

# Blackpool Teaching Hospitals NHS Foundation Trust update

Caring, Safe, Respectful



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- Update on Emergency Village

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- CQC Update
- Quality Improvement approach and examples of best practice
- Update on specific quality priorities that merit oversight – incident management, improvement against any key standards etc.
- 24/25 Quality priorities

## **Workforce**

- Culture Plan – challenges and successes
- Recruitment and retention plan – challenges and successes
- Specific update on reduction in bank/agency provision linked to point B of this section

## **Financial sustainability**

- 22/23 high level position and deliverables/achievements (for example highest level of CIP delivery on record)
- 24/25 high level position and challenges/risks ahead



# Five Year Trust Strategy, 2022 – 2027 – *The ‘WHAT’*

We are well underway on our journey to **improve the lives of people** who live, work, visit, and volunteer on the Fylde Coast and beyond.

After significant stakeholder engagement and research, the Trust strategy was launched in **June 2022**.

Our strategy is enabling the Trust to focus its resources and activities to achieve our ambitions set out around **Our People, Our Population, and Our Responsibility**.

Strategic **enabling plans** and a **Strategic Transformation Portfolio (STP)** have been developed to support the operational delivery of the strategic aims and priorities.

<b>Our mission</b> Why are we here? <b>To deliver safe, effective, sustainable care for everyone, everyday.</b>			
<b>Our vision</b> What do we want to achieve? <b>We will improve the lives of people who live, work and volunteer on the Fylde Coast and beyond.</b>			
<b>Our aims</b> How will we achieve this?	 <b>Our people</b> We will widen access to job opportunities, becoming the <b>employer of choice</b> within our community, with an empowered, diverse and engaged workforce	 <b>Our population</b> We will work with our population to co-produce high quality services, with a key focus on preventative care and reducing health inequalities	 <b>Our responsibility</b> We will work with partners to deliver high quality, financially sustainable services and reduce our environmental impact
	<b>Our priorities</b> What is important to us?	<ul style="list-style-type: none"> <li>• Grow our own</li> <li>• Happy and healthy workforce</li> <li>• Learning culture</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated care</li> <li>• Health inequalities</li> <li>• Prevention and health promotion</li> </ul>

# Summary of our priorities



## Our people

We will widen access to job opportunities, becoming the **employer of choice** within our community, with an empowered, diverse and engaged workforce



## Our population

We will work with our population to **co-produce high quality services**, with a key focus on preventative care and reducing health inequalities



## Our responsibility

We will work with partners to deliver high quality, financially **sustainable services** and reduce our environmental impact



## Grow our own

Maximise the benefit of our diverse local community to grow our own future workforce and create local health and wealth.



## Health inequalities

Address inequalities in access, experience and outcomes of our care.



## Get the basics right

Work collaboratively with our partners to improve quality of care and become a Care Quality Commission (CQC) 'Good' Rated organisation.



## Happy and healthy workforce

Care for our people and support them in maintaining resilience and wellbeing. We understand that the capacity to care for our patients is reliant on our staff wellbeing.



## Integrated care

Continue our commitment to co-produce integrated care, working with health and social care partners and patients to influence neighbourhood plans.



## New ways of working

Use transformation, digital, innovation and research to deliver new efficient models of care to widen access, enhance health promotion and improve our environmental impact.



## Learning culture

Engage and empower staff in their education and learning, encouraging the development of psychological safety and constructive challenge to improve patient and staff experience.



## Prevention and health promotion

Prioritise prevention and early detection of illness in disadvantaged groups. We will also support patients in developing the skills, confidence and knowledge to manage their own health.



## Investing in our community

Work collaboratively with our partners and communities to positively impact beyond health care.

# Achievements to date



# Our People



**Development  
& launch of  
Values &  
Behavioural  
Framework**

**Embed  
Mandatory  
FTSU Training**

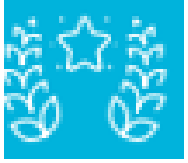
**Development &  
launch of BTH  
People Plan**

