


Public Document Pack

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 26 October 2016 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: Mrs C A Talbot (Chairman), R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray

District Councillors: G Gregory (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs L A Rollings (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Chairman's Announcements	
4	Minutes of the previous meeting of the Health Scrutiny Committee for Lincolnshire held on 21 September 2016	3 - 26
5	Winter Planning <i>(To receive a report by Gary James (Accountable Officer – Lincolnshire East CCG) which provides an update on the planning for Winter Pressures across the Health and Care Economy in Lincolnshire. Gary James (Accountable Officer – Lincolnshire East CCG) and Ruth Cumbers (Director of Urgent Care – Lincolnshire East CCG) will be in attendance for this item).</i>	27 - 38

Item	Title	Pages
6	<p>Lincolnshire Partnership NHS Foundation Trust - Care Quality Commission Comprehensive Inspection <i>(To receive a report by Dr John Brewin (Chief Executive – Lincolnshire Partnership NHS Foundation Trust) which seeks to provide assurance to the Committee that Lincolnshire Partnership NHS Foundation Trust (LPFT) continues to make good progress with the implementation of the action plan resulting from the Care Quality Commission (CQC) Comprehensive Inspection (30 November to 4 December 2014. Dr John Brewin (Chief Executive – Lincolnshire Partnership NHS Foundation Trust) and Anne-Maria Olphert (Director of Nursing and Quality – Lincolnshire Partnership NHS Foundation Trust) will be in attendance for this item)</i></p>	39 - 86
7	<p>Lincolnshire Medicines Management Consultation <i>(To receive a report which presents the Lincolnshire Medicines Management Consultation which takes place 4 October – 18 November 2016 following which the results will be reported to all four CCG Governing Bodies on 30 November/1 December 2016)</i></p>	87 - 102
8	<p>Work Programme <i>(To receive a report by Simon Evans (Health Scrutiny Officer) which invites the Committee to consider its work programme for the coming months)</i></p>	103 - 108
9	<p>Annual Public Meetings of Clinical Commissioning Groups and Annual General Meetings NHS Provider Trusts <i>(To receive a report from Simon Evans (Health Scrutiny Officer) which provides reports, prepared by Committee members who attended the Annual Public Meetings of Clinical Commissioning Groups and Annual General Meetings of NHS Provider Trusts)</i></p>	109 - 118

Tony McArdle
Chief Executive
18 October 2016



HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 21 SEPTEMBER 2016

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew, Mrs S M Wray and K Cook

Lincolnshire District Councils

Councillors Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council) and Mrs R Kaberry-Brown (South Kesteven District Council)

Healthwatch Lincolnshire

Mr P Keeling

Also in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Neil Ellis (Deputy Director of Operational Performance, United Lincolnshire Hospitals NHS Trust), Simon Evans (Health Scrutiny Officer), Gary James (Accountable Officer, Lincolnshire East CCG), Dr Suneil Kapadia (Medical Director, United Lincolnshire Hospitals NHS Trust), Sarah-Jane Mills (Director of Development and Service Delivery, Lincolnshire West CCG) and Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust)

County Councillors R G Fairman, D C Morgan and Mrs H N J Powell attended the meeting as observers.

19 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors C J T H Brewis, Gregory, Mrs L A Rollings and T Boston.

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor Mrs K Cook to the Committee in place of Councillor T Boston for this meeting only.

Apologies for absence were also received from Dr B Wookey, Healthwatch, who was replaced by Mr P Keeling.

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Liz Ball (Executive Nurse, South Lincolnshire CCG) and Councillor B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) also submitted apologies for absence.

In the absence of the Vice-Chairman, Councillor C J T H Brewis, the Chairman requested volunteers for the role of Vice-Chairman for this meeting only.

RESOLVED

That Councillor T M Trollope-Bellew be appointed as Vice-Chairman for this meeting only.

20 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs P F Watson advised that she was a patient receiving cancer services but would remain for the discussion at Item 7 – *Cancer Services in Lincolnshire*.

In relation to Item 8 – *East Midlands Ambulance Service Response to the Care Quality Commission Inspection Report*, Councillor S L W Palmer advised that he was a first responder and coordinator of the LIVES Sutton on Sea Group. When called out, he was responding on behalf of EMAS.

The Chairman declared, in relation to Item 7 – *Cancer Services in Lincolnshire*, that due to personal health reasons, she had been a private patient at Park Hospital in Nottingham but was now undergoing treatment as an NHS patient at Queens Medical Centre in Nottingham.

There were no other Declarations of Members' interests at this stage of the proceedings.

21 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee and made the following announcements:-

i) Agenda Items

Two of the items on this agenda were not expected at the last meeting of the Committee, on 20 July 2016.

Firstly, on 11 August 2016, United Lincolnshire Hospitals NHS Trust announced that Grantham A&E Department would be temporarily closed overnight. As a result, the Chairman had urgently sought their attendance at this meeting, which would be considered at Item 5 of the agenda.

Secondly, Lincolnshire West Clinical Commissioning Group announced, on 21 July 2016, that the four surgeries in its area would be under new management from 1 August 2016. A short paper would be considered at Item 10 of the agenda.

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ii) Congenital Heart Disease Services – East Midlands Congenital Heart Centre

On 20 July 2016, the Committee authorised the Chairman to write to NHS England in relation to the East Midlands Congenital Heart Centre. The letter dated 22 July 2016 and the response from NHS England dated 9 August 2016 were circulated to the Committee for consideration at Item 9 of the agenda.

iii) Peterborough and Stamford Hospitals NHS Foundation Trust – Annual Public Meeting

Following the July meeting of the Health Scrutiny Committee for Lincolnshire, Councillor D Brailsford attended the Annual Public Meeting of Peterborough and Stamford Hospitals NHS Foundation Trust on 28 July 2016. Councillor Brailsford provided a short report in which he highlighted progress with the MRI scanner at Stamford and Rutland Hospital, where electrical infrastructure and generator works were being undertaken along with redevelopment of the eastern end of the site due to commence during the Autumn.

iv) Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust – Full Business Case for Merger

On 20 September 2016, the full business case for the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust was published. At its meeting on 20 July 2016, the Committee reserved the right to make a response on this full business case. The Chairman proposed to consider the options for responding to the full business case as part of the work programme item.

Several public engagement events were also taking place in the coming weeks on this topic and events local to Lincolnshire included:-

- 6 October 2016, 5.45pm – Stamford Hospital;
- 10 October 2016, 7.00pm – Deepings Community Centre, Market Deeping;
- 11 October 2016, 5.45pm – Peterborough City Hospital; and
- 20 October 2016, 2.00pm – Bourne Corn Exchange, Bourne.

v) Annual Public Meetings

The Chairman confirmed that this period was where most annual meetings of NHS bodies took place. On 15 September 2016, Lincolnshire Partnership NHS Foundation Trust held its annual public meeting and Lincolnshire Community Health Services NHS Trust was holding its annual meeting in Boston on 21 September 2016. The Committee was advised of the forthcoming meetings and volunteers were asked to indicate their attendance to Simon Evans, Health Scrutiny Officer, for South West Lincolnshire CCG, Lincolnshire West CCG and South Lincolnshire CCG:-

- * 22 September 2016 – Lincolnshire East CCG, Golf Hotel, Woodhall Spa (Councillor S L W Palmer to attend);
- * 26 September 2016 – United Lincolnshire Hospitals NHS Trust, Bishop Grosseteste University, Lincoln (Councillor C J T H Brewis to attend);
- * 27 September 2016 – South West Lincolnshire CCG, New Life Centre Sleaford (attendee requested);

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- * 28 September 2016 – Lincolnshire West CCG, The Showroom, Tritton Road, Lincoln (attendee requested); and
- * 29 September 2016 – South Lincolnshire CCG, Springfield Event Centre, Spalding (attendee requested).

vi) Care Quality Commission – Acute Inspection Programme

The Care Quality Commission (CQC) had announced its inspection programme for acute hospital trusts for the autumn which would affect two hospitals in the area. In the week beginning 10 October 2016 the CQC would be inspecting United Lincolnshire Hospitals NHS Trust; and in the week beginning 22 November 2016 they would be inspecting North Lincolnshire and Goole NHS Foundation Trust. Each trust was currently rated as "requires improvement".

vii) Government Funding for Mental Health Projects in Lincolnshire

On 23 August 2016, the Government announced that it had awarded Lincolnshire Partnership NHS Foundation Trust the sum of £405,895 to fund health-based alternative places of safety to support those in mental health crisis. LPFT had stated that the money would fund a new psychiatric decision-making unit within Lincoln County Hospital; a new section 136 suite for children and young people based at the Ash Villa Child and Adolescent Mental Health Service; and rapid response vehicles providing street triage services across the county. The intention was to provide health and community-based places of safety for people suffering a mental health crisis who had committed no crime and to stop them from being placed in a police cell.

viii) Lincoln University Health Centre

The Chairman advised that Item 10 of the agenda (*APMS [Alternative Provider of Medical Services] GP Surgeries*) would consider four of the five APMS GP Surgeries in Lincolnshire. In relation to the fifth, Lincoln University Health Centre, the Chairman announced that a five year contract to provide GP services at this health centre had been awarded by Lincolnshire West Clinical Commissioning Group to the University of Nottingham Health Service. The previous contract had ended unexpectedly in March 2016 and Lincolnshire West CCG made temporary arrangements with Lincolnshire Community Health Services to provide services for patients until 30 September 2016.

ix) Engaging Local People - A Guide for Local Areas Developing Sustainability and Transformation Plans

On 15 September 2016, a document entitled *Engaging Local People – A Guide for Local Areas Developing Sustainability and Transformation Plans* was published by NHS England and five other national NHS Organisations*. This guidance was aimed at local teams developing Sustainability and Transformation Plans (STPs) and stated that STPs should include engagement plans for both ongoing dialogue with stakeholders and for any formal public consultations required for major service changes. A copy of the document would be circulated to the Committee.

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On 21 September 2016, the Centre of Public Scrutiny was holding a one day event entitled *Sustainability and Transformation Plans – Championing the Role of Scrutiny*, with speakers from the King's Fund and NHS England. Members were asked to note that this event coincided with the meeting of the Committee.

On 18 May 2016, the Committee received a briefing on the STP process and was looking forward to engagement on the STP, in accordance with the guidance.

* The following organisations were listed in the guidance as authors – NHS England; NHS Improvement; Health Education England; The National Institute for Health and Care Excellence; Public Health England; and the Care Quality Commission.

22 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 20 JULY 2016

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 20 July 2016 be approved and signed by the Chairman as a correct record.

23 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST: EMERGENCY CARE SERVICE

Prior to the consideration of this item, the Chairman welcomed Councillor D C Morgan and asked her to confirm her request to address the Committee as a Local member for Grantham. Councillor Morgan indicated that she did not want to speak but had expected a paper which she had prepared to be made available to the Committee. The Committee indicated that they were not in receipt of the document and, in order to clarify the best way forward, the Chairman adjourned the meeting at 10.25am whilst legal advice was sought.

At 10.35am, the meeting was reconvened where the following statement was made by the Chairman:-

"I would like to remind everyone here that the purpose of this Committee is to scrutinise NHS Healthcare; and the Health and Wellbeing Board and their services and outcomes.

It is essential that we respect this remit. It is not for this Committee to criticise individuals or stray into matters that are the proper remit of other organisations, such as employment issues.

Our job is to consider NHS healthcare services and their outcomes. To that end we have invited a number of people to attend this morning's meeting to report on matters that are relevant to our work.

It is not the convention of this Committee to allow members of the public to address this Committee unless they have been specifically invited to do so in advance.

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We have a very long agenda and it is important that Committee members have sufficient time to contribute to the discussion and take into account the comments of those people reporting to the Committee this morning. I shall therefore not allow members of the public to speak.

In accordance with Part 4 of the Council's Constitution, local Councillors have a right to speak at any Committee on a matter affecting their division and adjoining divisions. I shall allow three minutes for a local member to speak. This duration is consistent with the time allowed for councillors to speak in Full Council and for those who address the Planning Committee. Statements will, therefore, need to be succinct and relevant."

Having sought legal advice during the adjournment, the Chairman invited Councillor D C Morgan to speak for three minutes to address the Committee on this item.

Councillor D C Morgan thanked the Chairman and indicated that she had not prepared an address but would highlight the main issues for Grantham residents, as noted below:-

- Up until 14 August 2016, a patient in need of resuscitation was able to present at Grantham A&E at any time during a 24 hour period;
- In the Grantham area, it was reported that there were 40 villages and 120k people, all of whom would no longer have access to emergency care overnight at Grantham A&E;
- The situation had been monitored locally and it was alleged that at least three people had died in transit to other hospitals. Although it was acknowledged that these patients may have died anyway, the Committee was advised that these patients were close to Grantham Hospital;
- Further detail on these patients was provided to the Committee for context – a very elderly lady who had fallen and hit her head; and a gentleman who had suffered a heart attack and had a further heart attack in the ambulance in transit to Lincoln Hospital. The concern was that lives were being held in the balance as a result of this decision;
- Having analysed the papers presented, Councillor Morgan also alleged that, although these may be unintentional, some facts were misleading;
- Councillor Morgan urged that the unit be reopened immediately.

The Chairman thanked Councillor Morgan for her address and referred the Committee to the report. She expressed disappointment that the report presented appeared to replicate the Board papers of United Lincolnshire Hospitals NHS Trust. The Committee was advised that the agenda pack presented for this item was larger than anticipated due to the number of embedded documents within the report from the Trust and this was to ensure that members of the Committee were in receipt of all information.

Consideration was then given to the report from Dr Suneil Kapadia (Medical Director – United Lincolnshire Hospitals NHS Trust) which provided an update in relation to the provision of emergency care at United Lincolnshire Hospitals NHS Trust and the next steps to ensure continued patient safety and public engagement.

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The Chairman welcomed Jan Sobieraj (Chief Executive of United Lincolnshire Hospitals NHS Trust) and Dr Suneil Kapadia (Medical Director – United Lincolnshire Hospitals NHS Trust) and invited them to present the report which included:-

- A timeline of actions leading up to and following the temporary closure of Grantham A&E;
- The full collection of documentation associated with the change;
- An early indication on the impact of this change; and
- The next steps.

During July 2016, Lincoln and Pilgrim emergency departments expressed increasing concern as to their ability to fill their middle grade medical rotas. Due to the increasing reliance locally, and demand nationally for locum doctors the fill rate of A&E shifts was reducing, thereby leaving departments at Lincoln and Pilgrim significantly understaffed. The first week of August saw a further three middle grade doctors in Lincoln and 0.6wte at Pilgrim leaving the Trust which resulted in only 2.6wte middle grade doctors in Lincoln against an establishment of 11; and 4wte middle grade doctors at Pilgrim against an establishment of 11. Despite mitigation and planning the rota could not be safely staffed.

The Trust Board was appraised of the situation on 2 August 2016 and presented with potential options. The Trust Board was in agreement that the level of additional risk to patients as indicated by deterioration in ambulance handover times (particularly at Lincoln County Hospital); delays in first assessment; and a significant reduction in the number of patients assessed, treated and admitted or discharged within four hours (causing overcrowding within the emergency departments) was too great to continue without action. Approval was given, therefore, to implement a temporary service closure at Grantham in order to support staffing at Lincoln and Pilgrim A&E departments.

The impact of the changes could not be underestimated on patients, stakeholders and staff. It was stressed that the decision to reduce the opening hours at Grantham had not been taken lightly and was on the grounds of patient safety due to the lack of a viable alternative option.

An early monitoring process had been agreed and, between 17 August 2016 and 29 August 2016 indicated:-

- Daily average attendances at Grantham was approximately 60 which demonstrated a reduction of 20 attendance per day on the average attendance (80) seen between 1 August and 16 August 2016 and was less than the predicted reduction of 25. The daily peak in attendance was now being seen earlier in the afternoon which suggested a change in presenting behaviour. There had been no increase in attendance at Lincoln or Pilgrim during this period;
- Daily average admissions at Grantham were 12 in comparison to a previous average admission rate of 14 which suggested a daily reduction of 2 admissions per day. This was less than the prediction of 6. There had been no increase in admissions at Lincoln or Pilgrim during this period;

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- There had been no material changes in Out-of-Hours presentations; and
- There had been no change in ambulance conveyance rates at Lincoln or Pilgrim although further data from EMAS was anticipated to analyse potential impact.

Early indications suggested that the expected impact was lower than originally thought although this would remain under scrutiny as it was acknowledged that the data only covered a 13 day period and was to be viewed with caution.

During these early stages releasing staff had provided 120 hours of middle grade support from Grantham to Lincoln A&E. This equated to 16.5% of the Lincoln middle grade rota and was expected to increase over the coming weeks as the rotas settled.

Significant recruitment activity had been ongoing for a considerable period of time to increase the numbers of middle grade staff and included:-

- All adverts had been reviewed and refreshed;
- A new agency had approached the Trust and suggested they would be able to assist with the recruitment of consultants and middle grade doctors across hard to recruit posts and this was being explored;
- The posts for Certificate of Eligibility for Specialist Registration (CESR) had been re-advertised;
- A&E speciality doctor posts had been advertised with up to two sessions per week, together with funding, to support the completion of an appropriate part-time MSc or PhD. This ULHT funded initiative had been developed in partnership with the Community and Health Research Unit based at the University of Lincoln;
- ULHT had arranged a stand at the Royal College of Emergency Medicine (RCEM) conference between 20-22 September 2016; and
- A launch of a Masters programme for middle grade doctors was planned.

The timeline for the future was reported to include the following:-

- Continue to review temporary arrangements with staff and partners;
- Continue the implementation of the public stakeholder engagement plan;
- Discuss at Member Locality Forums;
- Regular system calls would continue to monitor the impact of these temporary changes;
- Further quality assurance visits by NHS Improvement and the lead CCG would be completed;
- The Trust Board would be briefed in October and November;
- Suitable middle grade medical staff, in line with recruitment activities, would continue to be sought;
- Temporary arrangements for Grantham A&E would be reviewed at the Lincolnshire A&E Delivery Board on 11 October 2016; and
- NHS Improvement and NHS England to set a date, prior to the 17 November 2016, to review whether the temporary changes implemented at Grantham A&E could be lifted.

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The Chairman stated that she had received legal advice on the powers of the Committee to refer the matter to the Secretary of State for Health in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The legal advice was complex but essentially stated that given the reasons for the Trust's decision on an urgent service reconfiguration on the grounds of patient safety, it would not be possible for the Committee reasonably to consider making a referral to the Secretary of State at this stage.

Members were given the opportunity to ask questions, during which the following points were noted:-

- Meetings had commenced with the people of Grantham and the SOS Grantham group to keep them up to date with developments;
- There was a clear need to ensure that the temporary partial closure worked as well as possible but it was stressed that all options would be given serious consideration as and when they were put forward;
- The balanced needs of Lincolnshire residents and the patient safety of service provision was the driving force for this decision;
- It was stressed that recruitment was ongoing but explained that even if appointments were made there was still a process to go through which was set out by the General Medical Council (GMC) which would include an English Language test for some applicants;
- Some recruitment had taken place through locum agencies but the same process must also be followed for those staff;
- It was suggested that the temporary closure may be extended after the three month period ended in November 2016 should recruitment efforts not enable a sustainable rota to be maintained;
- It was reported that to appoint one doctor from an agency could cost in the region of £10k and that the number of those who could be appointed in this way was limited;
- The retention rate was reportedly the best in the Midlands region but the Committee was asked to be mindful that this was an active market; The reasons for staff leaving had not identified a trend and was due to a variety of reasons;
- Staff morale at Grantham A&E was good and staff based there had indicated their feeling of increased pressure to deliver a service with the limited staff available. It was reported that morale at Lincoln County Hospital was low due to the stresses involved in continually attempting to fill shifts. The Committee was asked to note that Consultants based at Grantham had opted to continue to work there;
- The Trust maintained regular contact with the East Midlands Ambulance Service (EMAS) and the Chief Executive of EMAS had indicated there were no significant patient safety issues as a result of the partial closure;
- 30% of A&E attenders were purported to be discharged with no treatment;
- Service modelling had been done over a 24 hour period and it was apparent that patients were choosing to attend within the hours given;

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- Workforce modelling work continued as part of the Urgent Care work which was hoped to give a more practical solution, supported by GPs, for initial triage;
- In order to accurately capture the impact of the partial closure, daily communication was taking place with stakeholders and data collected. A full report would be presented to the Committee once collated;
- The Committee expressed concern at the mixed messages given to residents from various healthcare professionals. Although people are advised not to present to A&E or to their GP with minor ailments, advertising campaigns were encouraging people to seek advice no matter how minimal the symptoms were to enable early diagnosis of more serious conditions. It was suggested that the advice for patients needed to be consistent and the system as a whole be considered and agreed;
- Lincoln County A&E and Pilgrim Hospital A&E were similar in the services provided. However, Grantham A&E had a range of conditions which could not be dealt with and patients with those conditions were always taken to another hospital. This had been the case for a number of years. This had been a source of frustration since the temporary partial closure of the unit, as the residents of Grantham were not aware that the services at this A&E department were extremely limited;
- Clear criteria had been set out in a paper produced by Professor Sir Bruce Keogh, National Medical Director of NHS England, which suggested that any unit not meeting that criteria would be classed as an Urgent Care Centre rather than an A&E;
- Road signage in Grantham indicated that the unit was an A&E department and it was explained that signage was not the control of the Trust;
- A consultation with GPs had taken place prior to taking this action and the possibility of them working together to keep the unit open. However, it was found that the GP community was not in a position to sustain this due to the shortage of GPs in the area;
- All evidence of heart attacks showed that the chance of survival was increased if the patient was transferred to a specialist heart unit (Lincoln County) even if the patient was closer to another A&E department (Grantham). Additionally, passengers involved in a train crash at Grantham would be taken to a major trauma centre (Nottingham University Hospitals NHS Trust or Lincoln County Hospital) as the rate of survival at these centres was greater;
- It was stressed that the decision taken was an extreme measure in order to minimise the impact on patient safety but that the wider decision would absolutely take account of democratic processes;
- The Committee was advised that Grantham A&E had never been a full A&E department and that the call to open it at this level would require a great deal of funding, infrastructure changes and increased specialist staffing.

