

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Peter Murphy, Director of Nursing, AHP and Quality, BTH
Date of Meeting:	1 July 2021

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST PROGRESS UPDATE

1.0 Purpose of the report:

To provide the Adult Social Care and Health Scrutiny Committee with assurance that pertinent actions from the Care Quality Commission action plan have been implemented and that the Trust has robust plans in place to manage the remaining outstanding actions on a risk-based approach, through 'business as usual' and to provide the Committee with assurance that continuous improvements are being made.

2.0 Recommendation(s):

2.1 For Blackpool Council to continue to provide support for the Trust and challenge service improvement.

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 Background information

6.1 Following the June 2019 inspection and the subsequent publication of the CQC inspection report in October 2019, the Trust implemented an action plan comprising 249 actions. In June 2021, the Trust had completed 240 out of 249 actions (=96%).

During the second wave of the Covid-19 pandemic, the Trust predominantly focussed on completion of 'MUST' actions. One-hundred and ten (110) out of 111 'MUST' actions have now been completed (=99%). The one remaining 'MUST' action will be closed when the work on the 'Emergency Village' progresses to completion.

Despite the major challenges as a direct result of the Covid-19 pandemic, the Trust has made excellent progress with the CQC action plan. As per June 2021, out of 249 actions, 240 actions have been completed (=96%). Although in October / November 2020 it was anticipated that all remaining actions were to be completed by the end of December 2020, a significant second wave of Covid-19 towards the end of 2020/beginning of 2021 delayed the implementation of some of the actions. However, the Trust has robust plans in place to manage the remaining outstanding actions on a risk-based approach, through 'business as usual'.

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Below are a few examples of many improvements already made since the CQC inspection:

- The Trust has significantly reduced the number of outdated procedural documents. Currently 94% of procedural documents are within the review date.
- The Trust successfully introduced daily acuity and safe staffing meetings (Safecare). During the first and second wave of the Covid-19 pandemic, the Trust reconfigured its clinical areas to meet capacity demands; wards were moved and specialities reassigned, with teams supported by non-priority area clinical staff.
- The Trust has an ambitious Recruitment and Retention plan (*People Plan commitment: Growing for the Future*) in place. There are 80 student nurses due to qualify in September 2021, 30 of these are on the child health pathway as part of the Trust's regional education commitment. Furthermore, the Trust continues to pursue an active national and international recruitment programme to appoint substantial staff.
- The nationally reported 12-month rolling average Summary Hospital-level

Mortality Indicator (SMHI) of 106, is at its lowest ever reported in the Trust.

- The Trust has introduced the 'COAST' ward accreditation system, which assesses a set of care indicators, in order to drive continuous improvement in quality of the services the Trust provides. Since 5 January 2021, 54 COAST visits have taken place, with 37 areas having had their first assessment and a further 17 having been reassessed. All adult inpatient areas, admitting areas and the Emergency Department have had at least one assessment.
- The Trust introduced a new incident investigation policy in October 2019, of which the implementation has subsequently driven considerable improvements in the investigation of serious incidents. From January/February 2020, the Trust has seen a continued decrease in severe harm and unexpected death incidents occurring across the Trust.
- The Trust has developed a best-practice risk management policy, an ambitious risk management strategy and a balanced risk-appetite statement. The Trust has appointed a dedicated risk manager, who also manages the newly introduced risk-training programme. The Trust has developed and established a robust Board Assurance Framework (BAF) and a Corporate Risk Register (CRR); risk is managed through a dedicated risk management system, which enables the Trust to manage risk well at all levels within the organisation.

In March 2021, the internal auditors to the Trust provided the assurance rating for '*Design of the Risk Management Framework*' as: '*Significant assurance with minor improvement opportunities*'. The Trust is currently in the process of embedding and strengthening the operating effectiveness of the Risk Management Framework, through training, education and continuous supportive engagement with staff at all levels in the Trust.

- The Trust appointed a Dementia and Learning Disability Lead Nurse in December 2020. The Trust has drafted a 10 point action plan, which includes the development of a 3-year strategy for people with a learning disability accessing Blackpool teaching hospitals.

In order to support patients with a learning disability, the Trust has appointed Learning Disability Champions in each department/clinical area.

- The Trust continues to participate in the Hidden Disabilities Scheme; if a patient has a hidden disability, they can opt to wear a sunflower lanyard or wristband 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.
- Whilst developing a new five-year strategy, Trust has developed an interim

one-year strategy, with three ambitions: 1) *No waits*, 2) *No waste*, and 3) *Zero harm*. Achieving these ambitions will take place through a consistent Quality Improvement approach, led by the newly developed Quality Improvement Team.

- Continuous progression of the Emergency Village development, allowing the Trust to create more space and a new clinical area to improve patient experience.

Previously, the Care Quality Commission (CQC) had provided positive feedback on how the Trust has handled Covid-19 and how the Trust had supported staff, enabling to provide the best care of all patients. Despite the extraordinary pressures as a result of the Covid-19 pandemic, the Trust has continued to drive major works of improvement, for example through the establishment of a comprehensive Quality Improvement function, the implementation of the COAST ward accreditation system and the introduction of an advanced risk management system and programme.

The Trust has embarked on an extensive programme to continuously improve regulatory compliance, which will also help the Trust to be prepared for a future CQC inspection. This includes:

- Establishment of a temporary CQC inspection preparation Hub
- A 'Time to Shine' page on the intranet, containing useful, easy to understand information on regulations and the CQC inspection approach
- A methodological approach to self-assessments
- Increase in COAST assessments
- Instatement of weekly regulatory / CQC inspection preparation meetings
- Weekly regulatory meetings with senior (clinical) leaders
- Regular senior walkabouts
- Vlogs and blogs from the Chief Executive Officer and Executive Directors

6.2 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 None

10.0 **Equalities considerations:**

10.1 None

11.0 **Financial considerations:**

11.1 None

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