

PATIENT SAFETY

Further to our recent away day we have reviewed our processes and responses to communications. In an attempt to provide consistent and timely responses we now have a dedicated patient safety support line:

Need Support? We're here to help!

Are you struggling to report or manage an incident?

Are you unsure how to update a risk?

Are you unable to sign off a CAS alert?

If so, contact the Patient Safety Team for support on:

- Internal: 46640
- External: 01539 716640
- E-mail: Incident.Ulysses@mbht.nhs.uk

The helpdesk is monitored from 9:00 am until 5:00 pm, Monday to Friday. If your query is out of hours we aim to get back to you within the next working day.

CLINICAL AUDIT AND EFFECTIVENESS

Clinical and Non-clinical Forward Programme 2019-22

The Trust's audit programme was approved by the Clinical Audit & Effectiveness Steering Group on 21 March 2019 and clinicians have commenced their audit projects from 1 April.

The Clinical Audit Department will pre-populate the Forward Programme into the Ulysses Audit Module in order to support clinicians and to enable reporting of progress of audits versus their scheduling.

The Forward Audit Programme for 2019-20 outlines 256 audit projects that the Trust has planned as required to ascertain assurance or measure for improvement to patient care and outcomes as well as patient and staff experience.

For the first time, we have requested that auditors log the "Anticipated Benefit to Patients and / or Staff" within the Forward Programme itself. Previously this was considered at the point of audit commencement. The rationale is that audits will be carefully considered and added to the plan based on their merit. We are optimistic that this will create greater opportunity to highlight improvements and also reduce the burden on clinicians to meet Key Performance Indicators for the Forward Programme



It is important to acknowledge that additional audits are conducted throughout the year, as required based on clinical and trust requirements.

Clinical Audit & Effectiveness Steering Group (CA&ESG)

A review of the format and content of the CA&ESG and NICE meetings has been undertaken in April. From May, these meetings will merge and the updates from clinical audit and the Trust NICE Lead will be presented jointly.

NICE National Institute for Health and Care Excellence

There will be a restructure of the meeting format in order to allow a greater amount of time for the presentation of findings and opportunity for the sharing of learning from both clinical audits and updates on NICE publications.

The meetings will continue to be scheduled on a bi-monthly basis and will be co-chaired by the Director of Governance and the Medical Director.





There have been a few changes in the Health and Safety Team over the last couple of months:

The security function has transferred from Health and Safety to the Operations Team and now sits alongside Emergency Planning and Resilience with Stuart Hosking-Durn and Kate Maynard.

The day to day management of Lone Worker Devices has stayed with Health & Safety; so any queries, training needs, faults and concerns about the Lone Working devices will still be dealt with by Amy and the rest of the team.



In amongst these changes we have delivered lots of training. We are particularly pleased to have trained 12 Manual Handling Champions in the Integrated Community Care Group. This will help the community staff stay up to date with manual handling training and updated techniques and improve our compliance right across the Care Group. We have also delivered a specific risk assessment course to 15 Community Paediatrics staff within the Women and Children's Care Group which addressed a training need identified on transition from Blackpool to UHMBT.

Our half yearly Health and Safety Reps, Champions and Advocates updates are underway. Attendees are receiving sessions on spill kits – 'which one to use for what'; the MyAssure system for collecting data for audits; Posture awareness – helping people understand what good posture is; manual handling passport update; and the role of Mental Health First Aiders. The afternoon practical session has trained attendees to review existing ligature risk assessments for their area or to create one in clinical areas where one currently does not exist.

Managers Support Visits continue to be demanded by managers and we see improvements in areas over time as the visits are made. Book one with us now – email health.safety@mbht.nhs.uk to arrange.



Finally, the other major change is that Alex has delivered two beautiful twin daughters – all doing really and we will miss her for the next 12 months.

Congratulations



Company Secretary

The new UK code of governance

The Financial Reporting Council (FRC) has published the new UK corporate governance code which came into force from 1 January 2019. Compliance with the code is a listing requirement for large companies with a premium listing in equity shares. The code is of interest to UHMBT Trust Board members as the code of governance for NHS foundation trusts has historically been updated in line with the UK corporate governance code.

The new UK code stresses the need for organisations to build trust by fostering strong relationships with their key stakeholders. It requires organisations to set and develop a corporate culture that is aligned with the organisation's purpose and its strategy, which promotes integrity and values diversity.

The new code is based on key general principles and on more specific provisions in common with previous iterations of the code. However, in the new code there is greater emphasis on the application of the principles with clear, meaningful reporting to stakeholders. The code also places an onus on stakeholders to assess explanations of non compliance carefully, not adopt a tick-box approach. It is also more concise and should prove to be easier to apply and report on.

The relevance of the new code to the NHS is twofold:

- Firstly, it represents the latest thinking on the application of good corporate governance which is a tried, tested and trusted framework for the leadership and direction of organisations in the UK, so it should be of interest to all board led organisations
- Secondly, the Code of Governance for NHS Foundation Trusts, last revised in 2014, has been based on the UK Code and traditionally has been revised with each new iteration of the UK Code.

Key changes

The main changes in the updated code include:

- **Workforce and stakeholders:** There is a new provision to promote greater board engagement with the workforce to understand their views. The code asks boards to describe how they have considered the interests of stakeholders when performing their duty to promote the success of the organisation.
- **Culture:** The new code places far greater emphasis than ever on the need for boards to create a culture which aligns the organisation's values with strategy. Importantly the code asks boards to assess how the board leads in generating and preserving value over the long-term, a significant move from achieving short term gain.
- **Succession and diversity:** The code emphasises the need for boards to have the right mix of skills and experience to ensure constructive challenge and to promote diversity. It stresses the need to refresh boards and for robust succession planning. It also asks that meaningful consideration is given to the length of term that chairs remain in post, so that a clear division of power exists between chair and chief executive.

The new code strengthens the role of the nomination committee in succession planning and ensuring a diverse board. It stresses the importance of external board evaluation including reports to the nomination committee on details of the contact the external board evaluator has had with the board and individual directors.

Remuneration: The new code emphasises that remuneration committees should take into account workforce remuneration and related policies when setting director remuneration. It also warns that formulaic calculations of performance related pay should be rejected in favour of the application of discretion when deciding pay awards.

The new code represents a significant change that should have a positive impact on the application of corporate governance in the UK. We will be speaking to colleagues in NHS Improvement about the prospect of updating the code for NHS foundation trusts to ensure it is also relevant for NHS trusts and in line with the UK Code of Governance.

The code can be found on [The Financial Reporting Council's website](#).