

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr Jim Gardner, Medical Director and Joanne Bark, Deputy Director of Operations for Unscheduled Care
Date of Meeting:	Thursday 17 September 2020

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST CARE QUALITY COMMISSION INSPECTION UPDATE AND IMPACT OF THE PANDEMIC

1.0 Purpose of the report:

The report will update the Committee on:

1. The progress made since the Care Quality Commission inspection
2. Key actions taken throughout the pandemic
3. The impact of the pandemic on improvement and restoration
4. Positive learning from reduced attendances at the Emergency Department and Walk In Centre

2.0 Recommendation(s):

2.1 For Blackpool Council, as an Integrated Care Partnership partner, to continue to provide support for the Trust and robust scrutiny.

3.0 Reasons for recommendation(s):

3.1 For the Trust to be able to deliver services that will help residents to lead happy, healthy lives, which in turn will reduce the need for health and care services.

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

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

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 CQC Progress Report

- 6.1 Following the publication of the CQC inspection report in October 2019, the Trust agreed an action plan with the CQC to address 32 'MUST' requirements and 86 'SHOULD' requirements. In order to drive improvement with these, the Trust initiated 249 actions.
- 6.2 The Trust has been making good progress with the CQC action plan and out of 249 actions, 183 had been completed in July 2020 (73%). It is anticipated that all remaining actions will be completed, or be near completion, by the end of December 2020.
- 6.3 Below are a few samples of improvements already made since the CQC inspection:
- The Trust has reduced outdated procedural documents from 2019 and prior by 46% and further improvements continue to be made.
 - The Trust has put processes in place to support members of the local population find employment within the NHS and the Trust is using Apprenticeship Levy funding to grow the nursing workforce - there is a clear healthcare progression pathway.
 - In response to significant shortfalls in medical and nursing staffing leading up to the CQC inspection in 2019, the new senior leadership initiated a comprehensive programme to backfill vacant shifts with agency and locum staff, to ensure safe staffing levels at all times, whilst simultaneously working through an active national and international recruitment programme to appoint substantial staff.
 - Mortality statistics have improved in the Trust. With regards to the Standardised Hospital Mortality Index (SHMI), the value in quarter 2 of 2018/2019 was 115, whilst the value has now improved to 107.
 - The Trust is in the process of introducing a ward accreditation system (called COAST), which will assess a set of care indicators and subsequently award a rating to wards, in order to drive continuous improvement in quality of the services we provide. Similar ward accreditation systems introduced in other Trusts have proven to drive significant improvements in the care and treatment of patients.
 - The Trust has introduced a new incident investigation policy, which has driven considerable improvements in the investigation of serious incidents and the improvement of quality of investigation reports. Positive feedback on the process and the quality of investigation reports has been received from clinical commissioning colleagues, external regulators and internal auditors. Internal auditors found the new incident investigation process robust and compliant with National standards and requirements. Through this new incident investigation policy, the Trust is driving a 'Just Culture', to encourage an open, honest and transparent safety culture, in which we can learn from when things have gone wrong.
 - The Trust is in the process of transferring risks onto a dedicated risk management system and is undergoing a transformational programme to improve the quality of risk

assessments through training, education and support, which will enable the Trust to manage risk well at all levels within the organisation.

- The Trust has recently signed up to the Hidden Disabilities Scheme and is the first NHS Trust in the North of England with this in place. If a patient has a hidden disability, they can opt to wear a sunflower lanyard or wrist band whilst accessing our services; these are available from all areas with a reception desk and from the Patient Experience Department. Wearing the Hidden Disabilities Sunflower acts as a visual prompt to staff that patients may require additional assistance and alerts staff that they may need to adjust the way they interact with them.
- To support the Trust's quality objective: "*improve the last 1,000 days of life*", the Trust has introduced the 'PJ paralysis' programme, in which staff encourage patients to get dressed in day clothes and engage in activities that help them to stay physically and mentally active. This is aimed at improving patients' general health and well-being and prevents a phenomenon called: 'deconditioning', in which a patient experiences a decline in the function of body parts and organ systems due to inactivity.
- The Trust has most recently received a £2,785,000 boost from the Government, which will support work being done to create an Emergency Village and new Critical Care programme, in order to develop a world class service for patients across the Fylde coast. This money has supported the Trust in bringing forward elements of the Emergency Village development, allowing the Trust to create more space and a new clinical area to improve patient experience. Work has now begun on creating a minor injury unit, which will free up more cubical space in the main Emergency Department.
- At the end of April, the Swan Team, which is a team made up of staff who work in end-of-life care, launched the new Swan Suite. The Swan suite is a dedicated space in the hospital, with a member of the Swan Team present throughout the week for staff to speak to for support and reassurance. The Swan suite has many resources for staff to use for their patients. There is space for staff to use for their breaks and refreshments are available. There is a separate room, which can be used as a space to contact family members.
- The Trust has been shortlisted for four awards in this year's Nursing Times Awards, which is a testimony to the hard work, professionalism and commitment of so many people across the organisation. The Trust has been shortlisted in the following categories:
 - **Emergency and Critical Care Award:** For our work to introduce Emergency Department navigators.
 - **Enhancing Patient Dignity:** For the collaborative work that has taken place across Community, Acute and Trinity Hospice settings to develop and establish the Tier 2 Dementia training programme.
 - **HRH Integrated Approaches to Care:** For the introduction of the Health Independent Sexual Violence Advisor Service.
 - **Patient Safety Improvement:** For our work to provide support for victims of domestic abuse/violence during COVID-19.

