

# Public Document Pack

## Blackpool Council

3 June 2014

To: Councillors D Coleman, Elmes, Mrs Henderson MBE, Hunter, Mackenzie-Townsend, H Mitchell, M Mitchell, Owen and Stansfield

Co opted Members: Mrs C Mackenzie-Townsend

The above members are requested to attend the:

### HEALTH SCRUTINY COMMITTEE

Thursday, 12 June 2014 at 6.00 pm  
in Committee Room A, Town Hall, Blackpool FY1 1GB

### A G E N D A

#### 1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Services in advance of the meeting.

#### 2 MINUTES OF THE LAST MEETING HELD ON 8TH MAY 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held on 8<sup>th</sup> May 2014 as a true and correct record.

#### 3 PUBLIC SPEAKING (Pages 7 - 10)

To consider any applications from members of the public to speak at the meeting.

#### 4 THE HARBOUR (Pages 11 - 26)

The Committee to receive a presentation from Lancashire Care NHS Foundation Trust, on progress in relation to the construction and commissioning of The Harbour in-

patient mental health unit.

**5 BLACKPOOL CLINICAL COMMISSIONING GROUP** (Pages 27 - 32)

The Committee to consider an update report from Blackpool Clinical Commissioning Group.

**6 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST** (Pages 33 - 54)

The Committee to consider an update report from Blackpool Teaching Hospitals NHS Foundation Trust, focussing on the action plan following the Care Quality Commission's inspection.

**7 COMMITTEE WORKPLAN** (Pages 55 - 62)

To consider the Workplan for the remainder of the 2014/2015 Municipal Year.

**8 BLACKPOOL HEALTH AND WELLBEING BOARD** (Pages 63 - 72)

The Committee to consider the minutes from the meeting of the Health and Wellbeing Board on 23<sup>rd</sup> April 2014.

**9 DATE OF NEXT MEETING**

To note the date of the next meeting as Thursday 17<sup>th</sup> July 2014, at 6.00pm.

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Steve Sienkiewicz, Democratic Services, Tel: (01253) 477123, e-mail [steve.sienkiewicz@blackpool.gov.uk](mailto:steve.sienkiewicz@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 8<sup>th</sup> MAY 2014

### Present:

Councillor M Mitchell (Vice-Chairman in the Chair)

Councillors

O'Hara     Hunter     H Mitchell     Stansfield

### In attendance:

Mr R Fisher and Ms H Skerritt, Blackpool Clinical Commissioning Group.  
Mrs M Thompson, Blackpool Teaching Hospitals NHS Foundation Trust.  
Mr S Morton, Public Health Practitioner, Blackpool Council.  
Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

### Also Present:

Mrs C Mackenzie-Townsend, Healthwatch Co-optee.

### 1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 4, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

### 2. MINUTES OF THE MEETING HELD ON 27<sup>th</sup> MARCH 2014

The Committee agreed that the minutes of the meeting held on 27<sup>th</sup> March 2014, be signed by the Chairman as a correct record.

### 3. PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

### 4. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Mrs M Thompson, Director of Nursing and Quality at Blackpool Teaching Hospitals NHS Foundation Trust, delivered a presentation to the Committee on the subject of the Trust's Quality Account for 2013/14.

Members were reminded that they had been forwarded a draft copy of the full Account document on 23<sup>rd</sup> April and that particular elements of the Account had been covered in detail at a number of Health Scrutiny Committee meetings during the past Municipal Year.

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 8<sup>th</sup> MAY 2014**

The Committee's attention was particularly drawn to the following three elements of the Quality Account:

- The Chief Executive's statement on quality
- Quality achievements in 2013/14
- Priorities for 2014/15

In addition, the presentation covered a number of themes within the Account document which had not been covered at previous Committee meetings. These included:

- Quality Goals, including zero harms by 2020, with a 95% target for harm free care by 2016 (including a reduction in pressure ulcers, falls and venous thrombo-embolism)
- Quality improvements made as a result of audits taken
- Work undertaken by the Clinical Audit Department in 2013/14
- Falls prevention and the improving trend in that area
- Hospital acquired pressure ulcers
- Community acquired pressure ulcers
- Venous thrombo-embolism
- Research and development
- Internal and external audit

Responding to questions from the Committee, Mrs Thompson explained that the majority of patients involved in voluntary research and development work were already on a pathway of care or treatment intervention programme. In relation to untoward incidents that were recorded as an indicator, Mrs Thompson provided an explanation of the action plans from both a Governor perspective and patient safety point of view. The Committee was informed that staff were now reporting more incidents and the feedback from the Care Quality Commission was that the Trust was seen as a high reporter, although it was acknowledged that there was more work to be done.

In relation to the Quality Account document, the Committee expressed a view that in terms of its size and content, it could be difficult to interpret and enquired whether it would be possible to produce something similar to the 6 page summary of the Account that was produced by Lancashire Care NHS Foundation Trust, that would be more user friendly from a public perspective. Mrs Thompson confirmed that the Hospital Trust was looking to produce such a document.

The Committee agreed to note the presentation and report.

Background papers: Blackpool Teaching Hospitals NHS Foundation Trust draft Quality Account, 2013/14.

### **5. PUBLIC HEALTH – BLACKPOOL ALCOHOL STRATEGY**

The Committee received a presentation on progress in relation to the Blackpool Alcohol Strategy that was delivered by Mr S Morton, Public Health Practitioner.

Members were reminded of a number of facts and figures in relation to the inequalities around alcohol consumption in Blackpool. These included the estimate that 40,000

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 8<sup>th</sup> MAY 2014**

Blackpool residents, or 28% of the population drank at hazardous or harmful levels and that there were 1,900 licensed premises in the town, or one for every 72 residents.

The presentation went on to detail the cost of alcohol per person in terms of local authority population, which was noted as more than any other area in England and much higher than both the North West and national average. Blackpool's alcohol profile figures were outlined to the Committee, including the high mortality rates due to alcohol.

Members were informed of the measures contained within the Blackpool Alcohol Strategy 2013-16, that were aimed at reducing the alcohol related mortality rates and increasing Blackpool's average life expectancy. Various intervention services, together with details of the Local Alcohol Action Area were then outlined to the Committee, before moving onto the topic of minimum pricing for alcohol, for which the Council was continuing to push.

A number of areas of success were explained to the Committee, including reductions in hospital admissions, alcohol related crime and an increase in life expectancy.

Mr Morton responded to a number of questions from the Committee. On the subject of cheap alcohol sales by supermarkets, that were not subjected to time restrictions, he explained that minimum unit pricing would go some way to address this. Regarding a possible by-law for minimum pricing, the possibility of which was being explored across the North West region, it was acknowledged that national legislation would be more effective, but it was also pointed out that smoke free legislation started off as a by-law in Liverpool and gained wider support after its success became apparent. In relation to the suggestion that there were already too many licensed premises, but still more were being approved, it was pointed out that the police had been encouraged to make more objections and that objections were also being made via Community Impact Policies, although more were needed. The government was also looking at considering more objections on health grounds.

The Committee agreed to note the presentation and report.

Background papers: None.

### **6. PUBLIC HEALTH – TOBACCO CONTROL IN BLACKPOOL**

Mr S Morton, Public Health Practitioner, delivered a presentation to the Committee on the subject of tobacco control in Blackpool.

The estimated yearly cost of smoking in Blackpool, broken down into a number of areas, was outlined to the Committee as follows:

Output lost from early death: £14.4 million.

Smoking breaks: £10.2 million.

NHS care: £9.5 million.

Sick days: £8.8 million.

Passive smoking: £2.5 million.

Domestic fires: £1.8 million.

Smoking litter: £1.2 million.

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 8<sup>th</sup> MAY 2014**

The statistics were followed by comparative data as to where Blackpool stood in relation to other North West Authorities in terms of tobacco related deaths and diseases. Members were then informed of a number of schemes and initiatives that were demonstrating success in reducing health inequalities that were attributable to tobacco related illnesses. These included increasing smokefree areas, the stop smoking services and smoking during pregnancy. In relation to the latter, Blackpool had historically been the highest rate in the country, but has since fallen to the 3<sup>rd</sup> highest and this was noted as a big improvement.

The Committee was informed that Tobacco Free Lancashire and the Blackpool Tobacco Alliance had been re-established to provide momentum and to steer cross cutting policies. A strategy was being developed in consultation with the Alliance and it was intended for that to be adopted by the Health and Wellbeing Board. In addition, a local government declaration was to be taken to Full Council, whereby the Council would declare not to be influenced by the tobacco industry and to provide smoke free sites and support to smokers.

Members went on to receive information on vapourisers, or 'e' cigarettes. Mr Morton informed the Committee that as yet, no reliable data was obtainable as to whether they were considered an overall benefit (in terms of stopping smoking) or whether the various downsides outweighed that possible benefit.

Responding to questions from the Committee, Mr Morton stated that approximately 27% of Blackpool residents were smokers, although it was not known how many people were quitting, in relation to those who were starting to smoke. In relation to point of sales displays in shops, members pointed out that there appeared to be no consistency in terms of which shops were openly displaying tobacco products and those which had them concealed behind shutters. Mr Morton confirmed that in 2015, shops of all sizes that sold tobacco, would have to ensure concealment behind self closing shutters.

The Committee agreed to note the content of the presentation.

Background papers: None.

### **7. COMMITTEE WORKPLAN**

The Committee considered its Workplan for the remainder of the 2013/2014 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

### **8. DATE OF NEXT MEETING**

The Committee noted the date of the next meeting as Thursday 12<sup>th</sup> June 2014 at 6.00 p.m. (Subject to the approval of Annual Council).

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 8<sup>th</sup> MAY 2014

### **Chairman**

(The meeting ended at 7.06 pm)

Any queries regarding these minutes, please contact:

Steve Sienkiewicz, Scrutiny Manager.

Tel: 01253 477123.

E-mail: [steve.sienkiewicz@blackpool.gov.uk](mailto:steve.sienkiewicz@blackpool.gov.uk)

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|--------------------------|--------------------------------------|
| <b>Report to:</b>        | <b>HEALTH SCRUTINY COMMITTEE</b>     |
| <b>Item number</b>       | <b>3</b>                             |
| <b>Relevant Officer:</b> | Steve Sienkiewicz, Scrutiny Manager. |
| <b>Date of Meeting</b>   | 12 <sup>th</sup> June 2014           |

## PUBLIC SPEAKING

### 1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

### 2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

### 3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 N/A

## **5.0 Background Information**

- 5.1 At the meeting of full Council on 29<sup>th</sup> June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Health Scrutiny Committee.

