

- Element 1: Reducing Smoking in Pregnancy
- Element 2: Fetal Growth: Risk assessment, surveillance, and management
- Element 3: Raising awareness for reduced fetal movements
- Element 4: Effective fetal monitoring during labour
- Element 5: Reducing pre-term birth and optimising perinatal care
- Element 6: Management of Pre-existing Diabetes in Pregnancy

As part of the Three Year Delivery Plan for Maternity, Trusts are responsible for implementing SBLv3 by March 2024.

The commitment to implementation is also set out in CNST Safety Action 6.

Each Trust is expected to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element to achieve compliance with MIS Year 5 standards.

The overall compliance is 70%.

There are 2 elements, that did not meet the element minimum target of 50%:

- Fetal monitoring in labour (40%): Medical compliance with fetal monitoring training is 80%. There is a current action plan with the fetal monitoring lead and head of department to increase compliance to over 90%.
- Smoking (40%) Carbon Monoxide monitoring

Action plans have been developed to support improvements and a formal baseline assessment from the LMNS took place on 01/11/2023.

The trust has been engaged with the LMNS and has held informal discussions around the elements that require improvement. The Trust is on track to fully implement all 6 elements of saving babies lives V3 by March 2024

**Maternity Dashboard (Section 14, page 28)
Robson Classification**

In response to concerns regarding safety in Maternity Services following Ockenden, Trusts were advised to cease using targets for caesarean sections as a means of performance management because it could lead to inappropriate or unsafe decision making.

Robson Classification has since been suggested as a means to assessing, monitoring and comparing of caesarean sections. It is an effective auditing tool which identifies the exact areas where efforts and strategies are required to reduce the overall Caesarean section rate.

The system classifies all women admitted for delivery into one of 10 groups. This means that, based on a few basic obstetric variables, every woman admitted to deliver can be classified into one, of the 10 groups and no woman will be left out of the classification. The 10 groups are based on 5 basic obstetric characteristics that are routinely collected in all maternities (parity, number of foetuses, previous caesarean section, onset of labour, gestational age, and fetal presentation). By collating this data using a structured template it enables information to be calculated on the groups of women delivering by caesarean section

Next Steps

The Division are working through how the information can be collated from the Badgernet System and are liaising with other Maternity Units in the region regarding a consistent approach. The team are also working with AQUA regarding opportunities in using maternity data to provide assurances, better understanding of experiences of women, their families and staff and capture of Robson Classification has been included in the discussions

**Implications
(so what)**

Alert

Training Compliance –

Neonatal Training (Section 5.0, page 17)

SIM Training for Consultants has dropped to 78% (from September 2023) - This involves 2 consultant paediatricians who are overdue for training. A plan is in place for training attendance in December 2023

Registered Staff	Nov 2023	Oct 2023	Sept 2023	Aug 2023	July 2023	June 2023
% Nursing staff who have attended SIM Training	100%	100%	100%	100%	100%	100%

% of Consultants who have attended SIM Training	78%	78%	78%	100%	100%	100%
---	-----	-----	-----	------	------	------

Maternity skills drills (Section 5.0, page 18)

Maternity Incentive Scheme Year 5 - the training requirements set out in the Core Competency Framework require 90% attendance of relevant staff groups by 1st December 2023, however revised guidance sent to Trusts in October 2023 advises that in recognition of experience as a result of industrial action 80% compliance will be accepted provided there is an action plan for recovery to position of 90% by the end of March 2024.

	May-23	June -23	Jul -23	Aug - 23	Sept - 23	October 23	November -23
Midwives	72.13%	70.18%	86.29%	86.3%	91.8%	98.40%	98.40%
MSWs	60.9%	80.56%	83.78%	83.8%	86.49%	94.87%	94.87%
Obstetric Consultants	62.5%	50%	50%	50%	44.44%	66%	80%
All other Obstetric Doctors	89.47%	75%	75%	94.7%	94.4%	90%	90%
Obstetric Anaesthetist Consultants	47.05%	53%	53%	53%	82.3%	100%	100%
All other Obstetric Anaesthetist Doctors	66.66%	84.2%	67%	67%	70%	100%	100%
All staff	64.35%	74.28%	78.43%	72.46%	86.85%	94.83%	96%

Current compliance for consultant obstetricians is 80%. This relates to one Consultant who could not attend training due to critical incident.

There is a plan in place to support attendance for training in January 2024

External Review (Section 8, page 18)

The neonatal mortality external review completed in September 2023 and final report now received.

A draft action plan has been developed in response to the recommendations with a plan to submit to the NWODN by deadline of 23rd January 2024. A further meeting with the external review team regarding progress against the action plan will be in 6 months.

A lead has been identified and the team are now working through the recommendations. Once this has been completed the report will be shared via the Trust Governance Forums to Board. Oversight of the action plan will be via the Neonatal Improvement Board and key highlights shared via the Escalation Report

Service User Feedback (Section 9.0, page 21)

National Maternity Survey Results 2023

The Trust have received the Maternity Survey results for 2023. 297 women were invited to take part in the survey with 114 choosing to respond.

The Trust have ranked as 58 out of 61 Picker Trusts for overall positive scores from Trusts who used the Picker Institute. This ranking will change when the report is published on the CQC website

Bottom 5 scores versus Picker average	Trust	Picker Average
B3 Offered choice of where to have baby	53%	76%
B4 Given enough information about where to have baby	61%	81%
F16 Received support or advice about feeding their baby during evenings, night and weekends	56%	70%
D6 Found partner was able to stay with them as long as they wanted (in hospital after birth)	43%	57%
B11 Given enough support for mental health during pregnancy	77%	87%

Top 5 scores versus Picker average	Trust	Picker Average
C19 Able to ask questions afterwards about labour and birth	82%	77%
C8 Professionals did everything they could to help manage pain during labour and birth	91%	88%
C9 Partner/Companion involved during labour and birth	97%	94%
C7 Felt they were given appropriate advice and support at the start of labour	87%	85%
C18 Had confidence and Trust in staff during labour and birth	97%	95%

The Director of Midwifery instigated 2 immediate actions in response to findings regarding Mental Health support and choice of place of birth. A full report and action plan will be presented at the next Trust Clinical Governance Committee and Quality Assurance Committee.

The Head of Midwifery and MNVP have already met to discuss improvements and to include actions in the MNVP workplan.

CNST Maternity Incentive Scheme (Section 12, page 25)

As previously reported Maternity Services are not in a position to demonstrate full compliance for Year this year (Year 5)

This is because:

Year 3: NHR contacted the Trust regarding opportunity to submit further evidence where gaps remained in compliance

Year 4 – We were not in a position to demonstrate compliance with 8 safety actions.

The requirements for CNST each year build on the previous year's requirements and therefore the Maternity Team have been strengthening and embedding the requirements of each safety action from previous years to enable compliance to be met fully for each safety action going forward.

This Years Submission

The Maternity team have been supported by MSSP programme and LMNS.

The LMNS team visit site quarterly to review CNST evidence and apply scrutiny, check and challenge, whilst also sharing good practice. The LMNS have confidence that the system that is now in place for Year 5 is more robust and are hopeful that we will be in a good position to demonstrate full compliance for Year 6 submission.

Current Position

We can demonstrate full compliance with:

- Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?
- Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
- Safety Action 7: Listen to women, parents and families using maternity and neonatal services and co-produce with users
- Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training? Is progressing well and awaiting sign off by the LMNS.
- Safety Action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?

Board Declaration Form

Trusts that have not achieved all ten safety actions may be eligible for a small amount of funding to support progress. In order to apply for

funding, Trusts must submit an action plan together with the Board declaration form by 12 noon on 1 February 2024 to NHS Resolution nhsr.mis@nhs.net. The action plan must be specific to the action(s) not achieved by the Trust and must take the format of the action plan template which will be provided within the Board declaration form. Action plans should not be submitted for achieved safety actions.

Trusts must submit their completed Board declaration form to NHS Resolution nhsr.mis@nhs.net between 25 January 2024 and 12 noon on 1 February 2024 and must comply with the following conditions:

- The declaration form is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services
- The Trust Board declaration form must be signed and dated by the Trust's Chief Executive Officer (CEO) to confirm that:

1. The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document included in this document.

2. There are no reports covering either year 2022/23 or 2023/24 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.). All such reports should be brought to the MIS team's attention before 1 February 2024.

3. The Trust Board must give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form must be signed by the Trust's CEO. If the form is signed by another Trust member this will not be considered.

4. The CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care System (ICB) is apprised of the MIS safety actions evidence and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are fully assured and in agreement with the compliance submission to NHS resolution.

Next Steps

The Maternity Team will provide a presentation at Quality Assurance Committee in December 2023 then to Board of Executives in January 2024

Assure

Service User Feedback (Section 9.0, page 21) Maternity and Neonatal Voices Partnership

A workplan has been developed and agreed between the Head of Midwifery and the Fylde Coast MNVP Chair This has prioritised:

	<ul style="list-style-type: none"> - Hearing the voices of neonatal and bereaved families as well as women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality. - Maternity and neonatal voice partnerships Three Year Delivery Plan for Maternity and Neonatal Services ensure all groups are heard, including those most at risk of experiencing health inequalities. - Collect and disaggregate local data and feedback by population groups to monitor differences in outcomes and experiences for women and babies from different backgrounds. This data should be used to make changes to services and pathways to address any inequity or inequalities identified, to improve care. - Focus has also been given to co production of the action plan completed in response to the CQC Maternity Survey <p>MSSP Programme (Section 10, page 22)</p> <p>The first draft of the framework for the sustainability/exit plan is currently being worked through with the Maternity team and the MSSP advisor, with expectation that a draft plan will be available by end of December 2023. This has been delayed (expected by November 2023) due to availability of Multidisciplinary team to review with advisor.</p> <p>An allocated Maternity Improvement Advisor continues to attend the Trust 3-4 days per month working closely with the Divisional Senior Leadership Team focusing on three key issues identified from the CQC findings (appendix 3):</p> <ul style="list-style-type: none"> • Key issue 1 – Leadership • Key Issue 2 – Clinical Pathways • Key Issue 3 – Governance <p>These three key issues: are demonstrating continued improvements and rated as 'Good'</p>
--	---

Previously considered by	Not Applicable
---------------------------------	----------------

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications	This report's recommendations, conclusions, and actions are considered to be fair and inclusive to all individuals regardless of their gender, age, race, religion, disability, sexual orientation, or any other protected characteristic.
---	--

**Proposed
Resolution**
(What next)

Recommendation to Board

To note the Alert, Advise and Assure on the front sheet of the report.
To consider if the information contained in this report requires additional narrative or further clarification.

Actions for Maternity and Neonatal Services

To continue to work to address the outstanding actions from the Ockenden report, all with the objective of improving care for women and families sustainably.

To benchmark the 'Three Year Delivery Plan for Maternity and Neonatal Services' (NHS England March 2023) and work with local, regional, and national colleagues to determine how we progress the actions needed.

Work through CNST Year 5 Safety actions

To ensure that the experience of women, babies and families who use our services are listened to, understood and responded to with respect, compassion and kindness. Ensuring triangulation of data and from different feedback mechanisms.

To receive feedback from the external reviews planned and plan next steps

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Maternity and Neonatal Update Report – December 2023 (reporting for November 2023)

	Contents	Pages
1.0	Introduction	11
2.0	Perinatal Surveillance Model	12
3.0	Perinatal Deaths and Learning	12-14
4.0	Moderate and above Harm incidents/Learning from incidents	14-17
5.0	Training Compliance Exceptions	17-19
6.0	Safe Staffing	19-20
7.0	Board Level Safety Champions Meetings	20
8.0	Neonatal Update	20-21
9.0	Service User Feedback	21-22
10.0	Maternity Safety Support Programme	22-23
11.0	Care Quality Commission (CQC)	23-25
12.0	CNST Maternity Incentive Scheme	25-28
13.0	Maternity Vision and Strategy	28
14.0	Maternity Dashboard	28-29
15.0	Recommendation to Board	29
16.0	Actions for Maternity and Neonatal Services	30
	Appendices: Perinatal Surveillance Model Saving Babies Lives Care Bundle CNST template Maternity Dashboard	

1.0. Introduction

The purpose of the Maternity and Neonatal Update Report is to provide an overview of safety and quality programmes of work within Maternity and Neonatal Services and to inform the Board of Directors of present or emerging safety concerns or activity. This is to ensure safety with a two-way reflection of 'ward to board' insight. Regular reporting of information on safety and quality in Maternity and Neonatal services is required to comply with the requirements of:

- The Perinatal Quality Surveillance Model
- CNST (Clinical Negligence Scheme for Trusts) operated by NHS Resolution
- Ockenden (March 2022)
- East Kent 'Reading the Signals' (October 2022)

This report will be presented monthly at the Trust Quality and Safety Committee and to Board of Directors in line supported by other update papers, in line with Annual Cycle.

2.0. Perinatal Surveillance Model

The Perinatal Quality Surveillance Model was developed in response to the Ockenden findings. It incorporates 5 principles for increasing oversight of perinatal clinical quality, integrating perinatal clinical quality into ICS structures, and providing clear lines for responsibility and accountability in addressing quality concerns at each level of the system.

Appendix 1 sets out the Minimum data measures dashboard for Trust Board overview recommended by the Perinatal Surveillance Model supported by the narrative in this report.

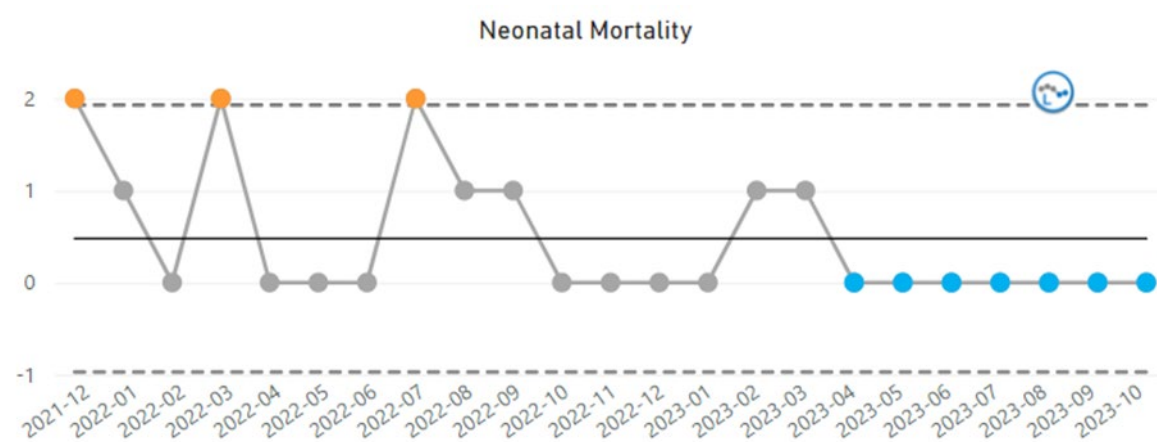
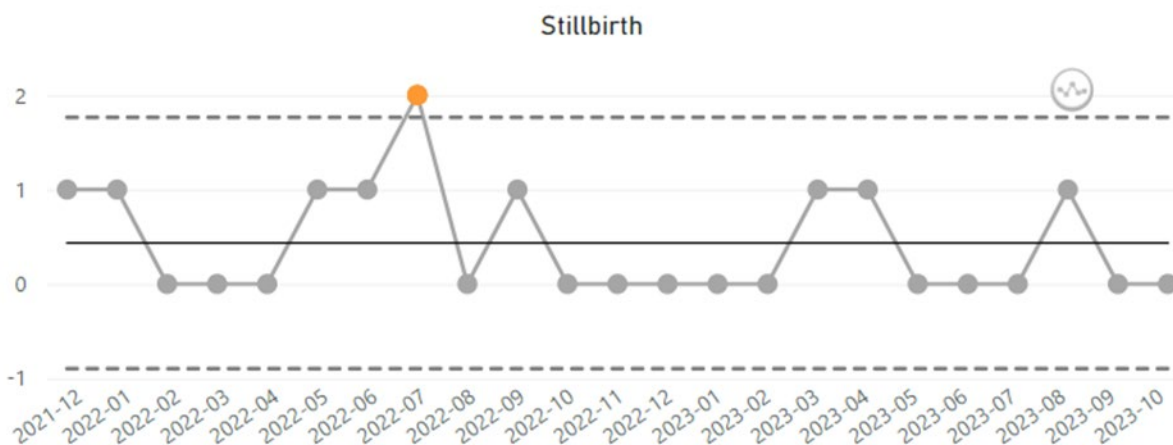
3.0. Perinatal Deaths and Learning

Perinatal mortality includes stillbirths from 24 weeks gestation and neonatal deaths in the first week of life.

In November 2023, there was one neonatal death. This was at 27+4 weeks gestation. A PMRT review is currently being arranged.

In November 2023, there were two stillbirths.:

- 25+1 Intra Uterine Death. Mother had signs of pre eclampsia and attended for repeat bloods on antenatal assessment and no fetal heart was found. Case is under review and AIR pending.
- 28+6 weeks Intra Uterine Death. Mother attended community midwife and was unable to auscultate FH. Case under review and AIR pending.



Perinatal Mortality Review Tool (PMRT) Process

The Perinatal Mortality Review Tool (PMRT) was released in January 2018. The purpose of the tool was to establish a national systematic approach for high-quality perinatal reviews for stillbirth babies and neonatal deaths. The fundamental aim being to support objective, robust and standardised review to provide answers for bereaved parents and their families about why their baby died.

All perinatal mortality deaths eligible are notified to MBRRACE-UK within seven working days. The National Perinatal Mortality Tool (PMRT) is used to review eligible deaths. The criteria for eligible deaths are:

- All late miscarriages/fetal loss (22 to 23+6 weeks)
- All stillbirths (From 24 weeks)
- Neonatal Deaths (Up to 28 days after birth)
- Where the baby is born alive from 22+0 but dies after 28 days following neonatal care; the baby may be receiving planned palliative care elsewhere (Including at home) when they die.

The review takes place by the multi-disciplinary team including external representation. Parents are informed that the review is taking place and are invited to ask any questions which can be included in the review. Contact is maintained with the parents by the Bereavement Midwife or/and Governance Midwife.

Maternity and Newborn Safety Investigation Programme (MNSI) (Previously HSIB)

MNSI undertake maternity investigations in accordance with the Department of Health and Social Care criteria (Maternity Case Directions 2018). In accordance with these defined criteria, eligible babies include all term babies (at least 37 completed weeks of gestation) born following labour who have one of the following outcomes:

- **Intrapartum stillbirth:** where the baby was thought to be alive at the start of labour but was born with no signs of life.
- **Early neonatal death:** when the baby died within the first week of life (0-6 days) of any cause.
- **Severe brain injury diagnosed in the first seven days of life, when the baby:**
 - Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) or
 - Was therapeutically cooled (active cooling only) or
 - Had decreased central tone and was comatose and had seizures of any kind.

The criteria also include:

- **Maternal Deaths:** Direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy

The data included within the maternity investigations update below is from the beginning of April 2019, when the HSIB maternity programme was live across the whole of England until November 2023.

Cases to date	
Total referrals	26
Referrals / cases rejected	10
Total investigations to date	16
Total investigations completed	14
Current active cases	2

The current ongoing investigations are:

- (MI-021273) Baby delivered in January 2023, who was transferred to a tertiary unit for cooling therapy. Care was subsequently withdrawn, and baby died February 2023. Expected date for completion of investigation was mid-July 2023 but waiting for post-mortem examination findings. Final report still awaited from MNSI.
- (MI-028403) Baby delivered in June 2023, requiring cooling following birth. Family have consented to HSIB investigation and records have been requested. Draft report received from MNSI.

Data is maintained on the numbers of families who have received Duty of candour and information on the role of HSIB/MNSI and EN scheme. The table below demonstrates 100% compliance with requirements

Date	HSIB/MNSI ID	HSIB/MNSI Info given to parents	Qualify for ENS	ENS Sent	Initial DOC Yes/No	Outcome from HSIB/MNSI
26/01/2023	MI021273	Yes	Yes	Yes	Yes	Case accepted
15/06/2023	MI028403	Yes	Yes	Yes	Yes	Case accepted
17/08/2023	MI031701	Yes	Yes	Yes	Yes	Declined by HSIB
04/09/2023	MI032889	Yes	Yes	Yes	Yes	Declined by HSIB
01/11/2023	MI036189	Yes	Yes	Yes	Yes	Awaiting decision

4.0. Moderate and above Harm incidents

In November 2023, there was one serious incident (SI) declared in Maternity. This was regarding a Patient in spontaneous labour who suffered a maternal collapse. A Perimortem Caesarean section was performed. PPH 3315mls. Patient has since been discharged and a Serious Investigation is underway (Incident 383121)

Any serious Incidents are also reported to Lancashire & Cumbria Local Maternity & Neonatal System for regional oversight in compliance with Ockenden recommendations.

There were 13 moderate harms and above in November 2023. 3 incidents reported where regarding one patient and her baby.

Moderate Harms and above – November 2023

Department	3rd / 4th Degree Tear	IUD Miscarriage	Maternal Resuscitation	Maternity - Delay In Care	Maternity - Unplanned Return To Theatre	PPH>1500mls	Term Baby Admitted To NNU	Transfer Out To Specialist Care Setting	Unsuitable / Unsafe Environment (Light/temp)	Grand Total
Delivery Suite	1	3	1		1	1	1			9
Neo Natal Unit (SCBU)				1				1	1	3
Ward D (Maternity)					1					1
Grand Total	1	3	2	1	1	1	1	1	1	13

Delivery Suite	Severe	383121
----------------	--------	--------

		Patient in spontaneous labour. Suffered maternal collapse. Perimortem Caesarean section performed. PPH 3315mls. Patient has since been discharged and a Serious Investigation in underway
Delivery Suite	Moderate	383123 Term baby admitted to Neonatal Unit from Delivery Suite following mother having maternal collapse in labour. (Baby of patient above)
Neonatal Unit	Moderate	383181 Term baby admitted to Neonatal Unit from Delivery Suite following mother having maternal collapse in labour. Baby transferred out to tertiary unit for cooling therapy (Baby of patient above)
Neonatal Unit	Moderate	383843 Emergency Evacuation on NNU due to unit flooding and power cut. 6 Babies transferred out of the hospital to other Neonatal Units across the North West Network.
Delivery Suite	Moderate	383788 Postpartum Haemorrhage >1500mls Patient had a forceps delivery with Episiotomy which was sutured in 1st theatre on DSU as unable to deliver placenta reduce trauma loss. MROP in 2nd theatre room on DSU. EBL 1500mls
Ward D	Moderate reduced to near miss following review	383792 Following a scan patient was advised to remain in the unit and receive 24 / 7 CTG monitoring due to concerns around baby which has a significant risk of fetal demise. Following the USS patient self-discharged from hospital and was uncontactable for many hours. Advised of the importance of returning to the unit for monitoring.
Delivery Suite	Moderate	384308 28+6 weeks Intra Uterine Death sent from community midwife as unable to auscultate FH. 2x scans confirmed IUD Case under review AIR pending
Delivery suite	Moderate	384192 25+1 Intra Uterine Death Attended for repeat bloods on antenatal assessment no fetal heart found. Pre eclampsia Case under review AIR pending
Delivery Suite	Moderate	384695 3rd / 4th Degree Tear

		<p>Bilateral labial tears and 1st degree tear noted at birth</p> <p>Patient declined PR examination</p> <p>Declined suturing and re-catheterisation following birth (had epidural)</p> <p>Unable to pass urine 6hrs following birth so consented to catheter</p> <p>On inspection noted extensive labial laceration which patient was advised to have sutured</p> <p>PR performed and noted 3rd degree tear</p> <p>3C tear diagnosed in theatre and repaired under spinal</p>
Delivery Suite	Moderate	<p>385536</p> <p>Admitted from home with secondary PPH and sepsis</p> <p>Delivered 5 weeks ago</p> <p>Stabilised, HB 83 received IV antibiotics</p> <p>USS showed retained products of conception</p> <p>Returned to theatre for evacuation of products</p>
Neonatal Unit	Moderate	<p>385558/386041</p> <p>Baby admitted to Neonatal Unit following delivery requiring resuscitation and sadly died. Case being reviewed via PMRT</p>

Moderate and above incidents require multidisciplinary review as part of a 72 hour review at which time severity may be reduced or decision made for further investigation as an After Incident Review or as a Serious Incident depending on findings.

Neonatal Hypoxic – ischaemic Encephalopathy (HIE)

Neonatal Hypoxic – ischaemic Encephalopathy (HIE) is a type of brain damage caused by a lack of oxygen to the brain before or shortly after birth.

Lowering the baby’s body temperature soon after birth and for approximately 3 days afterwards can cause a slowing down of the processes that cause brain damage. It is usually carried out on babies born from 36 weeks gestation onwards using a special mattress or a head cap. This is called ‘therapeutic cooling’.

The team are currently working through processes to be able to provide a metric which can be included in this report going forward. Until this is completed this will be reported on via a table.

There are 3 grades of HEI:

Mild – most babies recover quickly and will be monitored to check stability and progress.

Moderate to Severe – risk of long term damage to the brain or death in severe cases

Month	Numbers of babies having cooling therapy	Confirmed cases of HIE
July 2023	None	None

August 2023	1 – Emergency C/Section due to fetal distress, Apgars 5@1, 7@5, 10@10 Commenced sepsis pathway transferred to tertiary unit	Confirmed as Grade 1 HEI (mild) by MRI Scan
September 2023	1 – low risk pregnancy with one episode of reduced movements day of elective Caesarean Section Normal CTG. Apgars 2@1, 3@5, 3@10- transferred to tertiary unit	Confirmed as Grade 2 (moderate) HEI by MRI Scan
October 2023	None	None
November 2023	1 – Low risk pregnancy, mother collapsed in labour and required peri mortem caesarean section. Baby transferred to tertiary unit for cooling	Confirmed as Grade 2 (moderate) HEI by MRI Scan

Regulation 28

Nil to report for this month.

Never Events

Nil to report this month.

5.0. Training Compliance

Neonatal Training

SIM Training for Consultants dropped to 78% in September 2023- This involves 2 consultant paediatricians who are overdue for training. This has been escalated to the Head of Department and Clinical Lead with a view to a plan for recovery.

Registered Staff	Nov 2023	Oct 2023	Sept 2023	August 2023	July 2023	June 2023	May 2023
% of workforce establishment holding a current NMC registration	86%	86%	86%	88%	88%	88%	88%
% of all registered staff providing direct nursing care QIS	72%**	72%**	72%**	58%	58%	58%	58%
% of overall mandatory training compliance	95%***	95%***	95%***	95%	95%	95%	91%
% of annual NLS compliance (excluding those on long term sick, mat leave, and secondment)	100%	100%	100%	100%	100%	100%	100%

% of 4 yearly NLS compliance (excluding those on long term sick, mat leave, and secondment)	79%****	79%****	79%****	73%	73%	73%	73%
% of 4 yearly NLS compliance for Consultants	100%	100%	100%	100%	100%	100%	100%
% of nursing staff (qualified and unqualified) who have attended SIM training	100%	100%	100%	100%	100%	100%	100%
% of consultants who have attended SIM training	78%	78%	78%	100%	100%	100%	100%

- Toolkit for High Quality Neonatal Service (DH) (2009) recommend a **minimum** of 70% (special care) and 80% (high dependency and intensive care) of all the workforce establishment hold a current Nursing and Midwifery Council (NMC) registration. Current situation is 88%
- Toolkit for High Quality Neonatal Service (DH) (2009) recommend a **minimum** of 70% of the registered nursing workforce establishment hold an accredited post-registration qualification in specialised neonatal care (qualified in specialty (QIS). The Trust aim is for >95% compliance. Currently situation is 58%
There is an improvement plan in place and by the end of November 2023 QIS % will be 65% and by the end of the Jan 2024 QIS % will be 70%
- 4 yearly Newborn Life Support (NLS) compliance is 73% The Trust aims for 95%. This reflects leavers who had been trained and the number of new starters joining the Trust. All available places have been allocated internally. To manage the risk, the NLS training proforma is utilised for annual basic resuscitation, training principles are used for SIM training and live skills drills and there is always a bleep holder trained in NLS on every shift.

Maternity Training Compliance

Maternity Skills Drills

Maternity Incentive Scheme Year 5 - the training requirements set out in the Core Competency Framework require 90% attendance of relevant staff groups by 1st December 2023, however revised guidance sent to Trusts in October 2023 advises that in recognition of experience as a result of industrial action 80% compliance will be accepted provided there is an action plan for recovery to position of 90% by the end of March 2024.

	Apr-23	May-23	June-23	Jul-23	Aug-23	Sept-23	October-23	November-23
Midwives	75.83%	72.13%	70.18%	86.29%	86.3%	91.8%	98.40%	98.40%
MSWs	58.6%	60.9%	80.56%	83.78%	83.8%	86.49%	94.87%	94.87%

Obstetric Consultants	62.5%	62.5%	50%	50%	50%	44.44%	66%	80%
All other Obstetric Doctors	100%	89.47%	75%	75%	94.7%	94.4%	90%	90%
Obstetric Anaesthetist Consultants	47.05%	47.05%	53%	53%	53%	82.3%	100%	100%
All other Obstetric Anaesthetist Doctors	66.66%	66.66%	84.2%	67%	67%	70%	100%	100%
All staff	69.87%	64.35%	74.28%	78.43%	72.46%	86.85%	94.83%	96%

Current compliance for consultants obstetricians is 80%. This relates to one Consultant who could not attend training due to critical incident.

There is a plan in place to support attendance for training in January 2024.

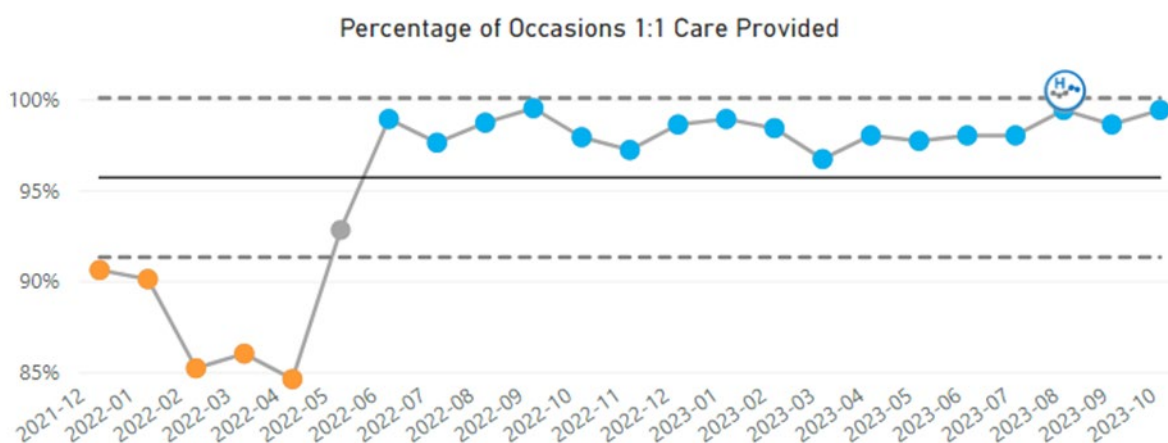
6.0. Safe Staffing

Percentage for Provision of One to One Care in Labour

One to one care is a measure of safe staffing. This is when a woman is cared for by a Midwife who is looking just after her. Maternity services ambition is to achieve 100% 1-1 care in labour, and this is the required target for maternity incentive scheme safety action 5 (CNST). This is monitored via Badgernet and monthly via PIDA.

Incidents where one to one care cannot be provided is escalated to the Matron who reviews these cases.

Birth rate plus acuity tool monitors increase in staffing and acuity and midwifery red flags (A midwifery red flag event is a warning sign that something may be wrong with midwifery staffing). Mitigating actions and redeployment of staff to achieve 1:1 care can be documented through this system. November 2023 is reporting 99.4% with one lady being documented as not having 1:1 care.



Midwifery Staffing

The Maternity team have met with the Birth Rate Plus national lead and assessment which will include a 3 month retrospective correlation of data is currently being organised. It's expected that this will be included early in the New Year

Obstetric Workforce

The MSSP programme Obstetric Lead is working with the Head of Department to understand roles and responsibilities in line with Ockenden requirements and further updates regarding the Obstetric workforce will be provided in the Maternity & Neonatal Update Report going forward.

Neonatal Workforce

The Neonatal nursing workforce is BAPM compliant, and a review of the Leadership Nursing structure is being finalised to include senior support for the Matron and Governance Lead Middle Grade permanent cover does not meet BAPM standards and is therefore not compliant with CNST Safety Action 4. A risk assessment is in place and has been reviewed. An outline business case has had executive approval and is currently being progressed to full business case to request funding with oversight by the Neonatal Improvement Board.

7.0. Board Level Safety Champions Meetings

Safety Champion walkabouts around clinical areas in Maternity and Neonates continue each month. The focus this month has been to meet staff following the critical incident that occurred. Feedback has been positive from the teams, however there is a debrief event arranged and support for staff to 'decompress' has been made available.

Staff and families raised concerns regarding facilities for families whose babies are on the Neonatal Unit. The bid for funding submitted and supported by the Safety Champions has been successful and arrangements are now in place to make necessary improvements.

8.0. Neonatal Update

The Neonatal Improvement Board

The Neonatal Improvement Board meetings continue to be held monthly at which time the Neonatal team discussed progress. The agenda and team presentation provided assurances of continuing improvements.

External Review

Following receipt of the final report of the external review, the team have met to develop an action plan in response to the recommendations. This is now in draft with a plan to submit to the NWODN by deadline of 23rd January 2024. A further meeting with the external review team regarding progress against the action plan will be in 6 months.

The report will be shared via the Trust Governance Forums to Board. Oversight of the action plan will be via the Neonatal Improvement Board and key highlights shared via the Escalation Report.

Escalation

An escalation report of each Neonatal Improvement Board meeting is presented at the Trust Clinical Governance Committee monthly to update on any issues, progress and concerns.

9.0. Service User Feedback

Maternity and Neonatal Voices Partnership (MNVP)

The MNVP are a working group of women and their families, commissioners, midwives and doctors who work together to review maternity care, provide a voice of women’s experiences and contribute to its development. Collaborative work continues including monthly MNVP meetings. The MNVP chair is a member of the Maternity Safety Champions meeting, is commencing involvement in training compliance and works more widely with the Maternity Team and the LMNS at joint meetings.

Healthwatch Lancashire has commenced hosting the MNVP leads for each of the trusts across the Lancashire and South Cumbria ICB footprint and now have four leads in post.

Meetings have now commenced to build on relationships between the MNVPs, Maternity teams, Healthwatch and the LMNS working collaboratively and towards meeting the requirements of Maternity Incentive Scheme, Safety Action 7.

A workplan has been developed and agreed between the Head of Midwifery and the Fylde Coast MNVP Chair This has prioritised:

- Hearing the voices of neonatal and bereaved families as well as women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality.
- Maternity and neonatal voice partnerships Three Year Delivery Plan for Maternity and Neonatal Services ensure all groups are heard, including those most at risk of experiencing health inequalities.
- Collect and disaggregate local data and feedback by population groups to monitor differences in outcomes and experiences for women and babies from different backgrounds. This data should be used to make changes to services and pathways to address any inequity or inequalities identified, to improve care.
- Focus has also been given to co production of the action plan completed in response to the CQC Maternity Survey

National Maternity Survey Results 2023

The Trust have received the Maternity Survey results for 2023. 297 women were invited to take part in the survey with 114 choosing to respond.

The Trust have ranked as 58 out of 61 Picker Trusts for overall positive scores. This ranking will change when the report is published on the CQC website

Bottom 5 scores versus Picker average	Trust	Picker Average
B3 Offered choice of where to have baby	53%	76%
B4 Given enough information about where to have baby	61%	81%

F16 Received support or advice about feeding their baby during evenings, night and weekends	56%	70%
D6 Found partner was able to stay with them as long as they wanted (in hospital after birth)	43%	57%
B11 Given enough support for mental health during pregnancy	77%	87%

Top 5 scores versus Picker average	Trust	Picker Average
C19 Able to ask questions afterwards about labour and birth	82%	77%
C8 Professionals did everything they could to help manage pain during labour and birth	91%	88%
C9 Partner/Companion involved during labour and birth	97%	94%
C7 Felt they were given appropriate advice and support at the start of labour	87%	85%
C18 Had confidence and Trust in staff during labour and birth	97%	95%

The Director of Midwifery instigated 2 immediate actions in response to findings regarding Mental Health support and choice of place of birth. A full report and action plan will be presented at the next Trust Clinical Governance Committee and Quality Assurance Committee.

The Head of Midwifery and MNVP have already met to discuss improvements and to include actions in the MNVP workplan.

10.0. Maternity Safety Support Programme

On 31 October 2023, the Executive Safety champions, representatives from the maternity and business intelligence teams met with AQUA to discuss opportunities in using maternity data differently to provide assurances, better understanding of experiences of women, their families and staff. The purpose being to support Board Safety Champions in their assurance role by using data intelligence to support evidence based decision making and discussions about safety improvements. This will be at least a 6 month supported programme with participation from the Maternity Advisor from the MSSP.

The first draft of the framework for the sustainability/exit plan is currently being worked through with the Maternity team and the MSSP advisor, with expectation that a draft plan will be available by end of December 2023. This has been delayed (expected by November 2023) due to availability of Multidisciplinary team to review with advisor.

An allocated Maternity Improvement Advisor continues to attend the Trust 3-4 days per month working closely with the Divisional Senior Leadership Team focusing on three key issues identified from the CQC findings (appendix 3):

- Key issue 1 – Leadership
- Key Issue 2 – Clinical Pathways
- Key Issue 3 – Governance

These three key issues: are demonstrating continued improvements and rated as 'Good'

Date Entered MSSP:
October 2022

MSSP Phase:
Improvement

MIA: *Katie Chilton*
Jasmine Leonce



Trust Name: Blackpool Victoria

Progress Tracker: October 2023

KEY ISSUE 1 Leadership												
Month/Year	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Rating	Little	Some	Some	Good	Good	Good	Good					

KEY ISSUE 2 Clinical Pathways												
Month/Year	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Rating	Little	Good	Good	Good	Good	Good	Good					

KEY ISSUE 3 Governance												
Month/Year	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Rating	Little	Little	Some	Good	Good	Good	Good					



The Obstetric lead for the MSSP programme is providing support and advise on obstetric leadership roles in job plans and support with defining roles and responsibilities regarding reporting framework of clinical teams.

11.0. Care Quality Commission (CQC)

The current position

Action Plan	September 2023	November 2023
Areas of improvement	13	13
Number of actions	59	59
Completed Actions	52	54
Actions moved to Amber/off track	7	5

5 actions remain outstanding. Progress has been made on mandatory training compliance and appraisal compliance. The 'mock' CQC inspection is currently being re-arranged after it was stood down due to the Trust's recent critical incident. This is expected to take place early January 2024.

The evidence folders for each of the CQC actions has been reviewed by the Corporate Governance Team.

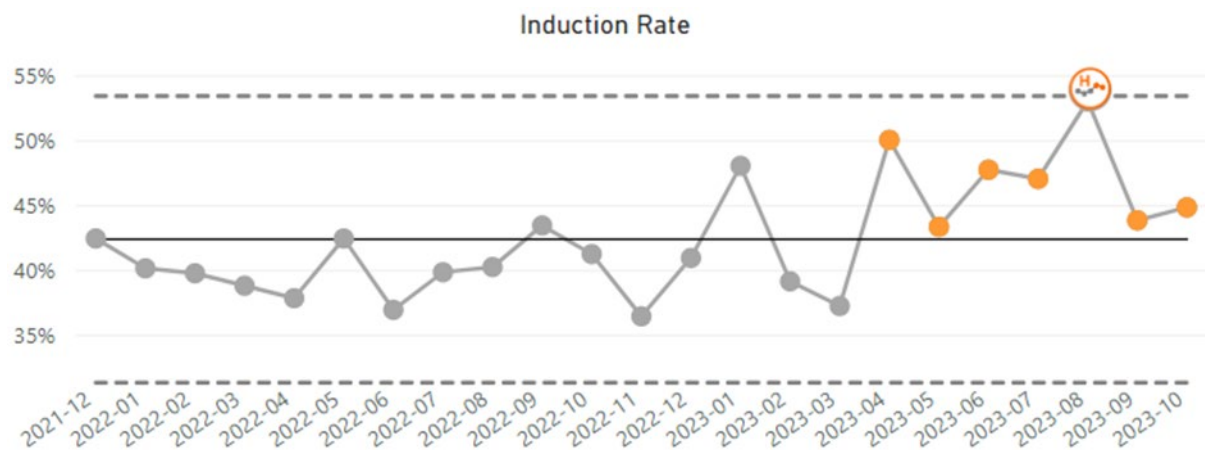
The current position being as described in the table below, with 'Red' and 'Amber' requiring additional evidence.

	Red	Amber	Green
Validated position – governance review	7	17	35

Leads for the collating the evidence have been identified prior to quality checking and upload into the folders.

A 'mock' CQC inspection planned for November 2023, had to be deferred due to the Critical Incident and is currently being rearranged.

Induction of Labour



Induction of labour delays are monitored daily through safety huddles, and flow meetings and risk assessments completed by the consultant of the day daily.

In November 2023, 50% of women were transferred to Delivery Suite within 4 hours and 61% transferred before 12 hours, which is an increase from last month of 15.5%

The Maternity Team are in contact with the LMNS and other maternity units via the Gold Call each day.

No women were transferred out to other maternity units in the region as mutual aid.

2 women were accepted from other maternity units in the region.

November								
w/c	30/10/2023	06/11/2023	13/11/2023	20/11/2023	27/11/2023	Total	%	
Under 4 hours	4	7	7	8	4	30	50	
4 - 12 hours	0	2	4	1	0	7	11.66666667	
12-24 hours	6	0	4	1	1	12	20	
24-36 hours	1	2	1	1	3	8	13.33333333	
36-48 hours	0	0	0	1	0	1	1.66666667	
48+ hours	0	0	1	0	1	2	3.33333333	
Total	11	11	17	12	9	60		
Transfer out								
Transfer in		2						

12.0. CNST Maternity Incentive Scheme

Year 3

In October 2023, NHSR contacted the Trust regarding opportunity to submit further evidence where gaps remained in compliance with three safety actions. To support this the LMNS were asked to review the request. The outcome being that whilst additional evidence cannot be located retrospectively for Year 3. The Executive director of Nursing & Midwifery has made contact with NHSR to discuss impact that this will now have and a meeting with key leads in being arranged.

Year 5

Safety Action 6 Saving Babies Lives Care Bundle Version 3

Saving Babies Lives Care Bundle 3 (SBLv3) was published in June 2023, building on the achievements of the previous two versions set out in the NHS Maternity Safety Ambition to reduce perinatal mortality. The care bundle consists of 6 key elements which include:

- Element 1: Reducing Smoking in Pregnancy
- Element 2: Fetal Growth: Risk assessment, surveillance, and management
- Element 3: Raising awareness for reduced fetal movements
- Element 4: Effective fetal monitoring during labour
- Element 5: Reducing pre-term birth and optimising perinatal care
- Element 6: Management of Pre-existing Diabetes in Pregnancy

As part of the Three Year Delivery Plan for Maternity, Trusts are responsible for implementing SBLv3 by March 2024.

The commitment to implementation is also set out in CNST Safety Action 6. The Saving Babies Lives Care Bundle Report for Quarter 2 report (Attached as Appendix 2) provides an update on compliance with the 6 elements of the care bundle.

Each Trust is expected to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element to achieve compliance with MIS Year 5 standards.

The overall compliance is 70%.

There are 2 elements, that did not meet the element minimum target of 50%:

- Fetal monitoring in labour (40%): Medical compliance with fetal monitoring training is 80%. There is a current action plan with the fetal monitoring lead and head of department to increase compliance to over 90%.
- Smoking (40%) Carbon Monoxide monitoring

Action plans have been developed to support improvements and a formal baseline assessment from the LMNS took place on 01/11/2023. The trust has been engaged with the LMNS and has held informal discussions around the elements that require improvement.

The Trust is on track to fully implement all 6 elements of saving babies lives V3 by March 2024.

CNST Submission

The Trust did not achieve all 10 safety actions for Year 4 (2022/2023) demonstrating compliance in 2 safety actions:

Safety Action 2 – Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Safety Action 7 – Can you demonstrate that you have a mechanism for gathering service user feedback and that you work with service users through your MVP?

As previously reported Maternity Services are not in a position to demonstrate full compliance for Year this year (Year 5)

This is because:

Year 3 – Following the CQC visit to Maternity in June 2022, and the subsequent report on September 2022, NHS Resolution (NHSR) wrote to the Trust on the 11 October 2022, requesting assurances on the CNST submission for Year 3. This request falls under the condition of the scheme as part of the scrutiny and assurance process.

A high-level summary was provided to NHS Resolution and in November 2022, in response to their request, all evidence was submitted to enable them to complete an internal clinical review.

In September 2023, the NHSR team contracted the Trust to advise that there were some gaps in the evidence for safety actions 5, 8 and 9 with opportunity to provide additional evidence.

Further evidence has been submitted however there remains a risk that Safety Actions 8 and 9 will not be compliant.

In October 2023, NHSR contacted the Trust again regarding opportunity to submit further evidence where gaps remained in compliance. To support this the LMNS were asked to review the request. The outcome being that whilst additional evidence cannot be located retrospectively for Year 3, they can be confident that the system that is now in place for Year 5 is more robust.

Year 4 – We were not in a position to demonstrate compliance with 8 safety actions.

The requirements for CNST each year build on the previous year's requirements and therefore the Maternity Team have been strengthening and embedding the requirements of each safety action from previous years to enable compliance to be met fully for each safety action going forward.

This Years Submission

The Maternity team have been supported by MSSP programme and LMNS.

The LMNS team visit site quarterly to review CNST evidence and apply scrutiny, check and challenge, whilst also sharing good practice. The LMNS have confidence that the system that is now in place for Year 5 is more robust and are hopeful that we will be in a good position to demonstrate full compliance for Year 6 submission.

Current Position

We can demonstrate full compliance with:

- Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?
- Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
- Safety Action 7: Listen to women, parents and families using maternity and neonatal services and co-produce with users
- Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training? Is progressing well and awaiting sign off by the LMNS.
- Safety Action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?

Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training? Is progressing well and awaiting sign off by the LMNS.

Board Declaration Form

Trusts that have not achieved all ten safety actions may be eligible for a small amount of funding to support progress. In order to apply for funding, Trusts must submit an action plan together with the Board declaration form by **12 noon on 1 February 2024** to NHS Resolution nhsr.mis@nhs.net. The action plan must be specific to the action(s) not achieved by the Trust and must take the format of the action plan template which will be provided within the Board declaration form. Action plans should not be submitted for achieved safety actions.

Trusts must submit their completed Board declaration form to NHS Resolution nhsr.mis@nhs.net between **25 January 2024 and 12 noon on 1 February 2024** and must comply with the following conditions:

- The declaration form is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services
- The Trust Board declaration form must be signed and dated by the Trust's Chief Executive Officer (CEO) to confirm that:

1. The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document included in this document.
2. There are no reports covering either year 2022/23 or 2023/24 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.). All such reports should be brought to the MIS team's attention before 1 February 2024.
3. The Trust Board must give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form must be signed by the Trust's CEO. If the form is signed by another Trust member this will not be considered.
4. The CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care System (ICB) is apprised of the MIS safety actions evidence and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are fully assured and in agreement with the compliance submission to NHS resolution.

Next Steps

The Maternity Team will provide a presentation at Quality Assurance Committee then to Board of Executives in January 2024

13.0. Maternity Vision and Strategy

The Maternity Framework is set out in four key documents:

- Ockenden (2020 & 2021)
- East Kent 'Reading the Signals' (2022)
- The National Assessment Tool
- Three Year Delivery Plan for Maternity and Neonatal Services (NHS England March 2023)

Many of the recommendation are similar and the overall aim is to have all these recommendations in one overarching improvement plan. Work is ongoing.

Three Year Delivery Plan for Maternity and Neonatal Services (NHS England March 2023)

This plan sets out how the NHS will make Maternity and Neonatal care safer, more personalised, and more equitable for women, babies, and families over the next three years.

This plan sets out what is needed to be in place and the responsibilities for each part of the NHS, which includes Trust Boards, LMNS, ICB and with NHS England providing national leadership, concentrating on four high level themes.

A template including 62 actions for the Trust element of the plan has been developed by Lancashire and Cumbria LMNS to support benchmarking. Arrangements are being made to commence this.

14.0. Maternity Dashboard (Refer to Appendix 3)

Please see Appendix 2 exceptions are monitored through the FICC Divisional Meeting, and Trust Performance Improvement Delivery and Assurance meeting (PIDA) attended by the Executive Team each month.

Robson Classification

In response to concerns regarding safety in Maternity Services following Ockenden, Trusts were advised to cease using targets for caesarean sections as a means of performance management because it could lead to inappropriate or unsafe decision making.

Robson Classification has since been suggested as a means to assessing, monitoring and comparing of caesarean sections. It is an effective auditing tool which identifies the exact areas where efforts and strategies are required to reduce the overall Caesarean section rate.

How do you use Robson classification?

The system classifies all women admitted for delivery into one of 10 groups:

1. Nulliparous, singleton, cephalic, term ($\geq 37^{+0}$ weeks) births in spontaneous labour;
2. Nulliparous, singleton, cephalic, term births with (2a) induced labour or (2b) prelabour caesarean section;
3. Multiparous, singleton, cephalic, term births without previous caesarean section in spontaneous labour;
4. Multiparous, singleton, cephalic, term births without previous caesarean section with (4a) induced labour or (4b) prelabour caesarean section;
5. Previous caesarean section, singleton, cephalic, term births;
6. Nulliparous singleton breech births;
7. Multiparous singleton breech births, including previous caesarean section;
8. Multiple pregnancies, including previous caesarean section;
9. Transverse and oblique lies, including previous caesarean section;
10. Preterm ($< 37^{+0}$ weeks), singleton, cephalic births, including previous caesarean section.

This means that, based on a few basic obstetric variables, every woman admitted to deliver can be classified into one, of the 10 groups and no woman will be left out of the classification. The 10 groups are based on 5 basic obstetric characteristics that are routinely collected in all maternities (parity, number of foetuses, previous caesarean section, onset of labour, gestational age, and fetal presentation). By collating this data using a structured template it enables information to be calculated on the groups of women delivering by caesarean section

Next Steps

The Division are working through how the information can be collated and are liaising with other Maternity Units in the region regarding a consistent approach. The team are also working with AQUA regarding opportunities in using maternity data to provide assurances, better understanding of experiences of women, their families and staff and capture of Robson Classification has been included in the discussions.

15.0. Recommendation to Board

To note the review of actions plans developed in response to national guidance to gain an understanding of Trust position.

To ensure continued visibility and presence at maternity and neonatal staff engagements events, with the Board Level Maternity and Neonatal Safety Champions.

To consider if the information contained in this report requires additional narrative or further clarification.

16.0. Actions for Maternity and Neonatal Services

To continue to work to address the outstanding actions from the Ockenden report, all with the objective of improving care for women and families sustainably.

To benchmark the 'Three Year Delivery Plan for Maternity and Neonatal Services' (NHS England March 2023) and work with local, regional, and national colleagues to determine how we progress the actions needed

To ensure that the experience of women, babies and families who use our services are listened to, understood and responded to with respect, compassion and kindness. Ensuring triangulation of data and from different feedback mechanisms.

To receive feedback from the external reviews planned and plan next step

(Appendix 1) Perinatal Surveillance Model

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
	Requires Improvement					

Maternity Safety Support Programme	Select Y /N	Yes – Commenced October 2022
---	-------------	------------------------------

2023/2024

	2023											
	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
1. Findings of review of all perinatal deaths using the real time data monitoring tool				Section 1	Section 1	Section 1	Section 1	Section 1	Section 1	Section 1	Section 1	
2. Findings of review of all cases eligible for referral to HSIB				1 case ongoing	1 case ongoing	1 case ongoing	2 cases ongoing	2 cases ongoing	2 cases ongoing	2 cases ongoing	2 cases ongoing	
Report on: 2a. The number of incidents logged graded as moderate or above and what actions are being taken				8 Moderate Incidents 5 progressed to Air. No themes	4 moderate currently being reviewed	6 moderate Includes 3 downgraded	8 moderate incidents 3 downgraded	7 moderate incidents 2 downgraded	9 moderate incidents 4 downgraded	5 moderate incidents	13 moderate harms	
2b. Overall Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training												
2c. Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively				TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
3. Service User Voice Feedback				Leaflets production Birth Afterthoughts	Leaflets production Birth Afterthoughts	Support with IOL audit	Attending Safety Champs meeting	Attending Safety Champs meeting	Attending Safety Champs meeting	Attending Safety Champs meeting	Attending Safety Champs meeting	
4. Staff feedback from frontline champion and walkabouts				Monthly Walkabouts completed	Monthly Walkabouts completed	Monthly Walkabouts completed	Monthly Walkabouts completed	Monthly Walkabouts completed	Monthly Walkabouts completed	Monthly Walkabouts completed	Monthly Walkabouts completed	
5. HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust				HSIB Escalation letter x 2	HSIB Escalation letter x 1 (3)	Nil	Nil	Nil	NHSR	NHSR	NHSR	
6. Coroner Reg 28 made directly to Trust				None	None	None	None	None	None	None	None	

7. Progress in achievement of CNST 10				Compliant – 2 Safety Actions	Compliant 2 Safety Actions	Under Review	Under review	Progressing	Progressing	Progressing	Progressing	
--	--	--	--	---------------------------------	-------------------------------	-----------------	--------------	-------------	-------------	-------------	-------------	--

8. Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	Reported annually
9. Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours (Reported annually)	Reported annually

Title	Saving Babies Lives Care Bundle Report Q2				
Meeting:	Women's Health				
Date:	November 2023				
Author	Cat Parkinson - Consultant Midwife				
Exec Sponsor	Lynne Eastham – Director of Midwifery				
Purpose	Assurance	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Decision
Confidential y/n	No				

Summary (what)	<p>Advise</p> <p>This report provides assurance of the progress with Safety Action six from the maternity incentive scheme year 5. Safety action six 'can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?'</p> <p>Required standard for MIS year 5:</p> <ol style="list-style-type: none"> 1) Provide assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024. <p>Trusts are required to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element. These percentages will be calculated within the national implementation tool.</p> <ol style="list-style-type: none"> 2) Hold quarterly quality improvement discussions with the ICB, using the new national implementation tool. <p>There will be a focus on improving the compliance with the elements that are currently not compliant. The action plans are included in this report for the non-compliant actions.</p> <p>Each organisation will be expected to look at their performance against the outcome measures for each element with a view to understanding where improvement may be required. Themes for improvement will be used to inform practice and training and will be shared as learning with staff. As part of the three year delivery plan for maternity and neonatal services, all NHS maternity providers are responsible for fully implementing SBL V3 by March 2024.</p>
-----------------------	---

Previously considered by	
---------------------------------	--

Alert	
	<p>The quarterly LMNS review on 01/11/2023 found the overall compliance rate with SBL to be 70%. There were 2 elements, smoking (40%) and fetal monitoring in labour (40%) that did not meet the element minimum target of 50%. The action plan for meeting the required target is included in the report.</p>
	Assure

Implications (so what)	<p>The trust is on track to fully implement all 6 elements of saving babies lives V3 by March 2024.</p> <p>Self-assessment has shown that smoking in pregnancy element now is now 60% compliant following the LMNS baseline assessment.</p> <p>SBL has six elements which are, reducing smoking in pregnancy, fetal growth, raising awareness of reduced movements, effective fetal monitoring during labour, reducing preterm birth and management of preexisting diabetes in pregnancy.</p> <p>The Saving Babies' Lives Care Bundle (SBLCB) provides evidence-based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality.</p>
-----------------------------------	--

Link to strategic objectives	Our People	x
	Our Place	
	Our Responsibility	x

EDI implications considered	
------------------------------------	--

Proposed Resolution (What next)	<p>The trust will continue to utilise the national implementation tool to track compliance with the care bundles and work with the LMNS. Quarterly updates will be provided to board following the LMNS review or more frequently if required.</p>
--	--

Saving Babies Lives report Q2 – November 2023.

The aim of this report is to provide an update on the implementation, monitoring and training of all six elements of the Saving Babies Lives care bundle V3.

Saving babies lives audits for quarter Q2 2023/24 have been completed to provide assurance to the Trust and LMNS that all six elements have been implemented or are on target to be implemented. We are working towards compliance to improve care for our women and their families which in turn will assist in reducing the still birth and neonatal death rates.

Each organisation will be expected to look at their performance against the outcome measures for each element with a view to understanding where improvement may be required. Providers are required to demonstrate implementation of 70% of interventions across all 6 elements

overall, and implementation of at least 50% of interventions in each individual element to achieve compliance with MIS Year 5 standards.

An audit and training plan will be developed to continually monitor and identify areas to improve the service and outcomes relating to the care bundles elements:

- Element 1: Reducing Smoking in Pregnancy**
- Element 2: Fetal Growth: Risk assessment, surveillance, and management**
- Element 3: Raising awareness for reduced fetal movements**
- Element 4: Effective fetal monitoring during labour**
- Element 5: Reducing pre-term birth and optimising perinatal care**
- Element 6: Management of Pre-existing Diabetes in Pregnancy**

Current compliance LMNS assessment

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	50%	Partially implemented	40%	CNST Not Met
Element 2	Fetal growth restriction	Partially implemented	95%	Partially implemented	80%	CNST Met
Element 3	Reduced fetal movements	Partially implemented	50%	Partially implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Partially implemented	40%	Partially implemented	40%	CNST Not Met
Element 5	Preterm birth	Partially implemented	78%	Partially implemented	81%	CNST Met
Element 6	Diabetes	Partially implemented	67%	Partially implemented	67%	CNST Met
All Elements	TOTAL	Partially implemented	74%	Partially implemented	70%	CNST Met

The above table demonstrates compliance with four out of the six elements. Some of the self-assessment compliances are higher because there has been additional evidence added to the tool following the LMNS assessment on 01/11/2023.

Providers are required to demonstrate implementation of 70% of interventions across all 6 elements overall, and implementation of at least 50% of interventions in each individual element to achieve compliance with MIS Year 5 standards.

Smoking in pregnancy

Self-assessment has shown an increase in compliance with this element to 60%, which would mean that CNST would be met, however there are still improvements to be made.

LMNS Action plan:

Action Plan

Intervention Ref	Self-Assessment Status	LMNS Validated Assessment Status	LMNS Recommendation of Actions Required	LMNS Suggested Improvement Activity
INTERVENTIONS				
1.1	Fully implemented	Partially implemented	Focus required on improvement of audit levels to meet implementation ambitions and LMNS trajectories.	1.1.1: MSDS submission passed 1.1.2: Finalise audit 1.1.3: Finalise audit
1.2	Fully implemented	Partially implemented	0	1.2: Guidance published >Jan'23. Only small numbers if women meeting criteria will be term/delivered by submission date. Search for audit of women meeting the criteria showing
1.3	Partially implemented	Partially implemented	Focus required on improvement of audit levels to meet implementation ambitions and LMNS trajectories.	1.3.1: Meeting compliance 1.3.2: 79.5% Focus on improving audit. 1.3.3: Only small numbers if women meeting criteria will be term/delivered by submission date.
1.4	Fully implemented	Fully implemented	0	1.4: Present Guideline and Audit
1.5	Fully implemented	Fully implemented	0	1.5: Present Guideline and Audit
1.6	Partially implemented	Partially implemented	Focus required on improvement of audit levels to meet implementation ambitions and LMNS trajectories.	1.6.1/ 2/3 Audit evidence needed
1.7	Fully implemented	Fully implemented	0	1.7 Present Guideline and Audit
1.8	Partially implemented	Partially implemented	Focus required on improvement of audit levels to meet implementation ambitions and LMNS trajectories.	1.8: TNA content and attendance evidence needed
1.9	Partially implemented	Partially implemented	Focus required on improvement of audit levels to meet implementation ambitions and LMNS trajectories.	1.9: TNA content and attendance evidence needed
1.10	Fully implemented	Fully implemented	0	0

Element 1

There has been a gap in compliance with required audits in the smoking element as sickness within the team has caused a delay in completion.