6.4 It is recognised that during Covid-19 the speed of progress with some actions decelerated, as

the Trust had to redirect all necessary and available resources towards managing the inordinate pressures the Trust experienced as a result of the pandemic.

6.5 However, during Covid-19, the Trust engaged with all staff on a daily basis, for example through a daily bulletin and regular newsletters. Staff have had, and continue to have access to many support mechanisms, including psychological support, mindfulness and meditation. The CQC have provided positive feedback on this approach and have found the bulletins very helpful themselves, in order to keep up-to-date with regards to how the Trust has handled Covid-19 and how the Trust has supported staff in providing the best care for all patients. During Covid-19, the Trust has also been in weekly contact with the CQC, to ensure effective regulation throughout the pandemic crisis.

7.0 **Pandemic Response**

7.1 The Trust has been actively responding to the COVID-19 pandemic since 27 January 2020 and has moved through different phases of response based on guidance issued from Government and across the Health System.

7.2 From the 1 August 2020, the NHS major incident level changed to level 3 which means COVID is being managed at a regional level with national oversight. The majority of the incident has been managed as a national incident at level 4, which was declared 30 January 2020.

7.3 Incident Command and Control

The Trust established a formal Incident Coordination Centre (ICC) on the 6 March 2020 with plans in place to operate the ICC until March 2021, which has held regular meetings with all divisions, key service areas and partners (e.g. Fylde Coast Medical Services (FCMS) to ensure a coordinated and informed response, with links to the CCGs and wider health system.

The ICC provides a physical presence at the Blackpool Victoria Hospital (BVH) site and is staffed by an;

- Incident Manager (Tactical Command)
- Emergency Preparedness, Resilience and Response Officer
- Administrative Support
- With support from an Incident Director (Strategic Command)
- And operational commanders linked in virtually by a 12noon telephone call

Initially operational between 8am – 8pm, however currently is required to operate from 8am – 6pm seven days per week.

7.4 Governance

A range of governance processes were developed to capture and record changes. The Change Oversight Process was developed as a mechanism for ensuring changes such as pauses, and any redesign or transformation of services are documented, reviewed, signed off and logged

by the Medical Director, Director of Operations or Director of Nursing. The ICC has processed 161 change requests during the pandemic response.

In addition, a COVID related expenditure process was developed to log financial spending and is reviewed and approved by the Strategic Incident Director. All COVID spend has been clearly documented and monitored. Fylde Coast CCG provided co-ordination across the providers, input and support with primary care services, assisted responses within secondary care settings. They also established an ICC.

The Integrated Care System established command and control structures which assisted with mutual aid requests and co-ordination of messages from NHS England and NHS Improvement and the Department of Health and Social care. Alongside a single point of contact for the region an In Hospital and Out of Hospital cell was created. These teams continue to support with response and restoration.

7.5 Significant Changes

The Trust developed a Coronavirus Priority Assessment POD in February 2020 to meet the requirement to isolate anyone suspected of or meeting the case definition of the novel coronavirus. As the pandemic escalated, specific wards were created to stream patients into negative, query and positive wards wherever possible ensuring the patient pathway was appropriate. The Trust has also considered social distancing on wards and measures have been implemented ie reduction in beds and additional screens in order to protect patients and staff. Surge plans were developed to increase the capacity for intensive care (level 3) ventilated beds and a separate COVID specific Intensive Care Unit was created. As the majority of face to face outpatient appointments were required to be cancelled the Attend Anywhere video/telephone appointments system was established. This was introduced to offer patients consultations that would have otherwise not been possible due to the lockdown situation. The Trust worked with Trinity Hospice and developed a Swan end of life care initiative which included an increased bereavement support service and the bereavement Swan Suite, both of which are now a positive permanent features at the Trust.

