Blackpool Teaching Hospitals NHS Foundation Trust

Review into the Quality of Care & Treatment provided by 14 Hospital Trusts in England

Key Findings and Action Plan following Risk Summit

July 2013
Contents

1. Overview 3

2. Summary of Review Findings including Trust response 7

3. Risk Summit Action Plan 15

Appendices 19

Appendix I: Risk Summit Attendees 20
1. Overview

A risk summit was held on 11 July 2013 to discuss the findings and actions of the Rapid Responsive Review (RRR) of Blackpool Teaching Hospitals NHS Foundation Trust ("the Trust"). This report provides a summary of the risk summit including the Trust response to the findings and an outline action plan for the urgent priority actions. The outline action plan includes any agreed support required from health organisations, including the regulatory bodies.

Overview of review process

On 6 February 2013 the Prime Minister asked Professor Sir Bruce Keogh, NHS England Medical Director, to review the quality of the care and treatment being provided by those hospital trusts in England that have been persistent outliers on mortality statistics. The 14 NHS trusts which fall within the scope of this review were selected on the basis that they have been outliers for the last two consecutive years on either the Summary Hospital level Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR).

These two measures are intended to be used in the context of this review as a ‘smoke alarm’ for identifying potential problems affecting the quality of patient care and treatment at the trusts which warrant further review. It was intended that these measures should not be reviewed in isolation and no judgements were made at the start of the review about the actual quality of care being provided to patients at the trusts.

Key principles of the review

The review process applied to all 14 NHS trusts was designed to embed the following principles:

1) **Patient and public participation** – these individuals have a key role and worked in partnership with clinicians on the reviewing panel. The panel sought the views of the patients in each of the hospitals, and this is reflected in the reports. The Panel also considered independent feedback from stakeholders related to the Trust, received through the Keogh review website. These themes have been reflected in the reports.

2) **Listening to the views of staff** – staff were supported to provide frank and honest opinions about the quality of care provided to hospital patients.

3) **Openness and transparency** – all possible information and intelligence relating to the review and individual investigations will be publicly available.

4) **Cooperation between organisations** – each review was built around strong cooperation between different organisations that make up the health system, placing the interest of patients first at all times.

---

1 Definitions of SHMI and HSMR are included at Appendix I of the full Rapid Responsive Review report published here [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)
Terms of reference of the review

The review process was designed by a team of clinicians and other key stakeholders identified by NHS England, based on the NHS National Quality Board guidance on rapid responsive reviews and risk summits. The process was designed to:

- Determine whether there are any sustained failings in the quality of care and treatment being provided to patients at these Trusts.
- Identify:
  - Whether existing action by these Trusts to improve quality is adequate and whether any additional steps should be taken.
  - Any additional external support that should be made available to these Trusts to help them improve.
  - Any areas that may require regulatory action in order to protect patients.

The review followed a three stage process:

- **Stage 1 – Information gathering and analysis**
  This stage used information and data held across the NHS and other public bodies to prepare analysis in relation to clinical quality and outcomes as well as patient and staff views and feedback. The indicators for each trust were compared to appropriate benchmarks to identify any outliers for further investigation in the rapid responsive review stage as Key Lines of Enquiry (KLoEs). The data pack for the Trust is published at [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)

- **Stage 2 – Rapid Responsive Review (RRR)**
  A team of experienced clinicians, patients, managers and regulators, following training, visited each of the 14 hospitals and observed the hospital in action. This involved walking the wards and interviewing patients, trainees, staff and the senior executive team. This report contains a summary of the findings from this stage of the review in section 2.

  The two day announced RRR visit took place at the Trust's main site, Blackpool Victoria Hospital and Clifton Hospital on Monday 17 June and Tuesday 18 June 2013 and the unannounced visit took place at Blackpool Victoria Hospital on the evening of Sunday 23 June 2013. A variety of methods were used to investigate the Key Lines of Enquiry (KLoEs) and enable the panel to analyse evidence from multiple sources and follow up any trends identified in the Trust's data pack. The KLoE and methods of investigation are documented in the RRR report for Blackpool Teaching Hospitals NHS Foundation Trust. A full copy of the report was published on July 16th 2013 and is available online: [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)