**230 wellbeing  
and  
Engagement  
Champions.**

**70.2% of our  
staff live  
locally.**

**Year on Year  
improvement in  
NSS  
completion  
rates**

# Our Population



**Addition  
Investment in  
Health Visiting  
and School  
Nursing**

**Established Cross  
Partnership SEND  
Strategy**

**Embedded HIV  
screening in ED**

**SDEC and  
Emergency  
Village open**

**Remote  
Monitoring for  
Cardiology  
Service**

**Health  
Inequalities plan**

# Our Responsibility



**Maternity CQC  
action plan  
delivered. Removal  
of section 31**

**Access rates exceed  
National average for  
Children's Mental  
Health**

**Anchor  
Framework**

**7-year clinical  
strategy  
underway**

**Virtual Wards**



# Trust challenge and risks

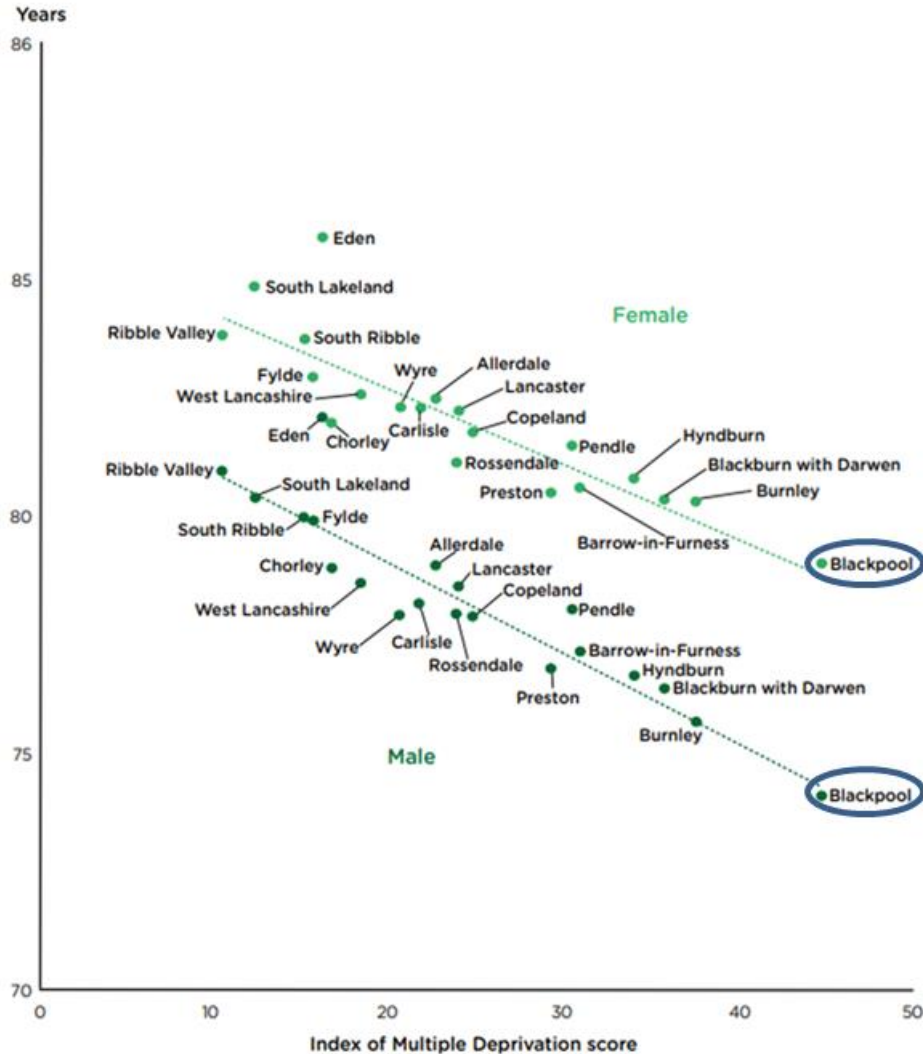


# Population Health Data: population

- 360,015 people registered with a GP in the Fylde Coast
- 113,658 (31.6%) have managed LTCs
- 47,957 (13.3%) have complex health issues
- 39,247 (10.9%) have 3 or more LTCs
- In the past 12 months:
  - 21,227 (5.9%) had three or more AE attendances
  - 27,440 (7.6%) had a NE admission

		Infants (0-5yrs)	Children (6-17yrs)	Working age adults (18-64yrs)	Older Adults (65+yrs)
Generally Well	Generally Well - Higher Risk	3,549	18,679	45,481	7,023
	Generally Well - Low Risk	3,583	20,051	58,388	9,741
	Generally Well - Other	11,398	4,090	14,908	1,509
Managed LTCs	Managed LTCs - Higher Risk	107	1,519	55,860	17,280
	Managed LTCs - Low Risk	83	1,383	16,957	15,119
	Managed LTCs - Other	98	166	3,060	2,026
Complex Health Issues	Complex Health Issues - Lower Risk	3	4	2,451	11,269
	Complex Health Issues - Higher Risk	4	15	10,279	22,161
	Complex Health Issues - Other	5	2	472	1,292

# Population Health Data: Life expectancy



Source: Office for National Statistics (36)

The top six causes of reduced life expectancy across Fylde and Wyre:

	Males	Female
1	Cirrhosis and liver disease	Heart disease
2	Heart disease	Chronic lower respiratory disease
3	Accidental poisoning	Other cancer
4	Other	Cirrhosis and liver disease
5	Chronic lower respiratory disease	Flu and pneumonia
6	Lung cancer	Other



# Trust Objectives and workstreams - Sustainability and Improvement Plan



# Trust Objectives and work streams

The Trust has five key work streams for 2024/ 25, aligned against the NHS Single Oversight Framework (SOF) 3 exit criteria with oversight from the ICB through the Integrated Assurance Group (IAG). The objectives also contribute to the ongoing delivery of the five-year strategic plan with specific measurements and evidence, as stated within the BTH Sustainability and Improvement Plan:

- 1. Operational Performance**
- 2. Quality of Care**
- 3. Finance and Use of Resources**
- 4. People and Culture**
- 5. Local Strategic Priorities**

# Objective one: Operational performance



## OBJECTIVE 1: ACCESS AND OUTCOMES

**PRIORITY AREA:** Delivery of NHS Constitutional Standards

**EXEC ACCOUNTABLE OFFICER(S):** Deputy CEO (Strategy, Operational Performance, Transformation & Digital)

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Quality of Care

**CRITERIA:** Consistent and sustained improvement, with no statistical deterioration.

Robust processes in place to triangulate patient experience, patient safety and clinical effectiveness.