RESOLVED

1. That the Health Scrutiny Committee for Lincolnshire's support for the permanent reinstatement of overnight Accident and Emergency Services at Grantham and District Hospital be recorded;

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2. That the Health Scrutiny Committee for Lincolnshire's conclusion that it was not reassured that overnight Accident and Emergency Services would be reinstated at Grantham and District Hospital by 17 November 2016 be recorded, owing to the difficulty of recruiting suitably qualified A&E staff and a further extension to this temporary closure be anticipated;
3. That senior managers from United Lincolnshire Hospitals NHS Trust be invited to attend the Health Scrutiny Committee on 23 November 2016 to provide a detailed report on:-
 - a. The position with regard to the recruitment of Accident and Emergency staff across the Trust; and
 - b. The impact of the temporary overnight closure of Accident and Emergency at Grantham and District Hospital on other NHS services.

24 URGENT CARE UPDATE

A report by Gary James (Accountable Officer – Lincolnshire East Clinical Commissioning Group (CCG)) was considered which provided an update on urgent care services within Lincolnshire.

Gary James (Accountable Officer – Lincolnshire East CCG) and Ruth Cumbers (Urgent Care Programme Director – Lincolnshire East CCG) were in attendance for this item.

At 12.07pm, the Chairman temporarily left the meeting and handed the Chair to the Vice-Chairman, Councillor T M Trollope-Bellew.

The NHS constitution set out that a minimum of 95% of patients attending an A&E department in England must be seen, treated and admitted or discharged in under four hours ("the four hour A&E standard"). The target was originally introduced at 98% in 2004. More recently all types of departments had seen the number of attendances increase.

The national context was further explained with the impact on winter performance showing an increase in older patients presenting at A&E who then were admitted as an emergency. These patients were found to wait longer in A&E than other patients due to their complex needs and multiple illnesses which increased the chance of the four hour target being breached.

Local context in relation to A&E attendances and performance in Lincolnshire noted that the four hour A&E standard had been falling since the winter of 2014/15 and that the overall performance delivered at the end of 2015/16 was 86.0% compared with 90.2% in 2014/15.

As part of the 2016/17 planning and contract round, local systems were expected, by NHS England and NHS Improvement, to agree sensible trajectories for the Q4 performance at year end (March 2017). This regulatory decision reflected the number of systems failing to meet the 95% target across the country.

In Lincolnshire the agreed Q4 position for 2016/17 was 89% and, of the nine systems within the Central Midlands locality, three had a trajectory which delivered 95%. Regulators were satisfied that 89% represented a sustainable position within the local system despite being 6% below the constitutional standard. The report provided the figures for each month and confirmed that the agreed trajectory was achieved overall in Q1.

Bed Occupancy rates for hospitals were context dependent and varied between organisations. In recent years, there had been a national increase in the intensity with which beds were being used (this was measured by bed occupancy). For the year to date, United Lincolnshire Hospitals NHS Trust bed occupancy rate was 91.7% compared with 92.5%. However, the number of weekly acute beds open had fallen from 1005 in 2015/16 to a current average of 994 which demonstrated an overall improved position.

In relation to Delayed Transfers of Care (DTOC), Lincolnshire DTOC rates had fallen over the first quarter of 2016/17 with performance in June delivering 3.6% of bed days lost. The system was on track to achieve the target of 3.2% by the required date of October 2016.

Lincolnshire Community Health Services (LCHS) NHS Trust had experienced significant DTOCs through the first quarter of 2016/17 although these had been historically below 4%. The main outliers which had influenced the increase were improved reporting by Rehabilitation Services of patients who required onward placements appropriate to their needs and an increased demand upon Older Adult Division where the primary reasons for delay were "awaiting residential or nursing home placement or availability". The average demand for residential care was 65% of the total DTOC.

Within the Older Adult inpatient areas it was reported that eleven patients were DTOC over 90+ days and four at 60+ days, prime pathology specific to dementia.

There had been a notable increase in the Adult Acute Inpatient area DTOC for ward 12a at Pilgrim Hospital with three patients attributing to 14% of the total increase in May and June. Within the Connolly Ward at Lincoln County, the male acute ward had consistent DTOC across the period with two patients at 90+ days and three patients at 60+ days with prime delay due to housing.

Over the past 12 months, 154,998 calls had been made to the Lincolnshire 111 service with 37,895 calls made during Q1 2016/17. 63% of calls had resulted in patients being signposted to attend a primary or community care facility and 10% of calls resulting in no recommendation for service provision.

The urgent care recover plan had focussed on two distinct areas:- a 30 day rolling programme of actions for Pilgrim Hospital; and five priority areas agreed with the Emergency Care Improvement Programme (ECIP). In February a concordat had been agreed by leaders from each part of the Lincolnshire system and the regional tripartite to demonstrate the overall commitment to the five priorities:-

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1. Emergency Care Flow;
2. Safer Care Bundle & 'No Waits' process implemented on 5 wards per month (including community);
3. Therapy Review/Improvement;
4. Amalgamation of existing discharge portals into a home first/Discharge to Access model (Transitional Care); and
5. Perfect Week Programme.

Delivery of the trajectory and Recovery and Improvement Action Plan was managed via several multi-agency stakeholder groups. This included a weekly Urgent Care Delivery Group meeting with ULHT which reported in to their fortnightly Operations Group. Within LCHS, there was an Operational Delivery Group which delivered internal transformation change.

In addition, the Lincolnshire Urgent Care Working Group met fortnightly to agree four to six week actions to support the recovery of the four hour emergency department standard and also tracked recovery of the overarching Recover and Improvement Plan.

The introduction of A&E Delivery Boards had been made by NHS England, NHS Improvement and the Association of Directors of Adult Social Services (ADASS) which replaced local System Resilience Groups (SRGs) and were designed to focus primarily on A&E. The Board was mandated to oversee five improvement initiatives:-

1. Streaming at the front door to ambulatory and primary care;
2. NHS 111 – increasing clinical call handler capacity in advance of winter;
3. Ambulances – Dispatch on Disposition and code review pilots;
4. Improved flow – "must do's" which each Trust should implement to enhance patient flow; and
5. Discharge – mandating 'discharge to assess' and 'trusted assessor' type models.

In relation to Grantham A&E and the temporary partial closure, a monitoring process had been agreed and implemented. Early monitoring undertaken by ULHT suggested that:-

- Daily average attendances at Grantham were in the region of 60 and demonstrated a reduction of 20 attendances per day on average attendance (80) between 1 August 2016 and 16 August 2016 which was less than the 25 reduction predicted. The daily peak of attendances was now being seen earlier in the afternoon which suggested a change in presenting behaviour. There had been no increase in attendance at Lincoln or Pilgrim;
- Daily average admissions at Grantham were 12 compared to a previous average admission rate of 14. This suggested a daily reduction of two admissions per day and was less than the six predicted. There had been no increase in admissions at Lincoln or Pilgrim; and
- There had been no material change in Out-of-Hours presentations.

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Members were invited to ask questions, during which the following points were noted:-

- It was acknowledged that some patients making up DTOC figures were delayed due to their care package but, on occasion, there was a requirement to adapt their own home to meet their needs and this could take between six and nine months;
- Patients referred to who were often in a difficult position with a package of care was due to mental health needs and their ability to cope and manage as an individual within their own home required particular attention in relation to housing and social needs. This was the element which prevented some patients being discharged;

At this point of the proceedings, Mr P Keeling, representative of Healthwatch, declared an interest on the grounds that he was the Chief Executive of The Respite Association.

- Concern was noted about Nursing Homes across the country deregistering and the news that three homes in Lincolnshire giving notice of their intention to deregister. It was confirmed that these homes were having difficulty with the recruitment and retention of nurses. Both the CCG and County Council had undertaken a review of financial packages available to nursing home. Although this had introduced a significant financial pressure to the CCG it was a pressure which was deemed necessary;

At 12.20pm, the Chairman returned to the meeting and resumed the Chair.

- A minimum of eight to nine beds were open across all three sites and were referred to as escalation beds, some of which were at full capacity. These figures were updated daily to reduce the number of open beds. A plan from ULHT for those escalation beds was also included in those figures. It was acknowledged that these were in permanent use and that point had been taken back to the Trust;
- In order to deal with unexpected surges in demand, daily resilience calls which brought all systems together had increased. There was extra capacity within LCHS which increased the number of clinical assessors in ambulance call taking sessions. GP practices were engaged also as part of the surge and escalation plan. Costs incurred would be due to the impact on the pressures of day-to-day working;
- To ensure that the required number of escalation beds were available at all times, hospitals either stopped or did less planned care over those pressure periods;
- The nationally agreed targets for the A&E standard, agreed with ULHT, was 89% and, as part of the package, ULHT had received extra financial support from NHS England and NHS Improvement in the region of £47m to help them meet this standard;
- The winter plans were due on 3 October 2016 and it was suggested that these could be presented to the Committee at its meeting on 26 October 2016;

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- Part of a national project, of which EMAS had control, was to find out if giving ambulances an extra two minutes on targets would give a better outcome for patients. The results to-date was that this did improve patient outcomes as it gave ambulance staff slightly longer to make decisions about the best care for the patient;
- Although the Chairmanship of the Urgent Care Board was now Jan Sobieraj, Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT), the Chairman asked that Gary James (Accountable Officer – Lincolnshire East CCG) attend to present the update as Commissioner of these services.

RESOLVED

1. That the current position with regard to urgent care in Lincolnshire be noted; and
2. That a report on Winter Planning for 2016/17 be scheduled on the Work Programme for the Health Scrutiny Committee for Lincolnshire for consideration at its meeting on 26 October 2016.

25 CANCER SERVICES IN LINCOLNSHIRE

The Committee considered a report by Sarah-Jane Mills, the Director of Development and Service Delivery, at Lincolnshire West Clinical Commissioning Group, which was the lead Clinical Commissioning Group (CCG) in Lincolnshire for commissioning cancer services.

The report to the Committee made reference to the incidence of cancer across Lincolnshire, with the highest number of new cases recorded in the South Lincolnshire CCG and South West Lincolnshire CCG areas. Nationally, there had been a steady increase in the diagnosis of new cancers since 2009. The report also referred to the importance of early detection, and the role of screening as part of this, in particular screening for breast cancer; cervical cancer; and bowel cancer. In this regard, the support of the County Council's Public Health Department was emphasised in the presentation to the Committee. Overall, the early diagnosis of cancer was lower in comparison to the national averages.

The report referred to survival rates in relation to which it was reported that one-year survival rates for all cancers across Lincolnshire were comparable to the national average; only in the South Lincolnshire CCG area did one-year survival rates exceed the national average. However, one-year survival rates for lung cancer were much lower in Lincolnshire, ranging from 30.5% to 39.4%.

The Committee was advised in the report of the performance of four local hospital trusts in quarter 1 against two of the national cancer standards: (1) the two week wait – the percentage of patients seen by a specialist within 14 days of referral; and (2) the 62 day treatment measure – the percentage of patients receiving treatment within 62 days. In relation to (2), United Lincolnshire Hospitals treated 71.4% of patients within 62 days.

Progress with the Lincolnshire Cancer Improvement Plan was reported to the Committee, which had focused on United Lincolnshire Hospitals NHS Trust (ULHT). This was because towards the end of 2015, the trajectory for cancer performance at ULHT had been improving month on month. Performance at ULHT had dipped from January 2016 onwards, which had been expected. However, the Trust's performance had not returned to the 2015 levels. A review to explore the reasons for this had found that there were increased demand for diagnostic tests early in the cancer pathway; reporting issues relating to software; and most importantly workforce availability.

In relation to workforce, the Committee was advised that there had been vacancies in the Oncology Team at ULHT between January and July 2016, which had affected performance and all these vacancies had now been filled. Similarly, there had been issues with staff vacancies in Chemotherapy, and these had now been addressed. Over the last two months the two week wait performance had further deteriorated at ULHT, owing to reduced radiology capacity in the Breast Service. Workforce availability remained the greatest risk to the service.

Further mitigation measures had taken place at ULHT which included patient tracking to ensure the waiting time standards were met; and a bid for national funding to support capacity in CT.

The Committee was advised of other improvements actions since January 2016, when cancer services had last been considered by the Committee. These included a pilot of a triage service by a clinical nurse specialist of patients with lower gastrointestinal cancer; and work with the County Council's Public Health Department on developing an understanding of the issues of the local population.

The Committee sought clarification on the following points:

- A new software package had been implemented within the last four weeks, which would track patients through the cancer pathway;

NOTE: At this point in the proceedings, Councillor R Kirk re-entered the meeting at 1.15 pm.

- It was confirmed that a dedicated project manager had been appointed to lead the development of community based services. A separate project manager had also been appointed to lead the *Find Out Faster* initiative;
- The Committee was advised that a piece of work would be carried out to focus on the support arrangements for patients who were transitioning between acute and palliative care;
- A submission had been made for national funding. The funding would be used to install a second CT scanner, which would be located at the Pilgrim Hospital in Boston. This would increase capacity across United Lincolnshire Hospitals NHS Trust and allow for 7 day working at Lincoln County Hospital. Further to this, Members were referred to the challenges in relation to radiology staffing;

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- Whilst treatment for patients was good at United Lincolnshire Hospitals NHS Trust, a significant issue was the availability of diagnostic results for oncologists, which ultimately led to patients having to rebook appointments with oncologists, who could not proceed without the results. The Director of Development and Service Delivery agreed to follow this up;
- In response to a question on bowel cancer screening, it was clarified that this screening was offered to people between the ages of 60 and 69 in accordance with national guidelines. It was possible that the people over the age of 69 could receive screening, but this relied on their own vigilance in seeking appointments;
- It was confirmed that a key focus of the work was on prevention and awareness.

RESOLVED

1. That progress with the Lincolnshire Cancer Improvement Plan be acknowledged, including the actions taken since the previous report to the Committee in January 2016; and
2. That a further report be requested on cancer services in Lincolnshire on 15 March 2017.

NOTE: At 1.45pm, the Committee adjourned for lunch and reconvened at 2.20pm. On return, the following Members and Officers were in attendance:-

County Councillors

Councillors Mrs C A Talbot (Chairman), T M Trollope-Bellew, R C Kirk, Mrs J M Renshaw, S L W Palmer, Mrs S Ransome and Mrs S M Wray

District Councillors

Councillors J Kirk (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), Mrs K Cook (North Kesteven District Council) and Mrs R Kaberry-Brown (South Kesteven District Council)

Officers in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Richard Henderson (Acting Chief Executive – East Midlands Ambulance Service (EMAS)), Gary James (Accountable Officer – Lincolnshire East CCG) and Blanche Lentz (Lincolnshire Divisional Manager – East Midlands Ambulance Service (EMAS))

Healthwatch

Mr P Keeling

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Apologies for Absence/Replacement Members (Councillors who attended the morning session)

Councillors Miss E L Ransome

26 EAST MIDLANDS AMBULANCE SERVICE RESPONSE TO THE CARE QUALITY COMMISSION INSPECTION REPORT

Consideration was given to a report from Richard Henderson (Acting Chief Executive – East Midlands Ambulance Service NHS Trust (EMAS)) which provided a copy of the Quality Improvement Plan produced in response to the inspection findings of the Care Quality Commission (CQC).

Richard Henderson (Acting Chief Executive – East Midlands Ambulance Service (EMAS)) and Blanche Lentz (Lincolnshire Divisional Manager – East Midlands Ambulance Service NHS Trust (EMAS)) were in attendance for this item.

The Committee received a presentation which highlighted relevant areas for consideration from the report of the CQC. These included:-

1. CQC rating following November 2015 inspection;
2. Key themes from the inspection report – frontline staffing support, leadership and training; vehicles and equipment; medicines management and record keeping; serious incident reporting and learning; complaints reporting and learning; and hospital handover delays;
3. Progress and action going forward – 2016/17 contract settlement;
4. Progress and action going forward – frontline staff, support, leadership and training;
5. Progress and action going forward – vehicles and equipment;
6. Progress and action going forward – learning from serious incidents and complaints;
7. Turnaround – Total Lost Hours;
8. Working together to improve patient safety – Health Education England (HEE), workforce development; Hospital handover delays; and improved system-wide demand management;
9. Summary – action taken and improvements made were being delivered with support from commissioners and regulators.

Three core services had been inspected by the CQC which included the Emergency Operations Centre; Urgent and Emergency Care including the Hazardous Area Response Team (HART) and the air ambulance; and Patient Transport Services.

Overall the Trust had been rated as 'requires improvement'.

The EMAS Board considered its response to the CQC Inspection on 5 July 2016 and developed an action plan to respond to the issues identified in the CQC's report. This action plan formed part of the Trust's overall Quality Improvement Plan. A key element in the action plan was the commissioning of a Strategic Demand, Capacity and Price Review, which was also supported by the commissioners.

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A Regional Scrutiny Briefing had been held on 5 July 2016 which representatives from all eleven health overview and scrutiny committees in the EMAS region had been invited. A number of points were raised during that meeting but, due to the absence of a requirement for EMAS to deliver national response time standards as part of its contract for 2016/17 (including the absence of any requirement for EMAS to deliver these standards at Clinical Commissioning Group level) the Committee was requested to consider how best to scrutinise the response time performance of EMAS at future meetings. For example, the provision of response time information at Divisional for CCG level would be indicative.

Members were invited to ask questions, during which the following points were noted:-

- It was noted that community defibrillators were fit for purpose and suitable for communities but defibrillators used on ambulance vehicles were more advanced and gave the paramedic more relevant information to enable suitable treatment of the patient;
- Although disappointing to receive an 'inadequate' rating for safety, it had proved helpful as the service were able to revisit the issue of ambulance 'drift'. It had reaffirmed the need to ensure that other health systems could be adapted to ensure the release of ambulances on arrival at hospital;
- The contract for the exiting Toughbooks had ended but negotiations for an extension to that contract were ongoing. Consideration was being given to a replacement for the Toughbook to ensure that the latest product was available to staff and the Trust was confident that this would be rolled out during 2017;
- Although it was helpful to have an EMAS Clinician in hospitals to receive patients in order to release crews, the challenge was that these members of staff were trained paramedics and should be out in the community;
- As part of the enforcement action, there was a requirement to ensure that systems were implemented to address issues of significant concern. As a result an independent body had evaluated all the activity and demand levels to ensure the contract was fit for purpose to deliver services for those demands. That charge was to be apportioned to commissioners to ensure that the contract met those needs;

At 2.57pm Councillor R C Kirk joined the meeting.

- Although it was a requirement to ensure that all staff received statutory and mandatory training, the Trust also needed to ensure that there were enough emergency vehicles to meeting demand. There was not currently sufficient resource to meet demand and therefore the Trust were unable to remove staff from frontline service for training such as Information Governance;
- An independent review of the Strategic Demand, Capacity and Price Review was ongoing to ensure that there were sufficient levels of units in the community. Staffing levels remained low and it was difficult to recruit;
- The line management model for undertaking appraisals had been changed to ensure there was more access to frontline managers. Staff had regular

contact with managers and team leaders which was giving more opportunities for managers to support staff;

- Over 300 staff had been recruited, the Trust estates programme had been reorganised and £5m savings as a result of that had been invested in frontline vehicles;
- Staff retention had been an issue and third party providers had been used to support some of the low level support. Despite continued recruitment, the numbers needed were still too low;
- The cost of the independent review was insignificant and had been jointly funded by EMAS and lead commissioners (Hardwick CCG representing 22 CCGs across the region). The lead local commissioner for Lincolnshire was Lincolnshire West CCG;
- It was confirmed that EMAS continued to contract third party companies for patient transport but it was suggested that a certain company utilised unequipped vehicles and/or untrained staff to transport patients. This was strongly refuted and the Committee assured that EMAS do not use unqualified staff. All third party staff were also trained to the level expected of EMAS contracted staff. The Chairman requested a briefing paper to explain the detail of the contract and also the training and equipment required to fulfil that contract;
- It was further clarified that all companies who provide ambulances had to be CQC inspected and registered;
- In relation to the NHS 111 service, it was confirmed that once a call was passed to EMAS it then became a 999 emergency. Work was ongoing with the NHS 111 provider to ensure that inappropriate calls were not received and there has been a high volume of these calls recently;
- Although there was a clause in staff contracts that training costs would have to be paid back should they leave service within a specified timeframe but this had proved difficult to enforce;

At 3.30pm, Councillor Mrs S Ransome left and did not return.