There is a focus required on data quality and cleansing in Badgernet which is a priority of the smoking and badgernet lead. It has been recognised that some smoking specific questions are not mandatory fields on badgernet and therefore compliance with completing the field is staff member dependent.

As explained in the smoking in pregnancy Q2 report, as a demographic the biggest challenge is engagement from pregnant women who smoke. The women are referred to the MHT smoking in pregnancy (SIP) team but now readily decline a referral. Many of the women that do engage will often not commit to quit dates as part of the quit smoking program.

Action plan for smoking in pregnancy element:

Action	Action to be taken	Responsible Officer	Target Date	Evidence of Progress and Completion	Date Action Completed
1. Carbon Monoxide Training for all staff with a patient facing clinical role	<p>Declarations sent to all midwives and MSW/MHT, await responses.</p> <p>Continue 2024 with new yearly update for every member of staff.</p> <p>Dr's training during Friday Teaching once per month for those that have not been trained in the last year.</p>	Charlotte Winder	Every Member of current clinical staff by December 2023.	<p>Declarations sent to all midwifery and unregistered maternity staff who work clinically.</p> <p>New staff trained during induction process. 'Round the Tea tray Training' to recommence to catch staff currently not compliant such as recently joined the team or those returning from long term sick or maternity leave.</p>	On track
2. Improve Booking and especially 36/40 CO monitoring's	<p>Make mandatory fields on Badgernet so all patients must have a CO monitoring at all clinical appointments.</p> <p>IF the patient does not have a face-to-face appointment with a consultant at 36/40, they must see a community midwife for this appt and monitoring</p> <p>Train all MSW staff so that they take CO at all face to face consultant appointments.</p> <p>Make sure Antenatal contacts are documented</p>	Charlotte Winder Fozia Mussa	March 2024	Implement 36/40 face to face appt with all patients. This has been discussed with all midwives at team huddle.	On track

	correctly on Badgernet for audit purposes.				
3.Badgernet refining and streamlining	<p>Work with Badgernet lead, other LMNS areas and Clevermed to streamline questions posed by Badgernet for SIP service</p> <p>Make all CO mandatory at every antenatal clinical contact when face to face.</p> <p>Make 36/40 smoking status a mandatory field on Badgernet.</p>	Charlotte Winder Fozia Mussa	March 2024	CO mandatory at all antenatal appointments when seen face to face	On track
Continue monthly audits to assess progress and make changes to process in order to streamline services.	<p>Audits at the end of every month on all aspects of element 1 SBL</p> <p>Deepdive into SIP to look at gaps in service and where this can improve.</p> <p>Working with BI to get a robust training system and implementation of a reporting system each month to track accuracy.</p>	Charlotte Winder Fozia Mussa Business Intelligence Blackpool Council LMNS ICB	March 2024		On track

Fetal Monitoring in labour

Fetal monitoring in labour remains an element that hasn't met compliance.

LMNS action plan:

Action Plan		INTERVENTIONS			
Element 4	4.1	Partially implemented	Partially implemented	0	4.1.1 Midwifery training at 99%; Medical staff at 80% Action plan needed Training plan
	4.2	Fully implemented	Fully implemented	0	Highlighted guideline and audit of compliance
	4.3	Partially implemented	Partially implemented	Evidence not in place - improvement required.	4.3.1 PMRT report Need Audit to demonstrate compliance with monitoring of maternal and fetal wellbeing.
	4.4	Partially implemented	Partially implemented	Focus required on improvement of audit levels to meet implementation ambitions and LMNS trajectories.	4.4 ;Not yet meeting mandatory compliance of 80% for fresh eyes review. Action plan needed.
	4.5	Fully implemented	Fully implemented	0	Present JDs

Medical compliance with fetal monitoring training is 80%. There is a current action plan with the fetal monitoring lead and head of department to increase compliance to over 90%.

Audits are in the process of being repeated to assess if there has been an increase in compliance with fetal monitoring reviews. If compliance has not increased, targeted training will be provided in this specific area and a QI project implemented lead by the Delivery Suite manager to improve compliance.

It has been identified that reviews have been documented in the wrong place within the electronic patient record and the QI work would incorporate this finding.

Fetal monitoring in labour Action plan:

Action	Action to be taken	Responsible Officer	Target Date	Evidence of Progress and Completion	Date Completed Action
To increase medical attendance at face-to-face fetal monitoring training day.	Head of Department has escalated to educational supervisors and ensured allocated session in on the medical rota	Head of Department Fetal Monitoring lead	January 2024	All medical staff have been entered on the rota Educational supervisors aware	On Track
To increase compliance with 'fresh eye' CTG review to ensure compliance is >80% Fresh eyes review completed by bedside	Reaudit the month of November. To include on safety message of the week QI project with delivery suite manager and shift leads/ fetal monitoring lead if no improvement following the re audit.	Delivery Suite manager Fetal monitoring lead	January 2024	Individual lessons learnt from audit sent. Policy sent out to all staff	On Track
To ensure that an hourly systematic review is being completed and documented in the correct place on badgernet	Reaudit the month of November. To include on safety message of the week QI project with delivery suite manager and shift leads/ fetal monitoring lead if no improvement following the re audit.	Delivery Suite manager Fetal monitoring lead	January 2024	Individual lessons learnt from audit sent. Policy sent out to all staff	On Track

LMNS Quarterly reviews

The formal baseline assessment from the LMNS took place on 01/11/2023. The trust has been engaged with the LMNS and has held informal discussions around the elements that require improvement.

There is a formal evidence review meeting due on 08/12/2023 where compliance will be reviewed and updated where appropriate.

Actions for Q3 review:

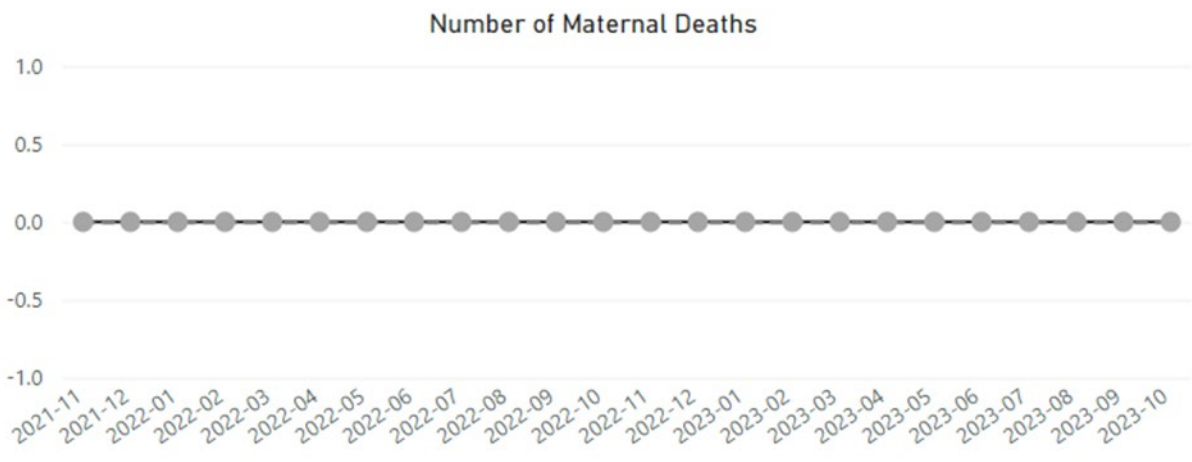
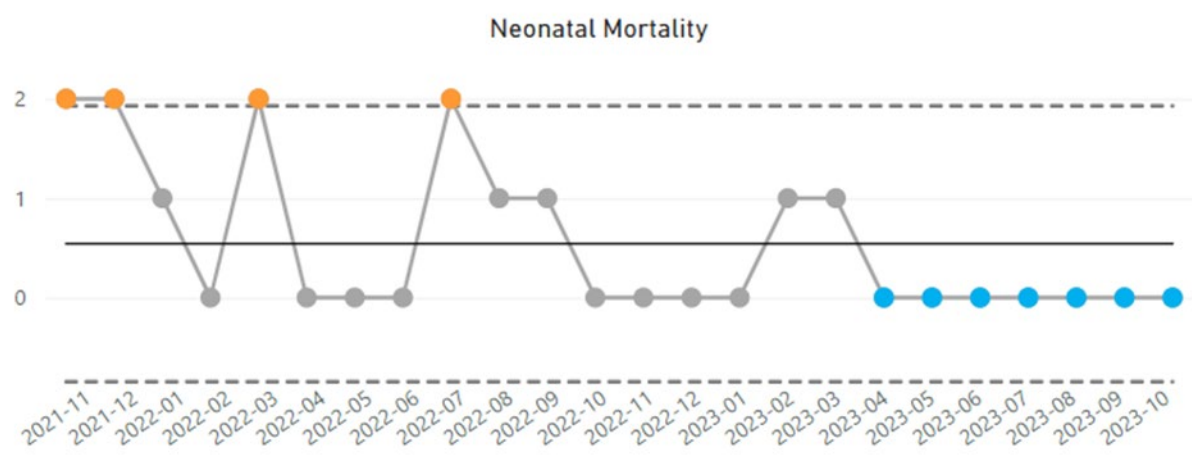
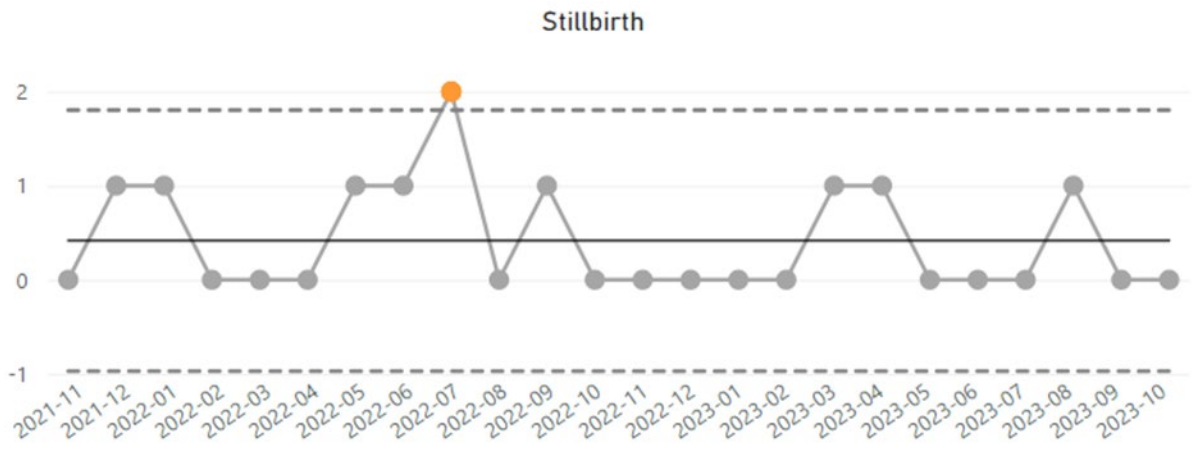
- Repeat and continue ongoing audits to maintain and increase compliance with each element.
- Staff engagement encouraged with SBL to create awareness of the importance and share areas of non-compliance.

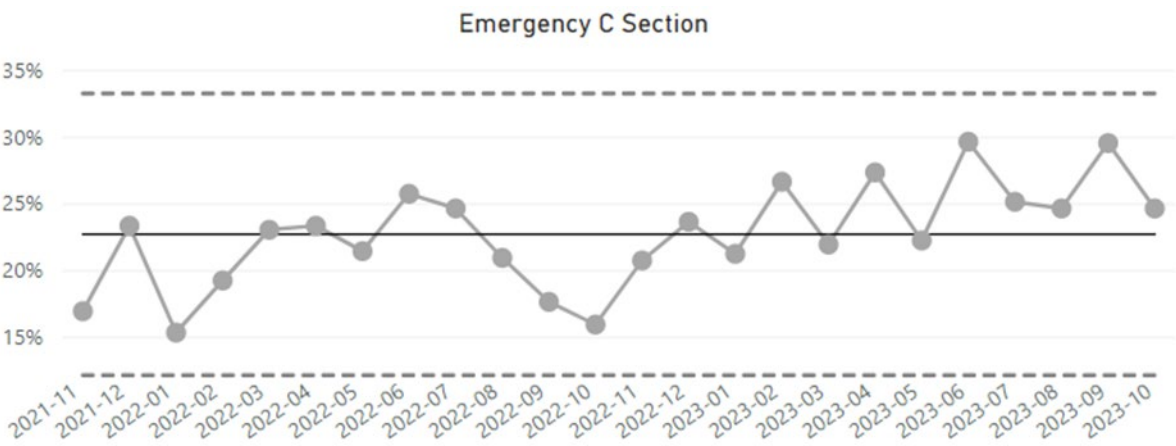
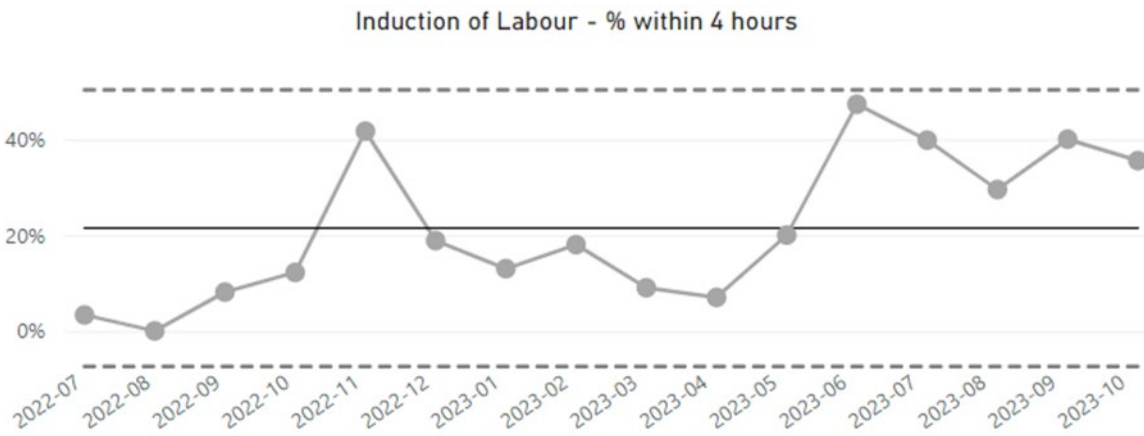
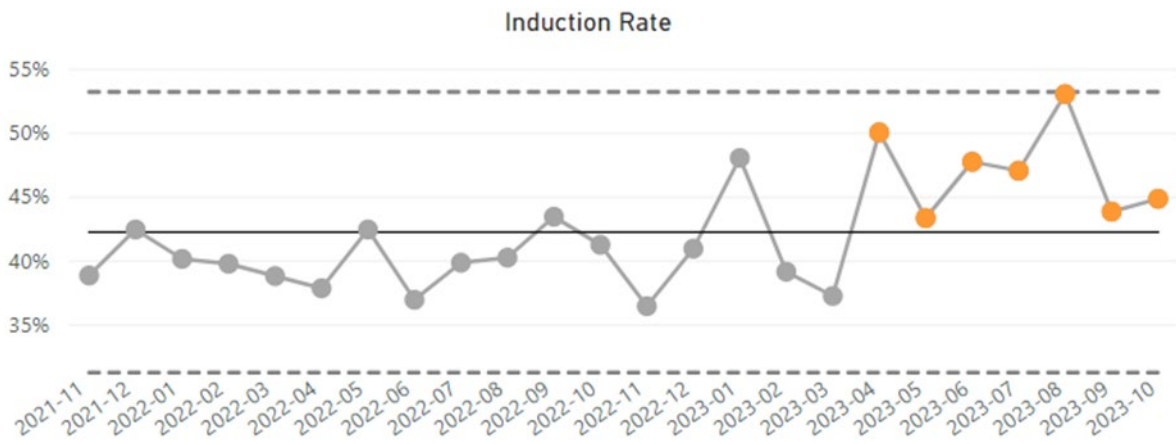
Training needs analysis specific to SBL for 2024, to ensure that lesson plans align with element requirements

(Appendix 3) Maternity Dashboard

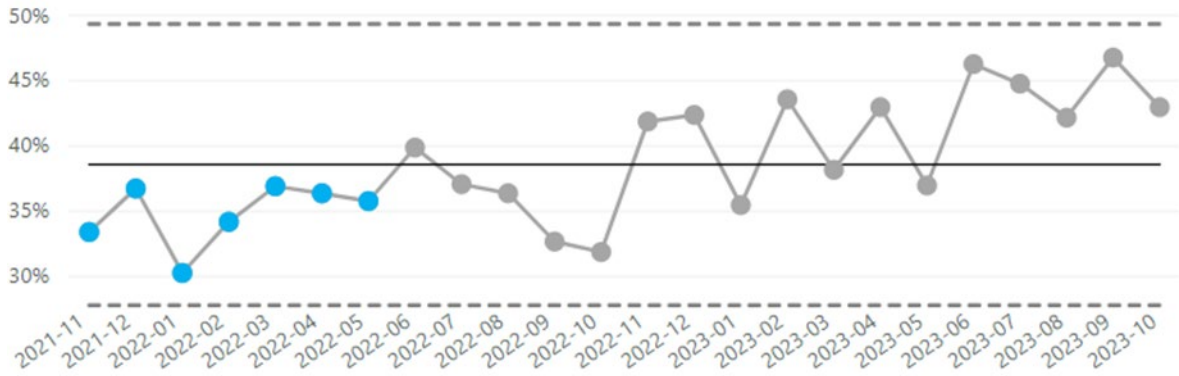
Families and Integrated Community Care

November 2023

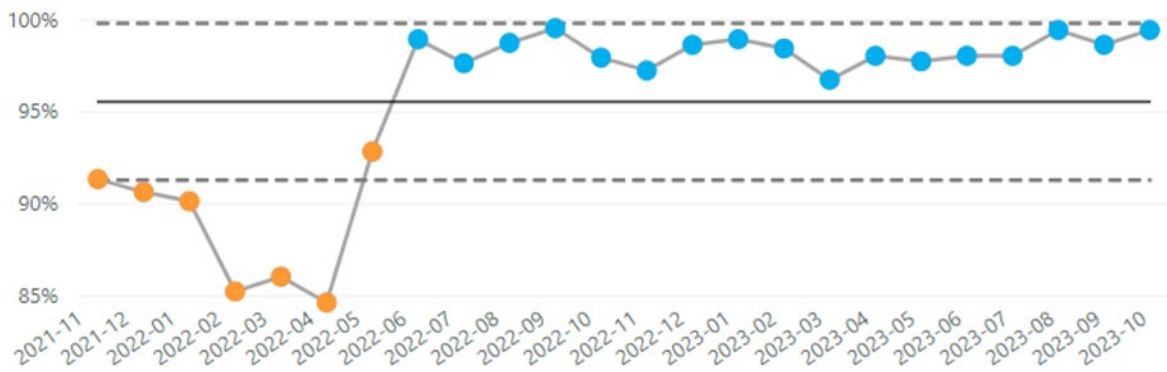




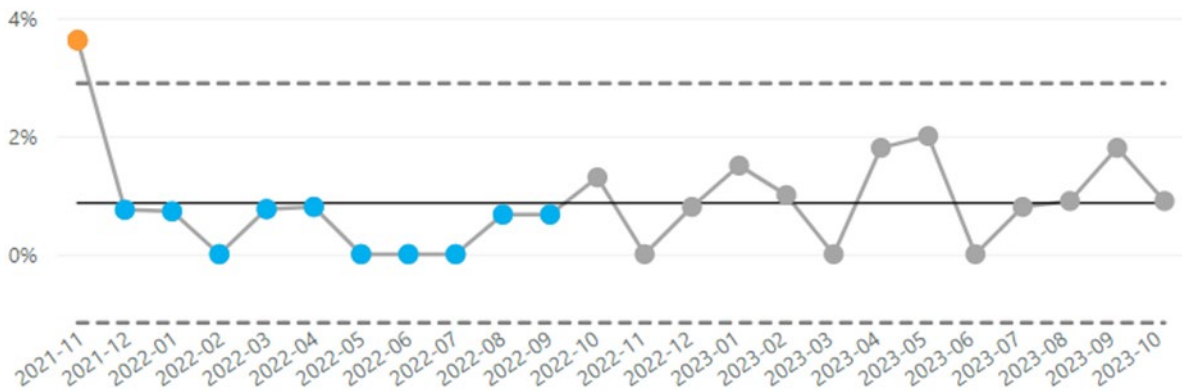
Caesarean Rates

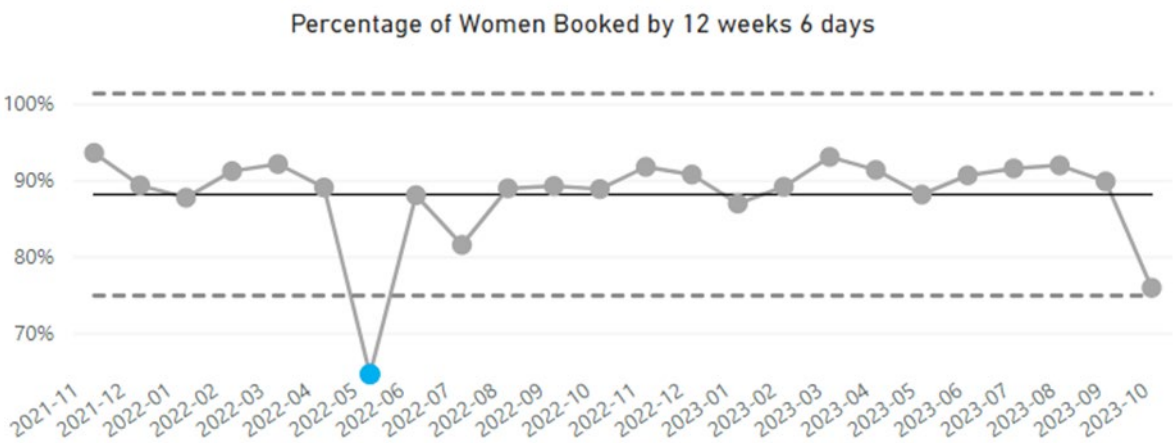
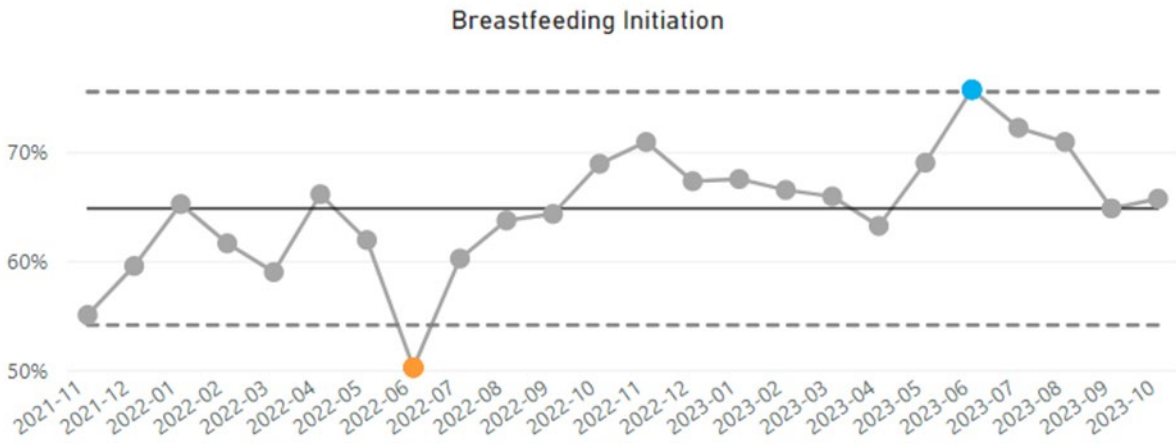
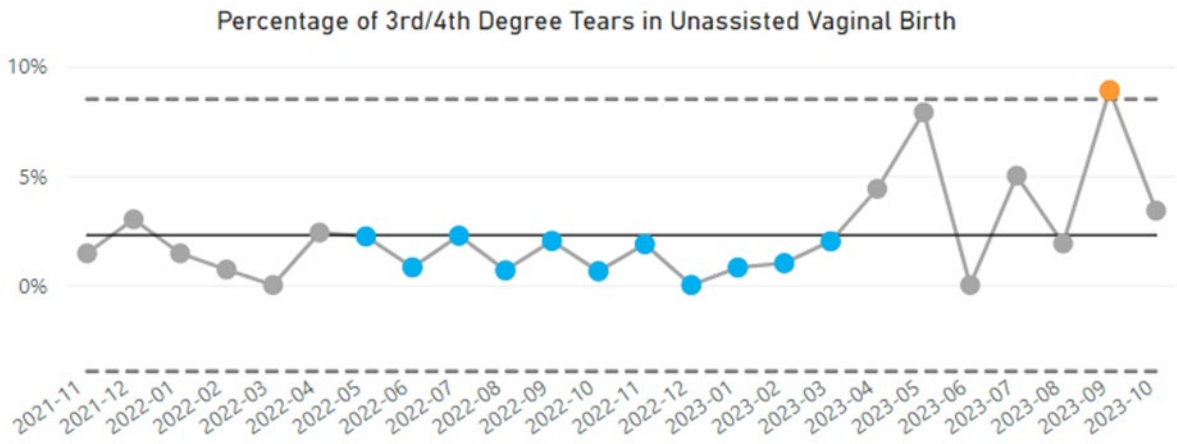


Percentage of Occasions 1:1 Care Provided

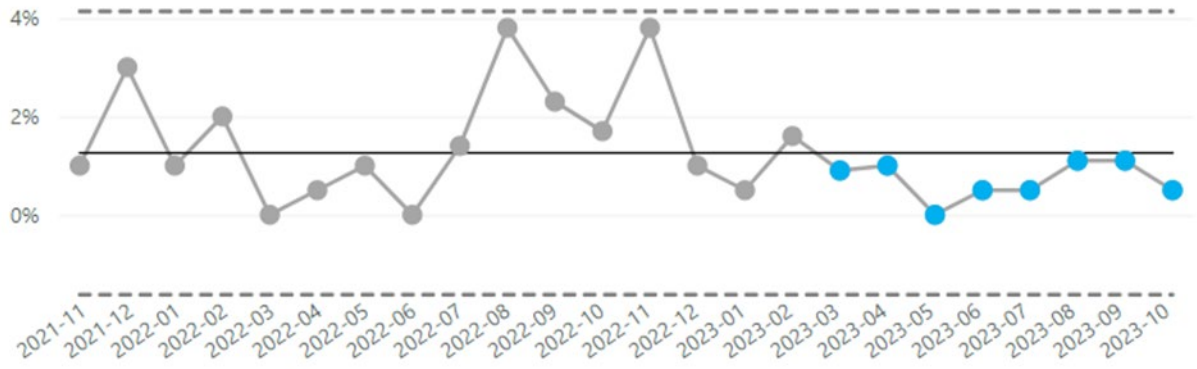


Percentage of 3rd/4th Degree Tears in Assisted Vaginal Births





Maternity Complaints as % of Deliveries



Maternity Incentive Scheme Year 5 Position

A colorful illustration at the bottom of the slide depicts a community scene. It features rolling hills in shades of yellow and orange, a bright sun, a Ferris wheel, a windmill, and silhouettes of people, including a person in a wheelchair, a family, and a person with a stroller. In the background, there is a building that resembles the Blackpool Tower.

Presented by Lynne Eastham,
Director of Midwifery & Neonates
Reem Nasur
Head of Department December 2023

CNST – Role of Trust Board

Chief Executive to submit completed Board Declaration Form to NHS Resolution (nhsr.mis@nhs.net) between **25 January 2024 and 12 noon on 1 February 2024** which needs to comply with the following conditions:

- Joint presentation to Trust Board by the Director of Midwifery and Clinical Director detailing positions and progress with the Safety Actions
- Declaration Form must be signed and dated by the Chief Executive following agreement by the Board of Executives
- The Chief Executive will ensure that the Accountable Officer for the ICB is appraised of the Safety Actions, evidence and declaration form
- The Chief Executive and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement of evidence submission

Following this:

Submit completed action plan for each Safety action not fully compliant along with Board declaration form to **NHS Resolution by 1 February 2024** with the funding required to meet the safety action not met

CNST – Evidence for Submission – Scrutiny

In addition to Board declaration requirement that:

- Trust submissions will have external validation cross checking including MBRACE, MSDS, HSIB and CQC
- There is oversight by Regional Chief Midwife and Local Maternity Neonatal System (LMNS)
- Any future concerns raised about the Trust performance will be investigated by NHS Resolution (eg CQC)

Background of Previous Submission

- Year 4 – Not fully compliant (2 safety action)
- Year 3 – Resubmission of evidence following CQC report
- Year 2 – Request for resubmission of evidence by February 2024

Internal Check and Challenge

Following the CQC report, Maternity Services has been assigned a Maternity Improvement Advisor from the National Team. This role is to support the service on the improvement journey, focusing on quality and safety, workforce, effectiveness, safety and sustainability, leadership, and culture.

Local Maternity and Neonatal System site visits

Local Maternity System Quality Assurance Committee

CNST – Compliance with the 10 Safety Actions

Aim to comply with 4 Safety Actions as a minimum

Current position is compliance with 5 Safety Actions

- **Safety Action 1:** Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?
- **Safety Action 2:** Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
- **Safety Action 6:** Can you demonstrate that you are on track to fully implement all elements of Saving Babies Lives Version 3
- **Safety Action 7:** Listen to women, parents and families using maternity and neonatal services and co-produce with users.
- **Safety Action 10:** Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?

CNST – Non Compliance with the 10 Safety Actions

Safety Action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?

Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

Safety Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Safety Action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training? Is progressing well and awaiting sign off by the LMNS.

Safety Action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

Section A : Maternity safety actions - Blackpool Teaching Hospitals NHS Foundation Trust

Action No.	Maternity safety action	Action met? (Y/N)	Met	Not Met	Info	Check Response	Not filled in
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes	10	0	0	0	0
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes	6	0	0	0	0
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	No	3	4	0	0	0
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	No	3	8	0	0	0
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	No	4	1	0	0	0
6	Can you demonstrate that you are on track to fully implement all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes	4	0	0	0	0
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Yes	8	0	0	0	0
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	No	23	4	1	0	0
9	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	No	6	6	0	0	0
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?	Yes	8	0	0	0	0
			75	23			

CNST – Areas of Non-Compliance

Does not mean Maternity is not safe

- Each year's safety actions build on the previous years
- Areas of noncompliance are due to interpretation, embedding and structure and organisation of previous years safety actions however have made considerable progress.
- Meeting requirements of Saving Babies Lives care bundle provides evidence-based practice for reducing perinatal mortality (safety and quality)
- Good position with progress on track for full compliance Year 6

CNST – Areas of Non-Compliance What Next

- Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund
- May be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved.(Kick start)
- Discretionary payment if action plan completed and submitted by the Trust
- Year 3 and Year 4 successful – focus on workforce so unlikely to be successful if ask for year 5

Proposed Action Plan for Areas of Non-Compliance

- £300,000 expected to be a fair ask
- **(Safety Action 3)** Leadership and implementation of Transitional Care in response to changes in pathways
- **(Safety Action 4)** Pastoral/retention support for the Obstetric team workforce to ensure Safe Staffing (RCOG Standards) are met
- **(Safety Action 5)** Pastoral/retention support for the Maternity and Neonatal team workforce to ensure Safe Staffing requirements are met
- **(Safety Action 8)** Leadership Development for Obstetricians and Delivery Suite Shift Coordinators
Support to facilitate live skills drills. Equipment to facilitate training. Babyline training for Governance, assurance and improving quality & safety courses and RCM Solution Series

CNST – Recommended Next Steps – Immediate

Immediate:

Board of Executives agree compliance with the 5 Safety Actions

Agree proposed action plan for areas of non-compliance:

Include this requirement within the action plan template of the Board Declaration Form to support compliance of the CNST requirements going forward

CNST – Recommended Next Steps

- Complete Board Declaration Form
- ICB lead to sign off by 1 February 2024

Then:

Continue to work in collaboration with the LMNS and ICB to ensure robust external scrutiny and support



Committee/Group Escalation Report

Name of Committee/Group:	Finance and Performance Committee	Report to:	Board of Directors
Date of Meeting:	30 th November 2023	Date of next meeting:	30 th January 2024
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

Alert

What	So What	What Next
<p>Finance IPR</p> <p>The Trust's financial performance for October is a £0.7m Deficit, £0.1m worse than target, but contains off-setting variances, as per previous months.</p> <p>The Trust's financial performance Year to Date is a £31.0m Deficit, £0.1m better than target.</p> <p>The Trust's agency spend year to date at October is £22.6m, which is 8.7% of the total pay bill (the system agency ceiling target is 3.7%). Nursing agency continues to reduce but have seen a blip in medical in relation to the IMPF division, in part related to the provision of additional medical teams in ED to address safety concerns.</p> <p>Capital: The total programme expenditure year to date is £9.4m.</p> <p>QEP numbers – achievement to date compared with the target for the year – further £29m to find in the remaining 5 months – big challenge – what is the confidence level of that level of savings – MB – is about increasing level of recurrent savings in years with the full recurrent benefit of schemes to be realised in 2024/25.</p>	<p>Committee members recognised the significant risks and challenges noting that it is good to see after month 7 still better than budget however acknowledge the significant risks of the full year forecast.</p> <p>The Board had previously discussed cash and noted an understanding of the additional mitigations which will be the continued focus towards delivery of the financial plan.</p> <p>Reviewing trajectories for reduction in bank and agency – assured that we are doing everything we should be doing. Safety will always come first and additional agency costs were incurred to ensure patient safety.</p>	<p>The Director of Finance confirmed that all recurrent schemes would be in place before the end of 2023/24 to deliver in full in 2024/25. Any deviation from target or plan will be communicated to Board members asap.</p> <p>In the extraordinary Board meeting that preceded this meeting, the Board approved an application for additional cash support of £19.5m</p>

Committee/Group Escalation Report

<p>Cash: The Trust's cash balance at 31st October 2023 is £9.9m, an increase of £2.9m in month and £7.7m higher than plan.</p> <p>Group balance consistently above plan and performance above better payment practice code – recognise the need to protect cash better and will ensure cash management through Q4.</p>		
<p>PAS Replacement Project</p> <p>Report received on the PAS replacement project outlining the potential operational and clinical. The team are on track for April 2024 implementation of the new PAS system including the development of a digital training hub.</p> <p>Committee members recognised the work undertaken to ensure a safe transition but given the scale of the programme this is included in the alert section of the report</p>	<p>Committee members recognised the scale of the challenge and the potential disruption to services.</p> <p>A steering group is in place with an operational group established for oversight of the delivery of the programme and management of the impact on clinical colleagues.</p> <p>Testing is underway and while no issues have been identified it this point there cannot be full assurance of an issue free implementation.</p>	<p>Committee members recognised the potential productivity impact of a significant system change – the training team are involving operational teams in future state design to support staff in gaining understanding of the new interfaces.</p>
Assurance		
What	So What	What Next
<p>Atlas Client Performance Escalation</p> <p>AAA report provided from the Atlas Client meeting – no areas escalated for risk. Formal report on RAAC on the BVH site received – two known areas identified but no new areas. Further update on other any RAAC in other areas of the estate in due course</p>		<p>Report noted</p>
<p>Strategy and Transformation Update</p> <p>Update presented for the months September 2023 – November 2023.</p> <p>The Strategy and Transformation Committee has oversight to ensure focus is on the most transformative programmes to ensure the most effective use of resources.</p>	<p>Strategy Delivery Group meetings now established for oversight of strategy delivery.</p>	<p>Annual Performance review to be developed with evidence, data and metrics of the improvements achieved</p> <p>Committee members recognised the progress made.</p>

Committee/Group Escalation Report

<p>Good progress made against agreed list of deliverables</p>		
Advise		
<p>Gas</p> <p>Procurement of gas and electricity contract is through the Trust's subsidiary Atlas and approved by Atlas Board with update to F&P for information. Gas was previously re-procured on a one year contract because of volatility of gas prices, procurement now done for gas and electric with a proposal that a four year contract is awarded to Inenco</p>	<p>Committee members recognised the benefits of contracting with a provider with scale and experience</p>	<p>Report noted</p>
<p>Fundamental Finance Review</p> <p>The peer Review conducted in the Autumn of 2022 recommended a series of actions to improve Financial Governance. One of these actions related to the conduct of regular 'Fundamental Review's of the Financial position and the reporting of the findings to the Trust Board.</p> <p>The first of these reviews was conducted at the end of H1 (six months to 30th September 2023) and the output formed a presentation to the Private Trust Board on 3rd November 2023.</p>	<p>In the remainder of 2023/24 financial year, the intention is the undertake the Fundamental Reviews each quarter (based on Month 9 and Month 12 financial information) and reported to Finance & Performance Committee prior to consideration at Trust Board in private sessions.</p>	<p>Quarterly forecast and review process supported</p>
<p>Estates Enabling Plan</p> <p>The Estate Enabling Plan sets out our vision for the development of the physical built environment over the next five years and how all space will be utilised. It relates to land, buildings, and facilities.</p> <p>The plan links to the overarching Trust strategy and sets our vision for the development of the physical build over the next five years.</p> <p>The plan sets the principles that will guide the use of the estate and will be closely linked to the clinical strategy and the ICB vision for the delivery of NHS services in Lancashire and S Cumbria.</p>	<p>Committee members discussed with a request for benchmarking information to enable an informed discussion with regard to the Trust's costs and potential future challenges in relation to space utilisation.</p> <p>Committee members recognised the links to other enabling plans and the need for all plans to dovetail in the discussion on transformation opportunities.</p> <p>The Trust has a site utilisation forum to understand and fully use the Trust's assets.</p>	<p>Further information to be provided on benchmarking of estates costs.</p> <p>Plan presented for endorsement by the Committee – supported for onwards presentation to the Board.</p>

Committee/Group Escalation Report

<p>Atlas are currently undertaking a two facet survey looking at the physical environment, strategic principles to look at the use of the estate and to improve the experience of our staff and our patients.</p>		
<p>Operational IPR</p> <p>Assurance – diagnostics KPI for patients waiting less than 6 weeks demonstrates over delivery against the plan and improved position</p> <p>Productivity metrics- seeing sustained improvement on dna rates and theatre utilisation with a range of initiatives underway giving stability of improved performance</p> <p>Advise – cancer diagnosis, 31 day performance regionally – non compliant – region under NHSE surveillance with weekly reporting from the ICB to NHSE.</p> <p>Alert</p> <p>UEC: Ambulance handover: > 60 minutes: performance continues to be very challenging – cohorting of pts by NWAS was in place on a number of days over the month, to enable release of crews. Ambulance performance and type one four hour performance was challenging with high conversion rates and high occupancy compromising flow – now in winter and enacting winter plans.</p> <p>ED refurb due for completion in the next 3 weeks – will lead to improvements in the environment and increased footprint. Working on optimising pathways and seeking improved performance against some of the front door trajectories.</p> <p>Cancer: system wide under performance for 31-day performance, BTHT 31-day performance is now under scrutiny. All Trusts in the ICB including BTHT are required to submit weekly data on surgical patients with a decision to treat (DTT).</p>	<p>Committee members noted the update and the plans to mitigate challenges but noted the risks.</p> <p>Committee members received an update on the trajectory to reduce the number of patients waiting more than 65 weeks – data to be included in future iterations of the IPR.</p> <p>Committee members noted the improvement on performance against the TIA target, this was achieved by pathway redesign with consultant led multi professional clinics.</p> <p>Ambulance handover – discussed the use of the atrium for ambulance handover following an alert raised through NWAS FTSU – a regular collaborative forum is now in place between the Trust and NWAS with agreement on shared high impact actions and improved engagement to drive improvements in quality and performance and ensure there is appropriate mitigation in place for the escalated risks.</p> <p>There have been two serious incidents in relation to ambulance handovers, these corelated to the concerns raised through FTSU. The atrium is no longer used for ambulance cohorting.</p>	<p>IPR to be the single vehicle for measurement of performance and provision of assurance – approved the addition of additional detail on 65 week RTT, PIFU and TIA recovery to be included in the IPR going forwards.</p> <p>Full IPR included in the Board meeting pack.</p> <p>The Committee will continue to receive quarterly updates on the PFIP programme. In terms of back door in relation to floor – the ambition is to avoid opening escalation beds which stretches the staff base and prolongs length of stay – seeking to improve flow and reduce length of stay.</p>

Committee/Group Escalation Report

<p>RTT: 65 weeks - 367 more patients than plan of 184. 52 weeks 655 more patients than plan of 1135. RTT – cardiac is an area of concern in month – the HoDs have raised concerns in relation to waiting times – reviewing data set to determine underlying causes</p> <p>Industrial action impact resulted in a loss of 785 spells in relation to day case and elective inpatients and a further 210 spells in relation to the incident – this equates to almost one week of activity.</p>		
<p>Critical Incident SBAR</p> <p>Report also discussed in Quality Assurance Committee – provided to the F&P Committee for information. Debriefs now underway to conclude by 8 December.</p>	<p>Committee members discussed the incident, the incident response and recognised the value of the input from the system which delivered sustained improvement.</p>	<p>Outcome from debriefs will come to both Quality Assurance and Finance and Performance.</p> <p>Committee members recognised the contribution from staff and partners in managing the incident.</p>
<p>2024/25 Budget Setting</p> <p>Briefing provided on the 2024/25 budget setting exercise</p> <p>System discussions are underway with regard to financial targets for 2024/25. Ambition for QEP plans for 2024/25 to be agreed by the end of March</p>	<p>Committee members discussed the aim for 2024/25 with specific focus on whether the Trust would achieve break even in 2024/25.</p>	<p>Planning update to be provided to the next meeting of the F&P Committee</p> <p>Report noted</p>
<p>Board Assurance Framework (BAF)</p> <p>Committee members noted that the strategic issues in relation to the remit of the Committee were included in the BAF</p>		<p>The BAF will be updated to include a digital section covering the risks associated with the digital plan</p>
<p>Reports also received on Forecast outturn change protocol received for information</p> <p>Nominated for HFMA governance award for accountability arrangements – good to have external recognition and to have made it to the short list</p>		

Title	Finance IPR for the eight months to 30 th November 2023			
Meeting:	Board of Directors			
Date:	11 th January 2024			
Author	Paul Cunday, Associate Director of Finance (Operational Finance)			
Exec Sponsor	Mark Brearley, Executive Director of Finance			
Purpose	Assurance	✓	Discussion	Decision
Confidential y/n	Y			

Summary (what)	Advise
	<p>The purpose of the report is to provide the Board of Directors with an update on the Trust's financial performance for the eight months to 30th November 2023.</p> <p>The Trust's financial performance for November is a £0.1m Deficit, £0.1m worse than target, and contains off-setting variances, as per previous months.</p> <p>The Trust's financial performance Year to Date is a £31.2m Deficit, in line with plan.</p> <p>The Trust's agency spend year to date at November is £26.7m, which is 9.0% of the total pay bill (the system agency ceiling target is 3.7%).</p> <p>Capital: The total programme expenditure year to date is £12.0m.</p> <p>Cash: The Trust's cash balance at 30th November 2023 is £2.1m, a decrease of £7.8m in month and £2.8m lower than plan.</p>

Implications (so what)	Alert
	<p>The Trust performance at the end of November is in line with plan.</p> <p>The 2023/24 planned deficit of £24.3m is based on delivery of a 5.5% QEP plan of £37.7m, financial recovery measures of £19.5m and additional income of £17.7m.</p> <p>The additional income of £17.7m in the Plan refers to the System Stretch. Delivery of this resource to the Trust by System Working remains the highest risk in the delivery of the Plan.</p>

	<p>Liquidity continues to be a risk with the Trust annual plan and the Trust made an application in October 2023 for cash support in Q3 of £7.2m which has been approved and the cash was received in December 2023. A further application for £19.5m cash support was submitted in December 2023 for Q4 and is still subject to final approval.</p> <p>The collective efforts of all staff will be required to secure delivery of the financial plan for 2023/24.</p>	
	Assure	
	<p>At November 2023, following a fundamental review, the forecast is a £24.3m deficit which is in line with the target deficit. The assumptions made are as follows:</p> <ul style="list-style-type: none"> • The system stretch target £17.7m is delivered; • The Trust Specific QEP and Financial Recovery targets are delivered or mitigated; • Winter related activity is either system funded or managed within internal resources; • Divisional operational pressures and risks will be managed or mitigated. <p>Additional mitigations currently being assessed to assist with keeping the Trust on Plan are:</p> <ul style="list-style-type: none"> • Further Pay controls – vacancy control and flexible pay; • Additional non-pay expenditure controls; • Opportunities to improve PbR income levels through additional work for Commissioners; • Scan4Safety Stock tracing and control system Business Case and implementation – both recurrent and non-recurrent savings; • Incentive scheme for Divisions and Directorates to over-achieve budget and QEP performance. 	

Previously considered by	Not applicable	
---------------------------------	----------------	--

Link to strategic objectives	Our People	✓
	Our Place	✓
	Our Responsibility	✓

Equality, Diversity and Inclusion (EDI) implications	Not applicable to this report.	
---	--------------------------------	--

**Proposed
Resolution**
(What next)

The Board of Directors is asked to note the content of the report.

Financial Performance

Reporting Period – November 2023



November 2023 I&E

- The Trust's bottom-line I&E performance year for the eight months to 30th November 2023 is a £31.2m deficit, which is in line with plan.
- In delivering the monthly target, the Trust has covered the July to November proportion of the System Financial Stretch (£17m), which has been phased equally from July to March 2024.

Income and Activity

- For 2023/24 the Trust is operating under an Aligned Payment & Incentive (API) contract with Lancashire & South Cumbria (L&SC) ICB and NHSE Specialised Commissioning. API contracts have two elements:
 1. A variable element that covers elective activity, diagnostics and high-cost drugs & devices.
 2. A fixed element that covers all other aspects of commissioned activity such as emergency care and outpatient follow ups.

- Emergency admissions are 11% ahead of plan with A&E attendances 5% ahead. Increased admissions in general medicine, general surgery and gynaecology are driving this over-performance.
- Income generation for the Trust at the 30th November 2023 is £1.2m ahead of plan. Key drivers of this include non-delivery of the System Gap funding (£1.9m) and lower than planned income & expenditure against services funded through FCUs (£2.3m).
- These are offset by increased education & training and R&D funding (£4.3m), higher than planned safeguarding & cancer alliance income (£0.7m) and income relating to donated assets (£0.6m).
- The Trust is working closely with the ICB to monitor elective recovery performance, but no financial adjustments have been made to date. Elective recovery targets have been reduced by 4% since the start of the year to account for on-going industrial action.

Expenditure

- Operating expenditure for the eight months to November 2023 is £2.2m worse than plan. The key drivers of the variances are predominantly:
 - Bank and agency pay costs are higher than budgeted levels to cover vacancies, sickness and escalation and are partially offset by an underspend on substantive staff (£5.3m);
 - 2023/24 Agenda for Change pay award pressure (£0.4m);
 - Drugs pressure - in tariff drugs and overperformance on excluded drugs on block contracts (£1.5m);
 - Lower than planned costs relating to commissioner funded services outside of the main contracts £2.3m;
 - A number of non-pay underspends including a review of the accruals and provisions is helping to off-set the overspent areas.

- The Trust has implemented the following to strengthen financial controls:
 - Temporary Agency Control Group;
 - Vacancy & Spend Control Panel;
 - Fortnightly QEP meetings;
 - Lower Scheme of Delegation limits;
 - A weekly agency medical staff deployment scrutiny meeting.

Non-Operating Income & Expenditure

Non-operating income and expenditure is £1.0m better than plan. The main reasons for this are:

- increase in finance income of £1.4m following the Bank of England raising interest rates to 5.25%;
- a reduction in PDC dividend of £0.2m based on average cash balances;
- offset by an adjustment for donated assets income of (£0.5m).

Performance Against Agency Cap

- There is a system agency ceiling of 3.7%. If this was applied to the Trust, it would equate to £11.0m so the YTD position is £15.7m higher than the indicative agency ceiling.
- The agency spend incurred relates to cover for vacancies, sickness and escalation.
- As part of QEP and Financial Recovery delivery a number of schemes have been planned to reduce the level of agency spend e.g. reduction of nursing agency rates in line with the ICB rate card but the Medical Agency spend is reducing cumulatively at a much slower rate than anticipated.
- A weekly scrutiny meeting is in place to monitor the active assignments. In the table below nursing agency expenditure has reduced from earlier months but medical agency is seeing an increase.

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Normalised Medical Agency Expenditure	2.4	2.1	2.8	3.0	2.6	2.3	2.2	2.2	2.1	1.9	2.4	2.5
Normalised Nursing Agency Expenditure	1.5	1.0	1.5	1.9	1.5	1.2	1.3	1.0	1.0	1.0	1.0	1.0

Cash

- The cash balance to the end of November 2023 of £2.1m is a decrease of £7.8m from £9.9m in October, and £2.8m lower than plan. The lower than planned cash balance is mainly driven by the higher than planned operating deficit, increased inventories, decrease in trade and other payables, and lower than planned capital PDC received due to the phasing of projects. This is offset by decreased trade receivables due to increased debt recovery, higher than planned interest receipts, unexpected deferred income received in advance, and lower than planned capital expenditure.

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Plan	32.8	22.4	17.0	11.0	8.7	2.2	2.2	4.9	5.5	7.2	7.6	8.4
Actual	34.5	31.1	24.1	13.3	16.5	7.0	9.9	2.1				
Variance	1.7	8.7	7.1	2.3	7.8	4.8	7.7	-2.8				

- Cumulatively the Trust has paid 97% of suppliers by value and 96% by volume against the better payment practice code (BPPC) target of 95%.

Cash continued

- Liquidity continues to be a risk with the Trust annual plan and revenue support has been required in Q3 and further support will be required in Q4 to maintain minimum cash balances. This is being kept under close scrutiny.
- The Cash Management Group meet on a fortnightly basis to review cash forecasts, cash KPIs, levels of aged debt, levels of accrued income and details of prepayments to ensure cash balances are maximised.
- The Trust made an application in October 2023 for cash support in Q3 of £7.2m which has been approved and the cash was received in December 2023. A further application for £19.5m cash support was submitted in December 2023 for Q4 and is still subject to final approval.

Capital

- The total capital programme expenditure at the end of November 2023 is £12.0m which is £4.9m behind plan due to the delayed approval of the 23/24 capital plan.
- A further £1.8m has been awarded to the Trust in October and November 2023 in relation to the RAAC Removal programme and Digital and Medical Equipment. In addition, the Trust has rephased £6.86m of the EPR frontline digitalisation programme to 24/25. This reduces the Trust capital programme for 23/24 to £37.3m.
- Spend incurred to November 2023 is against:
 - £3.8m Emergency Village & Critical Care;
 - £2.4m ICT licence renewals and project staffing;
 - £4.6m Estates development schemes;
 - £1.1m Medical Equipment schemes;
 - £0.1m Charity Donated assets.

Finance Ratios

- Operating Deficit to Income percentage year to date to November 2023 is (6.4%) which is 0.2% worse than planned levels.
- The year to date agency to total pay ratio is 9.0%, which is 5.9% above the budgeted ratio. NHSE have set a target for systems in 2023/24 to remain within 3.7% of the overall system pay bill.

QEP and Financial Recovery

- For the eight months to November 2023 the Trust has delivered £20.8m of savings which is in line with the cumulative QEP target.
- £10.5m of this has been delivered recurrently, with £10.3m delivered through non-recurring measures.
- The annual target of £37.7m is expected to be covered recurrently going in to 2024/25.
- Financial Recovery measures required to deliver the target deficit have saved £7.9m which is in line with the phasing of the savings.
- It should be noted that the profile of the planned savings was weighted towards the latter six months of the year in line with the expected delivery of schemes.

Month 8 November 2023

Statement of Comprehensive Income

	November 23				Year to Date at November 23			
	Budget £m	Actual £m	Variance £m	Variance %	Budget £m	Actual £m	Variance £m	Variance %
I&E (TOTAL)								
NHS Clinical Income	51.5	52.3	0.8	1%	402.4	398.3	(4.1)	-1%
Non NHS Clinical Income	2.1	0.4	(1.7)	-80%	5.1	3.6	(1.5)	-30%
Other Operating Income	2.3	5.5	3.3	142%	17.5	24.4	6.9	40%
Total Operating Income	55.9	58.2	2.3	4%	425.0	426.3	1.2	0%
Pay Costs (excluding agency)	(34.8)	(33.9)	0.8	-2%	(280.5)	(270.4)	10.1	-4%
Pay Costs - Agency	(0.2)	(4.1)	(3.9)	1933%	(8.9)	(26.7)	(17.8)	201%
Non Pay	(20.4)	(19.7)	0.7	-3%	(161.9)	(156.5)	5.4	-3%
Total Operating Expenditure	(55.4)	(57.7)	(2.4)	4%	(451.3)	(453.6)	(2.2)	0%
Operating Surplus / (Deficit)	0.5	0.5	(0.0)	-8%	(26.3)	(27.3)	(1.0)	4%
Non Operating	(0.6)	(0.7)	(0.0)	1%	(5.1)	(3.5)	1.6	-31%
Adj for Depreciation on Donated & Granted Assets	0.0	0.0	(0.0)	-3%	0.2	(0.3)	(0.6)	-244%
Adjusted Financial Performance Surplus / (Deficit)	(0.1)	(0.1)	(0.1)	64%	(31.2)	(31.2)	0.0	0%
RATIOS								
Agency : Total Pay	0.57%	10.74%	10.17%		3.07%	8.98%	5.92%	
Operating Deficit : Income	0.96%	0.84%	-0.11%		-6.19%	-6.41%	-0.22%	
Net Deficit : Total Income	-0.15%	-0.23%	-0.08%		-7.34%	-7.31%	0.02%	

Phasing of 23/24 Income & Expenditure Plan Across the Financial Year

- In order to deliver a full year planned deficit of £24.3m, the in-month financial plan shows a reduced monthly deficit from Q2 moving to an in month surplus position towards the end of the year.
- This is predominantly due to the phasing of the QEP, financial recovery plans and system funding gap. The QEP and Financial Recovery phasing is shown later in the report.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	23/24 Total
In month Surplus / (Deficit)	(6.3)	(7.5)	(6.8)	(3.7)	(3.4)	(2.6)	(0.7)	(0.1)	1.2	(0.7)	3.2	3.3	(24.3)
Cumulative Surplus / (Deficit)	(6.3)	(13.8)	(20.6)	(24.3)	(27.7)	(30.3)	(31.0)	(31.2)	(29.9)	(30.7)	(27.5)	(24.3)	(24.3)

Statement of Financial Position November 2023



Blackpool Teaching
Hospitals

NHS Foundation Trust

Finance

Statement of Financial Position as at 30th November 2023	Audited Position as at 31/03/23 £000	Actual Position as at 31/10/2023 £000	Actual Position as at 30/11/2023 £000	Monthly Movement £000	Forecast Position as at 31/03/24 £000
NON-CURRENT ASSETS					
Intangible Assets	9,845	8,472	8,801	329	23,277
Property, Plant and Equipment	303,427	299,467	299,711	244	308,702
Trade and Other Receivables, non-current	2,230	2,327	2,329	2	2,230
Total Non-Current Assets	315,502	310,266	310,841	575	334,209
CURRENT ASSETS					
Inventories	8,793	9,352	9,175	(177)	8,793
Trade and Other Receivables, current	34,150	18,715	23,651	4,936	40,244
Cash and Cash Equivalents	47,821	9,931	2,092	(7,839)	8,445
Total Current Assets	90,764	37,998	34,918	(3,080)	57,482
Total Assets	406,266	348,264	345,759	(2,505)	391,691
CURRENT LIABILITIES					
Trade and Other Payables	(110,220)	(80,499)	(81,403)	(904)	(100,259)
Other Liabilities	(9,906)	(15,303)	(13,388)	1,915	(9,906)
Borrowings, current	(9,214)	(7,809)	(7,865)	(56)	(9,163)
Provisions	(1,540)	(1,009)	(564)	445	(1,190)
Total Current Liabilities	(130,880)	(104,620)	(103,220)	1,400	(120,518)
TOTAL ASSETS LESS CURRENT LIABILITIES	275,386	243,644	242,539	(1,105)	271,173
NON-CURRENT LIABILITIES					
Trade and Other Payables	(1,657)	(1,657)	(157)	1,500	(157)
Borrowings, non-current	(71,482)	(67,844)	(67,323)	521	(62,399)
Provisions	(2,920)	(2,920)	(2,920)	0	(2,920)
Total Non Current Liabilities	(76,059)	(72,421)	(70,400)	2,021	(65,476)
TOTAL ASSETS EMPLOYED	199,327	171,223	172,139	916	205,697
TAXPAYERS' EQUITY					
Public dividend capital	309,412	311,954	313,025	1,071	339,049
Revaluation Reserve	20,380	20,232	20,232	0	20,380
Income and Expenditure Reserve	(130,465)	(160,963)	(161,118)	(155)	(155,232)
TOTAL TAXPAYERS' EQUITY	199,327	171,223	172,139	916	204,197

The Statement of Financial Position at 30th November 2023 is presented opposite and the reasons for the significant movements in month are highlighted below:

Non-Current Assets

- Property, Plant & Equipment (PPE); movement relates to depreciation; amortisation and in-year additions (see capital note for further information).

Working Capital

- Inventories; £0.2m reduction.
- Trade & Other Receivables; £2.1m increase in invoiced debt, £1.4m increase in accrued income, and £1.8m increase in VAT receipts. This is offset by £0.4m reduction in prepayment.
- Trade & Other Payables; £5.8m increased non-capital invoiced payments, £0.1m increase in social security costs, offset by £6.8m decrease in accruals.
- Other Liabilities; £1.9m increase in deferred income.

Taxpayers Equity

- Income & Expenditure Reserve movement of £0.2m in month and £30.7m YTD being the adjusted financial performance.

Statement of Financial Position: Working Capital

Key Performance Indicators -30th November 2023				
Debtor/Creditor Days	Target	Nov-21	Nov-22	Nov-23
Debtor Days	30	18	19	13
Creditor Days	30	122	155	147
BPPC (Cumulative)	Target	Nov-21	Nov-22	Nov-23
Value	95%	80%	93%	97%
Volume	95%	87%	92%	96%
Aged Debt	Target	Nov-21	Nov-22	Nov-23
	£000's	£000's	£000's	£000's
Current less than 30 Days		4,111	3,899	4,563
30 - 60 Days		605	8,077	1,220
60 - 90 Days		603	1,042	516
Over 90 Days	< 5%	1,503	1,026	2,964
Total		6,822	14,044	9,263
% Over 90 Days		22%	7%	32%
Liquidity	Target	Nov-21	Nov-22	Nov-23
Current ratio	> 1	0.82	0.62	0.34

The Trust's BPPC performance by value and volume are both above the target of 95%.

In view of the ongoing risk in relation to liquidity assurance cannot be provided that the Trust will maintain BPPC performance at 95% for the remainder of 2023-24.

Aged Debt (Sales Ledger)

- In month the number of outstanding invoices has increased by 44 from 876 to 920 and the value of debt has increased by £2.1m from £7.1m to £9.2m.
- Debtors aged 0-30 days has increased by £1.5m, debtors aged 31 to 60 days has increased by £0.4m, debtors aged 61-90 days has decreased by £0.7m, debtors aged over 90 days has increased by £0.9m.