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	A	G

- **Reduce 62 cancer back log** – The current backlog figure is at **48** this exceeding our target **by 61.7%** - 8th out of 120 of trust nationally demonstrating significant improvement in backlog reduction. Highest performing Trust against backlog reduction in our Alliance. Current backlog position is an over performance against trajectory and is our below the pre-COVID backlog position.
- **Eliminate waits over 65 weeks** - current position is 363 over 65weeks. Continued improvement in performance since oct 23 demonstrating a decreasing trend in 65wk position. RTT delivery has not been disrupted during winter period of demand. Elective delivery plans have performed above plan for January trajectory. We remain on track to achieve our adjusted 22/23 position.
- **Achieve Cancer - 28-day Faster Diagnostic Standard (FDS)** - BTH achieved FDS compliance in Oct. 2023, December 2023 and is now on track to achieve February 24 target. November 23 and January 24 missed the performance target by a very small margin.
- **Improve A&E waiting times** - Patients waiting more than 12 hours from a decision to admit remains significantly high, with 411 patients breaching the standard in December 2023 and 565 in January 2024. However, improvements are being realised by the introduction of a senior decision maker both in the main ED waiting room & RIIT has reduced the average time to ED clinician from nearly 4 hours to **70** minutes from time of arrival.
- **Reduce ambulance handover delays > 60 minutes** - January 2024 represented a general sustained improvement for ambulance handovers and turnaround times within the Trust, compared to previous months – 336 patients breached the standard. Overall reduction from same period in 2023 is **11.65%** and ambulance handover time has improved by **30.88%** in comparison to last winter.

# Operational Performance – status at a glance

**UEC**  
4 Hour Performance

**79.5%**

(Feb 24)

**Ambulance Handovers**  
During the winter period

**2-minute improvement average  
ambulance handover**

**Urgent 2-hour Community Response**

**90.5%**

(Dec 23)

**Virtual Ward**  
**48.6% Occupancy**

(Feb 24)

**Elective Recovery**

RTT –

65 week waits reduction  
on trajectory

**Cancer**

62 Day Cancer backlog

**Less than 50 patients**

Currently 8th best out of 120  
centres

28 Day faster diagnosis

**75% (Target 75%)**

(Dec 23)

**< 6 week for diagnostic**

**88.4%**

(Jan 24)



# Emergency village update



# Collaborative workshops



Emergency Department  
North West Ambulance Service  
Same Day Emergency Care  
Mental Health  
FCMS



# Focus: Emergency Village

## Summer 2022

Critical Care and Same Day Emergency Care (SDEC) Critical Care replaces HDU and ICU, includes 16 single rooms and three specialist isolation rooms

Critical Care replaces HDU and ICU, includes 16 single rooms and three specialist isolation rooms

SDEC supports rapid assessment, diagnosis and treatment without being admitted and, if safe, patients can return home