## **5.2 General**

- 5.2.1 Subject as follows, members of the public may make representations at ordinary meetings of the Council, the Planning Committee, the Scrutiny Committee and the Health Scrutiny Committee.

With regard to Council, Scrutiny and Health Scrutiny Committee meetings not more than five people may speak at any one meeting and no persons may speak for longer than five minutes. These meetings can also consider petitions submitted in accordance with the Council's approved scheme, but will not receive representations, petitions or questions during the period between the calling of and the holding of any election or referendum.

## **5.3 Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting**

- 5.3.1 A person wishing to make representations or otherwise wish to speak at the Scrutiny Committee or Health Scrutiny Committee must submit such a request in writing to the Head of Democratic Services, for consideration.

The deadline for applications will be 5pm on the day prior to the dispatch of the agenda for the meeting at which their representations, requests or questions will be received. (The Chairman in exceptional circumstances may allow a speaker to speak on a specific agenda item for a Scrutiny Committee or Health Scrutiny Committee, no later than noon, one working day prior to the meeting).

Those submitting representations, requests or questions will be given a response at the meeting from the Chairman of the Committee, or other person acting as Chairman for the meeting.

## **5.4 Reason for Refusing a Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting**

- 5.4.1
- 1) if it is illegal, defamatory, scurrilous, frivolous or offensive;
  - 2) if it is factually inaccurate;
  - 3) if the issues to be raised would be considered 'exempt' information under the Council's Access to Information Procedure rules;
  - 4) if it refers to legal proceedings in which the Council is involved or is in

contemplation;

5) if it relates directly to the provision of a service to an individual where the use of the Council's complaints procedure would be relevant; and

6) if the deputation has a financial or commercial interest in the issue.

Does the information submitted include any exempt information?

No

**List of Appendices:**

None.

**6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 To ensure that the opportunity to speak at Scrutiny Committee meetings is open to all members of the public.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background papers:**

13.1 None.

|                           |                                      |
|---------------------------|--------------------------------------|
| <b>Report to:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>     |
| <b>Item number</b>        | <b>4</b>                             |
| <b>Relevant Officers:</b> | Steve Sienkiewicz, Scrutiny Manager. |
| <b>Date of Meeting</b>    | 12 <sup>th</sup> June 2014           |

## THE HARBOUR

### 1.0 Purpose of the report:

1.1 The Committee to receive a presentation from Lancashire Care NHS Foundation Trust, on progress in relation to the construction and commissioning of The Harbour in-patient mental health unit.

### 2.0 Recommendation(s):

2.1 To note the content of the presentation, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

**5.0 Background Information**

5.1 Representatives from Lancashire Care NHS Foundation Trust will be in attendance at the meeting to deliver the presentation.

**5.2 Witnesses/representatives**

5.2.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Bev Pickover, Head of Communications, Lancashire Care NHS Foundation Trust.
- Steve Winterson, Engagement Director, Lancashire Care NHS Foundation Trust.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 4a, The Harbour presentation.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

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# The Harbour Updates

12 June  
2014

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Specialist Services

Secure Services

Mental Health

Community Services

Children and Families

Bev Pickover  
& Steve  
Winterson

# Where are we now

On track

- Windy winter
- Topping out

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# Key Dates



# Existing Units

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# Workforce



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# Any Questions



|                           |                                      |
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| <b>Report to:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>     |
| <b>Item number</b>        | <b>5</b>                             |
| <b>Relevant Officers:</b> | Steve Sienkiewicz, Scrutiny Manager. |
| <b>Date of Meeting</b>    | 12 <sup>th</sup> June 2014           |

## BLACKPOOL CLINICAL COMMISSIONING GROUP

### 1.0 Purpose of the report:

1.1 The Committee to consider an update report from Blackpool Clinical Commissioning Group.

### 2.0 Recommendation(s):

2.1 To scrutinise the report, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

### 5.0 Background Information

## 5.1 Assurance Update

5.1.1 The Clinical Commissioning Group (CCG) has met with the Lancashire Area Team for NHS England, on a quarterly basis and they report back to the CCG which is then, in turn, reported back to the Governing Body on the CCG's progress and assurances. The CCG uses the NHS England Assurance Framework to provide assurance to the Area Team. This covers all of the areas that the CCG is responsible for. The CCG recently underwent a year end assurance review with the Area Team.

5.1.2 The current position is that the CCG has been able to provide the Area Team with assurance of achievement in all areas of its business. The CCG Assurance Framework is based on six domains – or areas of scrutiny. These are:

**Domain 1:** Are patients receiving clinically commissioned, high quality services? Here the expectation is that the CCG consistently demonstrates a strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements to commission safe, high quality and compassionate care for patients.

**Domain 2:** Are patients and the public actively engaged and involved? The CCG needs to demonstrate active and meaningful engagement with patients, carers and their communities which is embedded in the way that the CCG works.

**Domain 3:** Are CCG plans delivering better outcomes for patients? For this domain, the CCG provides assurance that it is delivering improved outcomes within financial resources, supported by clear and credible plans which are in line with national requirements (including excellent outcomes), and local Joint Health and Wellbeing Strategies.

**Domain 4:** Does the CCG have robust governance arrangements? The CCG can provide assurance that it has effective and appropriate constitutional, corporate, clinical and information governance arrangements in place, with the capacity and capability to deliver all its duties and responsibilities, including financial control, as well as effectively commission all the services for which it is responsible.

**Domain 5:** Are CCGs working in partnership with others? For this domain, the CCG can provide assurance that it has strong collaborative arrangements in place for commissioning with other CCGs, local authorities and NHS England, as well as appropriate external commissioning support services and wider stakeholders including regulators.

**Domain 6:** Does the CCG have strong and robust leadership? Here, the CCG demonstrates that it has in place great leaders who individually and collectively make

a real difference locally.

## 5.2 **Annual Report**

5.2.1 The CCG has drafted its first Annual Report. The timetable for production is very tight. The draft Annual Report was submitted to NHS England for review and Auditor scrutiny on the 23<sup>rd</sup> April. Fully audited and signed off accounts will need to be submitted to NHS England by the 6<sup>th</sup> June. A further paper copy of the annual report and accounts will be sent to NHS England by the 13<sup>th</sup> June. The final version of the Annual Report and Accounts is expected to be published on the CCG website by the 13<sup>th</sup> June, with the expectation that the CCG will hold an AGM where the Annual Report and Accounts will be presented on the 9<sup>th</sup> September.

## 5.3 **Altogether Now – Blackpool Community Sports Awards**

5.3.1 Blackpool's finest sports stars, coaches, clubs and volunteers were honoured for their achievements at the 2014 Altogether Now – a Legacy for Blackpool Community Sports Awards event which took place on the 3<sup>rd</sup> April. The event was a success, with hundreds of residents attending the ceremony at Bloomfield Road where local sports stars from various community clubs and the professional world of sport were honoured. Those in attendance heard inspirational stories about the commitment and achievement of all the nominations.

5.3.2 The full list of winners is:

- Coach of the Year: Sam Owen, Blackpool Cricket Club
- Disability Sports Award: Isaac Towers, Wheelchair Athlete
- Community Club of the Year: Blackpool Stanley Rugby League
- Team of the Year (Ted Schools Award): Blackpool Cricket Club Under 17s
- Young Volunteer of the Year (age 14-24): Ashleigh Reid, Blackpool Aquatics Amateur Swimming Club
- Adult Volunteer of the Year: Susan Marshall, Blackpool Aquatics Amateur Swimming Club
- Young Achiever of the Year (age 14-24): Fiona Hockey, pole vault, Blackpool, Wyre and Fylde Athletics Club
- Lifetime Achievement:
- Garry Whittle, Blackpool Aquatics Amateur Swimming Club
- Graham Pitman, Blackpool Stanley Rugby League
- Mark Coltman, Bispham Junior Football Federation
- Wilkinson Sword: Brian Rose, professional boxer.

5.3.3 Altogether Now – a Legacy for Blackpool is a partnership between the NHS in Blackpool (Clinical Commissioning Group and Hospitals Trust), Blackpool Council and Blackpool Football Club. The all-inclusive programme is aimed at improving the

health and wellbeing of people in Blackpool, irrespective of age, gender, race or ability through increased physical activity, lifestyle changes and an awareness of the role mental health health and wellbeing play in overall health.

#### **5.4 Better Care Fund Update**

5.4.1 As part of the Government's June 2013 Spending Review, the £3.8bn Better Care Fund (BCF) was announced. The fund is a "single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities". Health and Wellbeing Boards have a vital role to play in the implementation of the Better Care Fund (BCF) locally and are responsible for signing off the plans developed by the local authority and Clinical Commissioning Groups. In doing so Boards must be assured plans are appropriate to local needs and address specific national requirements before being taken forward for ministerial sign off.

5.4.2 At the time of writing this update, NHS England published a holding statement regarding the submission of BCF (final) plans in April. Whilst it acknowledged that plans had improved considerably since the draft submissions in February, it noted some areas still need further clarification and information before plans can proceed for ministerial sign off. A single statement covering the latest position, timescales and additional guidance is expected shortly.

#### **5.4.3 Background Information**

5.4.4 Taking forward the preparatory work led by the local Strategic Commissioning Group, the Better Care Fund Programme Board established in February 2014 is a multi-organisational group responsible for the co-ordination of the locality plan for Blackpool and the design and implementation of all aspects of the Better Care Fund model described in the plan.

5.4.5 The Programme Board have been working hard over the past three months to:

- Work up the (final) locality plan for Blackpool, applying feedback from NHS England and national partners on the draft submission. The final plan was submitted to NHS England in April 2014.
- Develop its governance and accountability arrangements (as set out in the PID attached under appendices)
- Initiate the Better Care Fund 'Programme'. This has involved the creation of five workstreams (Design, Delivery & Estates, IT, Finance, HR & Workforce and Communications). Supported by Task and Finish groups, workstreams are responsible for constructing the Better Care Fund model to ensure it will be ready to be implemented in 2015/16 and will report at regular intervals to the Programme Board on progress.
- Secure interim programme management support from Lancashire CSU to



support the set up of the aforementioned workstreams.

