



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
20 MAY 2015**

Present Councillors: R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome, T M Trollope-Bellew and Mrs S M Wray

District Councillors: J Kirk (Lincoln City), T Boston (North Kesteven), C J T H Brewis (South Holland);

Healthwatch Representative: Dr B Wookey

Councillors: B W Keimach and C R Oxby attended the meeting as observers

Officers in attendance:-

Elaine Baylis (Chairman of the Lincolnshire Safeguarding Adults Board), Dr Adrian Brooke (Deputy Postgraduate Dean & Secondary Care Dean, Health Education East Midlands), John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Simon Evans (Health Scrutiny Officer), Justin Hackney (Chief Commissioning Officer, Joint Commissioning and Specialist Services, Lincolnshire County Council), Michelle Hurst (Inspection Manager Primary Medical Services & Integrated Care Quality Commission Central Region), Gary James (Accountable Officer – Lincolnshire East CCG), Andrew Morgan (Chief Executive, Lincolnshire Community Services NHS Trust), Michelle Persaud (Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust), Sharon Robson (Executive Nurse, South West Lincolnshire Clinical Commissioning Group), Nikki Silver (General Manager – Family & Healthy Lifestyles, Lincolnshire Community Health Services NHS Trust), Helen Smith (Health Education East Midlands Workforce Lead (Lincolnshire)), Chris Weston (Consultant in Public Health), Catherine Wilman (Democratic Services Officer).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs C A Talbot be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2015/2016.

**COUNCILLOR MRS C A TALBOT IN THE CHAIR**

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

## 2

### HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

20 MAY 2015

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2015/2016.

## 3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology of absence was received from District Councillor Mrs R Kaberry-Brown.

## 4 DECLARATION OF MEMBERS' INTERESTS

In relation to item 11 – Review of Suicides and Deliberate Self-Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust, Councillor Mrs C A Talbot declared an interest as she provided financial support to the Lincolnshire Rural Support Network.

## 5 CHAIRMAN'S ANNOUNCEMENTS

### i) Membership Changes – District Councillors

The annual general meetings of the district councils would be taking place on 19, 20 and 21 May 2015, following the recent elections and the Chairman was expecting all the representatives of the district councils on the Committee to be confirmed by 22 May.

It was reported that in addition to Malcolm Leaning from West Lindsey District Council, who did not seek re-election, three other members of the Committee would not be continuing:

- Miss Joyce Frost; who represented North Kesteven District Council on the Committee for eleven years;
- Dr Gurdip Samra, who represented Boston Borough Council for three years; and
- Carl Macey, who represented East Lindsey District Council for the last year.

The Chairman had written to Joyce Frost, Gurdip Samra and Carl Macey, thanking them for their contributions to the work of the Committee.

### ii) United Lincolnshire Hospitals NHS Trust – CQC Reports

The Chairman confirmed that the Care Quality Commission had published its inspection reports on United Lincolnshire Hospitals NHS Trust on 27 March 2015. Overall the Trust was in the 'requires improvement' category, but it was no longer in 'special measures'.

In addition to a report on the Trust overall, there were also four further CQC reports on individual hospital sites: namely, Grantham and District Hospital; Louth County Hospital; Pilgrim Hospital, Boston; and Lincoln County Hospital. The CQC website links for all these reports would be circulated with these announcements.

### iii) Meeting with Chief Executive of United Lincolnshire Hospitals NHS Trust

On 21 April 2015, the Chairman met Jane Lewington, the Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT) for a briefing meeting. Mark Brassington, the Trust's Director of Performance Improvement, was also in attendance. As a result of the meeting it was agreed that ULHT would present their Clinical Strategy to the Committee on 22 July 2015, in addition to the existing item on ULHT's Complaints Handling.

The Chairman also confirmed that Jane Lewington announced on 24 April that she would be standing down as Chief Executive of the Trust for personal reasons. The Trust was looking to recruit a replacement for her role. In the meantime, Kevin Turner, the Deputy Chief Executive, would be acting as the Interim Chief Executive.

iv) Meeting with Chairman and Chief Executive of Lincolnshire Community Services NHS Trust

On 22 April the Chairman had met Elaine Baylis, the Chairman, and Andrew Morgan, the Chief Executive, of Lincolnshire Community Services NHS Trust. The Chairman had been briefed on the progress with the foundation trust application, and the Neighbourhood Team element of Lincolnshire Health and Care programme.