## Autumn 2022

Modular ward established to support winter pressures

## January 2023

Ambulance triage area opened

## April 2023

First phase of ED refurbishment opened

Two specially-designed rooms for high-risk patients with mental health issues

13 new individual major injury cubicles

## Completed December 2024

Nine majors cubicles completed

Rapid assessment and triage unit that will double current capacity

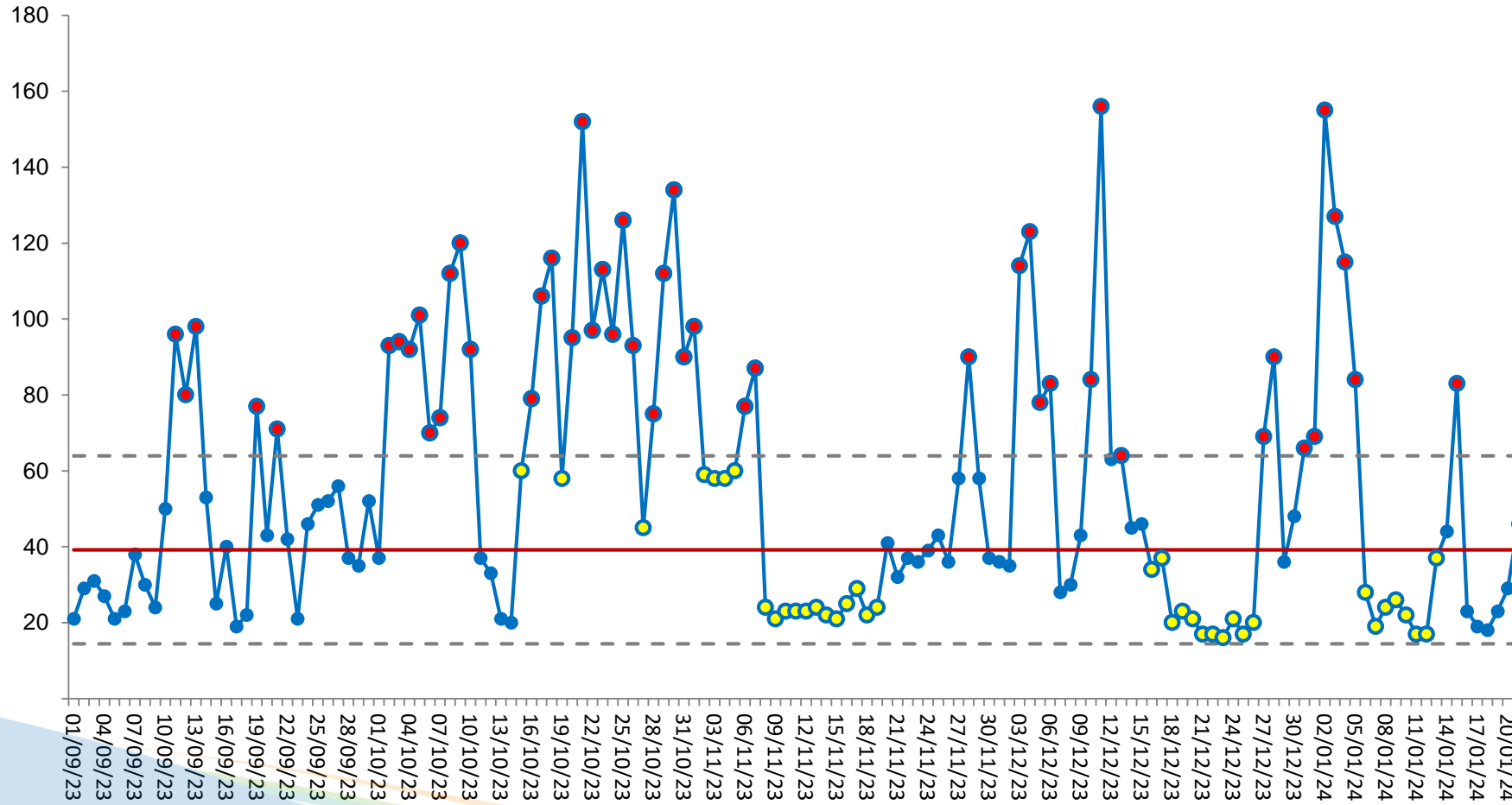
New CT scanner

Six-bay resus area

Three x-ray rooms supporting flow

Relative support accommodation

I Chart to show Average Ambulance Handover Time between 01 Sep 23 - 21 Jan 24



**Narrative:**

Jan 23 – Jan 24 comparison.

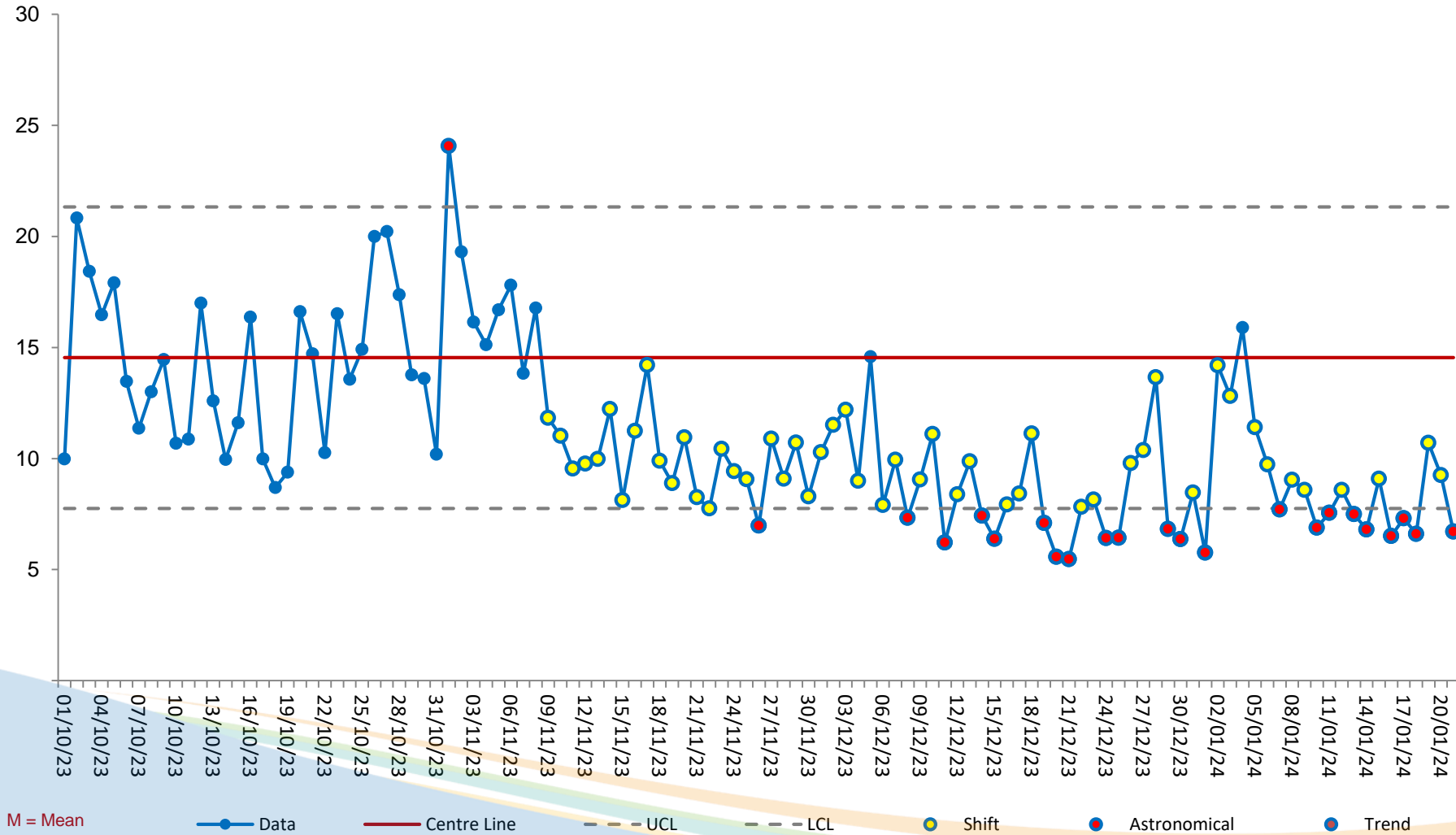
12% increase in all type 1 attendances

17% increase in ambulance attendances

We have seen improved working relationships with NWS

M = Mean      Data      Centre Line      UCL      LCL      Shift      Astronomical      Trend