- **Stage 3 – Risk summit.**
  This stage brought together a separate group of experts from across health organisations, including the regulatory bodies (Please see Appendix I for a list of attendees). The risk summit considered the report from the RRR, alongside other hard and soft intelligence, in order to make judgements about the quality of care being provided and agree any necessary actions, including offers of support to the hospitals concerned.
The Risk Summit was held on 11 July 2013. The meeting was Chaired by Richard Barker, NHS England Regional Director (North), and focussed on supporting the Trust in addressing the urgent actions identified to improve the quality of care and treatment. The opening remarks of the Risk Summit Chair and presentation of the RRR key findings were recorded and are available online: http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx

Conclusions and priority actions

The RRR identified a number of areas of concern across all seven KLoEs. For the majority of areas the RRR panel identified a number of improvements either already underway at the Trust or planned actions. Seven urgent priority areas were identified for discussion at the risk summit. These are summarised in the following sections and are detailed within the RRR report.

The RRR panel told the risk summit that the Executive team had been open, allowed access to all areas of the Trust and were transparent during the review. The RRR panel considered that the Board displayed a positive attitude and were supportive of the new Executive team in making the required changes. The Trust staff were enthusiastic and committed to change. They were candid about the issues they faced and also the positive aspects of working at the Trust.

The Trust has been proactive in seeking external reviews to find solutions, however the pace of change is not at the level required to deliver the needed improvements in patient care. There has been lots of planning over the last two years, for example on stroke, pneumonia, cardiac and respiratory disease pathways but the Board must prioritise the changes that impact most on mortality and morbidity, in particular for elderly care and focus on the delivery and implementation of changes at ward level. Some of the changes are in the gift of the Trust but it must also work with Blackpool CCG, Fylde and Wyre CCG and the Lancashire Area Team to deliver improvements.

The RRR panel told the risk summit that there was a disconnect between Trust leadership and ward staff which lead to plans not being implemented at ground level, for example the RRR panel were given assurance by the Board that the pneumonia pathway was in place however the RRR panel did not evidence it in use on the respiratory wards. There was evidence of some pathways being developed, but this needs to be more systematic throughout the Trust. The Trust needs a standardised approach across the organisation to engage staff in the implementation of pathways.

The RRR panel found that nursing staff were possibly over reliant on the acute response team, which received lots of positive feedback from doctors and nurses. The panel reported that there is a risk that this will lead to a de-skilling in management of the deteriorating patients by ward staff. The RRR panel evidenced examples of poor documentation to support the care provided on wards. The panel saw lots of data on the wards using safety crosses, however, when probed nursing staff were not engaged with and therefore did not take ownership of the data.

There were a number of examples of issues with staff engagement. Nurses spoke of feeling like they did not having support to challenge poor medical care. In addition, there was a lack of engagement with the consultants about decisions made at a strategic level, for example 7 day working. The Trust leadership must engage with staff in order to deliver the required level of change and the Board must get assurance that what is think is happening on the wards is actually happening. The Trust leadership, including Non Executive Directors must support staff by being more visible on the wards, particularly out of hours.

There was some evidence of public and patient engagement and involvement but the Trust should do more. At the listening event attended by about 120 people the panel heard both positive and negative stories, some but not all of which were historical. The panel heard a number of people speak of good care received from nurses but
that this was inconsistent between wards and patients considered nurses to be over stretched. Communication was reported to the panel as a particular issue with patients not getting information on their treatment and discharge and reported having to chase Trust staff to get responses.

The RRR panel observed that nursing staff levels are inconsistent across the Trust, particularly on elderly care wards. The RRR panel recognised that recruitment is an issue at the Trust which will need innovative solutions and support from the wider health economy to solve. The Trust needs to think of alternative systems to ensure they have the right medical and nursing staff in the right place at the right time.

The risk summit panel accepted the outline action plan presented by the Trust but challenged on what the vision for success looks like and asked Trust representatives to develop it at a more granular level. The plan must focus on immediate actions to address the urgent recommendations but then must focus on transformational change and address the issue of mortality directly. The action plan must be much more patient focussed and the feedback from patients and the public must be used as a lever to develop the transformation plan. The risk summit panel told the Trust that this transformational change required a cohesive wider system response and the local health economy and other key stakeholders must have clear responsibilities for delivering the action plan. The delivery of a long term, transformation plan requires the Trust to work with the wider system to develop a workforce strategy for the region (including other Trusts), strengthen clinical networks to support the implementation of pathways, change the culture in the organisation to build on best practice and create a fresh approach to listening to patients and use their experience to drive change through the transformation agenda. The Trust’s response is set out in the detailed findings below.