v) Care Quality Commission Training Session – 22 April 2015

The Chairman was pleased to report that ten members of the Committee attended the training session on 22 April, which was conducted by Michele Hurst. It was good to get an understanding of how the CQC planned, undertook and executed inspections of GP practices. There was a paper on the agenda for this meeting which reported the formal position on GP inspections.

vi) Lincolnshire Partnership NHS Foundation Trust – New Chairman

On 1 April 2015, Paul Devlin became the new Chairman of the Lincolnshire Partnership NHS Foundation Trust. This was because Mrs Eileen Ziemer-Cottingham had stood down at the end of her term of office. Paul Devlin had previous experience as the Chief Executive of Healthwatch Birmingham and was prior to this a Non-Executive Director experience at NHS Derby and Derbyshire County Cluster Primary Care Trust.

vii) East Midlands Ambulance Service – Appointment of Permanent Chief Executive

On 1 May 2015, the appointment of Sue Noyes as the permanent Chief Executive of the East Midlands Ambulance Services NHS Trust had been announced. Sue Noyes had joined EMAS as Interim Chief Executive in October 2013, with more than twenty years' experience in the NHS. Following this announcement, the Chairman wrote to Sue on behalf of the Committee to congratulate her on her appointment and looked forward to continuing to work with her.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MAY 2015**viii) East Midland Ambulance Service – New Ambulances and Crews in Lincolnshire

During the last month, the East Midlands Ambulance Service (EMAS) had made two announcements on service improvements. Firstly on 8 May, EMAS had announced that over fifty front line members of staff had joined EMAS, and further recruitment would be underway. Secondly, it had been announced that 29 new ambulances had been purchased at a cost of £135,000 each. Although only two of these ambulances would come to Lincolnshire, it was EMAS' intention as part of its Fleet Management Strategy, that no ambulance would be more than seven years old. As EMAS would feature on the agenda next month, the Committee would be able to get full clarification on this topic.

ix) East Midlands Congenital Heart Centre Peer Review

University Hospitals of Leicester NHS Trust had released information on a peer review of the East Midlands Congenital Heart Centre in Leicester. The Trust had stated that the peer review report had provided assurance that the East Midlands Congenital Heart Centre was providing a safe service and the reviewers clearly stated that they had found no substantial evidence of cause for concern with regards to clinical standard. The Trust had stated that it would continue to review patient data and compare it to its peers nationally to ensure that their surgical outcomes remained amongst some of the best in the country. A decision by NHS England on the Standards and Specification for Congenital Heart Services was still expected in the coming months.

x) Healthwatch Lincolnshire Report on Care Planning and Discharge

On 19 May 2015 Healthwatch Lincolnshire published its Enter and View report on Care Planning for Discharge at United Lincolnshire Hospitals NHS Trust. The report made 18 recommendations in total. The Chairman believed that that the Committee should give their full interest to this Healthwatch report.

xi) Quality Accounts

Owing to the timings and the availability of members, it had not been possible to make a statement on behalf of the Committee on the draft Quality Accounts of Northern Lincolnshire and Goole NHS Foundation Trust; and Peterborough and Stamford Hospitals NHS Foundation Trust. The Chairman appreciated the more demanding timetables placed on foundation trusts by Monitor as part of the Quality Account process. However, it was disappointing to receive an invitation to attend a stakeholder meeting organised by Peterborough and Stamford Hospitals NHS Foundation Trust on 7 May (District Council election day) and a request from them for a completed statement on 8 May. The Chairman hoped that next year, the timetable would improve.

The Chairman added that statements had been completed on the Quality Accounts of the East Midlands Ambulance Service and Lincolnshire Partnership NHS Foundation Trust. Quality Account statements for Lincolnshire Community Health Services NHS

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**20 MAY 2015**

Trust; St Barnabas Hospice and United Lincolnshire Hospitals NHS Trust would be completed in the coming weeks.

xii) Chief Executive – St Barnabas Hospice

On 30 April 2015, St Barnabas Hospice announced that their Chief Executive, Sarah-Jane Mills, would be leaving the organisation after nine years to take up a post with Lincolnshire West Clinical Commissioning Group, where she would be leading on the development of elective, cancer and palliative care services throughout Lincolnshire and supporting the development of primary care in Lincoln and the surrounding areas.

6 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 11 MARCH 2015

RESOLVED

That the minutes of the meeting held on 11 March 2015 be approved and signed by the Chairman as a correct record.