I Chart to show Average Time to Triage (Daily) between 01 Oct 23 - 21 Jan 24



**Narrative:**  
 Improvement in time to initial assessment from 31 minutes to 10 minutes. achieving national standard

M = Mean

● Data

— Centre Line

- - - UCL

- - - LCL

● Shift

● Astronomical

● Trend



# Friends and family feedback

Data from Dec 2023

Service	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Accident and Emergency	73.86%	18.21%	593	302	136	41	39	69	6
A and E Paediatric Assessment	95.65%	0.00%	23	19	3	1	0	0	0
Accident and Emergency - OPD	75.00%	0.00%	4	2	1	1	0	0	0
<b>Total</b>	<b>74.68%</b>	<b>17.42%</b>	<b>620</b>	<b>323</b>	<b>140</b>	<b>43</b>	<b>39</b>	<b>69</b>	<b>6</b>

**Narrative:**

We have had a 10% increase in friends and family satisfaction rate over the last 4 weeks.

Urgent Emergency Care (UEC) Survey Results 2022 completed, action plan in place alongside EV improvements.

# Objective Two: Quality and safety



## OBJECTIVE 2: QUALITY & SAFETY

**PRIORITY AREA:** All elements of fundamentals of care

**EXEC ACCOUNTABLE OFFICER(S):** Executive Director of Nursing, Midwifery, Allied Health Professionals, Quality & Executive Medical Director

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Quality of Care

**CRITERIA:** Continued maturation of the ward quality dashboards

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	G	G

- The ward based Improving Fundamentals of Care programme is progressing well, with 7 wards having now completed the training. Currently, the QI team are working with two wards at Clifton Hospital simultaneously. The programme is on track to work with 11 wards by end of July.
- Walk rounds on a Friday continue with 2,544 staff and 532 patients having the opportunity to speak to a senior leader.
- Fundamentals of Care event will be held on 8th March, to be attended by all nurse managers to celebrate, share good practice and challenges. FoC leads will present their progress to a wider audience. This has been regularly monitored at the workstream update meetings for FoC leads, as reported in January.



## **OBJECTIVE 2: QUALITY & SAFETY**

**PRIORITY AREA: Regulatory License Conditions**

**EXEC ACCOUNTABLE OFFICER(S):** Executive Director of Nursing, Midwifery,  
Allied Health Professionals, Quality & Executive Medical Director

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Quality of Care

**CRITERIA:** No new license conditions; Any license conditions imposed during the monitoring period are resolved.

Completion of any 'Must Do' and high priority 'Should Do' actions following any subsequent publication of inspection reports.

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	G	G

- MIAA internal audit of the section 31 sepsis and rapid tranquilisation action plans undertaken, and an opinion of substantial assurance given.
- Application for removal of conditions drafted and currently subject to Executive Director review. Final application will be submitted before the end of the financial year.
- Updated statement of purpose being drafted to be submitted alongside the application.
- Application for the removal of conditions remains on track and the MIAA reports provide some support for the robustness of the approach taken within the Trust since the issuing of the section 31 letter

# CQC update

## Current overall Trust ratings:

- Overall: **Requires Improvement (RI)**
- Safe: **RI**
- Effective: **RI**
- Caring: **Good**
- Responsive: **Inadequate**
- Well-led: **RI**



In May 2022, the Trust was issued with a section 31 notice regarding sepsis and rapid tranquilisation which placed conditions on the Trust's registration. Due to the significant progress to address these issues, the **Trust has informed the CQC of its intention to apply for the removal of these conditions.**

The Trust has established more robust assurance processes regarding the CQC action plans. This has included, in-depth Quality Governance Reviews, Executive Director led check and challenge sessions, and external walk-rounds of the action plans.

# Quality improvement approach



## NHS IMPACT (Improving Patient Care Together)

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes



# QI Enabling Plan

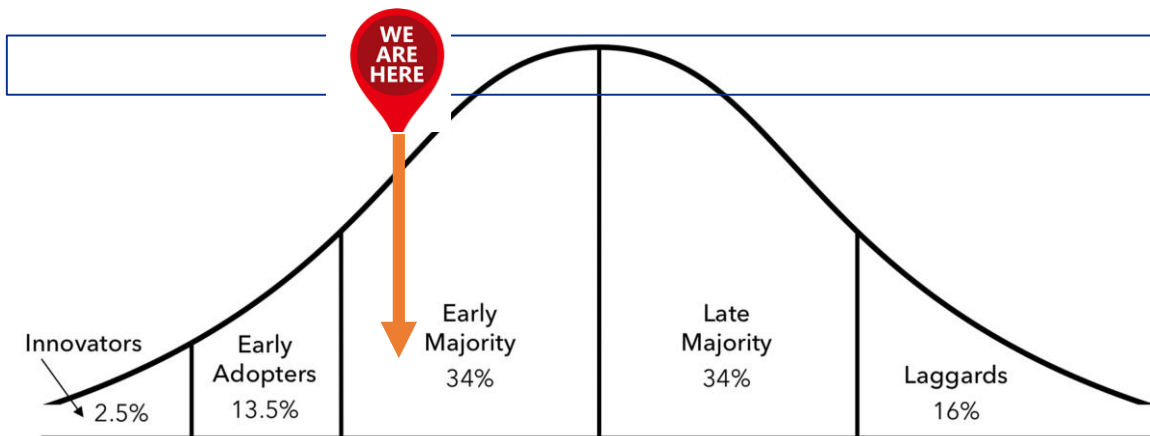


## PRIORITY 1: OUR PEOPLE

We will build quality improvement capability, so that everyone has the skills to do their job and improve their job, without being afraid to fail.