Next steps

As the risk summit had focused on urgent priority actions, the Trust also agreed at the risk summit to provide a detailed action plan to all outstanding concerns and recommended actions included in the RRR report by 8 August 2013.

Follow up of the RRR and risk summit action plan will be undertaken by other organisations within the system, including Blackpool CCG, Fylde and Wyre CCG, the Lancashire Area Team and the Care Quality Commission through the Quality Surveillance Group. A formal follow up will consist of a desktop review and a targeted one day site visit to the Trust in January 2013 reviewing key areas to understand the improvements that have taken place. A report of the follow up findings will be issued to the risk summit attendees and will consider, if there are significant remaining concerns, if there is a need to convene a further risk summit.
2. Summary of Review Findings and Trust response

Introduction

The following section provides a summary of the RRR panel’s findings and the Trust’s response presented at the risk summit. The detailed findings are contained in the Trust’s RRR Report. The Trust response was presented by Gary Doherty, Chief Executive, supported by Mark O’Donnell, Medical Director, and Marie Thompson, Director of Nursing. The agreed outline action plan in response to the urgent priorities is included in the following section.

Overview of Trust response

The Trust thanked the RRR panel for the way the review had been conducted. The Trust welcomed the review and its findings and recognised the issues identified. The Trust want to do everything they can to improve patient experience and be a good employer.

The Trust accepted the report as a fair account and found the review helpful in emphasising what the Trust needed to focus on going forward. The Trust recognised the need to increase the pace of change that the RRR report was a call to action to progress change more quickly. An outline action plan was agreed at the risk summit addressing all the urgent priority actions discussed. The Trust agreed to complete a full action plan that was more outcome focussed and patient centred and forward this to all stakeholders, including Monitor and CQC by mid August. The Trust is keen to work with partners in the local health economy to take forward the action plan and implement change quickly.

The Trust reported to the panel that they have put in place a committee for pathways and workforce alongside the pre-existing delays committee which will report in to the Better Care Now Project Board. The Better Care Now Project Board will give assurance to the Quality Committee and the Fylde Coast Commissioning Advisory Board that a single action plan with milestones is being implemented.
1. Communication

There appears to be a considerable disconnect between those that deliver services, especially acute care and those that set strategic direction which is preventing implementation of the Trust’s quality plan at ward and divisional level.

A number of communication challenges were found at the Trust:

- Information was not being systematically shared across the Trust. This inhibits the pace of change and means that the Trust is not using its resources in the most effective manner.
- Good practice areas found in a number of wards were not being shared with other wards.
- There is disconnect between what the Board assumes is being implemented and what is actually being done.
- There is a lack of connectivity between the Board and clinical leads.
- There is a considerable disconnect between those that deliver the services especially in acute care and those that set the strategic direction.

**Recommendation**

There needs to be a coordinated approach to the implementation of change within the Trust and the focus should be on a bottom-up approach to change, rather than top-down. A number of good initiatives have been put in place at the Trust, but with apparently limited success in terms of front-line ownership.

**Trust response**

The Trust described the outline action plan to address the issue which included a review of the effectiveness of current arrangements and the development of an action plan to get staff engaged with the strategic direction of the Trust. The Chief Executive has been in post for three months and plans to undertake 'road shows' to engage with staff, with a particular focus on unscheduled care.

The Trust requested external expertise to support the road-shows. The Trust will discuss what support will be provided with the CCGs and Lancashire Area Team before mid August. The CCG offered to provide support to the Trust on developing communication with staff below Matron level.

The risk summit panel accepted the action plan.
2. The pace of change at the Trust has been too slow

Although not helped by a number of changes in the senior leadership team, the pace of change at the Trust in the past couple of years has been slow.

Although the Trust has been pro-active in terms of conducting external reviews, e.g. Advancing Quality Alliance (AQuA), they have been slow to implement the actions following on from these reviews. When reviewing documentation provided by the Trust, including notes from Board meetings, the panel noted a number of actions that have been due to take place for a number of months that have not been implemented yet.

The number of actions that the leadership team is looking to implement are too great which may be hampering the speed of change of the critical actions that the Trust needs to complete. For example, the Trust is looking to implement in excess of 50 new pathways in response to the mortality concerns at the Trust. The Trust may be more effective if it concentrated on the most important areas where it has mortality concerns.