7 UPDATE ON HEALTH VISITING AND SCHOOL NURSING SERVICES

Consideration was given to a report which enabled the Committee to gain an insight into the Health Visiting and School Nursing Services, which were provided in Lincolnshire by Lincolnshire Community Health Services NHS Trust (LCHS). Nikki Silver and Andrew Morgan from the Trust were present for this item.

The Committee was advised that LCHS was commissioned to provide a health visiting service to deliver the Healthy Child Programme to children aged from 0-5 years, who were registered with a GP practice in Lincolnshire. Health visitors had a crucial role in ensuring children had the best possible start in life and were the backbone of delivering the Healthy Child programme 0-5, in partnership with health and social care colleagues.

From October 2015, health visiting would be transferred to Lincolnshire County Council and children would qualify by being resident in Lincolnshire rather than GP registration. This was to ensure children who were not registered with a GP would still receive the service.

The Healthy Child Programme was structured to provide four levels of service based on the need of the child and family. These were:

- Building community capacity and ensuring families are aware of the services available to them
- Universal services available to all families to ensure a healthy start in life
- Universal Plus service available to families who need specific expert help in areas such as parenting, weaning or maternal mental health concerns
- Universal Partnership Plus when families need ongoing support from a multi-agency team to deal with more complex issues over a longer period of time.

The universal services element of the Healthy Child Programme included five universal checks that are provided to every child.

- Antenatal health-promoting contact
- New baby review - primary birth visit
- 6 - 8 week assessment
- 1 year assessment
- 2 to 2 and half year review

These five checks have been mandated for 18 months following the transition to local authority commissioning in October 2015. In addition, the Health Visiting service provided individual packages of care and safeguarding services where there was an identified need for a child or family.

There were six high impact areas that were the focus on the Health Visiting specification. These were maternal mental health, transition to parenthood, breastfeeding, healthy weight, child development and the management of minor illness/accident prevention.

Lincolnshire Community Health Services NHS Trust (LCHS) was commissioned by Lincolnshire County Council to provide the School Nursing service to children and young people of school age who lived or attended school in Lincolnshire. This included:

- National Child Measurement Programme for children in reception and year 6.
- Health Needs Assessments for all children in reception and year 6.
- Hearing screening for children in reception.
- 'Clinic in a Box' sexual health offer in schools and community settings.
- Health and wellbeing and drop in clinics in schools and community settings.

The service also provides an immunisation service for school aged children, which is commissioned by NHS England. This includes the HPV (Human Papilloma Virus) vaccination for year 8 and 9 girls and from 2015/16 will include vaccinations for meningitis C, the school leaver vaccination and the national childhood flu vaccination programme. The immunisation service was also capturing children who were not in mainstream education too. It was reported that the service had the highest vaccination rate in the country.

At the end of March 2015, there were 107 health visitors employed. In order to deliver the programme, 111 health visitors were required. Forty-five newly trained health visitors would shortly be offered places within Lincolnshire.

School nurses were mainly concerned with safeguarding. This provided poor value for money as it meant the nurses in question were unable to undertake the work they would normally have done. This was in scope for improvement.

LCHS did not use caseloads as a measure of workforce allocation, but as a general measure, based on a population aged 0-5 years of 39,700 children. The average caseload of a health visitor was 370, which was within Lord Laming's recommendation of no more than 400. Some health visitors working on the East coast of the county had a lower caseload than their colleagues, due to more problematic concerns which took up more of their time.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**20 MAY 2015**

In response to questions by Members of the Committee, the following was confirmed:

- Some health visitors did have caseloads slightly over 400, but with the newly trained recruits in place, this would be reduced;
- For approximately every 300 extra children, there was a requirement for an additional health visitor, although a direct correlation between the number of children and caseloads per Health Visitor was not always possible, as account had to be taken of the particular needs of the children;
- Drop-in clinics had been stopped in favour of appointment based clinics. Following a request for feedback, parents had said there was a lack of privacy at drop-in clinics, and felt under pressure from waiting parents to rush their consultation;
- Gauging the mental health of a new mother would be undertaken by the health visitor using the "Woolley" questions;
- A concern was raised regarding the formation of neighbourhood teams which had apparently taken health visitors away from GPs surgeries. Previously, health visitors ran clinics in surgeries and were able to confer with doctors immediately if they had concerns about a particular case. Now, that would have to be done via telephone and only when the GP had a window of opportunity to do so. In response to this, Nikki Silver stated that health visitors worked more independently than they used to, however neighbourhood teams were aware of the issues raised;
- In relation to breastfeeding, the current policy was for every mum to make an informed choice based on information provided to them. No mother should feel intimidated or pressured into breastfeeding by health visitors.