Majority of staff at all levels having developed improvement skills and being involved in QI themselves

1,844  
Attendances at  
QI training



118 staff and 1  
patient trained  
as “experts”

One of pioneering  
QSIR organisations

Continued training  
virtually throughout  
Covid

# QI Enabling Plan



## PRIORITY 1: OUR POPULATION

We will work collaboratively with service users and local partners to improve services, reduce health inequalities, to keep people out of hospital and in the place they love for longer.

With a focus on equality, we will build on and strengthen our working relationships to co-produce the best solutions to address the needs of our population, particularly those in the “Last 1000 Days” of life.

### Phase 2 – Last 1000 Days programme Commenced September 2023

51  
out of 88 residents  
now have  
advanced care  
plans documenting  
their preferred  
place of care and  
future wishes

24  
Residents have  
been cared for in  
their own home  
who were at risk  
of hospital  
attendance

1  
Resident  
attended ED from  
participating care  
homes with a fall  
in December (10  
in October and  
November)

0  
Fractured neck of  
femur in the  
participating care  
homes since the  
start of the  
collaborative

# QI Enabling Plan

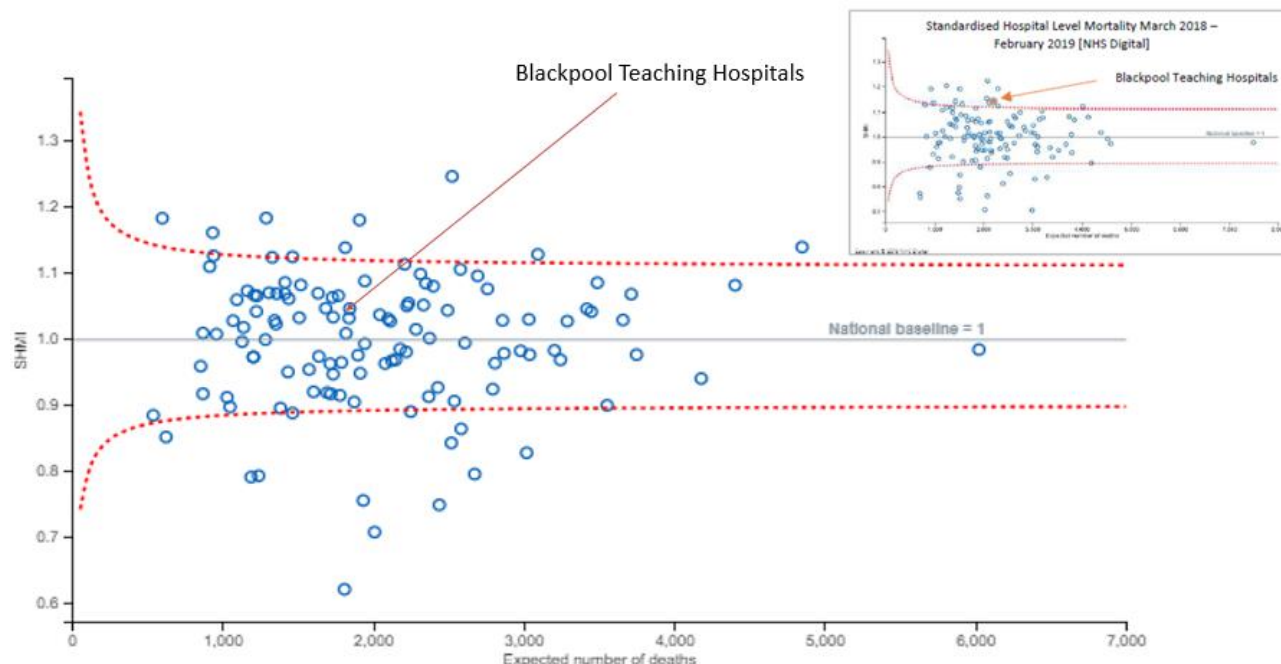


## PRIORITY 3: OUR RESPONSIBILITY

We will deliver the best possible safety, environmental and financial outcomes through a targeted portfolio of improvement programmes.

Safety will be our top priority, reducing both avoidable harm and preventable deaths

### Summary Hospital-Level Mortality Indicator (SHMI)



- Sustained reduction in cardiac arrests from 1.49 to 1.07 per 1000 bed days. Now aim to get to 1.0 by September 2024
- A new Fundamentals of Care programme has seen sustained reductions in harm and improved patient experience. Aim to spread across whole Trust
- Summary Hospital Level Mortality is within expected limits.

# Objective three: Workforce







In **April 2022**, RealWorldHR were commissioned to undertake a detailed diagnostic into the challenges being faced by Blackpool Teaching Hospitals NHS Foundation Trust relating to serious misconduct issues that were emerging.

Insights were presented to the Board in **November 2022** with a series of recommendations that were included within a Culture Action Plan in **December 2022**.

RWHR were subsequently commissioned to deliver a second phase of support to go deeper into the findings from the first phase and develop interventions to support the **Culture Action Plan**, and to provide the Trust with further ongoing specialist advice and support.