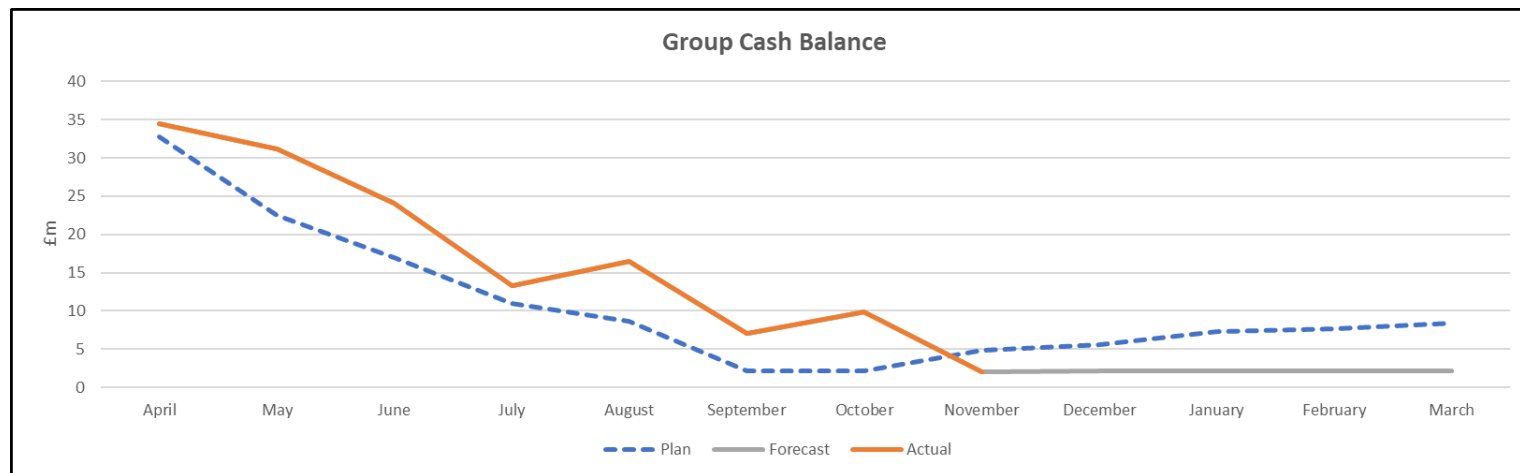
The key over 90 day receivables are set out below:

Debt > 90 Days - 30th November 2023			
Reason	Current Mont	Prior Month	Movement
	£'000s	£'000s	£'000s
NHS Debt	2,295	1,463	832
Non-NHS Debt	52	86	- 34
Salary Overpayment	73	76	- 2
Private & Overseas Patients	428	401	27
Council Debt	97	9	88
Welsh / Irish / Scottish Debt	18	11	7
Total	2,964	2,046	918

Statement of Financial Position: Working Capital continued

- Private patients are provided with an advance price and asked for advance payment or proof of insurance cover. Overseas & private patient debt is chased by an internal specialist team.
- NHS debt is predominantly due from Lancashire and South Cumbria ICB £1.6m; £0.5m from Lancashire Teaching Hospitals NHS FT. The ICB debt has been escalated to senior management for resolution. The team continue to chase heads of services at counterparties to resolve disputes and non-payment.
- Non-NHS debt mainly relates to R&D, Occupational Health and rent and the team continue to chase.

Cashflow Forecast



- The cash balance to the end of November 2023 of £2.1m is a reduction of £7.8m from £9.9m in October, and £2.8m lower than plan. The reduction in cash balance is mainly driven by decreased trade and other receivables, increased trade and other payables, decreased deferred income, increased capital expenditure, increased provisions and increased lease payments. This is offset by a reduction in the operating deficit, depreciation and increased capital PDC received due to the phasing of projects.
- The 2023/24 Cash Plan assumes Provider Revenue Support PDC in September of £1.1m and October of £2.5m to maintain the required minimum cash balance level. In the intervening period since the plan was submitted, the cash position in the first six months had improved marginally meaning that support was not required in Q2.
- Liquidity continues to be a risk with the Trust annual plan and revenue support has been required in Q3 and further support will be required Q4 to maintain minimum cash balances. This is being kept under close scrutiny.
- The Trust achieving its financial position and planning assumptions including both the QEP & financial recovery targets is critical to minimising the level of revenue support which will be required in 2023/24.
- Close monitoring will also be required to ensure both Trust & Atlas maintain adequate cash balances.
- The Trust made an application in October for cash support in Q3 of £7.2m which was approved, and cash was received in December 2023. A further request for £19.5m cash support was made in December for Q4 and this is still subject to final approval.

QEP and Financial Recovery

The Trust is reporting delivery in line with plan against the 5.5% QEP target at the end of November 2023. This is due to an over-delivery in Clinical Support, FICC and Corporate divisions offset by under-delivery in IMPF, SACCT and Tertiary divisions.

The financial recovery programme is on plan.

	Month 8			YTD Month 8		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Recurrent 5.5% QEP	3.4	1.8	(1.6)	17.1	10.5	(6.6)
Non-Recurrent 5.5% QEP	0.7	2.3	1.6	3.7	10.3	6.6
Financial Recovery	2.9	2.9	0.0	7.9	7.9	0.0
Total	7.0	7.0	0.0	28.7	28.7	0.0

Phasing of 23/24 QEP & Financial Recovery Measures in the Plan

As indicated in the summary, the savings plan is weighted to the latter half of the year.

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	23/24 Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
QEP	0.4	0.9	2.1	2.7	3.2	3.5	4.0	4.1	4.0	4.2	4.1	4.5	37.7
Financial recovery	0.2	0.1	0.3	0.5	0.5	0.5	2.8	2.9	2.9	2.8	2.9	3.0	19.5
Total	0.6	1.0	2.4	3.2	3.7	4.0	6.8	7.0	6.9	7.0	7.0	7.5	57.2
Cumulative Total	0.6	1.6	4.0	7.2	10.9	14.9	21.7	28.7	35.6	42.6	49.6	57.2	57.2

QEP and Financial Recovery continued

Finance

Division	Targets				Divisionally Generated Savings (YTD Delivery)				
	Divisional QEP £000	Trust Specific QEP £000	Financial Recovery £000	Total £000	Target £000	Recurrent £000	Non-Recurrent £000	Total £000	Variance £000
Clinical Divisions									
Clinical Support	3,070	785	700	4,555	1,697	1,294	492	1,786	89
Families & Integrated Community Care	4,010	-250	500	4,260	1,684	1,082	865	1,947	263
Integrated Medicine & Patient Flow	4,991	9,775	300	15,066	2,758	396	67	462	-2,296
Surgery, Anaesthetics, Critical Care & Theatres	3,716	3,575	2,500	9,791	2,053	996	579	1,575	-478
Tertiary Services	3,203	856	1,000	5,059	1,770	1,358	347	1,704	-65
Corporate Divisions									
Chief Executive	130	22	22	174	84	101	0	101	17
Chief Operating Officer	184	30	38	252	118	118	0	118	0
Clinical Governance	367	58	69	494	235	133	57	190	-45
Communications	16	2	4	22	10	0	16	16	6
Corporate Governance	47	7	5	59	30	36	0	36	6
Finance	238	37	36	311	152	275	0	275	123
FM & Emergency Planning	631	100	79	810	404	388	3	390	-13
Medical Director	32	5	8	45	21	21	0	21	0
Medical Education	186	29	35	250	119	119	0	119	0
People & Culture	430	174	61	665	334	262	17	279	-55
Planning, Transformation, Strategy & Digital (Other)	75	12	11	98	48	56	0	56	8
Planning, Transformation, Strategy & Digital (ICT)	711	112	108	931	455	342	92	434	-21
Research & Development	114	18	22	154	73	13	60	73	0
Trust Specific	0	0	7,000	7,000	0	0	0	0	0
Other Divisions									
Other Divisions	0	163	7,000	7,163	8,767	3,494	7,758	11,251	2,484
Grand Total	22,151	15,510	19,498	57,160	20,810	10,482	10,351	20,833	23

Forecast

	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	M7 £m	M8 £m	M9 £m	M10 £m	M11 £m	M12 £m	2023/24 Total £m
Plan Surplus / (Deficit)	(6.3)	(7.5)	(6.8)	(3.7)	(3.4)	(2.6)	(0.7)	(0.1)	1.2	(0.7)	3.2	3.3	(24.3)
Actual / Forecast Surplus / (Deficit)	(6.3)	(7.5)	(6.8)	(3.7)	(3.4)	(2.6)	(0.7)	(0.1)	1.2	(0.7)	3.2	3.3	(24.3)
Variance to Target	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0

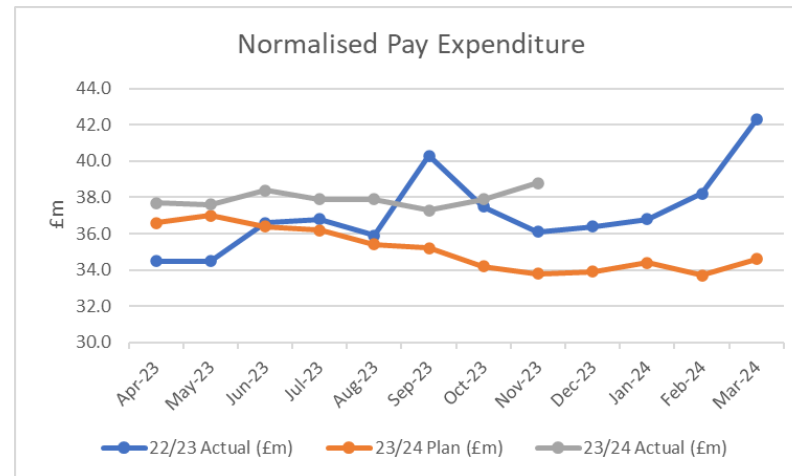
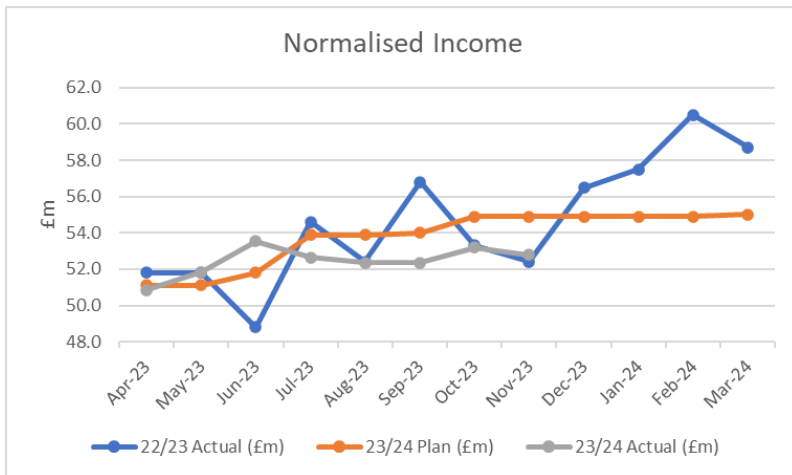
At November 2023 the forecast is a £24.3m deficit which is in line with the target deficit. The assumptions made are as follows:

- The system stretch target £17.7m is delivered or mitigated;
- The Trust Specific QEP and Financial Recovery targets are delivered or mitigated;
- Winter related activity is either system funded or managed within internal resources;
- Divisional operational pressures and risks will be managed or mitigated.

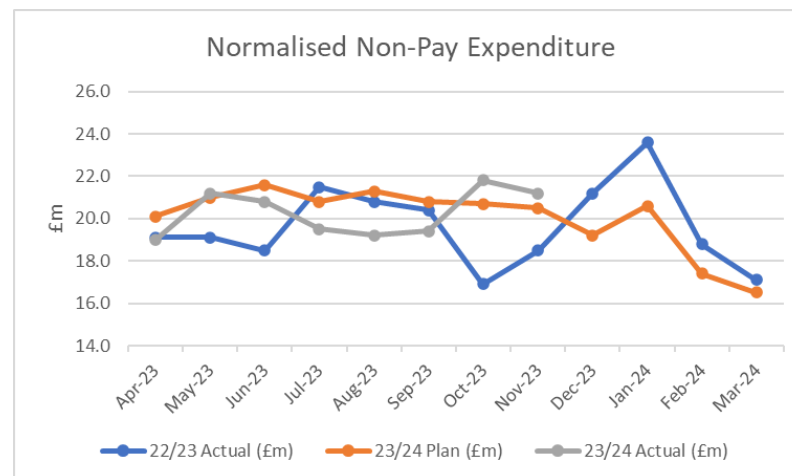
Additional mitigations currently being assessed to assist with keeping the Trust on Plan are:

- Further Pay controls – vacancy control and flexible pay;
- Additional non-pay expenditure controls;
- Opportunities to improve PbR income levels through additional work for Commissioners;
- Scan4Safety Stock tracing and control system Business Case and implementation – both recurrent and non-recurrent savings;
- Incentive scheme for Divisions and Directorates to over-achieve budget and QEP performance.

Run Rate



For comparison purposes, the 22/23 actuals in the run rate graphs have been normalised to remove 22/23 non recurrent income and expenditure and uplifted to 23/24 prices.



Title	Integrated Performance Report (IPR) Operational Performance				
Meeting:	Board of Directors Meeting				
Date:	03/01/2024				
Author	Steve Christian Deputy Chief Executive Officer Chrisella Morgan, Director of Operations & Performance William Wood, Associate Director of Business Intelligence				
Exec Sponsor	Steve Christian Deputy Chief Executive Officer				
Purpose	Assurance	✓	Discussion	✓	Decision
Confidential y/n	N				

Summary (what)	Advise				
	<ul style="list-style-type: none"> The IPR covers all national and regional KPIs that the Trust must report in line with the Operational Plan 23/24 for all acute NHS Trusts. The IPR narrative describes the current position against the statutory requirements. The narrative outlines the challenges and provides assurance on the intended priority actions against the KPIs that are not meeting the required targets and / or trajectories. UEC: 4 hour performance: Remains challenged but through work with M-prove modest improvement delivered. UEC: Ambulances handover performance continues to be compromised due to challenges in patient flow. However, significant improvement on the month prior even before the handover of the newly refurbished department. Cancer: Consolidated Cancer Waiting Times standards reported for the first time in October 2023. RTT: Zero 104 breaches 				

Implications (so what)	Alert				
	<ul style="list-style-type: none"> UEC: Challenges resulting from phase 3 and 4 of emergency village being completed simultaneously. RTT: 65 weeks – Reported at 344 more patients than plan of 150. But within revised H2 plan, and represents a reduction on the previous month. 				
	Assure				
	<ul style="list-style-type: none"> UEC: Capital development successfully delivered and handed over in December 2023. 				

	<ul style="list-style-type: none"> • Cancer: FDS performance compliant for the month of October 2023, ahead of schedule against the 23/24 operational plan. • RTT: The position related to DMO1 for 7 modalities (as per the NHSE 2023/24 Operational plan) shows over-delivery against the plan for ECHO, MRI and non-obstetric ultrasound, with CT on plan. 	
Previously considered by	Executive Team Meetings, Clinical Division PIDAs and Senior Operational Assurance Group (SOAG)	
Link to strategic objectives	Our People	✓
	Our Place	✓
	Our Responsibility	✓
Equality, Diversity and Inclusion (EDI) implications	Not applicable.	
Proposed Resolution (What next)	Continue to drive delivery against the key actions and priorities as set out in the IPR narrative.	



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

Integrated Performance Report

Finance and Performance Committee

November 2023



Caring • Safe • Respectful

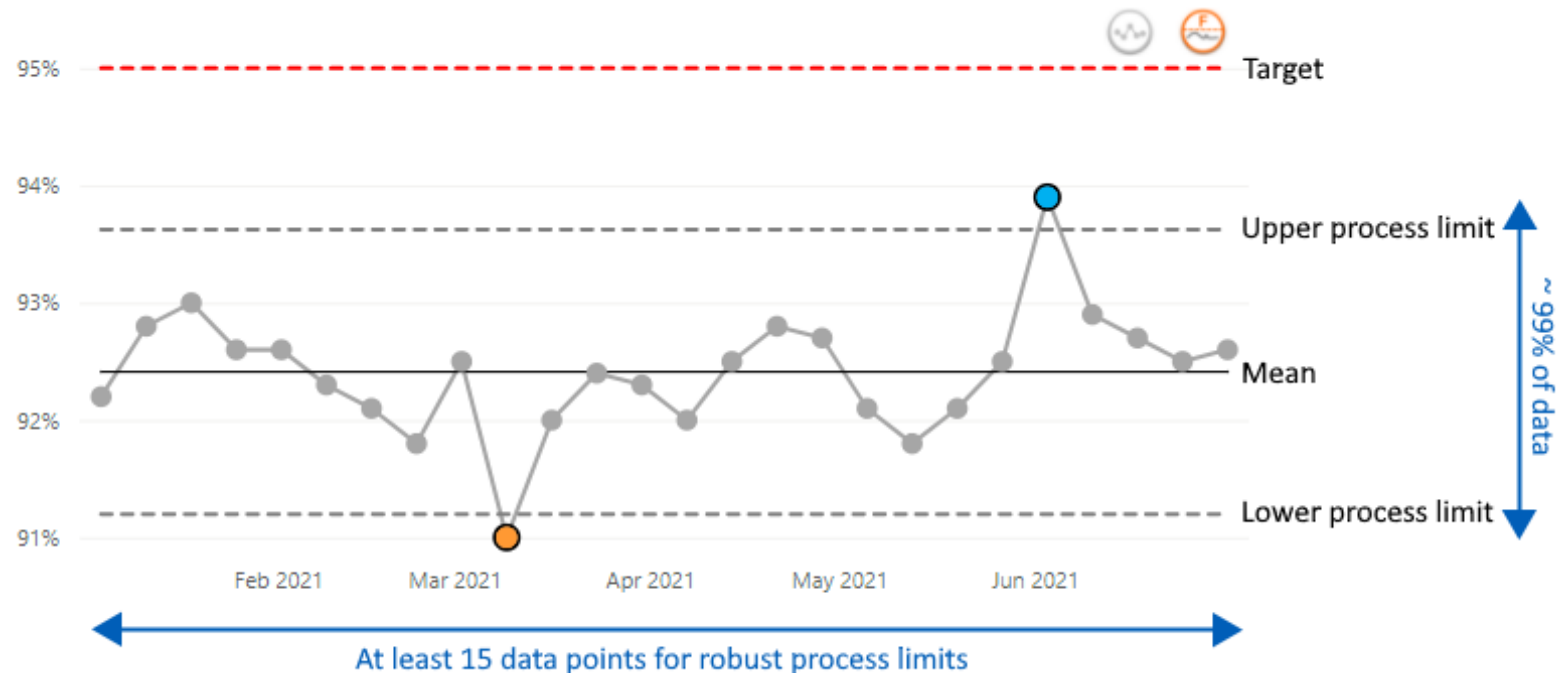
Guide to Statistical Process Control

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					
											
Operations	Access		6	8	7	2	2	12	4	1	
	Activity		6			2		3		1	
	Cancer		6	2	5	1	2	7			3
	Productivity		1	2	2	6	2	1	7		1






Assurance




Measures the likelihood 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.

Access

Month End 30/11/2023

UEC

Advise

- 4 hour performance: Performance remains challenged, though the overall trend in performance is largely consistent. The Division, working with M-Prove is exploring changes to dashboards to refocus on this constitutional standard. Modest improvements were delivered (+1.5%) compared to the previous reporting period.
- Ambulance handover: > 60 minutes: November performance was a significant improvement on the previous month (402 fewer breaches). Although a challenging month still, the team, through the revision of its processes with the support of MProve, were able to deliver improvements ahead of the refurbished department being handed over.

Alert

- The layout and flow through ED remained challenged in November as a result of Phase 3 and 4 being completed simultaneously.
- 12 hour delays within the department remain high, although improvements to 12 Hour DTA performance are being delivered due to a change in the admission processes for medicine.

Assure

- Capital development was successfully delivered and handed over in December 2023. The new department offers an opportunity to maximise flow and adopt new ways of working.
- Recruitment to the ED Medical Staffing business case is ongoing with consultant posts being successfully appointed to. Senior ACP roles have also been recruited to.
- Bi-weekly meetings with NWAS and Trust colleagues continue to address further opportunities for improvement and to troubleshoot any issues or challenges regarding ambulance delays.

Access

Month End 30/11/2023

RTT

Advise

- Trust Total RTT reduction by 132. A positive reduction for the second consecutive month.
- Zero 104-week breaches
- Cardiology improvement plan in place with service leads meeting with the Executive triumvirate fortnightly which is demonstrating improvement in OP backlog and P2 activity. Detailed monitoring will continue.
- Gynaecology – Reduction in over 65 week risks (prior to 31 March) cohort is 182 (was 309) through additional WLI activity and outsourcing to Ramsay healthcare.
- 65 week breach risk monitoring at patient level in all Divisions.

Alert

- 72 reportable 78-week breaches in November 2023; 83% due to capacity issues (9% for choice/7% patient complexity). This is driven by Gastroenterology and Orthodontics. In Gastroenterology this is being addressed through the OP insourcing arrangement and these will show an improving position month on month; In Orthodontics this is due to a resolution still being required for treatment of normal priority orthodontic patients- some with long waits beyond 78 weeks due to orthodontic staffing challenges over the last 4 years. There are continuing discussion with the Provider Collaborative and the ICB as to the way forward for Orthodontics at BVH and across Lancashire & South Cumbria. This is unlikely to be resolved in 2023/24.
- 65 weeks -494- a positive position against a plan of 558 (Revised plan).
- 52 weeks incomplete – A reduction in month of 98 patients- the second consecutive month showing a positive reduction.
- The biggest contributors to the >52 week position by volume are Gastroenterology, Cardiology, Gynaecology, Ophthalmology, Oral surgery and Orthodontics.
- Improvement plans are in place and monitored weekly in SOAG.
- Oral surgery- 1700 backlog due to Medical staffing gaps. New staff now in post and additional clinics commenced to address this.
- Ophthalmology- New and Follow up backlogs have all undergone non-clinical validation and patients requiring urgent review have been identified and booked onto appropriate sub specialty or general clinics November-January. Additional locum consultant now in position to support OP backlog reduction and reduce patient waits . Further transformation work ongoing in ophthalmology with review of directory of services, implementation of alternative triage model and patient initiated follow up being explored.
- There was under delivery in DMO1 for the three modalities relating to GI Endoscopy, although the plan was high in month and is still a significantly improved position on previous months activity.

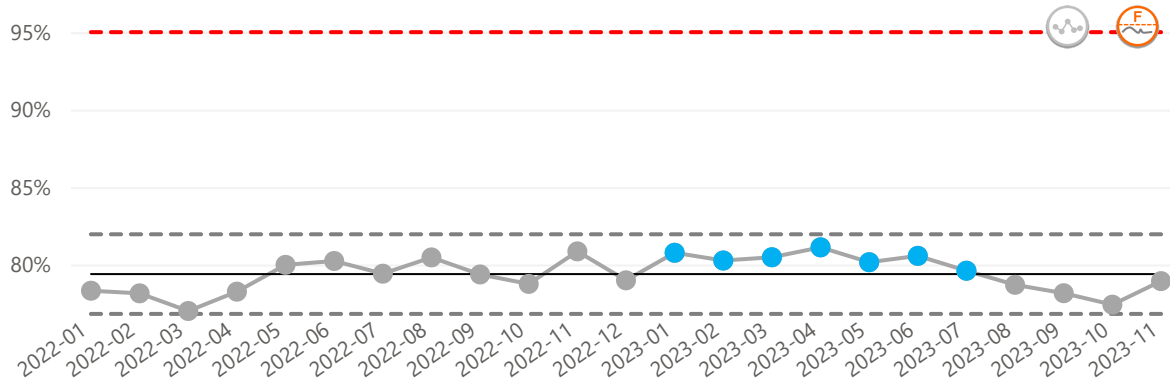
Assure

- The position related to DMO1 for 7 modalities (as per the NHSE 2023/24 Operational plan) shows continued over-delivery against the plan for ECHO, non-obstetric ultrasound and MRI. CT was on plan.
- ENT -An insourcing solution for New and Follow up patients has been commenced on 11 November 2023 to support backlog management and ensure management of long wait pathways. The new patient backlog (awaiting first appt) reduced from 1907 at end November to 1224 by 24 December 2023.
- Oral surgery- Recent new appointment and increased WLI OP clinics are commencing to clear 1700 backlog.
- Gastroenterology service outsourcing arrangement well established with all urgent and long wait (65 week risk) patients having had or been offered new appts by end Dec 2023. Start of Jan 2024, there is a reduction to 480 patients at risk of 65 week reach by 31 March 2024 (was 855 end-Nov unvalidated).

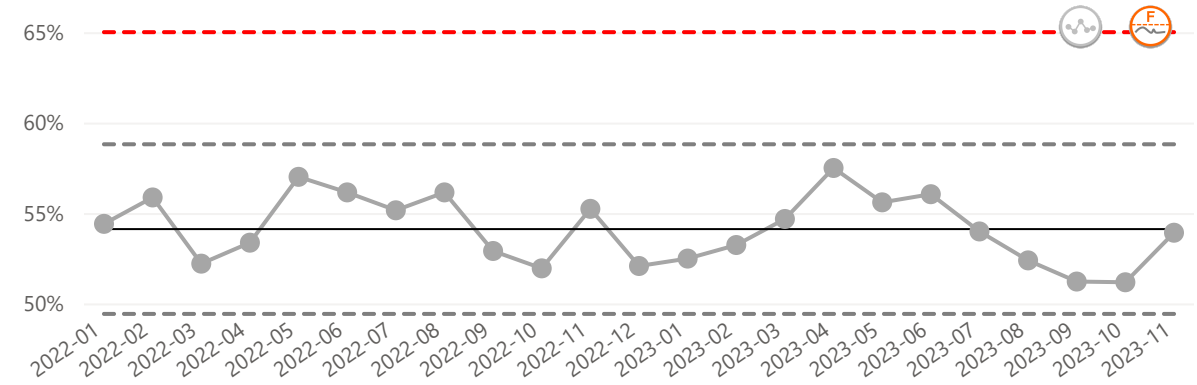
Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
4 Hours from arrival to ADT - % within 4 hours	95%	78.9%	Nov 23			95%	77.4%	Oct 23		
A&E Type 1 Performance %	65%	53.9%	Nov 23			65%	51.1%	Oct 23		
Ambulance Handovers - % within 15 minutes	65%	15.3%	Nov 23			65%	10.6%	Oct 23		
Ambulance Handovers - % within 30 minutes	95%	67.2%	Nov 23			95%	48.8%	Oct 23		
Ambulance Handover 30-60 Mins		434	Nov 23				439	Oct 23		3537
Ambulance Handover Over 60 Mins	0	327	Nov 23			0	729	Oct 23	0	2724
Number waiting over 12 hours from DTA		435	Nov 23				807	Oct 23		6314
Number of Patients spending 12+ Hours in ED - Trust		1497	Nov 23				1844	Oct 23		12718
% of Patients spending 12+ Hours in ED - Trust	2%	8.23%	Nov 23			2%	9.55%	Oct 23		
% of patients waiting less than 6 weeks for a diagnostic test	95%	86.6%	Nov 23			95%	87.1%	Oct 23		
Total RTT Waiting List - Trust		37728	Nov 23				37960	Oct 23		37728
RTT Incomplete Pathways - % within 18 weeks	92%	54.4%	Nov 23			92%	54.5%	Oct 23		
RTT Incomplete Pathways - Over 52 Weeks		1692	Nov 23				1790	Oct 23		1692
2-Hour UCR	70%	87.1%	Oct 23			70%	90.9%	Sep 23	70%	87.1%

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
RTT Incomplete Pathways - Over 65 Weeks	150	494	Nov 23			184	551	Oct 23	150	494
RTT Incomplete Pathways - Over 78 Weeks		72	Nov 23				38	Oct 23		72
RTT Incomplete Pathways - Over 104 Weeks	0	0	Nov 23			0	0	Oct 23	0	0
Total 52 week waits – completed		663	Nov 23				331	Oct 23		2645
TIA - High Risk Treated within 24Hrs	60%	74.6%	Nov 23			60%	56.9%	Oct 23		
On the Day Cancelled Operations for Non-Clinical Reasons - % not admitted within 28 days	0%	16.8%	Nov 23			0%	22.2%	Oct 23		
Stroke - 90% Stay on Stroke Ward	80%	44%	Nov 23			80%	64.1%	Oct 23		

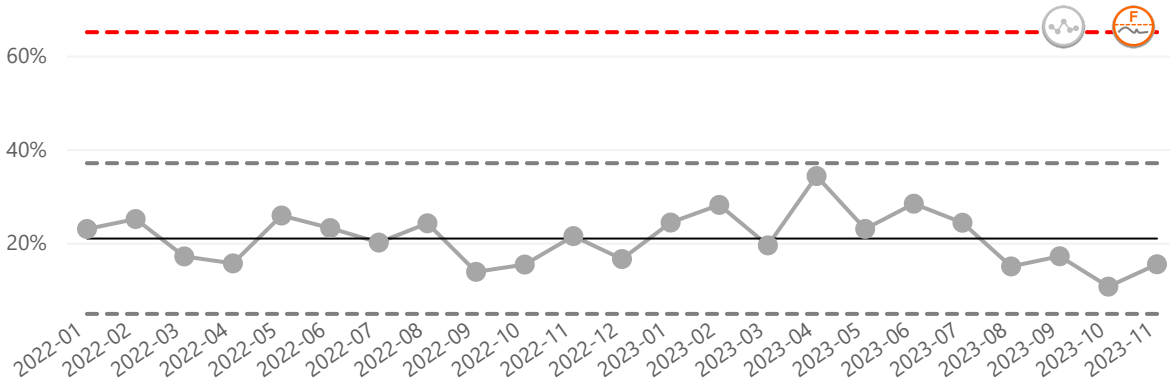
4 Hours from arrival to ADT - % within 4 hours



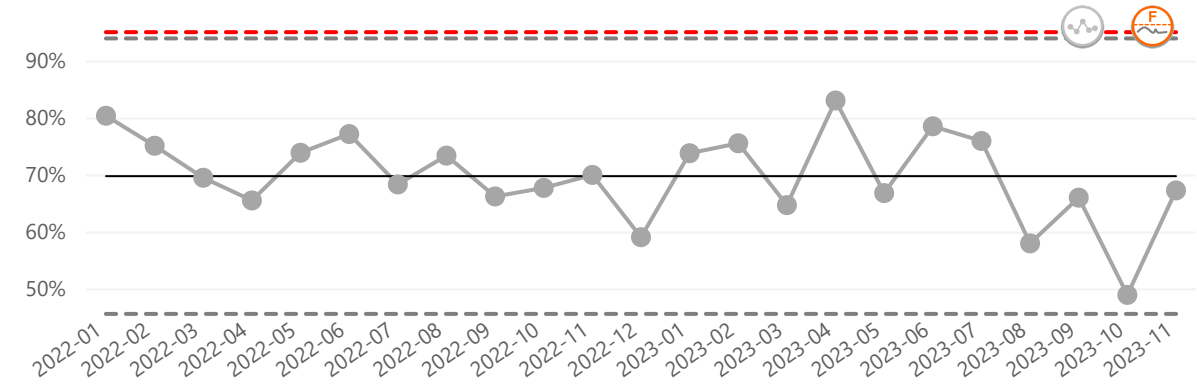
A&E Type 1 Performance %



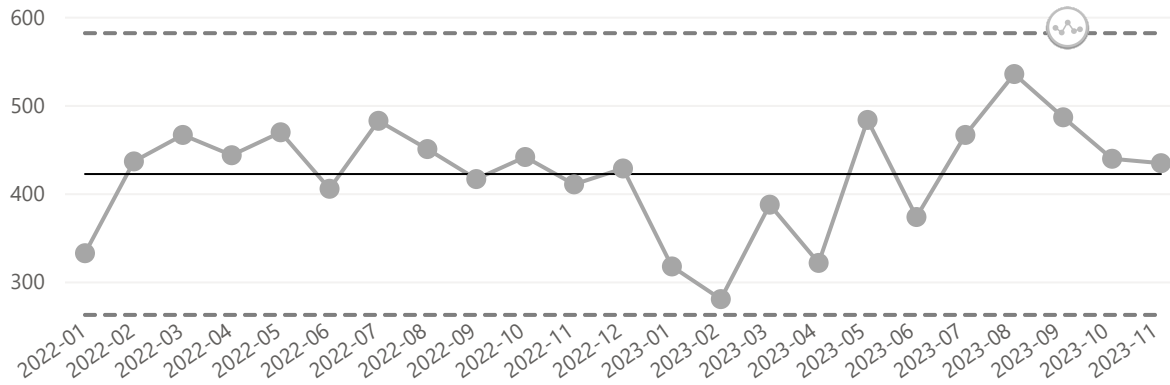
Ambulance Handovers - % within 15 minutes



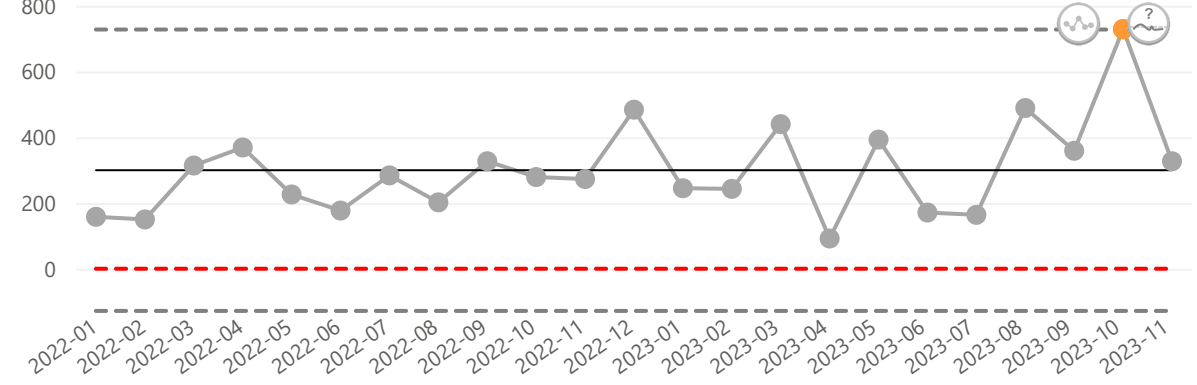
Ambulance Handovers - % within 30 minutes



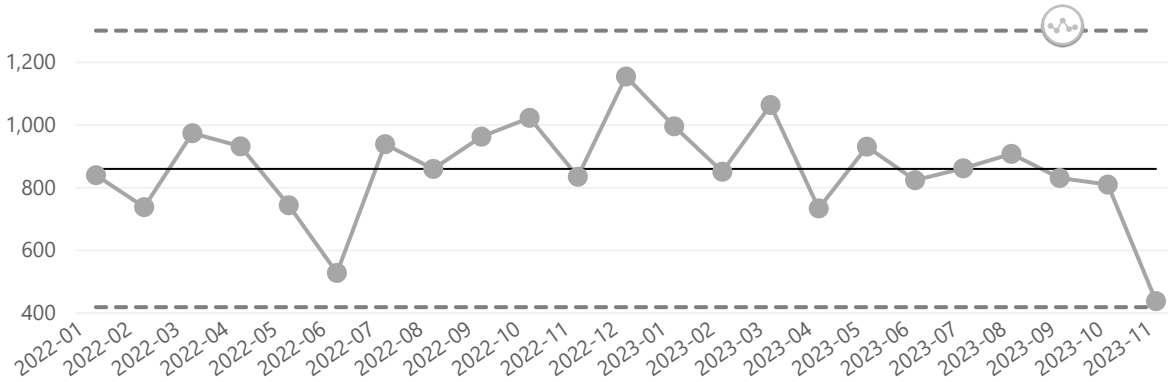
Ambulance Handover 30-60 Mins



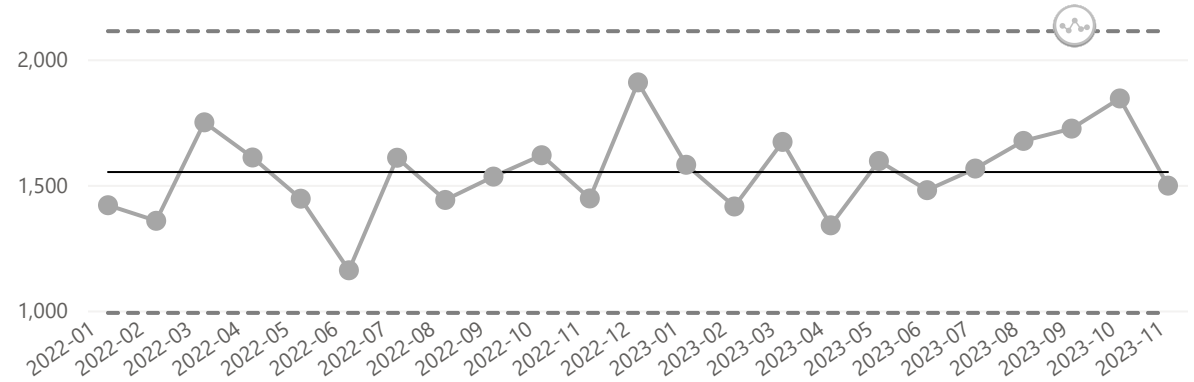
Ambulance Handover Over 60 Mins



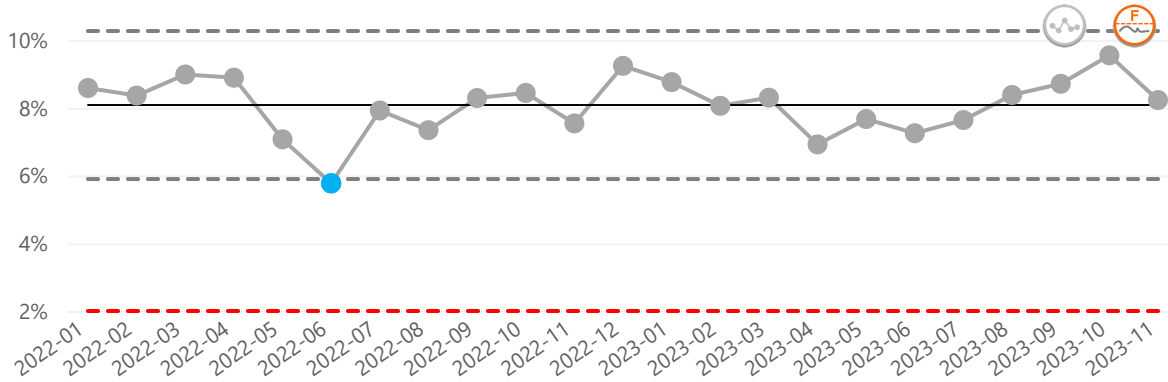
Number waiting over 12 hours from DTA



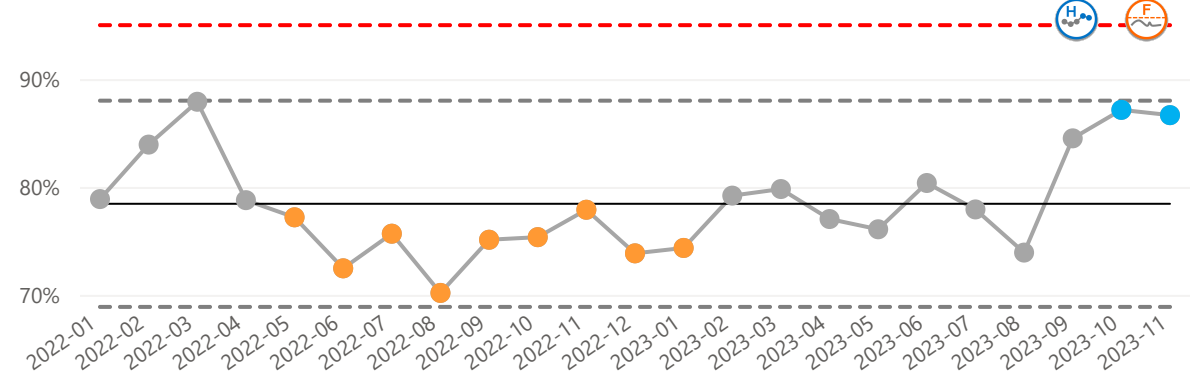
Number of Patients spending 12+ Hours in ED - Trust



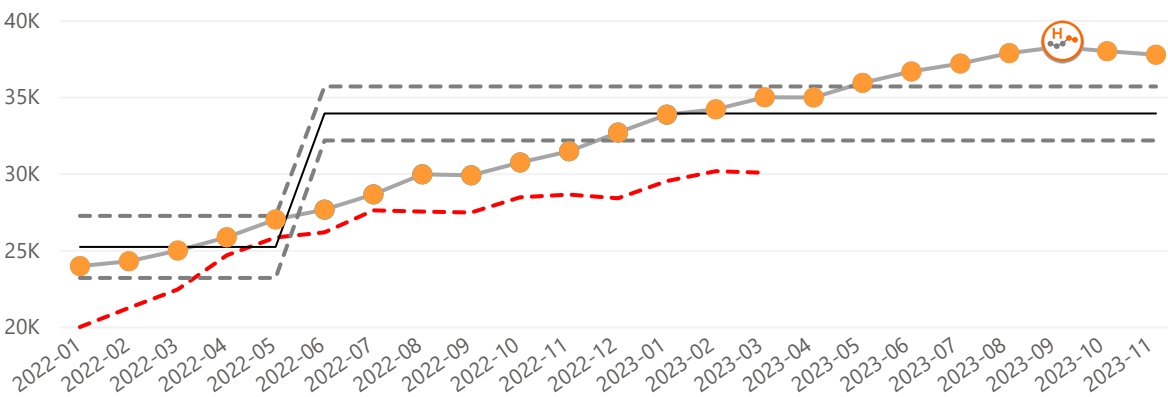
% of Patients spending 12+ Hours in ED - Trust



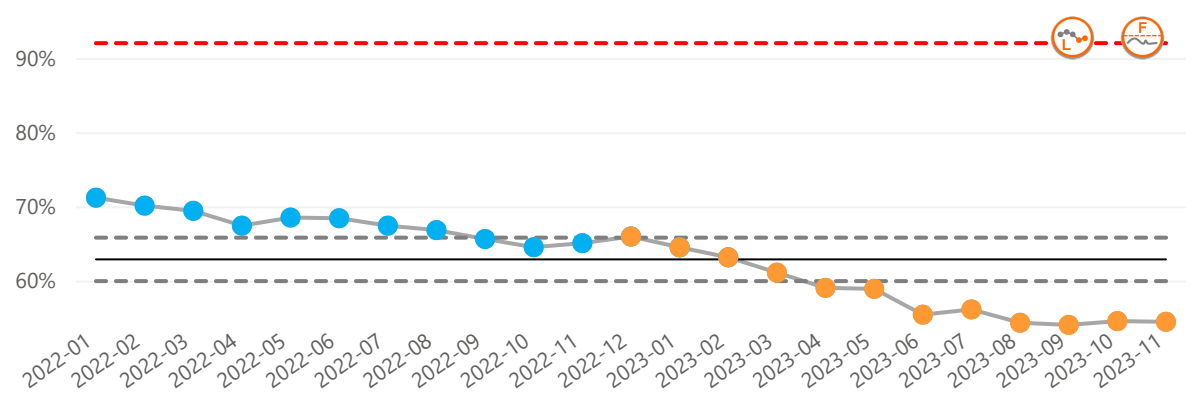
% of patients waiting less than 6 weeks for a diagnostic test



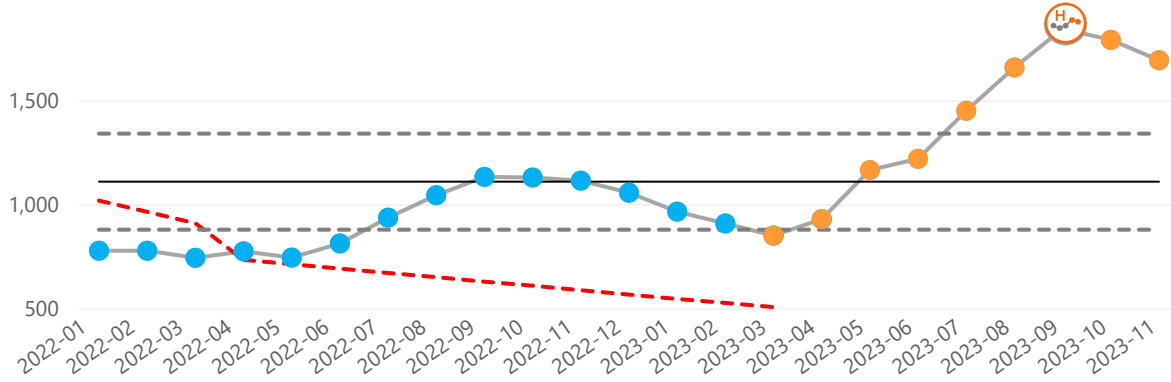
Total RTT Waiting List - Trust



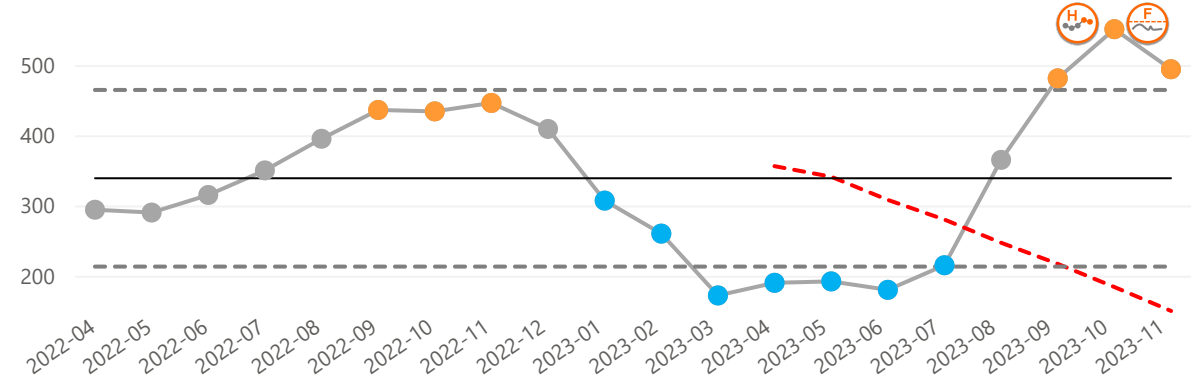
RTT Incomplete Pathways - % within 18 weeks



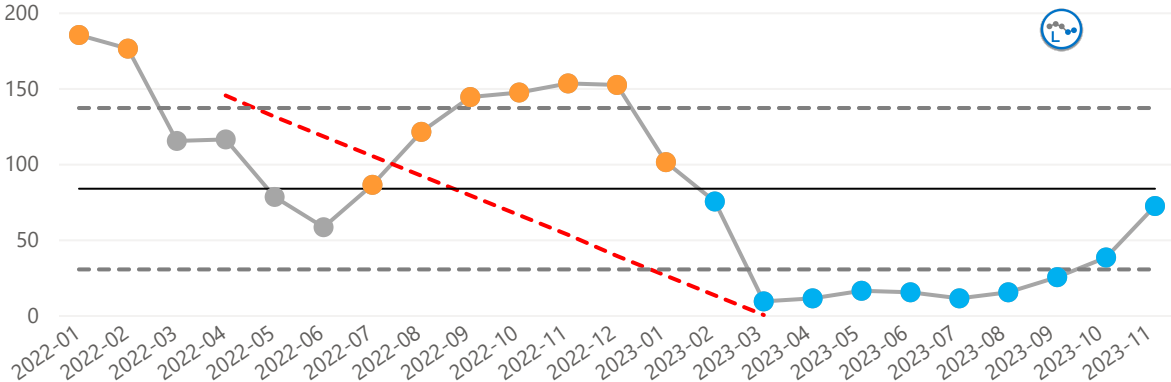
RTT Incomplete Pathways - Over 52 Weeks



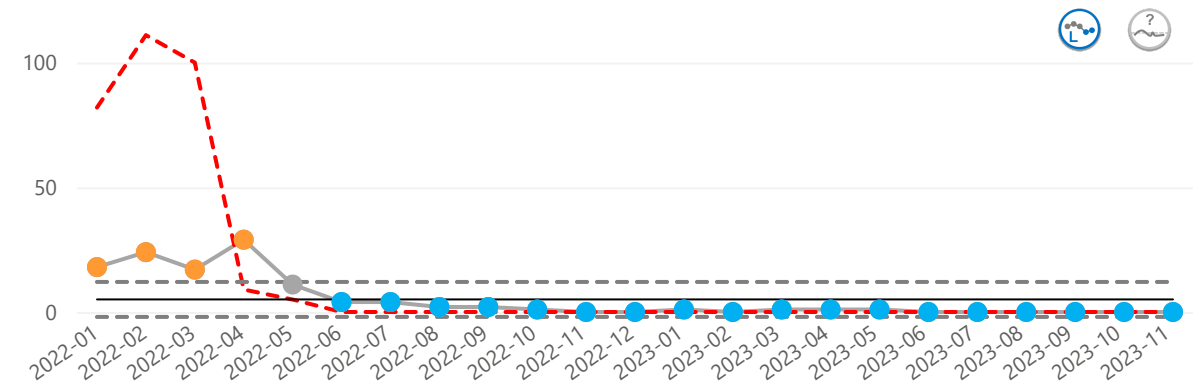
RTT Incomplete Pathways - Over 65 Weeks



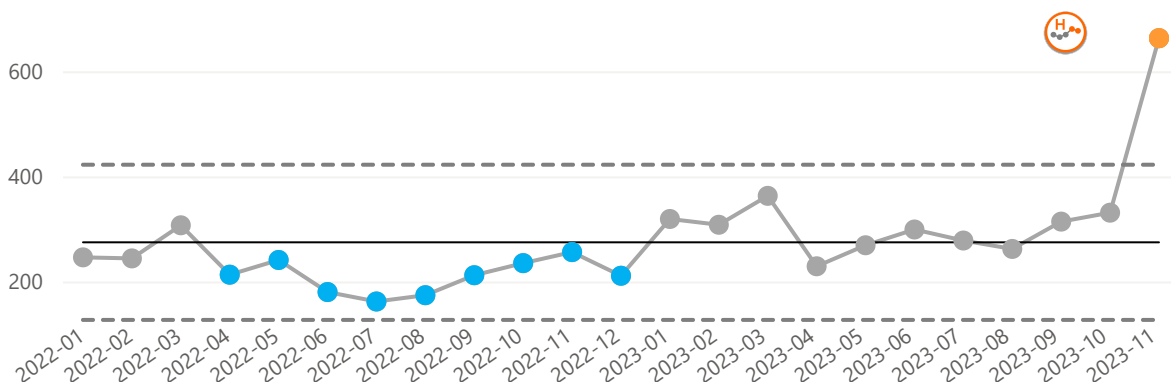
RTT Incomplete Pathways - Over 78 Weeks



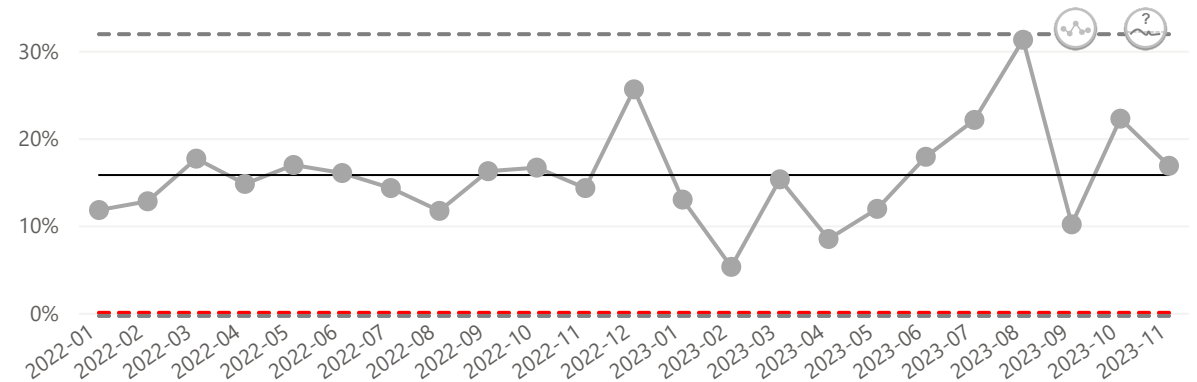
RTT Incomplete Pathways - Over 104 Weeks



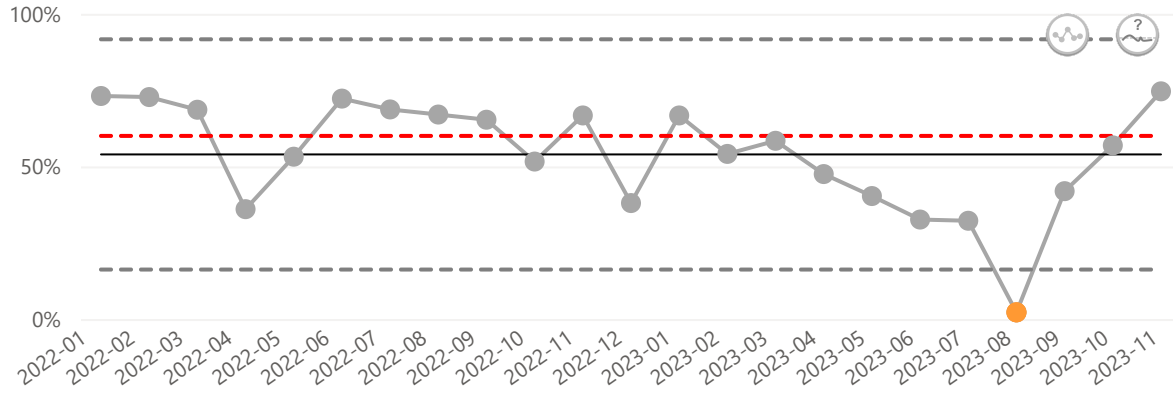
Total 52 week waits – completed



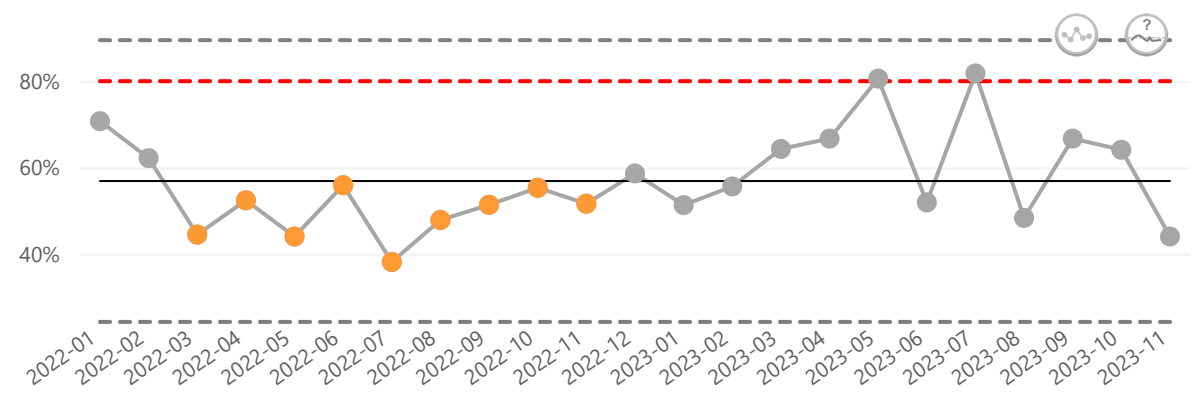
On the Day Cancelled Operations for Non-Clinical Reasons - % not admitted within 28 days



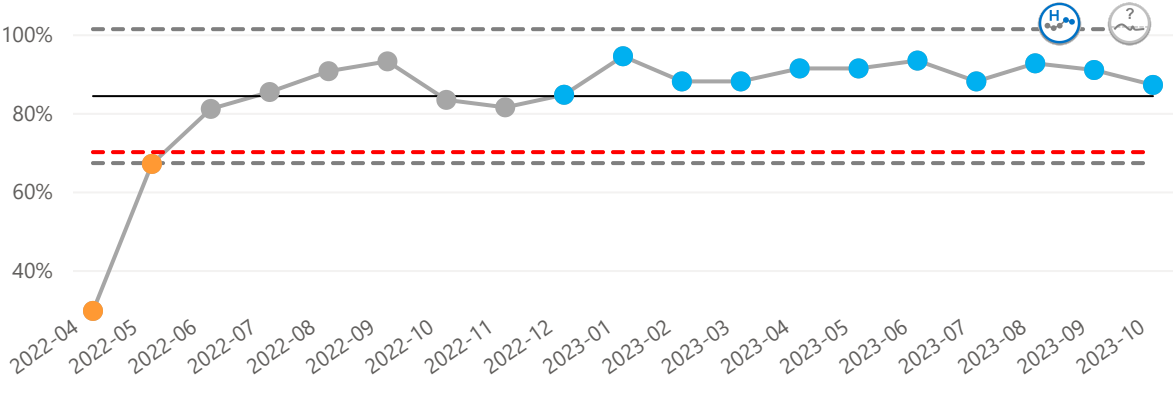
TIA - High Risk Treated within 24Hrs



Stroke - 90% Stay on Stroke Ward



2-Hour UCR

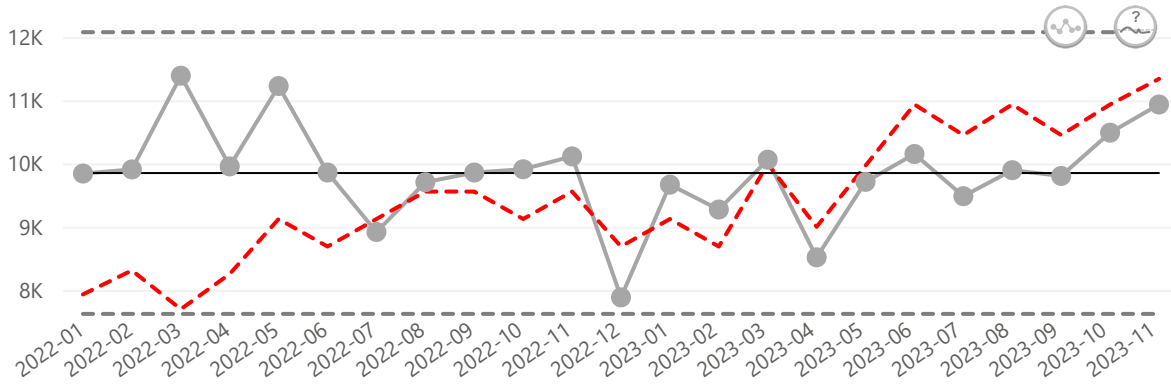


Activity

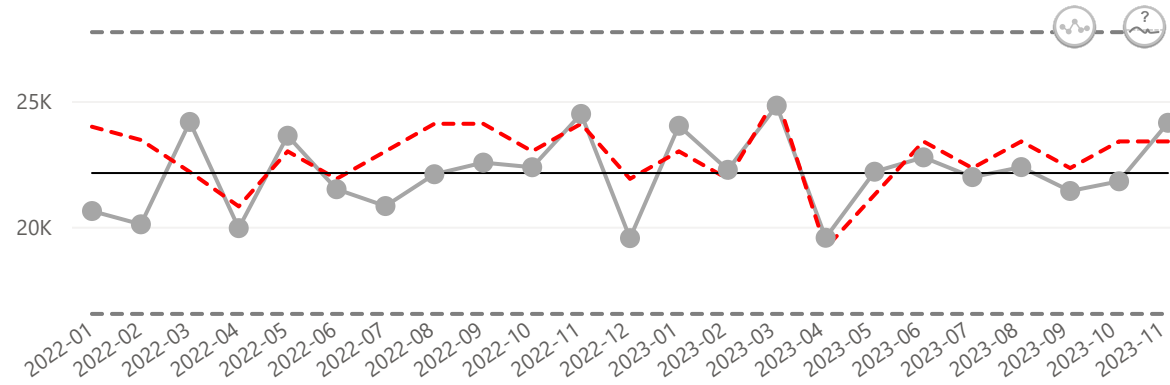
- Assure
 - o Outpatient Follow Up Appointments below plan for cumulative year to date.
 - YTD Biggest contributors to being below plan: Gastroenterology | - Gynaecology | - General Surgery
 - o Elective Inpatients are above plan for month of Nov-23.
 - Nov -23 Biggest contributors to being below plan: Clinical Haematology | - General Medicine | - Medical Oncology
- Advise
 - o Non-Elective Inpatients are above plan for the month of Nov-23 and cumulative year to date.
 - Nov -23 Biggest contributors to being above plan: Paediatrics | - Rehabilitation | - Gastroenterology
 - YTD Biggest contributors to being above plan: Paediatrics | - Rehabilitation | - Geriatric Medicine
 - o Emergency Department Attendances are above plan for the month of Nov-23 and cumulative year to date.
- Alert
 - o Outpatient New Appointments are below plan for both the month of Nov-23 and cumulative year to date.
 - Nov -23 Biggest contributors to being below plan: Anaesthetics | - Gynaecology | - General Surgery
 - YTD Biggest contributors to being below plan: Anaesthetics | - Gynaecology | - General Surgery
 - o Outpatient Follow Up Appointments above plan for month of Nov-23.
 - Nov-23 Biggest contributors to being below plan: Gynaecology | - Gastroenterology | - General Surgery
 - o Day Cases are below plan for month of Nov-23 and cumulative year to date.
 - Nov -23 Biggest contributors to being below plan: Gastroenterology | - Clinical Haematology | - Gynaecology
 - YTD Biggest contributors to being below plan: Gastroenterology | - Clinical Haematology | - Dermatology
 - o Elective Inpatients are below plan for cumulative year to date.
 - YTD Biggest contributors to being below plan: Cardiology | - Trauma & Orthopaedics | - Urology