**Recommendation**

The Trust’s Board should concentrate on the mission critical actions that need to take place to address the mortality concerns in the areas where it is an outlier.

The Board must prioritise actions that are critical to pathways particularly for stroke, myocardial infarction, pneumonia and sepsis.

The Trust’s Board should also ensure all of the major programmes that it manages have a strong project management framework, with clear milestones to aid with prioritisation and the tracking of progress. This should be made transparent to staff who are implementing change so that they are clear on the objectives and milestones.

**Trust response**

The Trust described the outline action plan to address the issue. This included the establishment of a Quality Improvement Faculty to triangulate performance information. The Trust will complete daily monitoring of compliance with pathways focusing on the first 24-36 hours of patient care. Where there is variation in compliance identified steps will be put in place to address the issue. The Trust will consider how feedback from staff and results of daily monitoring are used to change the current staff engagement initiatives in place.

The Trust requested examples of good practice from other Trusts.

The risk summit panel told the Trust that the Board must prioritise urgently actions to address areas of high mortality particularly for stroke, myocardial infarction, pneumonia and sepsis.

The risk summit panel told the Trust that they need to engage staff in the delivery of planned changes if they are to be implemented with pace. The risk summit panel urged the Trust to use information to focus this engagement, for example, areas where appraisal rates are poor or there are inconsistencies in application of pathways.

The risk summit panel told the Trust that there was not enough emphasis on ownership by clinical staff. The 68% appraisal rate could be symptomatic of engagement
2. The pace of change at the Trust has been too slow

issues. The Trust staff need re-energising and need to be able to hold their peers to account for pathway implementation in order to make the changes required.

The General Medical Council (GMC) told the Trust that all doctors should have an appraisal supported by performance data. The GMC offered support to the Trust to aid revalidation activity.

The risk summit panel told the Trust that they had not done enough to understand what the public and patients thought about their action plans and planned changes. The Trust responded that the action plan would be discussed at the public Board meeting and it would consider if information about serious incident reporting could be shown on the Trust website and other public areas. The risk summit panel recommended that the Trust has lay representation in the governance structure, for example on the Better Care Now Board.

The risk summit accepted the action plan.

3. Serious incidents

The incident review system is unreliable in terms of consistent reporting and classification of serious incidents, multi-disciplinary investigation and dissemination of findings. Incident reporting is inconsistent between wards and some staff members expressed difficulties in reporting incidents. Whilst staff on some wards could describe how learning is shared through the incident reporting process, others could not.

Nursing staff reported to the panel that incident reporting is ‘time consuming’ and that there are not enough computers available for reporting because they are being used or are out of use. Nursing staff reported that feedback and learning from incident reporting, complaints and mortality meetings could be done more consistently.

**Recommendation**

The Trust should review its process for reporting serious incidents to ensure there is sufficient time and equipment available for reporting.

The Trust should ensure that the results of all serious incident reporting are made available to Trust staff so that the learning is disseminated and staff are encouraged to maintain a reporting culture.

The Board should assure themselves that serious incidents have been graded correctly especially those where the incident has been downgraded.

The Trust should consider re-launching the incident reporting policy with a trigger list and guidance on what to report in order that near misses are captured as well as harm events.

**Trust response**

The Trust described the outline action plan to address the issue which includes rolling out the TalkSafe training targeting areas of greatest risk first, a gap analysis on IT to ensure staff are able to report serious incidents and an audit of serious incidents where grading is reduced to ensure the change is appropriate.
3. Serious incidents

The risk summit panel told the Trust they need to be transparent and share with the public information on serious incident reporting. The CCGs offered to provide support on serious incident reporting. The risk summit panel accepted the action plan.

4. Staffing levels and skill mix

The panel evidenced that medical and nursing staffing levels and skill mix were not appropriate or well managed. Not having the right level and mix of staff in some areas presents a significant risk to the Trust.

The Board recognises that they still need to do more work on the workforce strategy, for example, rotations for nurses and new models for staffing. Staffing levels were reviewed a year ago and the findings were that there is not enough unscheduled care nursing staff and that the doctor to bed ratio was not sufficient. Both the Executive team and Clinical Directors interviewed recognised that recruitment was difficult for the Trust.