It was agreed that the minute for this item should be passed to the Executive Director for Children's Services and the Executive Councillor for Adult Care and Health Services, Children's Services.

RESOLVED:

1. That the report and comments made be noted; and
2. That the minutes from this item be passed to the Executive Director for Children's Services and the Executive Councillor for Adult Care and Health Services, Children's Services by the Scrutiny Officer;

8 HEALTH EDUCATION EAST MIDLANDS - LINCOLNSHIRE WORKFORCE DEVELOPMENT

Consideration was given to a report which provided information on Health Education East Midlands (HEEM) which undertook a variety of activities to support development of a skilled healthcare workforce to meet the needs of the population of Lincolnshire.

Dr Adrian Brooke summarised his report for the Committee and the following points were noted:

- Training to become a GP or surgeon was a long process which included a five year medical degree, followed by three years of training in their specialist area;
- HEEM received approximately £360 million to train staff in the East Midlands, however many graduates, on completion of their training, would leave the region to work elsewhere, usually attracted to larger cities in other parts of the country;
- Discussion took place regarding the possibility of an incentive to employ students in the county once their training had ended. Members felt a statutory period of employment, to recoup the expense of training would be a good solution;
- The population across the East Midlands was widely dispersed and had expanded in recent years. The medical workforce did not match this and HEEM had tried to ensure trainees were distributed evenly across the region;
- Rating the quality of training from different providers was an ongoing task. Teaching hospitals worked in partnership with universities and had large academic departments with substantial numbers of trainees;
- The Chairman drew the Committee's attention to information, which she had received, which stated it was clear that currently Lincolnshire did not benefit from an appropriate allocation of training posts for doctors (based on population distribution across East Midlands). Without this vital stream of doctors it would become increasingly difficult to sustain the healthcare needs of our Lincolnshire population. While they were in training their salaries were 50% HEEM funded under the tariff system and attracted £12.5k per trainee to support the training. So as well as providing patient care under supervision, they also helped in the overall financial challenges for the Lincolnshire providers. Clearly they were a pool from which to attract future consultants and GPs as they will have directly experienced the benefits of living and working in Lincolnshire. HEEM had made a commitment to redistribute funding and this would pose significant challenges that will require ongoing scrutiny. In response, Dr Brooke explained that a suite of programmes had been created to address exactly the issue raised and demonstrate to trainees that the East Midlands and Lincolnshire was a good place to work;
- When asked, trainees tended to say that they wanted to work in large, busy cities as trainees were mainly in their early to mid-twenties. When trainees were a little older, and developed a desire to settle down, areas like the East Midland and Lincolnshire would become more attractive. Because of this trend, London had nearly double the number of doctors per head of population than the East Midlands;
- In addition to this, most GP practices in the county were small, private practices and young, newly trained GPs did not have the experience to become a partner in such a practice so early on in their careers and they preferred to be a salaried GP.

In response to questions from Members, the following was confirmed by Dr Brooke:

- The "7-day NHS" was beneficial to trainees, as they frequently staffed hospitals during out-of-hours periods. On the whole they enjoyed this work as



it allowed practical application of their training, however it was important to ensure supervision did not lapse during these out-of-hours periods;

- Funding had been awarded for schools engagement with the aim of increasing work experience in roles within the NHS. Also drama performances and posters to educate on the number of different career paths within the health service. Further information on schools engagement would be sent to the Health Scrutiny Officer;
- Figures for the take up of medical degrees from students in Lincolnshire would need to be sought from universities. However, A-Level results in Lincolnshire could be obtained from the portfolio holder for Adult Care and Health Services, Children's Services, Councillor Mrs P A Bradwell. It was agreed that this minute would be passed to the Executive Director for Children's Services, Debbie Barnes, and Councillor Mrs Bradwell;
- A third of GPs in Lincolnshire had indicated that they planned to retire in the next few years and this impacted on recruitment of new trainees. This was a difficult issue to balance and workforce planning had never been a strength of the NHS;
- There was a push towards 'growing our own' in Lincolnshire by providing training to people already working in the county and accelerating them into secondary medical professions such as occupational therapy and physiotherapy. This training was provided by Sheffield Hallam University but delivered in Lincoln. The possibility of increasing this scheme was currently being considered;
- Dr Brooke's ultimate aim was to encourage trainees to stay in the region, not by force or contract, but by lighting a fire within their ambition and inspiring them to stay. He urged the Members of the Committee to raise awareness of the discrepancy in medical staff between the East Midlands and the bigger cities.