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Outpatient New	11338	10933	Nov 23			10933.29	10487	Oct 23	84004	78976
Outpatient Follow Up	23391.75	24133	Nov 23			23391.75	21806	Oct 23	178645	176208
Day Case	4362.73	4053	Nov 23			4362.73	4069	Oct 23	33320	30223
Elective Inpatient	487.18	536	Nov 23			487.18	511	Oct 23	3722	3689
Non-Elective Inpatient	4117.44	4554	Nov 23			4249	4757	Oct 23	33466	36743
ED Attendances	6230.57	6379	Nov 23			6438.19	6776	Oct 23	50675	53082

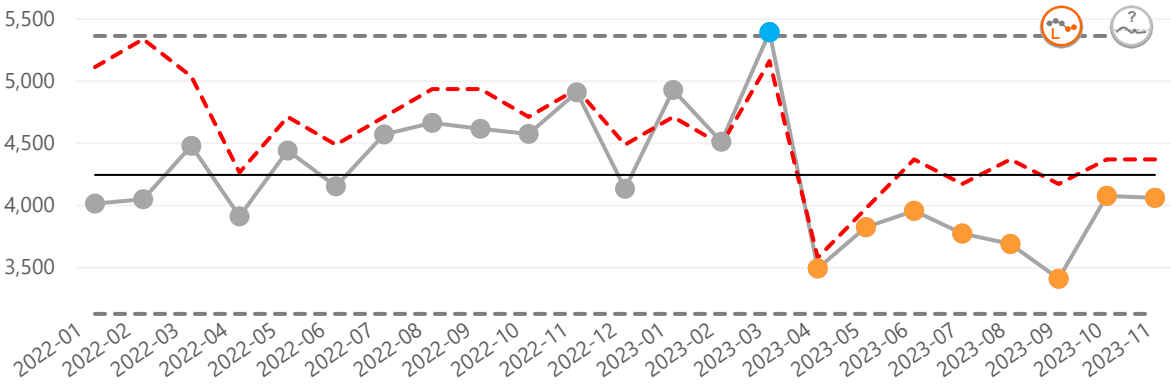
Outpatient New



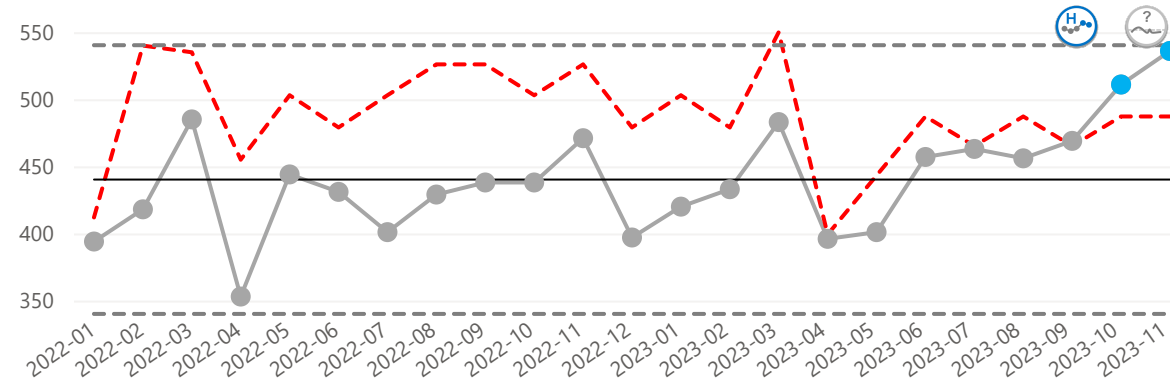
Outpatient Follow Up



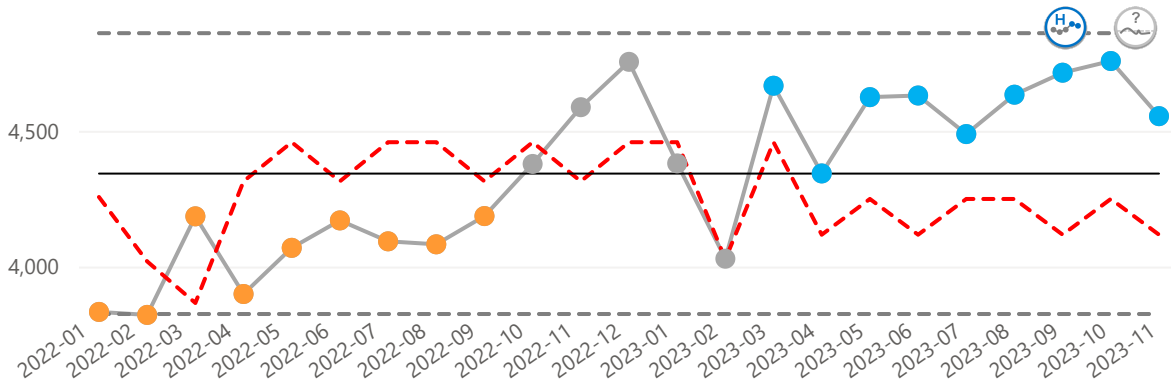
Day Case



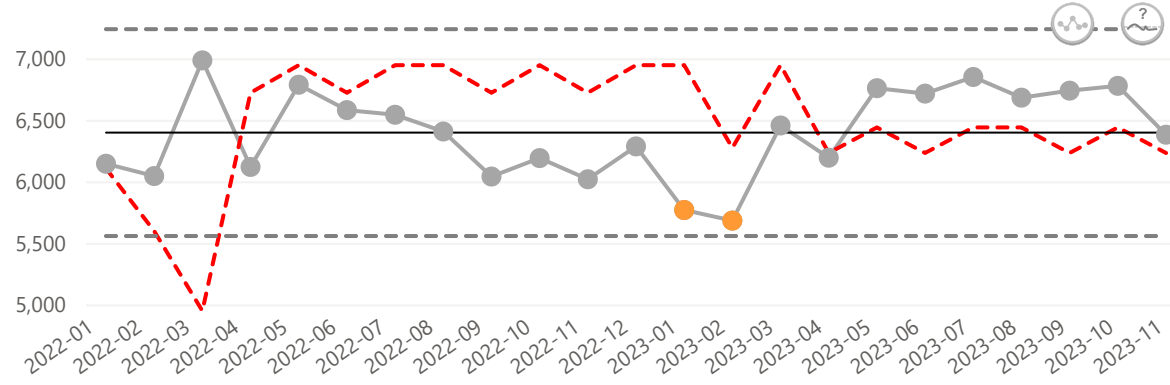
Elective Inpatient



Non-Elective Inpatient



ED Attendances



Cancer

Month End 30/11/2023

Advise

- Finalised 31-day performance in Sept 2023 was 93.6%. This was the best performance in LSC region.
- Finalised 31-day performance in Oct 2023 was 96.7%. This was also the best performance in LSC region.
- Unvalidated 31-day performance for Nov 2023 is 95.03%. After all breaches are validated, 31-day compliance in Nov 2023 is likely.
- NHSE in collaboration with LSC Cancer Alliance are piloting a new early Cancer Diagnosis programme called GRAIL.
- Eligible participants will be invited for a blood test by their GP to test for trace or genetic predisposition to certain cancer types.
- Nine GPs in Blackpool have signed up to this pilot project. The aim is to screen/test 60,000 patients in LSC region in two years.
- BTH was invited to participate in this pilot. A meeting is scheduled for 3rd Jan 2024 to discuss BTH's participation in this project.
- LSC Cancer Alliance notified Trusts in the region of NHSE's plan to amend 28-Day FDS and 62-Day standards.
- 28-Day FDS standard Compliance will increase to 80% from 2025/26 financial year. A new minimum 62-Day Standard is due to be introduced from April 2024.
- These changes will be confirmed in an updated guidance from NHSE that is due for publication in Jan 2024.

Assure

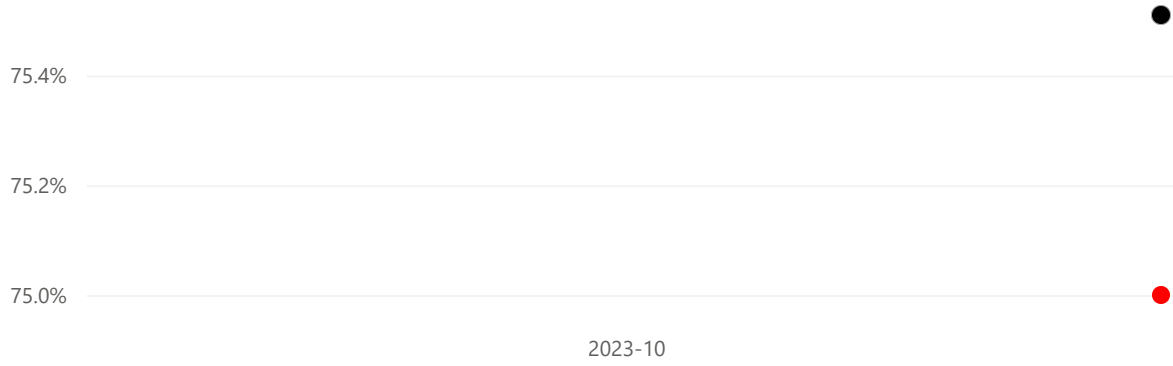
- 62-day backlog is 57 (4.6%) of the PTL. This is a decrease from 64 the previous week.
- BTHT is exceeding its fair share target by 55.5%. BTH is Currently ranked 12th out of 120 Trusts on the national league table.
- Haem achieved 31-day compliance in each of the last 11 months.
- Haem is on course to achieve compliance for 12 consecutive months in Dec 2023.
- Finalised S FDS performance in September 2023 was 73.5%. This exceeded internal and ICB forecast.
- Finalised FDS performance in Oct 2023 was compliant at 75.7%. Unvalidated FDS performance for Nov 2023 is 73.2%.
- 28-Day FDS performance for Dec 2023 is 78.5%. Compliance in Dec 2023 is assured.

Alert

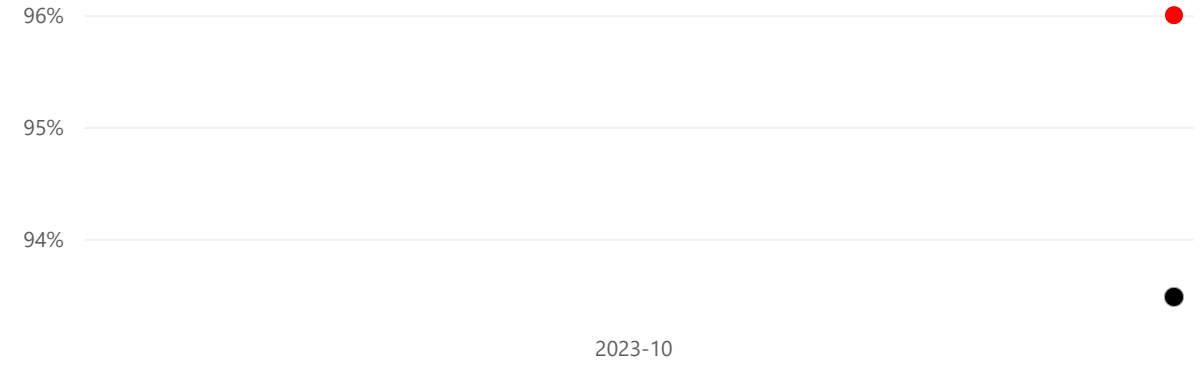
- Junior Doctors strike from 20th to 23rd Dec 2023 resulted in the loss of some OP clinics, diagnostic, and theatre lists.
- Further strikes are planned from 7am January 3rd, 2024, to 7am January 9th, 2024.
- The disruption caused by the strike in Dec has impacted the pathway on CWT patients. Planned strikes in Jan 2024 will cause further disruptions to CWT patients' pathway.
- Current average wait time for Colorectal TCI is 4 weeks. This delay is attributed to a lack of theatre Capacity. SACCT working on resolving challenges with theatre capacity.
- Wait time for Thoracic TCI is 6 weeks. This delay has been attributed to drop in the level of anaesthetic cover in the division.
- Detailed support put in place to ensure 642 process and utilisation is planned and effective going forward to ensure all available capacity is being fully utilised.

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
28 Day Faster Diagnosis Standard (National)	75%	75.5%	Oct 23					Sep 23	75%	75.5%
31 Day Standard (National)	96%	93.4%	Oct 23					Sep 23		
62 Day Standard (National)	85%	65.5%	Oct 23					Sep 23		
TWW Suspected Cancer - % (Local)	93%	91.9%	Oct 23			93%	92.3%	Sep 23		
TWW Breast Symptomatic - % (Local)	93%	94.7%	Oct 23			93%	97.7%	Sep 23		
31 Days First Treatment - % (Local)	96%	93.6%	Oct 23			96%	93.2%	Sep 23		
31 Days Subsequent Treatment - Drugs - % (Local)	98%	100%	Oct 23			98%	100%	Sep 23		
31 Days Subsequent Treatment - Surgery - % (Local)	94%	87.5%	Oct 23			94%	100%	Sep 23		
62 Days GP Referred (Classic) - % (Local)	85%	65.5%	Oct 23			85%	66.7%	Sep 23		
62 Days National Screening - % (Local)	90%	35%	Oct 23			90%	41.6%	Sep 23		
62 Days Consultant Upgrade - % (Local)	85%	71.4%	Oct 23			85%	75.8%	Sep 23		
62 Days - GP Referred (Classic) Open Pathways >62 Days (Local)		55	Nov 23				67	Oct 23		55
62 Days - GP Referred (Classic) Open Pathways >104 Days (Local)		10	Nov 23				17	Oct 23		10

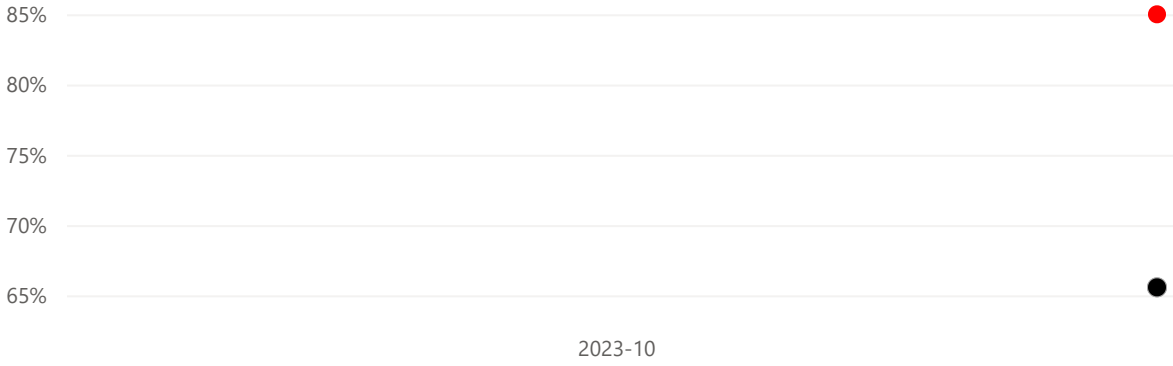
28 Day Faster Diagnosis Standard (National)



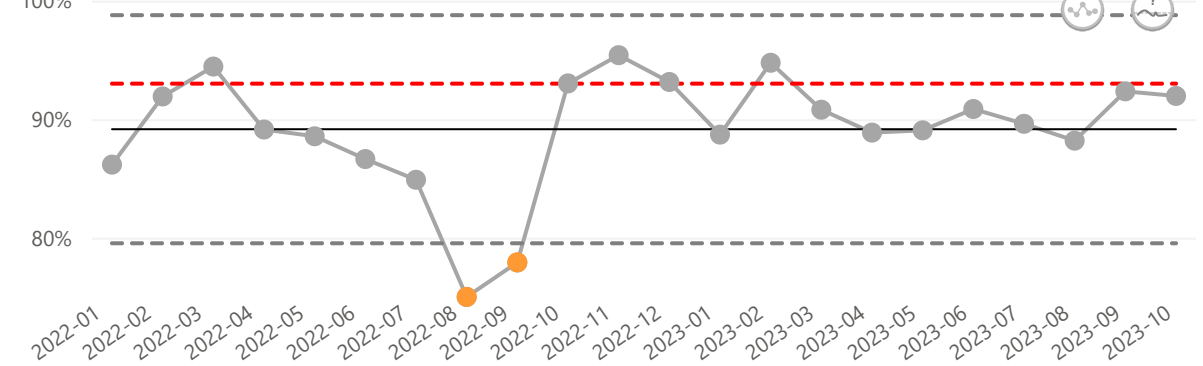
31 Day Standard (National)



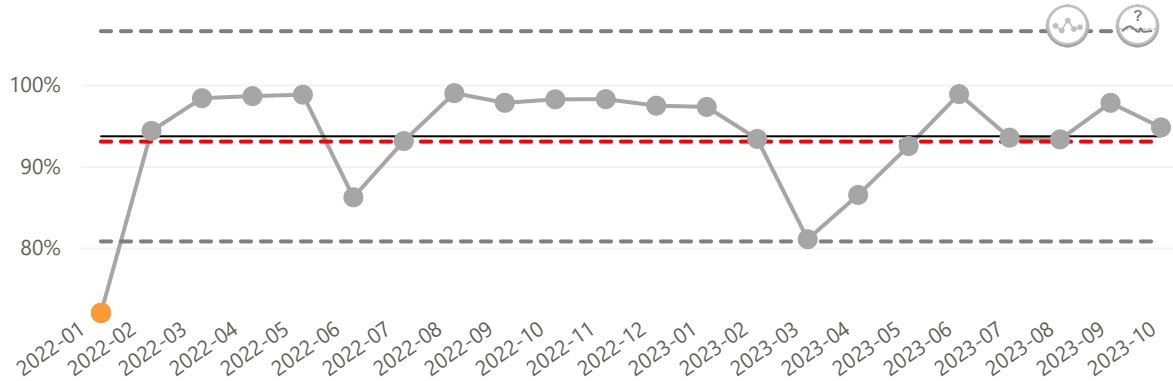
62 Day Standard (National)



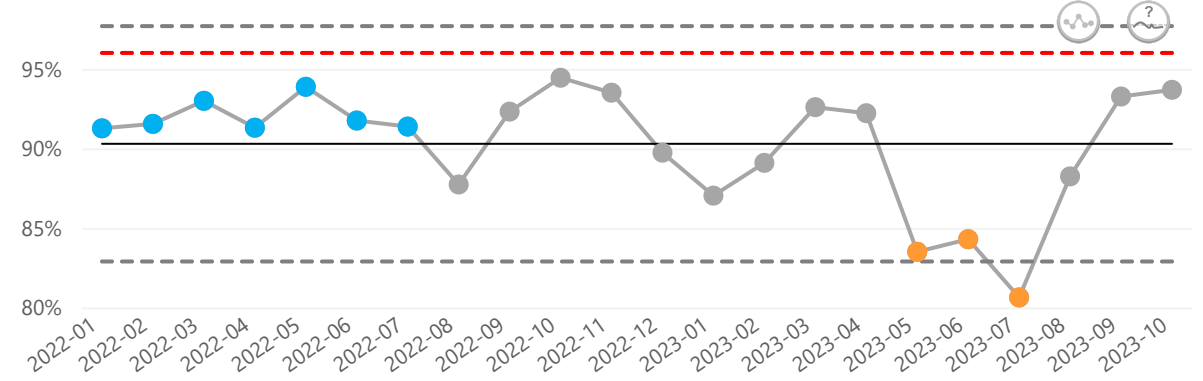
TWW Suspected Cancer - % (Local)



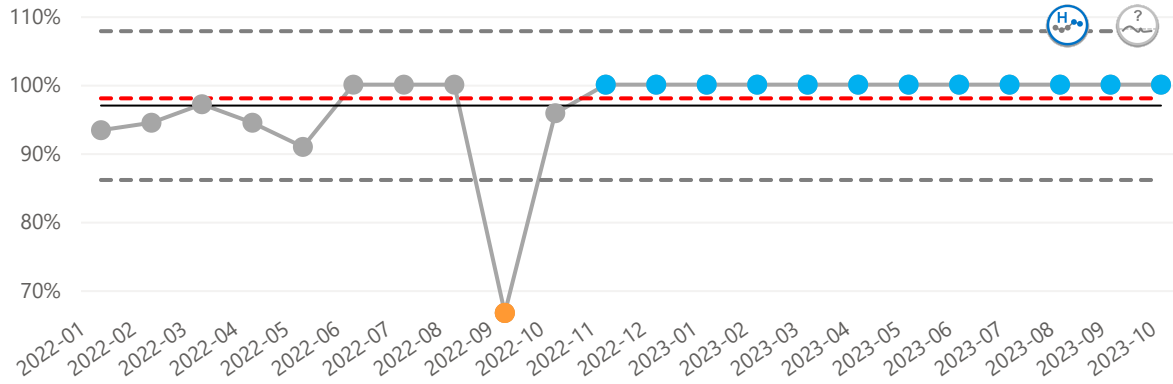
TWW Breast Symptomatic - % (Local)



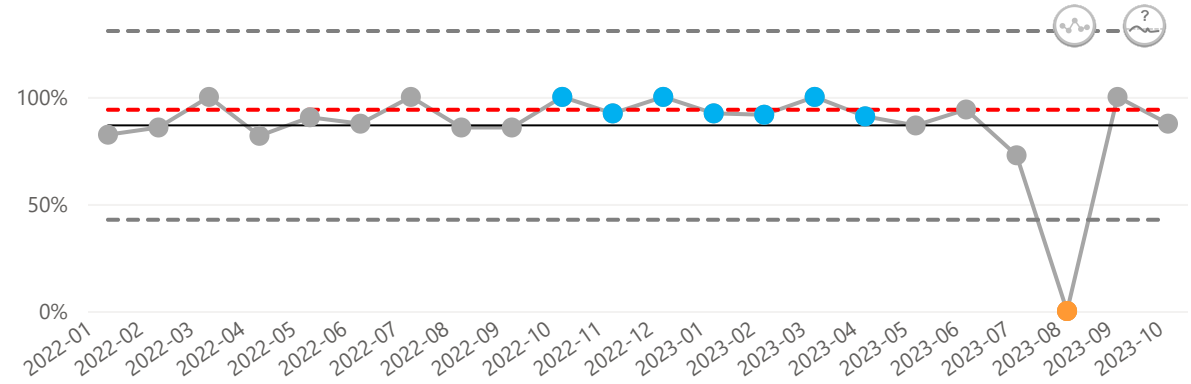
31 Days First Treatment - % (Local)



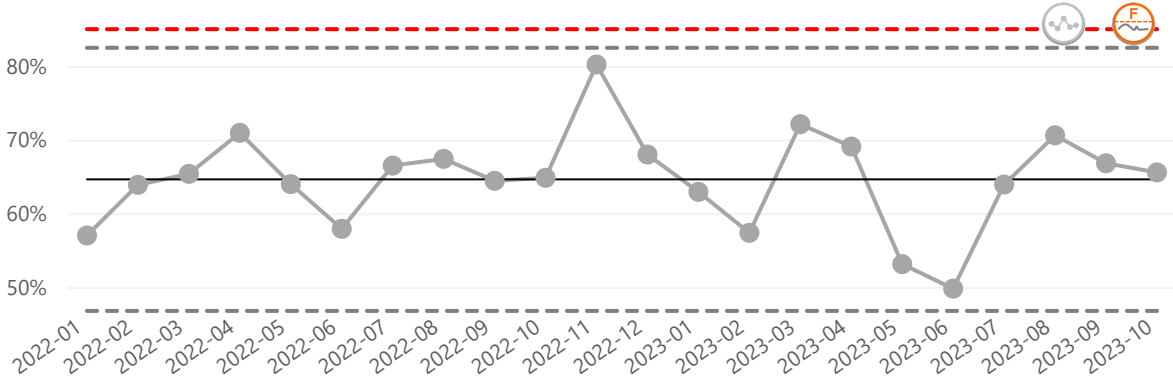
31 Days Subsequent Treatment - Drugs - % (Local)



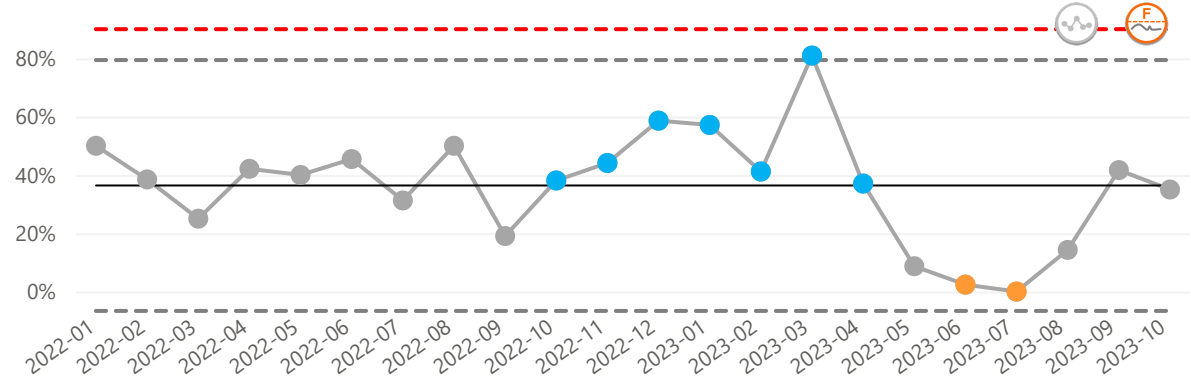
31 Days Subsequent Treatment - Surgery - % (Local)



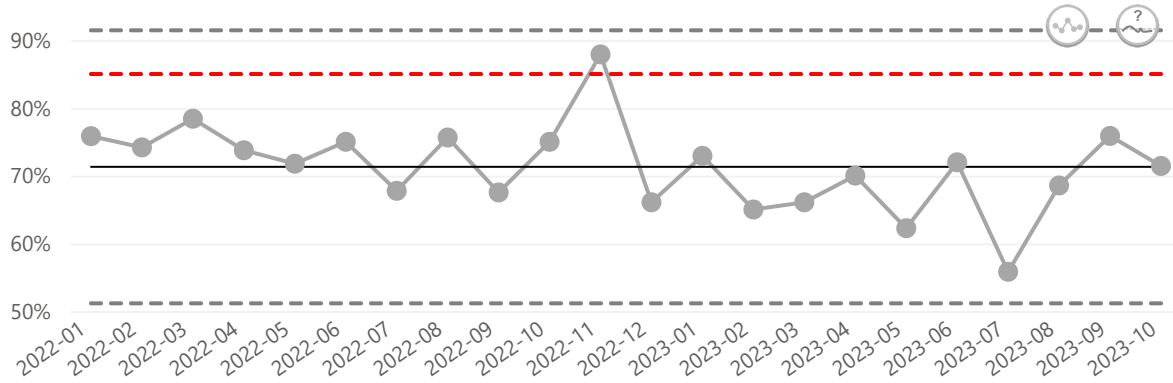
62 Days GP Referred (Classic) - % (Local)



62 Days National Screening - % (Local)



62 Days Consultant Upgrade - % (Local)



Productivity

Month End 30/11/2023

Advise

- New to follow up ratio demonstrating normal variation.
- OP slot utilisation demonstrating normal variation and inconsistent achievement of the target.
- ED Conversion Rate demonstrating normal variation.
- Patients with a length of stay over 6 days demonstrating normal variation.
- Patients with a length of stay over 20 days demonstrating normal variation.

Assure

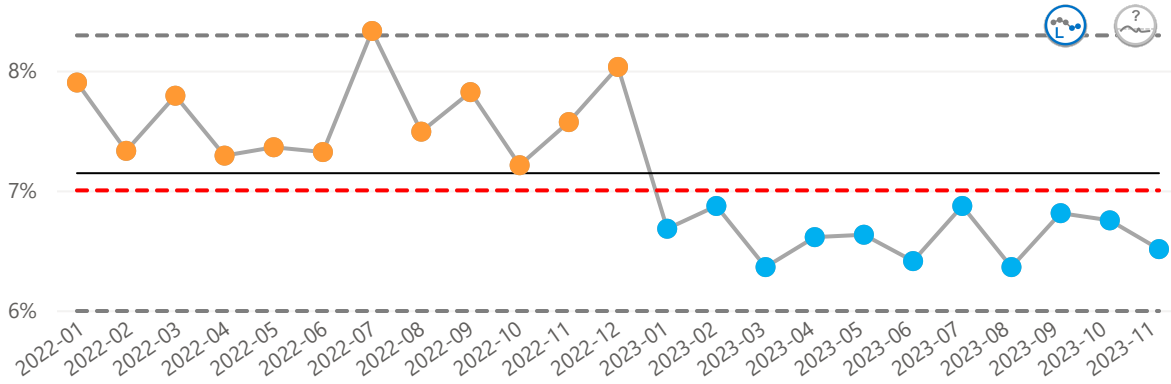
- DNA Rate (OPD) % - consistently below the target line for the 11th consecutive month.
- Data Quality Maturity Index consistently passing the target and showing recent improved position.
- PIFU Open Pathways moves above target and the upper control limit for just the second time in the last 2 years.

Alert

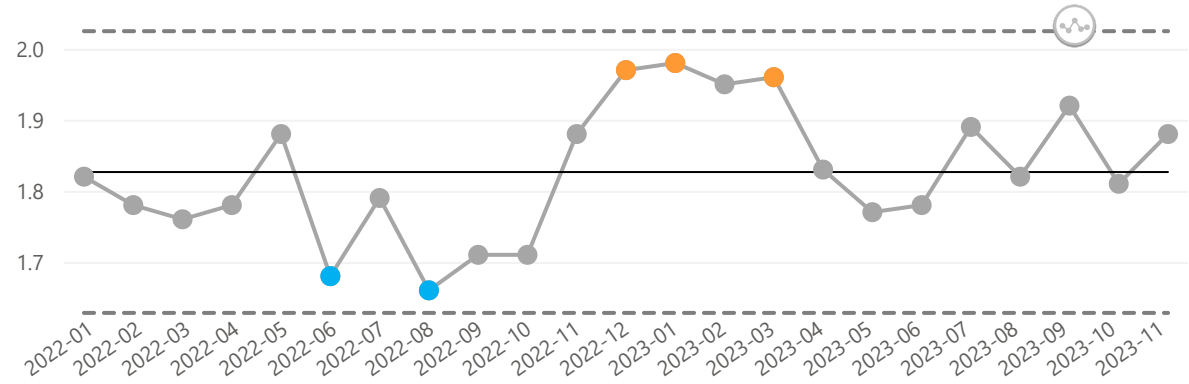
- Bed Occupancy consistently reported above the target occupancy level.
- Theatre Utilisation consistently below the target.

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
DNA rate (OPD) %	7%	6.51%	Nov 23			7%	6.75%	Oct 23		
New:Follow Up rate		1.88	Nov 23				1.81	Oct 23		1.88
OP Slot Utilisation	95%	92.5%	Nov 23			95%	94.4%	Oct 23		
ED Conversion Rate		38.6%	Nov 23				40.2%	Oct 23		
Bed Occupancy - BTH	85%	94.3%	Nov 23			85%	95%	Oct 23		
Stranded Patients (>6 Days LOS)		350	Nov 23				354	Oct 23		350
Super Stranded Patients (>20 Days LOS)		105	Nov 23				125	Oct 23		105
Theatre Utilisation, All Specialties, Urgent & Elective	85%	78.5%	Nov 23			85%	81.1%	Oct 23		
Data Quality Maturity Indicator	82.5%	92.5%	Aug 23			82.5%	92.4%	Jul 23		
Depth of Coding		4.78	Sep 23				7.12	Aug 23		4.78
PIFU Open Pathways		6.6%	Nov 23			5%	1.23%	Oct 23		

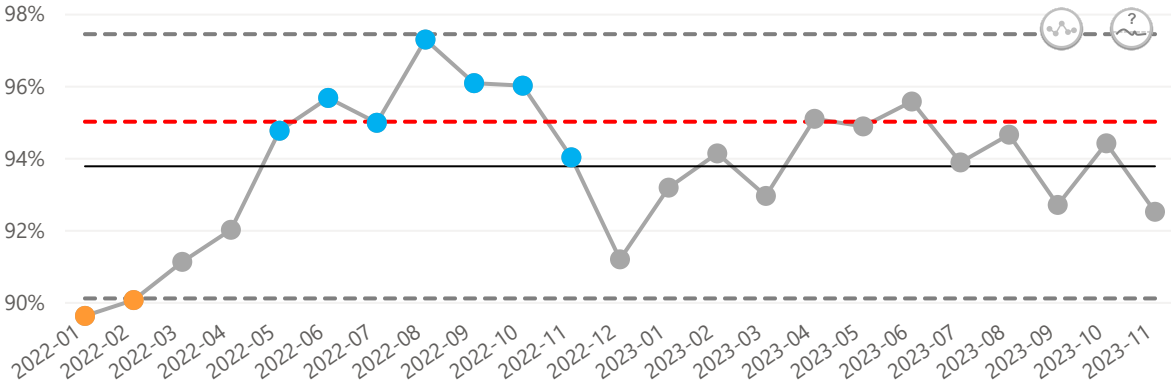
DNA rate (OPD) %



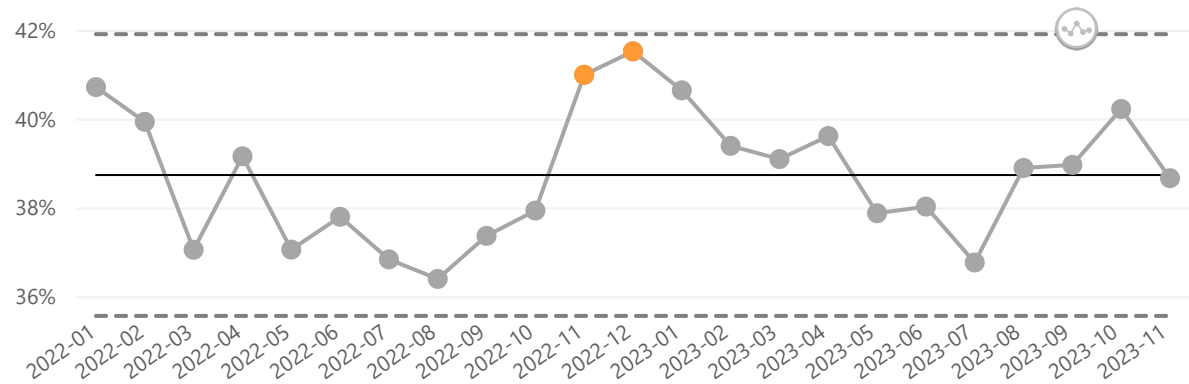
New:Follow Up rate



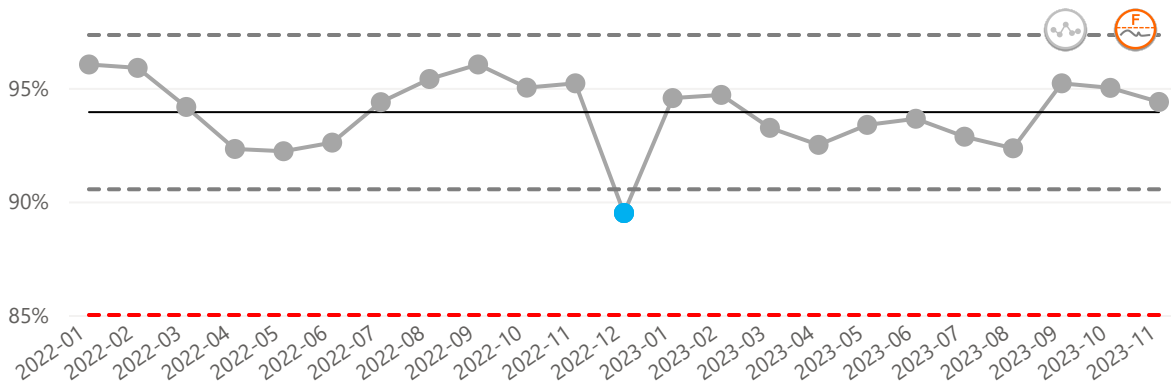
OP Slot Utilisation



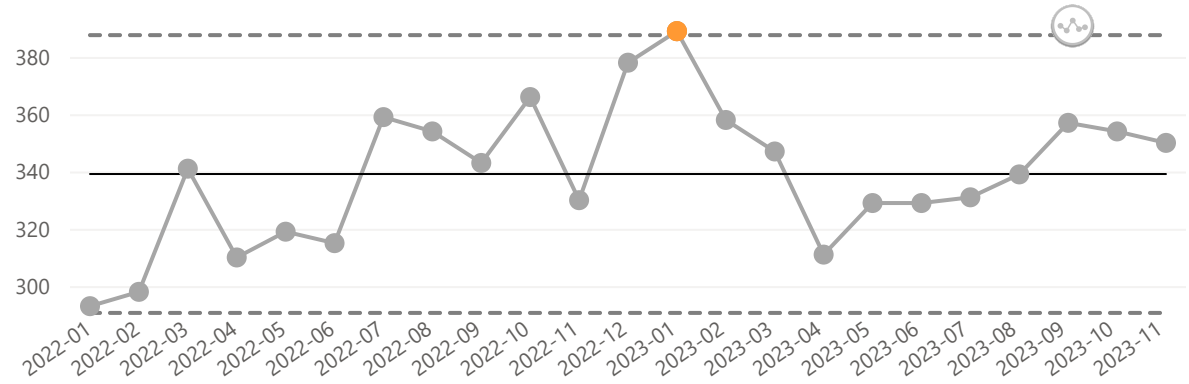
ED Conversion Rate



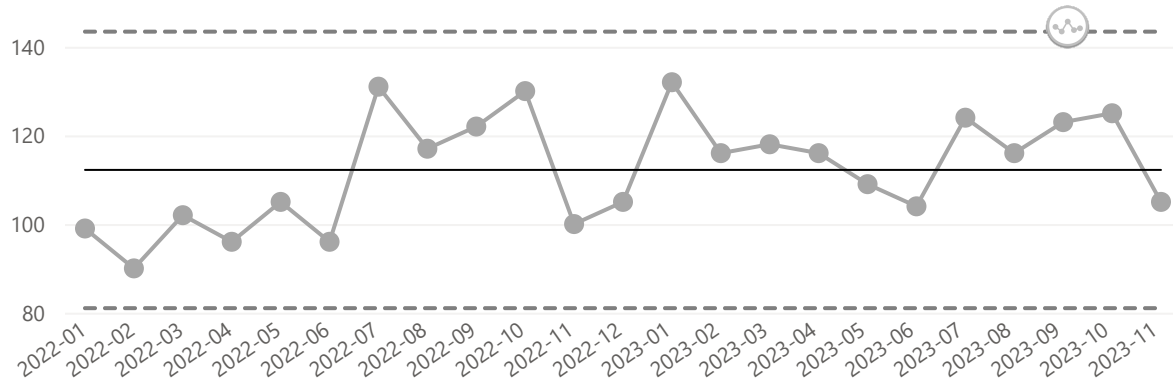
Bed Occupancy - BTH



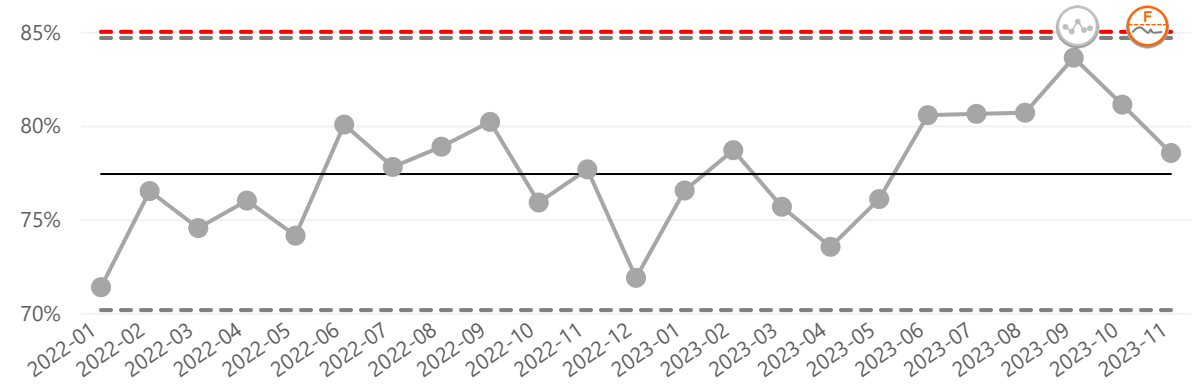
Stranded Patients (>6 Days LOS)



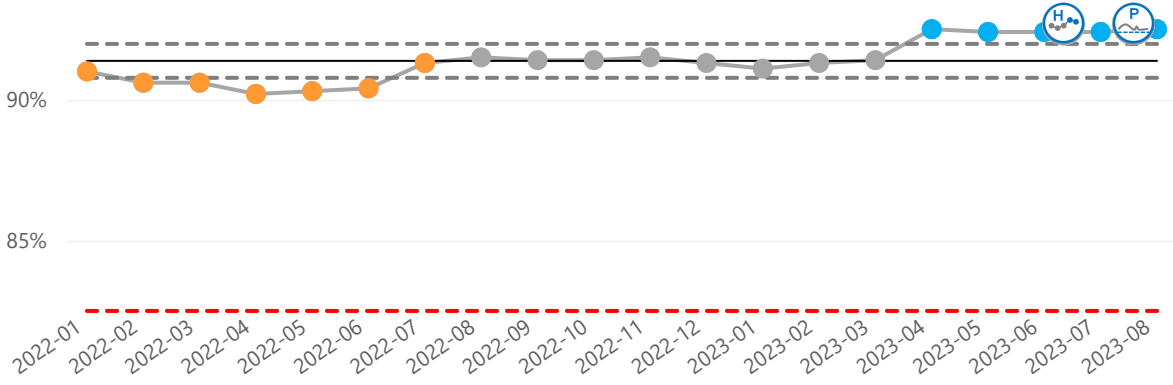
Super Stranded Patients (>20 Days LOS)



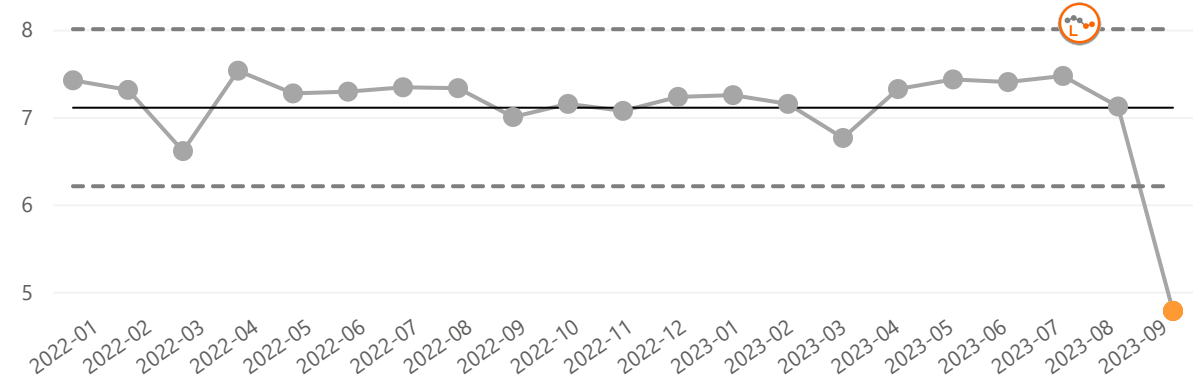
Theatre Utilisation, All Specialties, Urgent & Elective



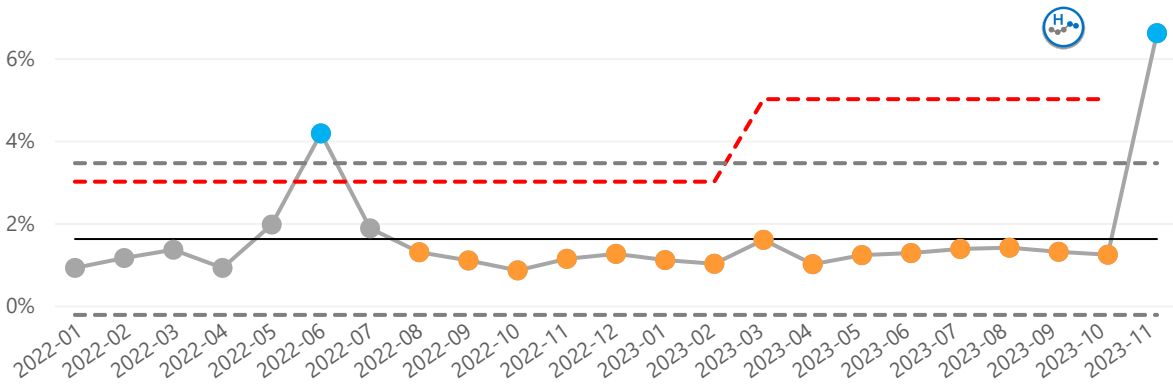
Data Quality Maturity Indicator



Depth of Coding



PIFU Open Pathways



Committee Escalation Report

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Board of Directors Meeting
Date of Meeting:	15.11.23	Date of next meeting:	20 December 2024
Chair:	Adrian Carradice-Davids	Parent Committee:	Board of Directors

Introduction

Meeting held in person – not quorate

Alert

What	So What	What Next
<p>Staff and Agency Spend Reduction Plan</p> <p>Update presentation to provide further detail on actions to recruit to increase establishment and reduce reliance on agency and locum staff. Breakdown provided by division with an overview of actions to address vacancies.</p>	<p>Over 70% of agency expenditure is within the IMPF division – recruitment tracker is in place to monitor progress.</p> <p>Committee members noted that reducing expenditure on agency through the recruitment of substantive staff is a key priority for the Trust</p>	<p>Slides to be shared – Committee members were assured that a plan is in place with a focus on IMPF which is the division with the biggest challenge.</p> <p>Medical Recruitment and Rostering meetings take place monthly to provide oversight</p>

Assurance

What	So What	What Next
<p>Staff Story</p> <p>One of the recent delegates from the collaborative leadership programme attended to share his experience of the Clinical Leadership Programme</p>	<p>Overview and positive feedback provided from the latest cohort of the leadership programme for delivery as part of the Trust's succession planning</p>	<p>Committee members noted the positive feedback from the programme</p>
<p>Executive Update and Board Assurance Report</p> <p>Exec update provided in the context of the Board Assurance Framework – briefing included update on critical incidence response and the impact on staff and overview of corporate collaboration within the remit of the Committee.</p>	<p>Update provided on the Board readiness programme which will form part of the triad leadership programme</p>	<p>Committee members noted the update and the links to other items within the agenda.</p> <p>People plan to be launched in December and the EDI plan in January</p>

Committee Escalation Report

<p>Library Report</p> <p>The Library and Knowledge services manager attended to provide the Library services annual report for 2022/2023.</p>	<p>The library have seen a significant increase in readers since the introduction of ebooks.</p>	<p>Report noted, increase in readers commended.</p> <p>Board members are asked to note that the library is available to all staff</p>
<p>Volunteers Report</p> <p>Update provided on the work that our volunteers do across the Trust.</p>	<p>Committee members discussed the reach of volunteers and future promotion of opportunities including the involvement of volunteers in enhanced care.</p>	<p>Future staff story to be provided from a volunteer.</p> <p>Update noted.</p>
<p>Unified Inclusion Plan</p> <p>Update provided on the unified inclusion plan that pulls together all previously agreed actions to one clear, streamlined plan that removes duplication with six high impact actions</p>	<p>Committee members discussed the actions and recognised the importance of representation and balance.</p>	<p>Committee members noted the development of the inclusion plan and agreed to received a six monthly update on progress.</p>
<p>Advise</p>		
<p>What</p>	<p>So What</p>	<p>What Next</p>
<p>MIAA Report - Fit and Proper Persons</p> <p>The MIAA review of the processes in place to ensure directors and equivalents are fit and proper persons with appropriate evidence to support the annual declaration provided limited assurance with some gaps in the evidence held.</p>	<p>While there were no concerns with regard to the actual fit and proper status of Board members it had been recognised that there were gaps in the evidence to support this</p>	<p>Report noted – actions in place with follow up to be provided to the Audit Committee.</p>
<p>Pulse Survey Dashboard</p> <p>The Trust runs the national pulse survey – an in the moment barometer of staff engagement that provides a snapshot view but not the detail of the full annual staff survey.</p>	<p>Committee members discussed the use of the data whilst recognising the comparability of small data sets.</p>	<p>Report noted</p>
<p>Flu Report</p> <p>Update provided on the actions being taken to encourage uptake of flu vaccination</p>	<p>Committee members considered potential additional actions to give maximum reach to staff and to ensure we capture all vaccinations done outside the Trust.</p>	<p>Report noted</p>

Committee Escalation Report

<p>Gender Pay Gap Plan Report</p> <p>Gender pay gap report presented for Committee members to note</p>		<p>Report noted – to be presented to the Board</p>
<p>GMC Results</p> <p>Overview of GMC training survey 2023 provided, data triangulates with internal information and can be used to identify areas for additional focus</p>	<p>Results and use of feedback discussed</p>	<p>Report and action plan noted</p>
<p>Education Exception Report 2022-23</p> <p>Annual exception report provided in respect of junior doctor contract and compliance with terms and conditions for doctors in training</p>	<p>Five of the seven exception reports were mainly for missed self development time in relation to operational pressures</p>	<p>The Committee noted the seven educational exceptions escalated within the report –</p>
<p>Additional Role Specific Training Needs</p> <p>Briefing provided on proposed changes to core and mandatory training – an additional five training courses have been included in the core skills requirements</p>	<p>Committee members discussed the impact of additional training and the importance of balance of benefit to ensure all training adds value.</p>	<p>Committee members noted the report</p>
<p>Workforce Operational Committee Escalation Report</p> <p>AAA report provided from the Workforce Operational Committee</p>	<p>Team Engagement and Development (TED) tool discussed as a potential tool to improve team performance</p>	<p>Report noted</p>
<p>Other agenda items</p>		
<p>Bank and Agency Tracker - Report noted for information with additional questions to be picked up off line</p> <p>Workforce IPR - Update provided on key metrics within the workforce IPR</p>		

Title	Integrated Performance Report (IPR) - Workforce
--------------	---

Meeting:	Board of Directors Meeting
-----------------	----------------------------

Date:	03/01/2024
--------------	------------

Author	Katy Coope, Executive Director of People & Culture
---------------	--

Exec Sponsor	Katy Coope, Executive Director of People & Culture
---------------------	--

Purpose	Assurance	Y	Discussion	Y	Decision	N
----------------	-----------	---	------------	---	----------	---

Confidential y/n	N
-------------------------	---

Summary (what)	Advise
	<p>Workforce Performance</p> <p>Core Skills: 91.22% against a target of 95%</p> <p>Appraisal: 81% against a target of 90%</p> <p>Sickness Absence: 6.90 % (August) against a target of 6%</p>

Implications (so what)	Alert
	<p>Core Skills – Potential impact of time due to additional core skills training agreed</p> <p>Appraisals – IA team are still working to rectify technical issues</p> <p>Sickness Absence – There has been a decrease in sickness absence in November of 0.17% reducing percentage to 6.90%</p>
	Assure
	<p>Core Skills – marginal increase since last month</p> <p>Appraisals – WFBPs are working alongside Divisional Leads to ensure increased compliance with appraisal rates and reports back to PIDA</p> <p>Sickness Absence – The next sickness audits are due to commence</p>

Previously considered by	NA
---------------------------------	----

Link to strategic objectives	Our People	Y
	Our Place	Y

	Our Responsibility	Y
Equality, Diversity and Inclusion (EDI) implications		
Proposed Resolution <i>(What next)</i>	The WAC are asked to acknowledge and approve the IPR	



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

Integrated Performance Report

Workforce Committee

November 2023



Caring • Safe • Respectful

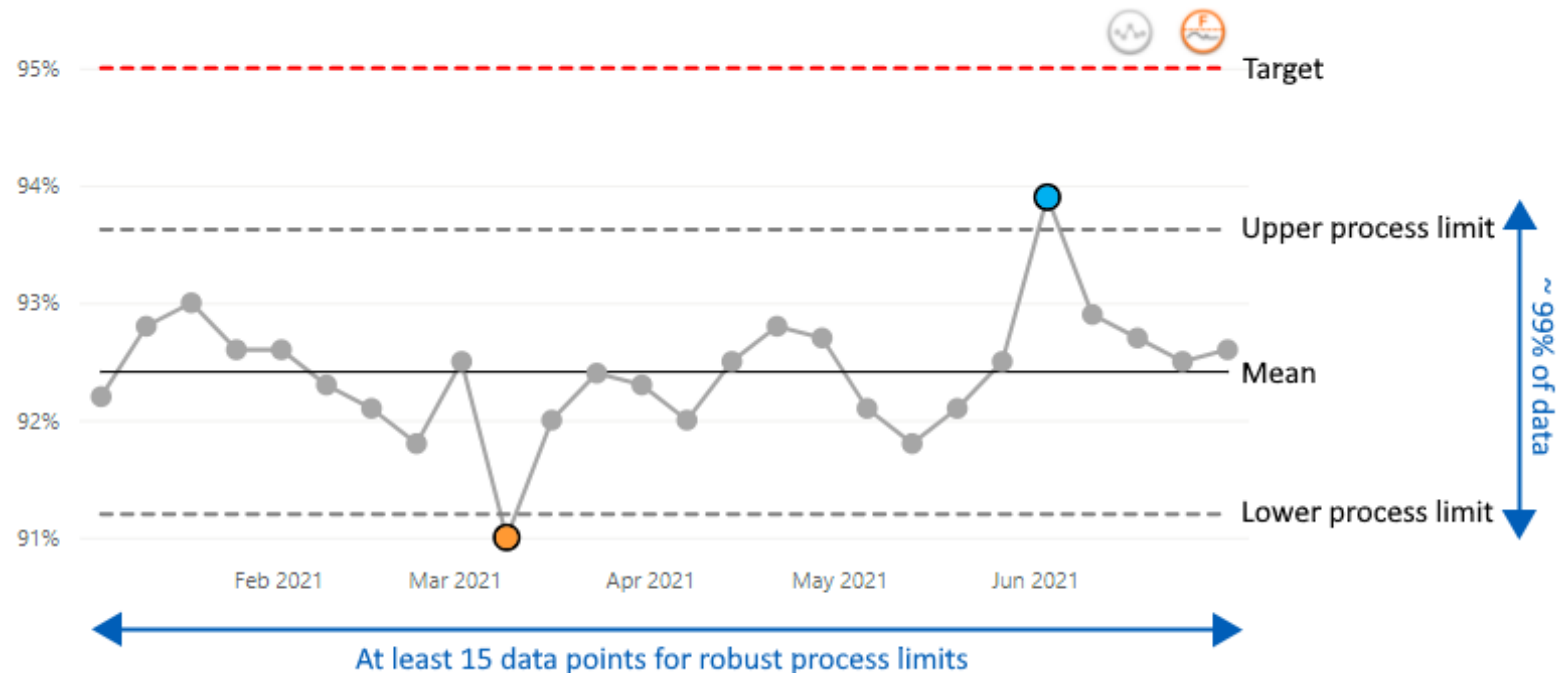
Guide to Statistical Process Control

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



Workforce	Indicator	Assurance				Variation			
		?	P	F	None	H	L	None	H
Workforce	Organisational Development		1	2	3	2		1	3
	Sickness, Vacancy and Turnover		5	7	2		4	5	5

Assurance

Measures the likelihood 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.

Organisational Development

Month End 30/11/2023



Core Skills

Assure

- Trust compliance in November 2023 was 91.22%, a marginal Increase from 90.09%, in October 2023. This is against a target of 95%.
- All 5 clinical divisions increased CSTF compliance in November 2023. In October all had decreased.
- When role specific training is included, all 5 clinical divisions have increased compliance.
- Compliance with core skills training is monitored monthly at the divisional PIDA meetings and appropriate action plans implemented.

Advise

- The Executive Team approved for the following competencies to be allocated to ALL staff.
 - Dementia training (tiers 1 and 2)
 - Learning Disability & Autism (with reference to Oliver McGowan Training e-learning) *The Oliver McGowan e-learning is currently available to complete via ESR. However, LTH have produced their own e-learning which they have proceeded with. They are in the process of sharing this with BTH, so we can determine the best option for the Trust.
 - PSIRF
 - NHS Patient Safety Syllabus levels 1 and 2 training
 - Counter Fraud Awareness
- This will be communicated to staff week commencing 11th December. Staff will be encouraged to complete the e-learning competencies prior to them being mandated at the end March 2024.
- A paper to Execs is being prepared, to outline the approach the CSTF & Role Specific Training Steering Group are proposing to carry out divisional reviews of all training competencies.

Alert

- With regard to Learning Disabilities & Autism Training; although the Oliver McGowan Training Package is the Government's preferred training package [oliver mcgowan - Search - GOV.UK \(www.gov.uk\)](https://www.gov.uk), Lee Radford, (Director of Organisational Development and Education - NHS Lancashire and South Cumbria Integrated Care Board) has provided the following update
Following my recent meeting with HR Directors, the decision has been taken not to begin the rollout of the Oliver McGowan Mandatory Training due to the significant financial implications for each organisation and the System, in excess of £3m. Further meetings are taking place with the Directors of Nursing for each organisation to sense check their thoughts on this.

NHSE have been made aware of these costs and have been escalated regionally and nationally and we are awaiting further information. All the NWICBs have decided to work very closely on this agenda and are exploring developing a NW approach to building capacity to deliver the OMMT from now until March 2024 should there be changes to make the delivery model of this programme less restrictive and more affordable once the national code of practice has been finalised.

- The additional training competencies for all staff to complete will result in staff being required to complete an additional 5-6 hours training, dependent upon role.
- There has been pushback from across the ICS from staff with regards to the amount of training that is required. A shared spreadsheet is to be devised to populate what each Trust has mandated.

Organisational Development

Month End 30/11/2023

Non-Medical Appraisals compliance

Assure







- Non-medical appraisal compliance has decrease slightly since October 2023, from 82% - 81%.
- Compliance for two out of five clinical divisions have remained the same - CSS (78%) and IMPF (76%). FICC has reduced slightly (84% - 83%)
- There have been larger decreases in compliance for SACCT, who were above the Target of 90% in October 2023 (at 96%) and have decreased to 88%. Tertiary have decreased from 87% in October 2023 – 82% in November 2023

Advise

- 48 members of staff have been trained over 5 sessions. Further dates have been advertised.
- The OD team will shortly be commencing a survey to ask staff for feedback on the new non-medical appraisal system.