- In relation to Slide 4 of the presentation, the Committee requested a full breakdown of the total lost hours for Lincolnshire by hospital as a result of turnaround delays;
- Full detail on third party contracts and the training those staff receive and the equipment used be provided to the Committee.
- The Chairman took the opportunity to congratulate EMAS on the success of the Joint Conveyancing Project and also the first responder service and the work undertaken by LIVES in relation to response times.

RESOLVED

1. That assurance on the response of the East Midlands Ambulance Service NHS Trust (EMAS) to the Care Quality Commission's Inspection Report including consideration of the Trust's Quality Improvement Plan be agreed;
2. That the additional information, as noted above, be formally requested by the Health Scrutiny Officer.

27 CONGENITAL HEART SERVICES - EAST MIDLANDS CONGENITAL HEART CENTRE

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided the content of the Chairman's letter to NHS England, seeking a commitment to a full public consultation and the response received from NHS England.

The Committee was referred to page 175 of the report and an update provided on the outcome of other Health Scrutiny Committees in the region in relation to this item.

Nottingham City and Nottinghamshire Joint Health Scrutiny Committee had decided more information was required in order to consider whether the decommissioning of this service would be a substantial variation.

Derbyshire County Council's Health Scrutiny Committee had sought assurance for a consultation and also detail of the alternatives for Level 1 services.

The Committee was advised that the Joint Health Scrutiny Committee for Leicester, Leicestershire and Rutland was due to meet on 29 September 2016 and not 21 September as indicated in the report.

The Chairman expressed her disappointment at the response received and asked the Committee's views on writing again to Will Huxter, seeking details on what NHS England would be including in the consultation and making reference to the report of the Independent Reconfiguration Panel in 2013.

At 4.00pm, Mr P Keeling left the meeting and did not return.

RESOLVED

That the proposal that the Chairman write again to Will Huxter, Senior Officer, NHS England to ask what would be the focus of the consultation be unanimously agreed.

28 APMS [ALTERNATIVE PROVIDER OF MEDICAL SERVICES] GP SURGERIES

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided an update on the interim management arrangements introduced at four GP practices within Lincolnshire from 1 August 2016.

On 21 July 2016 it was announced by Lincolnshire West CCG that the interim management arrangements would be introduced in four APMS GP practices in Lincolnshire from 1 August 2016. It was announced that Lincolnshire Community Health Services NHS Trust (LCHS) would run the surgeries until at least 15 December 2016 on a caretaker basis. The CCG had undertaken a survey of patients which sought views on the services currently received and what they would like for the future.

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A procurement exercise had been launched which would require any provider to operate both morning and afternoon sessions Monday to Friday but could not operate as a branch surgery to an existing GP practice. Interested providers were required to bid by 14 October 2016. Should no bids be received to run any, or all, of these surgeries, the CCG would need to consider dispersing the patient lists to alternative GP surgeries. The interim management arrangements could not continue on a permanent basis.

RESOLVED

That the report be noted and that a further update be presented to the Committee at its meeting in November 2016.

29 QUALITY ACCOUNTS 2015-16

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided an opportunity for the Committee to consider the annual Quality Accounts of local providers during 2015-16.

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire had prepared a joint statement on the following draft quality accounts for the following organisations:-

- Lincolnshire Community Health Services NHS Trust;
- Lincolnshire Partnership NSH Foundation Trust;
- United Lincolnshire Hospitals NHS Trust;
- Boston West Hospital;
- East Midlands Ambulance Service NHS Trust;
- Marie Curie;
- Northern Lincolnshire and Goole NHS Foundation Trust;
- Peterborough and Stamford Hospitals NHS Foundation Trust; and
- St Barnabas Hospital.

The Chairman asked that her personal thanks to the Quality Accounts Working Group be recorded for the contribution made to the preparation of the Quality Accounts.

Formal thanks were also offered, on behalf of the Quality Accounts Working Group, to Simon Evans (Health Scrutiny Officer) for his help and guidance throughout the process.

RESOLVED

That the report be noted.

30 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

Simon Evans (Health Scrutiny Officer) confirmed that, further to discussion at the meeting today, the following items would be added to the work programme:-

1. ULHT – Emergency Services Update – November 2016; and
2. Winter Planning – October 2016.

It was also agreed to add an update from LIVES as an item to be programmed.

RESOLVED

That the contents of the work programme, with the amendments noted above, be approved.

Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust

On 20 September 2016, the full business case for the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingsbrooke Health Care NHS Trust was published. This was to be considered by the Peterborough Board on 27 September 2016 followed by the Hinchingsbrooke Board on 29 September 2016.

P&SHFT had offered to meet with the Committee or members of the Committee to go through the full business case although they were unable to attend the next meeting of the Committee in October. It was indicated that the November meeting would be too late.

There had also been an approach from Peterborough City Council and Cambridgeshire County Council, who planned to form a joint health scrutiny committee, to respond to the business case.

The options available to the Committee were:-

1. No formal response;
2. Nominate a member to participate in the joint committee as a non-voting member and feed into the joint committee's response;
3. Nominate a member to participate in the joint committee as a non-voting member and feed into the joint committee's response AND make a separate response on behalf of the Health Scrutiny Committee for Lincolnshire; or
4. Decide not to nominate a member for the joint committee and make own response to the business case.

RESOLVED

That Option 4 be agreed and a working group comprising Councillors T M Trollope-Bellew and Mrs S M Wray be established to draft and finalise a response to the Full Business Case, with Councillors D Brailsford, P M Dilks and R L Foulkes being invited to attend as the local members.


Annual Public Meetings

Attendance at the following Annual Public Meetings had been agreed and volunteers requested for those without representation:-

- 22 September – Lincolnshire East CCG (Golf Hotel, Woodhall Spa) – Councillor S L W Palmer to attend;
- 26 September – United Lincolnshire Hospitals NHS Trust (Bishop Grosseteste University, Lincoln) – Councillor C J T H Brewis to attend;
- 27 September – South West Lincolnshire CCG (New Life Centre, Sleaford) – Councillor K Cook to attend;
- 28 September – Lincolnshire West CCG (The Showroom, Lincoln) – Councillor J Kirk to attend;
- 29 September – South Lincolnshire CCG (Springfield Event Centre, Spalding) – volunteer required.

The meeting closed at 4.30 pm

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Winter Planning

Summary:

The purpose of this item is to update the Health Scrutiny Committee on planning for Winter Pressures across the Health and Care Economy in Lincolnshire.

Actions Required:

Members of the Health Overview and Scrutiny Committee are asked to consider the approach to preparing for winter pressures and comment as necessary.

1. Background

There is a national recognition of increased demand on urgent and emergency services across the winter months which officially run from November to March. The winter months can represent the most challenging time for the local health and care systems and the additional pressures can result in poor outcomes for people if they experience longer waits for urgent and emergency care services; cancelled operations or delays in being discharged from hospital.

Building system resilience can help overcome potential difficulties and, although winter presents particular challenges it is imperative to build resilience throughout the year.

It is essential that a “whole system” approach is taken in anticipating how and where the system increased demand is likely to present, and to the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function with knock on effects for other parts.

1.1 National context

Year round pressures in the health and social care system become particularly acute in the winter months. Winter weather exacerbates many long term conditions; increases the incidence of injuries from falls and other accidents; and creates conditions for colds, flu and other contagious diseases to spread more quickly. Winter weather can also add to peoples’ sense of social isolation, further undermining their resilience to physical illness and ability to cope with frailty, disability or caring for another person. The combined effect of these factors is very significant increase in demand on health and social care services over the winter months.

1.2 Local context

Over several years the system partners have developed a good understanding and positive working relationships, particularly during time of increased pressure and demand, including winter. There is a history of strong and supportive relationships between the partner organisations; working together and providing support a time of stress within any part of the system.

The Lincolnshire Emergency Planning Team involves and supports the system throughout the year but particularly over the winter period, sharing their expertise particularly in relation to “command and control” management and frameworks to ensure there are clear lines of responsibility and clarity of role.

Currently the whole health and social care system is running “hot” with the usual expected easing of pressures during summer no longer being experienced. Acute sector escalation beds have remained largely open all year rather than as originally planned, for winter only. There is national and local concern that any extra demand into the system will cause issues during winter in a system struggling to manage what has now become “business as usual”. However, we know there is a marked growth in the need for urgent and emergency services across the winter months (November- March), which increases pressure on already struggling resources. A&E performance across Lincolnshire is below the national standard with Lincoln County and Boston Pilgrim consistently underperforming against the 95% 4 hour target.

The Lincolnshire 2016/17 Winter Plan was produced by the Urgent Care Team with contributions from partners across the health and care community. It was reviewed by key partner organisations to ensure robustness and was compiled using previous proven approaches.

The plan describes how the system aims to manage pressures by:

- The acute hospital focusing on delivering improvements in bed flow processes, Emergency Department (ED) efficiency and fully implementing ambulatory emergency care and SAFER (**S**enior review; **A**ll patients have discharge date; **F**low; **E**arly discharge; **R**eview)
- The community services and local authority focusing on enhancing capacity and reablement to avoid admissions and speed up complex discharges
- Commissioners will focus on driving greater throughput at treatment centres and ensure that demand management schemes are effective in reducing Emergency Department attendance
- Collective effort focusing on managing complex medically fit patients with fewer delays, and implementing improvements to support and divert greater numbers of over 75 year old patients outside of the acute hospital

The demand for services and the complexity of needs of patients and communities has remained high and performance is below trajectory. Whilst some areas have shown improvement such as Delayed Transfers of Care (DToC) lost bed days others are well behind plan such as the implementation of the SAFER bundle and development of the Frailty Pathway and further remedial action is required.

2. Assurance of the Plan

It is an expectation of NHS England and NHS Improvement that a robust system wide plan is in place for each winter. The A&E Delivery Board must have assurance that all commissioners and providers' plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years.

The Winter Plan has been assured by Regulators, NHS England and NHS Improvement and was signed off by the Lincolnshire A&E Delivery Board on 10 October 2016.

2.1 Communication

A winter communication plan (based upon national guidance and material) has been developed jointly across the Lincolnshire Health and Care System. This will ensure that messages are consistent and cover the widest possible area and groups, including staff from all organisations.

2.2 Surge and Escalation and Winter Plan

Both the Surge and Escalation plan and the Winter Plan have recently been updated. Unlike in previous years, at the time of writing there has been no central government funding for winter pressures. Investment in the system has been agreed through the System Resilience Group (now the A&E Delivery Board) with funding decisions made upon consensus and evaluation of effectiveness of previous

schemes and in setting the A&E trajectory. The investments are broadly focussed on admission avoidance and timely discharge and include investments in organisations including the voluntary sector.

The system is clear about the expectations of NHS England and the NHS Improvement on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)
- Delivery of critical and emergency care services
- Delivery of out of hours' services
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

At a high level, our response to winter is to:

- Minimise the risk to patients/service users during a period when the service is under increased pressure
- Maximise the capacity of staff by working systematically and effectively in partnership
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes
- Maintain critical services, if necessary, by the reduction or suspension of other activities.

2.2.1 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold Weather Alert Service. The Service starts on 1 November 2016 and runs until the end of March 2017. Each member of the A&E Delivery Board has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas and the local system have developed a local cold weather plan based on National guidance.

2.2.2 Lincolnshire Surge and Escalation Plan

The local health and social care economy has developed a Surge and Escalation Plan - with triggers which supports the system to ensure there is sufficient overall capacity to meet demand. This Plan includes the sharing of information across the

system in the form of daily SITREPs and triggers the move towards daily teleconferencing. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2016/17, and includes the following elements:

- (a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.
- (b) A new A&E Delivery Board Dashboard - supported by Arden and GEM CSU will provide the A&E Delivery Board with urgent and emergency care performance indicators, KPI's are shown against plan trajectories and national standards.
- (c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan.
- (d) Developing plans with Local Medical Council and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/pharmacy initiatives to support winter.
- (e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.
- (f) A view on predicting and mitigating the impact of our winter actions on planned care. The A&E Delivery Board will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity.
- (g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

2.2.4 Seasonally related illness

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each A&E Delivery Board provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The A&E Delivery Board has oversight of the Infection Control plan and will receive notification of any outbreaks.

As well as protecting against flu, the **NHS Stay Well This Winter campaign** will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS '**Stay Well This Winter**' campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.

Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

2.2.5 Flu Prevention

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons. It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The A&E Delivery Board will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes). NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted.

In addition, the A&E Delivery Board will be seeking assurance that procedures are in place within community service providers (Lincolnshire County Council, Lincolnshire Community Health Service) for ensuring vaccination of the housebound patients and staff.

In addition, Lincolnshire County Council (LCC) and NHS Providers/Commissioners have pro-actively contacted their own front line health and social care staff to promote the uptake of flu vaccination.

Although it is seen as an employer's responsibility to protect staff from flu, LCC recognises that some social care providers may struggle to provide this. With that in mind, LCC has funded flu vouchers for contracted domiciliary care workers in the County; any surplus from the flu vouchers procured will be offered to contracted residential care homes for their staff.

2.2.6 Maximising the role of Neighbourhood Teams with the Voluntary and Community Sector

Voluntary and community sector organisations play an essential role in maintaining contact with individuals and families through winter and promoting proactive self-care and informed choices. The delivery of contracts via Adult Care and Public Health commissioned services (such as the Wellbeing Service, the Talk Eat Drink (TED) in East Lindsey initiative to combat loneliness and isolation) play a vital element in maintaining winter community resilience.

The A&E Delivery Board partners will work through the developing Neighbourhood Teams to ensure that a range of Voluntary and Community Sector organisations are facilitated to participate, and ensure good communication channels exists to support potentially vulnerable individuals or families.

Neighbourhood Teams will work in a multi-disciplinary way to provide more joined up care. People will be treated and cared for closer to home where possible and will only be admitted to hospital when necessary. Neighbourhood teams are being developed to enable people to be:

- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to return home quickly and safely following a stay in hospital
- Supported to experience a good death when at end of life

Neighbourhood Teams (NTs) are aligning themselves to be able to receive appropriate referrals from GPs, Clinical Assessment Service and Contact Centre. Referrals will be directed to Care Liaison Officers (CLO) for each of the neighbourhood teams during weekdays (9am to 5pm). Referrals via this pathway would usually require a multidisciplinary NTs service provision. Single discipline referrals will be directed via the current direct route to enable quicker response.

3.0 Maximising capacity

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand. Within the Lincolnshire health and care economy focus has been on:

Additional Primary Care Capacity

CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Striving to improve its access
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients
- Effectively utilising any extended hours provision to support improvements in access

- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.
- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

Christmas and New Year

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such:

- A full listing of negotiated opening hours for pharmacies will be available in late November 2016 which will be communicated with the public.
- NHS England wrote to all GP Practices to advise them that they would expect practices that normally operate extended hours on a Saturday, to provide these on Saturday 26th December and 2nd January.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in none essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

Planned Care Activity over winter

With the expected increasing demand from emergency admissions over winter, many acute hospital trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by “front loading” in-patient elective (surgical) activity through early or later months in the year. ULHT and Peterborough and Stamford Hospitals Foundation Trust (PSHFT) Hospitals have agreed this plan. It should be noted that day cases and outpatient appointments will continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams

There are a number of projects that require delivery from across the A&E Delivery Board partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. There are discharge hubs in two of the acute hospital sites, Pilgrim Hospital Boston and Lincoln County Hospital, where multi-agency community teams actively ‘pull’ people out of hospital. There is a discharge team in place at Grantham District Hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care (CHC) and community services to ensure that transitional care services are able to cope with additional demand through winter and that a discharge to assess policy is facilitated.

Local Authority Plans

The Local Authority has a critical role in ensuring that the system is able to cope through winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.
- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the A&E Delivery Board Winter Planning and Out of Hospital Groups and participates in teleconferences as required.

Mental Health

Lincolnshire Partnership NHS Foundation Trust will continue to support the health and care system by offering the following core services:

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access
- Psychiatric Liaison Service for the county. The multi-disciplinary MHLS is based at Lincoln, Grantham, Boston and Peterborough acute hospitals and takes referrals of patients from acute trust staff and also undertakes case-finding to deliver rapid assessment of mental health needs. The team is Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas.
- Child and Adolescent Service Tier 3 Plus team providing service into the accident and emergency departments and into community settings to provide crisis support to patients and families.

Acute Services

As demand rises, the challenge to improve and sustain performance in ED becomes increasing complex. Further impact is demonstrated when unscheduled admissions spill into elective beds; this can result in scheduled admissions being cancelled and rescheduled, resulting in backlog of patients waiting for treatment and 18 week referral to treatment performance can decline.

In order to mitigate this risk, funding was agreed to support a number of schemes to address some of the challenges within urgent care.

These include:

- £1million to support additional nurses within emergency departments to more readily meet the levels of demand and enable a new structure to be implemented
- £2.5million to support an expansion of the acute bed base
- £300,000 to support a programme of work to reduce length of stay by at least 10% and up to 20%
- Additional medical posts to support urgent care

A major challenge at ULHT is bed capacity. The Trust has a plan to establish a number of the existing escalation beds on the Lincoln and Pilgrim sites and increase core bed stock. At Lincoln this would involve establishing an additional 27 bed ward. This ward would be used for step down patients and would have the benefit of allowing capacity to re-launch the Short Stay Pathways on the Medical Admissions Unit.

For Pilgrim the initial plan to bring additional wards into use was considered not deliverable due to the staffing constraints faced. To mitigate this several changes are being implemented. Firstly the medical clinic taking place on ward 8A is being moved to vacant accommodation on 8B. Programmes to improve front door streaming will be put in place and a new IT system is being rolled out. This system will manage patient admissions by task ensuring timely action planning and resulting in decreased length of stay. The aim to reduce bed occupancy by 10% would release in the region of 30 beds by January 2017.

Other Acute Schemes

- **7 day Pharmacy** –This will commence from November with a business case being developed to make this service recurrent, all year round.
- **7 day Therapies** – Commencing from 1st November is anticipated based on data from last year that this would improve A&E performance by 0.27%.
- **A&E Internal Efficiency** –The anticipated effect of these schemes would be an improvement in A&E performance of 0.48%.
- **SAFER Bundle** – By improving the adherence to SAFER a phased improvement in A&E performance was set from 0.18% rising to 0.27% in July and 0.36% from October however this programme has yet to be implemented across the acute sites.
- **Increase in A&E Medical Staff** – to improve performance in A&E additional medical staff will be in place at Pilgrim throughout winter. An additional medical consultant and middle grade from the 1st November and a surgical middle grade from December bringing about an improvement in performance of 1.93%.
- **Increase Nurse Minors** – to help with the minors stream it is planned to have an additional nurse minors stream at Lincoln from 08:00 until midnight from 1st December, bringing a 0.5% improvement in performance.

Community Schemes

Ahead of the winter period work has been carried out and continues within the A&E Delivery Board to reduce delayed transfers of care and avoid unnecessary admissions to hospital. DTOC has seen a consistent improvement in performance throughout 2016/17 and is on track to deliver against trajectory.

Community schemes funded via the A&E Delivery Board include:

- **Rapid Response** – support for people to keep them at home and prevent admissions.
- **Discharge Hubs** – Improvements in the hub from community services are reportedly going to improve capacity in the trust by reducing occupancy by an additional 10.3 beds above the current estimated 2.2.
- **Transitional Care** – New models of working with transitional care include improvements in the community hospitals to reduce their length of stay, reducing delayed transfers of care and increasing bed occupancy to 85% from July and 90% from October. Anticipated effect of this was a 2.6 bed reduction per month rising to 4.9 beds from October.
- **Trusted Assessor** – in partnership with LCC the “trusted assessor” role is in place. The plan is to improve the role such that it increases incrementally in its effectiveness reducing bed requirements by 3.2 beds per month to 5.2.
- **Support at Home (HART)** – a further admission avoidance scheme to support patients in their own home. Projected admission avoidance would reduce bed requirements by 3.4 beds per month from July to September and 4.8 from October.
- **Lincolnshire County Council Reablement Service** – Capacity will be increased further from October and the community estimate this will reduce the trusts bed requirement from the current reduction of 6.67 down to 8.33.
- **Clinical Assessment Service** – the Clinical Assessment Service is a telephone triage direct from clinicians which, it is stated, will reduce Green 3&4 calls and see a 50% reduction in 111 A&E dispositions.

4.0 Risks and Mitigations

The Lincolnshire Health and Social Care economy is a complex system delivered by multiple agencies, across three acute hospital sites, which initiates a risk in itself. All organisations are responsible for managing their own individual risks with the A&E Delivery Board responsible for identifying, agreeing and mitigating actions and monitoring system risks.

The following table provides an example of the high level risks across the system in delivering system resilience and mitigating actions.

Risk	Mitigation
There is a risk of not maintaining system resilience due to increased demand, acuity of patients, workforce capacity and capability over 7 days	The development and implementation of robust multiagency structures, processes and services to manage patients through the system to ensure they are in the

Risk	Mitigation
resulting in failure to meet constitutional standards, deliver improved outcomes for patients & reputational impact for system partners.	most appropriate place to meet both their medical and social needs.
There is a risk organisations are unable to secure and align workforce capacity and skills to meet the local demand for their services resulting in adverse impacts on system resilience across the footprint.	Transformation work to address the main issues to drive a reconfiguration of workforce to align with both national and local priorities across the system. Create a shared workforce culture built on common values and more staff able to work flexibly across the system
There is a risk that financial challenges across the health and social care system may have an adverse impact on systems resilience across the Delivery Board footprint.	Further work required to improve alignment and to gain shared understanding of additional capacity and intended impact/benefits of all funding sources that contribute to improving systems resilience e.g. routine contractual, transformational schemes, Better Care Fund and Delivery Board funded schemes etc.