- Integrate and align the Better Care Fund plan with the Out of Hospital Strategy and Fylde Coast 5 Year Strategic Plan.
- Source best practice and key learning from Better Care Fund pioneer sites across the Country to inform the development of the model for Blackpool (which is an ongoing area of work)

## **5.5 Witnesses/representatives**

5.5.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
- Dr Mark Johnson, Blackpool Clinical Commissioning Group

Does the information submitted include any exempt information?

No

### **List of Appendices:**

None.

## **6.0 Legal considerations:**

6.1 N/A

## **7.0 Human Resources considerations:**

7.1 N/A

## **8.0 Equalities considerations:**

8.1 N/A

## **9.0 Financial considerations:**

9.1 N/A

## **10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

|                           |                                      |
|---------------------------|--------------------------------------|
| <b>Report to:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>     |
| <b>Item number</b>        | <b>6</b>                             |
| <b>Relevant Officers:</b> | Steve Sienkiewicz, Scrutiny Manager. |
| <b>Date of Meeting</b>    | 12 <sup>th</sup> June 2014           |

## BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

### 1.0 Purpose of the report:

1.1 The Committee to consider an update report from Blackpool Teaching Hospitals NHS Foundation Trust, focussing on the action plan following the Care Quality Commission's inspection.

### 2.0 Recommendation(s):

2.1 To scrutinise the report and action plan, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

**5.0 Background Information**

5.1 Members are reminded that the Trust was inspected by the Care Quality Commission during January 2014 and the Health Scrutiny Committee has received updates regarding the outcomes of the inspection at each of its meetings since January.

5.2 The detailed action plan following the inspection has now been drafted and is attached at Appendix 6a.

**5.3 Witnesses/representatives**

5.3.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust.
- Mrs Marie Thompson, Director of Nursing and Quality, Blackpool Teaching Hospitals NHS Foundation Trust.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 6a, CQC inspection action plan.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

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**Private and Confidential – DRAFT**

**Action Plan in response to CQC Hospital Inspection Visit January 2014 and Quality Summit 28<sup>th</sup> March 2014**

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**Author of the Action Plan: Gary Doherty, Chief Executive**

**Date: May 2014**

**Version 5**

| Recommended action  | Action  | Timescale | Person Responsible  | Progress  | Date Completed | RAG Rating |
|---|---|-----------|---|---|----------------|------------|
| <b>Medical Records – Compliance Action</b>  |   |           |   |   |                |            |
| Regulation 20 (1) a: Records – People who use services and others were not protected against the risks associated with poor record keeping. Records must be legible, clearly Ordered so important information is easy to find and accessible for all clinical requirements. |   |           |   |   |                |            |
| To improve the Medical Record.  | <ul style="list-style-type: none"> <li>Explore option to provide a separate section in the medical record for all clinical correspondence until the EDMS is implemented.</li> </ul> | April 14  | Medical Director<br>Nurse Director                        | <ul style="list-style-type: none"> <li>Execs and Senior Clinicians (Trust Management Team) agreed to introduction of the new section and costs for new dividers.</li> </ul>                     | April 14       | G          |
|   | <ul style="list-style-type: none"> <li>All clinical correspondence generated by the Trust to be accessed electronically via the vision portal.</li> </ul>                           | April 14  | Medical Director<br>Nurse Director                        | <ul style="list-style-type: none"> <li>All Medical staff has individual 'log in' to access the vision portal.</li> </ul>  | April 14       | G          |
|   | <ul style="list-style-type: none"> <li>Quality of Medical Record to be discussed with Clinical Policy Forum</li> </ul>  | April 14  | Medical Director  | <ul style="list-style-type: none"> <li>Discussed at Clinical Policy Forum on 4th April 2014 and the Medical Director met with FY2 doctors on 8th April 2014.</li> </ul>                         | April 14       | G          |
|   | <ul style="list-style-type: none"> <li>Audit compliance with the Trust procedure for closing volumes, repairing and opening new case notes ( Corporate Procedure no.448)</li> </ul> | May 14    | Associate Director of Information                         |   | Not yet due    |            |
|   | <ul style="list-style-type: none"> <li>Improve timeliness of access to medical records</li> </ul>   | May14     | Associate Director of Information                         | <ul style="list-style-type: none"> <li>An availability audit and report by specialty will be compiled to determine 'hot spot' areas.</li> </ul>   | Not yet due    |            |
|   | <ul style="list-style-type: none"> <li>Establish Medical Records Improvement Task and Finish Group</li> </ul>   | April 14  | Director of Strategy/<br>Medical Director/ Nurse Director | <ul style="list-style-type: none"> <li>Task and finish group established and first meeting taken place.</li> <li>Outputs from the group will report to Health Informatics Committee.</li> </ul> | April 14       | G          |



| Recommended action                               | Action  | Timescale | Person Responsible   | Progress   | Date Completed     | RAG Rating |
|--|---|-----------|--|--|--------------------|------------|
| <b>Continued</b>                                 | <ul style="list-style-type: none"> <li>Review best practice of other Trusts using a paper medical record</li> </ul>                   | May 14    | Director of Strategy/<br>Associate Director of Information | <ul style="list-style-type: none"> <li>Task and Finish group is identifying best practice Trusts and arranging visits.</li> </ul>  | <b>Not yet due</b> |            |
| <b>Improve Record Keeping</b>                    | <ul style="list-style-type: none"> <li>Communicate to all medical, nursing and AHP's standards for clinical record keeping</li> </ul> | April 14  | Medical Director /<br>Nurse Director                       | <ul style="list-style-type: none"> <li>Clinical Record Keeping Standards is provided to all staff at induction.</li> <li>Reminder to be issued via Trust Team Brief (April 14)</li> </ul>  | April 14           | <b>G</b>   |
|  | <ul style="list-style-type: none"> <li>Audit standards of clinical record keeping - legibility</li> </ul>                             | May 14    | Medical Director<br><br>Nurse Director                     | <ul style="list-style-type: none"> <li>Revision of current record keeping audit to include audit and reporting by professional group.</li> </ul>   | <b>Not yet due</b> |            |
| <b>Implement an integrated Electronic Record</b> | <ul style="list-style-type: none"> <li>Electronic Document Management Solution (EDMS)</li> </ul>                                      | By Dec 15 | Director of Strategy/<br>Deputy Chief Executive            | <ul style="list-style-type: none"> <li>EDMS project currently out to tender with responses from suppliers anticipated in May 2014. Funding received from Safer Hospital Safer Wards Technology Fund to support implementation.</li> </ul>  | <b>Not yet due</b> |            |
|  | <ul style="list-style-type: none"> <li>Electronic patient record (EPR)</li> </ul>   | By Dec 15 | Director of Strategy/<br>Deputy Chief Executive            | <ul style="list-style-type: none"> <li>Electronic Prescribing and Medicines Administration (EPMA) – in final stages of agreeing costs / hosting model with suppliers. Funding received from Safer Hospital Safer Wards Technology Fund to support implementation. Initial deployment anticipated in Q3/4 of 2014/15.</li> <li>EPR for community services – in final stages of agreeing costs / hosting model with suppliers. Initial deployment anticipated in Q3/4 of 2014/15.</li> </ul> | <b>Not yet due</b> |            |

| Recommended action   | Action  | Timescale  | Person Responsible | Progress                      | Date Completed   | RAG Rating  |  |
|--|---|--|--------------------|-------------------------------|--|-------------|--|
| <b>Incident Reporting – Compliance Action</b><br><b>Regulation 20 (1) b Assessing and monitoring the quality of service provision.</b><br><b>People were not protected from risk through poor incident reporting systems and failure to report near misses. Valuable learning for assessment of risk and improvement of future care has been lost. All staff should be responsible for incident reporting and staff should report near misses as well as actual incidents.</b> |   |  |                    |                               |  |             |  |
| Page 40  | The Trust must improve its incident reporting service, All staff must be aware of their responsibilities to report both incidents and near misses | <ul style="list-style-type: none"> <li>To improve incident reporting training Trust-wide.</li> </ul>                                 | July 2014          | Deputy Director Of Governance | <ul style="list-style-type: none"> <li>A new and improved training package is being completed, with additional modules on completion of RCA's,               <ul style="list-style-type: none"> <li>Reporting near misses,</li> <li>Identifying lead author notifications,</li> <li>Duty of candour,</li> <li>Identifying cause groups,</li> <li>Criteria awareness</li> <li>Clinical staff identification for re-validation purposes.</li> </ul> </li> <li>Incident reporting training is currently provided at Trust Corporate Induction, mandatory training through the Workbook and e-learning and through ad-hoc one to one and group training sessions.</li> </ul> | Not yet due |  |
|  |   | <ul style="list-style-type: none"> <li>To raise awareness of the importance of incident reporting at all staffing levels.</li> </ul> | July 2014          | Deputy Director of Governance | <ul style="list-style-type: none"> <li>The team is working with groups such as ISS cleaning contractors to include safety and hazard risks to staff and patients onto the Safeguard system.</li> <li>The issue of staff of lower grades not reporting incidents to be raised at the next LIRC Committee meeting (24/06/14).</li> <li>A section is being added to the Lessons Learned monthly newsletter reiterating the importance of incident reporting and to include feedback on lower level incidents, not just SUI's.</li> </ul>  | Not yet due |  |
|  |   | <ul style="list-style-type: none"> <li>Improve Near Miss reporting</li> </ul>  | July 2014          | Deputy Director of Governance | <ul style="list-style-type: none"> <li>Working with Pharmacy to encourage near miss reporting of prescription errors onto the Safeguard system. A meeting has been set up with Risk Management, IT and Pharmacy for 21/05/14 to initiate a new process.</li> <li>Near Miss training incorporated into new training package for all staff. Trajectory agreed with Commissioners for 14/15.</li> </ul>   | Not yet due |  |
|  |   | <ul style="list-style-type: none"> <li>Improved IT access in clinical areas to improve timely incident reporting.</li> </ul>         | Dec 15             | Head of IM&T                  | <ul style="list-style-type: none"> <li>Review of number of PC's in clinical areas underway with plans to increase infrastructure. Project completed to replace clinical PCs within Ward and Outpatient areas.</li> <li>Funding has been agreed for an upgrade of PCs in the North and the plan is at the fact gathering stage. New equipment has been ordered with a target date for completion of the project by the end of the financial year. This will enable all staff in the North to access the Safeguard Incident reporting system and other Trust clinical systems.</li> </ul>  | Not yet due |  |

| Recommended action | Action  | Timescale   | Person Responsible            | Progress   | Date Completed     | RAG Rating |
|--------------------|---|-------------|-------------------------------|--|--------------------|------------|
| <b>Continued</b>   | <ul style="list-style-type: none"> <li>Review and streamline corporate incident reporting policies and procedures and align with Divisional procedures. Streamline processes and re-launch Trust-wide.</li> </ul> | August 2014 | Deputy Director of Governance | <ul style="list-style-type: none"> <li>Corporate policies and procedures are being reviewed in line with streamlining processes for incident reporting. These will be aligned with current internal Divisional procedures. The Divisions are currently re-aligning their processes utilising the best practice processes identified within the Families Division, as highlighted by the Keogh report.</li> <li>A Trust-wide staff survey has been undertaken relating to the current incident reporting processes. A very positive response level has been received with over 400 submissions. The Risk Team are reviewing the responses and will align the feedback with the proposed changes to policies, procedures and processes.</li> </ul> | <b>Not yet due</b> |            |