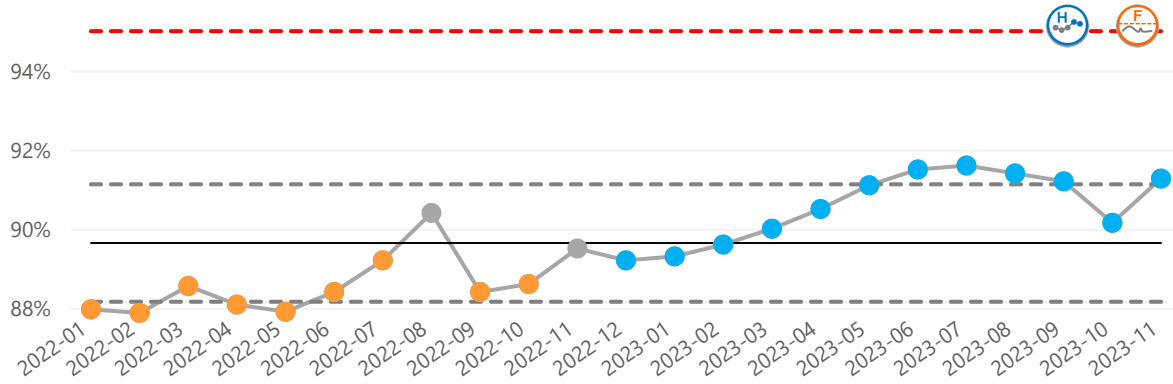
Alert

- In the short term, the IA Team are continuing to fix any technical issues that arise to ensure the system continues to run. However, they are not resourced to develop/mange the Appraisal system longer term. This is ongoing from last month.
- Updates are required, as are further suggested developments, including ensuring that it is inclusive of neurodiverse individuals.

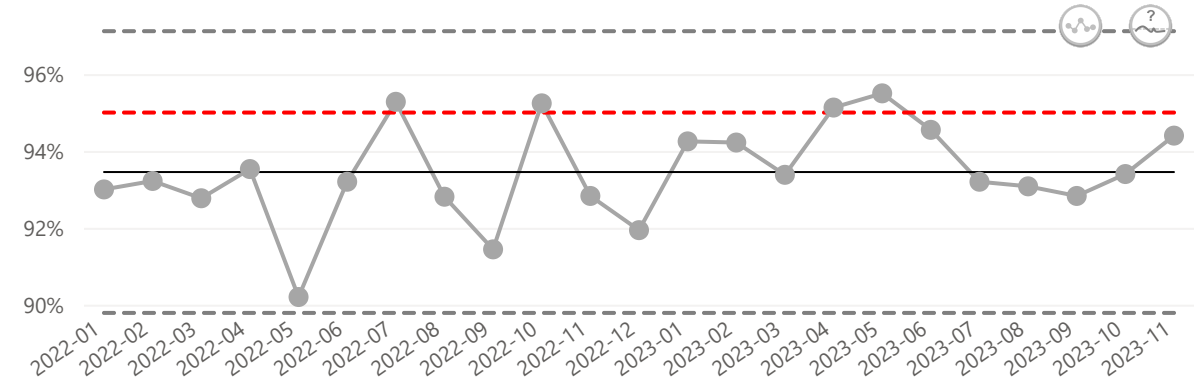
Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Core Skills Training Compliance %	95%	91.2%	Nov 23			95%	90.1%	Oct 23		
Data Security & Awareness Training (%)	95%	94.4%	Nov 23			95%	93.4%	Oct 23	95%	94.4%
Appraisal Completeness %	90%	81.1%	Nov 23			90%	83.9%	Oct 23		

Indicator	2017-04	2018-04	2019-04	2020-04	2021-04	2022-04
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%

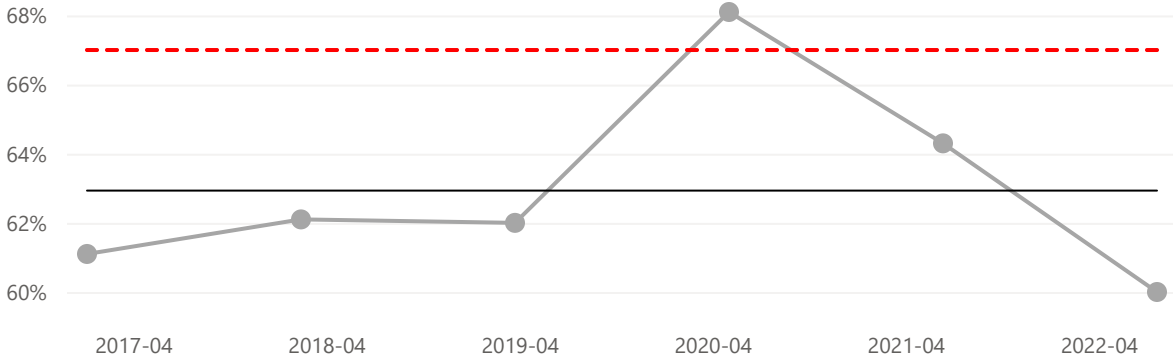
Core Skills Training Compliance %



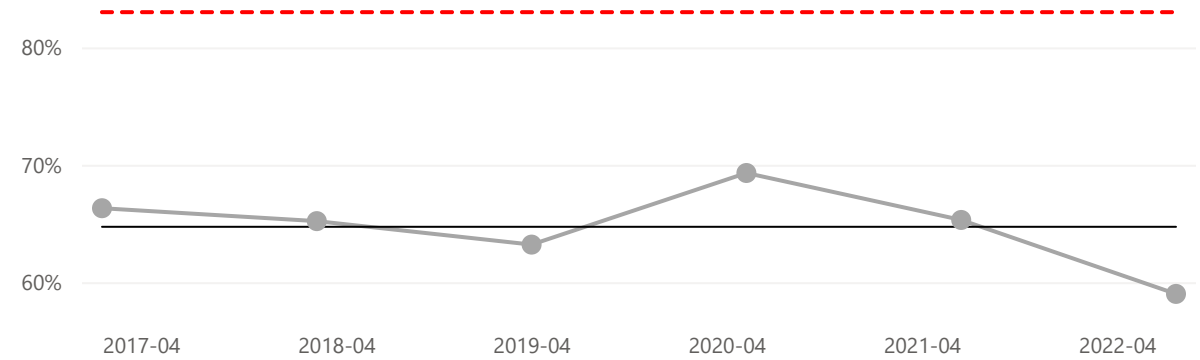
Data Security & Awareness Training (%)



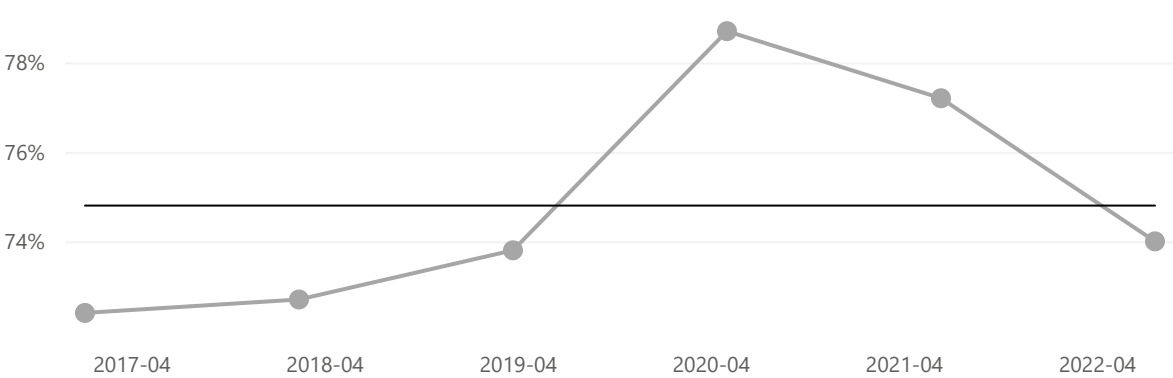
Staff Survey - I would recommend my organisation as a place to work



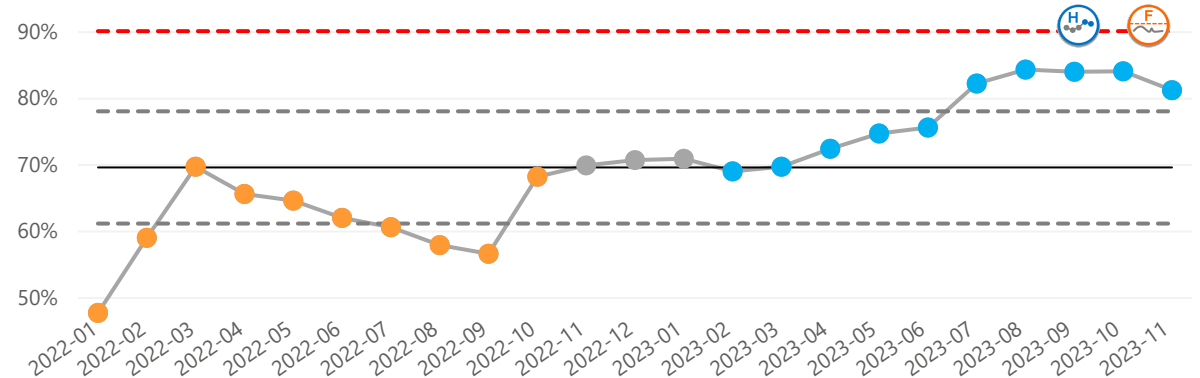
Staff Survey - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



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



Appraisal Completeness %



Sickness, Vacancy and Turnover

Month End 30/11/2023



Sickness Absence:

Assure:

- The next sickness audits are due to commence.
- The EASE programme was launched mid year in 2023 which will ensure staff with mental health problems and MSK will be spoken to by a specialist on first day of absence, hopefully reducing time absent from work.
- The Health Teams MDT is working to support teams requiring support for health and wellbeing

Advise:

- Check, challenge and coach sessions are held within all clinical divisions where sickness levels are discussed.
- Continue to review annual leave utilisation across the divisions to ensure adequate rest periods for staff, this is addressed within the monthly check, challenge and coach sessions.
- Identify hot spot areas for targeting support for managers within these areas who require support to manage complex attendance cases
- Targeted approach to divisions where sickness absence percentage is high to help support proactive management of cases
- The Healthy Teams MDT continues to meet weekly to identify teams in need and to facilitate support within these areas
- The HR Attendance Management training is currently being reviewed and will be launched again in the New Year.

Alert:

- There has been a decrease in sickness absence in November of 0.17%, reducing the sickness absence percentage to 6.90%
- The Trust has this year revised the sickness absence % target to 6%, however we remain over target.
- The largest reason for sickness absence remains anxiety/stress and depression. It has increased by 6.53% and contributes 32.69% of the absence for the Trust.
- In November every clinical division had anxiety/stress and depression as their highest reason for absence.
- Estates and Ancillary staff had the highest % of sickness at 10.15%, followed by Additional Clinical Services at 8.81% and Nursing and Midwifery at 7.21%.

Vacancy Rate:

Assure:

- WTE are continuing to increase month on month, with recruitment outstripping turnover

Advise:

- Current vacancy rate for all staff is 7.84% which continues to show a downward trend overall
- We continue to remain above the target which is 4.50%

Alert:

- We remain above the vacancy rate and this is likely to continue but we make small gains each month which is encouraging.
- It is unlikely that full establishment will be reached in 2024 however we anticipated reducing our vacancy gap by at least 50% by the middle of the year when compared with the position in month

Sickness, Vacancy and Turnover

Month End 30/11/2023

Turnover:

Assure:

- Turnover rates should continue at their current levels which remains significantly below the 11% target

Advise:

- Turnover overall in October was 7.86% and 7.77% in November so remaining fairly static
- 10 Nursing and midwifery staff left in November, 5 of those are retirements with 2 of them retiring and returning – although we had 12 new starters giving a net increase in headcount of 2.
- 4 Medical and dental staff left, including one Consultant who relocated. 3 Speciality doctors left, 2 resigned and one end of fixed term contract - although we had 7 new starters including 2 Consultants giving a net increase in headcount of 3.

Alert:

- Focus continues on recruitment to M&D and Nursing & Midwifery

Time to Hire:

Assure:

- Average time to hire is currently 9.3 weeks which is significantly below the 12 weeks target and is anticipated to continue below target
- Average time to hire in October was 9.66 weeks
- There were 197 conditional offers on TRAC in November which is an improvement on October where 183 conditional offers were on TRAC

Advise:

- Our time to hire can be impacted by overseas recruitment and this is a core pipeline for medical and dental and nursing, although the nursing pipeline will cease in its current form in January 2024

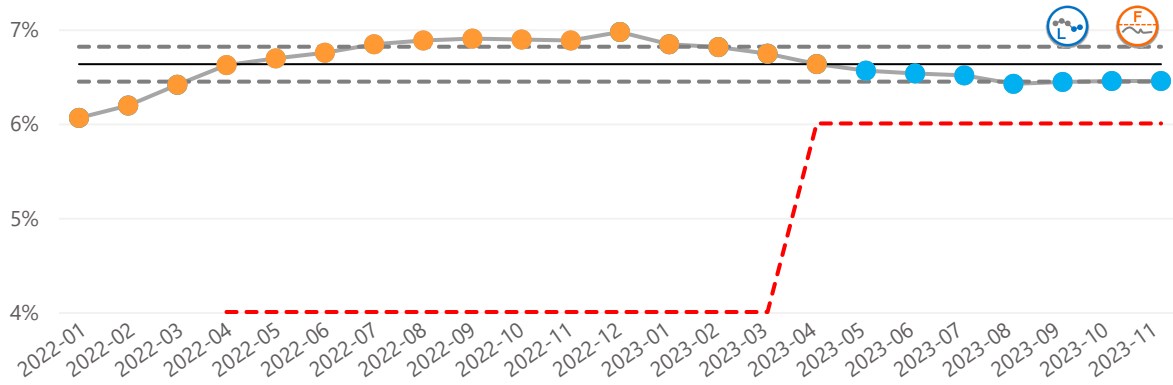
Alert:

- Christmas and New Year will impact on our ability to bring in candidates particularly from overseas

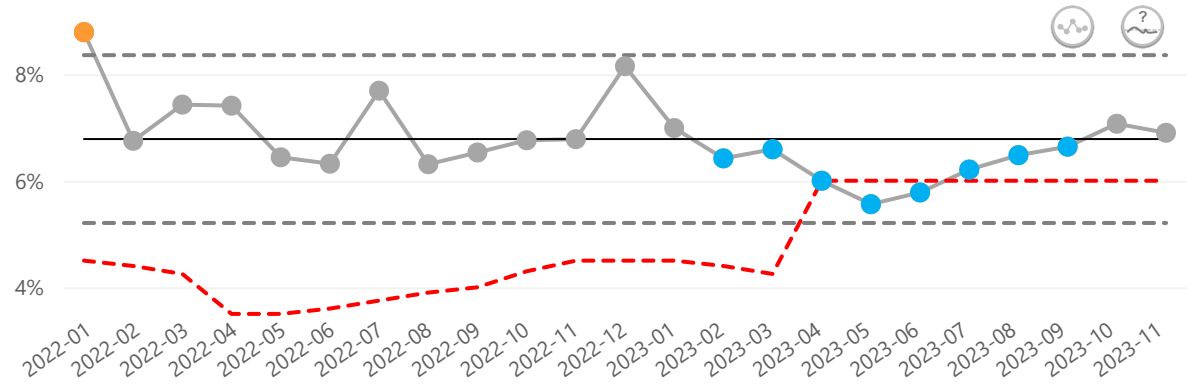
Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Sickness % - Rolling 12 Months	6%	6.45%	Nov 23			6%	6.45%	Oct 23		
Sickness % - All Staff (In Month)	6%	6.9%	Nov 23			6%	7.07%	Oct 23		
Sickness % - Medical Staff (In Month)	6%	2.52%	Nov 23			6%	2.32%	Oct 23		
Sickness % - Nursing Staff (In Month)	6%	7.21%	Nov 23			6%	7.43%	Oct 23		
Sickness % - AHP (In Month)	6%	5.4%	Nov 23			6%	6.15%	Oct 23		
Sickness % - Not related to Covid 19 Trust (In Month)	6%	6.89%	Nov 23			6%	7.06%	Oct 23		
Turnover % - All Staff (Rolling 12 months)	11%	7.77%	Nov 23			11%	7.86%	Oct 23		
Turnover % - Nursing & Midwifery (Rolling 12 months)	11%	5.16%	Nov 23			11%	5.14%	Oct 23		
Turnover % - AHP (Rolling 12 months)	11%	7.28%	Nov 23			11%	7.46%	Oct 23		
Vacancy Rate % - All Clinical Staff	4.28%	8.48%	Nov 23			4.28%	8.79%	Oct 23		
Vacancy Rate % - Medical Staff (Excluding Deanery Drs)	4.28%	20.5%	Nov 23			4.28%	20.2%	Oct 23		
Vacancy Rate % - Nursing & Midwifery Staff	4.28%	7.65%	Nov 23			4.28%	8.05%	Oct 23		
Vacancy Rate % - AHP	4.28%	10.4%	Nov 23			4.28%	10.8%	Oct 23		

Indicator	Latest					Previous			Year to Date	
	Plan	Actual	Period	Variation	Assurance	Plan	Actual	Period	Plan	Actual
Time to Recruit (Weeks)	12	9.3	Nov 23			12	9.66	Oct 23	12	9.3

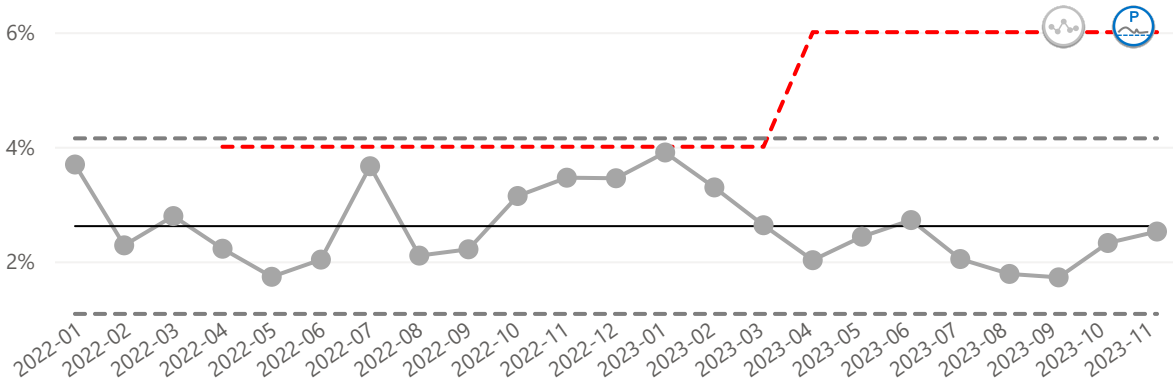
Sickness % - Rolling 12 Months



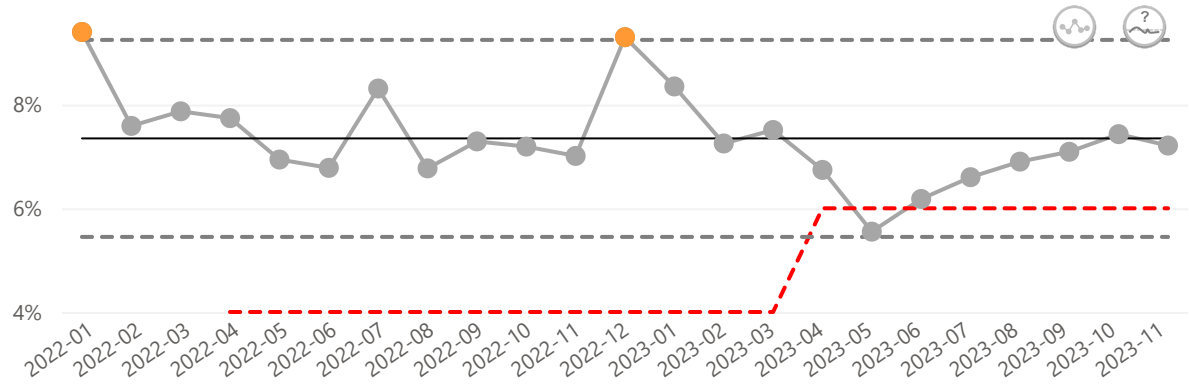
Sickness % - All Staff (In Month)



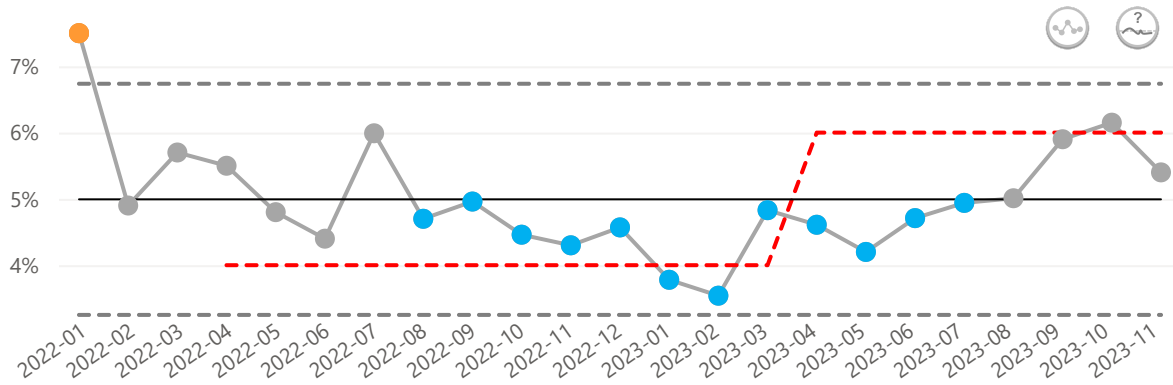
Sickness % - Medical Staff (In Month)



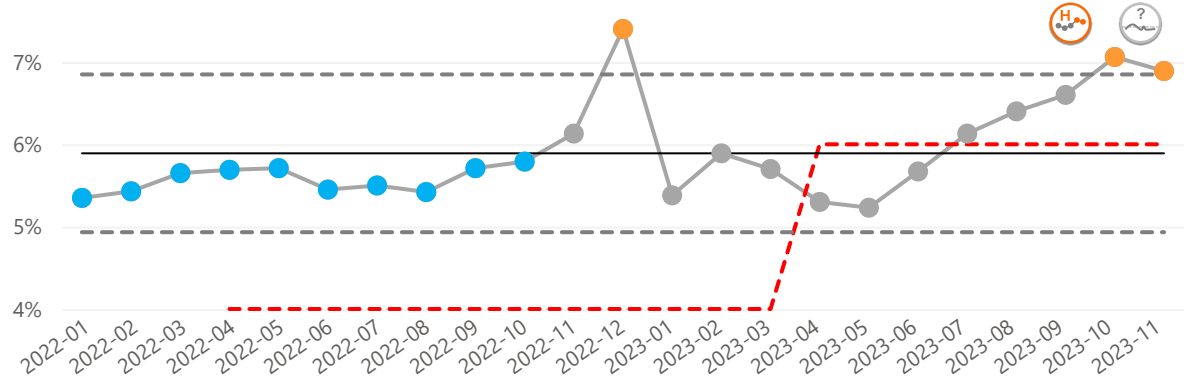
Sickness % - Nursing Staff (In Month)



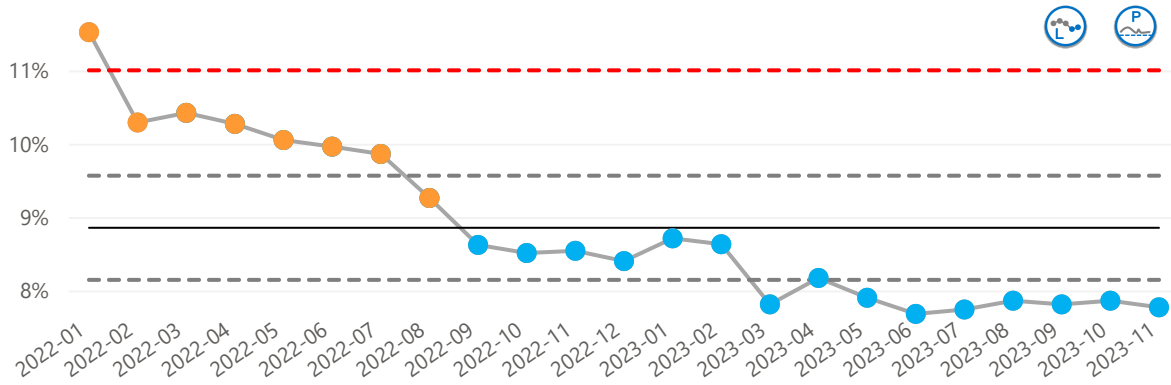
Sickness % - AHP (In Month)



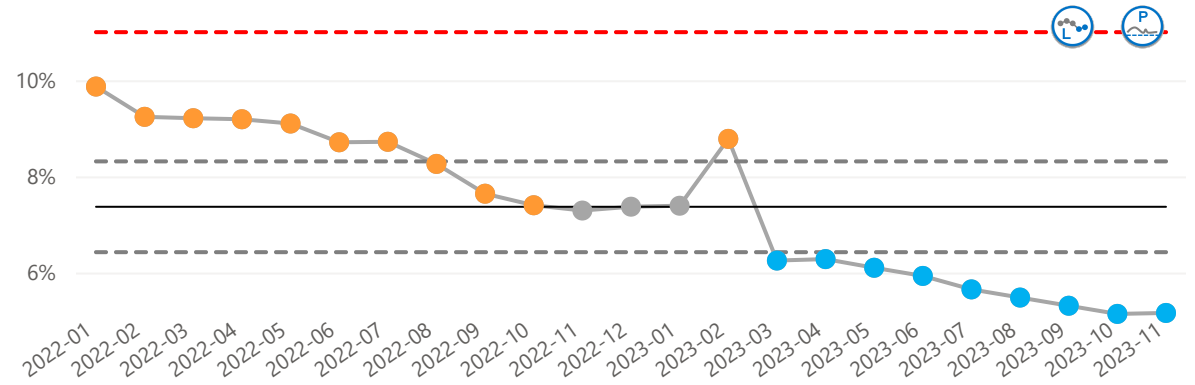
Sickness % - Not related to Covid 19 Trust (In Month)



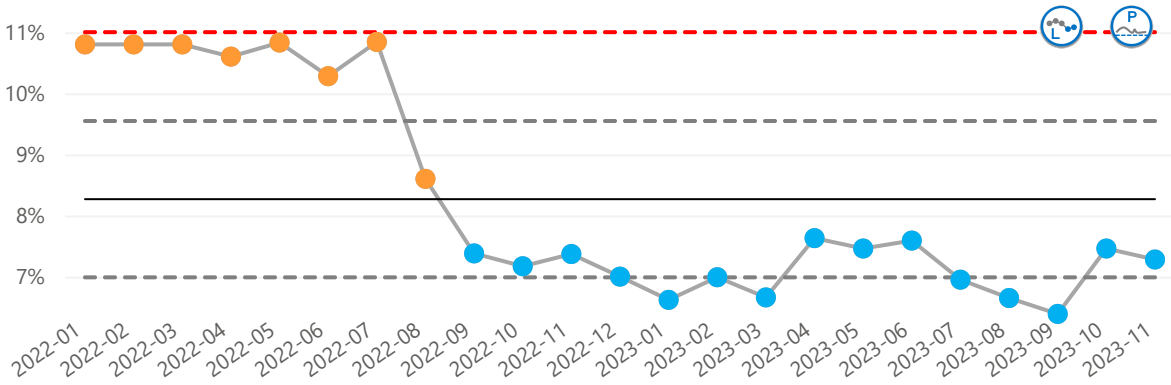
Turnover % - All Staff (Rolling 12 months)



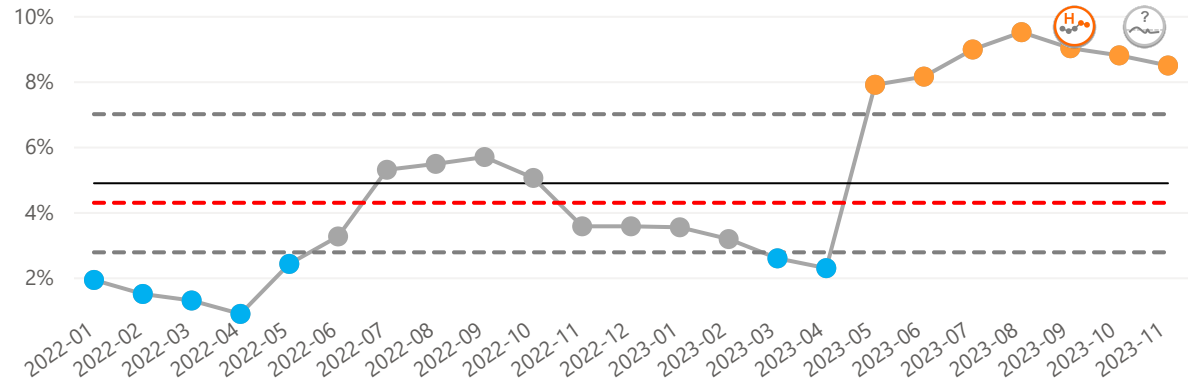
Turnover % - Nursing & Midwifery (Rolling 12 months)



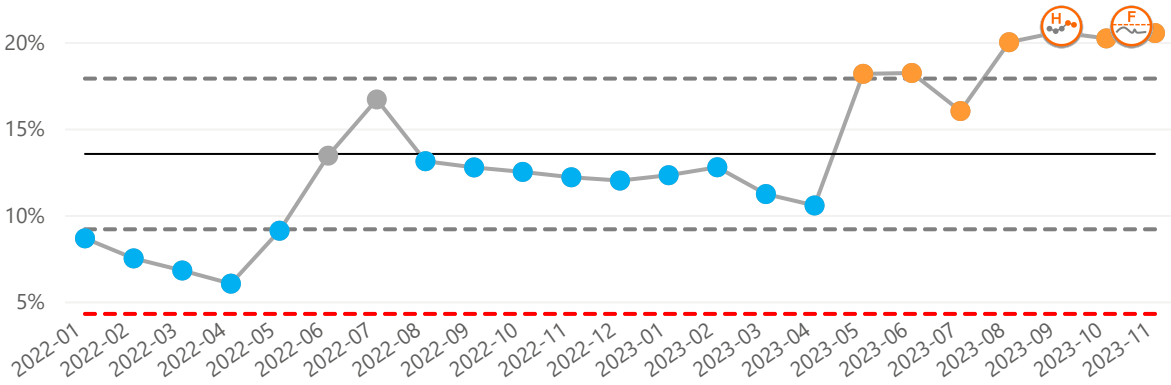
Turnover % - AHP (Rolling 12 months)



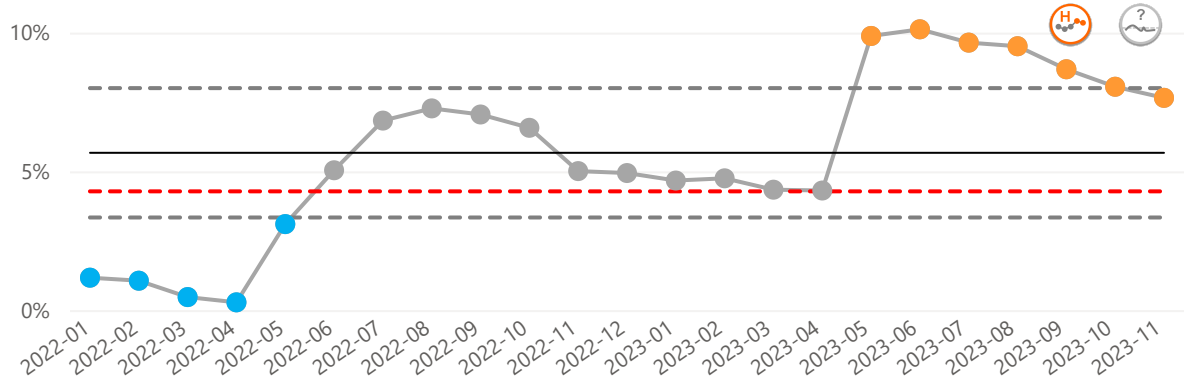
Vacancy Rate % - All Clinical Staff



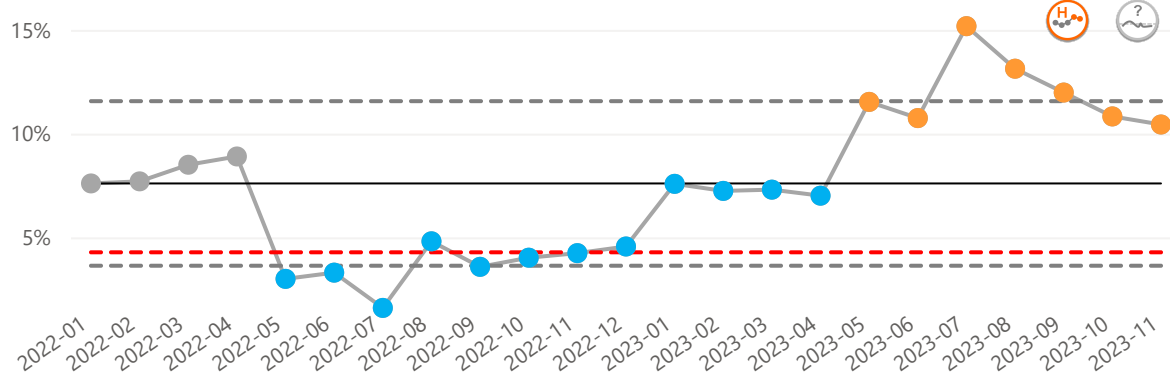
Vacancy Rate % - Medical Staff (Excluding Deanery Drs)



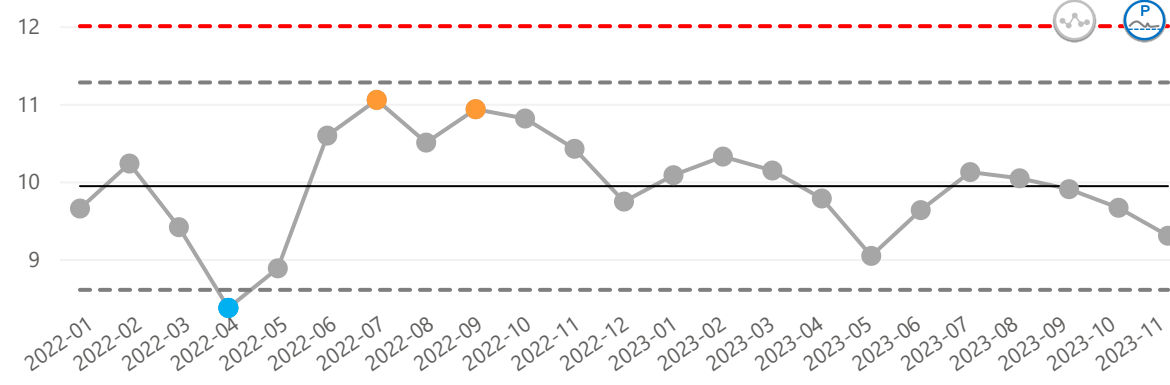
Vacancy Rate % - Nursing & Midwifery Staff



Vacancy Rate % - AHP



Time to Recruit (Weeks)



Title	Hybrid Working at Blackpool Teaching Hospital				
Meeting:	Board of Directors Meeting in Public				
Date:	11th January 2023				
Author					
Exec Sponsor	Mrs Katy Coope				
Purpose	Assurance		Discussion	x	Decision
Confidential y/n	Yes				

Summary (what)	Advise
	<p>The Trust recognises the need to develop modern working practices to enable its staff to maximise their performance and productivity whilst maintaining a good work-life balance.</p> <p>Our approach to Hybrid Working aims to deliver the following benefits:</p> <ul style="list-style-type: none"> Provide an enhanced working environment for staff; Help reduce operating costs; Reduce the environmental impact in line with the Green Plan;

Implications (so what)	Alert
	No alerts
	Assure
	<p>Mobilisation – January 2024</p> <p>Launch Hybrid Working Policy through Team Brief and Bulletin</p> <p>Finalise Toolkit and hold Manager Briefings</p> <p>Develop Benefits Realisation Framework e.g. Estate, Car Parking, Staff Satisfaction, Rostering, Sustainable Travel</p> <p>Phase 1: January 2024 – March 2024</p> <p>Corporate Services – support managers to complete a full review of all teams and implement Hybrid Working as a Pilot utilising tools developed in the mobilisation stage.</p> <p>Phase 2: April 2024 – October 2024</p>

	<p>Admin & Clerical workforce (outside of Corporate Services) - support managers to complete a full review of all teams and implement Hybrid Working utilising any learning from Phase 1.</p> <p>Phase 3: March 2025 onwards</p> <p>Clinical & Medical Workforce</p>	
<p>Previously considered by</p>	<p>N/A</p>	
<p>Link to strategic objectives</p>	<p>Our People</p>	<p>y</p>
	<p>Our Place</p>	<p>y</p>
	<p>Our Responsibility</p>	<p>y</p>
<p>Equality, Diversity and Inclusion (EDI) implications</p>	<p>EDI implications have been considered.</p>	
<p>Proposed Resolution <i>(What next)</i></p>	<p>Finalise the Toolkit for managers to complete when reviewing their team's ability to be hybrid and the practicalities on how to manage this. This will also include a capture of estate availability, car parking impact etc.</p> <p>Communication through Team Brief, Bulletin, SLT briefing, using the new Hybrid Policy and advise that the Pilot area will be Corporate Services so we can take learning to inform and support the rest of the Trust.</p> <p>Arrange Manager Briefing sessions to communicate approach and tools on how to complete team assessment and implementation plan supported by HR Business Partner.</p> <p>Update to Board in April 2024 regarding delivery of Phase 1</p>	

Hybrid Working at Blackpool Teaching Hospital

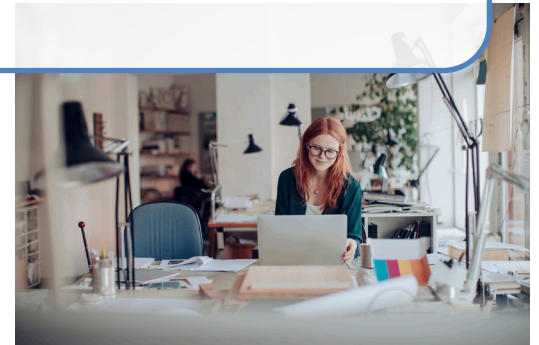
Katy Coope



Hybrid Working

Hybrid Working means **not working from a fixed location, at a fixed time, all the time**. It provides the workforce with more options with regards to where and when they undertake their roles by introducing an element of choice which will ensure that the needs of the service user are best met.

At the heart of hybrid working is the philosophy that **'work is something we do, not somewhere we go'** – it is an activity, not a place.



Ambition & Benefits

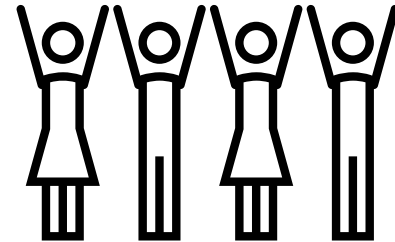
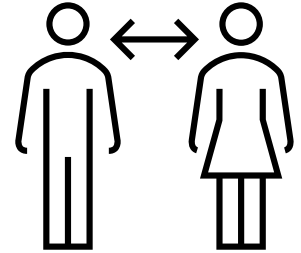
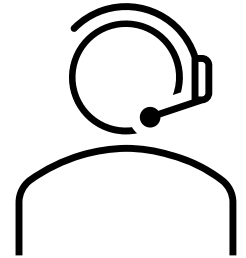
The Trust recognises the need to develop modern working practices to enable its staff to maximise their performance and productivity whilst maintaining a good work-life balance.

Our approach to Hybrid Working aims to deliver the following benefits:

- Provide an enhanced working environment for staff;
- Help reduce operating costs;
- Reduce the environmental impact in line with the Green Plan;

In addition, it is hoped that through this approach it will also support:

- The Trusts commitment to supporting wellbeing and work life balance;
- Increased availability of limited resources such as office space or car parking;
- Enable disabled staff to retain their existing employment and support the recruitment of disabled applicants;
- Aid in the attraction and retention of skilled and experienced staff;



Employee Benefits



Work more effectively by avoiding interruptions that are part of the office environment;



Achieve higher levels of motivation and better work life balance;



Reduce time spent travelling;



Enable greater flexibility and autonomy for staff to work in a way that suits their needs;



A reduction in personal costs (parking, fuel);



Current State at BTH

- The Covid 19 Pandemic moved forward the ability to work from home in a way that had not previously been adopted at BTH however this was not fully realised and, in some areas, post pandemic it has reverted back;
- There are pockets of good practice however it is inconsistent across teams;
- Impact to estate and car parking has not been measured or understood to release benefits;
- Management need support to manage individuals on outcomes rather than presenteeism;
- NHSE have adopted homeworking for several roles within regional and national teams. In addition, local partners appear to have a more embedded and consistent approach to Hybrid Working.

Implement Hybrid Working for BTH



High Level Plan & Milestones

Mobilisation – Jan 2024

- Launch Hybrid Working Policy through Team Brief and Bulletin
- Finalise Toolkit and hold Manager Briefings
- Develop Benefits Realisation Framework e.g. Estate, Car Parking, Staff Satisfaction, Rostering, Sustainable Travel

Phase 1: Jan 2024 – Mar 2024

- **Corporate Services** – support managers to complete a full review of all teams and implement Hybrid Working as a Pilot utilising tools developed in the mobilisation stage.

Phase 2: Apr 2024 – Oct 2024

- **Admin & Clerical workforce** (outside of Corporate Services) - support managers to complete a full review of all teams and implement Hybrid Working utilising any learning from Phase 1.

Phase 3: Mar 2025 onwards

- **Clinical & Medical Workforce**

Key Points to Note

- There is no expectation for staff to work from home and managers cannot force this. It is recognised that there will be personal circumstances that can influence decisions regarding home working.
- Continual engagement with Green Plan and Estates Leads to ensure benefits are full realised.
- Ensure time is take after Phase 1 (Pilot) to incorporate any learning to take into Phase 2.
- There is no additional funding available to support hybrid working.
- Hybrid working will feature explicitly in adverts, JD's and PS's
- We will look to build it into the management development and Managing at Blackpool sessions
- Arrange some mindset re-thinking sessions for managers on how to measure productivity instead of presenteeism
- Review all Trust policies (phased approach) to ensure they support/complement hybrid working, including those linked to H & S, risk management, IT, People etc.

Next Steps

- Finalise the Toolkit for managers to complete when reviewing their team's ability to be hybrid and the practicalities on how to manage this. This will also include a capture of estate availability, car parking impact etc.
- Communication through Team Brief, Bulletin, SLT briefing, using the new Hybrid Policy and advise that the Pilot area will be Corporate Services so we can take learning to inform and support the rest of the Trust.
- Arrange Manager Briefing sessions to communicate approach and tools on how to complete team assessment and implementation plan supported by HR Business Partner;
- **Update to Board in April 2024 regarding delivery of Phase 1**

Committee/Group Escalation Report

Name of Committee/Group:	Audit Committee	Report to:	Trust Board
Date of Meeting:	13 December 2023	Date of next meeting:	14 February 2024
Chair:	Fiona Poxon	Parent Committee:	Trust Board

Introduction

Quorate meeting held on MS Teams with good engagement on papers covering wide range of topics across finance, quality, and performance.

Attendees for specific topics included Janet Barnsley (Director of Integrated Care), Kevin Fletcher (Lancashire Procurement Cluster), Chris Barben (Medical Director), Bridget Lees (Director of Nursing), Louise Cheung (Deputy Director of Quality Governance) and Fran Roberts (Corporate Governance).

Alert

What	So What	What Next
<p>Quality Efficiency Productivity Programme Review</p> <p>Report provided moderate assurance over the arrangements for identifying, assessing, monitoring, and reporting on savings required to deliver QEP schemes.</p> <p>Key areas for improvement: documentation was not always in place to evidence the planning processes (e.g. QIA, EIA, Financial rationale) and update reports to F&P committee were unlikely to reliably highlight risk of non-delivery of the QEP plan.</p>	<p>Areas for improvement present financial, operational, and quality risks to the Trust that the challenging QEP targets will not be achieving on a recurrent basis.</p> <p>Director of Nursing provided verbal assurance that she and the Medical Director had reviewed each scheme from a quality perspective and authorised each to commence.</p>	<p>Management have accepted all recommendations and have set targets to implement all by the end of the financial year.</p>
<p>Nursing Agency Cost Review</p> <p>Report provided moderate assurance over the controls to manage the effective operation for minimising spend on nursing agency staff.</p> <p>Key areas for improvement: lack of readily available performance information on rostering effectiveness, lack of contract performance management meetings with Retinue and adequacy of reporting in the BAF.</p>	<p>Trust's resources may not be used to best effect if not well managed, leading to inability to meet financial targets.</p>	<p>Management have accepted all recommendations and have set targets to implement all by February 2024.</p>

Committee/Group Escalation Report

Assurance		
What	So What	What Next
<p>Internal Audit Progress and Follow-up Reports</p> <p>Reports showed good progress on the 23/24 workplan with no significant delays noted, as well as good progress on follow up of audit recommendations.</p>	<p>Assurance provided that work is on track for providing the end of year Head of Internal Audit Opinion.</p>	<p>MIAA will continue to work closely with the Trust to deliver the plan and follow up on recommendations.</p>
<p>Health & Safety Review (incl. Atlas)</p> <p>Report provided substantial assurance over compliance with Health and Safety standards around manual handling, slips, trips and falls, and control of substances hazardous to health.</p>	<p>The work by the Trust and Atlas to improve governance of health and safety has been recognised.</p>	<p>Proposal to include other areas of health and safety in the internal audit work plan for 24/25 to gain further broader assurance.</p>
<p>Financial Peer Review Update</p> <p>Received the full action tracker (all action complete or in progress except 1) and the internal audit report which provided substantial assurance over the response and actions taken on the Financial Peer Review and submission of the HFMA checklist.</p>	<p>Assurance gained that the response to the Peer Review and the Checklist were appropriate, comprehensive and that transformation plans are progressing.</p>	<p>Tracker to be refreshed to ensure most up to date target completion dates for outstanding actions are included, to be reviewed again by committee in February 2024.</p>
<p>Counter Fraud Progress Report</p> <p>Routine Counter Fraud report presented.</p>	<p>3 new targeted presentations for raising fraud awareness to different staff groups.</p> <p>Significant increase in requests for info from staff following promotion of requirements to submit declarations under Standards of Business Conduct.</p> <p>Finance staff spotted and stopped a mandate fraud attempt.</p>	<p>Report noted.</p> <p>Trust wide departmental review of fraud risk is ongoing.</p>
<p>Fit and Proper Persons Review Update</p> <p>Work is well progressed to bring all files for current Board members up to the new required standards. A new system is in place that is now capable of storing all documentation checked by Recruitment.</p>	<p>Ability to demonstrate compliance with the new Fit and Proper Persons Test requirements.</p>	<p>Work due to be completed by January 2024, will then be reviewed by MIAA</p>

Committee/Group Escalation Report

<p>Clinical Audit Plan Update</p> <p>Quarterly report updating on progress against the Clinical Audit Plan; 7 National must do audits are lacking sufficient capacity to complete, large volume of NICE guidance awaiting review.</p>	<p>Medical Director attended and provided assurance that capacity existed in the clinical audit team to assist divisions with capacity challenges.</p> <p>Regarding unreviewed NICE guidance, this is being monitored in PIDA meetings, and the risk of significant changes of procedures resulting from the unreviewed guidance was low.</p>	<p>Committee will continue to receive update reports quarterly for assurance after being reviewed in detail by the Quality Assurance Committee.</p>
<p>Policy Control Group Update</p> <p>Verbal update provided by Dep. Dir of Quality Governance on work of Policy Control Group to review and cleanse the Trust's 1,500 policies and procedures.</p> <p>Noted that various work streams are also assessing adherence to these policies.</p>	<p>Assurance is required that policies are appropriate, regularly reviewed and are being followed for effective governance and risk management.</p>	<p>Update reports from the Policy Control Group will be presented at future Audit Committee meetings after having been scrutinised at Risk Management Group and Quality Assurance Committee.</p>
<p>Waivers</p> <p>Report showed significant increase in waivers for Nov (£3m vs average to date per month of £0.5m) and year on year waivers are growing significantly (two or three fold)</p>	<p>Spend outside of standard processes has not been appropriately authorised and may not provide value for money.</p> <p>Kevin Fletcher (LPC) acknowledged the report did not provide sufficient context and verbally assured that most waivers in Nov relate to planned activity to align contracts across ICS.</p> <p>Growth in waivers was attributed to tighter application of "No PO no pay" policy and associated training.</p>	<p>Improve reporting format to include:</p> <ol style="list-style-type: none"> 1. context around system-wide initiatives 2. review of aged invoices to identify any required retrospective waivers
<p>Advise</p>		
<p>External Audit Report</p> <p>Verbal update provided on status of Atlas and Blue Skies accounts and planning for 23/24 audit</p>		
<p>The Committee also received routine reports on losses and special payments and the use of the Trust seal, as well as copies of two new accounting policies – these were reviewed and noted.</p>		

Committee Escalation Report

Name of Committee/Group:	Strategy & Transformation Committee	Report to:	Board of Directors
Date of Meeting:	23 November 2023	Date of next meeting:	25 January 2024
Chair:	Steve Christian	Parent Committee:	Board of Directors Meeting

Introduction

Meeting held on Microsoft Teams, positive engagement and discussion with a key focus on progress with transformational plans. Recognition for the work undertaken to drive transformation. The Board workplan will be updated to ensure the Board are fully engaged and fully sighted on all aspects within the Committee's portfolio.

Members were reminded that this was a Board Committee, therefore full membership was required to cover all portfolios and where this was not possible a deputy should be in attendance.

Alert

What	So, What	What Next
No alerts		

Advise

What	So, What	What Next
Board Assurance Framework BAF was circulated after the meeting.	Members were advised that the BAF had been updated and was currently aligned to the Trusts objectives, however, once all enabling plans had been approved, the BAF would be reviewed to ensure it provided assurance.	The updated BAF would be reported to the March 2023 meeting. For the next meeting, timescales against the actions would be added to the BAF.
Strategy Transformation Portfolio Dashboard and Winter Prioritisation: Resource Allocation, Prioritised Change A re-prioritisation exercise had taken place, scoring each priority/project/workstream objectively, which had resulted in formal recommendations outlined presented to STC for approval. Further work was on going with the Divisions in relation to the GM (General Medicine) Frailty ward moves. The	Discussions had taken place with each Executive Director Senior Responsible Officer (SRO) for each Programme within the Strategic Transformation Portfolio in relation to re-prioritisation over winter. Confirmation was received that following the re-prioritisation process, no major risks or challenges had been identified. The importance of the Committee gaining assurance on the programmes was highlighted and value of	Date to be set and agreed as to the GM/Frailty Ward moves with timescales and plan drawn up accordingly.

Committee Escalation Report

<p>moves are still planned to proceed in the new year with a date to confirmed.</p> <p>Progress had been made on the General Medicine recruitment</p>	<p>reporting progress against clearly identified outputs and outcomes.</p> <p>The importance of progressing the ward moves was emphasised.</p>	
<p>Strategy Delivery Highlight Report: Strategic Enabling Plans</p> <p>A high-level update on the Trust's overall Strategy was provided.</p> <p>The LIMS project was currently in exception. The target go-live is Feb 2024 but this was at risk.</p> <p>The evaluation of the written Electronic Patient Record (EPR) bids and product demonstrations was about to conclude.</p> <p>The PAS project timescales had been revised to target a go-live mid-April 2024.</p> <p>The establishment of the Health Inequalities and Anchors Steering Group may be delayed due to winter.</p>	<p>Executive Directors were fully sighted on the challenges with regards to LIMS and were engaging in numerous meetings to mitigate any risks.</p> <p>The Health Inequalities and Anchors Steering Group was highlighted as a priority.</p>	<p>Updates on LIMS would be provided through the Executive Directors meetings.</p> <p>Agreed to establish the Health Inequalities and Anchors Steering Group and that the first meeting would take place before the January 2024 meeting.</p>
<p>Clinical Strategy – Conclusion of “Sense Check”</p> <p>An update on the development of the Trust's clinical strategy was given.</p> <p>The summary of feedback and findings from the Sense Check phase were presented in the paper along with the rationale, stakeholders and delivery method for the engagement phase.</p>	<p>Risks highlighted were engagement with clinical colleagues during the high-pressured winter periods and lack of engagement from Clinical Networks following ICB re-focus.</p>	<p>Members highlighted the importance of clinical engagement and requested an update at the next meeting on progress made with regards to this matter.</p>
<p>Assure</p>		

Committee Escalation Report

<p>Estates Enabling Plan</p> <p>The Estate Enabling Plan sets out the Trust's vision for the development of the physical built environment over the next five years and how all space would be utilised.</p> <p>The Estate Enabling Plan is a key component to the overall Trust Strategic Plan and links to the Trust's Clinical Strategy and other enabling plans such as the Trust's Digital and Workforce plans and the NHS Green Plan.</p>	<p>Digital a potential barrier for staff if they were requested to work across different sites/providers. It was confirmed that a piece of work would be undertaken regarding equipment and medical devices, however, there was currently no discussions taking place regarding moving staff from the Trust.</p>	<p>Members endorsed the plan to be submitted to the Finance and Performance Committee.</p>
<p>Draft People Plan</p> <p>The People Plan sets out the Trust vision to be a great place to work and receive care. The Trust was committed to lead with compassion and inclusivity, with the health and wellbeing of our people at the heart of what we do.</p>	<p>The four key drivers for this plan are:</p> <ul style="list-style-type: none">• looking after our people• belonging to the NHS• growing for the future• new ways of working and delivering care.	<p>Members welcomed the plan and ambitions within the report; however, it was requested that these be split into year by year as this would enable progress to be clearly monitored every year.</p>

Committee Escalation Report

Name of Committee/Group:	Charitable Funds Committee	Report to:	Board of Directors Meeting
Date of Meeting:	01.11.23	Date of next meeting:	11.01.24
Chair:	Fergus Singleton	Parent Committee:	Board of Directors

Introduction

Quorate meeting held – hybrid approach with some members on MS Teams and others in the Boardroom.

Alert

What	So What	What Next
No issues identified as alerts		

Assurance

What	So What	What Next
<p>CFC Annual Report and Accounts</p> <p>The Committee received the Blue Skies Annual Report and Accounts prepared in accordance with accounting policies and compliant with the Charity's governing document and the Charities Act 2011.</p>	<p>The Charity received donations, legacies and grants totalling £1,047k (£480k in 2021/22).</p> <p>The increase in income is mainly due to Grants received of £266k and an increase in Legacy income of £302k.</p> <p>The net assets of the Charity held on 31 March 2023 were £1,528k (2021/22 £1,226k).</p> <p>Of the total expenditure of £775k (2021/22 £621k), expenditure on charitable activities was £504k (2021/22 £380k) and expenditure on raising funds was £226k (2021/22 £200k).</p>	<p>Accounts and report approved</p>
<p>Auditor Opinion (ISA260)</p> <p>Unmodified audit opinion with no issues identified</p>		<p>Report noted</p>

Committee Escalation Report

<p>Finance Report to 30th September 2023</p> <p>Blue Skies Charity is reporting a net surplus of £285k (budget £204k) to 30th September 2023.</p> <p>The Charity is forecasting a surplus of £481k (budget £401k) for year ending 31st March 2024.</p> <p>As of 30th September 2023 the Charity has a cash balance of £1,221k and has funds available for investment consideration of £477k after forecasted cessation costs.</p>	<p>Committee members discussed the financial results of the Charity including the treatment of recording of stock for the shop</p>	<p>Report noted</p>
<p>Charity Report</p> <p>Update provided on charitable activities – recognition for the support provided by the facilities team.</p>	<p>The Committee noted the update and commended the ongoing activity</p>	<p>Report noted</p>
<p>Audit Action Tracker</p> <p>Update provided to confirm that all actions agreed in response to the MIAA review have now been completed.</p>	<p>Committee members commended the progress made</p>	<p>Update noted</p>
<p>Advise</p>		
<p>What</p>	<p>So What</p>	<p>What Next</p>
<p>AoB</p> <p>Blue Skies have officially taken over the running of the Fraggles outlet in the cardiac unit – it will be converted to a second Blue Skies shop to improve the offer to our staff and patients.</p>	<p>Committee members supportive of the development which will be manned by volunteers and will not incur additional costs.</p>	<p>Update noted</p>
<p>New Fund Advisor – Women and Children Fund</p> <p>The Committee approved the proposal to give Dr Mutema the Divisional Director of Medicine in the FAPP Division fund advisor status for the FICC divisions</p>		<p>Dr Mutema confirmed as a fund advisor</p>

Committee Escalation Report

<p>ThermoFisher Genexus</p> <p>Thomas C attended to provide overview of the bid which will increase the range of genomic information to link to targeted therapeutic treatment.</p>	<p>Full funding for the equipment has been provided by Rosemere, ongoing costs will be covered by the departmental budget – there will be savings resulting from the switch of platform that will offset the costs.</p>	<p>Bid approved - £260,883 approved which will be covered by Rosemere.</p>
<p>Waiting Room Chairs for the Orthopaedic Clinic</p> <p>Bid presented for new chairs for the orthopaedic clinic – the chairs will provide increased comfort while patients are seen. Current chairs are in a poor state of repair but are still fit for purpose.</p>	<p>Committee members discussed the bid and supported in principle.</p>	<p>Bid approved with a caveat to ensure that the chairs proposed offered the most comfortable option</p>
<p>Panda Resuscitair for Paediatric ED</p> <p>Bid presented for a second resuscitair for the paediatric ED department – having a second unit available for unwell walk-in patients will improve the experience for patients and staff.</p>	<p>Committee members considered the potential revenue consequences and confirmed that the division would pick up any additional costs in relation to the second device</p>	<p>Bid approved from General fund £15,600.29 (VAT exempt)</p>
<p>Patient Seating for the Stroke Unit</p> <p>Bid presented to purchase 5 adjustable reclining chairs with locking castors for the Stroke Unit – chairs will enhance patient experience during their recovery reducing the number of transfers and improving accessibility of areas of the unit – similar chairs are in use in ITU and benefits have been confirmed. The proposed chairs meet IPC requirements and pressure area care</p>	<p>Committee members considered the bid</p>	<p>Bid approved from General funds for £14,255.50</p>
<p>Other agenda items</p>		
<p>Approved Funding Applications under £5,000 and Funding Application Pipeline</p> <p>Annual Workplan</p>		

Title	Board Assurance Framework
--------------	---------------------------

Meeting:	Board of Directors
-----------------	--------------------

Date:	11 January 2024
--------------	-----------------

Author	Executive Team
---------------	----------------

Exec Sponsor	Esther Steel – Director of Corporate Governance
---------------------	---

Purpose	Assurance	✓	Discussion	✓	Decision	
----------------	-----------	---	------------	---	----------	--

Confidential y/n	No
-------------------------	----

Summary (what)	Advise
	<p>The Board Assurance Framework sets out the risks to the achievement of the Trust’s strategy – the current BAF has been aligned to the objectives agreed by the Board and reviewed in August 2023.</p> <p>In August 2023, Board members also considered the Board’s risk appetite for each of the strategic objectives – a summary of the agreed risk appetite paper is included within this paper.</p>

Implications (so what)	Alert
	The MIAA review of the BAF in April 2023 recognised the improvements made to the BAF but also identified some additional actions required
	Assure
	The BAF should be the go-to document to identify the controls in place to mitigate for the Trust’s strategic risks and the assurance that these controls are effective.