4. Conclusion

It is essential that a 'whole system' approach is taken to anticipating how and where in the system increased demand is likely to present, and to the planning of appropriate inter-agency responses to ensure that no part of the system is overwhelmed or unable to function with knock on effects for other parts.

The A&E Delivery Board will do its utmost to mitigate impacts within existing resources and operational arrangements will assist with this. However there are inevitably limits to what can be achieved within existing resources and this is likely to have impacts elsewhere in the system.


5. Consultation

This is not a direct consultation item.

This report was written by Ruth Cumbers, Urgent Care Programme Director who can be contacted on 01522 513355 ext. 5424 or via email

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Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Lincolnshire Partnership NHS Foundation Trust – Care Quality Commission Comprehensive Inspection

Summary:

The purpose of this report is to provide assurance to the Health Scrutiny Committee for Lincolnshire that Lincolnshire Partnership NHS Foundation Trust (LPFT) continues to make good progress with implementation of the action plan resulting from the Care Quality Commission (CQC) Comprehensive Inspection (30 November to 4 December 2015).

Actions Required:

- (1) Members of the Committee are asked to seek assurance from LPFT that the work being undertaken is meeting the actions set out by the Care Quality Commission (CQC) and to receive the latest position on the number of actions completed and evidenced.
- (2) Members of the Committee are asked to receive assurance that the organisation will focus on continuous quality improvement once the CQC Action Plan is complete.
- (3) To seek assurance that the CQC, NHS Improvement and NHS England, as well as local Clinical Commissioning Groups, are receiving updates on progress.
- (4) To request further updates on progress in relation to safe care – the requirements of single sex accommodation guidance and assessing/managing the risk of points of ligature in and around the buildings in which patients are receiving mental health services.

1. Background

The Care Quality Commission (CQC) inspected eleven service areas of Lincolnshire Partnership NHS Foundation Trust (LPFT) and on 23 April 2016 published a detailed report for each, along with an overall provider report. Copies of the CQC reports are available on the Trust website and the ratings given to services by the CQC are displayed across the service areas so that patients, carers and visitors can see the results. A summary of the outcomes is attached at Appendix A.

Overall the organisation was rated "Requires Improvement" with a "Good" rating for caring in all services inspected and an "Outstanding" rating for community based Child and Adolescent Mental Health Services. The rating for "Safe" was "Inadequate", due to concerns from the CQC about potential risks associated with single sex accommodation and points of ligature.

The vast majority of the findings were consistent with the Trust's own assessment of its areas for improvement, as presented to the CQC on the first day of the inspection. The areas of concern in respect of the "safe" key line of enquiry challenged the Trust's judgement of how anti-ligature and same sex accommodation guidance should be interpreted. The Trust has responded proactively to the assessment of the CQC in respect of these areas of risk and has also challenged the same sex accommodation assessment for the Ash Villa Child and Adolescent Mental Health inpatient unit. The Trust is awaiting a response to this challenge.

2. Progress update on the implementation of the CQC Action Plan

The action plan has been produced in partnership with service leads in LPFT and provides a comprehensive plan for the "must do" and "should do" actions identified in the eleven service reports and the provider report published by the CQC in April 2016.

The CQC Action Plan is updated monthly and presented in public meeting session to the Board of Directors each month. A copy of the latest report (which was scrutinised by the LPFT Board of Directors in September 2016) is attached as Appendix B.

The action plan describes the accountable and responsible officers along with the actions to be taken and timescales. The Assurance and Evidence columns are populated with hyperlinks through to documentation (which are stored on the Trust intranet as evidence) and further reports on progress are monthly. Where evidence is photographic, for example a stair rail, a dated image will be stored as the evidence.

Where an action is shaded GREY it is complete with the appropriate evidence stored and available as assurance that the action is satisfactorily completed.

Internal monitoring of the plan is led by the Director of Operations, the executive sponsor, liaising on a regular basis with clinical division leaders and through governance meetings. Factual evidence of progress is through the Trust Compliance Team, who produce reports to the Trust Quality Committee and Board of Directors for scrutiny at each meeting. The Trust Quality Committee, which is a sub-committee of the Board of Directors, is chaired by a Non-Executive Director.

If a service lead is not assured with the level of progress against the plan, the service lead has the ability to challenge that and adjust the level of Assurance and Evidence accordingly.

In version 15 of the CQC action plan, the following changes are brought to Committee's attention: -

- Actions that have been completed with evidence provided have been shaded out as GREY on the plan.
- Since version 14, a further 19 actions were completed and signed off (shown as GREEN on the plan).

In total there are 98 key lines of questioning in the action plan of which 93 relate to clinical services and 5 that make up the "Well Led" section of the plan shown on pages 37 to 39. These actions are on track and relate to the development of the strategy for the organisation, culture and involving patients, staff, carers and others in developing services.

For the 93 key lines that relate to clinical services directly, there are 213 sub actions or responses to those key lines of questioning. These are from "must do" and "should do" actions highlighted in the CQC inspection report.

Of the 213 sub actions or responses that relate to clinical services provided by LPFT, as at the end of September 2016, the position on implementation of the plan is that: -

- 158 out of the 213 sub actions are both complete (GREEN) and supporting evidence is stored (GREY). This is 74%;
- 9 of the 213 sub actions are complete (GREEN) and the evidence is awaited to provide assurance to move to GREY (<1%);
- 46 of the sub actions are AMBER (or a mix of amber and green) and are on track for delivery by the agreed date;
- No actions are rated RED.

The plan is in the process of being updated as part of the monthly monitoring and a further move to GREEN/GREY is anticipated over the next two months.

3. Continuous Quality Improvement

The CQC Action Plan is due to run through to the middle of 2017 – however to ensure that there is a continued focus on quality improvement, the Trust will transfer all remaining CQC actions, along with other priorities for quality improvement, into a new Quality Improvement Plan. This plan will include the transformational activities that the services are taking forward through initiatives to improve care for patients, staff satisfaction and wider Lincolnshire developments, along with learning from serious incidents and other reports.

The Quality Improvement Plan is in development and will be completed by the end of December 2016 (to align with the two year plan).

4. Stakeholder assurance processes

The requirement to provide assurance to the CQC, NHS Improvement, NHS England and the Clinical Commissioning Groups on progress is underway with regular updates on progress against the CQC Action Plan.

Copies of the CQC Action Plan and progress reports are provided to stakeholders and published on the Trust website following each monthly Board of Directors meeting.

An oversight meeting is scheduled for 1st November 2016 when there will be a round table review by the above stakeholders to scrutinise progress on the CQC Action Plan.

5. Safe Domain - progress

The main areas of concern about SAFE related to patients on wards in mixed gender areas (single sex accommodation breaches) and on the assessment and removal/management of potential points of ligature that may be used by patients to harm themselves (either removed or the risk associated with them assessed and managed).

Points of ligature

The point of ligature concerns related to some points of ligature inside some of the LPFT patient building areas (inpatient and rehabilitation services) and possible points of ligature in outside/external areas in the immediate surrounding areas of buildings that patients have access to.

The group considering the risks associated with ligature points has produced a revised process for the assessment and management of ligature risks, which has been incorporated into the Trust policy. There are several components to the revised process, which refines how we assess and manage ligature risks: -

- Each service and associated building is assessed as low, medium or high risk depending on the type of service provided. The nature of the service and the kinds of risk typically presented by the patients using the service is clearly described. Patients on an open, community based rehabilitation ward would typically present lower risks, for example, than acute or forensic patients, and would have access to everyday items and an environment to support daily living as part of their rehabilitation.
- A ligature risk assessment would then be undertaken, in the context of the type of service provided and associated level of risk.
- Any specific risks associated with individual patients would be identified in their clinical record and steps taken to manage these risks in the care setting provided

Single Sex Accommodation

Following the CQC inspection visit, the issues raised around privacy and dignity relating to the mix of patients of different genders on three wards were immediately addressed, for example swipe cards introduced to protect access to particular areas by different genders. Staff teams at the units concerned have reviewed the risk assessments of patients of

different genders, who share corridors and the actions taken as a result, are recorded in the CQC Action Plan.

In addition to this, the Director of Nursing and Quality led a task and finish group to work with staff and a workshop was held with all inpatient areas possibly affected including Ash Villa, Sleaford which is a unit for inpatient Child and Adolescent Mental Health Services (CAMHS) and the other wards that were highlighted in the CQC inspection report.

All of the inpatient wards and rehabilitation service areas were re-issued with CQC guidance on single sex accommodation to guide staff.

The Trust awaits the outcome of the challenge put into CQC in relation to rating of inadequate for Safe particularly single sex accommodation at the Ash Villa Unit, Sleaford.

The impact on patient care is potentially significant as adherence to the national guidelines can mean that to meet the guidelines a patient or patients would need to be referred out of area for an inpatient bed, for example a Lincolnshire patient who was in the older adult service had to be referred to a provider in Sterling for care and treatment.

6. Conclusion

As a learning organisation, LPFT welcomes the feedback given by the CQC as part of the inspection and is making progress on the areas identified in the CQC inspection. The Board of Directors has a clear line of sight, through the action plan, on continued progress and will update the Health Scrutiny Committee on a regular basis as required.

Progress against the plan is very good with 74% of key action points completed and evidenced to give assurance.

Those areas of the Action Plan relating to the Safe domain of the CQC inspection have also been addressed, through specific task and finish groups led by executive directors in the Trust.

Progress is being maintained to complete the remaining actions and to transfer any remaining actions into a Quality Improvement Plan to support the continuous quality improvement objectives of the organisation.

Assurance on progress against the Action Plan is reported to the LPFT Board of Directors on a monthly basis, in open session, to allow scrutiny and confirm and challenge.

7. Consultation

There are no issues of public consultation arising from this report.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	Summary of the CQC ratings for LPFT in the Comprehensive Inspection
Appendix B	CQC Action Plan (version 15 dated September 2016).

5. Background Papers




No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Ian Jerams, Director of Operations at Lincolnshire Partnership NHS Foundation Trust, who can be contacted on 01529 222231 or ian.jerams@lpft.nhs.uk









































































Summary of the CQC ratings for LPFT in the Comprehensive Inspection

Summary of the Trust's ratings:

CQC ratings key:

Outstanding  Good  Requires improvement  Inadequate 

LPFT overall

	Overall	Safe	Effective	Caring	Responsive	Well-led
<i>LPFT overall</i>						
Specialist community mental health services for children and young people						
Child and adolescent mental health wards						
Community-based mental health services for adults of working age						
Community-based mental health services for older people						
Mental health crisis services and health-based places of safety						
Substance misuse services						
Wards for older people with mental health problems						
Acute wards for adults of working age and psychiatric intensive care units						
Inpatient rehabilitation wards						
Community mental health services for people with learning disabilities and autism						
Forensic inpatient/secure						

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CQC Action Plan

Following publication of LPFT comprehensive inspection report

Contents	Actions
Trust-wide issues	1-12
Adult Mental Health Inpatient Services	13-42
Adult Community Mental Health Services	43-50
Specialist Services	51-73
Older Adult Services	74-92
Well Led Domain	93-97

Guide to colour code used in template

	Complete
	Action progressing/on-track
	Action off-track
	Complete & Evidence uploaded

	'Must do' actions
--	-------------------

Introduction

The Trust was inspected by the Care Quality Commission (CQC) under their comprehensive inspection regime during the week of 30th November 2015. The CQC rate services against five key lines of enquiry:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

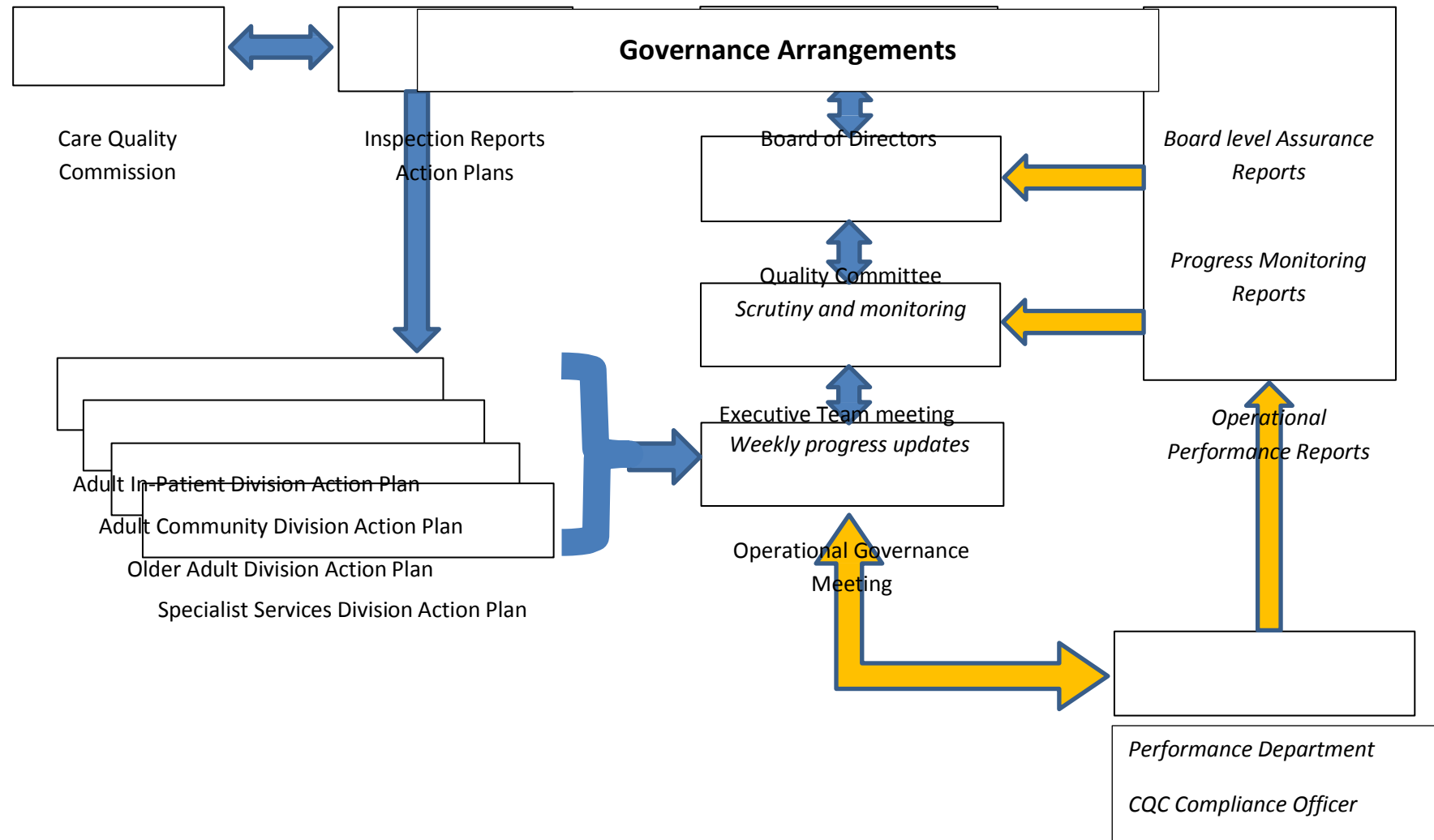
The CQC published the Trust's reports in April 2016; overall the Trust were rated as **'Requires Improvement'** because:

- Not all services were safe or effective and the board needs to take action to address areas of improvement.
- Some of the wards did not provide an environment that was safe or that preserved patients' dignity or privacy. The layout of some wards and ward garden areas meant that staff could not easily observe patients who might be at risk. They were concerned about the design of the place of safety and seclusion facilities at some units. Some wards had fixtures and fittings that people at risk of suicide could use as a ligature anchor point; the Trust had not addressed these risks adequately. Not all wards met the requirements of single sex accommodation guidance or the Mental Health Act (MHA) code of practice. Some seclusion rooms and dormitory areas did not promote privacy and dignity.
- Restrictive practices that amounted to seclusion were not reported or safeguarded appropriately.
- Staff on the acute, forensic and child and adolescent wards imposed blanket restrictions that were not based on an assessment of the risks of individual patients.
- Some wards in the rehabilitation, forensic and children's mental health services had too few staff on duty at times to keep patients safe and others relied heavily on the use of bank and agency staff.
- Staff were not always receiving supervision in line with the Trust policy.
- The CQC were concerned that information management systems did not always ensure the safe management of people's risks and needs.
- Access arrangements needed improvement. There was a lack of availability of acute beds. There were delays for assessment from community adult teams and there was limited access to psychological therapy.
- While performance improvement tools and governance structures were in place these had not always brought about improvement to practices.
- While the board and senior management had a vision with strategic objectives in place, morale was found to be poor in some areas, particularly community teams, and some staff told the CQC that they did not feel engaged by the Trust.

The Trust responded to the CQC's findings at a quality summit in May 2015 addressing ligatures; same sex accommodation, ward environments; safe staffing; restrictive interventions; supervision; access and leadership. Following the summit the Trust were requested to produce an action plan to the CQC by early June 2016. The Trust welcomes scrutiny of its plans and support of all those involved in the summit in addressing these issues, in the interests of continuing to improve the quality of its services for the benefit of service users / patients, carers, staff and other stakeholders.

The Trust is developing an overarching Quality Improvement Plan and associated methodology. The CQC action plan, along with all other quality improvement plans, resulting from serious incident investigations for example, will feed into and be reflected in the Trust Quality Improvement Plan.

The action plan will be presented to the Trust Board on a monthly basis providing updates and assurances against each of the actions identified as detailed in the governance flowchart below:



Trust Wide Issues:									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
1	All ligature risks must be identified on ligature risk audits with steps in place to do all that is reasonably practicable to mitigate any such risks.	Ian Jerams – Director of Operations	Zoë Rowe - Associate Director of Quality & Safety	Action 1 cross references with actions: 13; 21; 33; 34; 37; 53; 54 & 80 1.1 The Trust will review its ligature audit process to ensure that all inpatient audits are supported by a member of the Quality and Safety Team.	Complete.	30/05/2016	30/04/2016	Copy of Clinical Care Policy, with updated audit process. Copy of forward plan identifying leads from Quality & Safety Team supporting audit process	Evidence uploaded.
				1.2 Director of Operations to lead a task and finish group to ensure that services are able to interpret best practice ligature guidance in the context of the service provided.	<ul style="list-style-type: none"> First meeting of task and finish group was held on 06/05/2016. Revised process agreed for ligature audits, to include front sheet template, setting out context of service provided. Approach agreed for Maple Lodge regarding compliance works. Future of Ashley House as inpatient unit to be considered. Compliance works to be agreed in this context. A meeting took place on the 21/07/2016 during which it was agreed to further review the Trust's ligature policy and include further refinements. Also to include a section for each inpatient service area which sets the context of the environment and service user group along with the acceptable risk type for the environment. Due to this piece of work having been identified there is a revised completion date of 30/09/2016. Guidance on assessment and management of ligature risks and an assessment and management of ligature risks have been devised and are out for consultation with clinical areas and the ligature policy is being updated to reflect the changes. A ligature risk workshop was delivered to ward managers on Friday 16th September. 	30/09/2016		Copy of audit template. Link to revised policy. Copies of processes. Copy of workshop slides.	
				1.3 Review current audit tool and ensure outside spaces are included.	Complete.	30/04/2016	30/04/2016	Link to clinical care policy (Section 11).	Evidence uploaded
				1.4 A member of the quality and safety team to identify and visit an 'outstanding' rated Trust to gain insight into good practice around ligature audits.	<ul style="list-style-type: none"> Quality & Safety Team have identified Trust/s and are in the process of setting up a visit. Target completion date amended to support realistic achievement timeline. Director of Quality and Nursing visited North East London Trust to look at best practice. 	30/09/2016	09/09/2016	North East London Trust Friday 09/09/2016	Visit took place on 09/09/2016 by Director of Quality and Nursing
				1.5 A quality review of the current audits in place and corresponding action plans will be carried out and those not meeting the required standard will be prioritised for immediate re-audit.	Quality & Safety Team have completed a schedule of inspections to improve related quality governance and have prioritised units identified with issues by CQC – namely Maple Lodge, Ash Villa and Ashley House.	31/07/2016	05/07/2016	Copy of schedule of inspections – Link to audits/action plans.	Evidence uploaded.
				1.6 Review of capital works approval process.	Working Group set up to review process; this is complete and is now being embedded in practice within the operational divisions.	31/07/2016	18/07/2016	Evidence of Working Group Membership	Evidence uploaded.