#### Staffing Levels – Compliance Action

**Regulation 22 Staffing – People are at risk through the failure to provide sufficient numbers of suitably qualified, skilled and experienced persons in some clinical areas. The Provider must regularly review staffing and skills mix in all its clinical and non clinical areas. An agreed staffing level should be set and maintained.**

|         |   |  |              |  |   |                                 |          |
|---------|---|--|--------------|--|---|---------------------------------|----------|
| Page 41 | <b>Appropriate Clinical Staffing Levels</b> | <ul style="list-style-type: none"> <li>Finalise Workforce Strategy (inc AHPs)</li> </ul>                                     | June 14      | Director of Human Resources  | <ul style="list-style-type: none"> <li>Draft Workforce Strategy to be submitted to May Workforce Committee for discussion and approval prior to submission to Board of Directors - Workforce strategy submitted to Workforce Committee.</li> </ul>  | <b>13 May 2014</b>              | <b>G</b> |
|         |   | <ul style="list-style-type: none"> <li>Deliver 2014/15 Workforce Plan</li> </ul>   | September 14 | Director of Human Resources<br><br>Director of Nursing and Quality<br><br>Medical Director | <ul style="list-style-type: none"> <li>Complete annual return for Education Commissioning Return to HEE NW by mid July 2014.</li> <li>Divisional workforce plans to be completed by September 2014</li> <li>Workforce Committee to review divisional workforce plans bi-annually</li> </ul>   | <b>Not yet due</b>              |          |
|         |   | <ul style="list-style-type: none"> <li>Implement National Quality Board requirements – Publication Nurse Staffing</li> </ul> | June 14      | Director of Nursing and Quality  | <ul style="list-style-type: none"> <li>February 2014 – Nursing and Midwifery Staffing Review presented to Quality Committee.</li> <li>March 2014 – Finance Committee agreed £1 million investment</li> <li>April 2014 – Nursing and Midwifery 6 monthly Staffing Review presented to the Trust Board</li> <li>23<sup>rd</sup> April 2014 NHS England Stock Take completed and returned.</li> <li>22<sup>nd</sup> April met with Allocate E Roster provider regarding potential to report from e-roster</li> <li>16<sup>th</sup> May 2014 – participated in NHS England Web ex – further information on requirements for publishing</li> </ul> | <b>June 2014</b><br>Not yet due |          |

| Recommended action  | Action   | Timescale  | Person Responsible                 | Progress   | Date Completed     | RAG Rating |
|---|--|------------|------------------------------------|--|--------------------|------------|
| <b>Sickness Levels</b>  |  |            |                                    |  |                    |            |
| <b>Review any higher than expected sickness rates</b>   | <ul style="list-style-type: none"> <li>Review rates and agree associated action plans</li> </ul>                                 | May 14     | Director of Human Resources        | <ul style="list-style-type: none"> <li>Detailed sickness absence report to be discussed at Workforce Committee – 22.4.14. Report discussed and high level actions agreed report now going to Board on 21<sup>st</sup> May 2014.</li> <li>Divisional Action Plans to be developed and agreed at Workforce Committee – 13.5.14. Plans discussed and agreed at the Workforce Committee meeting and will be monitored on a quarterly basis.</li> </ul> | <b>13 May 2014</b> | <b>G</b>   |
| <b>Maternity</b>  |  |            |                                    |  |                    |            |
| <b>Regulation 10 (1) b Assessing and monitoring the quality of service provision – People were not protected against the risks associated with outcomes from their pregnancy. There is a high rate of Primary Postpartum Haemorrhage and associated Hysterectomy. Action has been taken to begin assessing this, but this requires urgent resolution.</b> |  |            |                                    |  |                    |            |
| <b>People were not protected against the high risks associated with outcomes from their pregnancy. There is a high rate of Primary Post Partum Haemorrhage and associated Hysterectomy. Action has been taken to begin assessing this, but this requires urgent resolution</b>  | <ul style="list-style-type: none"> <li>RCOG to undertake case note review of PPH and Peripartum Hysterectomy cases</li> </ul>    | 30.4.14    | Head of Department, Women's Health | <ul style="list-style-type: none"> <li>Date arranged, to feedback report to Trust Board, CCGs and CQC</li> </ul>   |                    | <b>G</b>   |
|   | <ul style="list-style-type: none"> <li>Review provision of Interventional Radiology</li> </ul>                                   |            | Head of Department, Women's Health | <ul style="list-style-type: none"> <li>Concerns highlighted to NHS England, Local Area Team. Risk Assessment completed. Discussion initiated with tertiary centre for high risk cases</li> </ul>   |                    | <b>A</b>   |
|   | <ul style="list-style-type: none"> <li>Review provision of cell salvage</li> </ul>   | May 2014   | Head of Department                 | <ul style="list-style-type: none"> <li>Option appraisal for cell salvage being completed</li> </ul>  | <b>Not yet due</b> |            |
|   | <ul style="list-style-type: none"> <li>Ongoing review of action plan following 'Postpartum Hemorrhage review 2012/13'</li> </ul> | April 2014 | Head of Department, Women's Health | <ul style="list-style-type: none"> <li>Multi-disciplinary review of action plan to identify actions completed and provide assurance to the team and Trust Board</li> </ul>   |                    | <b>G</b>   |
|   | <ul style="list-style-type: none"> <li>Develop training package, to include Human Factors' training</li> </ul>                   | May 2014   | Head of Midwifery                  | <ul style="list-style-type: none"> <li>Meeting arranged 14.4.14. Training Needs Analysis 2014/15 updated to include 'Human factors' training</li> </ul>  | April 2014         | <b>G</b>   |
|   | <ul style="list-style-type: none"> <li>Theatre training to be developed including risk assessment, leadership</li> </ul>         | June 14    | Head of Midwifery                  | <ul style="list-style-type: none"> <li>Team Development Programme planned with OD Department</li> <li>NHS Leadership course arranged June 2014.</li> </ul>   | <b>Not yet due</b> |            |
| <b>Distribution of midwifery staff, staffing levels and the organisation of staff were at time less than adequate</b>   | <ul style="list-style-type: none"> <li>Midwifery staff meeting held to agree actions:</li> </ul>                                 | April 2014 | Head of Service                    | <ul style="list-style-type: none"> <li>Meeting held and agreed local actions, follow up meeting arranged 9.5.14 to assurance progress</li> </ul>   |                    | <b>G</b>   |
|   | <ul style="list-style-type: none"> <li>Review midwifery model</li> </ul>   | May 2014   | Head of Midwifery                  | <ul style="list-style-type: none"> <li>Development of integrated teams, to include Community Midwives, ongoing</li> </ul>  | <b>Not yet due</b> |            |
|   | <ul style="list-style-type: none"> <li>Review complex /specialist midwifery teams</li> </ul>                                     | May 2014   | Head of Midwifery                  | <ul style="list-style-type: none"> <li>Structure and review of specialist midwifery teams ongoing, to integrate with Safeguarding team</li> </ul>  | <b>Not yet due</b> |            |

| Recommended action   | Action   | Timescale  | Person Responsible   | Progress  | Date Completed     | RAG Rating |
|--|--|------------|--|---|--------------------|------------|
| <b>Continued Continued</b>   | • Review administration/documentation processes  | May 2014   | Head of Service  | • Team identified to review administrative and Euroking processes. Better Information meetings to be set up   | <b>Not yet due</b> |            |
|  | • Ensure effective use of Maternity Support Workers/ Healthcare Assistants   | June 2014  | Head of Midwifery  | • Training package developed and training days arranged   | <b>Not yet due</b> |            |
|  | • Review provision of antenatal education  | May 2014   | Head of Midwifery  | • Review underway, baseline data collated. Maximise opportunities of integration and use of voluntary sector (NSPCC)  | <b>Not yet due</b> |            |
|  | • Coordination of sickness/absence   | May 2014   | Head of Midwifery  | • Staff identified to manage sickness, absence including short term sickness  | April 2014         |            |
|  | • Complete option appraisal for staffing maternity theatre   | May 2014   | Head of Midwifery  | • Review meeting taken place 10.4.14, to develop option appraisal (including risk assessment)   | <b>Not yet due</b> |            |
| <b>Maternity dashboard</b>   | • Quality assurance of maternity dashboard prior to publication  | April 2014 | Head of Department   | • Monthly multidisciplinary meetings held to quality check maternity dashboard prior to publication.<br>• Monthly review with Commissioners   | April 2014         | <b>G</b>   |
| <b>A&amp;E Equipment – Compliance Action</b>   |  |            |  |   |                    |            |
| <b>Regulation 10 (1) b Assessing and monitoring the quality of service provision – People were not protected against the risks associated with defective equipment because the systems for checking essential equipment were ineffective. In A&amp;E, there were not effective procedures to check key items of clinical equipment such as defibrillators. Clear procedures are required that are audited regularly.</b> |  |            |  |   |                    |            |
| <b>Improved Compliance with Trust's standard's for cleaning and checking of equipment.</b>   | • Review cleaning contract regarding trolleys to agree expectations and roles and responsibilities.  | April 14   | Infection prevention Consultant Nurse/ Emergency Department Matron | • Cleaning services provider to clean trolleys and tag to identify review date. Nursing staff to clean in between patient episodes.<br>• Completed  | 11.04.2014         | <b>G</b>   |
|  | • Review of cleaning services maximiser results and internal assessment results which reflect the potential of requiring enhancing cleaning input to the department. | May 14     | Emergency Department Matron/ Head of cleaning services provider.   | • Cleaning services provision meets the needs of the Emergency Department.<br>• Cleaning Services provision has been reviewed and the department is now receiving enhanced provision out of hours and further provision in the early evening. | <b>12.05.2014</b>  | <b>G</b>   |