Previously considered by	Considered by each of the assurance committees and the Audit Committee
---------------------------------	--

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications	Considered within the BAF and within each Board Committee
---	---

**Proposed
Resolution**
(What next)

Board members are asked to review the Board Assurance Framework and to engage in debate to consider the discussion points listed within the paper

Background

The Board Assurance Framework should enable the Board to review the risks to the achievement of its principal objectives. It should set out a framework of the controls that are in place to manage the risks and the assurance that the controls are effective.

A good Board Assurance Framework should be linked to the risk register and should be used to drive the agendas for the Board and its committees. A mature and effective BAF should be agreed and owned by the Board with debate including an agreed risk appetite and risk tolerance for each of the strategic objectives.

Action Taken

Alongside the development of the new Trust Strategy and supporting objectives for 2022/23 Board members have discussed the key risks and issues and the actions that are required to mitigate these risks towards the achievement of the strategy.

The relevant section of the BAF is updated and reviewed bimonthly through each of the Board's Assurance Committees using the opportunity to ensure that the meetings remain focused on key issues and that the BAF is updated to reflect any new or emerging strategic risks.

Discussion points

1. Board members are asked to review the draft BAF to ensure it covers the significant risks to the achievement of our strategy (list of significant risks below).

Table 1 sets out the risks/issues covered within the BAF and the key Committee for oversight. A number of our risks cut across more than one objective – to avoid duplication these risks will be allocated to one area linked to Committee oversight with the content copied to other areas as needed.

2. Board members are asked to consider the previously approved risk appetite statement and to confirm that this remains as previously agreed.

Next Steps

MIAA (internal audit) reviewed the BAF in April/May 2023 and although it was found to be improved on previous versions recommendations were made for further improvements – these have now been enacted and will be reviewed in March/April 2024

Alongside the Board Assurance Framework the Trust has a Corporate Risk Register and a suite of divisional and departmental risk registers which are used in the day-to-day management of our operational risks. The BAF and the Corporate Risk Register should be explicitly linked and in future will be presented alongside each other to the Audit Committee to give a comprehensive picture of the Trust's risk profile.

A draft digital BAF has been developed and is scheduled to be presented to the next meeting of the Be Digital Group and then to the Finance and Performance Committee.

Table One below summarises the risks and issues included within the BAF with links to the primary (1) and secondary (2) committee leading on the oversight of these areas.

	QAC	F&P	WAC	S&T	Page
Fundamental standards of care	1				7
Sepsis and rapid tranquilisation	1				8
Maternity	1				8
Mortality	1				10
Cancer and elective capacity and demand	2	1			12
Quality and Efficiency Programme	2	1	2		14
Elective restoration	2	1			15
System savings gap		1			16
Non-Elective demand	2	1			11
Financial governance/grip and control		1			15
Recruitment and retention	2	2	1		19
Medical Staff Vacancies	2		1		9
Health and wellbeing of our staff			1		17
Culture including engagement			1		18
Inclusion			1		18
Operational pressures/competing priorities		1		2	20
System maturity				1	21
Shared vision for innovation				1	21

Risk Appetite

Risk appetite is the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives. It represents risk optimisation - a balance between the potential benefits of innovation and the threats that change inevitably brings. This should not be confused with risk tolerance, which reflects the boundaries within which the executive management are willing to allow the true day-to-day risk profile of the organisation to fluctuate while they are executing strategic objectives in accordance with the board's strategy and risk appetite. It is the level of the current (residual) risk within which the board expects sub-committees to operate and management to manage and escalate. Put simply, risk appetite is how much risk you want, risk tolerance is how much risk you can live with. The Board should therefore not see each level of risk appetite as being better or worse than any other.

The Trust previously agreed the following risk appetite statements based on the GGI risk appetite matrix attached.

Board members are asked to consider these statements and agree any changes to the level of risk appetite for each of our key objectives.

- The Trust will aim to AVOID any risk that has the potential to compromise the quality of care we provide to our patients.
- The Trust has an OPEN risk appetite for risk, which balances the delivery of services and quality of those services with the drive for quality improvement and innovation.
- The Trust has MINIMAL risk appetite for any risk which has the potential to compromise the Health & Safety for patients, staff, contractors, the general public and other stakeholders, where sufficient controls cannot be guaranteed.
- We have a SEEK appetite for some financial risks where this is required to mitigate risks to patient safety or quality of care. We will ensure that all such financial responses deliver optimal value for money.
- We will deliver the right care, at the right time, and in the right place for our patients. To achieve this, we will need to have a CAUTIOUS appetite towards financial decisions and regulatory compliance.
- The Trust has MINIMAL risk appetite for risks which are non-clinical but affecting the day-to-day services the Trust provides.
- The Trust has a MINIMAL risk appetite for risk, which may affect the reputation of the organisation.
- The Trust will AVOID any risk which has the potential to compromise data security.
- We will work with all our partners, including patients and the public, to deliver our strategy. We consider the risks associated with innovation, creativity and clinical research to be an essential part of the Trust's risk profile. Our appetite for risk in this area will be SEEK in order to maximise the opportunities to improve patient outcomes and the Trust's sustainability. A decision to take this level of risk would be based on a rigorous assessment and a review of the robustness of the controls and would require support of the Board.
- We will collaborate within the provider collaborative and integrated care system, as well as with local authorities, our other partners and other care providers to prevent ill health, plan and deliver services that meet the needs of our local population and deliver operational and NHS constitutional standards. In this regard our risk appetite is CAUTIOUS.

Appendix: Risk Appetite for NHS (Good Governance Institute)

RISK APPETITE LEVEL ▶	0 NONE Avoidance of risk is a key organisational objective.	1 MINIMAL Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	2 CAUTIOUS Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	3 OPEN Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	4 SEEK Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	5 SIGNIFICANT Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
RISK TYPES ▼						
FINANCIAL How will we use our resources? ▶	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator? ▶	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services? ▶	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATIONAL How will we be perceived by the public and our partners? ▶	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will we be perceived by the public and our partners? ▶	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive chan.

Board Assurance Framework 2023/24 – Quality

Strategic Objective	To reduce avoidable harm events and improve patient experience				
Impact of not achieving the objective	If we do not delivery quality in line with regulatory standards including reduced avoidable harm events and improved patient experience this may result in adverse outcomes or experiences for our patients. Failure to address our workforce and culture risks will impact on the achievement of this objective and failure to achieve this objective will impact on our financial challenges.				
Risk appetite	Avoid for anything that will compromise health and or safety				
Exec Sponsor	Executive Director of Nursing, Midwifery, AHP and Quality/Medical Director	Risk Rating	Current	Tolerable	target
Committee	Quality Assurance Committee	Consequence	5	5	5
Initial assessment	12 April 2023	Likelihood	3	2	1
Updated	3 January 2024	Risk Rating	15	10	5



Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
CAPACITY TO PROVIDE FUNDAMENTALS OF CARE				
A failure to achieve fundamental care standards could result in harm to patients, increased length of stay and additional complications for the patients in our care. Issues include inconsistencies in governance arrangements including staffing levels particularly in relation to escalation areas and unfilled vacancies.	<p>Policies, procedures and guidelines including Duty of Candour.</p> <p>Governance structure COAST accreditation Safe staffing model.</p> <p>Induction and ongoing mandatory training Incident reporting using Ulysses.</p> <p>Quality Improvement collaboratives deteriorating patients, fundamentals of care and last 1000 days.</p> <p>Single Accountability Framework Clinical pathways and guidelines.</p> <p>Daily staffing huddles.</p>	<p>Level 1 – Operational</p> <p>Reports to Clinical Governance Committee.</p> <p>Quality Report KPI report.</p> <p>Monthly staffing report.</p> <p>SHMI indicator</p> <p>Safety Walkabouts.</p> <p>Complaints and compliments.</p> <p>Level 2</p> <p>Annual safe staffing report to a public board meeting twice a year.</p> <p>Reports to the Quality Assurance Committee covering fundamentals of care and staffing levels</p> <p>Report to Audit Committee on clinical audit</p> <p>Level 3 – External</p> <p>CQC reports.</p> <p>Inpatient survey.</p> <p>Friends and family test.</p> <p>GIRFT programme.</p>	<p>Staffing levels – including staffing escalation areas.</p> <p>CQC recommendations not yet addressed in full.</p> <p>Quality of data to support decision making.</p> <p>Golden thread forward to board oversight of patient experience.</p> <p>Compliance with TARN and NCEPOD flagged.</p>	<p>Fundamentals of Care QI programme</p> <p>Implementation of actions from CQC inspections – scrutiny panels commenced 12/22 to sign off all actions.</p> <p>Design and implement a refreshed patient experience framework 3/24.</p>

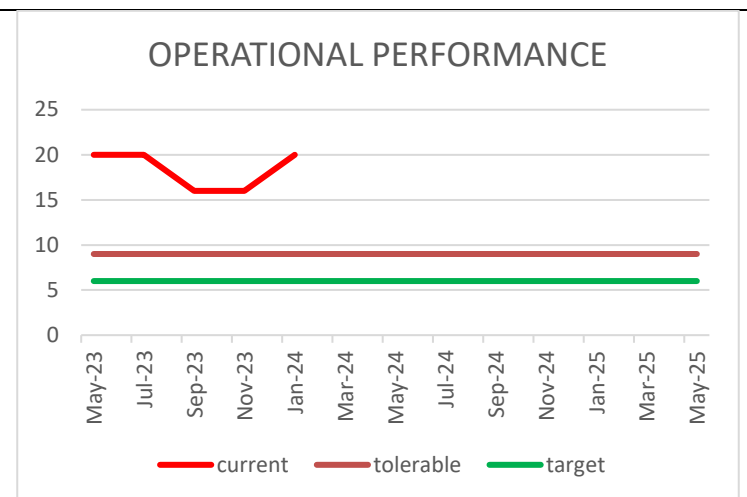
Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
SEPSIS AND RAPID TRANQUILISATION:				
Focus is required on the identification and treatment of sepsis and the administration of rapid tranquilisation.	<p><u>Sepsis Guidelines</u></p> <p>AQuA sepsis pathway</p> <p>QI collaborative for sepsis</p> <p>QI collaborative for Acutely Unwell Patient</p> <p>Recognise and act mandatory training covers sepsis and RT</p> <p>Rapid tranquilisation specific simulation training</p> <p>RT included in safeguarding training – mandatory all clinical staff</p> <p>Rapid tranquillisation guidelines with supportive pathways x 3</p> <p>Weekly support meeting with the ED team to review breaches to pathway and action</p> <p>Monthly expert group meetings for sepsis and rapid tranquilisation to review systems, process and data and ensure rapid response to breaches to pathways</p> <p>Audit and Clinical Effectiveness group</p>	<p>Level 1 – Operational</p> <p>Monthly reports to Clinical Governance</p> <p>Results of weekly audits of RT and sepsis</p> <p>COAST accreditation</p> <p>Weekly audit review of 40 sepsis cases</p> <p>Weekly review of RT cases</p> <p>Clinical validation of audit</p> <p>Matron review of all RT patients following intervention</p> <p>Level 2</p> <p>Monthly reports to Quality Assurance Committee</p> <p>Inclusion of RT and sepsis in the IPR</p> <p>Level 3 – External</p> <p>CQC report</p> <p>AQuA sepsis compliance report</p> <p>ICB review of CQC actions</p> <p>System Improvement Board reporting</p>	<p>Lack of assurance regarding actions to address concerns raised by CQC in relation to rapid tranquilisation.</p> <p>CQC regulation 31 letter.</p> <p>Not achieving the targets set within the sepsis improvement plan however, improved position in AQUA to 5th from 14th and achieving target set in IPR</p>	<p>Sepsis improvement action plan – all actions to be completed by 02/24</p> <p>Rapid tranquilisation action plan – all actions to be completed by 02/24</p> <p>Review of RT including staff feedback completed October 2023 – pathways updated and simplified, training updated to include this and role out January / February 2024 underway. Clinical audit updated and will report from end of February 2024.</p> <p>Address actions outlined in the CQC action plan 02/24</p> <p>Conduct a CQC style self-assessment 02/24</p> <p>ICB review of both RT and sepsis completed showing improving position. Actions included into action plan to ensure actions robustly and sustainable addressing both RT and sepsis</p> <p>Inclusion to the IPR of both RT and sepsis compliance to ensure organizational and divisional oversight.</p>
MATERNITY AND NEONATAL:				
A failure to maintain and improve standards in maternity treatment and care could result in avoidable harm to parents and babies in our care.	<p>Internal policies and procedures governing the delivery of maternity and neonatal services.</p> <p>Governance structure including new Clinical Governance Committee.</p> <p>COAST accreditation Safe staffing model.</p> <p>Induction and ongoing mandatory training</p>	<p>Level 1 - Operational</p> <p>Maternity dashboard Metrics to routinely monitor standards of care.</p> <p>Thematic review of neonatal incidents Report to QAC Feb 2023</p> <p>Executive and non-executive maternity perinatal assurance.</p>	<p>CQC report</p> <p>Staffing levels.</p> <p>Demand exceeds capacity to deliver services.</p> <p>Trust identified as an outlier for neonatal mortality.</p> <p>Funding required to meet all maternity transformation actions.</p>	<p>Maternity action plan – this is presented to QA Committee and Board every two months</p> <p>Improvement plan to address CNST requirements.</p>

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
	Incident reporting using Ulysses. Ongoing recruitment. Neonatal Improvement Board. Executive and Non-Executive Maternity Safety Champions Director of Midwifery	Level 2 Regular reports to QAC and to Board on CNST Level 3 CNST	Gaps identified in previous CNST submissions, non compliance with 3 standards	
MEDICAL STAFF VACANCIES				
<p>A number of clinical specialties in the Trust have struggled to recruit to medical vacancies leading to an over reliance on agency/locum staff.</p> <p>This has a potential impact on the quality of care and the culture in the organisation as well as significant cost implications.</p>	<ul style="list-style-type: none"> • Policies and procedures for temporary recruitment. • Job plans for medical staff - job planning policy. • Supervision and education of clinical staff. • Clinical revalidation – Associate Medical Director for revalidation. • Medical Workforce Committee • Practitioner support group • Training and support group for senior incidents • Locally employed doctors' group and locally employed doctors' contract. • CESR lead • SAS champion/lead • Chief Registrar post • Guardian of Safe working • Deputy Medical Director as Director of Medical Standards 	Level 1 - Operational Revalidation report KPIs Guardian of Safe Working report Reports to Medical Workforce Committee Medical Workforce Risk Report job planning consistency panel. Monthly Medical Rostering and Recruitment Group Complaints and compliments Level 2 Reports to Workforce Assurance Committee Level 3 – External MIAA review of job planning	Clinical workforce recruitment and retention programme needs further development. Lack of Board level oversight on medical staffing levels. Pensions issue – reduction of uptake of pensionable activity. Junior Doctor industrial action Geography	Clinical recruitment and retention plan. ongoing Medical staffing report to be developed. March 2024 Ongoing work as a sector – no decisions to be made out with the PCB. Industrial action response overseen through incident support - ongoing

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
Mortality				
<p>While the Trust's SHMI has reduced in recent months there are still some conditions where the Trust has a higher-than-expected number of deaths.</p>	<p>Mortality Improvement Group</p> <p>Mortality Governance Committee</p> <p>Associate Medical Director for mortality and clinical audit.</p> <p>Mortality leads within divisions.</p> <p>Medical Examiner service</p> <p>NCEPOD ambassador</p> <p>Learning from Deaths App</p> <p>Structured Judgement reviews</p> <p>Lead Learning Disability Nurse</p> <p>LD passport (20 uploaded to EDMS)</p>	<p>Level 1 – Operational Quarterly report to Clinical Governance</p> <hr/> <p>Level 2 Quarterly report to QAC</p> <p>LeDR reports</p> <hr/> <p>Level 3 SHMI indicator NCEPOD reports General Registry MCCD reporting</p>	<p>Data – better visibility needed of granular data</p> <p>Historically poor at compliance with submission of registration of deaths</p>	<p>Develop mortality dashboard – draft on Nexus, for review in Clinical Governance Sept 2023 and future submissions to QA Committee before the end of 2023/24</p> <p>Increased focus on timely registration – deaths registered within 5 days – for July achieved improvement to above national average but performance not yet embedded.</p> <p>Seeking to make LeDR training mandatory – delivering Learning Disability Diamond training sessions.</p> <p>Aiming to have a Learning Disability Champion in every clinical area March 2024</p>

Board Assurance Framework 2023/24 – Operational Performance

Strategic Objective	To improve access to care, meeting and sustaining national and local performance standards				
Impact of not achieving the objective	Delays in the provision of care can result in poor patient outcomes, failure of national targets, reputational damage, and possible financial implications				
Risk appetite	Cautious				
Exec Sponsor	Deputy CEO & Dir Integrated Care	Risk Rating	Current	Tolerable	target
Committee	F and P Committee	Consequence	4	3	3
Initial assessment	April 2023	Likelihood	5	3	2
Updated	4 January 2024	Risk Rating	20	9	6
Comments					
Revised H2 trajectories submitted November 22 2023					
Risk rating increased as a result of the impact of winter pressures and industrial action					



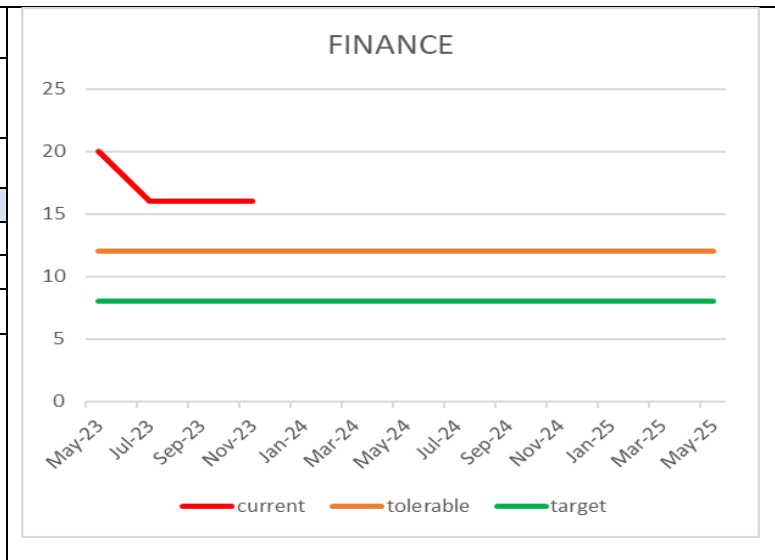
Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
URGENT AND EMERGENCY CARE:				
Management of the demand for non-elective care.	Escalation policy. Full capacity protocol Command structure. Winter plan. A&E Delivery Board. Daily flow meetings. Patient Flow Improvement Programme (PFIP).	Level 1 - Operational KPIs Weekly report to Execs IPR 5 x daily site report Weekly triple A report on performance to SOLT Fortnightly performance report to PFIP IPR / dashboard reviewed at PIDA Groups	CQC concerns. Ambulance handover delays. Industrial Action impact. Mental Health Patients often have long waits in the department Lack of a Workforce pipeline due to national shortages in roles	Review completion of all actions in CQC action plan (March 2024) ED Improvement Plan in place focused on Ambulance Handover Delays. (March 2024) Mental Health Improvement Plan (March 2024) Engage in PCB Clinical Network reviewing clinical sustainability of services impacted through lack of workforce (ongoing)

	<p>Weekly COO meetings. Incident Control Centre. Senior Operational Leadership Team (SOLT) meeting PIDA Group (performance review) meetings with Clinical Division LSC System wide handover improvement collaborative Capital Strategy Group and estates group for Emergency Village</p>	<p>Level 2 Performance Reports to F & P Committee Harm review reports to Quality Assurance Committee Place Based Local A&E Delivery Board (LAEDB)</p> <p>Level 3 – External NHSE System Improvement Board ICB System Recovery & Transformation Programme Participation in regular system oversight through ICB ICC (August 2023)</p>	<p>Imbalance in provision of Local Authority care to support timely discharge. Limitations of the physical environment in the ED department. Frailty pathway doesn't meet expected standards Industrial Action</p>	<p>Introduction of a Place based community transformation programme (September 2023) ED Refurbishment Programme to create additional triage and cubicle capacity (work completed December 2023) Frailty service development plan (Dec 2023) Industrial Action planning through EPRR</p>
<p>Demand outweighing available capacity.</p>	<p>SOAG (Senior Operational Assurance group) – weekly Cancer Improvement Group meeting – weekly Detailed capacity and demand management. Joint working with LSC on cancer pathways. Validation of waiting lists. Clinical review of all long waits. LSC Mutual Aid. Cancer alliance Board. Weekly COO meetings. Elective Care Recovery Group. Weekly EACT Group. PIDA Group (performance review) meetings with Clinical Division Modular build now in use for additional Endoscopy capacity Insourcing / outsourcing arrangements in place for several service lines</p>	<p>Level 1 - Operational KPIs Weekly Exec Report PTL Reports Elective Care Recovery Group Dashboards IPR Triple A from SOAG meeting Triple A from Cancer Improvement Group IPR / dashboard reviewed at PIDA Groups</p> <p>Level 2 Cancer Improvement Report to Finance and Performance Committee. Elective Recovery and DQ Report to Finance and Performance Committee. Operational Performance IPR to Finance and Performance Committee (includes triple A for KPIs not meeting performance target / trajectory) Harm review reports to Quality Assurance Committee</p>	<p>There are several challenged specialties impacting the Trust's RTT elective recovery: Cardiology, Ear nose and throat (ENT), Gastroenterology, Gynecology, Ophthalmology, Oral surgery, and Orthopedics. This risks the Trust delivery against 2023/24 target for elective restoration and ultimately impacts patients in terms of waits for treatment. Industrial Action</p>	<p>Clinical productivity project focusing on efficiency improvements in theatres, endoscopy, and outpatients to support demand / capacity imbalance (March 2024) Utilisation of Insourcing and Outsourcing (March 2024) Insourcing on going to improve utilisation and reduce waiting list size (ongoing) Demand and capacity exercise being undertaken to identify scale of issue & inform business case (September 2023) In housing and enhanced clinical triage established to identify urgent patients (ongoing) Specialty Level Improvement Plans formed to meet 78-week target (ongoing) Industrial Action planning through EPRR</p>

	<p>Reliance on temporary workforce solutions to address key substantive posts that are vacant.</p> <p>System wide review of Fragile services to consider single provide models of care.</p> <p>Clinical productivity project (forms part of Strategic Transformation Portfolio)</p>	<p>Level 3 – External</p> <p>ICB performance report</p> <p>National published SITREPs on Elective / Cancer care</p> <p>Cancer Alliance peer review visits</p>		
<p>Non-RTT Outpatient Waiting list is not visible and tracked appropriately.</p>	<p>SOAG (Senior Operational Assurance group) – weekly</p> <p>Information & Assurance Group</p>	<p>Level 1 – Operational</p> <p>Monthly update to IA group</p> <p>PTL reports</p> <p>Level 2</p> <p>Elective Recovery and DQ Report to Finance and Performance Committee.</p> <p>Level 3 – External</p>	<p>Limited functionality in current PAS system</p> <p>Paper systems in place</p> <p>Large number of records “on hold”</p>	<p>Implementation of MBI Luna – AI support validation programme commenced April 23</p> <p>Deployment of new PAS clinical system planned (implementation ongoing)</p> <p>Introduction of SOPs for key roles that sit within the clinical admin process</p> <p>Recruit to all vacant validator roles</p>

Board Assurance Framework 2023/24 - Finance

Strategic Objective	To deliver the 2023/24 financial plan and prepare for a break-even plan in 2024/25				
Impact of not achieving the objective	Failure to deliver the financial plan will create a lack of financial stability with a possible reduction in service provision and regulatory intervention				
Risk appetite	Cautious				
Exec Sponsor	Executive Director of Finance	Risk Rating	Current	Tolerable	target
Committee	F and P Committee	Consequence	4	4	4
Initial assessment	May 2023	Likelihood	4	3	2
Updated	January 2024	Risk Rating	16	12	8
Comments	<p>Fundamental Financial review discussed in Board of Directors meeting November 2023 and Trust forecasting delivery of the 23/24 financial plan.</p> <p>The first iteration of the 24/25 draft financial plan has been submitted to the ICB that shows a gross deficit (before QEP) of circa £80m.</p>				



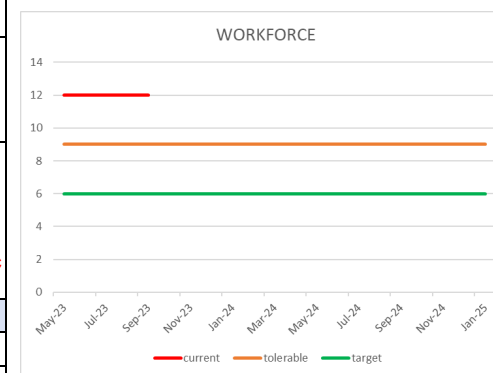
Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
Achievement of QEP in a context of inflationary increases and historically poor cost control with a high level of vacancies in some key areas and a high number of patients who do not meet the criteria to reside	<p>Scheme of Delegation (approval levels reduced June 2023)</p> <p>Divisional QEP Groups</p> <p>PIDA</p> <p>Business case process</p> <p>Budget holder training</p> <p>Workforce vacancy panel</p> <p>Reduction in petty cash limits approved by Board</p>	<p>Level 1 - Operational Weekly QEP Reports PIDA Finance Report</p> <p>Level 2 - Monthly reports to F&P Committee Fundamental Financial review</p> <p>Level 3 PCB and ICB system scrutiny</p>	<p>Lack of demonstrable grip on expenditure</p> <p>Historic under-delivery of recurrent QEP</p>	<p>Monitor and plan the delivery of the 2023/24 financial plan</p> <p>2024/25 Capital Programme agreed by 31st March 2024</p> <p>2024/25 operating budgets signed off by Board by 31st March 2024</p>

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
Impact of restoration / urgent care demand may reduce the potential to realise cost savings and productivity opportunities	<p>Non pay review panel</p> <p>Daily refresh of cash position</p> <p>Weekly cash review meetings</p> <p>Monthly finance reports to budget holders</p> <p>Executive approval of Business cases</p> <p>Regular DAG meetings with divisions to review current and forecast financial performance</p>	<p>Level 1</p> <p>Reports to Execs and PIDA</p> <p>Lessons learnt from 2023/24 planning round</p> <p>Weekly report on cash balances</p> <p>Level 2</p> <p>Regular reports to F&P Committee and Board</p> <p>Level 3 – external</p> <p>Internal Audit reports</p> <p>External Audit VFM report</p> <p>Model Hospital data</p> <p>PCB Joint Committee</p>	Cash support is required in Q3 and Q4 to maintain minimum cash balance and meet financial obligations	<p>Cash support requests have been submitted to NHSE for support in Q3 and Q4.</p> <p>Continue work to embed systems and processes to demonstrate grip and control of all of the key income and spend areas across the Trust.</p> <p>Current work on 'lessons learnt' from 2023/24 Planning Round, with report produced for F & P Committee</p> <p>Developed a first iteration of the 2024/25 financial plan (including QEP) to achieve a Break-even plan (January 2024)</p> <p>Commenced the Planning process for 2024/25 Budgets by 30 September to enable budget 'sign-off' by the Board and Budget managers during March 2024</p>
<p>Financial Governance, grip, and control</p> <p>The self-assessment using the HFMA checklist, and a peer review identified areas for improvement in financial governance, grip and control</p>	<p>Spend & Vacancy control panel in place for weekly meeting</p> <p>Accountability Agreements between CEO and DDOp/Directors issued before 30 June 2023.</p>	<p>Level 1</p> <p>HFMA self-assessment Updates to F&P committee on peer review actions</p> <p>Level 2</p> <p>Report back to F & P Committee on progress with peer review actions 31/8/2023</p> <p>Level 3</p> <p>External peer review of financial governance</p> <p>MIAA have completed audit of the Peer Review and HFMA checklist in December 2023 and rated as substantial assurance.</p>	Actions for grip and control to be completed and embedded	Continue the progress with implementing the outstanding actions from the Peer Review and HFMA Checklist with some actions to be completed in 24/25.

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
System financial challenge	System Financial Risk Roadmap System Finance Group Provider DoFs ICS provider efficiency Plan System Improvement Plan	Level 1 Trust Finance Report to F&P <hr/> Level 2 Regular finance reports to the Board of Directors <hr/> Level 3 ICB Finance Report ICS Finance Assurance Meeting	Increasing system challenge reported by all Trusts	Continue to work with the ICB and system partners to develop the Operating Model and Roadmap to deliver the revised 23/24 System Financial Target. Develop the working arrangements with the ICB and partners to deliver the Transformation Plan across the Integrated Care System for 2023/24 and beyond

Board Assurance Framework 2023/24 - Workforce

Strategic Objective	To offer a positive work culture that attracts and retains a highly skilled and motivated workforce				
Impact of not achieving the objective	If we fail to offer a positive working culture that attracts and retains a highly skilled and motivated workforce this will impact on the achievement of all other objectives including the fundamentals of care provided to our patients, the financial impact of ongoing agency expenditure and our long-term vision as an anchor institution serving the people of Blackpool and the Fylde.				
Risk appetite	<p>MINIMAL risk appetite for risks which are non-clinical but affecting the day-to-day services the Trust provides.</p> <p>OPEN risk appetite for risk, which balances the delivery of services and quality of those services with the drive for quality improvement and innovation.</p> <p>AVOID any risk which has the potential to compromise the Health & Safety for patients, staff, contractors, the general public and other stakeholders.</p>				
Exec Sponsor	Executive Director of People and Culture	Risk Rating	Current	Tolerable	target
Committee	Workforce Assurance Committee	Consequence	Moderate 3	Moderate 3	Moderate 3
Initial assessment	April 2023	Likelihood	Likely 4	Possible 3	Unlikely 2
Updated	8 January 2024	Risk Rating	12	9	6



Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
--------	--	--	--------------------------------	---

HEALTH AND WELLBEING OF WORKFORCE:

<p>Higher than threshold rates of sickness absence impact on service delivery including training and have a potential financial impact if agency staff are required to fill gaps in rotas.</p> <p>This risk is increased recognising the demands and challenges of providing service in the aftermath of a global pandemic.</p>	HR policies and procedures – Attendance Management Policy	Level 1 – Operational Sickness Absence KPIs	Further work is being developed at a system level in partnership with BTH contributing to understand the impact of system wide H&WB Initiatives. This is reporting to the L&SC People Board	Within the Occupational Health Collaborative work there is further work underway to improve standards throughout the ICS To support with this, we have KPI's in place for BTH however due to a number of the metrics not being met an Improvement Plan is being drafted and will be shared at the March 2024 WAC. (Lead - Sue Wild, Head of OH)
	Return to work interviews.	Occupational Health report current ICS KPI's into Operational Workforce Group.		
	Staff Health and Wellbeing programme.	Level 2 Health & Wellbeing Dashboard		
	Occupational Health.			
	Wellbeing lead and NED champion.			
	Appraisal process and Health & Wellbeing Conversation	Level 3 - External National Staff survey results Friends and family survey benchmarking		

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
<p>Although the overall staff engagement scores are within the national average range there are areas within the Trust where staff engagement and staff satisfaction is low.</p> <p>Turnover is significantly lower than in 2021 – 8.54% compared to 11.53%</p>	<p>Freedom to Speak up</p> <p>Guardian of Safe working</p> <p>Employee engagement group.</p> <p>Wellbeing champions.</p> <p>Big conversation listening into action.</p> <p>Compassionate and Inclusive Leadership embedded within programmes and onboarding managers.</p> <p>Appraisal process.</p> <p>Leadership development – new Triad leadership programme</p> <p>BTH People Plan</p> <p>BTH Values</p>	<p>Level 1 – Operational</p> <p>Incident reporting.</p> <p>Feedback from visits to wards and departments.</p> <p>Level 2</p> <p>Medical Engagement Survey. Guardian of Safe-working reports.</p> <p>Freedom to Speak up report.</p> <p>WAC workshop October 2023</p> <p>Assurance from HEE that all actions identified have now been addressed</p> <p>Level 3 – External</p> <p>National Staff survey results.</p> <p>Staff friends and family test</p> <p>Health Education England reports.</p> <p>CQC reports on staff feedback.</p>	<p>Identified areas with cultural issues.</p> <p>HEE report</p> <p>Lack of succession planning in divisions.</p> <p>Leadership/management feedback as part of the annual appraisal process</p>	<p>Fully embed Freedom to Speak Up – the breaking down barriers action plan is being led by the FTSU Guardian and an update provided to Board in March 2024. (Lead - Lauren Staveley, FTSUG)</p> <p>Realworld HR feedback on Workplace Harassment Survey - September 2023 and use this to inform the Culture Action and which has actions for Year 1,2 and 3. An update will come to WAC in January 2024 and March 2024 on progress and delivery of this. (Lead - Louise Ludgrove, Director of Culture)</p> <p>Respond to themes from national and local surveys and medical engagement surveys. Ongoing</p> <p>The new Values have been launched in the Trust and the Behavioral Framework is being launched in January 2024. (Lead – Sharon Adams, Associate Director of OD)</p> <p>Shadow Board Programme February 2024</p>
INCLUSION				
<p>Although the Trust is not an outlier on the metrics reported within the WRES and WDES there are some areas for concern with 18.6% of BME staff reporting discrimination at work in the last 12 months (WRES 20220).</p> <p>A number of the metrics in the WDES also indicate that staff with</p>	<p>EDI policy.</p> <p>EDI committee reports into the Operational Workforce Group who report into Workforce Assurance Committee</p> <p>Staff Networks - Groups now established for BAME staff, LGBTQ+ staff and staff with disabilities and long-term conditions</p>	<p>Level 1 – Operational</p> <p>National Staff Survey Results</p> <p>Level 2</p> <p>Gender pay gap report</p> <p>Trust Wide Workforce Metric Report (including some of the protected characteristics)</p>	<p>Currently do not have groups for all protected characteristics</p> <p>Under resourced team</p> <p>Exec buddy programme not yet fully established</p>	<p>Ensure all protected characteristics have access to a Staff Network - Jan 2024 (Lead – Kerry Scholes, Head of OD)</p> <p>Collaboration with the L&SC to strengthen expertise and resource to deliver ED&I – Jan 2024 (Lead – Kerry Scholes, Head of OD)</p> <p>Launch and implement ED&I Improvement Plan reporting progress to WAC (Lead – Kerry Scholes, Head of OD)</p> <p>Development of a BTH ED&I Strategic Plan to be launched in January 2024 (Lead – Kerry Scholes, Head of OD)</p>

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
disabilities and long-term conditions are not satisfied with the extent to which the Trust values their work.	NHSE Guidance re Anti Racist Framework and ED&I Improvement Plan	Level 3 – External WRES/WDES data		
RECRUITMENT				
To reduce our reliance on agency staff we need to recruit, develop and retain our own staff.	<p>Medical Workforce Committee.</p> <p>Grow Your Own Group</p> <p>Finance Delivery Group.</p> <p>PIDA.</p> <p>Recruitment policies and procedures Medical Recruitment and Retention Plan</p> <p>Careers programme.</p> <p>Talent and succession planning.</p> <p>Apprentice programmes.</p> <p>International recruitment.</p> <p>Monitoring use of agency staff.</p> <p>Vacancy control panel.</p> <p>Change to NHS Pension Scheme now allows Consultants to Retire and Return and pay further contributions into their Pension Scheme</p> <p>Workforce Planning Framework</p>	<p>Level 1 – Operational</p> <p>Recruitment dashboard</p> <p>Internal audit reports</p> <p>Full dashboard of medical staffing levels used through Medical Recruitment & Rostering Group to inform workforce planning</p>	<p>National skills shortage in some key groups.</p> <p>Ongoing work as a sector – no decisions to be made out with the PCB.</p> <p>Clear understanding from services the number of PAs required to deliver a service.</p>	<p>Medical & Nursing Recruitment Plan including trajectories – Ongoing</p> <p>Proactive workforce planning for all services to identify potential pressure points.</p> <p>Redesign of workforce, introduction of new role and/or additional training for existing staff. – The Sustainability Transformation Programme (STP) has this as a workstream and will report to Board through this. Ongoing</p> <p>Ongoing work to improve recruitment process - The Sustainability Transformation Programme (STP) has this as a workstream and will report to Board through this Ongoing</p>

Board Assurance Framework 2023/24 – Strategy and Transformation

Strategic Objective	Working with places to develop and utilise community and primary care offers including frailty and virtual wards.					<p>STRATEGY & TRANSFORMATION</p> <p>18 16 14 12 10 8 6 4 2 0</p> <p>May-23 Jul-23 Sep-23 Nov-23 Jan-24 Mar-24 May-24 Jul-24 Sep-24 Nov-24 Jan-25 Mar-25 May-25</p> <p>— current — tolerable — target</p>
Impact of not achieving the objective	If we fail to engage with our partners, this will impact on our ability to deliver improvements in outcomes for our population and will be a significant loss of opportunity both in the local and wider regional health economy.					
Risk appetite	MINIMAL risk appetite for risk, which may affect the reputation of the organisation. We will work with all our partners, including patients and the public, to deliver our strategy. We consider the risks associated with innovation, creativity and clinical research to be an essential part of the Trust's risk profile. Our appetite for risk in this area will be SEEK in order to maximise the opportunities to improve patient outcomes and the Trust's sustainability.					
Exec Sponsor	Executive Director of Integrated Care.	Risk Rating	Current	Tolerable	target	
Committee	Strategy and Transformation Committee	Consequence	4	3	3	
Initial assessment	August 2023	Likelihood	3	3	2	
Updated	8 January 2024	Risk Rating	12	9	6	

Threat	Controls – what systems and processes do we have to assist in reducing the likelihood/impact of the threat	Assurance Evidence that the controls/systems are effective	Gaps in controls and assurance	Actions to improve controls and assurance
Competing priorities especially through winter months.	Executive Director portfolios aligned to Trust 12-month objectives to ensure balance in focus against operational pressures and future improvement. Dedicated programmes established and resourced to maintain system working i.e. <ul style="list-style-type: none"> • Single UEC Improvement Plan. • Strategy Delivery Group • PIDA groups to monitor divisional performance against objectives / priorities inc. how services are working to better integrate with partners with a focus on fragile services Trust priorities are assessed against Place Based Partnership priorities and strategic plans. Strategic improvement programmes are aligned to Place based and PCB objectives where possible. Consistent Trust representation on Place Based Board meetings and strategic working groups.	Level 1 – Operational 12-month objectives have set Goals and measures in place to monitor which cover population health and integration Paper on fragile services to Execs November 2022 Level 2 Regular updates on place and system- based working into FT Board of Directors STC consistently monitoring improvement programme progress, assessing priorities and risks associated with the delivery of the Trust strategy. Level 3 – External Reports to ICB Place system updates and UEC Board	Conflict in system priorities	Ongoing collaboration with the PCB to develop a shared Clinical Services Strategy - on schedule for approval in March/April 2024 Regular weekly meetings across COOs / Operational leads to ensure consistency of approach and responding to national/system/place requests - ongoing Fragile services review - ongoing

<p>System maturity and partnership working – including relationships between operating tiers and governance between organisations.</p>	<p>Engagement with PCB programmes and Place Based Partnership Board</p> <p>Trust forms part of Joint Commissioning Group which brings all health and care partners together to review reducing health inequalities across Fylde Coast.</p> <p>Corporate Collaboration meetings</p> <p>Trust forms part of the Anchor Institution group for Fylde Coast working with partners.</p> <p>Executive Director core member of the PCB coordination group</p> <p>Trust CEO and Chair are part of the ICB and PCB Boards</p> <p>Strategy & Transformation Group reporting to Trust Board (bi-monthly) which will monitor strategy developments at Place and across ICB.</p> <p>PCB Director of Strategy Group established to review PCB Clinical Strategy.</p> <p>Director of Health and Care Integration for Blackpool appointed</p> <p>BTH FT NHS Trust CEO attends the Blackpool Health and Well-Being Board</p> <p>Executive leads assigned to PCB key programmes</p> <p>Updated Terms of Reference for PCB/JC</p>	<p>Level 1 – Operational</p> <p>Paper on fragile services to Execs November 2022</p> <p>Executive Director weekly meetings (chaired by CEO) has a standard item to discuss system working and partnerships.</p> <p>Level 2</p> <p>Regular updates on PCB to FT Board of Directors</p> <p>Level 3 – External</p> <p>PCB and ICB Reports</p>	<p>Minimal attendance of BTH FT NHS Trust Executive Directors at the PCB coordination group-</p> <p>Lack of clarity on the Place operating model for planning & delivery</p> <p>Wider engagement needed on the PCB / ICB Clinical Strategy</p>	<p>The development of a risk register monitoring system wide innovation and partnerships in order that we can proactively respond to concerns / issues. The risk register will be reviewed at the Strategy & Transformation Group. - Date</p> <p>PCB Programme under review to ensure appropriate resources are aligned to deliver on priorities. As part of the work CEOs of the LSC NHS providers will review PCB coordination group membership to ensure each provider is sufficiently represented to offer parity and equity in future system developments.</p> <p>Ongoing dialogue via the Place Based Partnership Board to develop the maturity in system governance.</p> <p>SROs / ToR being established for service lines that feature under the PCB / ICB Clinical Strategy which will be signed off by LSC CEOs.</p> <p>Development of Clinical Strategy – April 2024</p> <p>Strategic plan for utilisation and sustainability of virtual wards to be developed in collaboration with place-based partners. (Pauline Tschobotko – January 2024)</p>
<p>Lack of clarity on a shared vision for innovation goals that will improve population health.</p>	<p>Specific system working groups formed aligned focused on key innovation / transformation programmes.</p> <p>Mapping process in place to identify all PLACE based meetings etc.</p> <p>Corporate collaboration group</p> <p>ICS Digital leaders' group</p> <p>PCB Clinical Integration Group</p>	<p>Level 1 – Operational</p> <p>Level 2</p> <p>Regular updates PCB to FT Board of Directors</p> <p>Level 3 – External</p> <p>PCB and ICB Board reports</p>	<p>Some gaps in the ICB/Place based structure and/or appointments made but staff not in post</p>	<p>Deliver anchor institution ongoing</p> <p>Continuing to engage with previous Fylde Coast based personnel and reaching out to new colleagues as they commence in post.</p>

Title	Appointment of Senior Independent Director SID				
Meeting:	Board of Directors				
Date:	11 January 2024				
Author	Esther Steel – Director of Corporate Governance				
Exec Sponsor					
Purpose	Assurance		Discussion		Decision <input checked="" type="checkbox"/>
Confidential y/n	No				

Summary (<i>what</i>)	Advise
	On the departure of the previous Chair, the Council of Governors appointed the deputy Chair Mr James Wilkie as acting Chair – as Mr Wilkie held the role of both SID and Deputy Chair this creates a vacancy for a new SID.

Implications (<i>so what</i>)	Alert
	As the SID role is statutory an interim arrangement is required until a new Chair is appointed
	Assure
	The appointment is proposed in line with the Trust Constitution and NHS Code of Governance

Previously considered by	Discussed with and supported by the Council of Governors
---------------------------------	--

Link to strategic objectives	Our People	
	Our Place	
	Our Responsibility	

Equality, Diversity and Inclusion (EDI) implications	EDI implications should be considered for all Board and senior leader appointments
---	--

**Proposed
Resolution**
(What next)

The Board of Directors is asked to approve the appointment of Andy Roach as Senior Independent Director with immediate effect

Background

The NHS Foundation Trust Code of Governance recommends the Board should appoint one of the independent non-executive directors (NED) to be the SID to provide a sounding board for the Chair and to serve as an intermediary for the other directors when necessary.

The Senior Independent Director would also lead the Non-Executive Directors in the evaluation of the Chair. It is important that the Senior Independent Director is seen to be independent of the Chair.

“Your Statutory Duties: A Reference Guide for Foundation Trust Governors” states that the SID should act as the point of contact with the Board of Directors if Governors have concerns which approaches through normal channels have failed to resolve or for which such normal approaches are inappropriate.

The SID may also act as the point of contact with the Board of Directors for Governors when they discuss, for example, the chair’s performance appraisal and his or her remuneration and other allowances.

Constitutional Requirements and Code of Governance Provision

The duties of the Senior Independent Director were outlined in the document on roles and responsibilities approved by the Board in November 2023

The Trust Constitution States:

Board of Directors – Appointment and Removal of Senior Independent Director

142. The Senior Independent Director (SID) shall be appointed from amongst the Non-Executive Directors in consultation with the Nominations Committee of the Council of Governors. The Senior Independent Director shall be available to members and governors if he/she has concerns which contact through normal channels has failed to resolve or for which such contact is inappropriate. They will also have a key role in the appraisal process for the Chair of the Trust. The Senior Independent Director may be the Deputy Chair.
143. Any Non-Executive Director appointed as Senior Independent Director in accordance with the Constitution may at any time resign from the office of Senior Independent Director by giving notice in writing to the Chair. A new Senior Independent Director shall thereupon be appointed in accordance with paragraph 142.

The NHS Code of Governance 2023 States:

- B.2.5 The chair should be independent on appointment when assessed against the criteria set out in provision 2.6 below. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the deputy or vice chair or senior independent director.
- B.2.11 In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive

directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England as set out in the Chair Appraisal Framework. (<https://www.england.nhs.uk/non-executive-opportunities/chair-non-executives-support/framework-conducting-annual-appraisals-nhs-provider-chairs/>).

- C.4.5 There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts.

Recommendation for appointment as Senior Independent Director

The acting Chair sought expressions of interest from all NEDs and Andy Roach expressed a desire to undertake the role. Andy has a range of skills and qualities to bring to the role and has the capacity to fulfil the responsibilities as outlined in the role description at Appendix 1.

The acting Chair recommended the appointment of Andy Roach to the Council of Governors at its meeting on 20 December 2023. The recommendation was fully supported by the Council of Governors.

The Board is therefore asked to approve the appointment of Andy Roach as Senior Independent Director with immediate effect.

Title	Research, Development & Innovation				
Meeting:	Board of Directors Public Meeting				
Date:	11/01/24				
Author	Dr Gavin Galasko, Prof Francis Martin				
Exec Sponsor	Chris Barben				
Purpose	Assurance		Discussion	✓	Decision
Confidential y/n					

Summary (what)	Advise
	<p>This report focuses on Research, Development & Innovation (R,D&I) at Blackpool Teaching Hospitals NHS Foundation Trust (BTH) predominantly based in the Clinical Research Centre (CRC) at Blackpool Victoria Hospital.</p> <p>As well as being part of the NHS Constitution, ICB statutory requirements and the NHS Long Term Plan, there are multiple direct benefits from increasing clinical research activity within the Trust:</p> <p>Patient Benefits:</p> <ol style="list-style-type: none"> 1. Improved survival rates and reduced readmissions 2. Improved sense of value through taking part in research 3. Better outcomes and overall care even for those patients who do not take part in research, likely due to higher quality staff and best-practice being followed <p>Trust Benefits:</p> <ol style="list-style-type: none"> 1. Improved staff engagement and retention 2. Improved CQC scores – CQC scores are generally higher in Trusts that take part in more clinical research 3. Cost-effective innovations and early translation of research into practice, improving quality of care 4. Income generation from pharmacy cost savings and commercial research payments <p>Staff Benefits:</p> <ol style="list-style-type: none"> 1. Reduced burnout / emotional exhaustion 2. Better morale and job satisfaction 3. Building transferable skills and developing new networks 4. Improved engagement and retention 5. Likely to be part of GMC Good Medical Practice shortly

	<p>As well as undertaking research as part of the NIHR North West Coast Local Clinical Research Network (CRN), R&D at the Trust has also recently been successful in applying to take on two national research roles, namely 1) becoming an NIHR National Patient Recruitment Centre (PRC) in June 2020 and 2) becoming a full member of the NIHR Biomedical Research Centre (BRC) Manchester in December 2022. These national research facilities will generate £3M in direct Trust research funding over a 5-year period.</p> <p>As one of only 5 PRCs nationally we undertake an increasing number of late phase commercial clinical research studies bringing further significant research income to the Trust, generating regional and national prestige and allowing our patients earlier access to cutting edge treatments, improving outcomes. This has also generated >£400k of direct Trust R+D funding from the NIHR annually since June 2020 (> £2M expected over the 5 year term) as well as over £3M in commercial research income from Pharmaceutical Companies in recruiting more than 1500 patients into commercial clinical trials over the past 3 years. The initial pilot PRC programme is due to end in April 2025. The R&D department at BTH plans to reapply to remain a PRC in early 2024. We will require a lot of support from senior Trust members to help with this application.</p> <p>As a member of the BRC we are undertaking more early phase academic trials, supporting the development of Trust staff academic opportunities and again bringing trials to patients at an earlier stage. One of the ambitions through this activity would be to develop an MD/PhD training scheme for junior and senior clinical staff, to help in staff retention, and to potential support the development of Trust joint academic posts linked to a local university.</p> <p>The CRC department employs >60 staff on substantive posts, including a management and governance team, an admin team and a research nurse team. There are also research pharmacists and links with radiology and pathology.</p> <p>The CRC, currently, has 108 open clinical trials, of which 12 are commercial.</p>
--	--

	Alert
Implications (so what)	<p>There are a number of current and potential future risks for the CRC including:</p> <ul style="list-style-type: none"> • Ensuring sufficient space – R&D would like to increase its clinic room capacity • Ensuring good staff morale • Ensuring sufficient numbers of Principle Investigators • Ensuring sufficient numbers of research studies • Ensuring best data infrastructure to aid with recruitment and data analytics

- Ensuring enough trained research Pharmacists at the Trust as well as sufficient Pharmacy infrastructure – **R&D would like to help support development of necessary Pharmacy research infrastructure**
- Ensuring there is a mechanism to protect deferred income to allow long-term research planning as research studies and academic degrees tend to run over many years requiring clear security of Trust funding. Having to spend generated income within year or losing funds from the R&D budget risks these plans. It also threatens our ability to remain a national Patient Recruitment Centre. Last year £1.6M of R&D commercial income was taken from R&D and paid directly to Trust coffers. **Mechanisms to protect R&D deferred income are urgently needed.**
- **Ensuring that R&D can spend R&D generated accrued funds on R&D infrastructure / facilities without affecting separate Trust capital limits is urgently needed.**
- **In April 2024 the first pilot phase of national PRCs ends. BTH will need to reapply in early 2024 to remain a PRC. If unsuccessful, this will affect research income, research staff and our ability to offer commercial clinical research to our patients. To ensure we are successful and qualify to remain a PRC there needs to be a clear Trust mechanism to protect R&D deferred income so that the PRC Blackpool is said to be “financially sustainable”.**

If there is not enough R&D space, sufficient PIs or sufficient Pharmacy staff and infrastructure, and if R&D is not able to spend its accrued funds on R&D infrastructure then R&D will not be able to recruit enough patients to clinical trials to remain a PRC or BRC. This will lead to a significant loss of research income (currently £3M pump priming over 5 years from DOH funds as well as approximately £1M/year from commercial research contracts). It will threaten the R&D staff and will lead to loss of Trust prestige and worsening patient outcomes as fewer research studies are offered.

If R&D are not able to defer income across years, there will again be a threat to R&D staff, a risk that BRH will lose its PRC status, and a risk to R&D being able to set up and run research projects and post-graduate degrees that run over many years.

R&D is not asking for extra funding from the Trust. It is simply asking to be able to spend the money it earns from commercial funds; from central DOH/NIHR funding, and from successful NIHR research infrastructure bids on R&D capital, separate from Trust capital limits, and on planned research programmes that span multiple financial years.

As each patient who is recruited to a commercial trial generates approximately £9.2k in direct commercial income and £5.8k in pharmacy savings (KPMG data), for every 63 extra patients R&D can recruit to

	commercial clinical trials each year, it will generate an extra £1M in income/cost-savings over the time course of the trial.
	<p>Assure</p> <p>BTH R&D is doing extremely well. We have excellent patient reported outcome measures, with 98% of research patients agreeing or strongly agreeing that they would “consider taking part in research again” vs a 91% national average. We similarly have excellent feedback from commercial pharma companies. R&D have increased the number of patients recruited per year from 1400 per year to over 2000 per year over the past 5 years and is now the third highest recruiter to clinical research trials in the whole of the North West Coast, only behind two Liverpool University Hospitals. R&D is on track again this year to recruit over 2000 patients. Over the past 3 years R&D has been recognised with two national research infrastructure awards (PRC and BRC), is part of the NIHR HIC and has significantly increased the number of patients being seen in commercial trials from 50-100 per year to 250-300 per year. As a result, it has generated more than £1M in commercial research income for each of the past three years. By expanding our clinic room capacity we would aim to increase commercial recruitment further increasing Trust income to re-invest in R+D further.</p> <p>We produce multiple governance reports annually to the NIHR North West Coast, the NIHR PRC and the NIHR BRC to ensure we are working within national governance. We have regular R+D meetings throughout the year. We have a strong Research, Management and Governance Team ensuring that all research governance requirements are covered and in place. We actively keep SOPs and Policies up to date. We hit 100% of our NIHR PRC targets last year, with all of our completed commercial clinical trials hitting recruitment target.</p>

Previously considered by	Trust Clinical Governance Committee 9/11/23, Trust Quality Assurance Committee 28/11/23
---------------------------------	---

Link to strategic objectives	Our People	X
	Our Place	X
	Our Responsibility	X

Equality, Diversity and Inclusion (EDI) implications	<p>Within CRC, we have a strong commitment to EDI. We see this as a means of best serving our local population. To this end the post of External Liaison Officer has been created within CRC and appointed to. The role of this post is to develop links with our local communities through the fostering of collaborations with GP practices, Blackpool Council, Whitegate Drive, and other local organisations. We will also use available data analytic tools to better understand where we do and don't recruit from. This will allow us to understand where we are failing to reach into</p>
---	---

	areas and allow us to develop strategies to address this. The post will also allow us to develop our social media platform, thus increasing our accessibility.
--	--

Proposed Resolution <i>(What next)</i>	The Board are asked to promote research across the Trust and to highlight the benefits of research especially to clinical colleagues. It is critical to foster recognition of research in terms of benefits to patients and career development opportunities. We are keen for R&D to be represented at key senior trust committees / meetings to help offer research solutions to Trust issues. We are keen to explore opportunities to increase clinic room space. We are keen to have a system in place to safeguard deferred income to re-invest in research infrastructure and projects. We are keen for R+D to be able to evidence financial sustainability as part of our re-application to remain a national NIHR Patient Recruitment Centre. Our vision and plans for R+D at the Trust are all covered in the submitted Enabling Plan, below (Appendix 1).
--	--

Appendix 1. R&D Enabling Plan

Title	Version 1.0: Enabling Plan for R&D 2024-‘29			
Meeting:				
Date:	16 th July 2023			
Author	Gavin Galasko (Director RD&I), Francis Martin (Lead Manager RD&I)			
Exec Sponsor	Chris Barben, Medical Director			
Purpose	Assurance		Discussion	Decision
Confidential y/n				

Summary (<i>what</i>)	<p>This report is the proposed enabling plan for Blackpool Teaching Hospitals NHS Foundation Trust (BTH) to enact the BTH R&D Strategy including: embedding clinical research within BTH; offering patient-centred, efficient and innovative research; enabling research through data and digital tools; sustaining and supporting the research workforce, and increasing Trust academic staff working towards attainment of University Hospital Status. It arises from the unique characteristics of our people, population and the responsibility we have to deliver the best possible healthcare and outcomes. This enabling plan aligns with the Trust’s strategic objectives (Our People, Our Population, Our Responsibility) allowing career development, improving job satisfaction, enhancing Trust reputation, improve patient outcomes and likely improving CQC ratings. The report sets out a plan to grow research in a costed manner whilst delivering world-class healthcare provision. The seeds of this aspiration are already embedded within the Blackpool: Patient Recruitment Centre (PRC) and our new collaboration with the Biomedical Research Centre (BRC): Manchester.</p>
------------------------------	---

Previously considered by	Not previously considered
---------------------------------	---------------------------

Implications (<i>so what</i>)	<p>Blackpool is one of the most deprived areas in the UK with a population beset with a range of chronic conditions such as cardiovascular disease, cancer, diabetes, liver disease and chronic lung disease. As a Trust, it is our duty to our local population to deliver innovative solutions to tackle these problems. Without research, the risk is that we fail in this duty. In this enabling plan we set out a roadmap towards embedding research at the core of the Trust’s healthcare delivery to its population. Without the implementation of research to develop innovative solutions towards tackling the chronic conditions that are so prevalent, approaches such as the development of inhouse digital technologies needed to tackle this burden (numerically in terms of patients and economically in terms of cost) will not be achieved. This will result in reputational damage to the Trust. With the reward of the PRC and BRC initiatives, there is political support for Blackpool and a willingness to assist us find such solutions. These initiatives have proven profitable year-on-year for the Trust. It is time to exploit these opportunities to demonstrate that Blackpool can find solutions to help itself.</p>
--------------------------------------	---

Link to Strategic objectives	Our People	This enabling plan to embed research within BTH allows for the development of a raft of opportunities for all Our people. It allows for career development, job satisfaction and a lightening of the workload through innovative solutions. BTH will become a place where talented people will want to work because of its enhanced reputation.
	Our Population	Through embedding research and delivering research-led healthcare, Our population will benefit. It is known that Trusts with research-led healthcare deliver better outcomes to their populations that they serve. As Our population ages and there is a growing need to manage chronic conditions outside the hospital setting, the Trust is going to have to embrace innovative solutions through research. This enabling plan allows for this.
	Our Responsibility	It is Our responsibility to be the best we can. In the absence of a research-led culture, it will be difficult for BTH to achieve its ambition of attaining a Good rating from CQC. Research brings reputational enhancement that attracts the best people that in turn elevate the institution. It is through this cycle that we can fulfil Our responsibility.

Equality, Diversity and Inclusion (EDI) implications considered	At the core of the enabling plan is PPIE (Patient and Public Involvement and Engagement) with the principles of ED&I enshrined within. It is our mission to treat our staff including researchers, patients and public with dignity and respect at all times and in all circumstances. The specific aim of our enabling plan is to find solutions to problems faced by our communities through research. As such, we set out to develop networks within our communities. Historically, treatment protocols have been developed for majority segments of the population. Modern research methods can allow for a more personalised approach that facilitates best healthcare delivery into all segments of society. Examples include novel genomic approaches such as mRNA vaccines and digital technologies. Within our enabling plan, external liaison with our population is central.
--	---

Proposed Resolution (What next)	We want the Board to take into account the research successes of the RD&I department (including the PRC and BRC) at Blackpool, to promote us in embedding research at the heart of the Trust's service delivery and to assist us in our financial arrangements towards constructing a world-class research institute, such as at the Parkwood site. We believe that this is the time for the Board to give a timeframe towards this aspiration, given the far-reaching political support for research at Blackpool to address social deprivation.
--	---



NIHR | National Institute
for Health Research

National Patient Recruitment Centre

NIHR | Manchester Biomedical
Research Centre

Enabling Plan for R&D 2024- 2029

Contents

1. Foreword
2. National drivers and local growth
3. General principles / target audience
4. Definitions and abbreviations
5. Responsibilities (ownership and accountability)
6. Key themes of the enabling plan
7. Our context
8. Our ambition
9. The enabling plan
 - 9.1 Theme 1. Clinical Research and Innovation Embedded within BTH
 - 9.2 Theme 2. Patient-Centred Research
 - 9.3 Theme 3. Streamlined, Efficient and Innovative Research
 - 9.4 Theme 4. Research Enabled by Data and Digital Tools
 - 9.5 Theme 5. A Sustained and Supported Research Workforce
 - 9.6 Theme 6. Increased Academic Staff and Work towards Attainment of University Hospital Status
- 10 Growth and building our income stream
 - 10.1. Cost savings
 - 10.2. Creation of a state-of-the-art Research Facility
- 11 Alignment with the Trust's strategic objective (Our people, Our population, Our responsibility)
- 12 Reporting structures

1. Foreword

Clinical research is the backbone of healthcare innovation – the way we improve the prevention, detection, diagnosis and treatment of disease – and it is through research, development and innovation (RD&I) that we will be able to make a real difference to our population’s healthcare needs across Blackpool and the Fylde Coast, reducing health inequalities. Delivering this research depends on healthcare professionals from all backgrounds and disciplines working together with research participants, their families and their carers.