There was also a concern raised by Consultants over job planning as, like appraisals, it is not undertaken often enough. There were concerns from staff that teaching, CPD (continuous professional development) and other roles required within specialities e.g. governance lead, are not covered properly. There is some concern amongst Consultants that locums are brought in and paid higher rates than them which presents a risk to long-term recruitment/retention of consultants. The Associate Medical Director and interim Human Resources (HR) Director both admitted there had not been a meaningful job planning policy until recently. The Trust does not appear to use internal job planning in a systematic way to review how consultants can be used more efficiently.

Recommendation

The Trust needs to urgently assure itself that whilst recruitment of more staff is underway the current staffing levels on the wards and departments listed are safe, particularly out of hours, until further nurses and medical staff are recruited.

The Trust needs to further develop its workforce strategy.

The Trust should review all consultant job plans across acute medicine and surgery to reduce pressure on external recruitment plans. The Trust should also develop a retention policy to retain staff long term.

The Board should triangulate information on staffing levels at individual ward level with quality information including serious incidents, falls, infection control rates, pressure ulcers, mortality rates, complaints and staff feedback. This should be used to assure that investment in additional staff is improving patient safety and to identify where further investment is needed. Staffing decisions should also be linked to prioritise patients with the most acute care needs.
### 4. Staffing levels and skill mix

**Trust response**

The Trust described the outline action plan to address the issue including a review of staffing levels and skill mix to ensure that the workforce strategy is robust enough. This will include benchmarking staffing levels with other Trusts. The Trust has already increased out of hours agency support for unscheduled care and will increase staff levels elsewhere in the Trust by October. The Trust will review current escalation options e.g. for unplanned sickness.

The risk summit told the Trust that it was a reoccurring theme that nursing care was good but there was a shortage of nurses. The risk summit panel told the Trust they needed to take immediate action to address nurse shortages where indentified by the RRR.

The Trust requested support from CCG’s, primary care partners, the Deanery and universities to find innovative ways of recruiting and retaining medical and nursing staff. The CCGs and Lancashire Area Team offered to support the Trust on workforce issue and obtain assurance on the process. The Trust was advised to work with Health Education England on short and long term strategy.

The Trust also requested best practice examples of where reports have been developed to triangulate performance information with staffing levels/skill mix from other Trusts.

The risk summit panel urged the Trust to use the junior doctors as the 'eyes and ears' of the organisation and to understand why recruitment is an issue at Blackpool. They should also talk to consultants to understand if their training needs to be refreshed so that they can enthuse and engage with junior doctor training. The risk summit recognised that the Trust has a challenge with recruitment but told the Trust that they had not done enough to find a solution with good public relations (PR) from external support.

The risk summit panel accepted the action plan.

### 5. Clinical leadership

The panel heard mixed reports from nursing and medical staff regarding the visibility of the leadership team, particularly out of hours.

**Recommendation**

The Trust should undertake a regular programme for all clinical leaders and Board members to visit patient care areas, including out of hours, and to feedback to frontline staff their observations and actions taken as a result of the visit.

**Trust response**

The Trust described the outline action plan to address the issue. This included increasing senior visibility out of hours for example, attending the hospital when on call out of hours. The Trust will review the existing processes for Board visits to patient care areas and agree how to strengthen, for example each Board member would be...
5. Clinical leadership

aligned to wards and be a link for staff on the ward to the Board. Road shows will be used to increase the visibility of the Chief Executive and senior clinical leaders.

The risk summit panel accepted the action plan.

6. Patient safety

The panel evidenced a number of patient safety concerns during the announced and unannounced visits as listed below:

- The acute response team aspires to good practice but is unable to accelerate early intervention due to staffing levels on wards.
- The SALT (speech and language team) spoke of a review of patients with aspiration pneumonia, the results of which showed that 41% had not received a SALT assessment.
- There are often delays in obtaining pressure relieving mattresses on wards.
- Documentation was incomplete in a number of areas.
- Cultural issues noted in cardiac surgery department. There was some evidence of poor working relationships and a lack of clear plan to improve working conditions. This issue will be discussed with CE who will be expected to develop a strategy for improvement.
- At the unannounced visit on 23 June safety crosses showing performance information such as falls, infection control and complaints had not been completed on a number of wards since the 19 June (after the announced visit).
- Issues of compliance with the World Health Organisation (WHO) checklist
- Awareness and implementation of the infection control policy (discussed further below) and the serious incident policy (noted above)
- Unlocked drug storage cupboard on the High Dependency Unit (HDU)
- Inadequate toilet facilities in some areas.