A key strategic decision was taken in April 2020 to relocate the Urgent Treatment Centre to Whitegate Drive which enabled the creation of a separate Emergency Department at the BVH site to accommodate the different streams of patients. This was supported with an enhanced radiology provision to the Whitegate Drive site. The service has now been relocated back to the BVH site in August 2020 as we have seen an increase in ED presentations back to normal levels, this supports collaborative management of patients and allows patients to be streamed to the Urgent Treatment Centre.

The Adult Community Services and Long Term Conditions Division have supported care homes throughout the COVID pandemic, providing advice and support to homes that had staffing issues or Covid-19 outbreaks. Essential community services continued to be provided in line with National guidance outlined in the 'Prioritisation of Community Services' document and

some staff have been re-deployed from community services to acute hospital services where appropriate and possible. In line with instruction from NHS England and the Chief Dental Officer for England the dental service ceased all routine care but has maintained urgent care services observing Covid-19 guidance. The Community Nursing Teams have reviewed caseloads, identified vulnerable patients and prioritised care provision, including providing self-care advice for low-level interventions where appropriate and safe to do so. In other community services, including musculoskeletal and mental health, patients have been reviewed using video or telephone consultations where possible and a video library has been made available for patients to access through the Trust website to enable self-care and treatment at home.

The Trust established a staff swabbing service to test all symptomatic staff. Community staff were utilised and a drive-thru service was launched based at Blackpool Football Club which was supported by Fylde Coast Medical Service from an administrative perspective. The swabbing service was widened as capacity increased to enable all preoperative patients to be tested ahead of admission and the service has since transferred to the BVH site.

In addition, the Trust has developed a proactive swabbing service for staff on the elective pathways to ensure key staff that may be asymptomatic or pre-symptomatic are tested to prevent / minimise the impact of any outbreaks.

The Trust has managed two Department of Health and Social Care specific requests to;

- Undertake a Mass Antibodyⁱ Testing exercise to understand the historic staff infection rate – the Trust tested over 7,000 staff in 10 days;
- Undertake a Mass Antigenⁱⁱ Testing exercise to understand the current staff infection rate - the Trust tested over 5,500 staff in 7 days.

From the outset of the pandemic, the Trust has supported staff in a number of ways:

- Free parking;
- Free meals on shift;
- Addition childcare onsite;
- The provision of an external supplier (in the form of a mobile shop) for key food products and consumables;
- Home working where possible;

A 'Safe Back to Work Group' to ensure all current guidance is being considered and put in place, involving representatives from a range of Trust Departments. Staff well being is paramount and as such a number of initiatives were enacted during the height of the COVID outbreak:

- Wobble rooms
- 1st class lounge
- Online mental health support
- Access via Occupational Health 7 days a week

The Trust has invested in staff to manage the COVID response and undertaken creative solutions such as using third year nursing students through the National scheme to support the wards, bringing back retired staff, early access to medics in training. This has been a great benefit.

7.6 Infection Prevention

The Trust has implemented all national Public Health England (PHE) and NHS England (NHSE) Infection Prevention guidance throughout the pandemic. This has been challenging as these policies have changed frequently over the course of the outbreak, particularly in relation to the use of personal protective equipment (PPE).

At the outset, COVID-19 was classified as a High Consequence Infectious Disease and as such enhanced levels of PPE were required, the virus was later reclassified which meant that staff could wear standard PPE in most circumstances. The procurement of PPE was coordinated by the Lancashire Procurement Cluster (LPC) accessing the national pandemic stockpile which was introduced in March and April 2020. The LPC has worked creatively to ensure that all staff have access to the correct PPE throughout, including working with local manufacturers to ensure we have a sustainable supply.

The Trust implemented another initiative which was to provide all staff who worked in clinical areas with surgical scrubs. Scrubs were delivered to the wards each day and for clinical staff who were not ward based they collected them from a dedicated 'Scrub Hub' which is conveniently placed on the main hospital corridor.