Trust Wide Issues:										
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
2	All mixed sex accommodation must meet guidance and promote patient safety and dignity.	Anne-Maria Olphert - Director of Nursing and Quality	Zoë Rowe – Associate Director of Nursing & Quality	Action 2 cross references with actions 34; 52; 81 & 92	Task and finish group meeting held and actions agreed for reporting of sleeping breaches and for divisions to submit business cases for environmental issues leading to bathroom breaches.	31/08/2016	12/07/2016	Copies of communication sent to wards advising on reporting of sleeping.	Evidence uploaded.	
				2.1	Director of Nursing to lead a task and finish group to review the Trust's safety, privacy and dignity policy and cross match with national guidance.					
				2.2	Develop local guidance in respect to implementing policy and reporting non-compliance.	<ul style="list-style-type: none"> Meeting at national level between NHSE and CQC was held in June 2016 regarding implications of CQC judgements for specialist commissioning of CAMHS Tier 4 services. The outcomes of this will be used to develop the LPFT guidance. Director of Operations seeking update via commissioners on outcome of the meeting. No feedback received from Commissioners, the Trust will move forward with developing guidance documentation, revised completion date. 	31/10/2016		Copy of New LPFT guidance required.	
				2.3	To brief staff on the outcomes of policy development work.	Revised completion of draft policy guidance inclusive of going out to consultation is 31/10/2016; therefore completion date revised.	31/11/2016		Copy of revised policy.	
				2.4	Trust Quality Governance visits to include privacy and dignity assurance checks.	Complete, this will take place on all future checks; template updated.	30/04/2016	30/04/2016	Copy of updated template.	Evidence uploaded.
3	All seclusion facilities must be safe and appropriate and that seclusion is managed within the safeguards of the Mental Health Act Code of Practice.	Ian Jerams – Director of Operations	Chris Ashwell – Divisional Manager	Action 3 cross references with actions 16 & 84	Confirmation by the Associate Director of Estates and Facilities that this assurance check has taken place. The outcome of this is: the rooms in Discovery House meet requirements. Ward 12 seclusion room requires work and this is addressed in action point 16. A review of PHC has flagged capital works that are required and these are being picked up in action 3.2. The door on FWU is inward opening and a CN1 has been submitted.	31/05/2016	25/05/2016	Confirmation from Associate Director of Estates.	Progress update within this action plan.	
				3.1	All seclusion facilities to be subject to an immediate assurance check by a member of the Estates team in partnership with a member of the Quality and Safety Team.					
				3.2	Both seclusion rooms at Peter Hodgkinson Centre need to be improved with regard to a lack of a de-escalation area and lack of privacy regarding the intercom. Geoff Badger to carry out an option appraisal for how to address this, in conjunction with Martin Adlesee.	All options have been considered regarding the re-siting of the intercoms. It has been concluded that they will remain where they are, however a nurse is present at all times so will ensure when communicating with the patient in seclusion their privacy and dignity is always considered and this will include requesting other patients in the vicinity leave the area.	31/08/2016	08/08/2016	Copy of seclusion room protocol that includes managing privacy.	Evidence uploaded.
				3.3	All ward managers and staff to be provided with briefing on the MHA Code of Practice relating to seclusion.	Action completed.	31/07/2016	12/07/2016	Seclusion guidance.	Evidence uploaded.
4	The Trust must ensure there are sufficient and appropriately qualified staff at all times to provide care to meet patients' needs.	Ian Jerams – Director of Operations	Divisional Managers/ Associate Director of HR	Action 4 cross references with actions 17; 18; 26; 27; 35; 36; 43;44; 56; 63; 71 & 72	Complete – all services are monitored and compliant with safe staffing levels. Additional staff deployed as needs arise.	31/05/2016	30/04/2016	Confirmation from Divisional Managers.	Progress update within this action plan.	
				4.1	Immediate review of current inpatient safe staffing levels and assurance that wards have sufficient WTE to meet these.					
				4.2	Review of community mental health team staffing for safety assurance.	Immediate workforce review carried out to assure safe staffing levels.	30/06/2016	30/04/2016	Confirmation from Divisional Manager – Community Services.	Progress update within this action plan.

Trust Wide Issues:									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
				4.3 Review of community mental health team staffing levels in the context of the transformational service model and the consequent changing demands on the workforce.	<ul style="list-style-type: none"> Pathways are on target for being completed by the end of September 2016. An interim review has taken place to ensure current staff levels are safe and provided by appropriately qualified staff. Therefore the action is complete, however in the longer term, the ongoing CMHT transformation programme will make recommendations about staffing but to ensure the correct levels of staff and service user engagement, and this will not be complete before April 2017. 	30/09/2016	15/09/2017	Copy of new service model.	
				4.4 The Trust to develop a recruitment protocol to ensure minimum number of vacancies is held at any time.	Recruitment and Retention Working Group has commenced. Recruitment protocol to be developed within 6 months; completion date reviewed from 30/06/2016 to 31/12/2016.	31/12/2016		Copy of recruitment protocol.	
				4.5 To review current processes for providing bank and agency staff for short notice staffing shortfalls.	Bank Staffing Unit in place since December 2015. Processes in place and reviewed for bank and agency staffing, and protocols exist for the management of shifts being sent for agency cover, however severe limited supply of registered nursing staff in Lincolnshire has an impact on fill rates for both bank & agency.	30/07/2016	31/05/2016	Copy of protocols.	Evidence uploaded.
5	The Trust must ensure that all risk assessments and care plans are updated consistently in line with changes to patients' needs or risks.	Anne-Maria Olphert – Director of Nursing & Quality	Steve Lidbetter – Deputy Director of Informatics/ Divisional Quality Assurance Leads	Action 5 cross references with actions 13.6; 37; 49; 53; 68 & 76	Assessment & Care Planning Audit	31/07/2016	07/07/2016	Copy of audits/common themes	Evidence uploaded.
				5.1 The Trust will review current CPA and record audit action plans and where actions have not been completed, escalate to service managers.	<ul style="list-style-type: none"> Outstanding actions and common themes have been aggregated into a single list to inform a business case for a trust-wide records/clinical audit (Liz Bainbridge). Regular CPA/assessment & care planning audits continue as part of site governance/mock CQC visits and audit programme – plan for quarterly divisional report in conjunction with safeguarding/records which will include divisional audits. In future action plans that have not been received back with confirmation of completion will be resent to service managers. 				
				5.2 A simple guidance on care plan and risk assessment completion to be developed to include samples of good quality plans and to be shared with all clinical staff; this will reflect the need for care planning to be increasingly patient/service user centre, and led.	<p>Risk Assessments</p> <ul style="list-style-type: none"> Examples of good practice have been developed by the Risk Champions Forum, and put in a folder on Sharon to be available to service areas. This was set up on 7th July and range of templates will be added. This will be further added to over time and will be publicised once care planning handbook is available to add. <p>Care Plans</p> <ul style="list-style-type: none"> Trust has purchased a licence for the CCA Writing Good Care Plans handbook which will be made available to staff via Sharon. Building on some current examples of good quality care planning, will create a library on Sharon of care planning examples. Folder set up on 7th July & range of templates added. Will be added over time and will be publicised once care planning handbook is available. 	31/07/2016	07/07/2016	Link to folders on Sharon. Risk Champion Forum notes.	Evidence uploaded.

Trust Wide Issues:										
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
				5.3 During supervision of all clinicians, 3 randomly selected patient records to be quality checked and findings documented in supervision notes.	Discussed at Divisional Management/Quality Forums and all managers reminded to communication this to all teams.	30/06/2016	27/06/2016	Copy of DMT Meetings/Quality Forums where this was discussed.	Evidence uploaded.	
				5.4 Where clinicians are identified as having poor quality care plans and risk assessments appropriate support will be identified by managers.	Discussed at Divisional Management/Quality Forums and all managers reminded to communication this to all teams.	30/06/2016	27/06/2016	Copy of DMT meetings/quality forums where this was discussed.	Evidence uploaded.	
				5.5 Service Managers to undertake an audit in 6 months.		31/12/2016		Copy of audit results.		
6	Trust systems must be effective for the management of medications.	Sue Elcock – Medical Director	Joan Spencer - Head of Pharmacy	Action 6 cross references with actions 25 & 83	<ul style="list-style-type: none"> Discussed at Divisional Management/Quality Forums. Reiterated through an email to Doctors from the Medical Director. 	30/06/2016	27/06/2016	Email from Medical Director.	Evidence uploaded.	
				6.1 Issue briefings to Trust medical staff and managers of their obligations under Trust medication management policy.	<ul style="list-style-type: none"> Safe and secure handling of medicines audit complete and action plan developed. Two ward areas identified for additional Pharmacy support. Trust-wide temperature monitoring – additional monitoring implemented due to summer month temperatures. Potential to move incubators to ensure appropriate storage. Rapid tranquilisation training update for new policy. Re-audit of action plan scheduled for September/October 2016. 	30/06/2016	14/07/2016	Copy of medication audit/action plan. Copy of rapid tranquilisation training.	Evidence uploaded.	
				6.2 Carry out an immediate assurance audit of all Trust medication storage areas.	<ul style="list-style-type: none"> Safe and secure handling of medicines audit complete and action plan developed. Two ward areas identified for additional Pharmacy support. Trust-wide temperature monitoring – additional monitoring implemented due to summer month temperatures. Potential to move incubators to ensure appropriate storage. Rapid tranquilisation training update for new policy. Re-audit of action plan scheduled for September/October 2016. 	30/06/2016	14/07/2016	Copy of medication audit/action plan. Copy of rapid tranquilisation training.	Evidence uploaded.	
				6.3 Trusts Quality Governance visits to include assurance checks on standards of prescribing and storage of medication.	Complete, this will take place on all future visits.	31/05/2016	30/04/2016	Copy of updated templates.	Evidence uploaded.	
7	The Trust must ensure that there are no significant delays in treatment and that access is facilitated to psychological therapy in a timely way.	Ian Jerams – Director of Operations	Rob Harvey – Divisional Manager	Action 7 cross references with action 26	Waiting list recovery plan for psychological therapies approved by Trust Board on 30 April 2016.	30/04/2016	30/04/2016	Copy of recovery plan.	Evidence uploaded.	
				7.1 To develop a recovery plan to address current waits for psychological therapies.	Waiting list recovery plan for psychological therapies approved by Trust Board on 30 April 2016, including a trajectory to eradicate historical waits within 12 months.	30/04/2016	30/04/2016	Copy of recovery plan.	Evidence uploaded.	
				7.2 To develop trajectories for reducing waiting times for psychological therapy services to acceptable levels.	Waiting list recovery plan for psychological therapies approved by Trust Board on 30 April 2016, including a trajectory to eradicate historical waits within 12 months.	30/04/2016	30/04/2016	Copy of recovery plan.	Evidence uploaded.	
				7.3 Roll out of plan to reduce psychological waits.	The project is underway; recruitment action has been taken to fill new Psychology and CBT posts.	30/09/2017		Staff in post. Evidence of reducing waiting times.		
8	The Trust must ensure that food meets the standard required by patients.	Ian Jerams – Director of Operations	Divisional Managers for inpatient services	Action 8 cross references with actions 20; 24 & 39 8.1 The Trust will review its current arrangement for providing lighter foods at one meal time (e.g. salads and sandwiches) – and ensure compliance with document 'Hospital Food Standards'.	<ul style="list-style-type: none"> This is being looked at by the divisions to ensure any changes are locally relevant. Discussed at Specialist Services DMT on Fri 17th June. Specialist Services representative from Ash Villa on Group. Discussed at inpatient division quality meeting in July and July DMT. This subject is a standard agenda item on all adult inpatient local team meetings. 	30/09/2016	05/09/2016	Notes of DMT meeting (17/6/2016) Copy of Adult Inpatient quality and DMT notes (July meetings).	Evidence uploaded.	

Trust Wide Issues:										
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
				8.2	All wards to include discussions in regard to menus at patient meetings.	All wards are now aware of the importance of including patients in menu planning discussions and this will continue to be reinforced and monitored through the quality governance visits. As a result of this, specifically: <ul style="list-style-type: none"> • Healthy snacks available between meals on Ash Villa. • Suppliers of cook chill food are being invited in to do menu planning with patients in the rehabilitation services. • This is now a standing agenda item at Adult Inpatient DMT. 	31/07/2016	31/07/2016	Reports of quality governance visits. Adult division DMT agenda/notes.	Evidence uploaded.
				8.3	PLACE assessment comments relating to standard of food provision to be reported and actioned via the Operational Governance meeting.	To be included as a standing agenda item.	30/06/2016	27/06/2016	Copy of operational governance meeting agenda.	Evidence uploaded.
				8.4	Contract for food provision is being reviewed over the coming 12 months.	Still to commence but the Trust is to consider cook freeze instead of cook chill as part of the new tender. This will give more options but will require investment for freezers.	30/04/2017		Outcome of Trust-wide review of food provision.	
9	The Trust must ensure that there are systems in place to monitor quality and performance and that governance processes lead to required and sustained improvement.	Jane Marshall – Director of Strategy and Performance	Chris Higgins – Deputy Director of Strategy & Business Planning/ Divisional Managers	9.1	The divisional accountability reviews to be used to challenge and monitor under performance and concerns around quality.	Complete. Divisional accountability reviews held quarterly for each division.	30/04/2016	03/05/2016	Copy of minutes for each divisional review.	Evidence uploaded.
				9.2	The Trust to develop integrated performance reports for each operational division.	A Trust project has been commissioned to build unique integrated performance reports for each division.	31/12/2016		Copy of divisional integrated performance reports.	
10	The Trust must ensure that learning and improvements to practice are made following incidents.	Anne-Maria Olphert – Director of Nursing and Quality	Mark Halsall – Head of Quality	10.1	The Trust will develop a continuous quality improvement plan at a divisional and Trust level, pulling together learning from all incidents with assurance of learning evidenced.	<ul style="list-style-type: none"> • The Trust has employed a fixed term lead to develop the continuous quality improvement plan. • A database is being developed but due to some interface issues with SharePoint, completion has been delayed resulting in a revised date of 30/10/2016. • There are a number of organisational issues to be agreed prior to implementation and these are to be discussed at a time out on the 19/09/2016. 	30/10/2016		Copy of the continuous quality improvement plan.	
				10.2	The Trust will continue to produce and promote a bimonthly lessons learnt bulletin.	Complete, this is an ongoing process.	30/04/2016	30/04/2016	Copy of bimonthly lessons learnt bulletins.	Evidence uploaded.

Trust Wide Issues:									
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
11	The Trust should review its procedures for maintaining records, storage and accessibility.	Karen Berry – Director of Finance & Information	Steve Lidbetter – Deputy Director of Informatics	11.1 The Trust will review the current policies and ensure they are fit for purpose.	<ul style="list-style-type: none"> Records Management Policy revised and approved at IM&T 09/02/2016 Records Management Strategy revised and approved at IM&T 10/5/16 	30/07/2016	07/07/2016	Copies of records management policy & strategy.	Evidence uploaded.
				11.2 Mental Health Act paperwork will be stored in a centralised location.	Clinical teams scan MHA documents into Silverlink and then return original documents to MHA Admin team at Trust HQ.	31/05/2016	30/04/2016	Documentation stored on Silverlink and centrally by MHA Admin Team.	Evidence uploaded.
				11.3 Through the annual records audit process; areas/ individuals who are consistently not following policy will be addressed through supervision processes.	<ul style="list-style-type: none"> Managers are being reminded about this through the Divisional Management Team meetings. Specific issues noted in audit are raised with the manager responsible or for more serious issues a Datix incident is completed for investigation. 	31/07/2016	07/07/2016	Copy of DMT meeting notes. Copy of summarised DATIX report for quarter 1 and quarter 2 to be run in November 2016.	DMT notes uploaded.
12	The Trust should ensure all staff including bank and agency staff have completed statutory, mandatory and where relevant specialist training, and are supervised.	Anne-Maria Olphert - Director of Nursing & Quality	Tony Kavanagh – Associate Director of HR & Leadership/ Divisional Managers	Action 12 cross references with actions 17; 18; 22 & 24		30/09/2016		Copy of internal audit. Copy of service TNA.	Terms of reference uploaded.
				12.1 All clinical areas to refresh their training needs analysis and ensure they have a sufficient number of staff with the correct skills and, where there are deficits, ensure training is provided.	An audit currently been commissioned through internal audit to review training processes. Terms of reference agreed in July 2016; a draft report to be available by the end of September.				
				12.2 Mandatory training programme to be reviewed to ensure there are sufficient places for all.	Sufficient places are provided on an annual basis; however there are significant numbers of places unfilled or staff withdrawn at short notice. Where possible as much mandatory training has been moved to e-learning platform so this can be undertaken flexibly.				
				12.3 Trust supervision policy to be refreshed to ensure mandatory training is included as a standing and recorded item and any non-compliance addressed.	Policy has been updated and managers are promoted to do this through divisional management team meetings.	30/07/2016	10/08/2016	Link to refreshed supervision policy.	Evidence uploaded.

Trust Wide Issues:									
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
				12.4 BSU to maintain register of all non LPFT bank staff to show mandatory training compliance.	BSU maintains mandatory training records for all bank staff and will only place bank staff in areas where the individual has the required compliances or informs the area that an individual does not have the full mandatory compliances and asks if they are in agreement that the individual can take the shift. The individual cannot self-book if they do not meet the required competencies. For agency staff – all agencies currently supplying staff in Lincolnshire are required to inform the BSU of the staff name and their compliance levels against the Trust Mandatory Training framework.	30/07/2016	30/06/2016	Copy of BSU protocol.	Evidence uploaded.
				12.5 Data quality issues within reports to be addressed.	Issues regarding compliance levels for staff who are on maternity and long term sickness are currently in place.	31/07/2016	30/06/2016	Copy of Operational Governance Meeting notes.	Evidence uploaded.

Adult Mental Health Inpatient Services:

Adult Acute Inpatient Wards														
Action no.	Must Do's	Accountabilities	Responsible Person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received					
13	<p>Safe care and treatment:</p> <p>Ligature points:</p> <p>Ensure all Wards and courtyard areas are fully managed or mitigated</p> <p>All ligature risks, including outdoor spaces must be identified on ward ligature risk audits, local management plans and risk assessments and regularly reviewed and updated.</p>	Ilan Jerams – Director of Operations	Geoff Badger – Associate Director of Estates & Facilities/ Chris Ashwell - Divisional Managers	Action 13 cross references with action 1 – Trust-wide issues					13/05/2016	12/05/2016	Copy of local protocols	Evidence uploaded.		
				13.1	Ward 12: Resolve siting of anti-ligature wardrobes.	<ul style="list-style-type: none"> Ward 12: Wardrobes need to be against the wall, not partition, to ensure they are anti-ligature. Meeting on site 12 May 2016 and various options were discussed. Insufficient space to place wardrobes against the walls and forming partitions would severely reduce the space and impede observation. Risk to be managed locally, no further action taken. 								
				13.2	Ward 12: To install anti-ligature hand rails on stairs and in garden.	Installation completed on 20 May 2016.	06/05/2016	20/05/2016					Photograph of handrail.	Evidence uploaded.
						Garden works installation completed.	20/05/2016	19/05/2016					Photograph of garden.	Evidence uploaded.
				13.3	Ward 12: Sanitary fittings in dormitory areas to be replaced.	Basins to be replaced.	31/07/2016	17/07/2016					Photograph of basin.	Evidence uploaded.
		13.4	Charlesworth seclusion room door handle to be replaced.	Complete: the handle was replaced on the 02/12/2015.	02/12/2015	02/12/2015	Photograph of door handle.	Evidence uploaded.						
		13.5	Review all ligature audits, to include outdoor spaces.	Ilan Jerams – Director of Operations	Zoe Rowe – Associate Director of Nursing & Quality	All wards have redone ligature assessments ensuring outside spaces have been included.	30/04/2016	30/04/2016	Copy of reviewed and updated ligature audits.	Evidence uploaded.				
						Cross reference with action 14.1	31/08/2016	31/08/2016	Copy of reviews.	Evidence will be uploaded week commencing 26/09/2016.				
						Maple Lodge bathrooms and bedrooms capital works are currently out to tender with an expected start on site date of December 2016. Patients are risk assessed and any risk included within care plan. Patients are only admitted who are not deemed as being high risk of ligation.	31/01/2017		Confirmation work has been completed.					
						Work is ongoing to review the use of Ashley House and therefore no plans are currently in place to change the unit. Patients are risk assessed and any risk included within care plan. Patients are only admitted who are not deemed as being high risk of ligation.	31/10/2016		Outcome of review.					
13.6	Review risk assessments of patients in respect of ligature risks.					<ul style="list-style-type: none"> Individual patient risk assessments to identify ways ligatures will be managed if it is not possible to remove them. This will be shared with Managers via Divisional Management Team meetings. All ward managers in the adult inpatient division are aware of this and all patients being nursed in areas where there are ligatures have individual care plans and risk assessments. 	31/07/2016	12/07/2016	Copy of sample risk assessments. – Anita Lewin to provide.	Evidence uploaded				

Adult Mental Health Inpatient Services:

Adult Acute Inpatient Wards										
Action no.	Must Do's	Accountabilities	Responsible Person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
				<p>Cross references with action 1 – Trust-wide issues</p> <p>13.7 Quality review of current audits and action plans to be completed and those requiring improvement to have responsible managers informed and supported to reassess and plan.</p>	Quality & Safety Team have completed a schedule of inspections to improve related quality governance and have prioritised units identified with issues by CQC – namely Maple Lodge, Ash Villa and Ashley House. These have been completed with Ward/Unit Managers.	30/07/2016	05/07/2016	Copy of schedule of inspections completed – Mark Halsall to provide.	Copy of forward plan uploaded	
				<p>Cross references with action 1 – Trust-wide issues</p> <p>13.8 On-going programme of ligature audits conducted by clinical staff throughout 2016/17 to be monitored by Quality & Safety Team Leader.</p>	New ligature audits have jointly been undertaken by ward managers and quality and safety team leader. Areas completed are PHC, Ward 12 and Maple Lodge.	30/06/2016	27/06/2016	Copy of completed ligature audits - Mark Halsall to provide.	Evidence uploaded.	
14	<p>Courtyards – uneven floor surfaces: All external floor surfaces must be free from trips and falls hazards.</p>	Ilan Jerams – Director of Operations	Geoff Badger – Associate Director of Estates & Facilities	14.1	Review all external patient areas and put right any trip hazards.	<ul style="list-style-type: none"> CN1 completed for PHC smoking area in November 2015; design agreed by all parties involved. Design agreed and costed and currently out to tender; completion date revised to 30/11/2016. 	30/11/2016		Confirmation work is complete.	
						<p>Cross reference with action 13.5</p> <p>Nominated person from Estates services to conduct audit of all outdoor courtyard areas across the trust and report findings; completion date revised to 30/09/2016.</p>	30/09/2016		Copy of completed review.	
				14.2	Develop plans to rectify issues raised.	Not to be put in place until action 14.1 is complete.	31/10/2016			
15	<p>Courtyards – observations: All external areas must be able to be observed by staff so staff can immediately respond if needed.</p>	Ilan Jerams – Director of Operations	Geoff Badger – Associate Director of Estates & Facilities	15.1	Review all courtyards and ensure there is good observation available.	Courtyards have been reviewed, in particular at PHC: CCTV and intercom in place and staff report this to be working well.	28/01/2016	28/01/2016	Photograph of CCTV camera.	Evidence uploaded.
						Although not identified on CQC inspection, same CCTV risk exists on Pilgrim site for Ward 12; CN1 submitted to address this. Associate Director of Estates & Facilities to chase progress against the CN1 submitted. Completion date revised to 31/08/2016.	31/08/2016	31/08/2016	Photograph of CCTV camera.	Evidence uploaded.