Research is part of our NHS Constitution, as well as the ICB White paper which mandates ICBs to undertake research, and all patients who receive care from our organisation should be offered the opportunity to participate in high quality clinical research. Research is incorporated within the CQC’s regulatory assessments of quality of patient care and is integrated within their well-led framework. As well as research offering direct patient benefits, improving the outcomes of patients who take part, there are also a number of indirect benefits.

It has been shown that those hospitals that undertake more research as an organisation have, on average, reduced mortality and higher CQC scores as compared to those hospitals that do less research. Furthermore, it has been shown that the more research that takes place within a hospital, the better the overall patient outcome, even for patients who are not themselves taking part in research. This is most likely due to having better trained staff offering more up to date treatments even in patients not directly taking part in clinical trials, with those patients more likely to be receiving at least current best practice even if they do not take part in a research study.

Research also develops staff skills, leads to increased knowledge of research findings (more likely to be put into practice) and may attract more highly trained and thus higher-quality staff. It is likely to also lead to better staff retention. Research active units generally show better adherence to guidelines and best-practice. Research-active staff are more likely to learn from peers and multi-disciplinary teams, as multidisciplinary research collaborations are common. Centres that are active in research are more likely to have broader diagnostic and therapeutic arsenals.

The value of clinical research to the NHS, the UK economy and jobs market has also been evaluated nationally in a report published by KPMG in 2019, which provided an assessment of the economic impact of the National Institute for Health Research Clinical Research Network’s (NIHR CRN) activities to support clinical research in England. A key finding from the report is: **For each patient recruited onto a commercial trial supported by the NIHR CRN, on average NHS providers in England received an estimated £9,200 from life sciences companies, and on average saved an estimated £5,800 per patient (where trial drugs replaced the standard treatment).** Supporting the Trust undertake increased commercial trial activity to generate increased income is one of the key objectives of the R&D strategy and enabling plan.

The Trust is already committed to leading and driving research across the organisation and local health economy with more than 20,000 participants having taken part in health research at Blackpool Teaching Hospitals NHS Foundation Trust (BTH) over the past 10 years.

This enabling document sets out how RD&I within the Trust plans to enable our recently published R&D strategy and ambition to create a patient-centred, pro-innovation and digitally enabled clinical research environment. We want to empower everyone at BTH and within surrounding healthcare organisations to participate in delivering research that is of relevance to our patients and local communities in turn improving outcomes. We want to make research accessible not only for our

patients but for our researcher community whether they are novices or more experienced. Our aim is for BTH to become an NHS centre of research excellence both in academic and commercial research; increasingly embed research within the clinical care pathway, and offer all patients across the Trust and our wider community and all staff members the opportunity to participate in high quality clinical studies.

2. National drivers and local growth

The National Institute of Health Research (NIHR) led by the Department of Health and Social Care was set up in 2006 and since then has become the UK's largest funder of health and care research, essentially the research arm of the NHS. The creation of the NIHR Clinical Research Network (CRN) in 2014 has enabled NHS Trusts to receive year-on-year activity-based research funding based on the numbers of participants recruited to clinical studies and the complexities of those studies in order to grow their research infrastructure. BTH has made use of NIHR support to grow its research infrastructure over the past 5 years increasing delivery of clinical trials.

Each year the Trust runs over 100 high quality research studies led by over 40 experienced PIs from all clinical specialities. The R&D Department have a dedicated and highly skilled research delivery team who work in partnership with research nurses, pharmacists, allied health professionals and the clinical teams, based at a state-of-the-art Clinical Research Centre where participants are seen in a safe and relaxed environment. There is also a clinical research unit based in the Cardiac Centre of the Hospital.

R&D conducts a range of clinical trials from questionnaires and observational studies to highly complex randomised controlled trials testing new drugs, devices and therapies as well as genetic markers of disease. We work with several key partners including the NIHR, academia, industry and other NHS Trusts both regionally and nationally.

Over the past 5 years clinical research activity has grown significantly at the Trust. Prior to 2018 BTH recruited approximately 1300-1400 patients into NIHR portfolio studies each year. That has increased year-on-year such that over the past 3 years the Trust has recruited 8345 research patients (2781 per year on average), double the historical rate. At the same time the Trust has gone from 9th highest recruiter in the North West Coast Clinical Research Network (CRN NWC) in 2017/18 to the 3rd highest recruiter to NIHR portfolio studies for each of the past 3 years, only behind two Liverpool University Hospitals, and is now out-performing its peers.

NIHR-supported research has allowed the UK to lead the world in COVID-19 research, with BTH playing its part, through platforms such as the RECOVERY trial identifying dexamethasone as the first effective treatment for COVID-19 as well as our significant contribution to the COVID-19 Vaccine initiatives, with BTH recruiting 819 patients into covid vaccine trials, one of the largest numbers of any UK hospital Trust. This included recruiting the world's first patient into the Novavax Covid-19 phase 3 vaccine trial.

The launch of the Government's Life Sciences Industrial Strategy and Life Sciences Sector Deal 2 in 2019, which set out a series of measures to strengthen the UK environment for clinical research and enable growth within the sector, has led to the selection and creation of five national Patient Recruitment Centres (PRCs) to undertake high throughput late phase commercial clinical research. BTH R&D Department were successful in bidding to become one of these five centres.

The PRC: Blackpool was launched in June 2020 following a successful bid by the BTH R&D Department to a national tendering process with BTH selected as one of only 5 Trusts to be granted PRC status, aiming to improve the UK's competitiveness in the global research market and providing opportunities for patients to benefit from early access to innovation and commercial clinical research. This success will increase our capacity to deliver vital late-phase clinical research to local patients, increasing patient uptake, decreasing study set-up times, improving patient outcomes and ultimately generating income for the Trust. As a PRC, BTH has recruited >1200 patients into commercial clinical trials over the past 3 years, the highest number in the CRN NWC, accounting for 22% of all commercial clinical research in Lancashire, South Cumbria, Cheshire and Merseyside. The PRC: Blackpool has also been the highest recruiter of the 5 PRCs (Blackpool, Bradford, Exeter, Leicester and Newcastle) to date (July 2023) since their inception, recruiting 25% of all PRC patients. In 2020/21, 2.5% of all NHS NIHR commercial research was undertaken by the Blackpool R&D team, a real Blackpool success.

PRCs: the purpose

National PRCs were established in England in 2020 as the first family of NIHR-funded research facilities entirely dedicated to delivering commercial clinical research. Five centres, namely: Blackpool, Bradford, Exeter, Leicester, and Newcastle were selected, aiming to increase the UK's capacity to deliver late-phase commercial research more quickly and more easily within the NHS. The centres were chosen to provide a test-bed for future innovation in research delivery and increase opportunities for patients to benefit from research. The basic PRC premise being to:

- Increase the UK's capacity to deliver late phase commercial contract research
- Improve the speed and consistency with which commercial research is delivered in the NHS
- Enable significant opportunities for patients to benefit from early access to innovation
- Provide a test bed for future innovation and process design to improve efficiency
- Attract further investment from the Life Sciences Industry and enable growth

In December 2022 BTH became a full partner in the successful NIHR Biomedical Research Centre: Manchester bid, generating £750k in capacity and capability funding over 5 years and opportunities to collaborate and bid for future funding, boosting earlier phase translational research, supporting Trust-led academic clinical research.

Biomedical Research Centre (BRC): a new dawn

The National Institute for Health and Care Research (NIHR) Manchester Biomedical Research Centre (BRC) is the largest BRC outside the Southeast of England and promotes translational research across Greater Manchester, Lancashire and South Cumbria, transforming scientific breakthroughs into diagnostic tests and life-saving treatments for patients. Blackpool Teaching Hospitals NHS Foundation Trust (BTH) is a full partner in this collaboration.

As a partner in the Manchester BRC, funding has been made available to Blackpool for research projects. Supported research interests include (but can go beyond) cancer (prevention and early detection, advanced radiotherapy, precision medicine, living with and beyond cancer); inflammation (rheumatic and musculoskeletal disease, respiratory medicine, dermatology, integrative cardiovascular medicine); high-burden under-researched conditions (hearing health, mental health, rare conditions), and disease complexity and multimorbidity (next generation phenotyping and diagnostics, next generation therapeutics). The aims of the collaboration are to kick-start early clinical research at BTH. Successful implementation will lead to reputational gains as a centre of excellence in academic research, a major driver towards the aspiration of BTH becoming a university hospital.

Over the next 5 years, BTH will receive £750,00 in funding to underpin and build research capacity within the core BRC themes including cancer, cardiovascular disease and mental health.

In 2022 BTH supported the successful NIHR HDRC (Health Determinant Research Collaboration) bid between Blackpool Council, BTH and Lancaster University, receiving £5M of funding to undertake health inequalities research. The R&D team at BTH works closely with the Council's research office prioritising research projects that are important to our communities including: mental health, health-inequalities, housing and conception up to age 2, with 20 planned community co-researchers, increasing the breadth and depth of community engagement.

In October 2022 BTH became the 31st NIHR Health Informatics Collaborative (HIC) site analysing NHS data using a big data approach.

3. General Principles / Target Audience

This document is written for all Trust staff including partners across the Lancashire and South Cumbria ICB footprint, patients, carers, their families and our wider community across Blackpool, Fylde and Wyre.

4. Definitions and Abbreviations

BTH:	Blackpool Teaching Hospitals NHS Foundation Trust
CRN NWC:	Clinical Research Network North West Coast
DoHSC:	Department of Health & Social Care
ED&I:	Equality, Diversity and Inclusivity
HDRC:	Health Determinant Research Collaboration
HIC:	Health Informatics Collaboration
ICS:	Integrated Care System
NIHR:	National Institute of Health Research
PPIE:	Patient and Public Involvement and Engagement
PRC:	Patient Recruitment Centre
R&D:	Research and Development
RD&I:	Research, Development and Innovation

5. Responsibilities (ownership and accountability)

Research and Development Department, BTH.

6. Key themes of the enabling plan

In this document, the BTH Research and Development Department sets out its enabling plan to enact its recently published vision and strategy for further growth in clinical research delivery (CORP-STRAT-015). This enabling plan and its vision and strategy are closely aligned to that of the Department of Health and Social Care and their recently published UK-wide vision for the future of clinical research delivery (Saving and improving lives: the future of UK clinical research delivery, DoHSC. Published 23 March 2021). We plan to enable the 5 key themes of the DoHSC publication to underpin our vision for clinical research over the next 5 years. An additional sixth key theme for

Caring · Safe · Respectful

us will be to work in partnership with our regional Universities and the BRC: Manchester to increase the number of Trust Academic Roles and Staff and to work towards the attainment of University Hospital status.

The 6 key themes that underpin our enabling plan for the next five years are:

1. Clinical research embedded within BTH
2. Patient-centred research
3. Streamlined, efficient and innovative research
4. Research enabled by data and digital tools
5. A sustainable and supported research workforce
6. Increased academic input towards attainment of University Hospital status

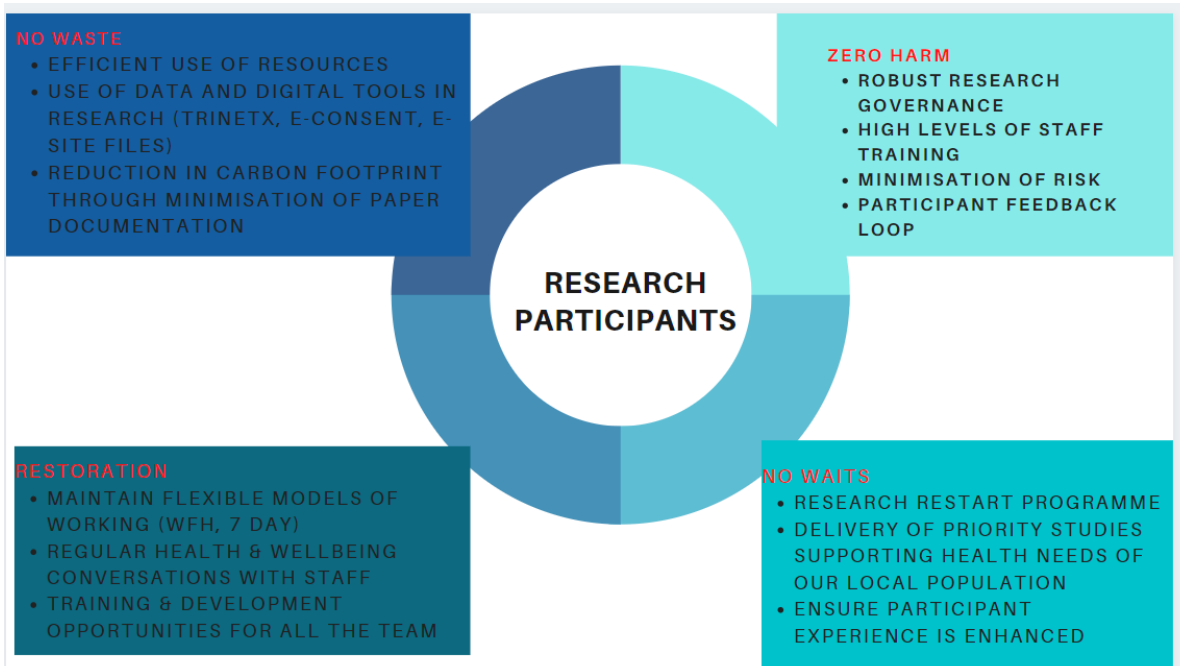
7. Our context

Blackpool Teaching Hospitals NHS Foundation Trust (BTH) covers Blackpool, Fylde and Wyre and is part of Lancashire and South Cumbria Integrated Care System (ICS). The Trust has three main hospitals providing acute services to 330,000 local residents as well as specialist care for services relating to cardiology and haematology. It delivers community health services for >445,000 residents and hosts the National Artificial Eye Service across England. Plus, it provides urgent and emergency care services to around 18 million people who visit Blackpool every year.

Our services are provided from the following main sites:

- Blackpool Victoria Hospital
- Fleetwood Hospital
- Lytham Road Primary Care Centre
- Fleetwood Primary Care Centre
- National Artificial Eye Service
- Clifton Hospital
- Whitegate Health Centre
- South Shore Primary Care Centre
- Moor Park Health and Leisure Centre

Blackpool is one of the poorest places to live in England. In Wyre, there is a mixture of rich and poor areas, particularly in Fleetwood. Fylde is considered to be generally a rich area. This economic disparity results in some of the most challenging health needs in the country, which places extreme demands on public services. Blackpool has the greatest concentration of deprivation in the UK with lower healthy life expectancy caused by circulatory, digestive and respiratory disease, and some of poorest levels of health in the country. BTH developed a one-year strategy that supported restoration and recovery following the COVID-19 pandemic, which led on to a 5-year strategy from 2022. The 5 year strategy has the following vision: to improve the lives of people who live, work and volunteer on the Fylde Coast and beyond, and the following mission: To deliver safe, effective and sustainable care for everyone every day, specifically working with our people, our population and taking on our responsibilities. The R&D enabling plan aims to help establish this vision and mission. The Trust has 3 key ambitions; zero harm, no waits and no waste all underpinned by the restoration of people and services. Research can support these ambitions through a significant number of workstreams and opportunities.



Those who live in poorer areas often don't have the same chances in life as those living in richer areas. This can lead to poor health and these difficulties can start from birth. Poorer areas tend to have more people who are overweight, smoke and drink too much alcohol. These people also generally find it difficult to access health services. There are lower rates of testing for cancer, for example. In line with a social responsibility to its local communities, BTH is a partner with Blackpool council on the recently launched Health Determinant Research Collaboration (HDRC) initiative, which is a £5 million grant to fund collaborative research important to our communities. These priority areas include: Health Inequalities, Mental Health, Housing and Conception to Age 2.



In Blackpool, a fifth of women (20%) smoke at the time of their baby's birth, compared with 13.3% in Fylde and Wyre and 9.6% nationally. Babies born in Blackpool have the lowest life expectancy in England. Babies in Wyre have a life expectancy below the national average while Fylde babies match the national average. A quarter of children in Blackpool live in low-income families. To think of it

Caring · Safe · Respectful

another way, if Blackpool's low-income families matched the national average, there would be 1,500 fewer children living in poverty. Fylde's figure is 14.4% and Wyre's is 17.1%. Achievement at school is lower in Blackpool but, in Fylde and Wyre, it is the same or better than the national average.

Talking to other people regularly improves health and makes people less likely to be ill. But in Blackpool, 29.3% of adults are lonely compared to 22.3% nationally. The figure is 23.5% in Wyre and 16.9% in Fylde. Thus, mental health is a major concern for our communities.

Early death from illnesses such as cancer, lung and heart disease along with alcohol and drug abuse is higher than national averages in Blackpool and Wyre, but neighbouring Fylde is in line with national rates. Many of these factors put differing pressure on health services and will continue to do so. R&D want to play our part in improving the lives of those who live, work and volunteer on the Fylde Coast and beyond through clinical research.

8. Our ambition

Our ambition is to create a patient-centred, pro-innovation and digitally-enabled clinical research environment. We want to empower everyone at BTH and within surrounding healthcare organisations and partners to have the opportunity to participate in delivering high-quality research that is of relevance to our patients and local communities, which in turn improves outcomes. We want to make research accessible not only for our patients but for our researcher community whether they are novices or more experienced. We aim to become an NHS centre of research excellence both in academic and commercial research, enabling research to become more embedded within the clinical care pathway, offering all patients across the Trust and our wider community the opportunity to participate in high quality clinical studies.

9. The Enabling Plan

This plan is set out to be aligned with the Trust's strategic objectives (Our people, Our population, Our responsibility).

9.1 Theme 1. Clinical Research and Innovation Embedded within BTH

Our vision is to create a research positive culture across BTH and the local healthcare system where all staff feel empowered and supported to participate in clinical research as part of their job, ensuring that RD&I is embedded within the Trust as core business.

This will require working closely with staff members, Trust Divisional, Departmental and Directorate infrastructure, as well as representatives from the CRN NWC and the ICB. We must evaluate and understand the barriers for research and provide solutions in order to continue to develop the capacity and capability of our current workforce across all professional groups underpinned by rigorous research training and governance, aiming to increase the number of research active departments and the number of Principle Investigators and Chief Investigators at the Trust.

The need for interdisciplinary approaches to advance modern healthcare technologies

State of the art Research Centre: 5-y plan



Our strategy to enable this includes:

- Aligning with the Trust Clinical Divisional Structure and reflecting this in our models of research delivery
- Increasing awareness by **all staff** of the value of RD&I
- Ensuring research experience and expertise is valued
- Ensuring research is open to all staff regardless of professional group or academic background and is supported by medical, nursing, AHP and Trust leaders across BTH
- Ensuring staff have clear pathways to develop their research careers
- Ensuring patients, relatives and visitors are offered engagement with clinical research both for immediate patient care and for future progress in preventing and treating illness
- Developing specific strategies to encourage the implementation of research-based recommendations from studies conducted at the Trust as well as studies conducted elsewhere and to ensure changes in practice
- Ensuring close collaboration with the Knowledge and Library Service and the promotion of relevant courses such as critical appraisal and how to conduct literature searches etc
- Supporting nurses, doctors and Allied Health Professionals to undertake research training and to become research Principle and Chief Investigators
- Increasing R&D representation at Trust meetings and committees
- Developing ward Research Champions
- Developing and strengthening strong links with Education, Training and Quality Improvement within the Trust to promote a continuous learning culture
- Ensuring patient pathways reflect the most up to date evidence-based care

- Reviewing the ICS clinical strategies to evaluate the role of RD&I within the system, ensuring equity of access to research across the ICS footprint
- Engaging with Medical, Nursing, Advanced Practitioner and Allied Health Professional Leads to ensure that research is included in job and career planning
- Increasing research training opportunities for staff and academic activities.
- Establishing research partnerships and links across the ICS footprint and the wider North West to increase research opportunities. This will include but not be confined to: primary, secondary and tertiary care services, public health, social care providers, and local Universities.
- An immediate further development of the Research Facility through an initial upgrade to the existing footprint, specifically introducing a new clinic room and processing room to increase by 20% the capacity to deliver studies and allow accommodation of new equipment purchased through CRN funding.
- With medium to long term plans for a new build at the Trust in order to accommodate increased research activity demand, likely linked with Education and Training. This could potentially be part funded through increased commercial research income.
- Developing new partnerships with industry and increasing the number of commercial studies conducted year on year attaining ‘Preferential Site Status’ to increase research opportunities.
- Developing and strengthening research in our areas of expertise and renown through closer collaboration with commercial and academic partners (e.g. local Universities, the BRC: Manchester, the HDRC, the HIC, the ARC) underpinned by a close working relationship with the CRN NWC and the PRC Programme Office to increase research opportunities.

This work will need to be underpinned by a planned communication and engagement strategy. To this end, we are currently looking to recruit an External Liaison Officer to analyse and improve our communication and engagement.

9.2 Theme 2. Patient-Centred Research

Patients and participants are the foundation of clinical research. Without them research cannot happen, and healthcare cannot improve. **Our vision, therefore, is to make research open to everyone and to make participation in research as easy as possible.** We aim to ensure that all patients, their families, and their carers at BTH are empowered to directly and proactively explore research opportunities and to make informed decisions about participating in research that is relevant to them. Within this it will be important to understand our patient/community demographics to enhance and put at our core the values of PPIE (Patient and Public Involvement and Engagement) so that we have an outlook that rigorously adheres to ED&I (Equality, Diversity and Inclusivity) principles. To this end, we are currently looking to recruit an External Liaison Officer to also analyse and improve our reach into our local communities, as well as improving our communication and engagement (Theme 1).

To get there, we need to integrate research delivery into day-to-day care and make use of new technologies to recruit people “where they are” to make participation as easy as possible.

Our strategy to enable this includes:

Caring · Safe · Respectful

- Providing a robust research governance infrastructure to ensure our Trust values: People centred, Positive, Compassion, Excellence - are maintained and to ensure stakeholders, including patient groups, are represented.
- Ensuring our community across Blackpool & the Fylde Coast can have a say in the strategic direction of the department through the establishment of dedicated patient and public involvement and engagement groups.
- Engaging closely with the Clinical Research Network (CRN) to understand all potential research opportunities that could be offered at BTH.
- Communication of all research opportunities across all platforms (Trust comms, social media etc).
- Moving toward better integration of clinical services and research through engagement with Directorates on a regular basis; scoping of PI interest and supporting colleagues from all professional groups to become involved within research and consider introduction of some shared clinical/research posts.
- Adapting to a seven-day working model for research staff when required to deliver specific studies, e.g., vaccine studies, healthy volunteer studies etc as a patient-centred approach.
- Supporting the Clinical Support Services to have the capacity to deliver an increasing number of trials, including complex trials over a seven-day basis if required.
- To continue to support, plan, power and offer governance for Trust service evaluation projects, evaluating and improving our health-care delivery, aiming to grow the number of service evaluation projects undertaken by the Trust year-on-year.
- To continue to grow research links (as per Theme 1) to increase research opportunities.

9.3 Theme 3. Streamlined, Efficient and Innovative Research

Patients and service users want faster access to better treatments and better healthcare. Efficient research organisations with fast set-up times who can recruit patients quickly and who reach recruitment targets are more likely to receive requests to undertake research by research Sponsors (both academic and commercial institutions), increasing research participation. **Our vision is for BTH to be the best place in the UK to conduct streamlined, efficient and innovative clinical research.**

Over the next 5 years we wish to further improve our rapid research set-up and delivery capabilities as well as leading on innovation within the Trust. Set-up times will be one of our key performance indicators (KPIs) undergoing regular review as part of our PRC Blackpool role, along with ensuring that we recruit the agreed number of patients, i.e., our target recruitment, into each research trial within the agreed timeframe (our time to target KPI).

Further strategies to enable this will include:

- Ensuring that the Research Management and Governance (RM&G) Team receive regular training updates and utilise business intelligence (BI) systems-provided by the NIHR- to support optimal research delivery. This will include:
 - Procurement of specifically designed BI systems if required

- Continuing to develop robust research governance policies and procedures in line with best standards using state of the art project management tools -including Kanbanchi- for key projects including study feasibility, sponsorship, costings (Interactive Costing Tool/NIHR tariffs).

The R&D Department will also work other key stakeholders and Trust Departments to consider the role of innovation within the Trust, potentially evaluating what the Trust means by innovation and how the Trust can develop an innovation agenda.

Key to achieving this would be:

- Developing distinctiveness in research and innovation for the Trust
- Utilising the expertise of commercial IP providers effectively
- Enabling all staff to highlight ideas for innovation
- Ensuring research and innovation changes practice
- Staff supported and rewarded to develop ideas.
- Support in the review of NHS Test Beds programme/or similar initiatives and scoping of opportunities
- Participating within Lancashire and Cumbria Innovation Alliances namely Medicomm which aims to bring SMEs and the NHS from across the region together to drive innovation
- Working in partnership with the Northwest Coast Innovation Agency (Academic Health Science Network) to bring innovation opportunities to the organisation

Ultimately, we would aim for BTH to be recognised as a centre for research excellence within the UK and internationally. Key to enabling this would include:

- Raising the profile and reputation of the Trust, its facilities and staff by ensuring that our research delivery exceeds the NIHR key performance indicators, including:
 - Ensuring agreed recruitment numbers are reached within specified time targets for each study (recruitment to time and target)
 - Ensuring a balanced study portfolio (25% Commercial, spread across all Departments and Divisions)
 - Ensuring rapid study set up times (exceeding national and PRC median times)
 - Ensuring excellent Patient and Customer Experience, as evidenced in the annual PRES (Participant in Research Experience Survey) survey

A centre of Excellence also requires the department to attain and maintain financial stability by diversifying the income stream and exploring different financial structures

Key to enabling this:

- Continuing to develop robust financial systems and processes in line with best standards including the appointment of a dedicated RD&I Finance Officer

- Attainment of National Contract Reviewer Status to ensure Blackpool can appropriately cost commercial studies in alignment with other PRCs
- Ensuring commercial and academic funding is tracked and successfully recovered in a timely fashion
- Maximising PRC income through delivery of large participant clinical trials at pace
- Exploring different funding opportunities for RD&I

9.4 Theme 4. Research Enabled by Data and Digital Tools

Our vision is for BTH to capitalise on our data assets to deliver improvements to the health and care of patients across Blackpool and the Fylde Coast.

Digital systems underpin the delivery of modern clinical research, helping identify and recruit research participants and support public involvement and awareness. Local and national databases allow targeting of patient recruitment into research studies, potentially increasing site selection and thus opportunities to undertake research, as well as allowing analyses of population data.

BTH has signed a contract with TriNetX, a platform of real-world data from 170 healthcare organisations across 30 countries, which will allow us to analyse our hospital's own data, allow locally targeted therapy; increase our selection as a site for research trials, and aid patient recruitment into studies. BTH is also a co-signatory of the Health Informatics Collaborative (HIC) data sharing framework. The HIC network brings together the Collaborators in order to work collaboratively to facilitate more effective clinical research, and lead to benefits for patients and the public, researchers and NHS staff by sharing NHS clinical information held electronically, through the use of Anonymised Patient Data and Personal Data. The potential future sharing of other ICS-wide databases may allow additional locally targeted research and interventions. Participation in these data framework agreements opens up the possibility to undertaking significant data analytical research in priority areas.

Further strategies to enable this will include:

- Working in partnership with Industry to explore new methodologies of recruitment and retention to clinical trials using digital technologies, e.g., virtual clinical trials
- PRC Blackpool is aspiring to be at the vanguard of the design and delivery of virtual clinical trials. We would look to incorporate patient facing technologies to support successful research delivery across our communities focussing on recruitment methods, informed consent and data collection.
- Ongoing use of the TrinetX and HIC platforms.
- Further development of digital platforms and potentially a patient research database.

9.5 Theme 5. A Sustainable and Supported Research Workforce

BTH hosts a highly skilled multi-disciplinary clinical research delivery workforce. We have continued to recruit a high number of participants to NHS portfolio research studies year-on-year and

continue to rank highly in performance when compared with partner organisations across the Northwest Coast region.

Our vision is for a sustainable, supported research delivery workforce, offering rewarding opportunities for all healthcare staff and exciting careers for those from all professional backgrounds who undertake and lead research.

In November 2020 we launched the PRC Blackpool, increasing our research nurse, admin and pharmacy staff numbers and capacity, supporting a growth in late phase commercially funded research at BTH.

In December 2022 BTH became full partners at the NIHR Biomedical Research Centre: Manchester, with funding to increase our capacity and capability of undertaking earlier phase translational clinical research, enabling us to support staff employees to undertake their own original research, backfilling or paying research time.

Over the past 3 years we have also undertaken a number of “in-house” research studies, planned, powered and delivered by our local Principal Investigators and research delivery staff to undertake research developed by Blackpool staff for Blackpool patients, with our aim being for Blackpool staff to win national grants and become Chief Investigators for multi-centre research studies run from Blackpool.

In order to continue our development in undertaking increased NIHR portfolio research, both academic and commercial, as well as increased “in-house” research we need to ensure that we have a sustainable and supported research workforce driven to develop and undertake research. We need to support healthcare professionals to develop research skills relevant to their clinical role and to ensure that delivering research is a rewarding experience, rather than an additional burden.

This would include:

- Working with the Trust to establish mechanisms to protect clinician’s time to support the delivery/creation of research, including contributing to the ongoing Trust job planning policy.
- Delivery of sessions focussed upon Critical Appraisal Techniques collaborating with the Library and Knowledge Service.
- Developing and offering in-house research PI staff training.
- Signposting/delivery of relevant research training including GCP, Informed Consent, PI Training and Industry Masterclasses including use of e-learning on the NIHR portal.
- Signposting of opportunities to join research programmes held by external stakeholders including the Clinical Research Scholars Programme (NIHR CRN).
- Using capacity and capability funding as well as potentially commercial funding and BRC funding to support staff employees to undertake their own original research, backfilling or paying research time.
- Developing Trust ward research champions.
- Undertaking QI projects to determine the level of research knowledge within ward areas, moving to implement research champions to support, promote and embed research within those areas.

9.6 Theme 6. Increased Academic Staff and Work Towards Attainment of University Hospital Status

BTH RD&I will work in partnership with our regional Universities in order to increase the number of new Academic Roles and Staff and work towards the attainment of University Hospital status. In order to ready the organisation to apply for University Hospital Status BTH and/or its staff will aim to:

- Support the appointment of staff at BTH with joint University roles, i.e., joint appointments.
- Win academic grants to undertake research at BTH with BTH staff named as study Chief Investigators.
- Support BTH staff in the supervision of higher degrees (Masters and PhDs) in partnership with local Universities.
- Demonstrate that BTH is working collaboratively with local Universities.
- Evidence significant research activity within the Trust, much of which will involve collaboration with University staff.
- Increase staff academic publications year-on-year.
- Invite university representation on the Trust's Advisory Appointments Committees for Consultant posts.
- Provide University practice placements for undergraduate medical students and other trainee healthcare professionals (e.g., dentistry, nursing, or other allied health professions).
- Establish a cohort of University principal investigators with Trust honorary contracts.
- Increase annual Research Capability Funding

10. Growth and Building Our Income Stream

Commercial clinical research is commissioned by commercial sponsor companies that pay Trust R&D departments to undertake that research. This can lead to significant income streams for research active NHS Trusts, running into millions of pounds each year. The income from such studies covers the costs of staff time as well as set up fees, indirect costs including overheads and sometimes capacity building. According to the NIHR Impact and Value Report 2019, the NHS receives an average of £6,658 in revenue per patient recruited to a commercial clinical trial, although this can vary according to the specifics of the study and clinical specialty type.

Prior to the inception of the NIHR Patient Recruitment Centre: Blackpool, BTH recruited 60-100 patients into commercial clinical trials each year, receiving a commercial income of between £400k and £600k, with income received often paid over several years depending on the length of the project and the length of time that the patient remains in the study.

Over the past 3 years the BTH R&D team, thanks to the PRC has recruited more than 1200 patients (>400 per year) into commercial clinical trials and has generated more than £3M in commercial contract income for the Trust. Because we only have a facility with 4 clinical rooms, to achieve this we have had to use additional outpatient facilities; staff bank holiday weekend work, and have had to share recruitment and thus commercial income with a local GP practice due to lack of space. This activity would have generated more than £6M if undertaken by the BTH research team alone.

Caring · Safe · Respectful

To continue to recruit 400 + patients to commercial income each year, with a target of 500 per year eminently achievable, potentially generating up to £3.3M of extra research income per year when using the Impact and Value Report calculations, we would need to increase clinic capacity from 4 clinic rooms to 10 clinic rooms. We would ask the Trust as part of the enabling plan to look into increasing R+D clinic room capacity, potentially as part of a new building development such as on the Parkwood site.

10.1 Cost Savings

Industry-sponsored clinical research studies testing pharmaceutical products provide NHS Trusts and patients with free access to these pharmaceuticals and treatments. Therefore, NHS Trusts do not incur the cost of the standard treatment that the patient would have otherwise received in the absence of the study. Some studies provide NHS Trusts and patients with free access to more expensive pharmaceuticals and likely more effective treatments. In the absence of the study, patients would not have access to these more expensive and potentially effective pharmaceuticals. Some patients are only referred to and only attend units because of the research they offer (such as for our regional Haematology unit) generating direct Trust income via tariff income. These all represent direct cost savings to the NHS and to the Trusts undertaking the research.

On average 10% of the commercial portfolio will have a pharmaceutical cost saving associated with it of between £4,700 and £5,780, per patient recruited and this can be clearly demonstrated across a number of specialties. This saving will be higher within certain specialties such as oncology and haematology - often between £10,000 and £14,000/patient recruited.

10.2 Creation of a State-of-the-art Research Facility

The creation of a state-of-the-art research facility would enable the conduct of a higher number of participant/patient visits and maximise our commercial income as well as enable additional office space in order to house the dedicated PRC/RD&I teams. It would also allow us to enhance patient and visitor experience, a key aspect of our strategy and enabling plan. Such a facility could include space for education and innovation.

R&D Requirements

- Signage to the PRC Blackpool throughout the Hospital and on the Entrance to the Building
- Ground Floor Research Facility with Wheelchair Access
- Minimum 5 dedicated car park spaces with signage
- Reception Desk with TV
- Waiting Area at Entrance with Refreshments
- Ten clinic rooms-fully fitted with general medical requirements to enable patient visits (including one or two rooms equipped for overnight stays)
- A clean utility room plus a dirty utility room
- A specific biological sample processing room with refrigerator area –pod station connected directly to pathology
- A Pharmacy Area with space for processing and IP storage (Alarmed fridge/freezer)
- Two storage rooms for study supplies

- Space for Resus Trolley
- Crash Access
- Waste Disposal Area
- >50 WTE staff –desk space with storage -open plan acceptable
- Photocopy Room
- Three Private Offices plus two meeting rooms-require TV /Computer Access
- Staff Changing Facility with lockers
- Toilet/Shower/Visitor toilets
- Kitchen
- Rest/Relaxation Area
- A Monitoring Area (wifi access) for monitors
- Two Site File Rooms -locked

By working together, we would strategically position Blackpool to be a recognised regional and national NHS Research and Innovation organisation and outstanding centre for research delivery which will be of benefit to BTH, the wider region and, most importantly, the patients we treat.

11. Alignment with the Trust’s strategic objectives (Our people, Our population, Our responsibility)

With regards to our people, this enabling plan to embed research within BTH allows for the development of a raft of opportunities for all Our people. It allows for career development, job satisfaction and a lightening of the workload through innovative solutions. BTH will become a place where talented people will want to work because of its enhanced reputation.

Through embedding research and delivering research-led healthcare, Our population will benefit. It is known that Trusts with research-led healthcare deliver better outcomes to their populations that they serve. As Our population ages and there is a growing need to manage chronic conditions outside the hospital setting, the Trust is going to have to embrace innovative solutions through research. This enabling plan allows for this.

It is Our responsibility to be the best we can. In the absence of a research-led culture, it will be difficult for BTH to achieve its ambition of attaining a Good rating from CQC. Research brings reputational enhancement that attracts the best people that in turn elevate the institution. It is through this cycle that we can fulfil Our responsibility.

12. Reporting Structures

There is an explicit system in place to monitor the progress of the enabling plan with key internal stakeholders reporting via the RD&I Committee, the Clinical Effectiveness Committee and the Clinical Governance Committee.

Title	Estates Enabling Plan				
Meeting:	Board of Directors Meeting				
Date:	11 th January 2024				
Author	James Maguire, Director of Estates and Facilities ELHT, BTH, (Interim) LSCFT				
Exec Sponsor	Janet Barnsley, Director of Integrated Care				
Purpose	Assurance	X	Discussion	X	Decision
Confidential y/n	N				

Summary (<i>what</i>)	Advise
	<p>The Estate Enabling Plan sets out our vision for the development of the physical built environment over the next five years and how all space will be utilised. It relates to land, buildings, and facilities.</p> <p>The Enabling Plan sets out the principles that will guide decisions about the estate and enable delivery of the Trust's clinical strategies both now and in the future.</p>

Implications (<i>so what</i>)	Alert
	No Alerts
	Assure
	<ul style="list-style-type: none"> • Delivering the Estate's Enabling Plan <p>The Estate Enabling Plan will be supported by a robust Implementation Plan setting out short- and long-term proposals. The plan will have regular review points to ensure the priorities and plan overall is still in line with the Trust requirements. The following critical dependencies have been identified as key to the successful delivery of this strategy and will form the basis of the Implementation Plan.</p> <ul style="list-style-type: none"> • Strategic Transformation Committee • Workforce • Clinical Productivity • STP Space Programme Board • Clinical Priorities

Previously considered by	N/A
---------------------------------	-----

Link to strategic objectives	Our People	X
	Our Place	X
	Our Responsibility	X

Equality, Diversity and Inclusion (EDI) implications	N/A
---	-----

Proposed Resolution (What next)	<ul style="list-style-type: none"> • Service development priorities <p>As part of the development of this Enabling Plan Divisions have been asked to present their service development aspirations. The schemes are then identified on a series of Development Control Plans for the site which in combination with the site strategy provide a masterplan for the site's future development.</p> <p>The list of service developments will be gathered through engagement during the development of this strategy. Ongoing engagement included:</p> <ul style="list-style-type: none"> • A review of clinical service strategies • Outputs of business planning workshops • Face-to-face meetings with individual departments • Online survey to identify priorities. • Validation by departmental management teams • Validation by the Trust's Capital Priorities Group and Trust Leadership Team <p>The prioritised proposals will subsequently be used to inform the Trust's capital programme and establish a five-year investment strategy for the Trust.</p> <p>Each of the emerging priorities for the Trust will be subject to more detailed feasibility and viability and a subsequent business case for funding. The process by which schemes are ultimately selected will be as follows:</p> <ul style="list-style-type: none"> • Schemes potential identified and submitted by service/division. • Scheme priority validated, logged, and reviewed against other Trust priorities. • Successful business case secures funding. • Priority schemes promoted through the Trust's capital programme. • Scheme designed and delivered.
--	--

Estate Enabling Plan



Contents

Section	Title	Page
1.0	Welcome	3
2.0	Introduction	4
3.0	Setting the scene	5
4.0	Where we are now?	7
5.0	Where we want to be?	13
6.0	How will we get there?	16
7.0	Service development priorities	22
8.0	What happens next?	23

Notes for the reader:

The Estate Enabling Plan is intended to provide an accessible explanation of the priorities the Trust has for the management and improvement of its property and buildings. It is one of the enabling strategies supporting the Trust's Clinical strategy.

1 Welcome

Our Estate Enabling Plan will guide improvements to the built environment across the Trust's property portfolio over the next five years. Implementation of our Estate Enabling Plan will demonstrate commitment to our organisational strategic vision:

“To improve the lives of people who live, work and volunteer in the Fylde Coast and beyond.”

“To deliver safe, effective, sustainable care for everyone, every day.”

The Trust wants to ensure that all sites where we see and treat patients and our teams work are of a sufficient standard to ensure safety and positive experience. An efficient, well designed and well-maintained estate is at the heart of positive patient experience and ensuring our patients receive the best possible care. It is also a powerful motivator for staff, aiding recruitment and retention and a positive work experience.

We are fortunate in Blackpool Teaching Hospitals to have benefited from significant investment over the past 10 years, addressing areas such as Surgery, Emergency Care, Pathology and Endoscopy, Main Entrance and Multi Story Care Parking.

However, we do have some old estate that is carrying significant backlog maintenance which is supported by our Nifes survey. This Enabling Plan together with our development control plan aims to address these issues whilst consideration is given to the rising demand for services and high occupancy rates across the estate.



New and exciting ambitions for the future of our services have been set out, many of which require new or reconfigured space. Planning for these schemes requires careful consideration and co-ordination to ensure the limited resources available to the Trust are used effectively.

The Estate Enabling Plan provides a vision for the future and sets out the key principles that will guide our priorities over the next five years and beyond. It is consistent with and supports the ambitions set out in overarching Clinical Strategy.

The Estate Enabling Plan will support our ongoing financial and environmental sustainability and provide the foundations for the delivery of our future clinical strategies.

2 Introduction

2.1 Where does the Estate Enabling Plan fit in?

The Estate Enabling Plan sets out our vision for the development of the physical built environment over the next five years and how all space will be utilised. It relates to land, buildings and facilities. The Enabling Plan sets out the key principles that will underpin decisions concerning the provision, purpose, and utilisation of space by the Trust. It is built on a foundation of data and information about performance of the estate combined with the articulated ambitions of individual divisions and departments.

The Enabling Plan recognises the critical role that the built environment plays in the quality of care we provide and the experience of our patients. The Enabling Plan sets out the principles that will guide decisions about the estate and enable delivery of the Trust's clinical strategies both now and in the future.

The Estate Enabling Plan is key component to the overall Trust Strategic Plan and links to the Trusts Clinical Strategy and other enabling plans such as the Trust's [Digital](#) and [Workforce Strategies and the NHS green plan](#).

The Estate Enabling Plan sets out a planned approach to the development of the Trust's property assets over the next five years. It has been developed in consultation with stakeholders from across the organisation and has been informed by the outputs from the divisional clinical strategies.

Implementation of the proposals within the Enabling Plan will rely on a number of conditions being satisfied:

- The Trust securing the necessary funding to support schemes through its capital programme or other funding as well as ongoing revenue
- Schemes gaining the necessary statutory consents and approvals.

2.2 How the Estate Enabling Plan has been developed

This Enabling Plan has been developed following extensive evidence gathering to determine the current state of the estate. This has included:

- Six-Facet surveys – independent assessments of condition, suitability, utilisation, quality, compliance, and performance
- Patient-Led Assessments of the Care Environment (PLACE) assessments, including facilities services, catering, and cleanliness.
- Benchmarking against NHS National Model Hospital data
- Financial analysis of costs
- A detailed understanding of the Estate from our Wholly Owned Subsidiary 'Atlas'.

A long list of service development proposals has been identified through engagement exercises with individual departments and is being prioritised according to risk, benefit, financial viability, and deliverability. The proposed programme relies on sufficient funding being identified and schemes being supported by robust business cases as they are developed.

3 Setting the scene

3.1 Trust profile

Blackpool Teaching Hospitals NHS Foundation Trust | Our strategy

More facts and figures

800 beds across
Blackpool Victoria
and Clifton
Community
Hospitals



We care for
330,000
people living on the Fylde
Coast, most of which
(97.4%) are White British.



We also have an ageing
population. More than a
quarter of people living here
are aged 65 or over.

By 2027,
this group is expected to
be more than double those
aged 15 and under.

 **£580m**
annual turnover



13

Blackpool Teaching Hospitals NHS Foundation Trust | Our strategy

What do we do?

We provide care to residents of the Fylde Coast and those visiting the area.

We have:
7,521 staff
68 nationalities

Who we look after:
1.6m people across
Lancashire and
South Cumbria
330,000 people
on the Fylde Coast

In a year, there are:
75,000 people seen in A&E
2,900 urgent care visits
118,000 walk-in attendances
400,000 outpatients supported
5,000 elective inpatients
50,000 day cases
50,000 emergency inpatients



12

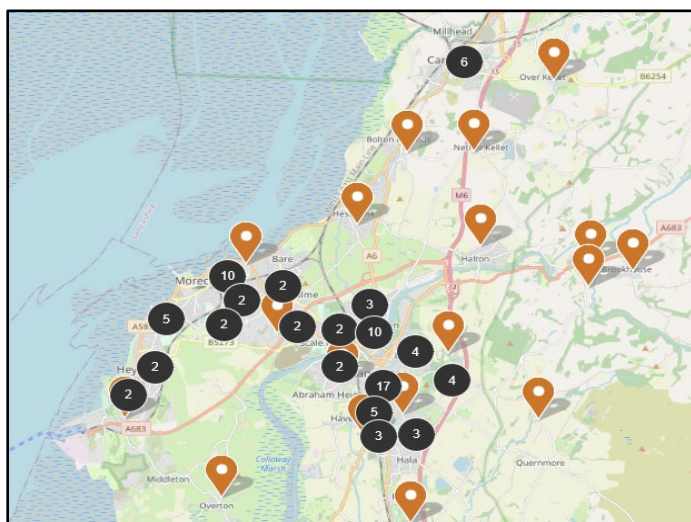
3.2 Peripheral sites

The Trust also delivers services through a network of peripheral sites with a total (gross internal) area of approximately 162,034 m². These properties are predominately leasehold and serve a range of clinical and back-office requirements including Renal Dialysis, Artificial Eye, Clifton Hospital and Fleetwood Hospital.

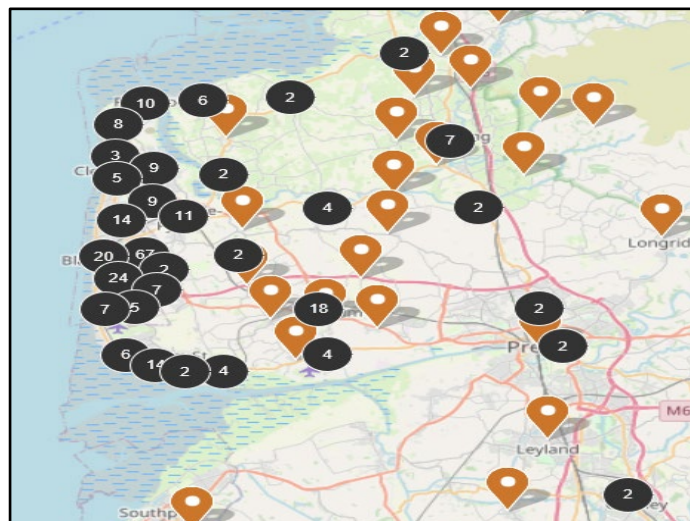
There are 277 sites across this area of which 187 are schools.

Atlas delivers a range of services in each of the 277 buildings ranging from maintenance, cleaning, catering etc through to ad hoc visits such annual immunisations at a school or a scout hut where we deliver exercise classes.

North Lancs



Fylde Coast



3.3 National policy landscape

Both national policy and local mandate will remain key drivers in helping to shape and deliver this Enabling Plan over the next five years. Those most notable include:

- The Carter Review (2016) which resulted in more robust benchmarking to identify and tackle unwarranted variation in costs between comparable Trusts.
- The Naylor Review (2017) which established the foundation for a more strategic approach to NHS Estate.
- The NHS Long Term Plan (2019) which requires the NHS to make better use of capital investment and its existing assets to drive transformation, and focus on improving safety, transforming the patient pathway and working environment, with resulting benefit of reducing future revenue operating costs
- Health Building Note 008 (Estate Strategies) Department of Health and Social Care guidance on the preparation of Estate Strategies
- Lancashire and South Cumbria Collaborative -ICB/PCB

As future strategies, policies and mandates develop the Trust will adapt and adopt the associated activity as part of this Enabling Plan.

3.4 Working with our partners

The Trust continues to play an active role in Lancashire and South Cumbria via the Provider Collaborative and with the estates sub-group, sharing best practice and identifying opportunities for closer working between organisations across the region.

Key relationships include:

Organisation	Nature of relationship
NHS Improvement / NHS England	Key national organisation overseeing NHS organisations, supporting transformation and improvement
The Lancashire and South Cumbria Provider Collaborative	This is about working together as equal partners to make sure patients; their families and communities benefit across the whole of the area. The aim is to reduce health inequalities and improve services, outcomes and people's experiences of accessing healthcare. The partnership also aims to ensure that Lancashire and South Cumbria is a great place to work.
Primary Care Networks	Groups of GP surgeries working together to deliver healthcare to the community
NHS Providers (*LSC Provider collaborative)	NHS organisations providing acute, ambulance, community, and mental health services in the region
NHS Acute providers (*LSC Provider collaborative)	Acute hospitals providing complementary services or centres of specialty for the sub-region
Local Authorities	Local councils providing social care, public health services and strategic planning
Lancashire Fire & Rescue Service	Blue light emergency service partners providing assurances in respect of fire safety.
Lancashire Constabulary	To be collocated on site at the Blackpool Victoria site to help support.

4 Where we are now

4.1 Our current performance

The current performance of the estate is based on the analysis of a wide range of primary and secondary data including:

- Premises Assurance Model – analysis of key data that compares the performance of the Trust against the Department of Health and Social Care's Model Hospital
- Six-facet survey – assessment of condition, function, suitability, occupancy, compliance and sustainability
- Patient-Led Assessments of the Care Environment (PLACE) surveys – patient led assessment of care environment focussing on food, cleanliness, accessibility, condition, privacy and dementia.
- Atlas Estates helpdesk - information about reports to the Estates Management helpdesk
- Fire inspections – feedback from fire safety inspections
- Care Quality Commission inspection reports
- Patient satisfaction surveys, complaints and compliments

Atlas is currently undertaking the two-facet survey with Nifes. The survey is ongoing now, with approximately 20% completed as of the start of September 2023. It is anticipated that the works will be concluded by the end of October with the report available during the following month (November 2023). This report will cover 100% of the two-facet survey undertaken by Nifes.

The Nifes approach ensures a strategic appraisal in conjunction with sufficient detail for identification of remedial works. Surveying covers each element of each facet, surveyed at the correct level. The Nifes team of surveyors and consultants survey all plant rooms to ensure that the critical mechanical and electrical plant and equipment is inspected, and any defects and remedial costs are identified. A sample of internal accommodation is surveyed to provide an informed professional judgement on each of the facet elements. Deficiencies are indicated and costs associated with remedial actions recorded. Site data is collected during the surveys using pro-forma checklist survey forms to enable many of the validation routines. Much of the validation of the collected survey data takes place at the time of survey and all returned data is checked and validated as an office-based exercise by senior project team members, to ensure completeness of information, uniformity and correctness.

The approach to each individual Facets (2 facet survey) is as follows:

A broad knowledge of the physical condition of the existing estate buildings, the associated engineering services and external works is an essential factor in resource planning. The information constitutes an essential base from which an Estates Strategy can be prepared and Estate Operational Programmes can be formulated. The appraisal is carried out addressing each of the 21 physical elements pertaining to NHS building stock as shown below.

Summary of key headlines for the Blackpool Victoria Site:

Current Assessment	Current plans to address
Condition	
<p>FACET ONE - PHYSICAL CONDITION: <i>This currently being undertaken by Nifes</i></p> <p>ELECTRICAL •Electrical system •Telecommunications •Alarms and detection systems •Fixed plant •Building management control system</p> <p>MECHANICAL •Heating system •Steam system •Ventilation system •Piped medical gases and vacuum pumps •Hot and cold-water systems •Lifts and hoists •Boilers and calorifiers •Fixed plant and equipment •Fuel storage and distribution</p> <p>BUILDING •Structure •External fabric •Roof •Internal fabric •Internal fittings and fixtures •External works - grounds and gardens •Drainage and sewerage and water supply</p> <p>The report is based on the 'Risk Based Methodology for Establishing and Managing Backlog'. The average overall condition of each element is assessed against the categories and definitions as detailed in Land and Property Appraisal, as summarised below:</p>	<p>This is currently being undertaken by Atlas.</p>

<p>A: As new (less than two years old) and can be expected to perform adequately to its full normal life B: Sound, operationally safe and exhibits only minor deterioration B(C): Currently as B but will fall below B within five years C: Operational but major repair or replacement is currently needed to bring up to condition B D: Operationally unsound and in imminent danger of breakdown X: Supplementary rating added to C or D to indicate that a full rebuild, relocation or replacement is needed (i.e. repairs are impractical or too expensive to be tenable).</p> <p>Following categorisation, the cost of appropriate measures to upgrade a C or D level to the B level is recorded. Standard B is considered as an operationally acceptable standard for all building and engineering elements. In some instances, particularly where engineering services are involved, the cost to upgrade to B could be equivalent to the cost to upgrade to Standard A.</p>	
Functional Suitability	
<p>Functional Suitability Review: Functional suitability is assessed on three elements; internal space relationships, support facilities and location.</p>	<p>Look to review under future Nifes survey.</p>
Space Utilisation	
<p>Space Utilisation Audit: Space Utilisation is assessed on a series of judgements made on the intensity of use i.e. the number of people using it and the frequency with which they use it.</p>	<p>STP (Space Programme Board) has been created to address the management and control of space within community and the acute setting.</p> <p>To review all services using the main Trust estate to ensure its usage is optimised for clinical practices. Working alongside Atlas, the project will start with the establishment of a main site Trust register in terms of the services run on the main site and the space they occupy.</p> <p>The project will work to optimise clinical estate in favour of administrative service and as such will look at agile working models, flexible working arrangements, and will link heavily with the review of the community estate to ensure these are also maximised with services that can, are will to or want to move away from the main estate.</p> <p>The project will also work to develop a new system capturing space, the creation of a new space allocation process and creating new space request forms.</p>

	<p>Finally, the project will focus on the creation of new system that captures movement of departments/space, provides an up to date overview of the site linking in with Atlas software and allows staff the ability to book meeting rooms and hot desks with ease.</p>
Quality	
<p>Quality Audit: Quality is assessed on three elements; amenity, comfort and design.</p>	<p>Look to review under future Nifes survey.</p>
Statutory Compliance	
<p>FACET TWO - STATUTORY REQUIREMENTS <i>This currently being undertaken by Nifes</i></p> <p>HEALTH AND SAFETY:</p> <ul style="list-style-type: none"> •Health and Safety at Work etc Act and Workplace (including surface temperature of heat-emitting devices) •Electrical services •Asbestos •Control of Legionellae •Food Hygiene •COSHH •Disability Discrimination Act •Pressurised systems •Work Equipment <p>FIRE:</p> <ul style="list-style-type: none"> •Compartmentation •Fire doors •Means of escape •Alarm and detection systems •Textiles and furniture •Storage of flammable substances •Compliance with Firecodes <p>Where any of the above Fire and Health and Safety elements do not achieve condition B, cost estimates involved in remedying any deficiencies are identified.</p> <p>A: Complies fully with current mandatory fire safety requirements and statutory safety legislation B: Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature B(C): Currently as B but will fail below B within five years as a consequence of unabated deterioration or knowledge of impending fire safety requirements or statutory safety legislation. C: Contravention of one or more mandatory fire safety requirements and statutory safety legislation, which falls short of B D: Dangerously below condition A and B</p> <p>Risk Assessment of Backlog Maintenance On completion of the Physical Condition and Statutory Requirements sub-elements currently ranked below Condition B, are risk assessed in order to identify high risk factors in the estate, that need to be addressed urgently and those that can be programmed into the Trusts/Atlas</p>	<p>This is currently being undertaken by Atlas.</p>

<p>investment planning processes over longer periods. Risks are assessed according to the likelihood that the risk will be realised, and the severity of the impact should failure occur. This will produce a final risk score and ranking for each of the sub elements using the approved Five x Five Risk Matrix developed by NHS Estates.</p> <p>This will assess Probability of Failure against Potential Consequences of the following issues:</p> <p>(a) Health and Safety (b) Environment (c) Business (d) Operational/Building/Engineering Elements (e) Fire and Statutory</p> <p>The Risk Matrix is generated using the approved format, with the score and subsequent risk rankings as follows: -</p> <p>Score Range Risk Rating:</p> <p>1 – 6 Low 7 – 10 Moderate 11 – 16 Significant 17 – 25 High</p>	
Environmental	
<p>Environmental Management Audit: Environmental management is assessed on the overall efficiency of the property, with energy being a critical factor.</p>	<p>Look to review under future Nifes survey.</p>
Value for money	
<p>Benchmarking our data against comparable Trusts to identify where we are performing well, to look at opportunities for savings.</p>	<p>Ensure we are getting best value by reviewing data using Model Hospital & ERIC.</p> <p>Negotiate lease costs at renewal points (rent review / lease renewal).</p>
Patient Experience	

PLACE

Patient Led Assessment of the Care Environment (PLACE) is an annual assessment carried out across the Trust by a dedicated team of staff and external patients.

The process assesses what matters to the patients, ensuring the patient's voice plays a significant role in determining the outcome.

Environment assessments are carried out at ward and departmental level, from a patient perspective, each PLACE visit will generate a score in the separate domains of:

- Cleanliness
- Food and hydration
- Privacy, dignity and wellbeing
- Condition, appearance, and maintenance
- Dementia
- Disability

The audit process for 2022/2023 was undertaken as a PLACE Lite which still allowed for four wards, main outpatients and SDEC to be visited on the days with the patient assessors.

This gave a broad overview of the hospital site, covering the main hospital, Cardiac, Women and Children's and Surgical areas. Whilst on the other day, public areas and main entrances were visited.

Given the amount of building work ongoing during the audits, the assessments went extremely well with positive comments from all involved. The results were consistent with previous years, and in the medium average scoring Nationally. Some minor areas of improvement were identified, and an action plan implemented.

COAST

The Collaborative Organisational Accreditation System for Teams (COAST) was launched in January 2021, with the aim to support quality improvement across the trust, raise standards of practice and celebrate excellence in care.

The framework is designed around the Chief Inspector of Hospitals 5 Key questions and quality statements of: **SAFE, EFFECTIVE,**

CARING, RESPONSIVE and WELL LED.

This accreditation framework also focuses on being able to demonstrate what constitutes the 6 C's, Compassion in Practice Values: Care, Compassion, Competence, Communication, Courage & Commitment as well as National PLACE standards.

PLACE

Our Trust will carry out a full PLACE assessment in November 2023.

COAST

Since COAST has been implemented several areas of the Trust has been awarded a Platinum award and many others are going through an accreditation process.

Going forward, and to set the bar higher, a review of the COAST assessment is underway. Some of the changes will include the inclusion of quality improvement, research and development and looking at a review of monthly performance.

Based on the 5 Key questions and quality statements, there are over 300 observations and questions which the team collectively complete. These form 12 standards within the report which determines what rating the ward achieves.

4.2 Value for Money Assessment

Detailed analysis is undertaken using national Model Hospital benchmarks that provide a relative assessment of performance. These have been used to identify areas that are successful and where improvement can be made when compared against the “best in class.” A summary of the value for money for each of the assets occupied by the Trust is shown below:

Site	Hard Facilities Management costs (£)	Soft Facilities Management costs (£)	Total (£)	Estates and Facilities financing costs (£/m ²)	Gross Internal Area (m ²)	Cost per m ² (£)
Blackpool Teaching Hospital	£14,283,472	£14,632,880	£28,916,352	£111.98	110,642	£261.35
Community hospitals:						
Clifton Community Hospital	£704,996	£1,373,095	£2,078,091	£90.82	6,921	£300.26
Other sites:						
All others	£1,219,292	£537,098	£1,756,390	£836.64	21,306	£836.64
TOTAL	£16,207,760	£16,543,073	£32,750,833	£1,039.44	138,869	£1,398.25

We continue to engage with the annual NHS Estates Return ERIC which informs the national Model Hospital benchmark. Once data is available and has been analysed for comparative purposes benchmarking information for Lancashire and the wider North-West Region will be considered. The Trust is seeking to engage proactively in this process to identify further areas for improvement and exemplars from whom lessons can be learnt.