| Recommended action   | Action  | Timescale | Person Responsible  | Progress  | Date Completed | RAG Rating |
|--|---|-----------|---|---|----------------|------------|
| <b>Continued</b>   | <ul style="list-style-type: none"> <li>Equipment / device lead role identified and budget agreed.</li> </ul>  | May 14    | Emergency Department Matron & Senior nurse.                     | <ul style="list-style-type: none"> <li>Lead nurse to drive compliance with Trust standard's and ensure that all equipment is prepared for use.</li> <li>Currently advertising for Band 5 to fill this post.</li> <li>As interim measure person identified to assist and monitor</li> </ul>  | Not yet due    |            |
|  | <ul style="list-style-type: none"> <li>Continue with heightened spot checks with environmental audits.</li> </ul>   | May 14    | Emergency Department Matron.                                    | <ul style="list-style-type: none"> <li>Improved hand hygiene compliance to move towards 100% compliance.</li> <li>Audits due to commence 14/04/2014.</li> </ul>   |                | G          |
|  | <ul style="list-style-type: none"> <li>Agenda item on department governance meetings.</li> </ul>  | May 14    | Emergency Department Matron.                                    | <ul style="list-style-type: none"> <li>Improved compliance in cleaning and checking equipment moving towards 100%.</li> <li>Added to Emergency Department governance agenda.</li> </ul>   | 11.04.2014     | G          |
|  |   |           |   |   |                |            |
| <b>Maintenance of patient's privacy and dignity during periods of escalation.</b><br><br>Page 44 | <ul style="list-style-type: none"> <li>GP divert stopped with implementation of GP assessment area and ring fenced GP admission bed on AMU.</li> </ul>                      | March 14  | Matron<br>Emergency Department /Deputy Director of Operations.  | <ul style="list-style-type: none"> <li>An enhanced effective flow with minimised use of escalation trolley areas.</li> <li>Completed</li> </ul>   | 24.03.2014     | G          |
|  | <ul style="list-style-type: none"> <li>Observational walk round to undertake options appraisal of Initial Assessment (IAN) location.</li> </ul>                             | May 14    | Matron & Senior nurse of Emergency Department/ Head of Estates. | <ul style="list-style-type: none"> <li>IAN process is undertaken in optimum area on the department.</li> <li>Plans from estates department due to be provided by 14/4/14 for team to assess if this is a viable option.</li> <li>Met with Estates on 09/05/14, awaiting further detailed plan for assessment of way forward.</li> </ul> | Not yet due    |            |
|  | <ul style="list-style-type: none"> <li>Senior nurses to reinforce use of existing privacy screens when escalated.</li> </ul>  | March 14  | Matron<br>Emergency Department                                  | <ul style="list-style-type: none"> <li>Patient privacy &amp; dignity maintained.</li> <li>Completed</li> </ul>  | 31.03.2014     | G          |
|  | <ul style="list-style-type: none"> <li>Additional privacy screens to be purchased to support times of escalation</li> </ul>   | May 14    | Matron<br>Emergency Department                                  | <ul style="list-style-type: none"> <li>Patient privacy &amp; dignity maintained</li> <li>Procurement working with departmental senior nurse to source and cost mobile dignity screens, financial costing to be provided.</li> <li>Costings obtained. Double check of areas to ensure we do not have some already available.</li> </ul>  | Not yet due    |            |
|  | <ul style="list-style-type: none"> <li>Part of waiting area transformed into four assessment areas for utilisation by the nurse practitioners and advanced nurse</li> </ul> | March 14  | Emergency department Matron/Head of Estates.                    | <ul style="list-style-type: none"> <li>An enhanced effective flow with minimised use of escalation trolley areas.</li> <li>Completed</li> </ul>   | 31.03.2014     | G          |

| Recommended action   | Action   | Timescale | Person Responsible                               | Progress  | Date Completed | RAG Rating |
|--|--|-----------|--|---|----------------|------------|
| <b>100% Compliance with Trust Standard's for Hand Hygiene.</b> | <ul style="list-style-type: none"> <li>• Training and awareness sessions on the 5 moments of hand hygiene to be provided for all Emergency Department staff.</li> </ul>                                      | May 14    | Emergency Department Matron / Head of Department | <ul style="list-style-type: none"> <li>• All emergency department staff aware of the 5 moments of hand hygiene and adhere to standard.</li> <li>• Infection prevention team assisting with training in the department.</li> </ul> | Not yet due    |            |
|  | <ul style="list-style-type: none"> <li>• Hand Hygiene guidelines to be redistributed to all Emergency Department staff for signature of understanding and agreement of compliance.</li> </ul>                | May 14    | Emergency Department Matron / Head of Department | <ul style="list-style-type: none"> <li>• All staff have Trust standard reaffirmed and have signed to adhere to the guidelines.</li> <li>• Guidelines currently being distributed amongst nursing and medical staff</li> </ul>     | Not yet due    |            |
|  | <ul style="list-style-type: none"> <li>• Interim programme of weekly audits to be facilitated by senior nurses, Acute Response Team to perform out of hours checks for an interim period of time.</li> </ul> | April 14  | Emergency Department Matron.                     | <ul style="list-style-type: none"> <li>• Improved hand hygiene compliance to move towards 100% compliance.</li> </ul>   |                | G          |
|  | <ul style="list-style-type: none"> <li>• Agenda item on departmental governance meeting</li> </ul>   | April 14  | Emergency Department Matron.                     | <ul style="list-style-type: none"> <li>• Robust monitoring of compliance in place.</li> <li>• Added to Emergency Department Governance agenda</li> </ul>  | 11.04.2014     | G          |

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**Pre-operative Orthogeriatric Assessment – Compliance Action**

**Regulation 10 (1) b Assessing and monitoring the quality of service provision – People were not protected against the risks associated with failure to carry out timely and appropriate pre-operative assessments by a specialist. Where appropriate, patients should have a preoperative assessment by an orthopaedic geriatrician**

|  |  |         |                  |  |             |  |
|--|--|---------|------------------|--|-------------|--|
| <b>Appropriate/ timely Orthogeriatric Pre-operative assessment</b> | <ul style="list-style-type: none"> <li>• Review and agree service model</li> </ul>   | June 14 | Medical Director | <ul style="list-style-type: none"> <li>• This action to be reviewed once the Trust has had a response from the central hip fracture database team regarding pre-op assessment.</li> <li>• Clinical pathway discussed with CCG's agreed to prepare a paper setting out the patient pathway and compliance against blue book standards.</li> </ul> | Not yet due |  |
|  | <ul style="list-style-type: none"> <li>• Agree plan to implement any required changes</li> <li>• Improve the % rate of patients undergoing hip surgery within 48 hours.</li> </ul> | June 14 | Medical Director | <ul style="list-style-type: none"> <li>• As above</li> </ul>   | Not yet due |  |

| Recommended action  | Action   | Timescale             | Person Responsible                      | Progress   | Date Completed            | RAG Rating |
|---|--|-----------------------|---|--|---------------------------|------------|
| <b>Well Led</b>   |  |                       |   |  |                           |            |
| <b>Develop &amp; communicate a strategy for the new acute and community service</b> | <ul style="list-style-type: none"> <li>Facilitated review of strategic context including local, regional and national issues to enable the development of Trust strategy for the next 5 years</li> </ul>                     | February 14           | Chief Executive                         | <ul style="list-style-type: none"> <li>Board Away Day held, facilitated by Mike Farrar CBE, former Chief Executive of the NHS Confederation and former CEO of the North West Strategic Health Authority</li> </ul>   | 11 <sup>th</sup> February | G          |
|   | <ul style="list-style-type: none"> <li>Discuss/agree draft Trust Strategic Direction with key clinical staff, Governors and CCGs</li> </ul>  | February to March 14  | Director of Strategy                    | <ul style="list-style-type: none"> <li>A series of discussions have been held with members of the Trust Executive Team, Governors (both in full open sessions and in workshops), and with CCGs</li> <li>A plan on a page has been finalised and approved by the Board</li> </ul>   | Complete                  | G          |
|   | <ul style="list-style-type: none"> <li>Communication to Trust through CEO Blog &amp; Team Brief</li> </ul>   | March 14              | Chief Executive                         | <ul style="list-style-type: none"> <li>Included in both CEO Blog &amp; Team Brief, with a number of email conversations following the former</li> </ul>  | March                     | G          |
|   | <ul style="list-style-type: none"> <li>Submit agreed Strategic Direction to Monitor as part of the APR</li> </ul>  | April 14              | Director of Strategy                    | <ul style="list-style-type: none"> <li>APR developed and submitted</li> </ul>  | 6 <sup>th</sup> April     | G          |
|   | <ul style="list-style-type: none"> <li>Ensure that Trust is fully engaged with, and influencing, developments across Lancashire particularly in Morecambe Bay and also takes due account of national developments</li> </ul> | Ongoing               | Chief Executive<br>Director of Strategy | <ul style="list-style-type: none"> <li>Director of Strategy is a member of the Morecambe Bay Strategic Board and CEO attends the "Stakes in the Ground" sessions</li> <li>CEO is lead Chief Executive for Vascular reconfiguration</li> <li>CEO is one of the members of the Lancashire Transformation Executive Group</li> <li>Early engagement with Oliver Wyman to accelerate strategic thinking locally – now recognised as a key potential future direction for the NHS</li> <li>As part of our out of hospital strategy, discussion held with Professor Robert Harris, Director of Strategy for NHS England</li> </ul> | Ongoing                   | A          |
|   | <ul style="list-style-type: none"> <li>Hold interactive staff engagement events to communicate agreed strategy</li> </ul>  | Beginning in April 14 | Chief Executive                         | <ul style="list-style-type: none"> <li>Format/comment/approach revised to incorporate enhanced overall engagement as well as communicating agreed strategy. Revised approach to commence in June.</li> <li>Roadshows have now been planned to take place during June and July with staff invited to attend.</li> </ul>   | Ongoing                   | A          |