Recommendation

The Trust should develop an action plan to implement the required improvements to patient safety in the specific wards and departments listed.

Trust response

The Trust listed areas of work prioritised:

- Ward 12 toilets – a plan has been drawn-up commencing August 2013 to upgrade the toilets, make a designated disabled toilet and to improve storage solutions on all the wards.
- Pressure Relieving Mattresses, the Trust has procured additional mattresses.
- Drug Storage HDU – the Trust has visited the ward to ensure that the Dangerous Drugs of Addiction (DDA) cupboard is locked
- Phase V storage areas – work has been undertaken to improve storage in the wards identified in the RRR. The ward has also had a ‘clean and tidy’ and will be
6. Patient safety

- Ward 35 retrospective serious untoward incident (SUI) review to understand why a fall had not been reported as an SUI in a timely manner.
- Safety Crosses – the incomplete safety crosses have been updated to include missing performance information.

Action plan to be developed to address all issues highlighted within the review. Assurance will be sought by the Quality Surveillance Group.

7. Awareness and implementation of infection control policy

The panel evidenced the infection control policy not being implemented.

On the unannounced visit the door for a patient in a side room on a ward was open despite a sign on the door labelled as 'reverse barrier nursing'. The door was open because the patient was leaving the room to use a communal toilet, which is a further concern as reverse barrier nursing is used to isolate patients to avoid the spread of infections. On some wards, items were stored in bathrooms and toilets, posing an infection control risk. In particular, there were linen items stored in a patient bathroom on a ward.

**Recommendation**

The Board should seek assurance that the infection control policy is being implemented in all areas of the Trust as a matter of urgency.

The Trust should also ensure all staff are aware of the importance of infection control policy and conduct regular audits to check compliance.

**Trust response**

The Trust described the outline action plan in place to address the issue. This included an immediate visit to the identified wards by the Director of Nursing which has been completed prior to the risk summit. An audit of compliance will be completed in August 2013.

The risk summit panel accepted the action plan.
3. Risk Summit Action Plan

Introduction

The risk summit developed an outline plan focused on the urgent priority actions from the RRR report. The following section provides an overview of the issues discussed at the risk summit with the developed outline action plan containing the agreed actions, owners, timescales and external support. The risk summit panel recommended that the Trust works with the CCG and the Lancashire Area Team to develop a more detailed action plan and program of support by mid August 2013.