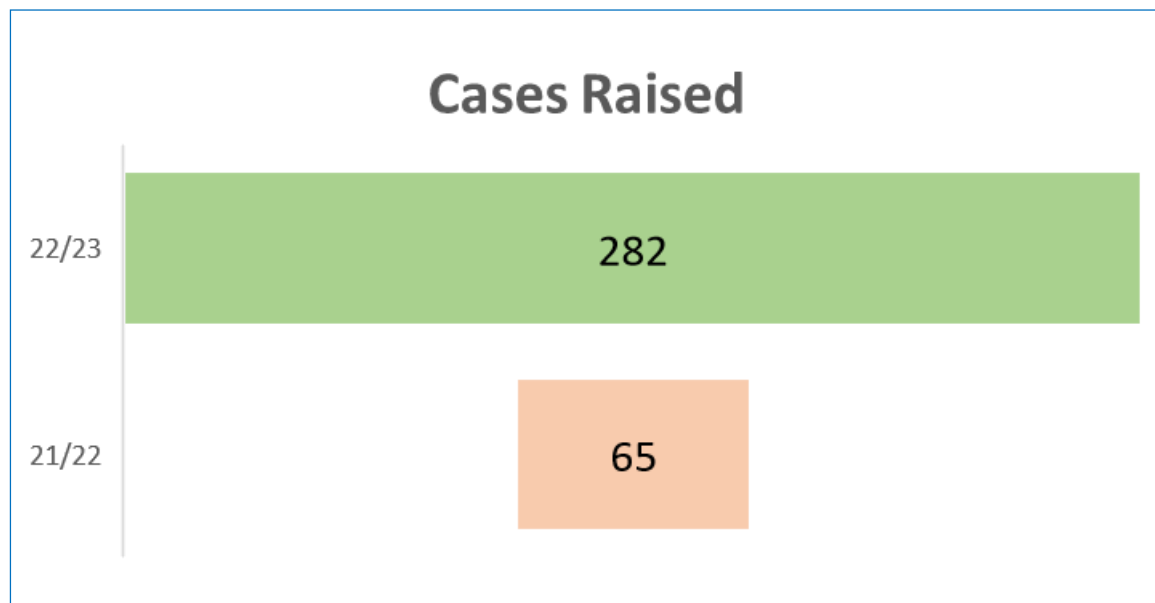




# Freedom to Speak Up

## Increase in concerns raised 2022/23

Following the refreshed approach to FTSU taken in 2022/2023, with the appointment of a Guardian solely for BTH, an increase in concerns was seen.



Out of 282 cases that were raised the most common reason was bullying and harassment.

Out of 65 cases that were raised the most common reason was bullying and harassment.

# FTSU Timeline of Key Actions and Highlights

18.1% increase  
in cases from  
22/23 to 23/24

**September 2023**

Survey sent out to staff asking what barriers they faced when speaking up

**October 2023**

Action Plan created after receiving over 160 responses from the survey

**December 2023**

FTSUG now in attendance at Diverse Network Groups

**January 2024**

Communication gone out to the Trust around the link between the Mediation Service & FTSU

Undertaking further reviews in targeted and agreed areas

**October 2023**

FTSU Month. Theme was breaking barriers.

**December 2023**

FTSUG now attends Fundamentals of Care session

**December 2023**

Mutual Aid agreed from Lancashire Care for Mediators to support service

**January 2024**

FTSUG attends quarterly at Practitioner Support Group

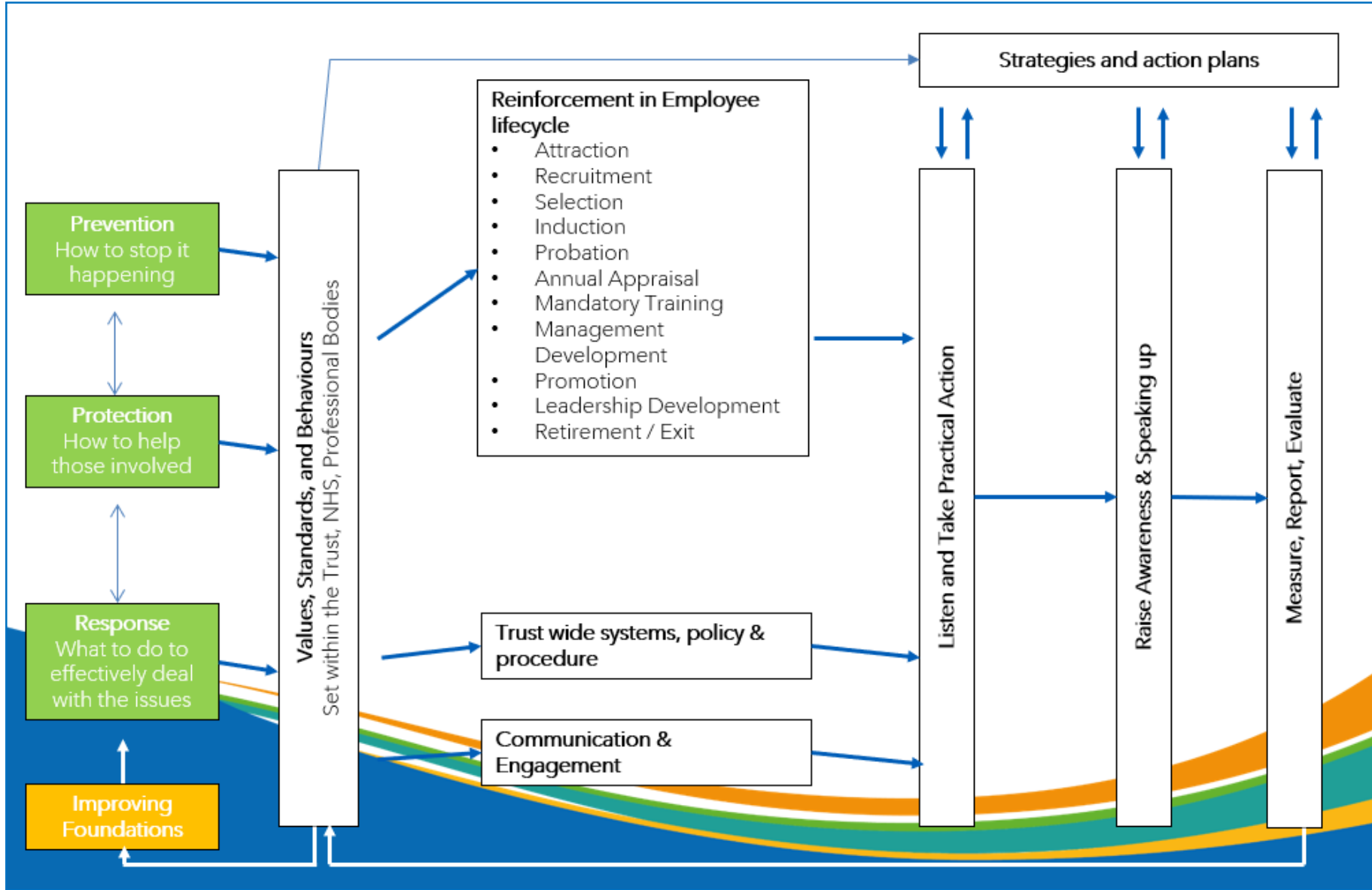
Developing a training programme for managers and leaders on responding to concerns