| Recommended action        | Action   | Timescale | Person Responsible                                  | Progress   | Date Completed     | RAG Rating |
|---------------------------|--|-----------|---|--|--------------------|------------|
| <b>Continued</b>          | <ul style="list-style-type: none"> <li>Submit 5 year strategic plan</li> </ul>         | June 14   | Director of Strategy/<br>Deputy Chief Executive     | <ul style="list-style-type: none"> <li>3 work-stream groups established (community, in-hospital, regional) with NED, ED and clinical members to develop 5-year plans</li> <li>Supporting work-streams on estates and IT established</li> <li>Board Seminars being used to develop the strategy with NEDs and EDs</li> <li>Clinical Policy Forum being used to develop the strategy with DDs and HoDs</li> <li>LHE involvement in strategic plans through Fylde Coast Commissioning Advisory Board</li> <li>Director of Strategy involvement in development of plans for Better Care Fund for Blackpool and Lancashire</li> <li>A Fylde Coast out of hospital steering group has been established.</li> <li>A detailed piece of work has now commenced with a Clinical Redesign Group which is due to complete in July 2014.</li> </ul> | <b>Not yet due</b> |            |
|                           |  |           |   |  |                    |            |
| <b>Medical engagement</b> | <ul style="list-style-type: none"> <li>Agree method for monitoring progress</li> </ul> | May 14    | Medical Director<br><br>Director of Human Resources | <ul style="list-style-type: none"> <li>Agree formal measure of medical engagement including consideration of Staff FFT alongside other national medical engagement measures. Systems for measuring engagement particularly designed for medical staff being reviewed to ascertain which system best suits the Trust.</li> <li>Conduct baseline benchmark of current level of engagement once measure agreed.</li> <li>Undertake quarterly collation of engagement measure agreed including Staff FFT focused on medical workforce with additional questions.</li> </ul>  | <b>Not yet due</b> |            |

| Recommended action | Action  | Timescale   | Person Responsible          | Progress  | Date Completed     | RAG Rating |
|--------------------|---|-------------|-----------------------------|---|--------------------|------------|
| <b>Continued</b>   | <ul style="list-style-type: none"> <li>Develop an agreed Medical Engagement plan</li> </ul> | May 14      | Medical Director            | <ul style="list-style-type: none"> <li>5<sup>th</sup> March 14 - facilitated session at Clinical Policy Forum with Heads of Department on what they want to contribute to clinical engagement.</li> <li>Produce detailed engagement plan building on outputs from facilitated session by 31<sup>st</sup> May. Draft engagement plan with Director of Workforce and OD to discuss with Medical Director</li> <li>Examine opportunities for doctors to lead key quality and safety initiatives.</li> <li>Identify medical leadership champions to support medical engagement.</li> <li>Launch of new values integral to changing culture and embrace engagement.</li> <li>Review job profiles of Divisional Directors and Heads of Department to provide clarity of contribution and expectations of role, including a review of current medical leadership structure.</li> <li>Job profile for Divisional Director reviewed and out for comment with current postholders.</li> </ul> | <b>Not yet due</b> |            |
|                    |   |             | Director of Human Resources | <ul style="list-style-type: none"> <li>Continue formal opportunities for engagement including Clinical policy forum, regular meetings with doctors in training, regular meetings with Divisional Directors.</li> <li>Engaging medical workforce in the development of a clinical strategy.</li> </ul>   | <b>Not yet due</b> |            |
|                    | <ul style="list-style-type: none"> <li>Implement agreed plan</li> </ul>                     | From May 14 | Medical Director            | <ul style="list-style-type: none"> <li>Engagement events to be held regularly with the medical workforce to engage in dialogue and listen to issues raised and act upon them proactively. First events will be part of the overall engagement events launching strategic direction and values.</li> </ul>   | <b>Not yet due</b> |            |
|                    |   |             | Director of Human Resources |   |                    |            |

| Recommended action   | Action  | Timescale | Person Responsible   | Progress   | Date Completed     | RAG Rating |
|--|---|-----------|--|--|--------------------|------------|
| <b>Evaluating good ideas</b>   | <ul style="list-style-type: none"> <li>Identification, evaluation and roll out of good ideas</li> </ul>   | May 14    | Chief Executive<br><br>Director of Strategy/<br>Deputy Chief Executive | <ul style="list-style-type: none"> <li>½ day each month for individuals / teams to pitch               <ul style="list-style-type: none"> <li>'good ideas in practice' – ideas that have been successful in one area that could be scaled across the Trust</li> <li>Cost-saving ideas</li> <li>Quality improvement ideas</li> </ul> </li> <li>Re-launch 'bright ideas' scheme – on-line suggestion box for good ideas in alignment with above</li> <li>Sponsorship will be sought from local companies to support rewards for individuals / teams and implementation of ideas</li> <li>All Trust-funded education to include a project designed to improve services at the Trust (e.g. Masters, PG Cert) – make this part of the criteria for being awarded funding</li> <li>Clinical and Management Leadership Programmes – participants asked to identify ideas for improvement and where appropriate asked to lead / participate in implementation</li> </ul> | <b>Not yet due</b> |            |
|  | <ul style="list-style-type: none"> <li>Question Time</li> </ul>   | May 14    | Chief Executive<br><br>All EDs   | <ul style="list-style-type: none"> <li>Re-energise CEO Question Time by holding themed sessions in alignment with strategic direction and/or particular challenges.</li> <li>Involve all EDs in Question Time, dependent upon theme, and utilise question time to encourage new ideas</li> </ul>   | <b>Not yet due</b> |            |
| <b>U</b>   |   |           |  |  |                    |            |
| <b>Reduce Bed occupancy</b>  | <ul style="list-style-type: none"> <li>Monitor bed occupancy monthly</li> </ul>   | April 14  | Head of Midwifery  | <ul style="list-style-type: none"> <li>Following opening of the Midwife Led Unit bed occupancy reduced to 70%</li> </ul>   | April 2014         | <b>G</b>   |
| <b>D</b>   |   |           |  |  |                    |            |
| <b>Complaints</b>  |   |           |  |  |                    |            |
| <b>The Trust should improve awareness of the complaints and comments process and encourage patients to use them.</b> | <ul style="list-style-type: none"> <li>Produce a patient leaflet that details all the different ways to leave feedback about the Trust. Issue it with all admission letters and place it around the hospital sites to raise awareness.</li> </ul> | June 14   | Director of Nursing / Assistant Director of Nursing Patient Experience | <ul style="list-style-type: none"> <li>Develop a patient information leaflet as part of the 'Tell Us' campaign</li> <li>Explore possibility of leaflet going in all appointment letters sent from the Trust.</li> <li>The leaflet will cost:               <ul style="list-style-type: none"> <li>1000 copies - £226</li> <li>5000 copies - £568</li> </ul> </li> <li>Leaflets on order</li> </ul>   | <b>Not yet due</b> | <b>A</b>   |
|  | <ul style="list-style-type: none"> <li>New information stand to be placed in the main entrance of our hospital sites advertising how to leave feedback.</li> </ul>  | June 14   | Assistant Director of Nursing Patient Experience                       | <ul style="list-style-type: none"> <li>Explore possibility of purchasing a pop up stand with the key messages of the 'Tell Us' campaign on. The cost per stand will be £125.</li> <li>Liaise with Public Health, Health Watch and Commissioners to explore possibility of joint working.</li> <li>Project plan being submitted to chief nurse of Blackpool CCG by 16<sup>th</sup> May 2014, for consideration and possibility of joint working</li> </ul>  | <b>Not yet due</b> | <b>A</b>   |

| Recommended action | Action  | Timescale | Person Responsible  | Progress  | Date Completed     | RAG Rating |
|--------------------|---|-----------|---|---|--------------------|------------|
| <b>Continued</b>   | <ul style="list-style-type: none"> <li>New hot board to be placed outside the Patient Relations office detailing the different feedback processes, useful contact numbers; you said we did examples and monthly performance results.</li> </ul> | June 14   | Assistant Director of Nursing (Patient Experience)                    | <ul style="list-style-type: none"> <li>Meeting held with hot board. They have quoted £1395 for the board we require which included leaflets dispensers and a comment box.</li> <li>Display this board in prominent position within the Trust for staff, patient and visitors to access.</li> <li>Develop the use of the internet and intranet to raise awareness of raising concerns and giving feedback.</li> <li>Project plan being submitted to chief nurse of Blackpool CCG by 16<sup>th</sup> May 2014, for consideration and possibility of joint working</li> </ul>  | <b>Not yet due</b> | <b>A</b>   |
|                    | <ul style="list-style-type: none"> <li>Produce a hospital TV advert advising people what to do if they have a concern.</li> </ul>   | June 2014 | Assistant Director of Nursing (patient Experience)                    | <ul style="list-style-type: none"> <li>Meet with Gov.Tv who has offered to produce a 30 second advert for £750, to use it in hospital, but it will also in Community settings.</li> <li>Discuss possible joint funding with CCG's</li> <li>Project plan being submitted to chief nurse of Blackpool CCG by 16<sup>th</sup> May 2014, for consideration and possibility of joint working</li> </ul>  | <b>Not yet due</b> | <b>A</b>   |
|                    | <ul style="list-style-type: none"> <li>Explore the possibility of feedback processes being introduced and enhanced in the mandatory training and induction of staff.</li> </ul>   | June 14   | Assistant Director of Nursing (patient Experience)<br><br>Head of L&D | <ul style="list-style-type: none"> <li>Initial meeting set up with head of L&amp;D on 16/04/14.</li> <li>Develop staff workshop to raise awareness of process and updates</li> <li>Staff bulletin drafted for CEO to send out to raise awareness of complaints process and upcoming campaign.</li> <li>Explore the possibility of developing a e-learning resource</li> <li>Develop training guide in handling complaints for staff to access on the intranet.</li> <li>Plans being drawn up for 75 minute session within Trust induction (commencing June 2014) relating to patient experience and raising complaints</li> <li>E-learning module being researched and written this will form the basis of the annual mandatory training workbook.</li> </ul> | <b>Not yet due</b> | <b>A</b>   |
|                    | <ul style="list-style-type: none"> <li>Educate volunteers who perform 'spot surveys' at ward/dept level to be aware of process and to promote options to patients. Carers and staff.</li> </ul>   | June 14   | Assistant Director of Nursing Patient Experience                      | <ul style="list-style-type: none"> <li>Education to be built into the volunteers induction and as team develops and grows to update team members regularly</li> <li>Liaise with Blue Skies to the possibilities of having an insert placed in the comfort packs to raise awareness of feedback to patients.</li> <li>Volunteer numbers increased and training on going</li> <li>Patient experience evaluation questions placed in comfort packs for patients to send back feedback</li> </ul>   | <b>Not yet due</b> | <b>G</b>   |