Adult Mental Health Inpatient Services:

Adult Acute Inpatient Wards										
Action no.	Must Do's	Accountabilities	Responsible Person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
16	Seclusion facilities: All seclusion facilities must provide a safe and appropriate environment.	Ian Jerams – Director of Operations	Anita Lewin Quality and Assurance Lead	Cross references with action 3 – Trust-wide issues						
				16.1	The duration of any period of supervised confinement to be monitored and previous incidents similarly reviewed.	<ul style="list-style-type: none"> The duration of seclusion is currently only recorded manually, and this data has been collated. A seclusion audit has been undertaken by the divisional quality lead. 	30/05/2016	30/05/2016	Supervised confinement audit.	Evidence uploaded.
				16.2	Charlesworth ward seclusion suite (privacy concern): Ensure that staff are aware to maintain patient privacy when in use.	<ul style="list-style-type: none"> All staff briefed by Ward Manager. Curtains have been put on observation windows as an interim measure and blinds have been ordered. 	29/04/2016	29/04/2016	Photograph of privacy measures – visit to unit by Compliance Officer (07/09/2016).	Evidence uploaded.
16.3	Urgent works required to Ward 12: Seclusion suite to ensure access to safe shower/toilet.	Complete.	31/05/2016	20/04/2016	Confirmation from Quality & Assurance Lead.	Progress update within this action plan.				
17	Staffing: Staff must receive regular supervision and appraisal in line with Trust policy, allowing staff the opportunity for raising ongoing professional development; and for identification of performance issues.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	17.1	Mandatory training and appraisal rates will be monitored monthly at the divisional management team meeting.	This is now monitored at the Divisional Management Team meeting. There has been a measurable improvement in the ward areas that were of particular concern during the CQC visit.	30/06/2016	30/04/2016	Copy of DMT meeting notes required.	Evidence uploaded.
				17.2	Review and implementation of supervision, both clinical and managerial, will be addressed as part of the divisional quality programme for 2016/17.	<ul style="list-style-type: none"> Review commenced and discussed at DMT; full implementation of both clinical and managerial supervision will take longer than the original timescale of 30/06/2016; revised completion date 30/09/2016. All areas have implemented local plans for clinical supervision. These include group supervision being led by the nurse consultant, discussion of clinical cases following managerial supervision and staff being given details of how to access their own clinical supervisor. Detailed discussion took place at the July adult inpatient divisional quality meeting. A full audit will be undertaken of the frequency and quality of management supervision throughout August/September 2016. All ward managers are discussing clinical supervision in team meetings to ensure staffs are aware that they can access this. Some wards have implemented team clinical supervision. 	30/09/2016		Copy of audit.	
				17.3	Division to develop a monthly report for discussion at the divisional management team (DMT) meetings.	This is now included as a standing agenda item at DMT.	30/04/2016	30/04/2016	Copy of DMT meeting notes.	Evidence uploaded.

Adult Acute Inpatient Wards									
Action no.	Must Do's	Accountabilities	Responsible Person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
		Anne-Maria Olphert – Director of Nursing & Quality	David Knight – Head of Workforce & Development	<p>Cross references with actions 36.3 & 44.5</p> <p>17.4 Implement a system of centralised recording of supervision dates and times via ESR.</p>	<ul style="list-style-type: none"> Management supervision recording pilot on health roster carried out in June/July across a range of clinical and corporate services. Clinical Supervision to be recorded and audited through clinical systems (predominantly Silverlink). Implementation of centralised system for recording of supervision will commence in January 2017. In the meantime managers are being given an opportunity to use the system on a voluntary basis to get used to the system. Reports to be run from 2017. In view of this, completion date has been revised. 	31/01/2017			Email with Healthroster guidance uploaded.
18	<p>Staffing: All staff must receive mandatory training in line with Trust targets to enable them to be appropriately trained for their role.</p>	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	18.1 Monitoring will be put in place to ensure compliance.	Monitoring is in place via DMT and is a standard agenda item.	31/07/2016	27/06/2016	Copy of DMT meeting notes.	Evidence uploaded.
				18.2 Additional MCA training to be made available.	<ul style="list-style-type: none"> Additional MCA training has been made available. 	31/07/2016	26/05/2016	Copy of MCA training dates.	Evidence uploaded.
19	<p>Good governance: Wards to ensure that changes are made and embedded to ward protocols following lessons learned.</p>	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	19.1 Division to develop processes and protocols to ensure learning from serious incidents and any other concerns.	<ul style="list-style-type: none"> Division now has a quality governance meeting where all serious incidents and all other issues of concern are discussed. All acute ward protocols were reviewed on 16/04/16 and common protocols agreed. This process to be replicated for rehab inpatient services. This work has also been completed for the rehabilitation wards. 	30/06/2016	27/06/2016	Notes of quality governance meetings Copy of new ward protocols	Evidence uploaded.
				19.2 Local learning lessons bulletin in format of Trust wide version to be implemented by June 2016.	This has been developed and will be shared bi-monthly.	30/06/2016	19/05/2016	Copy of bulletins.	Evidence uploaded
20	<p>Meeting nutritional and hydration needs: As a standard procedure, ensure patients are involved in menu planning, including their preference for serving of hot meals; to ensure patients' dietary preferences are met, wherever possible and they receive food of a sufficient standard.</p>	Ian Jerams – Director of Operations	Geoff Badger - Associate Director of Estates & Facilities	<p>Cross reference with action 8 - Trust-wide issues</p> <p>Adult acute inpatient specific</p> <p>20.1 Ensure that patients are involved in any decisions in regard to menu planning and choice.</p>	<ul style="list-style-type: none"> Regular meetings, which are in most cases weekly, are held on the units involving unit staff, facilities staff and patients. Meetings are documented and include open discussions on menu variations including healthy options. All final decisions about food on wards will be made by the Divisional Nutrition Group, led by Modern Matron and comprising representatives from clinical services, with patient input. 	31/07/2016	28/07/2016	Copies of ward meeting notes required. Copies of Divisional Nutrition Group notes.	Evidence uploaded.

Adult Mental Health Inpatient Services:

Forensic Unit (Francis Willis Unit)									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
21	Safe care and treatment: Unit and courtyard areas must have a ligature risk assessment identifying all risks; and have local management protocols in place.	Ian Jerams – Director of Operations	Geoff Badger – Associate Director of Estates & Facilities	Action 21 cross references with action 1 – Trust-wide issues	Completed.	30/04/2016	30/04/2016	Copies of audits/actions plans required.	Link to report on Sharon uploaded
				21.1 Quality review of current audits and action plans to be completed and those requiring improvement to have responsible managers informed and supported to reassess and plan.					
				21.2 On-going programme of ligature audits conducted by clinical staff throughout 2016/17 to be monitored by Quality & Safety Team Leader.	FWU will be part of the schedule of ligature audits planned for 2016/17. Date of audit to be confirmed.	31/03/2017		Copy of audit/action plan.	
Action no.	Should Do's	Accountabilities	Responsible person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
22	All staff should receive mandatory training in line with Trust policy to enable them to be appropriately trained for their role.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality & Assurance Lead	22.1 Mandatory training and appraisal rates will be monitored monthly at the divisional management team meeting. This will be added as a standing agenda item.	This is now included as a standing agenda item.	30/06/2016	30/04/2016	Copy of DMT agenda – Anita Lewin to provide	Evidence uploaded.
23	Develop systems for ensuring that all emergency equipment is in date and maintained.	Chris Ashwell – Divisional Manager	Jos White – Ward Manager	23.1 Take action to address specific issues raised at time of inspection.	Issues identified at inspection addressed immediately during inspection week.	04/12/2015	04/12/2015	Verbal assurance received from Adult Divisional Manager	Progress update within this action plan.
				23.2 Develop a system for monitoring all emergency and medical equipment has had annual service/maintenance.	<ul style="list-style-type: none"> Annual service checks are in place. Wards review their grab bags daily to ensure they are complete and working correctly. 	30/06/2016	30/04/2016	Copy of recording sheet for grab bag.	Evidence uploaded.
Page 62	Review the provision and quality of food to patients: As a standard procedure, ensure patients are involved in menu planning, including their preference for serving of hot meals; to ensure patients' dietary preferences are met, wherever possible and they receive food of a sufficient standard.	Ian Jerams – Director of Operations	Chris Ashwell – Divisional Manager	Action 24 cross references with action 8 – Trust-wide issues FWU specific	<ul style="list-style-type: none"> Regular meetings are held on the unit involving unit staff, facilities staff and patients. Meetings are documented and include open discussions on menu variations including healthy options. All final decisions about food on ward will be made by the Divisional Nutrition Group, led by Modern Matron and comprising representatives from Clinical services, with patient input. 	30/06/2016	30/04/2016	Copies of FWU Ward meetings.	Evidence uploaded.
				24.1 Ensure that patients are involved in any decisions in regard to menu planning and choice.					
				24.2 Review current meal choices at FWU.	<ul style="list-style-type: none"> The Trust is to consider cook freeze instead of cook chill as part of the new tender. This will give more options but will require investment for freezers. 	31/04/2017			

Adult Mental Health Inpatient Services:

Crisis Services & Health Based Places of Safety									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
25	Safe care and treatment: Ensure that the identified safety concerns in the current HBPOS are addressed in the new unit being built, including: <ul style="list-style-type: none"> • Appropriate number of doors • Lines of sight • Medications storage • Weighted furniture 	Ian Jerams – Director of Operations	Geoff Badger – Associate Director of Estates & Facilities	25.1 Replace the Section 136 suite with a facility which addresses the identified concerns.	<ul style="list-style-type: none"> • All issues identified in the HBPOS have been rectified with the new build. • The new 136 suite is now fully functioning. 	01/04/2016	01/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
26	Staffing: Undertake a review of staffing to ensure all crisis teams include or have access to the full range of mental health professional backgrounds, including: <ul style="list-style-type: none"> • occupational therapists • psychologists • social workers 	Ian Jerams – Director of Operations	Chris Ashwell – Divisional Manager	26.1 Review level of vacancies and cover arrangements.	Meeting held to identify % of vacant posts. In the interim, redeployment of staff across division and use of agency to augment staffing. This remains an issue but plans have been put in place to continually monitor this.	01/04/2016	01/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
				26.2 Future staffing plans and opportunities through turnover to address any identified skill mix shortfalls.	Workforce plans to include, wherever possible, staff with varying professional skills.	01/04/2016	01/04/2016	Confirmation received from Divisional Manager.	Progress update within this action plan.
				26.3 Ensure that the full range of mental health professionals is available from the community mental health services.	<ul style="list-style-type: none"> • Agreed in principle between Divisional Managers. • When advertising posts consideration is now given to the range of skills required. • Any skill mixing is being referenced to best practice guidance such as AIMS. 	01/04/2016	01/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
27	Staffing: Ensure that rapid access to a psychiatrist is always available to all teams when required in a mental health crisis.	Sue Elcock – Medical Director	Chris Ashwell – Divisional Manager	27.1 Ensure that any vacancies or absences of medical staffing are addressed.	Consultant is now in post in Lincoln Crisis team which was the identified area of concern.	31/01/2016	31/01/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
28	Review policies, procedure and practice on the use of S.136 to ensure adherence to the MHA Code of Practice.	Chris Ashwell – Divisional Manager	Helen Norris – Legal Services Manager	28.1 All staff will be reminded of the Code of Practice relating to detention under section 136 of the Mental Health Act.	The AMHP lead has provided confirmation of the 136 guidance which has been forwarded to all qualified staff who work in the section 136 suite.	31/07/2016	27/06/2016	Copy of guidance issued to staff.	Evidence uploaded.
				28.1 MHA Manager to review policy.	Operational protocol is reviewed annually by the S.136 Operational Group which. The protocol does not form part of the MHA policy The local protocol is used by EMAS, LPFT and Lincs Police. Quality Lead meets monthly with the police to discuss processes, issues and improve communication between the two organisations.	31/07/2016	29/07/2016	Copy of operational protocol – Anita Lewin to provide.	Evidence uploaded.
29	Ensure that medicines are stored at the correct temperature.	Chris Ashwell – Divisional Manager	Joan Spencer – Head of Pharmacy	29.1 Purchase a new medication storage cupboard.	New cupboard has now been purchased and sited in Ward 12 clinic room.	30/04/2016	30/04/2016	Confirmation has been received from Quality & Assurance Lead.	Progress update within this action plan.

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Adult Mental Health Inpatient Services:

Crisis Services & Health Based Places of Safety									
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
30	Ensure that people using crisis services are able to move on to other mental health services when appropriate.	Ian Jerams – Director of Operations	Rob Harvey, Divisional Manager	30.1 Transition to community mental health services to be prioritised for patients who have been in receipt of crisis services.	<ul style="list-style-type: none"> CRHT are working closely with the community division leadership team to address the matter, within the transformational redesign of the community mental health services. Divisional Manager of community services has confirmed that inpatients will be prioritised for Care Coordinator allocation. 	31/08/2016	27/06/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
31	Review the need for a mental health crisis helpline.	Ian Jerams – Director of Operations	Chris Ashwell – Divisional Manager	31.1 To raise the need for a crisis helpline again with commissioners and through the Crisis Care Concordat.	The crisis teams continue to provide 24/7 helpline support when available. This was discussed and Commissioners have confirmed that funding will not be allocated, therefore the action is closed.	30/06/2016	27/06/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
				31.2 Carry out a time and motion study to identify volume and nature of crisis calls.	The crisis service commenced this work on the 23/05/16. The data collection for this work has commenced; data analysis is now taking place.	30/06/2016	07/07/2016	Data analysis report.	Evidence uploaded.
				31.3 Look at areas of good practice in other Trusts.	<ul style="list-style-type: none"> Visit undertaken to Northumberland Tyne and Wear. Teleconferences held with Birmingham and Bradford mental health trusts. Visit has taken place to Birmingham. 	30/06/2016	25/05/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
32	Review lone working protocols in the crisis resolution teams to ensure risks to staff are minimised.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	32.1 A review of lone working procedures across the four crisis teams will take place to ensure adherence to Trust standards.	<ul style="list-style-type: none"> Reviewed as part of the time and motion study that began on 23/05/2016. Wherever possible appointments are carried out at base. 	30/06/2016	27/06/2016	Copy of lone working protocol required.	Evidence uploaded.

Adult Mental Health Inpatient Services:

Inpatient Rehabilitation Wards									
Action no.	Must do's	Accountabilities	Responsible person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
33	Safe care and treatment: All ligature risks must be identified on the ligature risk audit and local management protocols in place to ensure all that is reasonably practicable is being done to mitigate such risks.	Ian Jerams – Director of Operations	Chris Ashwell – Divisional Manager	Action 33 cross references with action 1 – Trust-wide issues 33.1 Quality review of current audits and action plans to be completed and those requiring improvement to have responsible managers informed and supported to reassess and plan. This includes any actions required.	Director of Operations has led work on review of all anti-ligature processes (action 1.1 above).	31/05/2016	30/04/2016	Meetings notes copies of emails required.	Evidence as per action 1.1.
					Detailed ligature audits have been completed for these areas.	30/06/2016	27/06/2016	Copy of audits completed.	Evidence uploaded.
					<ul style="list-style-type: none"> Maple Lodge: Some replacement work completed on ligature points internally. Some more to do (curtain rails in communal areas/cabinet handles) and this will be expedited. Curtain rails on Maple Lodge replaced. Additional ligature work identified in rehab areas have been completed. 	31/07/2016	31/07/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
					<ul style="list-style-type: none"> Maple Lodge bathrooms and bedrooms capital works are currently out to tender with an expected start on site date of December 2016. Patients are risk assessed and any risk included within care plan. Patients are only admitted who are not deemed as being high risk of ligation. 	31/01/2017		Confirmation work has been completed.	
					<ul style="list-style-type: none"> Work is ongoing to review the use of Ashley House and therefore no plans are currently in place to change the unit. Patients are risk assessed and any risk included within care plan. Patients are only admitted who are not deemed as being high risk of ligation. 	31/10/2016		Outcome of review.	
					Bedroom door handles on wards at Discovery House identified as ligature risk. These handles are used across the Trust and considered as anti-ligature standard. This was discussed at task and finish group chaired by Director of Operations and it was confirmed these are an acceptable fitting and will remain in situ.	29/04/2016	06/05/2016	Door handles identified as anti-ligature.	Progress update within this action plan.
34	Safe care and treatment: Ensure compliance with the Department of Health guidance in relation to mixed sex accommodation at both Ashley House and Maple Lodge.	Anne-Maria Olphert – Director of Nursing and Quality	Chris Ashwell – Divisional Manager	Actions 34 cross references with action 2 – Trust-wide issues	This information is included within each care plan for the patient.	31/07/2016	12/07/2016	Confirmation provided by Quality & Assurance Lead.	Progress update within this action plan.
				34.1 Maple Lodge and Ashley House Ensure risk assessment is carried out prior to allocating patients a bedroom.					
				34.2 Fit electronic locks between male and female bedrooms on Ashley House.	Door between male/female bedrooms provided with electronic lock, with females only having a key.	31/03/2016	31/03/2016	Photograph of electronic lock.	Evidence uploaded.
				34.3 Make DDA bedrooms and bathrooms on ground floor at Ashley House single sex.	The two DDA bedrooms and bathrooms on ground floor now only used as single sex.	31/07/2016	30/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
34.4 Male and female bathrooms to be allocated at Maple Lodge, with clear signage on doors.	Bathrooms allocated as single sex and signage in place.	31/05/2016	16/05/2016	Photograph of signage.	Evidence uploaded.				
35	Staffing: Review staffing levels to ensure that there are sufficient staff to safely manage the service including access to: <ul style="list-style-type: none"> Occupational therapists Psychological input 	Anne-Maria Olphert – Director of Nursing and Quality	Chris Ashwell – Divisional Manager	35.1 Review staffing levels to ensure safety standards are met.	Ward areas during the day are sufficiently staffed to meet safety standards and are compliant with agreed local standards. (See 35.4 for night shifts).	31/07/2016	30/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.
				35.2 Ensure access to full range of mental health professions, including occupational therapy and psychology.	Rehab wards have access to psychology and OT. An option appraisal is being completed regarding psychology on the acute admission wards.	31/09/2016	07/09/2016	Confirmation from Adult Divisional Manager.	Evidence uploaded.