In conclusion, Dr Brooke was happy to assist the Committee in forming helpful suggestions and ideas to help solve the issues raised. The Chairman proposed a discussion with the Chairman of the Local Education and Training Committee, and the arrangements for this would be considered at the next agenda planning meeting.

#### RESOLVED

1. That the report and comments made by the Committee be noted;
2. That the minute from this item be passed to the Executive Director for Children's Services and the Executive Councillor for Adult Care and Health Services, Children's Services by the Scrutiny Officer.

#### 9 CARE QUALITY COMMISSION GENERAL PRACTICE INSPECTION UPDATE

The Committee considered a report which provided a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of General Practice in Lincolnshire. Michele Hurst from CQC was in attendance for this item.

The inspections undertaken were carried out in accordance with the Health and Care Social Care Act 2008 (Regulated Activities) Regulations 2014 and individual services were rated as follows:

- Outstanding
- Good
- Requires improvement
- Inadequate

The CQC inspected twelve General Practices in Lincolnshire under 'The Wave Pilot' and found that three of those practices were in breach of the Regulations and one was served a warning notice. The practice served with a Warning Notice had been inspected and has addressed the concerns and is now rated as a 'good' practice. The other two practices will be inspected soon.

Since October 2014, the CQC had also inspected 22 General Practices. These inspections identified a variety of breaches of the Regulations. Some of these reports were still be finalised through the quality assurance process. Hence some of the following judgments may change: one GP practice was rated as Outstanding; 14 GP practices were rated as Good; and seven were rated overall as Requires Improvement.

Within the individual domains the majority of breaches were in the '*Safe and Well-led*' domain. The *Caring* domain had been outstanding for two practices and good for the remainder. The most common breaches of the regulations were: Regulation 12 - Safe Care and Treatment; and Regulation 17 - Good Governance.

The Committee was advised that under Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 service providers were required to display at their premises the most recent overall rating from the CQC, including ratings for each of the services provided. Surgeries not found to be displaying their rating certificate could be prosecuted.

It was found that leadership was usually the underlying issue with the problems encountered.

Discussion took place regarding non-attendance of GP appointments by patients and whether a policy for fining those patients could be implemented. This would save a considerable amount of money across the county. It was highlighted that patient experience on any issue relating to GPs could be shared with the CQC via its website – [www.cqc.org.uk](http://www.cqc.org.uk).

It was agreed that Adam Whittaker, the CQC Inspection Manager for Lincolnshire for Acute Hospital Services, would be invited to a future meeting of the Committee.

RESOLVED

1. That the report and comments made be noted;

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**20 MAY 2015**

2. That the Committee receive further updates on the CQC General Practice Inspection and that Adam Whittaker, the CQC Inspection Manager for Lincolnshire for Acute Hospital Services, be invited to a future meeting, be agreed.

NOTE: At this stage in the proceedings, the Committee adjourned for lunch and on return, the following Members and Officers were in attendance:-

County Councillors

Councillors Mrs C A Talbot (Chairman), B W Keimach, C R Oxby, S L W Palmer, T M Trollope-Bellew, Miss E L Ransome, Mrs S Ransome, Mrs J Renshaw, Mrs S M Wray;

District Councillors

Councillors C J T H Brewis, J Kirk;

Healthwatch Lincolnshire

Dr B Wookey;

Officers

Elaine Baylis (Chairman of the Lincolnshire Safeguarding Adults Board), John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Simon Evans (Health Scrutiny Officer), Justin Hackney (Chief Commissioning Officer, Joint Commissioning and Specialist Services, Lincolnshire County Council), Michelle Persaud (Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust), Sharon Robson (Executive Nurse, South West Lincolnshire Clinical Commissioning Group), Chris Weston (Consultant in Public Health), Catherine Wilman (Democratic Services Officer).

10 REVIEW OF SUICIDES AND DELIBERATE SELF-HARM WITH INTENT TO DIE WITHIN LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

Consideration was given to a report which presented the Review of Suicides and Deliberate Self-Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust. The review had been commissioned by the four Lincolnshire Clinical Commissioning Groups and Lincolnshire Partnership NHS Foundation Trust (LPFT) and had been undertaken by Professor Mandy Ashton, an independent consultant, and completed on 30 November 2014. The review had embraced a total of 88 serious incident reports, covering a period from January 2012 to June 2014; and had included 73 user suicides (known to the service).

The Chairman stated that the findings of the review had been disappointing and were a cause for concern. This was echoed by the Committee.