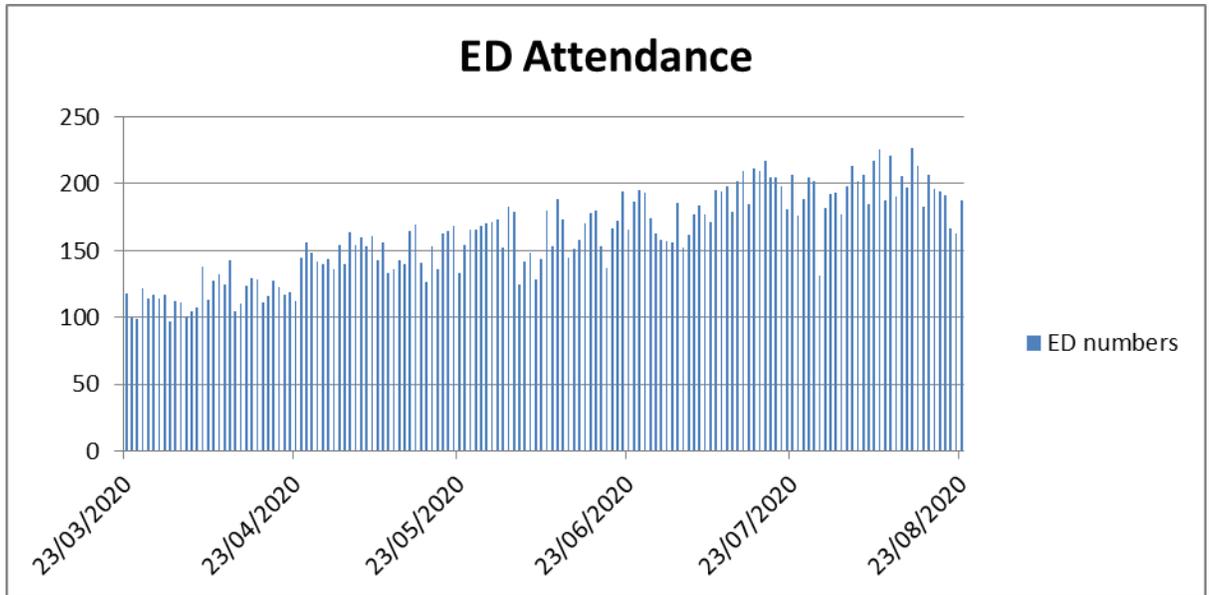
During the peak of the pandemic, all Trusts had to develop processes to control any cross infection between patients, therefore there is focussed monitoring and surveillance of all patients with COVID.

7.7 Debrief

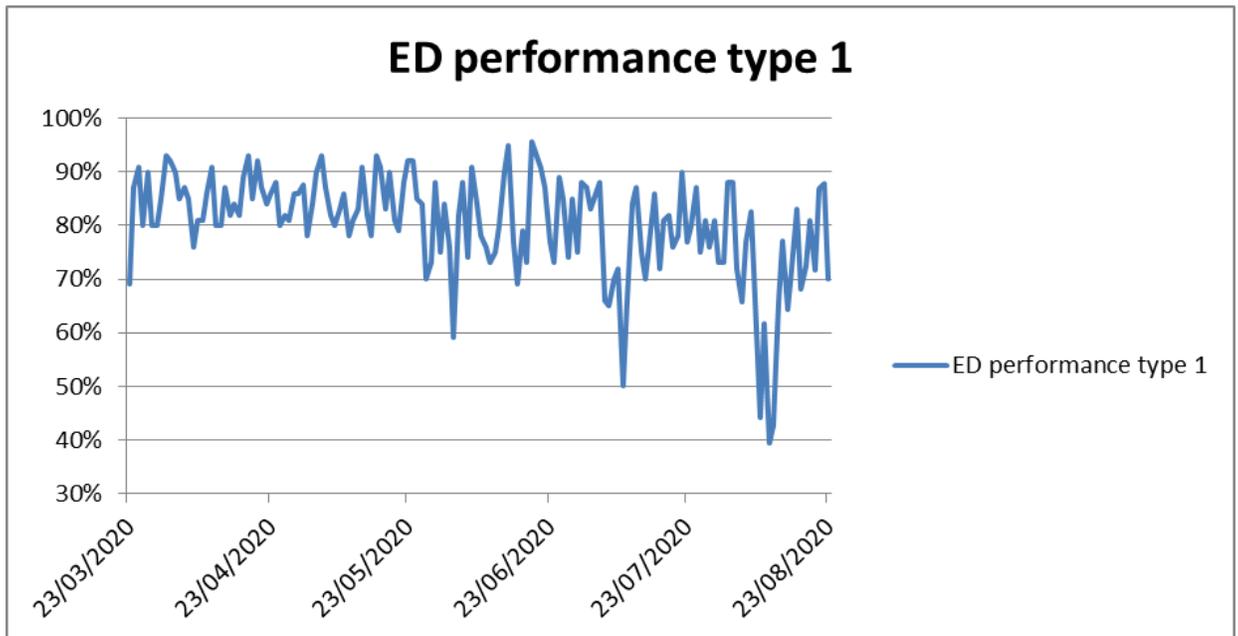
The Trust is currently undertaking a debrief of urgent and strategic lessons to be learned ahead of any impending second wave and in addition, blending EU exit preparation into future planning.