Continually monitoring the uptake of FTSU mandatory training

50 FTSU Champions recruited and trained

# A systematic approach to cultural improvement

Continuously reinforcing behavioural expectations throughout the employee lifecycle



# Progress and successes



Development and  
Launch of the BTH  
People Plan



Launch of New Trust  
Values and development  
of Behavioural  
Standards Framework



Development of EDI  
Strategic Plan



Development and Launch  
of NHS Sexual Safety  
Charter and Sexual Safety  
Toolkit alongside the Trust  
signing the Sexual Safety  
Charter



Embed Mandatory FTSU  
Training



Refreshed Staff  
networks



Year on Year  
improvement in NSS  
completion rates



Develop and launch  
Suicide Prevention  
Toolkit for Managers

# Recruitment and retention

- Turnover remains low at 8.16% and this is below the national average which is consistently around 11%. This is also reflected through our Nursing workforce (5.30%) and Medical workforce (9.95%)
- Recruitment has been a focus in 2023/24, largely within the Nursing and Medical workforce where there were significant vacancies.
- Nursing New recruits so far in 23 / 24 are 228.63 (this includes our international recruits)
- Medical New recruits so far in 23 / 24 are 63.70 WTE (excluding deanery doctors)




# Objective four: Financial sustainability





# 2024/25 Financial Risks and Challenges

- Exit run rate (operating expenditure) for 2023 / 24
  - Delivery of a challenging efficiency target
  - Delivery of elective restoration target (115% for ICB commissioned services and 104% for NHSE commissioned services)
  - Confirmation of contract offers from the ICB and NHSE
  - Reduction of agency usage in line with NHSE prescribed agency ceiling (3.7% of total paybill)
  - Cost of covering escalation areas, operational pressures, sickness and vacancies
  - Impact of further strike action (including loss of activity)
- 

# Objective five: Local Strategic Priorities





## OBJECTIVE 5: LOCAL STRATEGIC PRIORITIES

**PRIORITY AREA:** Utilisation of Community and Primary Care Offers

**EXEC ACCOUNTABLE OFFICER:** Executive Director of Integrated Care

**NHS OVERSIGHT FRAMEWORK DOMAIN:** Local Strategic Priorities

**CRITERIA:** Working with places to develop and utilise community and primary care offers including frailty, virtual wards and reduce admissions.

**OVERALL RAG STATUS:**

Previous	Current	Forecast
N/A	A	A

- Virtual ward **utilisation continues to improve** towards the 80% target.
- Adult IV Therapy Virtual Ward **went live on 5th February** to support the step-down patient pathway.
- **Communication strategy for the virtual wards has been updated** for January-July 2024 focusing on both staff and patient engagement.
- Initial project meeting has taken place for **coproduction focusing on Respiratory Virtual Ward referrals**.
- Clinical and operational leads **met with FCMS to enhance partnership working** for increased virtual ward utilisation: **FCMS on site daily to help pull patients from acute assessment areas for a 2 week pilot**.
- Blackpool Council colleagues are working with BTH and FCMS to jointly visit care homes and **promote a 'Rapid Response/Virtual ward first' approach**. This is currently being developed and in the planning phase.
- Blackpool Council identified that there were unused social care hours which could be utilized in an innovative way. An **Urgent Care Response service** has been established by the Hub at Blackpool social care. A pilot was undertaken on 26.2.24 and the Service will launch on 29.2.24. Rapid Response can contact the Hub at times when ad hoc social care input or support is needed, and a social care staff member will undertake a visit.
- Further work is underway to **collaborate with NWS**. Rapid Response staff are shadowing colleagues at the NWS Operational Command Centre in Broughton, and the Rapid Response team are hosting NWS staff.