John Brewin emphasised that as Chief Executive of LPFT he was also very disappointed and concerned regarding the Review. He stressed that the Trust's Board of Directors had accepted the findings and recommendations in the Review. He intended to provide some assurance to the Committee on the response of LPFT to the Review's findings and recommendations.

The Committee received a presentation on the review from John Brewin, Michelle Persaud and Sharon Robson. The presentation outlined the context for the suicide trends: for example there were many causes of suicide and these could not be correlated with service provision, as societal and demographic factors were more important. Factors such as deprivation, age, gender and occupation also had to be taken into account. Rates of suicide had fallen since the 1990's but had begun to increase again since 2008 as a result of the recession. Suicide was prevalent in young males, but there was a more alarming increase in deliberate self-harm in adolescents. Suicide remained a rare event, so it was always prudent to apply caution when undertaking trend analysis.

In 2014/15 LPFT had received 4,365 referral per month and had 28,074 contacts per month on average. A total of 92 incidents had been reported during the year, with 18 attempted suicides.

The main elements of the Service Improvement Action Plan were outlined to the Committee. These include actions in the areas of risk assessment; record keeping; communication; IT and training; medicines management; safeguarding; commissioning; benchmarking; and changing practice. It was also reported that commissioners has agreed a CQUIN [Commissioning for Quality and Innovation] for 2015-16, specifically focused on risk assessment. The Quality Assurance process was also outlined in the final slide, including the various groups, such as the Quality Surveillance Group and LPFT Contract Quality Review Group.

Not all Members of the Committee were reassured by the information in the presentation. Some members of the Committee specifically referred to the final slide of the presentation, which did not provide reassurance on the response to the recommendations.

During discussion of the report and the presentation, the following points were noted:

- The Committee had not been informed of the Review at the time of its publication, even though it had been presented to Board of Director of LPFT on 26 February 2015, and the minutes from the Board of Directors' meeting were not explicit;
- A Service Improvement Action Plan had arisen as a result of the review of which the Chairman had a copy. It appeared to the Chairman that there had been no movement on the Action Plan since its completion;
- A major issue arising from the Review was a risk assessment process that was not fit for purpose. Mr Brewin explained that staff had not been completing the risk assessments as required, however there was a culture in

the Trust for cumbersome risk assessments which needed addressing as a whole;

- At this point in the proceedings, Councillor B W Keimach declared an interest as a Stakeholder Governor of LPFT;
- If a patient was thought to be suicidal, observational work would be undertaken, with communication between teams and a risk assessment would be completed;
- A Member highlighted that the list of failings in the report could most likely be applied to other areas of the Trust and it was important that the results of the review be communicated more widely;
- The report had stated that certain issues should be dealt with by the Board at LPFT, however in the Service Improvement Action Plan responsibility for addressing the issues in the report had been assigned to different individuals. It was confirmed that certain actions had been delegated by the LPFT Board of Directors;
- A Value Added Assurance Review - Suicide Improvement Plan would be considered, the results of which would be reported to the LPFT Board of Directors;
- Staffing was a challenge in the current financial environment. It was not possible for LPFT to prevent all suicides and self-harming incidents. In addition to this, each decision by professionals following a risk assessment was complex and difficult, in terms of deciding what to do for a patient; even the most experienced professionals made the wrong judgement occasionally;
- A Councillor stated that the findings in the Review were less than satisfactory and the Action Plan had seen an excruciatingly slow delivery;
- New IT systems were in the process of being implemented at LPFT which were due to be completed in July 2015. Every new starter received training on the new systems;
- The following groups had seen the report:
  - LPFT Quality Surveillance Group;
  - LPFT Contract Quality Review Group;
  - LPFT Contract Business Group;
  - Monitor;
  - NHS England.

In conclusion, the Chairman reiterated her disappointment at not having seen the report for six months after its completion. The Committee agreed to have a progress update on the Service Improvement Action Plan at its meeting in July 2015.

#### RESOLVED

1. That the report be noted;
2. That further assurance be sought from the Lincolnshire Partnership NHS Foundation Trust on how the Trust is responding to the Review of Suicides and Deliberate Self-Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust by an update to the Committee at its meeting on 22 July 2015.

**14**  
**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**20 MAY 2015**

11     WORK PROGRAMME

The Committee considered its work programme for meetings over the coming months.

It was noted that Councillor Palmer would be unable to attend the next meeting on 11 June 2015.

RESOLVED

That the work programme and the changes made therein, be approved.

The meeting closed at 3.40 pm