7.8 **Impact on Improvement**

The impact of the pandemic on performance has been significant between 23 March 2020 and 23 August 2020 there had been 24,848 attendances. ED attendances fell significantly to 100 attendances per day however that has since returned to around 200 attendances per day.



This has impacted on ED type 1 performance which has averaged 80% during this period with 80-90% consistently in April 2020 and May 2020 when attendances were lower which is a significant improvement from 19/20 where an average of type 1 performance was 65%.



Unfortunately there were seventeen 12-hour Decisions to Admit (DTA)s between 23 March and 31 August 2020 all of which were mental health patients. It was extremely positive for the Trust to see improvement of flow across secondary care with no medical DTA breaches and reduced time from ED to an acute bed.

Although there were reduced attendances the Emergency Department continued with daily

challenges including workforce (medical and nursing) and the environment. The team worked flexibly with regular changes to meet the needs of the patients presenting (Covid and Non-Covid). The department acquired a larger footprint with the transfer of the Urgent Treatment Centre off site which added additional pressure to the staffing resources.

The Emergency Department team has demonstrated great resilience during the pandemic and put both staff well-being and patient safety as a primary driver for delivering the service required. Due to the reduction in attendances and timely flow to medical and specialty admission beds the department was in a position to support the department's performance and utilise the reduction in activity to focus on education for all staff in department. The team has shown excellent communication skills and leadership ensuring all Government and Trust guidance and policies were shared and introduced in a timely manner. As part of the re-design for the Emergency Village, the team have designed an area that will have the ability to convert into an isolation area should it be required in the future.

7.9 Restoration

The outpatient programme continued throughout COVID19, albeit on a reduced level and with appointments being transferred to a virtual platform, face to face activity has resumed but only when clinically appropriate, our default position remains as virtual. Cancer and urgent surgery also continued both here at BTH and using Independent Sector facilities at Spire, our elective programme began to restore from May in line with national guidance and availability of staff.

This was further supported when our Critical Care Units returned back to their pre-Covid locations on the Blackpool Victoria Hospital releasing physical capacity and staff to support both the elective and non-elective programmes for general and cardiac patients. The Scheduled Care Division has established green and amber pathways in order to support elective and urgent patients as well as those needing the High Dependency Unit or High Care Unit, and to provide enhanced recovery for patients. This approach will support the Critical Care Units should another surge in COVID arise as winter approaches.

The Trust has developed a restoration plan in line with the national asks for restoration to address cancer, outpatient, theatre and diagnostic improvement. We have made our initial Phase 3 planning submission in late August and are refining this position for the final submission on the 21 September 2020. The restoration plans include the continued use of private sector capacity, additional diagnostic capacity in terms of mobile CT and MRI units, improved theatre availability and utilisation, continuation of virtual appointments and resumption of face to face activity for outpatients and alternatives to OP referrals include advice and guidance and further access to diagnostics before referral. The Trust is also working collaborative across Lancashire to provide mutual aid and equity of provision to aid restoration.

Conclusion

The Trust continues to plan for recover and manage our response to restoration, winter delivery and increase of COVID presentations.

Does the information submitted include any exempt information?

No

7.0 List of Appendices:

7.1 None.

8.0 Legal considerations:

8.1 None.

9.0 Human resources considerations:

9.1 Contained within the report.

10.0 Equalities considerations:

10.1 None.

11.0 Financial considerations:

11.1 Contained within the report.

12.0 Risk management considerations:

12.1 None.

13.0 Ethical considerations:

13.1 None.

14.0 Internal/external consultation undertaken:

14.1 None.

15.0 Background papers:

15.1 None.

i An antibody test can tell you if it's likely you've had coronavirus (COVID-19) before.

ii An antigen test can check if you have coronavirus (COVID-19) now.