Action plan

<table>
<thead>
<tr>
<th>Key issue</th>
<th>Agreed action and support required</th>
<th>Owner</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| 1. There appears to be a considerable disconnect between those that deliver services, especially acute care and those that set strategic direction which is preventing implementation of the Trust’s quality plan at ward and divisional level. | • Review of current engagement processes to immediately increase visibility/engagement e.g. Executive team and Leadership team patient safety walkabouts, Chief Executive (CEO) question time, refresh of vision and values  
• Agreement /implementation of new approaches e.g. Listening into Action  
• CEO, Executive Team Road shows with staff - Trust wide  
• CEO, Executive Team Road shows - Unscheduled Care | CEO, CEO | July 2013, September 2013, July/August 2013 |
| 2. The pace of change at the Trust in the past couple of years has been slow. The high number of actions that the leadership team is looking to implement may be hampering the speed of change of the critical actions that the Trust needs to complete. | • New Programme structure with dedicated Project Management Support  
• Daily monitoring of compliance with mission critical points on pathways - with appropriate action/escalation:  
  o Pneumonia  
  o Stroke  
  o Sepsis  
  o MI  
• Establishment of Quality Improvement Faculty  
• Review/changes to current engagement processes and initiatives | Director of Operations, Medical Director, CEO | August 2013, August 2013, September 2013, October 2013, November 2013, August 2013, September 2013 |
<table>
<thead>
<tr>
<th>Key issue</th>
<th>Agreed action and support required</th>
<th>Owner</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| 3. The incident review system is unreliable in terms of consistent reporting and classification of serious incidents, multi-disciplinary investigation and dissemination of findings. | • Roll out the Families Division system including re-launching the incident reporting policy  
  • Do/act on gap analysis so sufficient information technology (IT) equipment is available  
  • Introduce random audits of incidents where the score is reduced, with results being reported to the Quality Committee  
  • Review TalkSafe roll out and target on those areas of greatest risk  
  • Review processes for learning from serious untoward incidents (SUI’s) and link to educational opportunities in the simulation suite / clinical skills centre | Director of Nursing  
  Director of Transformation  
  Director of Nursing  
  Director of Nursing/Medical Director | August 2013 onwards  
  August 2013  
  July 2013  
  August 2013  
  August 2013 |
| 4. The panel evidenced that medical and nursing staffing levels and skill mix were not appropriate or well managed. The Trust has recruitment challenges particularly with regards to consultants and nurses. | • Immediate review of staffing levels and skill mix in areas identified by the RRR report  
  • Checkpoint to review progress made and consideration of implications over winter  
  • Strengthen existing approaches to reviewing staffing and skill mix  
  • Staffing level review by Medical Director & Director of Nursing  
  • Increased out of hours agency nursing support  
  • Benchmark nurse staffing and consider need for external review  
  • Review of current escalation options/decision making, including discussion with partners  
  • Produce Workforce Strategy, working with CCG’s, Primary Care, Deaneries, Universities and other Trusts  
  • Enhance the Weekly Performance reports to the Executive team (vacancy levels and staff shortages/transfers between wards) with monthly profile set to improve in all areas  
  • Develop report to triangulate key data (e.g. vacancies, SUIs, falls, infections, complaints, staff satisfaction etc) to report to the Quality Committee  
  • Review all consultant job plans in medicine and surgery to reduce pressure on external recruitment and then agree those areas for immediate recruitment outside of traditional business case process | Trust  
  Trust  
  Nursing / Medical Director  
  Nursing / Medical Director  
  Director of Nursing  
  Director of Nursing  
  Director of Operations  
  Director of HR  
  Director of Operations | July/August 2013  
  Checkpoint to be included in monthly commissioner meetings as part of whole system stock take.  
  July 2013  
  July 2013  
  July 2013 and ongoing  
  August 2013  
  August 2013  
  October 2013  
  July 2013 and ongoing  
  August 2013  
  August 2013 |
<table>
<thead>
<tr>
<th>Key issue</th>
<th>Agreed action and support required</th>
<th>Owner</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Work with the wider health economy to develop an effective recruitment strategy which will address staff gaps across the Trust</td>
<td>Director of Operations/Medical Director</td>
<td>August 2013</td>
</tr>
<tr>
<td></td>
<td>5. The panel heard mixed reports from nursing and medical staff regarding the visibility of the leadership team, particularly out of hours.</td>
<td>CEO</td>
<td>July 2013</td>
</tr>
<tr>
<td></td>
<td>• Increase the senior visibility out of hours</td>
<td>CEO</td>
<td>July 2013</td>
</tr>
<tr>
<td></td>
<td>• CEO, Executive Team Road shows with staff - Trust wide</td>
<td>CEO</td>
<td>July 2013</td>
</tr>
<tr>
<td></td>
<td>• CEO, Executive Team Road shows - Unscheduled Care</td>
<td>CEO/Chairman</td>
<td>August 2013</td>
</tr>
<tr>
<td></td>
<td>• Review existing processes for Board visits to patient care areas and agree how to strengthen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. The panel evidenced a number of patient safety concerns during the announced and unannounced visits.</td>
<td>Director of Operations/Director of Nursing</td>
<td>August 2013</td>
</tr>
<tr>
<td></td>
<td>• Action plan to be developed to address all issues highlighted within the review (page 46-52 of RRR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Areas actioned to date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Ward 12 toilets – work starts August</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Pressure Relieving Mattresses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Drug Storage HDU</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Phase V storage areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Ward 35 retrospective SUI review</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Safety Crosses – updated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trust to provide assurance to the Quality Surveillance Group (QSG) on the actions completed to date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. The panel evidenced the infection control policy not being implemented.</td>
<td>Director of Nursing</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>• Updated Integrated Staph Aureus Care Pathway launched 13 June 2013</td>
<td>Director of Nursing</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>• Immediate visit to ward 23 and 24 by Divisional Lead Nurse and Director of Nursing</td>
<td>Director of Nursing</td>
<td>By 15 July 2013</td>
</tr>
<tr>
<td></td>
<td>• Read and sign process – all wards</td>
<td>Director of Nursing</td>
<td>August 2013</td>
</tr>
<tr>
<td></td>
<td>• Audit of compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key issue</td>
<td>Agreed action and support required</td>
<td>Owner</td>
<td>Timescale</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------</td>
<td>-------</td>
<td>-----------</td>
</tr>
</tbody>
</table>
| **Risk summit output - To ensure improvements are sustainable, a programme of transformation and engagement is needed** | • Agreement /implementation of new approaches to Trust wide staff engagement in service improvement and cultural transformation  
• Review existing arrangements for patient and public involvement and agree how improvements can be made  
• Ensure that whole health system clinical pathways are reviewed and transformed, with a particular focus on frail elderly patients | Trust  
Trust working with senior regional clinical leadership | September 2013  
September 2013  
October 2013 |
| **Risk summit output - Give full support to, and receive support from, all key NHS stakeholders** | • Participate fully in existing clinical networks and work with the Lancashire Area Team in the development and implementation of a Lancashire Clinical Strategy, to ensure that future service models/configurations offer high quality, sustainable care  
• Health Education North West to work in partnership with the Trust to minimise gaps in trainee rotas | Trust/LAT  
Health Education North West | March 2013  
October 2013 |
# Appendix I: Risk Summit Attendees