| Recommended action                        | Action   | Timescale             | Person Responsible  | Progress  | Date Completed     | RAG Rating |
|---|--|-----------------------|---|---|--------------------|------------|
| <b>Awareness of complaints procedures</b> | <ul style="list-style-type: none"> <li>Approach other Trusts to share good practice</li> </ul>   | April 14 and ongoing  | Director of Nursing and Quality   | <ul style="list-style-type: none"> <li>Other Trusts contacted – Salford, Wigan, Northumbria</li> </ul>  |                    | <b>G</b>   |
| <b>Car Park Patient Communication.</b>    | <ul style="list-style-type: none"> <li>Review/publicise facilities for patients</li> </ul>   | April 14              | Director of Nursing and Quality   | <ul style="list-style-type: none"> <li>The signage for the car park has now been completed.</li> </ul>  |                    | <b>G</b>   |
| <b>Data reconciliation</b>                | <ul style="list-style-type: none"> <li>Review areas within the report &amp; address any outstanding issues</li> </ul>  | May 14                | Director of Strategy  |   | <b>Not yet due</b> |            |
|   | <ul style="list-style-type: none"> <li>Review all external data submissions, agreeing action plans as appropriate, and establish a Trust wide sign-off system</li> </ul>   | June 14               | Director of Strategy  |   | <b>Not yet due</b> |            |
| <b>Vulnerable adolescents</b>             | <ul style="list-style-type: none"> <li>Review observation on new unit</li> <li>Continue to include the unit in the patient safety walkabout visits.</li> </ul>   | May 14                | Director of Nursing and Quality<br><br>Head of Service, Families Division | <ul style="list-style-type: none"> <li>Director of Nursing, Head of Midwifery and Paediatric Nurse Manager visited the Unit on 6<sup>th</sup> May. It is a small unit with single rooms. All patients are risk assessed and highest risk patient placed inside room opposite nurses' station. Staffing levels are adjusted in line with risk assessments.</li> <li>Team agreed to produce an escalation plan detailing the arrangements that are put in place to safeguard all patients on the unit.</li> </ul> | <b>Not yet due</b> |            |
| <b>Mortality rates</b>                    | <ul style="list-style-type: none"> <li>Agree 2014/15 target reduction in SHMI rates</li> <li>Continue monitoring of Actual versus Plan for the Keogh Care Pathways. <ul style="list-style-type: none"> <li>Stroke</li> <li>Pneumonia</li> <li>Sepsis</li> <li>Cardiac Chest Pain</li> <li>Acute Kidney Injury</li> </ul> </li> </ul> | May 14<br><br>Ongoing | Chief Executive   | <ul style="list-style-type: none"> <li>SHMI for Trust as a whole and for individual identified pathways is reviewed regularly at the Mortality Group.</li> <li>Further target reduction in SHMI has been agreed for the next year – 107.5 by end of April 2015</li> <li>April SHMI rate is lowest ever achieved.</li> </ul>   | <b>Not yet due</b> |            |

| Recommended action                              | Action   | Timescale                    | Person Responsible              | Progress  | Date Completed     | RAG Rating |
|---|--|------------------------------|---------------------------------|---|--------------------|------------|
| <b>Continued</b>                                | <ul style="list-style-type: none"> <li>Audit Mortality Review meetings &amp; address any issues arising</li> <li>Participate in Health Economy Mortality Interface Audits (30 day post discharge)</li> </ul> | Ongoing – Weekly & Quarterly | Medical Director                | <ul style="list-style-type: none"> <li>Weekly meetings of Trust Mortality Steering Group continue.</li> <li>Mortality review meetings now well established in the Trust and audited.</li> </ul>   |                    | <b>G</b>   |
| <b>Infection Control</b>                        | <ul style="list-style-type: none"> <li>Additional education sessions</li> </ul>  | April 14 & ongoing           | Director of Nursing and Quality | <ul style="list-style-type: none"> <li>Induction Programme continues face to face including Hand washing technique practical session.</li> <li>Mandatory training via workbook and electronic</li> <li>Student/cadet training on site and within the University</li> <li>Tailored Infection Prevention training provided on the wards include:               <ul style="list-style-type: none"> <li>New Updates on the revised CPE policy and screening protocol,</li> <li>Technique for taking nasal swabs,</li> <li>Technique for applying decolonisation treatment.</li> </ul> </li> <li>Link Champions receive training and education at the Link Champion meetings.</li> </ul> |                    | <b>A</b>   |
|   | <ul style="list-style-type: none"> <li>Increased covert audits</li> </ul>  | April 14 & Ongoing           | Director of Nursing and Quality | <ul style="list-style-type: none"> <li>Covert hand hygiene audits to change to quarterly to include a minimum of 10 observations of all disciplines of staff and also patients. Audits to be conducted over the three months</li> <li>The Infection Prevention team will supplement the audits by observing practice and any non-compliance will be incorporated into the quarterly audits.</li> <li>The Infection Prevention team will also conduct random checks on staff, asking them what the five moments are, the results of which will be reported alongside the covert audits.</li> </ul>   |                    | <b>G</b>   |
| <b>Other key actions</b>                        | <ul style="list-style-type: none"> <li>Agree new measures of success and any other carry over actions from Keogh Review</li> </ul>   | April 14                     | Chief Executive                 | <ul style="list-style-type: none"> <li>Quality Summit attendees agreed that the Trust develops one quality improvement action plan going forward.</li> </ul>  | <b>April 2014</b>  | <b>G</b>   |
| <b>Reduce Diabetic foot clinic overcrowding</b> | <ul style="list-style-type: none"> <li>Review activity levels &amp; agree action plan</li> </ul>   | May 14                       | Director of Operations          |   | <b>Not yet due</b> |            |

| Recommended action   | Action  | Timescale   | Person Responsible | Progress  | Date Completed | RAG Rating |
|--|---|-------------|--------------------|---|----------------|------------|
| <b>Monitor Endocrinology and diabetes clinical effectiveness data (Amputation rates)</b> | <ul style="list-style-type: none"> <li>Keep under formal review at Quality Committee</li> </ul> | Bi- monthly | Medical Director   | <ul style="list-style-type: none"> <li>Amputation data being reviewed by Medical Director and Trust Audit Lead</li> </ul> |                | <b>A</b>   |

| RAG Rating   |  |
|--------------|--|
| <b>Green</b> | <b>Complete Within Date for Delivery</b>             |
| <b>Amber</b> | <b>Incomplete but within date for delivery</b>       |
| <b>Red</b>   | <b>Not complete and beyond the date for delivery</b> |
| <b>White</b> | <b>Not yet due</b>                                   |

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|--------------------------|--------------------------------------|
| <b>Report to:</b>        | <b>HEALTH SCRUTINY COMMITTEE</b>     |
| <b>Item number</b>       | <b>7</b>                             |
| <b>Relevant Officer:</b> | Steve Sienkiewicz, Scrutiny Manager. |
| <b>Date of Meeting</b>   | 12 <sup>th</sup> June 2014           |

## COMMITTEE WORKPLAN

### 1.0 Purpose of the report:

1.1 The Committee to consider its Workplan for the remainder of the 2014/2015 Municipal Year.

### 2.0 Recommendation(s):

2.1 To consider the Workplan, suggesting any additions or amendments that are considered necessary.

### 3.0 Reasons for recommendation(s):

3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 N/A

**5.0 Background Information**

5.1 Members have the opportunity to review the Workplan and make any suggestions for additions or amendments. A copy of the Workplan is attached at Appendix 7a.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 7a, Committee Workplan.

**6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 None.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background papers:**

13.1 None.

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**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2013/14 Municipal Year**

**1. Provider / Commissioner Scrutiny**

| TOPIC   | DETAIL   | DATE OF LAST REPORT              | DATE OF NEXT REPORT DUE  |
|---|--|----------------------------------|--|
| BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST | The Committee to receive updates at each meeting and have the opportunity to comment and make recommendations in relation to any developments and changes. To include complaints information on a regular basis.                                 | 8 <sup>th</sup> May 2014         | 12 <sup>th</sup> June 2014   |
| NORTH WEST AMBULANCE SERVICE NHS TRUST            | The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.  | 26 <sup>th</sup> September 2013. | 17 <sup>th</sup> July 2014 (final Quality Account and update from Blackpool perspective). Contact – Tim Butcher. |
| LANCASHIRE CARE NHS FOUNDATION TRUST              | The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.  | 24 <sup>th</sup> October 2013    | Scheduled for December 2014 and March 2015   |
| BLACKPOOL CLINICAL COMMISSIONING GROUP            | The Committee to receive reports and have the opportunity to comment and make recommendations in relation to any developments and changes. Reporting to be based on progress of CCG goals from the commissioning plan within the CCG prospectus. | 27 <sup>th</sup> March 2014      | 12 <sup>th</sup> June 2014   |

**2. Stakeholder Scrutiny**

| TOPIC      | DETAIL  | DATE OF LAST REPORT         | DATE OF NEXT REPORT DUE    |
|------------|---|-----------------------------|----------------------------|
| HEALTH AND | To scrutinise the activities and outcomes of the Health | 27 <sup>th</sup> March 2014 | 12 <sup>th</sup> June 2014 |