Adult Mental Health Inpatient Services:

Inpatient Rehabilitation Wards										
Action no.	Must do's	Accountabilities	Responsible person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
				35.3 Open rehab to rewrite ward care pathways to be clear about requirement for OT and psychology provision.	<ul style="list-style-type: none"> Care pathways are being developed by lead clinical psychologist. 	31/09/2016		Copy of pathways upon completion.		
	Review night shift rotas to ensure sufficient staff on duty to safely manage the service in emergency situations.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	35.4 Review night shift rotas and availability of support staff in respect of responding to emergency situations.	<ul style="list-style-type: none"> Maple and Ashley are stand-alone units. There is a tension between being able to provide local units and centralising services on one site in the county to provide cross-cover arrangements and this is being reviewed. In emergency situations additional cover can be sourced from the crisis teams and this is being written into their protocols. 	31/07/2016	07/07/2016	Copy of protocols.	Evidence uploaded.	
	Ensure sufficient medical input across the rehabilitation services.	Sue Elcock – Medical Director	Chris Ashwell – Divisional Manager	35.5 Address any temporary vacancies or absences in medical staffing across the rehabilitation services.	Medical staffing across the rehabilitation units has been addressed. Consultant psychiatrists are now in place for all of the units.	31/05/2016	30/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.	
36	Staffing: Clinical staff must receive regular supervision and appraisal in line with Trust policy, allowing staff the opportunity for raising ongoing professional development; and for identification of performance issues.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	36.1 Supervision and appraisal rates will be monitored monthly at the divisional management team meeting.	These are now monitored at the DMT meeting. There has been a measurable improvement in the ward areas that were of particular concern during the CQC visit.	30/06/2016	30/04/2016	Copy of DMT meeting minutes – Anita Lewin to provide.	Evidence uploaded.	
				36.2 Review and implementation of supervision, both clinical and managerial, will be addressed as part of the divisional quality programme for 2016/17.	Review commenced and discussed at DMT; full implementation of both clinical and managerial will take longer than the original timescale of 30/06/2016; revised completion date 30/09/2016.	30/09/2016		Copy of review required.	July DMT notes uploaded.	
		Anne-Maria Olphert – Director of Nursing & Quality	David Knight – Head of Workforce & Development	Cross references with 17.4 & 44.5	<ul style="list-style-type: none"> A pilot exercise has commenced within the Boston Crisis Team. Management supervision recording pilot on Health Roster to commence in June/July across a range of clinical and corporate services. Clinical Supervision to be recorded and audited through clinical systems (predominantly Silverlink). Implementation of centralised system for recording of supervision will commence in January 2017. In the meantime managers are being given an opportunity to use the system on a voluntary basis to get used to the system. Reports to be run from 2017. In view of this, completion date has been revised. 	31/01/2017		Centralised system for recording of supervision.		
37	Safe care and treatment: All multidisciplinary assessments must be completed prior to patients' admission to highlight risks. Clinical risk assessments must be completed and reviewed with appropriate plans in place to both identify and manage risk.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	37.1 Maple Lodge to ensure that all multidisciplinary assessments are completed prior to admissions.	<ul style="list-style-type: none"> Reinforced at staff meeting on 21/12/2015 where it was highlighted with the team that individual care plans are to be put place. 	31/12/2015	31/12/2015	Sample of assessments – to be reviewed by Deputy Director of Operations/Compliance Manager (14/09/2016).	Following a review of risk assessments and wellbeing plans on the 14/09/2016, there is some further work to be done on the plans and this will be completed by the 30/09/2016.	

Adult Mental Health Inpatient Services:

Inpatient Rehabilitation Wards										
Action no.	Must do's	Accountabilities	Responsible person	Trust Actions/Response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
				37.2 Maple Lodge to complete and review clinical risk assessments.	<ul style="list-style-type: none"> All risk assessments now include specific section on ligature risks and are reviewed regularly. Staff are engaged and understand rationale for doing this; includes outside ligature risks. New Ward Manager in post who has reinforced the need to complete and review clinical risk assessments. 	30/04/2016	01/04/2016	Sample of risk assessment to be reviewed by Deputy Director of Operations/Compliance Manager (14/09/2016).	Following a review of risk assessments and wellbeing plans on the 14/09/2016, there is some further work to be done on the plans and this will be completed by the 30/09/2016.	
38	Good governance: Wards must have de-briefs and review practice and process following all serious untoward incidents.	Chris Ashwell – Divisional Manager	Anita Lewin – Quality Assurance Lead	38.1 Ward Managers to be reminded to use the Trust de-brief system.	<ul style="list-style-type: none"> Ward Managers have been reminded to use the Trust de-brief service. In addition to Trust de-brief service the Divisional Quality Assurance Lead is available to provide team or individual debrief sessions at any time. 	30/04/2016	01/04/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.	
				38.2 The division to put in process to review practice following SI's.	The Division has a Quality Governance meeting; this reviews all serious incidents and ensures lessons are being learnt in practice.	30/04/2016	01/04/2016	Copy of quality governance meetings notes required.	Evidence uploaded.	
Action no.	Should do's	Accountabilities	Responsible Person	Trust actions/response	Progress update	Date to be completed by	Dated Completed	Type of assurance required	Evidence received	
Page 67	Meeting nutritional and hydration needs: As a standard procedure, ensure patients are involved in menu planning, including their preference for serving of hot meals; to ensure patients' dietary preferences are met, wherever possible and they receive food of a sufficient standard.	Chris Ashwell – Divisional Manager	Donna Bradford – Rehab Service Manager	Action 39 cross references to action 8 – Trust-wide issues Rehab inpatient specific: 39.1 Ensure that patients are involved in any decisions in Regard to menu planning and choice.	<ul style="list-style-type: none"> Regular meetings are held on the units involving unit staff, facilities staff and patients. Meetings are documented and include open discussions on menu variations including healthy options. All final decisions about food on wards will be made by the Divisional Nutrition Group, led by Modern Matron and comprising representatives from clinical services, with patient input. 	31/07/2016	29/07/2016	Copies of units meeting notes. Copies of notes of Nutrition Group.	Nutrition Steering Group notes uploaded. Maple Lodge notes uploaded.	
40	Evaluate the outcomes of the interventions used on the wards.	Chris Ashwell – Divisional Manager	Donna Bradford – Rehab Service Manager	40.1 Consider implementation of an appropriate outcome tool across all rehabilitation wards	<ul style="list-style-type: none"> All rehabilitation wards have now fully implemented the recovery star. This is the outcome tool of choice of our commissioners. 	30/08/2016	07/09/2016	Confirmation from Quality & Assurance Lead.	Progress update within this action plan.	
41	Formalise pre-admission assessment process at Maple Lodge.	Chris Ashwell – Divisional Manager	Donna Bradford – Rehab Service Manager	41.1 Implement appropriate pre-admission process.	Ward Manager has embedded an assessment process that ensures all of the concerns that have been identified are addressed.	30/04/2016	30/04/2016	Copy of assessment process.	Evidence uploaded.	
42	Review management provision at Maple Lodge.	Chris Ashwell – Divisional Manager	Donna Bradford – Rehab Service Manager	42.1 Appoint experienced Ward Manager.	Experienced Ward Manager now in post.	29/02/2016	31/03/2016	Confirmation received from Adult Divisional Manager.	Progress update within this action plan.	

Adult Community Mental Health Services:

Adult CMHT's									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
43	Staffing: Review CMHT staffing levels to ensure teams operate at safe levels at all times.	Ian Jerams – Director of Operations	Rob Harvey - Divisional Manager	43.1 RAG rating tool to be re-established in teams. This is to be used to work with staff to assess capacity and ensure appropriate staffing levels are in place.	<ul style="list-style-type: none"> Data request submitted to informatics. Divisional Manager meeting staff on 20/06/2016 and RAG rating tool developed. 	30/09/2016	11/08/2016	Copy of RAG rating tool.	Evidence uploaded.
				43.2 Review of community mental health team staffing for safety assurance.	Immediate workforce review carried out to assure safe staffing levels.	30/06/2016	30/04/2016	Confirmation received from Community Divisional Manager.	Progress update within this action plan.
44	Staffing: In line with Trust policy all staff employed must receive training, development, supervision and annual appraisal to support them to carry out the duties they are employed to perform.	Rob Harvey – Divisional Manager	Claire Dilley – Quality Assurance Lead	44.1 Ensure that all staff are provided with appropriate: <ul style="list-style-type: none"> training development supervision annual appraisal 	<ul style="list-style-type: none"> The division has completed a clinical supervision audit looking at current practice in line with policy and to forecast future demand for clinical supervision. The division has devised a supervision tree and this has been sent to all teams. This is being monitored through DMT meetings. 	30/09/2016		Copy of supervision tool. Copy Supervision tree. DMT meeting notes.	Supervision tool uploaded.
				44.2 Carry out a training need analysis of all CMHT staff.	Still to commence, this will be part of the planned transformation work.	30/09/2016		Copy of training needs analysis.	
				44.3 Procure suitable training for band 4 staff.	This is underway.	30/09/2016		Implementation of training.	
				44.4 Ensure all staff have clear job descriptions.	Service Manager is developing job descriptions and personal specifications in line with service needs.	30/09/2016		Copy of job descriptions/ person specifications.	
		Anne-Maria Olphert – Director of Nursing & Quality	David Knight – Head of Workforce & Development	Cross references with actions 17.4 & 36.3 44.5 Implement a system of centralised recording of supervision dates and times via ESR.	<ul style="list-style-type: none"> Management supervision recording pilot on Health Roster to commence in June/July across a range of clinical and corporate services. Clinical Supervision to be recorded and audited through clinical systems (predominantly Silverlink). Implementation of centralised system for recording of supervision will commence in January 2017. In the meantime managers are being given an opportunity to use the system on a voluntary basis to get used to the system. Reports to be run from 2017. In view of this, completion date has been revised. 	31/01/2017		Copy of audit.	
45	Safe care and treatment: Ensure patients are assessed and receive treatment in a timely manner to mitigate risks.	Rob Harvey – Divisional Manager	Claire Dilley – Quality Assurance Lead	45.1 Develop emergency, urgent and routine waiting time standards with CMHT Transformation Board.	A meeting was held on 20/06/2016; RAG rating tool developed, incorporating waiting times.	30/09/2016	11/08/2016	Copy of waiting time standards.	
				45.2 Ensure effective performance monitoring is available for compliance with this.	A transformation board meeting was held on 21/07/2016 which is commissioner led and 3 groups developed, one of which is outcomes.	30/11/2016		Implementation of performance monitoring system.	
				45.3 Review Meridian RAG rating tool; to have this for pre assessment, post assessment and during intervention.	A RAG rating tool has been developed and was launched on 18 th July and is with teams for consultation.	30/11/2016		Copy of RAG rating tool.	RAG rating tool uploaded.

Adult Community Mental Health Services:

Adult CMHT's										
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
46	Good governance: Review procedures to ensure that the learning from investigations and actions are taken and embedded within all CMHT teams.	Rob Harvey – Divisional Manager	Claire Dilley – Quality Assurance Lead	46.1 Develop procedures to ensure learning from investigations across CMHTs.	The division has started Quality Meetings which include Service Managers, Team Co-ordinators and enhanced band 6 roles. The standing agenda items include themes from serious incidents and complaints, and will address practical methodology to embed lessons learned within the teams.	31/05/2016	30/04/2016	Copy Quality meeting notes.	Evidence uploaded.	
47	Good governance: Ensure that governance systems are in place for informing detained patients under a Community Treatment Order of their legal rights, with regard to the MHA and Code of Practice.	Rob Harvey – Divisional Manager	Claire Dilley – Quality Assurance Lead	47.1 Quality meetings to address this as a specific agenda item.	To be added as a standing agenda item. The community team heat maps including CTO details is now circulated to the RC, PA and Team Co-ordinator which ensures all of the team are aware of anyone subject to a CTO. The MHA Team Manager attended the Clinical Management Meeting on 20th June; the community heat maps and processes regarding practice around CTOs were discussed. A training event for all doctors took place on 30 June.	30/06/2016	27/06/2016	Copy of standing agenda for Quality meetings. Copy of heat map.	Evidence uploaded	
				47.2 Ensure effective procedures in place to inform patients subject to a CTO of their legal rights	Teams were reminded through the quality team meetings and DMT.	30/06/2016	27/06/2016	Notes of meetings of Quality Team and DMT	Quality Meeting Agenda uploaded to evidence file.	
				47.3 Mental Health Act office representative to be invited to Quality meeting.	<ul style="list-style-type: none"> The Quality Forum discussed attendance of a representative from the MHA office and it was decided this was not a requirement. Teams to ascertain if they would like a refresher on CTOs, bring back feedback to next Quality Forum. 	30/06/2016	27/06/2016	Copy of notes of Quality forum meeting – Claire Dilley to provide.	Will be uploaded week commencing 26/09/2016.	
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
48	Ensure that regular environment health and safety checks take place for the Gainsborough team.	Rob Harvey – Divisional Manager	April Harrison -	48.1 Health and safety inspections to be coordinated between service manager and estates team.	<ul style="list-style-type: none"> The Trust has a rolling programme for health and safety inspections at all sites and Gainsborough team is included. 	31/08/2016	31/08/2016	Confirmation received from Quality & Assurance Lead.	Progress update within this action plan.	
49	Ensure that patients' risk assessments and care plans are regularly reviewed by staff and updated to reflect current needs.	Rob Harvey – Divisional Manager	Claire Dilley – Quality Assurance Lead	49.1 Ensure during supervision process that a random sample of files is audited.	Communicated through DMT.	30/06/2016	07/07/2016	Copy of DMT meeting notes. – Claire Dilley to provide.	Will be uploaded week commencing 26/09/2016.	
				49.2 CPA and records audits are audited on an annual basis by Records Manager and CPA lead.	This is an ongoing process.	30/09/2016	ongoing	Link to CPA and records audits.	Evidence uploaded.	
				49.3 Develop a performance tool to look at whole caseload of every clinician to identify when care plans are due for review, and overdue.	<ul style="list-style-type: none"> This will take place as a dedicated piece of work in September 2016. A tool/report has been developed for all overdue and upcoming CPA; this does not include those not on CPA, however the report will be updated to reflect non CPA. 	30/09/2016	07/09/2016	Copy of performance tool.	Evidence uploaded.	
				49.4 Use the tool to address non-compliance with individual clinicians.	Will commence when 49.3 is complete.	31/10/2016		As above.		
				49.5 Service Managers to undertake audit of supervision notes to evidence sample files audited during staff supervision.	Being included as part of the division's quality forum.	30/12/2016		Copy of supervision audit.		

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Adult CMHT's									
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
50	Ensure adequate engagement with staff regarding proposed changes to their service.	Ian Jerams – Director of Operations	Rob Harvey – Divisional Manager	50.1 Staff to be invited to each transformation locality meeting to discuss high level future model.	<ul style="list-style-type: none"> Completed initial staff engagement workshops (January 2016). Staff Governor representatives have been invited to Community Transformation Board which will oversee the transformation project. 	30/04/2016	30/04/2016	Copy of notes from staff engagement workshops. Notes of transformation board.	Evidence uploaded.
				50.2 Clinical staff engagement plans to be included in transformation paper to Board.	Staff involved with clinical pathway redesign.	30/04/2016	30/04/2016	Copy of Board paper. Copy of division improvement plan. Copy of transformation plan.	Evidence uploaded.
				50.3 Re-establish team brief.	Trust team brief has commenced.	30/04/2016	30/04/2016	Copy of team brief.	Evidence Uploaded.

Action below from Substance Misuse Report: - Adult CMHT's to ensure compliance from 1st August 2016:

51	Safe care Ensure that there are suitable fire marshals at all locations.	Rob Harvey – Divisional Manager	To be confirmed	51.1 Identify fire marshals.	Fire marshals identified.	30/06/2016	11/07/2016	Names of identified fire marshals identified.	Evidence uploaded.
				51.2 Provide fire marshal training.	Training dates allocated.	31/08/2016	07/07/2016	Copy of training dates required.	

Specialist Services:

Ash Villa Inpatient Ward									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
52	Dignity and respect: Ensure compliance with the Department of Health guidance in relation to mixed sex accommodation.	Anne-Maria Olphert – Director of Nursing & Quality	Roni Swift – Divisional Manager	Action 52 cross references with action 2 – Trust wide issues 52.1 Undertake ward specific option appraisal to identify resolution for the issues raised during the inspection.	<ul style="list-style-type: none"> Architect plans for options appraisal presented back to the Trust on 12.07.2016. The plans did not meet the need of the service and did not follow the brief provided. New architect appointed, initial meeting took place with new architect has taken place. In view of this the completion date has been extended to 30/09/2016. The option appraisals have been completed and the preferred option is now being costed prior to being sent for approval by the Executive Team. 	30/09/2016		Copy of option appraisal.	Evidence uploaded.
				52.2 Discuss inspection findings with NHSE specialist commissioners (to be cross referenced with action 2.2).	<ul style="list-style-type: none"> Discussed with NHSE Specialist Commissioners who expressed concern at the CQC judgement due to implications for other CAMHS units, notably those still configured in bays. Continue to await feedback from NHS E and the CQC challenge; the CQC have written to the Trust to confirm they are still considering this and a further progress update would be provided within one month, therefore the completion date has been amended to reflect this. 	30/09/2016		Outcome of meeting between NHSE & CQC.	
Page 71	Safe care and treatment: Review the environmental and ligature assessment tools are fit for purpose. Risk assessments should cover all areas, including outside spaces.	Ian Jerams – Director of Operations	Roni Swift - Divisional Manager	Action 53 cross references with action 1 – Trust-wide issues 53.1 Complete ligature audit, to include outdoor areas.	Indoor and outdoor audit completed by Ash Villa staff, the Quality & Safety Team and a health & safety rep on 25/05/2016.	30/06/2016	25/05/2016	Copy of audit.	Evidence uploaded.
				53.2 Address internal ligature risks identified at inspection.	Bathroom blind removed during the inspection.	04/12/2016	04/12/2016	Visit to unit by Director of Strategy	Progress update within this action plan.
				53.3 Fire door external door closures to be removed and internal door closure mechanisms fitted.	All non-conforming door closers removed.	13/05/2016	13/05/2016	Visit to unit by Director of Strategy	Evidence uploaded.
				53.4 Quality review of current audits and action plans to be completed and any outstanding issues addressed.	A joint review with Quality & Safety Team undertaken.	30/06/2016	07/07/2016	Copy of audit/action plan required.	Evidence uploaded.
54	Safe care and treatment: Ensure all staff are fully trained to identify any safety concerns.	Roni Swift – Divisional Manager	Nige Dixon – Quality Assurance Lead	Action 54 cross references with action 1 – Trust-wide issues 54.1 To work with training department to establish what training is available or can be established to train managers in both internal and external assessment of environments and ligatures.	<ul style="list-style-type: none"> Ligature workshop for all inpatient managers and their deputies booked for the 15/06/16. The workshop was postponed due to lack of attendance and has been rescheduled to 16/09/2016. 	16/09/2016	16/09/2016	Copy of list of attendees. Copy of workshop slides.	Evidence uploaded.
	Review the safety of the outside space and ensure access is not restricted.	Ian Jerams – Director of Operations	Roni Swift – Divisional Manager	54.2 Construct safe outdoor area.	Fencing was completed prior to the end of March 2016 but currently requiring further work to be fit for purpose. Additional work completed.	30/06/2016	30/06/2016	Area inspected by Head of Quality and ligature audit completed for this area.	Evidence uploaded.

Specialist Services:

Ash Villa Inpatient Ward									
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
55	Ensure capacity and consent is recorded and fully individualised to the young person's needs and treatment.	Roni Swift – Divisional Manager	Nige Dixon – Quality Assurance Lead	55.1 Staff to be reminded to ensure capacity and consent is recorded for each young person that is personalised to individual needs.	Capacity and consent forms now in place.	31/05/2016	30/04/2016	Visit to Unit by Deputy Director of Operations/Compliance Officer (22/09/2016).	
56	Review staffing levels on the unit.	Ian Jerams – Director of Operations	Roni Swift – Divisional Manager	56.1 Review staffing levels, notably during evenings.	Additional staff member provided on shift during the evenings.	31/12/2015	31/05/2015	Confirmation received from Specialist Services Divisional Manager.	Progress update within this action plan.
57	Review the pressure on psychology within the unit.	Ian Jerams – Director of Operations	Roni Swift – Divisional Manager	57.1 Review provision of psychology.	Psychology increased by 0.1wte and Art Therapist increased by 0.2wte since the time of the inspection.	31/03/2016	31/03/2016	Confirmation received from Specialist Services Divisional Manager.	Progress update within this action plan.
58	Ensure that access to hot drinks and snacks is not restricted.	Roni Swift – Divisional Manager	Ward Manager	58.1 Provide effective access to drinks and snacks through the day.	<ul style="list-style-type: none"> Healthy snacks are now freely available in the form of fruit; access to drinking water is now available throughout the day. A risk assessment was completed and deemed not safe for flasks/kettles to be readily available; therefore posters displayed advising service users to request hot drinks via staff. 	31/05/2016	30/04/2016	Visit to Unit by Deputy Director of Operations/Compliance Officer (22/09/2016).	
59	Ensure that staff have an understanding of how the MCA applies to the under 18's.	Nige Dixon – Quality Assurance Lead	Liz Bainbridge	59.1 Develop and implement appropriate MCA training.	Training developed and implemented.	30/06/2016	30/06/2016	Copy of training package.	Evidence uploaded.

Community CAMHS									
Action no.	Must do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
	NIL			N/A			N/A		
Action no.	Should do's	Accountabilities	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance received	Evidence
60	In conjunction with commissioners review the waiting times and level of provision for young people with learning disabilities.	Ian Jerams – Director of Operations	Roni Swift – Divisional Manager	60.1 Consider access and waiting times for young people with learning disabilities.	The Trust has worked with commissioners to undertake a full service model review and a new service model was implemented on 04.04.16 with additional staff.	04/04/2016	31/03/2016	Copy of service model.	Evidence uploaded.
61	Review the access to safeguarding training from the local safeguarding board.	Roni Swift – Divisional Manager	Amanda Newman, Service Manager	61.1 Access to safeguarding training to be reviewed.	Safeguarding Level 3b: as of 27 th June 17 staff trained (1 of these staff due refresher on 7th July, awaiting update dates from training centre); 6 staff booked on the next available dates which are November 2016. Only one staff non-compliant due to long term sick and currently not working in CAMHS; therefore this action is closed.	30/06/2016	27/06/2016	Email confirmation.	Evidence uploaded.