<table>
<thead>
<tr>
<th>Risk summit role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Summit Chair</td>
<td>Richard Barker</td>
</tr>
<tr>
<td>NHS England, Regional Director (North)</td>
<td></td>
</tr>
<tr>
<td>RRR Panel Chair</td>
<td>Mike Bewick</td>
</tr>
<tr>
<td>NHS England, Deputy Medical Director and Regional Medical Director (North)</td>
<td></td>
</tr>
<tr>
<td>NHS England, Regional Chief Nurse (North)</td>
<td>Gill Harris</td>
</tr>
<tr>
<td>RRR Panel Representative</td>
<td>Julie Higgins</td>
</tr>
<tr>
<td>RRR Panel Representative (patient / public (lay) representative)</td>
<td>Sue Crutchley</td>
</tr>
<tr>
<td>RRR Panel Representative</td>
<td>Gill Heaton</td>
</tr>
<tr>
<td>RRR Panel Representative</td>
<td>Preeti Sud</td>
</tr>
<tr>
<td>RRR Panel Representative, CQC</td>
<td>Julie Harratt</td>
</tr>
<tr>
<td>Trust Chief Executive</td>
<td>Gary Doherty</td>
</tr>
<tr>
<td>Trust Director of Operations</td>
<td>Pat Oliver</td>
</tr>
<tr>
<td>Trust Director of Nursing</td>
<td>Marie Thompson</td>
</tr>
<tr>
<td>Trust Medical Representative</td>
<td>Mark O’Donnell</td>
</tr>
<tr>
<td>NHS England, Communications (North)</td>
<td></td>
</tr>
<tr>
<td>Area Team (Lancashire) Director</td>
<td>Cathy Stuart</td>
</tr>
<tr>
<td>Area Team (Lancashire) Medical Director</td>
<td>Richard Jones</td>
</tr>
<tr>
<td>Area Team (Lancashire) Director of Nursing and Quality</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Nursing Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Finance Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Nursing Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Finance Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Operating Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Nursing Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Chief Finance Officer, Fylde and Wyre CCG</td>
<td></td>
</tr>
<tr>
<td>Risk summit role</td>
<td>Name</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Chief Operating Officer, Blackpool CCG</td>
<td>David Bonson</td>
</tr>
<tr>
<td>Chief Clinical Officer, Blackpool CCG</td>
<td>Amanda Doyle</td>
</tr>
<tr>
<td>Chief Nurse, Blackpool CCG</td>
<td>Helen Skerritt</td>
</tr>
<tr>
<td>Chairman, Blackpool CCG</td>
<td>Roy Fisher</td>
</tr>
<tr>
<td>CQC Regional Director (North)</td>
<td>Malcolm Bower-Brown</td>
</tr>
<tr>
<td>CQC</td>
<td>Ann Ford</td>
</tr>
<tr>
<td>CQC</td>
<td>Dorothy Smith</td>
</tr>
<tr>
<td>Monitor</td>
<td>Tania Openshaw</td>
</tr>
<tr>
<td>Dean of Post Graduate Medical Studies, Deanery</td>
<td>Jacky Hayden</td>
</tr>
<tr>
<td>General Medical Council, Employer Liaison Advisor</td>
<td>Blake Dobson</td>
</tr>
<tr>
<td>Independent Moderator</td>
<td>Sarah Preston</td>
</tr>
<tr>
<td>Recorder</td>
<td>Jignesh Mistry</td>
</tr>
</tbody>
</table>