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2013/14 Municipal Year**

| TOPIC                  | DETAIL  | DATE OF LAST REPORT           | DATE OF NEXT REPORT DUE    |
|------------------------|---|-------------------------------|----------------------------|
| WELLBEING BOARD        | and Wellbeing Board   |                               |                            |
| HEALTH WATCH BLACKPOOL | To receive progress reports and monitor the outcomes of Healthwatch Blackpool, linking in to public involvement and trends in relation to complaints. | 6 <sup>th</sup> February 2014 | TBC                        |
| BETTER CARE FUND       | To receive updates regarding the proposals that are being submitted via the HWBB to the Department of Health.   | 27 <sup>th</sup> March 2014   | 12 <sup>th</sup> June 2014 |

**3. Health Inequalities**

| TOPIC         | DETAIL   | DATE OF LAST REPORT           | DATE OF NEXT REPORT DUE  |
|---------------|--|-------------------------------|--|
| PUBLIC HEALTH | The Committee to receive reports at each meeting in relation to progress on public health matters and comment on the Joint Strategic Needs Assessment (JSNA) and other health inequality topics including alcohol, tobacco control and teenage pregnancy | 6 <sup>th</sup> February 2014 | 8 <sup>th</sup> May 2014 (tobacco / alcohol)<br>25 <sup>th</sup> Sept 2014 – teenage pregnancy (Claire Grant)<br>6 <sup>th</sup> Nov 2014 – Mortality (Lynn Donkin)<br>Date TBC – Immunisations & Vaccinations |

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2013/14 Municipal Year**

**4. To scrutinise proposals for service changes, substantial developments and other consultation requirements**

| TOPIC  | DETAIL   | DATE OF LAST REPORT            | DATE OF NEXT REPORT DUE    |
|--|--|--------------------------------|----------------------------|
| QUALITY ACCOUNTS   | To consider Quality Accounts from NHS Healthcare Providers.  | 8 <sup>th</sup> May 2014       | 17 <sup>th</sup> July 2014 |
| THE HARBOUR INPATIENT FACILITIES AND TRANSITION PLANNING         | To monitor the implementation and transitional arrangements for the new in-patient mental health care centre at the Harbour. | 28 <sup>th</sup> February 2013 | 12 <sup>th</sup> June 2014 |
| JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE AND JOINT TASK GROUPS | To participate in joint Committee activities and task groups.  | 27 <sup>th</sup> March 2014    | 17 <sup>th</sup> July 2014 |

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|                          |                                      |
|--------------------------|--------------------------------------|
| <b>Report to:</b>        | <b>HEALTH SCRUTINY COMMITTEE</b>     |
| <b>Item number</b>       | <b>8</b>                             |
| <b>Relevant Officer:</b> | Steve Sienkiewicz, Scrutiny Manager. |
| <b>Date of Meeting</b>   | 12 <sup>th</sup> June 2014           |

## BLACKPOOL HEALTH AND WELLBEING BOARD

### 1.0 Purpose of the report:

1.1 The Committee to consider the minutes from the meeting of the Health and Wellbeing Board on 23<sup>rd</sup> April 2014.

### 2.0 Recommendation(s):

2.1 To note the minutes, identifying any issues for scrutiny.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is kept fully informed of the Health and Wellbeing Board's plans and actions and that any opportunities for recommendations or joint working are identified.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

### 4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

**5.0 Background Information**

5.1 Attached at Appendix 8a are the minutes from the meeting of the Blackpool Health and Wellbeing Board that took place on 23<sup>rd</sup> April 2014.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 8a, H&WBB minutes 23<sup>rd</sup> April 2014.

**6.0 Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None.

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## Health and Wellbeing Board

23<sup>rd</sup> April 2014

### **Present:**

Councillor Blackburn, in the Chair

Councillors Clapham and Rowson

Mr D Bonson and Mr R Fisher, Blackpool CCG

Dr Leanne Rudnick, GP Representative, Blackpool CCG

Mrs D Curtis, Assistant Chief Executive, Adult Services, Blackpool Council

Mrs S Harrison, Assistant Chief Executive, Children's Services, Blackpool Council

Simon Bone, Lancashire Fire and Rescue

Mr R Emmess, Blackpool Wyre and Fylde Council for Voluntary Services

Norma Rodgers and Joan Rose, Healthwatch Blackpool

Jane Higgs, NHS England

### **Also present:**

Mr A Roach, Blackpool CCG

Ms L Donkin, Public Health Specialist, Blackpool Council

Mrs J Mills, Public Health Specialist, Blackpool Council

Jeannie Harrop, Senior Commissioning Manager, Blackpool CCG

Dr Michelle Martin, GP Lead for Cancer and End of Life Care, Blackpool Council

Mr I Master, Deputy Police and Crime Commissioner for Lancashire

Ms S Butterfield, Corporate Development Manager, Blackpool Council

Mr L Beattie, Executive and Regulatory Manager, Blackpool Council

### **Apologies:**

Councillor Taylor, Blackpool Council

Richard Bayly, Lancashire Constabulary

Dr Amanda Doyle, Blackpool CCG

Ian Johnson, Blackpool, Fylde and Wyre Hospitals Trust

Dr Arif Rajpura, Assistant Chief Executive, Public Health, Blackpool Council

Heather Tierney-Moore, Lancashire Care

**1. MINUTES OF THE MEETING HELD ON THE 26<sup>th</sup> February 2014**

The Board resolved that the minutes of the 26<sup>th</sup> February 2014 be agreed as a correct record.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**3. HEALTH AND WELLBEING BOARD DEVELOPMENT UPDATE**

The Board received an update presentation from Mr Butterfield, Corporate Development Manager, on the ongoing development initiatives of the Board and its partners. It considered an update on issues including the Peer Challenge, relevant Correspondence and items for the June agenda.

The Board received an update on the Peer Challenge noting that the informal feedback had been positive but that the full report would be brought to the next meeting.

**Resolved:**

1. To note the development update.
2. To note that the full report of the Peer Challenge would be submitted as part of the Health and Wellbeing Board Development Update to the June meeting.

**4 STRATEGIC COMMISSIONING GROUP UPDATE**

The Board received an update on the work of the Strategic Commissioning Group. As part of this update the Board considered the minutes of the meeting of the Group held on the 3<sup>rd</sup> April 2014.

It was noted that as outlined at the previous meeting, the Better Care Fund bid had now been submitted and initial informal feedback had been positive, a full report would be brought to a future meeting.

**Resolved:**

To note the update.

**5. UPDATE FROM LANCASHIRE QUALITY SURVEILLANCE**

The Board received an update on the work of the Lancashire Quality Surveillance Group. It noted the purpose of the Quality Surveillance Board was to provide a forum for reviewing performance of health and care organisations and sharing information and intelligence on quality of care.

The Board noted in response to questions that there were strong links between the Group and the local and national Healthwatch.

The Board considered future reporting arrangements and concluded that the best course of action was for the Clinical Commissioning Group to consider this issue further.

**Resolved:**

1. To note the content of the report.
2. To refer the report to the next meeting of the Clinical Commissioning Group to agree the best timescale for future reporting.

**6. JOINT HEALTH AND WELLBEING STRATEGY PERFORMANCE (END OF YEAR)**

The Board considered the Joint Health and Wellbeing Strategy Performance. It noted the indicators which were categorised into three core themes as set out in the Strategy namely Health Lifestyles, Health and Social Care and Wider Determinants of Health.

The Board agreed that that the indicators formed a useful background on performance, noted that the document itself was particularly readable and noted the key highlights.

It considered that the best future course of action was to ensure that indicators were monitored and addressed within the development of strategies.

**Resolved:**

1. To note the end of year performance report
2. To identify key issues at future meetings.

**7. BLACKPOOL SEXUAL HEALTH ACTION PLAN 2013-2015**

At its January meeting, the Board held a priority debate on Sexual Health.

The Board considered an action plan that had been developed based on the priorities and issues outlined at that meeting. The Board received a brief presentation from Judith Mills outlining the action plan.

**Resolved:**

To approve the Blackpool Sexual Health Action Plan for 2013/2014 to 2015/2016.

**8. BLACKPOOL FAIRNESS COMMISSION UPDATE**

Amanda Bennett updated the Board as to the work of Blackpool Fairness Commission and its priorities for the coming year.

Amanda highlighted the achievements to date of the Blackpool Fairness Commission including the 100 acts of kindness, the involvement in the Big Knit, the Enjoy and Respect Campaign, Dementia Friends Training and the success of the North of England Fairness Conference. These events were outlined in the Fairness Commission's annual report which was circulated with the agenda.

Amanda then outlined the Commission's key actions through its forward plan for the forthcoming year notably Volunteer Month including the relaunch of the Acts of Kindness campaign, Easter Buddies, Social Isolation and Loneliness, Fairtrade and the development of Social Enterprises.

The Board noted that the Chairman of the Fairness Commission was Dr Rajpura and suggested that it was important to ensure that the Commission continued to play an active role in the delivery of the Board's priorities and linked well with the Board.

**Resolved:**

To note the update on the Fairness Commission.

**9. CANCER THEMATIC DEBATE**

The Board undertook a thematic debate on issues related to cancer. The debate included a presentation on key statistics on cancer in Blackpool, examples of current work and work planned over the coming months.

The Board noted the particular problems that Blackpool had in experiencing a 37% higher death rate from cancer compared to national average. It expressed particular concerns regarding the levels of late diagnosis and lower than average participation rates in NHS Cancer Screening Programmes.



It expressed concern about these issues and also suggested that future national initiatives especially in advertising should be notified to health sector partners in advance to enable further joined up working.

The Board also suggested that there should be wherever possible linkages between cancer screening and the All Together Now programme.

**Resolved:**

1. To note the presentation
2. To receive an action plan at a future meeting.

**10. DEMENTIA CAMPAIGN**

The Board considered the response from Public Health England on the Prime Minister's Challenge on Dementia.

It was noted that Blackpool Council had submitted a plan to the Dementia Action Alliance stating the commitment to becoming a Dementia Friendly Community and to recruit Dementia Friends. This would meet key outcomes on the previously agreed Mental Health Action Plan.

**Resolved:**

To agree and support the local response to the Prime Minister's Challenge on Dementia.

**11. DATE OF FUTURE MEETINGS**

The Board noted the dates of the next meetings as follows:

Wednesday 4th June 2014  
Wednesday 9th July 2014  
Wednesday 3rd September 2014  
Wednesday 22nd October 2014

The Chairman closed the meeting at 4.45pm

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