5 Where do we want to be?

5.1 Our vision

Our vision is aligned to the Trust's' ambition for the organisation:

The Trust 5 Year Strategy Vision & Values

Our mission is to deliver safe, effective, sustainable care for everyone every day and our vision is to improve the lives of people who live, work and volunteer on the Fylde Coast and beyond.

To achieve our vision, we will focus on:

- ❖ **Our people:** We will widen access to job opportunities, becoming the employer of choice within our community, with an empowered, diverse, and engaged workforce.
- ❖ **Our population:** We will work with our population to co-produce high quality services, with a key focus on preventative care and reducing health inequalities.
- ❖ **Our responsibility:** We will develop new ways of working. We will work with partners to deliver high quality, financially sustainable services and reduce our environmental impact.

Working together

Delivery of the vision will require a truly holistic approach to the use of space and assets. It will require close collaboration across organisations, services, and individual departments to realise synergies, adopting a flexible approach to design and use and encourage more sharing. It will require that sovereignty over space is relaxed and decisions over how space is used are based on objective judgements about current service requirements and not simply possession or occupation rooted in past decisions. **An environment conducive to the highest quality of care**

The Enabling Plan recognises that quality of care is enhanced by good design by ensuring staff and contractors have the things they need where they need them. By minimising transfers and planning efficient patient pathways productivity can be improved to make more time available for patient care.

...and experience

At the same time it is important that facilities maintain privacy and dignity and provide space to support staff wellbeing. The vision will require a truly patient centred approach to design that acknowledges the experiential factor in addition to what fits where so that the experience of our patients, from the time they arrive on site to the front door and beyond, is a positive one.

Now and in the future

The Enabling Plan seeks to deliver against the very many urgent and pressing demands consistent with a modern-day acute hospital whilst ensuring flexibility for the future. Maintaining and developing an Estate that can be adapted to accommodate new technologies and deliver



new treatments. To support the pressures of an ageing population with more complex health needs and enable integration of service delivery across the healthcare system.

5.2 Strategic Principles

To support our vision we have adopted four key principles. Although the estate may appear to be a static immovable feature on the landscape, the way in which it is used needs to be increasingly flexible. The following principles will be used to help assess how well new ideas fit with the overall strategy and vision.

1 Optimise the use of the built resources to meet clinical need

Property and buildings are a significant financial burden to the Trust, and it is therefore imperative that space usage is understood and monitored. The cost of space will continue to be managed centrally but will increasingly be allocated to individual departments through service line reporting to ensure a clear link and inform service strategies. The use of peripheral sites will be monitored to ensure value for money and every attempt will be made to maximise the use of Blackpool Teaching Hospital for clinical, rather than nonclinical uses.

2 Improve the stakeholder experience in relation to the estate

The Estate Enabling Plan must deliver tangible improvements to patient experience across the site, measured by the Patient-Led Assessments of the Care Environment (PLACE) survey. Initiatives focussed on addressing these issues should be given priority and implemented quickly. While PLACE places a heavier emphasis on the services provided within buildings (cleaning, catering, and patient care), rather than the buildings themselves, it is recognised that the patient experience is core to the overall Trust strategy and can be relatively easily improved. The Trust will continue its ongoing audit programme of the patient environment which reviews catering, cleanliness, and condition on a continuous basis.

3 Maximise the contribution of the estate to the objectives of the One Lancashire and South Cumbria Partnership

The Trust fulfils a key role in the wider healthcare system. The Enabling Plan aims to ensure that decisions relating to how the estate is used and develops are positively contributing to the wider ambitions of the region and facilitating ambitions and objectives of the healthcare system as a whole.

4 Drive improvements in the environmental sustainability of the estate

The Trust recognises that its activities have both direct and indirect environmental impacts and sees the protection of the environment as an integral part of good institutional practice. The Estate Enabling Plan will seek to deliver tangible reduction in our carbon footprint, energy usage; water usage and waste produced. Whilst these reductions are beneficial to the environment and sustainability, the Trust would naturally expect to see a reduction in the costs of these services. This links to our [NHS Green Plan](#).

5.4 What this will mean for me?

What this will mean for patients

- It will be easy to access the hospital and find your way around.
- You will reflect positively on the condition of the building including its cleanliness and comfort
- You will have access to toilets and changing facilities that provide you with dignity and privacy.
- Food will be of high quality.

- You will have access to amenities to get refreshment and basic supplies or to relax outside in the grounds.

What this will mean for staff

- You will have space suited to the activities you undertake.
- You will be asked to share space with others.
- You will have places to relax away from the workplace.
- You will be given the opportunity to influence designs for space that affects you.
- You will be expected to actively contribute to improve environmental sustainability.

What this will mean for the Trust and the wider healthcare system

- The overall quality of the estate serving the area will be improved and will satisfy all aspects of statutory compliance and minimises risk to patients and staff.
- The estate will support increased clinical effectiveness, delivery of cost improvement plans and future clinical strategies.
- The Trust will deliver key elements of the 'One Lancashire and |South Cumbria Partnership'.
 - o Listen to the priorities of communities, local people and patients to deliver safe and sustainable high-quality services.
 - o Tackle some of the biggest health and care challenges to improve the health and wellbeing of local communities.
 - o Join up health and care services to deliver better, joined-up care, closer to home.
- The Trust will improve relationships with system partners and explore opportunities to share facilities for mutual benefit.

6 How will we get there?

6.1 Delivering the Estate Enabling Plan

The Estate Enabling Plan will be supported by a robust Implementation Plan setting out short- and long-term proposals. The plan will have regular review points to ensure the priorities and plan overall is still in line with the Trust requirements. The following critical dependencies have been identified as key to the successful delivery of this strategy and will form the basis of the Implementation Plan.

- ❖ **Strategic Transformation Committee**
- ❖ **Workforce**
- ❖ **Clinical Productivity**
- ❖ **STP Space Programme Board**
- ❖ **Clinical Priorities**

6.2 Delivering key dependencies

The Estate Enabling Plan is one of several enabling strategies for the Trust. As a result, there is a significant amount of inter-dependency that needs to be recognised and considered in the development of this strategy. The following describes the major stakeholders in the strategy and how they can support.

Atlas is responsible for providing the Estates and Capital programmes at Blackpool Teaching Hospital, responding to day-to-day service requests, and delivering the planned preventative maintenance to all plant and equipment. Maintaining a positive working relationship with strong governance and partnering will ensure continued success of the Wholly Owned Subsidiary.

The **Digital Team** is leading on the Trust's Digital Strategy and Plan which will support organisation-wide change from paper-based operations to digital systems, drastically improving the timeliness, utilisation, and security of our information. In the context of the Estates Strategy this will have a significant impact on the storage and transfer of paper records. Projects to roll out new systems and infrastructure will also be key to modernising building management, office environments and enabling new ways of working. The roll out of the new EPR will help reduce estates footprint together with a digital booking system currently under review with the ICB. This will focus on reducing as much footprint as possible. The footprint will then be examined alongside the backlog maintenance plan to understand if there are areas we can either keep, address or removed (this is referred to as Core, Flew and Tail).

The **Lancashire Procurement Cluster** supports the purchase and supply of services and equipment. Delivery of several of the ambitions of this strategy will rely on timely procurement and collaboration.

The **Human Resources** and **Organisational Development** teams are leading on the Workforce & Organisational Development Strategy including the recruitment of international nurses and increases in establishments of medical staff. Close collaboration is needed to ensure that additional staff can be accommodated in both residential and office capacity. The Estate Strategy seeks a cultural shift in the way we work to support better use of space.

The **People and Culture teams** are leading on the People Plan within the Trust which includes the recruitment of international nurses and medical staff. Close collaboration is needed to ensure that additional staff can be accommodated in both residential and office capacity. The Estate Strategy seeks a cultural shift in the way we work to support better use of space.

The **Finance** department supports the Trust to manage its use of resources. The capital planning process and financial controls for all estates schemes has a robust review within the Capital Strategy Group, approved by Executive Directors, the Finance and Performance Committee and final approval by Board of Directors. The success of this strategy will be dependent on the availability of funding and ensuring the Trust is ready to bid for additional funding when it becomes available.

6.3 Development Control Plans

This section of the strategy demonstrates opportunities for future development.

In reviewing potential developments for the Trust estate, it is important to provide a structured approach to allow the development of the site to continue efficiently and effectively. The estate needs to be capable of responding to the demands of current and future Trust policy and initiatives in line with the clinical Strategy.

The main challenge over the next decade and beyond will be to provide suitable development opportunities that offer flexibility and efficient utilisation of the estate. The estate must be efficient in providing facilities

for its services in the correct location with suitable service adjacencies, in a sequenced way and at an affordable cost.

The best way to illustrate how this strategy will inform future site development is through a series of plans. The following plans have been provided to illustrate the key site features of the main Blackpool Victoria Hospital site as follows:

2024 -2026 Year: 0-2



2026-2030 Year: 2-6

Blackpool Victoria Hospital STRATEGIC MASTERPLAN Phasing Diagram



PHASE 7 - Construction

- 01 - Construct new:
 - Kitchen / Staff Change Level -1
 - Canteen Level 0
 - Ward Level 1
 - Ward Level 2
- 02 - Construct new:
 - Main Stores / Decontamination / Occupational Therapies Level -1
 - Ward Level 0
 - Step down Ward Level 1
- Decant of existing:
 - Decontamination Suite
 - Staff Change
 - Main Stores
 - Kitchen
 - Canteen
 - Occupational Therapy
 - Wards 10, 11, 12

2030 Year: 6

Blackpool Victoria Hospital STRATEGIC MASTERPLAN Phasing Diagram



PHASE 8 - Enabling Works

- 01 - Demolition of Block 13
 - Kitchen
 - Canteen
 - Decontamination Suite
 - Staff Change
 - Main Stores

2030 – 2032 Year: 6-8



PHASE 8 - Construction

- 01 - Construction of:
- New Outpatients (Part)
 - Discharge Lounge
 - ADAS, Endoscopy & Gastroenterology
 - Haematology & Oncology

2032 Year: 8



PHASE 9 - Enabling Works

- Decant and Demolition of:
- 01 - Decant & Demolition of Block 26
 - Endoscopy & Gastroenterology
 - Link Corridor
 - Modular Cabins (Occupational Therapy & ADAS)
 - 02 - Decant & Demolition of Block 22
 - Wards 10, 11 & 12

2032-2035 Year: 8-11



Blackpool Victoria Hospital STRATEGIC MASTERPLAN Phasing Diagram

PHASE 9 - Construction

- 01 - Construction of
 - Pathology & Medstrom
 - Pharmacy, Pharmacy Offices & Chapel
 - CSSD & Aseptic Suite
 - Ward 6 & Ward 8
- 02 - New Extension of Hospital Street to link the old and new estate

Level -1
 Level 0
 Level 1
 Level 2

2035 Year: 11



Blackpool Victoria Hospital STRATEGIC MASTERPLAN Phasing Diagram

PHASE 10 - Enabling Works

- Decant & Demolition of:
- 01 - Demolition of Block 12
 - Haematology & Oncology
 - CSSD
 - 02 - Demolition of Block 11
 - Pharmacy
 - Aseptic
 - Pharmacy Offices
 - 03 - Demolition of Block 10
 - Chapel
 - Ward 6
 - Ward 8
 - (Medstrom B)

7 Service development priorities

As part of the development of this Enabling Plan individual departments have been asked to present their service development aspirations. These have been assessed and prioritised through a series of workshops and meetings to determine those that most effectively meet the Trust's strategic ambitions. The long list of potential developments has been ranked as short-, medium- and long-term goals to support future bids for funding. The schemes are identified on a series of Development Control Plans for the site which in combination with the site strategy provide a masterplan for the site's future development.

The long list of service developments has been gathered through engagement during the development of this strategy. Ongoing engagement included:

- A review of clinical service strategies
- Outputs of business planning workshops
- Face-to-face meetings with individual departments
- Online survey to identify priorities.
- Validation by departmental management teams
- Validation by the Trust's Capital Priorities Group and Trust Leadership Team

The prioritised proposals will subsequently be used to inform the Trust's capital programme and establish a five-year investment strategy for the Trust.

Each of the emerging priorities for the Trust will be subject to more detailed feasibility and viability and a subsequent business case for funding. The process by which schemes are ultimately selected will be as follows:

- Schemes potential identified and submitted by service/division.
- Scheme priority validated, logged, and reviewed against other Trust priorities.
- Successful business case secures funding.
- Priority schemes promoted through the Trust's capital programme.
- Scheme designed and delivered.

The following reflect the principal estate programmes that are currently being developed or considered by the Trust:

Emergency Village and Critical Care – New Critical Care facility and expansion to existing emergency department.

Elective theatre project - Two new additional theatres to be developed within the vacated top floor of the Phase 4 building to address backlog in theatre activity.

Gastroenterology improvements - Enhancements to Gastroenterology facility to include an additional 6th Endoscopy room and replacement corridor.

Fire compartmentation survey – Survey works to determine condition of fire compartments within the hospital estate and to carry out corrective measures.

Replacement of boiler units Artificial Eye Centre – Replacement gas central heating boilers

Upgrade of the main boiler house – Gas safety upgrades to boiler house

Replacement of Phase 6 Chiller – Replacement of surgical unit chiller that cools the theatre environment.

8 What happens next?

The strategy itself will be reviewed after one year to check that it remains consistent with national standards and requirements. The Estates and Facilities team will develop the Implementation Plan and Service Development Priorities which will inform the detailed Development Control Plans.

Thank you for taking the time to read this document. If you have any questions relating to this document please contact James Maguire james.maguire@elht.nhs.uk , Yvonne Widdows yvonne.widdows@nhs.net , Darren Yarnold darren.yarnold@nhs.net .

Title	BTH People Plan			
Meeting:	Board of Directors			
Date:	11 th January 2024			
Author	Kerry Scholes (OD and Learning Manager)			
Exec Sponsor	Katy Coope (Executive Director of People and Culture)			
Purpose	Assurance		Discussion	Decision <input checked="" type="checkbox"/>
Confidential y/n	N			

Summary (what)	Advise
	<p>The Trust launched its five year strategy in 2022. The BTH People Plan details our ambitions to enable delivery of the strategy.</p> <p>The plan has been informed by the by the People Promise and NHS People Plan and is aligned with local need and national priorities as follows:</p> <ul style="list-style-type: none"> Looking after our people by providing quality health and wellbeing support to our workforce Belonging in the NHS by deploying a comprehensive programme of work to eradicate instances of discrimination that some staff face New Ways of working, with an emphasis on widening participation and enhancing our digital enablement Growing for the future – A focus on inclusive recruitment and retention programmes of work, together with supporting colleagues who want to return. <p>Achievement and progress of the plan will be monitored and managed through a newly developed cultural dashboard. This will be presented at Workforce Assurance Committee and through the Strategic Transformation Committee and Board to have oversight and assurance of progress.</p>

Implications (so what)	Alert
	<p>The plan has been developed by the People and Culture division and will be monitored and progressed with oversight from this team. Successful delivery of the ambitions within the plan is reliant on engagement and ownership by Divisions and Departments</p>

	across the Trust. Therefore, some additional oversight of progress will be required at a Divisional level.
	<p>Assure</p> <p>The People Plan has been circulated across the Senior Leadership Team, socialised with our own Division, staff side colleagues and staff network leads for comments, contributions, and feedback.</p> <p>The main themes in relation to feedback were as follows:</p> <ul style="list-style-type: none"> • Reduce the length (previously at 38 pages) • Include references and links to other Trust strategies i.e., Health Inequalities Strategy, Anchor Institute Framework, Digital Plan etc, • Reduce the data / findings metrics to one page (previously 3 pages), • Fix some minor grammatical errors, • Include more freedom to speak up references, • Comments relating to the diverse roles within the images, • Comments relating to the minimal commentary relating to the wider workforce (outside of nursing and medical) • Include a roadmap (milestones) to show achievement towards our ambitions. <p>All feedback has been incorporated as far as possible.</p> <p>We are working alongside our colleagues in the Communications Team to support the mobilisation of this plan and proposed 'soft launch' in readiness for sign off.</p>

Previously considered by	<p>BTH People Plan has been shared with the following:</p> <p>Workforce Assurance Committee (WAC) in September 2023</p> <p>Strategic Transformation Committee (STC) & Board (STB) in November 2023</p> <p>Executive Directors sign off in December 2023</p>
---------------------------------	--

Link to strategic objectives	Our People	✓
	Our Place	✓
	Our Responsibility	✓

Equality, Diversity and Inclusion (EDI) implications	BTH People Plan has been shared across our Staff Network leads to ensure we are incorporating the inclusive views of the wider Trust.
---	---

	<p>We have also given due consideration to our Health Inequalities Strategy in composing the people plan, given our complex demographics in the local area.</p> <p>Failure to deliver on the ambitions of this plan, may have an adverse impact on members of the workforce who have a protected characteristic.</p>
--	--

<p>Proposed Resolution <i>(What next)</i></p>	<p>Board of Director colleagues are asked to:</p> <ul style="list-style-type: none">• Note that the enclosed BTH People Plan has undergone engagement with the workforce,• Note that feedback was sought from the wider workforce and incorporated into this final version of BTH People Plan,• Agree and sign off the final version of the plan so that it can be mobilised across the workforce.
--	--



Blackpool Teaching
Hospitals
NHS Foundation Trust

Our People Plan 2023–2026

Caring • Safe • Respectful



Contents

Foreword by Katy Coope – Executive Director of People	2
Chief Executive Officer’s Welcome – Trish Armstrong Child	3
Introduction – This is our People Plan	4
Data, key findings and success	6
The national context.....	7
The regional context.....	8
BTH strategy.....	9
Values and behaviours.....	10
The four key drivers at a glance.....	12
1. Looking after our people	13
2. Belonging in the NHS	16
3. Growing for the future.....	19
4. New ways of working.....	22
Anticipated improvements.....	25
The pathway to anticipated improvements.....	26
The final word	27

Foreword

I am incredibly proud to be launching the people plan across the Trust. I believe the people plan sets out our ambitions to support the Trust in achieving the core objectives from our strategy. Here at Blackpool, we are committed to embedding our people plan across the organisation to ensure we have a workforce who are happy, healthy and fully equipped to enable them to undertake their roles for the benefit of our patients.

I want all our people to have the opportunities to grow, develop and have a rewarding career within the Trust. In addition, as an anchor institution, I want to ensure we welcome new people from our local population.

We can’t embed our people plan alone and we need everyone to get involved to ensure the key principles within this plan are at the forefront of our minds to help us achieve a workforce, which is able to provide care to our local communities with their ongoing health needs, both now and in the future.



Katy Coope
Executive Director of People

Chief Executive Officer's Welcome

Welcome to the Blackpool Teaching Hospitals People Plan.

This is our roadmap for supporting and developing our colleagues and, by doing so, continuing to deliver the standard of care our patients quite rightly expect.

I have always believed our people are our most important asset – and that everyone should have the same chances to improve themselves and progress their careers and skills, regardless of who they are or where they started. When I began my career within the NHS, I took up opportunities wherever I could to learn and grow – and along the way have always encouraged my colleagues to do the same.

This plan sets out how we are committed as an organisation to making sure we have a workforce who are happy, healthy and fully equipped to undertake their roles during what is undeniably a challenging time for everyone in the NHS. We can't do this on our own: We have more than 8,000 people working for us, and we need everyone to get involved and help embed the key principles of the plan into our daily lives. It's been drawn up following consultation with our own teams but also embraces the national NHS Long Term Plan which shapes how we will respond locally, regionally and nationally to challenges including a growing and ageing population.

Please take this opportunity to learn more about our organisation and how we are focused on our people as part of our overarching, five-year strategy. You'll learn how we are:

- Looking after our people
- Helping them feel they belong to the NHS
- Supporting them to grow their skills and careers
- Encouraging new ways of working and delivering care.

We would love to know what you think – do let us know if you have any feedback, questions or suggestions.



Trish Armstrong Child
Chief Executive Officer

This is our People Plan

Our people plan sets out our vision for making Blackpool Teaching Hospital a great place to work and receive care. The Trust is committed to lead with compassion and inclusivity, with the health and wellbeing of our people at the heart of what we do.

Our People Plan supports the organisation's values and is an enabling plan designed to support the achievement of other strategic workstreams and organisational priorities. To do this, the plan focusses on creating the right working conditions, allowing colleagues to have a voice, seeking to improve the workplace experience which creates an inclusive and compassionate culture that attracts, retains and rewards high calibre team members.

Through the implementation of our People Plan and Trust five-year strategy 2022–2027, we will be able to engage, recruit and develop our people to the best of our ability. Focusing on this through short, medium and long term actions to support and embed our ambitions to become a great Trust and a local employer of choice.



So what do we currently know about our people?



Data, key findings and successes

As of
16 August 2023, our
current total workforce is

8349

comprising

74.1% and **25.9%**
non-clinical roles and clinical roles

Our current
vacancy rates are

4.55%

for non-clinical roles
and

9.57%

for clinical roles

We trained

473

student nurses
and

635

medical students
in 2022–23

In 2022–23, we had

183 and **49**

AHPs and midwives

undertake a student
placement with
the Trust

In 2022–23,

76

apprenticeships
were successfully
completed

81%

of our staff have had
appraisals
in the last 12 months

102

colleagues have attended
four sessions of
Schwartz Rounds
since they were launched
in 2023

Sickness
absence rate
was just

6.41%

over the last 12 months

Currently,

77.8%

of our workforce reside in
**Blackpool, Fylde
and Wyre areas**

51%

of colleagues had
their say in the **National
Staff Survey**
in 2022/23

The national context

The NHS Long Term Plan sets out the vision for the future and how we need to improve the care for patients through making sure everyone gets the best start in life, delivering world-class care for major health problems and supporting people to age well. This can only be achieved by having the right numbers of workforce in place. The NHS Long Term Workforce Plan has been released in the last few months and will shape how we will respond locally, regionally and nationally to address the gaps in our current workforce and meet the challenge of a growing and ageing population.

One key area identified in the plan where BTH can influence is through embedding the right culture and improving retention.

Only by making our people promise a reality will BTH become the best place to work for all – where we are part of one team that brings out the very best in each other.

People Promise



The regional context

The regional context has evolved at pace, and we now have a Lancashire and South Cumbria Integrated Care Board (ICB) in place. This is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

Within the ICB there is also the Provider Collaborative which brings together the provider Trusts within Lancashire and South Cumbria to work together to deliver effective and efficient quality services.

At a local level, the Blackpool and Lancashire Place Based Partnerships and Lancashire and South Cumbria Integrated Care Partnership will continue to provide an opportunity to work collaboratively across the system to understand and address some of the key areas of focus within the BTH People Plan.



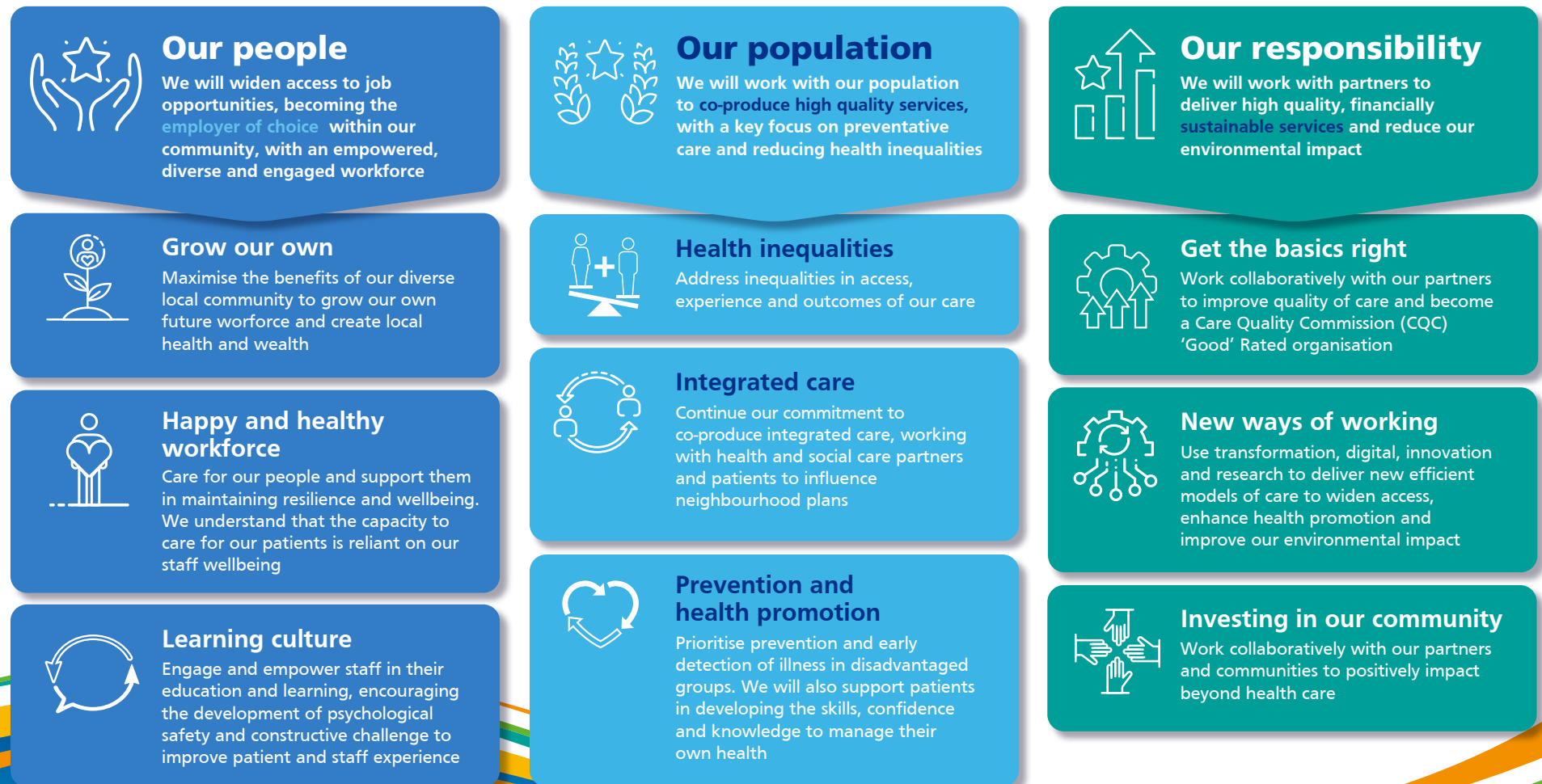
**Lancashire and
South Cumbria**
Provider Collaborative



**Lancashire and
South Cumbria**
Integrated Care Board

BTH strategy

The Trust's five-year strategy 2022–2027 has its people and population as a focal point, enhancing the importance of both of these elements to ensure we continue to improve and develop in all of these areas.



Values and behaviours

Caring

We are kind to and support each other and always show compassion to ourselves and others.

Safe

We do our job well, strive to learn and do things better, whilst taking responsibility for the quality, safety and effectiveness of our actions.

Respectful

We see people as individuals. We are open, honest and treat everyone with dignity and respect.

The “So What?” How our people plan fits in with our overall strategy as a Trust



The four key drivers at a glance

Looking after our people

- Engaging with our staff more effectively and more often
- Train managers to have supportive wellbeing conversations
- Increase our network of wellbeing champions to deploy wellbeing campaigns across the organisation
- Implementing the Healthier Teams MDT collaborative

Belonging in the NHS

- Creating a workforce that truly represents the communities we serve
- Developing and expanding our staff networks
- Increasing the diversity of the Board and Senior Management
- Establishing a proactive network of Inclusion Champions
- Launching our behavioural framework
- Launching our culture improvement action plan

Growing for the future

- Robust workforce planning to support continued workforce provision to support our community and our people
- Career transformation, inclusive of our 'Grow your own' workstreams
- Promotion of career conversations to retain future leaders
- Supporting our advanced clinical posts

New ways of working and delivering care

- Supporting new roles across the trust
- Supporting our leadership development
- Increasing our apprenticeships and their accessibility
- Utilising digital capability in order to support a growing digital workforce
- As an anchor institution, the Trust will continue to support our local population and work with partner organisations to address wider determinants of health in line with our health inequalities plan and anchor framework

1. Looking after our people

What do we want to achieve?

- To build a workplace free from discrimination and harassment, where our people are happy, healthy, and supported to realise their full potential.
- High levels of staff engagement and effective team working are directly linked to improved organisational performance and better patient outcomes. If we want to provide the best care for our patients, we must provide the best support for our staff.
- We will realise this ambition by continuing to build on what we know works, and by implementing the actions from the NHS People Plan to ensure the NHS People Promise becomes a reality for all staff by rolling out the interventions that have proven to be successful already. For example, ensuring staff can work flexibly, have access to evidence-based health and wellbeing support, and work in a team that is well led.
- As an anchor institution, we acknowledge our role in addressing the long-standing health inequalities that face our communities, and the importance of health promotion as the cornerstone of our wellbeing offer.



What are we going to do about it?

Engaging with our people

- We are building on our processes for listening to staff, and expanding our approach to acting on feedback
- We are deploying more pulse surveys, supporting managers to engage more effectively with their teams and acting on feedback more quickly through the Healthier Teams MDT collaborative, which is a multi-disciplinary approach
- We are developing tools to support staff engagement, including managers guides, localised staff engagement initiatives and providing intensive support for those teams with low levels of staff engagement through our Healthy Teams Collaborative
- We are encouraging our staff to become Freedom to Speak Up (FTSU) Champions to ensure our staff have safe spaces to raise concerns

Utilising data

- The Trust's wellbeing offer will be aligned to the needs of the local health population and inequalities – for example smoking, obesity, alcohol and physical activity
- Increasing our number of Health and Wellbeing Champions – our ambition is that 75% of teams have an active champion
- To ensure the Trust has a diverse and engaged workforce

Getting the basics right

- We will review the NHS Health and Wellbeing Framework and the National Standards for Healthcare Food and Drink to ensure that all staff are working within an environment that proactively supports their health and wellbeing
- The Well Aware Team award will provide a framework for teams to embed good health and wellbeing hygiene. At least 10% of teams will be "Well Aware" which includes wellbeing conversations, champions, and signposting
- We are raising awareness of avenues for staff to raise concerns if the need arises through our Trust's Freedom to Speak Up Guardian

What are we going to do about it?

Supporting health and wellbeing

- The Trust will further develop our health and wellbeing offer to support staff in maintaining their physical and mental health, including events such as lunchtime walks and women's football
- The menopause support offer will be reviewed and developed in line with the needs of our workforce
- Timely and relevant access to sources of information about financial wellbeing will be available

Timely access to support

- The Healthier Teams MDT collaborative will identify challenged teams at the earliest opportunity and develop psychologically led team level workplans to aid support their improvement
- The redesigned Appraisal system will support meaningful conversations about flexible working, individual wellbeing and refer staff on for additional support when appropriate

What have we achieved?

- Created a Healthier Teams Multidisciplinary Team meeting weekly to support our people with access to support whilst in work



2. Belonging in the NHS

What do we want to achieve?

- In line with the NHS England statement “The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place.” This statement is no different for BTH and ultimately our aim is to achieve this through the implementation of our People Plan
- We want to ensure that all of our staff have a voice and are provided with opportunities to speak up through various forums and networks
- The Trust will produce a zero tolerance policy/statement to ensure we are taking positive action to eliminate any racism within BTH and to eradicate any inequalities in access, outcomes and experience of our health care system



What are we going to do about it?

Embed inclusive practices

- Review our recruitment processes to ensure they are fair and consistent
- Create and implement a talent management plan to improve diversity of executive and senior leadership teams
- Implement 'Mend the Gap' gender pay gap for medical colleagues
- Build EDI objectives for our Executive colleagues, which will be monitored via the EDI dashboard
- Work towards achieving bronze standard for the North West BAME Assembly Anti-Racist Framework
- Establish an active network of Inclusion Champions that role model best practice and become ambassadors of the inclusion agenda

Supporting international staff

- Creating onboarding programmes for international recruits, using best practice
- Creating a cultural diversity programme alongside our staff networks to ensure inclusive team cultures
- Ensure international recruits have the same opportunities as wider workforce, utilising Personal Development Plan (PDP) to focus on fulfilling potential and opportunities

Improvement plan for inequalities

- Support line managers to have supportive wellbeing conversations with colleagues to ensure disability or long term conditions are identified
- Roll out succession planning and talent management
- Roll out the behavioural framework
- Implement the culture improvement plan
- Introduce the sexual safety charter

What are we going to do about it?

Promotion of inclusive environment

- Ensuring our line managers are adequately trained to recognise discrimination of any form
- Creating an environment where our people feel able to speak up and raise concerns
- Communicate effectively, the routes where our people can access speaking up services
- Expand our mediation offering to support early and informal resolutions where appropriate
- Provide psychological support for those who have been a victim of workplace bullying
- Embed all forms of discrimination into all training offers the Trust has for leadership and through HR colleagues with policy development and training
- Ensure people feel psychologically safe to speak up

What have we achieved?

- We have created a number of staff networks for our people across a number of different protected characteristics
- We have created a new set of Trust values and will soon be launching an overarching behavioural framework, developed through effective engagement with our people
- We have launched a Healthier Teams MDT discussion across the Directorate to support our staff and wider teams when they are faced with issues or problems
- We have launched a Proud of Community campaign to support inclusivity across the Trust and with our off hospital sites



3. Growing for the future

What do we want to achieve?

- The Trust's ambition in line with the Anchor framework is to become an employer of choice
- We would like to see our local population become our people of the future and continue to grow and invest in our current workforce to make them the best they can be
- We are committed to building relationships with our local schools and colleges to showcase the great work we do in the NHS and in particular at Blackpool Teaching Hospitals, to support the sustainability of our future workforce
- We want to continue to improve the experience of our learners so that they have a positive outcome and we retain them within BTH



What are we going to do about it?

Grow our Apprentices

- In line with our anchor ambition, the Trust will reach out to our local communities, aiming to recruit locally and from diverse communities
- Increase our apprentices across the Trust, working with our Divisional colleagues and reviewing the different standards on offer to support Divisions and learners
- Explore the opportunities for Physician Associate and Medical Doctor apprenticeship
- We will continue to recruit to our Trainee Nursing Associate (TNA) and Registered Nursing Degree Apprenticeship RNDA programmes to grow for the future
- We will utilise our apprenticeship levy to support the upskilling of existing staff and supporting them to move into new roles
- Offer apprenticeships to school leavers
- Ensure that we widen access to higher level and degree apprenticeship opportunities and increase the basic skills of our workforce
- We will offer functional skills maths and English at Level 1 and 2 via a flexible delivery model
- We will support our local healthcare system and increase the opportunity to high quality employment by supporting local organisations with their workforce needs via the apprenticeship levy transfers



What are we going to do about it?

Increase our undergraduate places

- Collaborating with healthcare partners to deliver increased capacity for undergraduate places
- Investing to support learner experience across the Trust with emphasis on IT, simulation equipment and improved facilities
- Introduction of new roles, such as Clinical Fellows, Learning environment managers and Legacy Mentor roles to support learners further
- Supporting divisional colleagues by reviewing possibilities with Anaesthetic Associates, Physician Associates and ACPs into their workforce plans, promoting the positive impact of these roles through real life examples
- Create a career progression framework into Advanced practice
- Increase support for our Physician Associates, such as peer support groups, teaching and portfolio support
- Develop a multi-professional teaching programme for Physician Associates and ACPs

Improved Learner experience

- Gather, share and act on feedback timely from all learners and educators via the Quality Assurance programme to ensure we are providing a stimulating learning environment
- Implementation of Learner support to help with health and wellbeing within our learner groups and cut down the time of the placements by supporting in the Trust environment

What have we achieved?

- We already have a number of apprenticeship programmes across the Trust, with some significant success in retaining those learners
- We have good support for our medical trainees including a robust induction programme

4. New ways of working

What do we want to achieve?

- We want to ensure that our people are utilising their skills and experience to provide the best possible patient care. We are committed to ensure our people are adequately trained and upskilled and have access to new technologies wherever possible to ensure we have the best possible resources to deliver a great service to our population
- We want to share the benefits of working in the NHS to our local community by visiting schools and engaging with our people through a variety of communication methods to ensure inclusivity
- We will support our people to have positive continued professional development
- Use Quality Improvement (QI) methodology to support our people to work in an efficient way



What are we going to do about it?

Increase clinical placement capacity

- We will roll out a placement Hub approach to manage placement capacity. This involves mapping out every learner across the organisation to show peaks and troughs and enable us to increase capacity.
- To increase capacity we will implement differing models of support i.e. Collaborative Learning in Practice (CLiP)
- Implementation and recruitment of the Placement Expansion and Project Practice Education Facilitator role will support the increased delivery of capacity and placement experience.
- Collaborative working across the ICB in line with the Targeted Practice Education Programme, with a focus on Digital Technology, and placement expansion

Inspiring future generations

- We will build school leavers' awareness of career pathways in the NHS by working with all of our local schools and colleges with a Schools Career Programme offer for all to access and increased targeting of schools in our most disadvantaged communities
- We will hold regular Career days throughout the year encouraging our local people to join the NHS
- We will continue to work with and expand our offer to various programmes that support young people into work, those with disabilities and those that are care leavers. Programmes include the Health Academy, Princes Trust, Project Search
- We will continue to support work placements for students on BTECH diplomas in Health and Social care as well as Adult Nursing T level programmes
- We will implement new T Level programmes for other professions such as AHPs
- Promotion of agile and flexible working across the Trust



What are we going to do about it?

Upskilling and Career progression

- Deliver a bespoke induction to the Trust and the UK for our international staff to welcome them to the UK
- We are building career pathways for each profession and will offer support and guidance for anyone who wishes to explore the options available
- Enhanced career support for existing staff with initiatives such as "Itchy feet", Holding conversations to understand their ambitions
- Embed Careers clinics and Career conversations for staff within the appraisal system
- We are implementing a Student nurse passport programme. This is a programme of support for all student nurses that start in the trust with regular sessions to look at careers option. Posts to be offered without interviews to retain those who train here. This will be rolled out to all professions as part of the learner offer
- We will embed career conversations for learners to ensure we retain those we train
- Work towards the Gold standard for our Preceptorship programme against the national framework and work towards the implementation of a transition to practice programme
- Support networks for our ACP via monthly forums, teaching sessions and an Advanced Practice conference
- Implement a new portfolio and appraisal standards to maintain a culture of continuous professional development for ACPs
- We will utilise QI and Fundamentals of care to continue to ensure we work more efficiently and effectively

Support CPD

- Collaborating with healthcare partners to deliver increased capacity for undergraduate places
- Investing to support learner experience across the Trust with emphasis on IT, simulation equipment and improved facilities
- Introduction of new roles, such as Clinical Fellows, Learning environment managers and Legacy Mentor roles to support our learners across medical, administrative functions and other clinical roles across the trust

Anticipated improvements

Looking after our people

- Reduce overall sickness absence to 5.5% Year 1 5% Year 2 4.5% Year 3
- Upgrade at least three staff rest areas
- Reduce average duration of MSK related absences by 1%
- To reduce average duration of psychological health related absences by 1%
- To increase the number of teams that have undertaken Team Engagement and Development by 20%
- To ensure over 50% of staff complete the staff survey and over 60% of our staff would recommend us as a place to work
- Increase in the number of staff accessing support through our PAL service
- To increase the number of Champions across all of our workstreams

Belonging in the NHS

- Reduce the number of staff from BAME backgrounds who have personally experienced discrimination at work to be in line with that of their white colleagues. If we truly want equity and fairness we must include all minority groups and ensure they all have a sense of belonging
- Reduce the number of staff from BAME backgrounds who have personally experienced discrimination at work to be in line with that of their white colleagues
- To increase the number of colleagues from a BAME background in senior roles (8a and above)
- A notable decrease in FTSU concerns relating to discrimination
- Clear monitoring process for our Healthier Teams collaborative to support our workforce
- An increase in Champions across all Networks

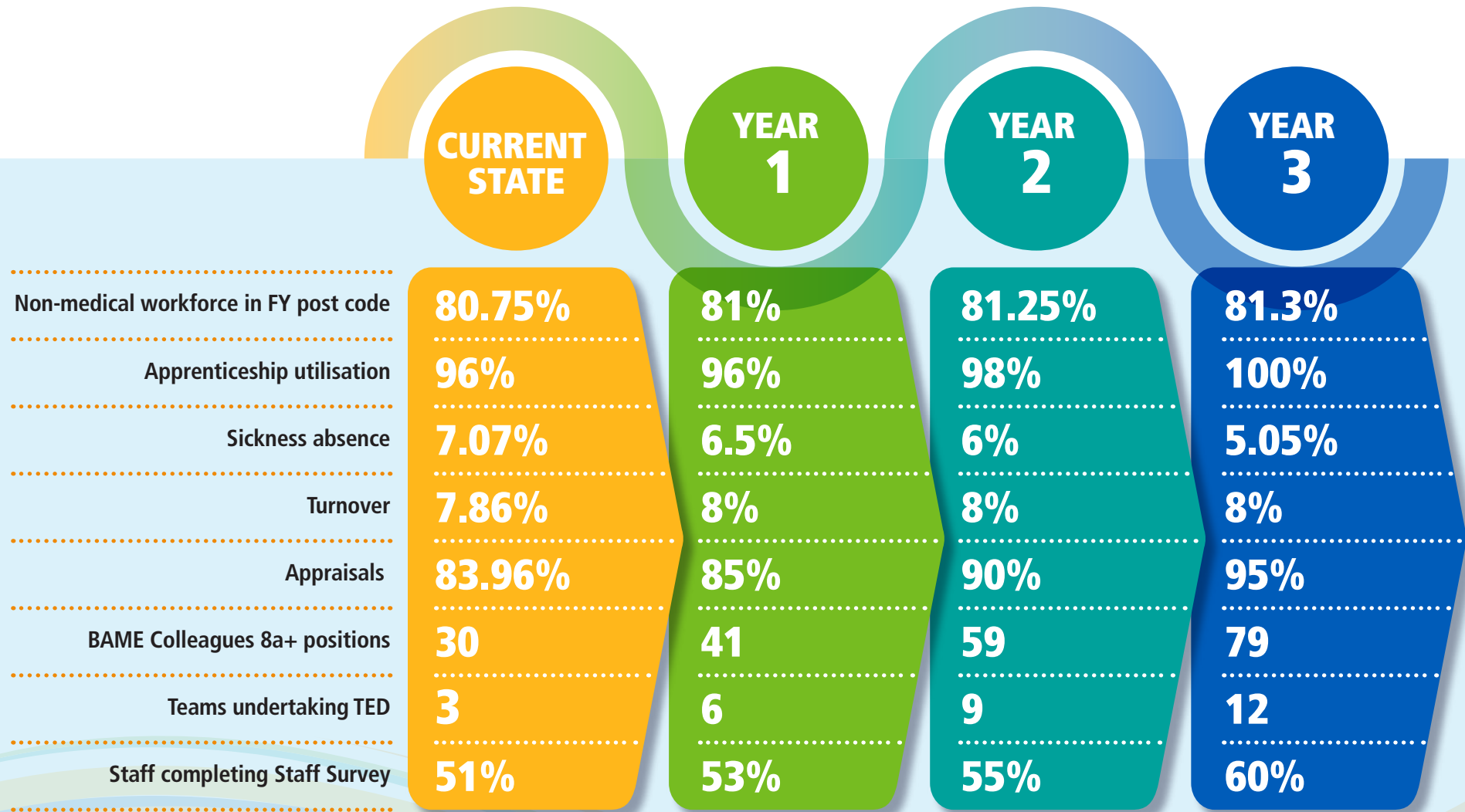
Growing for the future

- To reduce the number of vacancies by 5%
- To achieve and then maintain compliance against all core skills training requirements
- To maintain 90% compliance rate for appraisals
- To maintain staff turnover under 10%
- To utilise 100% of the apprenticeship levy
- To build a sustainable future workforce across all professions in both clinical and non-clinical roles
- To increase our apprenticeship numbers across all professions through to conclusion of the programme
- To increase our capability for hosting PA and ACP roles
- To increase our capability to train and develop our staff in non-clinical roles
- To increase our number of undergraduate places here at BTH

New ways of working and delivering care

- Support our doctors through Certificate of Eligibility for Specialist Registration (CESR) programmes to ensure our future workforce sustainability from a medical consultant perspective
- Support our nurses, midwives and allied health professionals with CPD funding to ensure continuous professional development in their roles
- Increase the workforce planning capability of our leaders by sharing best practice and tools to support them with their modelling
- Increase our workforce by utilising our own local population through our good relationships with local schools
- To achieve gold standard for our preceptorship programme against national framework
- Ensuring we have clear career pathways for each profession within the Trust both clinical and non-clinical roles
- Successfully attracting and retaining local people from our most disadvantaged communities

Roadmap for anticipated improvements



The final word

The Trust is committed to supporting the principles contained within its people plan. These principles can only become a reality with the ongoing engagement and nurturing of our people and our wider community. This is an exciting time and we are looking forward to seeing what we can achieve over the next 12 months and beyond as we work towards embedding our people plan into our culture and through every aspect of our working lives.



Caring • Safe • Respectful

Title	Clinical Strategy Development				
Meeting:	Board of Directors				
Date:	11 th January 2024				
Author	Jenny Gilpin Head of Planning				
Exec Sponsor	Chris Barben Executive Medical Director				
Purpose	Assurance	✓	Discussion	✓	Decision
Confidential y/n	N				

Summary (what)	Advise
	<p>The attached report highlights the main components of the Clinical Strategy which commenced development in July 23 and is due for completion in March 24. Once complete the strategy will provide a framework for all our clinical services, providing guiding principles by which focussed actions can be driven and future developments and potential investments can be determined.</p> <p>Our clinical strategy will identify a limited set of priority clinical themes and a set of principles to guide development of all services over a 7-year period from 2024 to 2031. The BTH clinical strategy will sit alongside and support the Trust 5-year corporate strategy.</p> <p>Our ‘Sense check’ phase concluded at the end of October and we are now in the midst of an engagement phase with an aim of:</p> <ul style="list-style-type: none"> • Solidifying themes and checking broader consensus, ensuring no gaps • Gathering ideas on what services should look like in Clinical Themes • Understanding the current landscape and policy context within each Clinical theme

Implications (so what)	Alert
	- Engagement with clinical colleagues during the high-pressured winter periods
	Assure

	It is expected that through a series of engagement events and workshops, the Clinical Strategy will be ready for board approval in March 2024 and will be launched in April 2024.	
Previously considered by	N/A	
Link to strategic objectives	Our People	X
	Our Place	X
	Our Responsibility	X
Equality, Diversity and Inclusion (EDI) implications	The development of the Clinical Strategy will be collaborative, the approach and actions of the Clinical strategy working party are intended to be inclusive and are therefore considered fair and inclusive to all individuals regardless of their gender, age, race, religion, disability, sexual orientation, or any other protected characteristic.	
Proposed Resolution (What next)	The Board of Directors are asked to note the planned engagement and emerging detail described in the paper, ahead of the next Board report in March 24.	

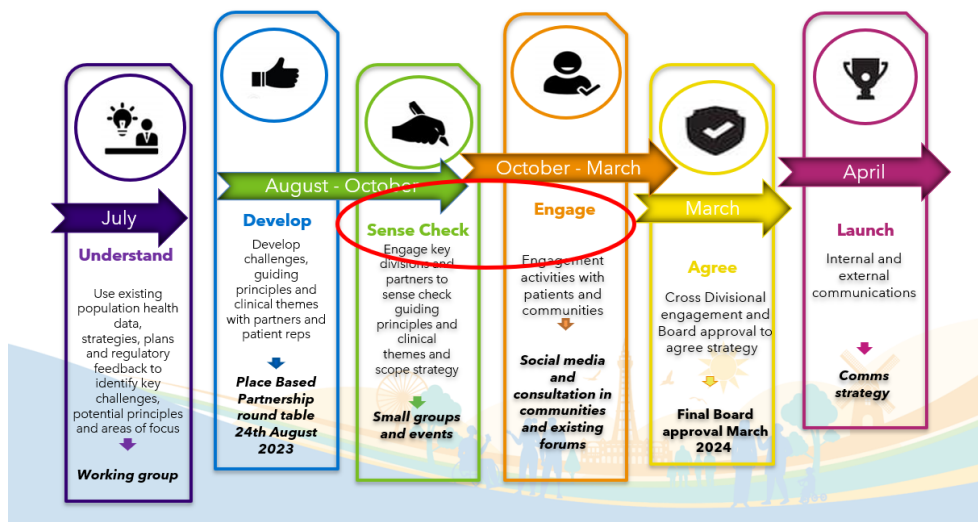
Clinical Strategy Development 2023/ 2024

Background

As previously report to Trust board an extensive piece of work and engagement began in July 2023 to develop the Trust Clinical Strategy. Once finalised the Strategy will aim to provide a shared understanding of what are Blackpool Teaching Hospitals priority services are and how as a Trust, will we develop them over a period of years.

The clinical strategy will identify a limited set of priority clinical themes and provide a set of principles to guide development of all services over 7 years from 2024 to 2031. The BTH clinical strategy will sit alongside and support the Trust 5-year corporate strategy.

Below is an illustration of the agreed plan for deliver:



Update

In line with the delivery plan, since October 2023 'sense checking' and 'engagement' has taken place both internally and externally to the trust. This was approached in two phases.

Phase	Rationale
Sense check (Oct to Nov 23) Phase 1	<ul style="list-style-type: none"> Involving key partners, groups, and individuals in sense check of guiding principles and clinical themes. Collating of additional sources of prior relevant engagement across communities Equip multiple senior leaders to complete sense check within wider organisation. Wider representation of staff to sense check
Engage (Nov to Jan 24) Phase 2	<ul style="list-style-type: none"> To solidify themes and check broader consensus and no gaps. To gather ideas on what services should look like in Clinical Themes To understand the current landscape and policy context within each Clinical theme To provide a final opportunity for feedback on the draft strategy

This has culminated in the following draft ‘Guiding Principles’, ‘Clinical Themes’, and ‘Golden Threads’:

Guiding principles

Guiding Principles are a shared set of principles that will apply to all service developments over the seven-year life of the clinical strategy. These are principles that we will apply to our services to help define both *what* we do and *how* we will do it. Again, being at an early stage of engagement, these will evolve.

Developments of all services between 2024 and 2031 should:

1. Provide a more **agile, coordinated, and integrated** model of care to meet the needs of local people of all ages and **empower staff** with the delegated authority to deliver change
2. **Collaborate and codesign** with patients, communities, clinicians, and partners
3. Focus on **experience and outcomes** of our services as indicators of quality
4. **Embrace, enable, and empower** people through **technology, research, and digital solutions** to support service 8. delivery, service access and self-care
5. Improve our ability to **attract, retain, develop, and support** our clinical workforce for the future, with a focus on recruitment that is **local and inclusive**
6. Deliver greater financial **stability**, better **value** to the community and reduced **environmental impact**.
7. Use data and population health approaches across pathways to **tackle inequalities**, by delivering **proactive, preventive, and personalised** care
8. Deliver services **locally where possible, centrally where necessary**

Clinical Themes

Our clinical strategy will identify a limited set of priority clinical themes. Through engagement these themes have evolved slightly. ‘Tertiary’ Services has been renamed to ‘Specialised services’ and we have added an ‘Elective Care’ theme which is currently being scoped.

Clinical themes

Blackpool Teaching Hospitals
NHS Foundation Trust

- Women's health, maternity & neonates
- Children and young people
- Long term conditions
- Cancer
- Respiratory
- Frailty
- Specialised services
- Elective care

Golden threads: 1. mental health and learning disabilities, 2. children and young people, 3. adults, 4. prevention

Next steps

The Journey continues with the engagement phase to ensure a wide range of internal and external stakeholders are consulted with. The clinical strategy team are engaging partners across ICB, PLACE, New Hospitals and Provider Collaborative, with Clinical Leads in divisions undertaking the SWOT analysis at service level.

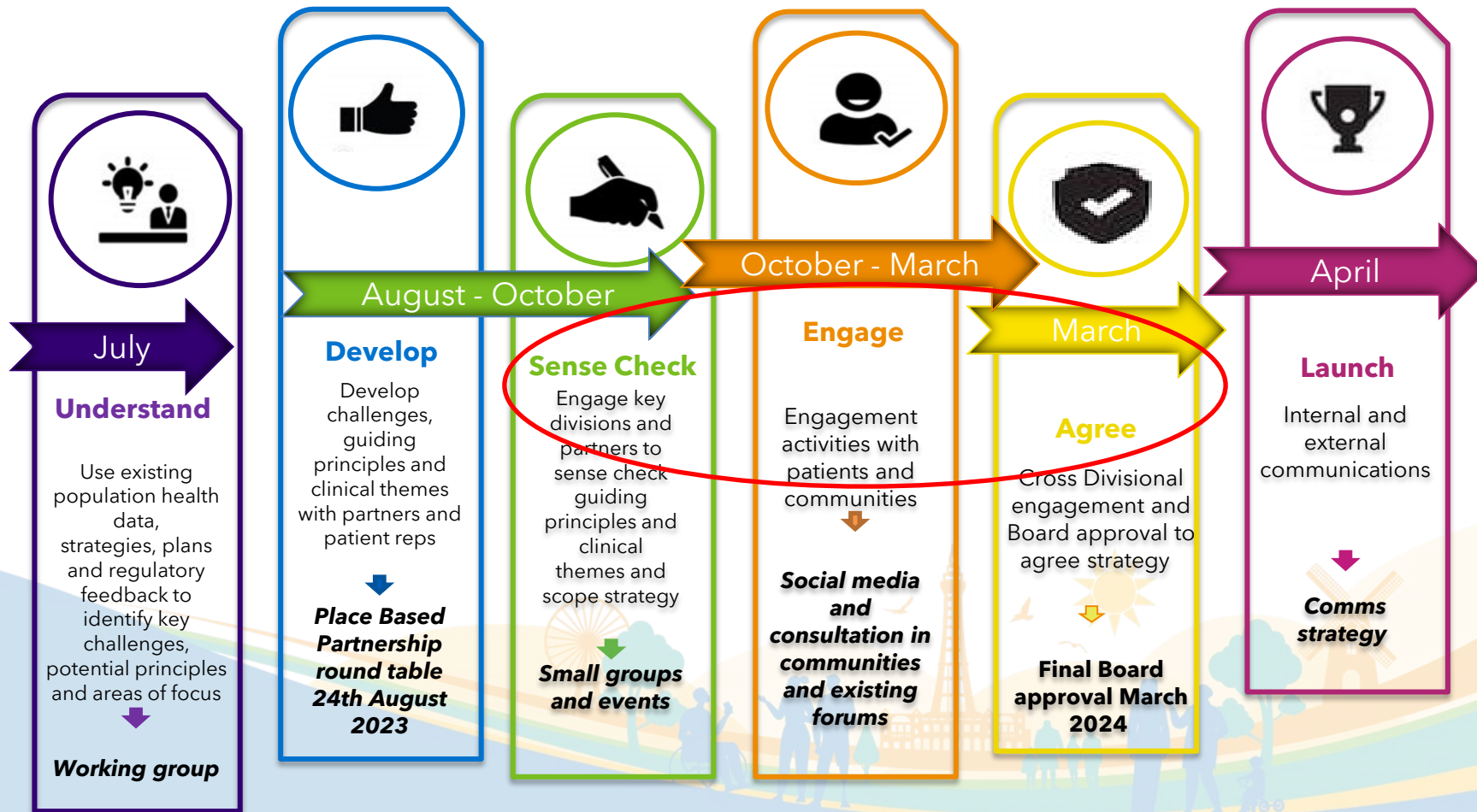
In February workshops are planned where it is intended for Clinical leads to present the SWOT and vision for each clinical theme. At the workshops, agreement will be reached in terms of the visions assuring they align to the guiding principles and consider how the 'golden threads' are embedded.

Broadly the development of the clinical strategy is in line with the originally agreed timeline however it is recognised that timescales are tight, and the clinical teams are challenged at this time of year to undertake the SWOT analysis. At this time a draft Clinical Strategy is still anticipated to be presented to Board by March 24.

Recommendation

The Board are asked to note the plan and progress to date.

How will we develop the clinical strategy?



Timescales for Sense Check and Engagement

31st October
2023

Sense check
complete

November to
December 2023

Introduce strategy
to Board

W/C 6th: Working
group finalise
Clinical Themes

W/C
13th: Engagement
Phase commences

January 2024

Board attendance
to present steps
to date and
current version of
Guiding Principles
and Themes

Draft strategy

February 2024

Draft sent out for
consultation 1st to
14th

15th to end month
– finalise strategy

March 2024

Board approval

Sense Check Phase : External

Rationale

- Involving key external partners in sense check of guiding principles and clinical themes.
- Collating of additional sources of prior relevant engagement across communities

Who

- Blackpool Place Based Partnership
- Fylde and Wyre Place Based Partnership
- Provider Collaborative
- New Hospital Programme
- Primary Care Networks
- Clinical Network Meetings
- Higher Education Institutions
- Key charities (NSPCC, Age UK)
- HEE NW
- Personalised care collaborative

Delivery method

- Delivered by Clinical Strategy Team, Medical Directorate and other senior leaders
- Place Based Partnership workshop to deep dive into the guiding principles and clinical themes
- Slide deck to be delivered
- Group feedback to be collated by lead, with opportunity to complete Microsoft Forms to feedback

Sense Check Phase : Internal Strategic

Rationale

- Key senior groups in the organisation
- Sense check of guiding principles and clinical themes
- Equip senior leaders to complete sense check within wider organisation

Who

- Board
- Atlas Shareholder Panel
- Divisional Board meetings
- DDONs
- SOLT
- Strategy & Transformation Committee
- Clinical Effectiveness Committee
- Finance & Performance Committee
- Audit Committee
- Workforce Assurance Committee
- Charitable Funds Committee
- Medical staff committee
- Membership Committee
- Council of Governors
- Multi professional Education Governance
- Mortality Governance
- Nursing, midwifery & AHP leaders
- Medical Leadership Forum
- Consultants
- JNCC

Delivery method

- Delivered by Clinical Strategy Team, Medical Directorate and other senior leaders
- Slide deck to be delivered
- Feedback to be collated from discussion, with opportunity to complete Microsoft Forms to feedback

Sense Check Phase : Internal wider organisation

Rationale

- Wider representation of staff to sense check
- Sense check of guiding principles and clinical themes

Who

- Team Brief - exec focus spot
- Comms bulletin – two week spotlight
- Student learners via clinical education
- Patient Influence Panel
- Volunteers
- Ward / department meetings
- Corporate team meetings

Delivery method

- Delivered by senior leaders
- Slide deck to be delivered
- Group feedback to be collated by lead
- Individual feedback to be collated from discussion, with opportunity to complete Microsoft Forms to feedback

Engagement Phase : Open Engagement

Rationale

- To solidify themes and check broader consensus and no gaps
- To gather ideas on what services should look like in Clinical Themes

Who

- Members of the public
- Patients
- Staff
- Partner organisations

Delivery method

- Web portal to Clinical Themes and and form to submit feedback
- Regular comms emails to participants in Sense Check Phase with opportunity to feedback
- Briefing packs for leads in Sense Check phase to update groups involved and gather feedback

Engagement Phase : Targeted Engagement

Rationale

- To understand the current landscape and policy context within each Clinical theme
- To gather ideas on what services should look like in Clinical Themes

Who

- Stakeholders within each clinical theme (to be mapped)
- NHS, including Clinical Networks, Primary Care Networks, Provider Collaborative Board and New Hospitals Programme
- Patients receiving current services
- Third sector and partner organisations

Delivery method

- Attendance at relevant meetings

Engagement Phase : Consultation

Rationale

- To provide a final opportunity for feedback on the draft strategy

Who

- Everyone involved in the Sense Check and Engagement Phases

Delivery method

- Email distribution of draft Clinical Strategy with Microsoft Forms to collate feedback