Specialist Services:

Community Learning Disabilities and Autism

Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
62	Good governance: Ensure that all information related to patients is accessible to staff on one electronic recording system.	Karen Berry – Director of Finance & Information	Roni Swift – Divisional Manager	62.1 Ensure patient information is only held on one system.	<ul style="list-style-type: none"> Awaiting system providers of SystemOne to undertake data migration to Silverlink. Delay due to SystemOne provider, therefore completion date revised to the end of September. The first stage of data migration has been completed (current cases). Historical data still to migrate. 	30/09/2016	07/09/2017	Confirmation from Specialist Services Divisional Manager.	Email correspondence uploaded re confirmation of current data migration.
63	Staffing: Review staffing levels to ensure that there are sufficiently qualified and experienced speech and language therapists available each day to carry out the assessments required.	Ian Jerams – Director of Operations	Roni Swift – Divisional Manager	63.1 Review level of speech and language therapy provision.	<ul style="list-style-type: none"> Band 5 SLT now appointed. SLT referrals now a part of the integrated multi-disciplinary team processes. 	31/03/2016	31/03/2016	Confirmation received from Specialist Services Divisional Manager.	Progress update within this action plan.
				63.2 Ensure staffing levels reflect outcome of review.	<ul style="list-style-type: none"> Staffing levels agreed recruitment ongoing. One SALT commenced beginning of June Second post out to advert, closing date 04.08.16. Hours increased to 22.5hrs from 18.75hrs to make it more attractive to potential candidates. Completion date reviewed to reflect recruitment The SALT post has been advertised on two occasions with no applicants. There is a shortage of SALTs across Lincolnshire, and no agency availability. This issue will be sent to the new recruitment and retention lead for advice. Contingency plans in place to manage and longer term the Trust looking into training existing staff. 	31/08/2016	07/09/2016	Confirmation from Specialist Services Divisional Manager.	Progress update within this action plan
Action no.	Should do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance received	Evidence
64	Review plans bring forward the relocation of the speech and language therapy service with the Long Leys Road community learning disability base.	Roni Swift – Divisional Manager	Nige Dixon, Quality Assurance Lead	64.1 Review and ensure adequate provision of speech and language therapy in the Long Leys community base.	<ul style="list-style-type: none"> Increased SLA with Nott's Healthcare. S&LT vacancies have been recruited to. Speech and Language Therapist are now fully embedded as a part of the wider multi-disciplinary team under the new service model. 	31/07/2016	27/06/2016	Copy of SLA required.	Evidence uploaded
65	Ensure that all staff are trained in recovery focused care planning.	Roni Swift – Divisional Manager	Nige Dixon, Quality Assurance Lead	65.1 Ensure principles of the recovery approach are embedded in all training.	<ul style="list-style-type: none"> Work ongoing with the recovery focussed and outcome based model of care. Training week delivered to all LD staff in April 2016 with specific focus on positive behavioural support and the embedding of the new service model. Model discussed at team away day on 04/07/2016. 	30/06/2016	04/07/2016	LD away day agenda.	Evidence uploaded.
				65.2 Trust-wide recovery conference to be held in May 2016.	Complete.	31/05/2016	27/05/2016	Agenda of recovery conference held in May 2016.	Evidence uploaded.
66	Ensure that all key information is available in easy read format and readily available within the service.	Roni Swift – Divisional Manager	Nige Dixon, Quality Assurance Lead	66.1 Ensure that easy read information is comprehensive and widely available.	New processes are now in place for all new paperwork to be transferred into easy read. All existing Service User documents are being transferred into easy read	31/07/2016	31/07/2016	Details of accessible standards task and finish group.	Evidence uploaded.

Specialist Services:

Substance Misuse Services										
Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
67	Safe care and treatment: Ensure that a prescriber sees people accessing medication from the service every 12 weeks.	Sue Elcock – Medical Director	Roni Swift – Divisional Manager	67.1	Audit to be undertaken for all service users in LPFT DART prescribing to ensure timely review.	Action plan formulated regarding review by prescribers. Audit undertaken regarding Consultant reviews from 1/04/15 to 30/11/15. During this period 80% of service users seen within 12 review period.	30/06/2016	27/06/2016	Copy of audit.	Evidence uploaded.
				67.2	At each review another appointment to be made for a 12 week review at time.	Medical secretary keeping an electronic record of review appointments for all consultant clinics countywide and these are kept at each resource site with the prescribing notes. Action closed due to transfer of service.	30/06/2016	27/06/2016		
				67.3	Discussion to be undertaken with medical prescribers about written medical records.	Complete.	30/06/2016	27/06/2016	Confirmation received from Specialist Services Divisional Manager.	Progress update within this action plan.
				67.4	Further audit of consultant's prescribing reviews to be undertaken to ensure new practice is embedded.	Audit undertaken. Action closed due to transfer of service.	30/06/2016	11/05/2016		
68	Safe care and treatment: Ensure that staff update risk assessments routinely and when risk to people using the service changes.	Roni Swift – Divisional Manager	Nige Dixon – Quality Assurance Lead	68.1	Risk assessment and planning training to be provided for all staff.	<ul style="list-style-type: none"> All staff have completed online risk assessment training. In every supervision with staff two risk assessments are checked for quality and transference to recovery plans Action closed due to transfer of service.	30/06/2016	30/04/2016		
				68.2	Individual support to be provided to staff.	<ul style="list-style-type: none"> Individual staff member being managed within supervision and informal improvement plan in place. Action closed due to transfer of service.	30/06/2016	30/04/2016		
69	Safe care and treatment Ensure that prescribing is in line with guidelines detailed in the Drug Misuses and Dependence: UK Guidelines on Clinical Management (2007).	Sue Elcock – Medical Director	Roni Swift – Divisional Manager	69.1	Service wide audit of prescribing to take place against the Drug Misuses and Dependence: UK Guidelines on Clinical Management (2007).	Audit Complete.	30/06/2016	27/06/2016	Copy of prescribing audit.	Evidence uploaded.
				69.2	Audit to random sample 10% of all prescribing records. Service to work with audit department to design audit.	Audit Complete.	31/07/2016	27/06/2016	Copy of prescribing audit.	Evidence as 69.1.
70	Good governance: Ensure that clinical records are comprehensive and reflect the content of contact with service users.	Anne-Maria Olphert, Director of Nursing & Quality	Roni Swift – Divisional Manager	70.1	Ensure sample of records is reviewed within supervision.	<ul style="list-style-type: none"> During supervision of all clinicians, three randomly selected patient records are being quality checked and findings documented in supervision notes. Discussed at SS DMT on Fri 17th June. 	30/06/2016	27/06/2016	Copy of SS DMT notes.	Evidence uploaded.
				70.2	Address any shortfalls through supervision, training and other support actions.	<ul style="list-style-type: none"> Clinical records have been discussed with staff; discussed at SS DMT on Fri 17th June. Action closed due to transfer of service	30/06/2016	27/06/2016	Discussed at DMT meeting.	
71	Staffing: Ensure that staff access substance misuse specific training and attendance is recorded.	Roni Swift – Divisional Manager	Lee Scigala, Acting Service Manager	71.1	Establish baseline of training received.	<ul style="list-style-type: none"> Data base established to collate individuals' specific training to evidence knowledge and skills in specific areas of practice. This training record is being backdated to evidence training already completed. Completed as part of decommissioning plan. 	30/06/2016	27/06/2016	Copy of de-commissioning plan.	Evidence uploaded.
				71.2	Address shortfalls.	<ul style="list-style-type: none"> DANOS package available for staff to complete to evidence their individual competencies. Completed as part of decommissioning plan. 	30/06/2016	27/06/2016	Copy of de-commissioning plan.	Evidence uploaded.
72	Staffing: Ensure that staff are supervised in line with Trust policy.	Roni Swift – Divisional Manager	Nige Dixon Quality Assurance Lead	72.1	Ensure that required frequency of supervision is achieved.	Supervision tracker now in place on SHARON DART site that can be overseen by the Divisional Manager and Quality Assurance Lead.	31/03/2016	07/03/2016	Copy of supervision tracker.	Evidence uploaded.

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Specialist Services:

Substance Misuse Services									
Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
73	Safe care Ensure that there are suitable fire marshals at all locations.	Roni Swift – Divisional Manager	Lee Scigala, Acting Service Manager	73.1 Identify fire marshals.	Action transferred to Adult Community services (01/08/2016).	30/06/2016	07/07/2016	Fire marshals identified by Adult Community Team.	Evidence uploaded see 50.1.
				73.2 Provide fire marshal training.	Training dates allocated – action transferred to Adult Community services (01/08/2016).	31/08/2016	07/07/2016	See evidence as per action 50.1.	
Action no.	Should do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
74	Should record the content of prescribing appointments with the electronic case management system.	Sue Elcock – Medical Director	Roni Swift – Divisional Manager	74.1 Ensure electronic record completed in respect of content of prescribing appointments.	<ul style="list-style-type: none"> Consultant discussed these issues about his individual practice with the Medical Director. Action closed due to transfer of service.	30/06/2016	27/06/2016		

Older Adult Mental Health Services:

Older Adult CMHTs									
Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Action no.	Should do's		Responsible person	Trust actions/response		Date to be completed by	Date completed	Type of assurance received	Evidence
75	Continue the planned review of caseloads and identify ways to reduce these.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	75.1 Review Band 4/Shared Care Protocol caseloads. 75.2 Service to review use of any available caseload weighting and review tools to support case-load management.	Caseloads relate to B4 associate practitioners supporting dementia medication review patients under shared care protocol (SCP). These SCP requirements are under review with lead MH commissioner and CCGs to decide upon service resource demand/utilisation and potential for reviews occurring within primary care. Developing proposal to support Shared Care Protocol via fast-track discharge process with reduction in practitioner case-load.	30/10/2016		Review of SCP requirements. Implementation of Shared Care Protocol/fast-track discharge process.	
76	Ensure that staff in the CMHT always record the patient risk assessment in the same location on the electronic patient record system.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	76.1 Put system in place for records to be checked through supervision.	Supervision template has been amended to include monitoring of record keeping and quality.	31/07/2016	30/04/2016	Copy of supervision template required.	Evidence uploaded.
				76.2 Team Co-ordinators to audit risk assessments prior to supervision sessions.	The service is carrying out ongoing monitoring of record keeping.	31/07/2016	30/04/2016	Confirmation received from Divisional Manager.	Progress update within this action plan.
77	Ensure capacity is clearly and consistently recorded, whether a patient has capacity or whether a patient lacks capacity.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	77.1 Put in place system to ensure that all staff have completed/are compliant with the Trust MCA mandatory training.	All staff/teams have been reminded of requirement to record any MCA/capacity assessments and decisions clearly in the clinical notes using approved Trust process.	31/07/2016	07/07/2016	Confirmation received from Divisional Manager.	Progress update within this action plan.
				77.2 Conduct spot audits for reassurance across teams.	<ul style="list-style-type: none"> Audit of all admissions across inpatient units to review capacity on admission information. Audit completed in July 2016, this demonstrated a very low rate of compliance, therefore a further audit to be conducted in September on new referrals to community teams to ascertain if there is an improvement on new referrals coming through; therefore the completion date has been revised. 	31/09/2016		Copy of audit required.	July audit uploaded.
78	Review processes for ensuring support groups are available for carers and patients receiving services.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	78.1 Improve availability and access to carer and patient support groups.	<ul style="list-style-type: none"> The service is undertaking a phased development/roll-out of county-wide carer support groups linked to service user CST provision. Co-development of carer support sessions between OA division and Recovery College. Two courses already being delivered 2 more under development inclusive of Dementia First Aid and Living Well with Dementia (6-8 sessions). 	31/12/2016		Copy of Recovery college prospectus.	
79	Should ensure that all areas that patients are accessing are dementia friendly.	Ian Jerams – Director of Operations	Steve Roberts – Divisional Manager	79.1 Review dementia friendly access to all shared buildings used by Older Adult Mental Health services.	<ul style="list-style-type: none"> Properties under sole management of OA division already adapted to support dementia friendly use i.e. Manthorpe Centre & Witham Court. Trust wide-issue as many OA-Community services are now co-located with adult/CAMHS/CRHT services; this will be picked up through the Older Adult Steering Group. 	31/12/2016		Steering Group to review community environments.	

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Older Adult Mental Health Services:

Older Adult Inpatient Wards									
Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
80	Safe care and treatment: Review all potential ligature risks and take the appropriate action to remove and mitigate where there are poor lines of sight.	Ian Jerams – Director of Operations	Steve Roberts – Divisional Manager	Actions 79 cross references with action 1 – Trust-wide issues Service specific actions: 80.1 Quality review of current audits and action plans to be completed and those requiring improvement to have responsible managers informed and supported to reassess and plan.	Brant: Anti-ligature wardrobes: • Wardrobes have now been put back to back as per CQC feedback.	31/12/2016	11/12/2015	Visit by Director of Finance – January 2016.	
				80.2 On-going programme of ligature audits conducted by clinical staff throughout 2016/17 to be monitored by Quality & Safety Team Leader.	Programme of audits agreed.	31/07/2106	07/07/2016	Copies of completed audits.	Evidence uploaded.
81	Safe care and treatment: Ensure compliance with the Department of Health guidance in relation to mixed sex accommodation on Langworth Ward.	Anne-Maria Olphert – Director of Nursing and Quality	Steve Roberts – Divisional Manager	Actions 81 cross references with action 2 – Trust-wide issues 81.1 Resolve mixed sex accommodation breach on Langworth Ward.	<ul style="list-style-type: none"> Addressed at time of inspection. No further female patients will be placed in the bedrooms that caused the issue. New signage installed. 	31/12/2015	05/12/2015	Photograph of signage.	Signage uploaded.
82	Safe care and treatment: Must ensure patients have access to nurse call systems in dormitories on the Brant Ward.	Steve Roberts – Divisional Manager	Geoff Badger – Associate Director of Estates & Facilities	82.1 Identify effective nurse call system to each bed area in dormitories.	<ul style="list-style-type: none"> Site and call options reviewed and now awaiting quote for installation of x 4 nurse call bells per service user bay/dormitory (1 per service user). Tenders received; service user/carer feedback sought; systems identified. 	30/06/2016	27/06/2016	Confirmation received from Older Adult Divisional Manager.	Progress update within this action plan.
				82.2 Once quote for bells received; Business Manager to complete capital bid and progress bid via Trust capital bid process.	<ul style="list-style-type: none"> Evaluation required on the system for suitability; completion date extended to 30/09/2016. The contract is being awarded to ARM; work is expected to be complete by mid October 2016, therefore the completion date has been revised. 	15/10/2016		Confirmation from Older Adult Divisional Manager.	
				82.3 Install call system.	Awaiting outcome of 82.1 and 82.2. Work expected to be completed by 31/10/2016.	31/10/2016		Installation of nurse call system.	
83	Safe care and treatment: Review the management of medication on both Manthorpe and Rochford Units. Ensure staff follow dispensing instructions to medicine patches and accurately record medicines charts for patients being discharged. Stock must be managed effectively and the drugs fridge used appropriately.	Sue Elcock – Medical Director	Dawn Parker – Quality Assurance Lead	83.1 Ensure all OA qualified staff have undertaken the required Trust Medicines Management training and are aware of and working to Trust Policy with regards ordering and dispensing.	<ul style="list-style-type: none"> All teams have been asked to provide a training status update. Compliance is being monitored through the Divisional Management Team. 	30/09/2016	07/09/2016	Medications management audit.	Evidence uploaded.
				83.2 Undertake review of processes and medications recording compliance in partnership with pharmacy services to identify scope, pattern and/or identified staff members. Use this to inform locality/staff specific support and management to address training/performance needs related to medicines management.	<ul style="list-style-type: none"> Meeting with Pharmacy, Matron, and Quality Lead, and Ward Managers to discuss outcome of CQC findings and current themes held on the 10th May 2016. Pharmacy attending OA Steering Group to discuss themes with MDT members across the division. Flow charts developed by pharmacy to support access to medication and dispensing guidance Individuals identified as breaching meds management to be raised through supervision. Actions for themes and trends identified and development plan commenced to improve practice. 	30/09/2016	07/09/2017	Copy of review of management of medications undertaken.	Evidence uploaded.

Adult Mental Health Services:

Older Adult Inpatient Wards												
Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received			
84	Safe care and treatment: Undertake a review the use of the de-escalation rooms, described as comfort rooms and used like seclusion rooms.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	84.1	Undertake full review of use of comfort suites/de-escalation rooms.	Review has commenced and the findings are being overseen by a task & finish group.	30/09/2016	07/09/2016	Copy of review of use of comfort suites undertaken.	Manthorpe Environment review documentation uploaded.		
					Cross reference with 84.1 and 84.4)	84.2	Following the review in 83.1; develop service specific protocol/pro-active care policy for de-escalation.	Discussion took place at the Trust's restrictive interventions group and it has been agreed to provide a greater level of detail/ guidance in the Trust's policy.	30/10/2016	07/09/2016	Copy of protocol/policy for de-escalation.	De-escalation & safety action plan uploaded.
				84.3	Ensure unified compliance and practice to service protocol (and broader Trust policy and NICE Guidance)	<ul style="list-style-type: none"> Divisional review/identification of associated NICE/RCP/MHA best-practice and guidance standards related to de-escalation practice completed to inform task & finish group. Review of existing de-escalation service protocols external to LPFT undertaken to inform local protocol development by T&F group. 	30/06/2016	27/05/2016	Copy of local protocol. Meeting notes/relevant email.	De-escalation protocol uploaded.		
				84.4	Review of physical environments of comfort suites.	A review of the comfort suite environments has commenced.	30/09/2016	07/07/2016	Copy of review of comfort suite environment undertaken.	Evidence uploaded.		
85	Good governance: Review process and systems for reporting incidents when patients use the comfort rooms for de-escalation.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	85.1	Remind all staff of the requirement to complete a Datix on every occasion de-escalation requiring use of comfort suite and/or application of restrictive interventions (RI's) utilised.	<ul style="list-style-type: none"> Staff have been reminded to complete a Datix following de-escalation and restrictive interventions. The issue has been discussed in the restrictive interventions group and it has been agreed to explore the possibility of improving the interface between Datix and Silverlink. 	31/07/2016	07/07/2016	Method of communication – was it an email –	Evidence uploaded.		
				85.2	Remind all staff (embed and monitor) to ensure that new Silverlink incidents reporting field is completed in parallel with Datix for every occasion de-escalation requiring use of comfort suite and/or application of restrictive interventions (RI's) utilised.	Email sent to all staff by DM reminding staff of responsibilities. Steering Group held on 7 th July reviewed all CQC actions.	31/07/2016	07/07/2016	Copy of email Copy of steering group notes.	Evidence uploaded		
				85.3	Work with clinical systems to support all service managers to ensure they are able to run local reports from new incidents field showing RI/incident history.	<ul style="list-style-type: none"> All incident reports are distributed to Quality Lead and Ward Managers and discussed at Steering Group. Further work to be undertaken through DATIX review, therefore completion date reviewed to 30/09/2016. Work has been undertaken to support improvement in environment, culture and recording of incidents whilst awaiting Datix project completion project to be able to record use of de-escalation room 	30/09/2016		Copy steering group notes.	DMT notes/agenda uploaded.		
				85.4	For review of above; local reports to be included as standing agenda item for in-patient management team meeting and Divisional Team meeting on a quarterly basis	Agreed to add as a standing agenda item.	30/09/2016	07/09/2016	Copy of DMT agenda.	Evidence uploaded.		
				85.5	Older Adult Steering Group to monitor themes and trends across the service and feed into Patient Safety Group as necessary/appropriate.	Added as a standing agenda item.	31/07/2016	07/07/2016	Copy of steering group agenda.	Evidence uploaded.		

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Older Adult Mental Health Services:

Older Adult Inpatient Wards									
Action no.	Must do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance received	Evidence
86	Safe care and treatment: Must ensure staff receive mandatory safeguarding training.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	86.1 Work with training department to identify safeguarding training capacity and dates.	Compliance monitored via monthly reports and at local level via training records and managerial supervision.	31/07/2016	07/07/2016	Monitoring sheet.	Evidence uploaded.
				86.2 Inpatient service manager to work with wards to support access of and staff attendance/completion of required training.	Underway and being monitored through DMT meetings.	31/07/2016	07/07/2016	Monitoring sheet as per 86.1	Evidence uploaded.
Action no.	Should do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance received	Evidence
87	Privacy and dignity: Must review the arrangements for the patients in Manthorpe centre to make and receive phone calls in private.	Steve Roberts - General Manager	Mark Challinor - Inpatient Services Manager	87.1 Ensure provision for telephone calls to be made and received in private.	<ul style="list-style-type: none"> Interim hand-held mobile phone in place. Portable patient pay-phone ordered. 	31/05/2016	30/04/2106	Confirmation from Divisional Manager	Progress update within this action plan.
88	Ensure patients at the Rochford Unit have access to outdoor space.	Ian Jerams – Director of Operations	Steve Roberts – Divisional Manager	88.1 Consider access to outdoor space in future service plans.	<ul style="list-style-type: none"> Rochford ward has no allocated/dedicated or appropriate outside space: none available on hospital site (ULHT). Divisional service development plans in place and part of external Lincolnshire Health and Care public consultation with proposal to change service model with redeployment of Rochford inpatient resource and into community resource with closure of Rochford unit. 	30/04/2017		Copy of LHAC consultation.	
				88.2 Review access to outdoor space for individual patients.	<ul style="list-style-type: none"> Plans to support access to outside space to be included in individual care-plans. Review undertaken; the ward is located on the first floor and does not afford easy access to fresh air, therefore this action is closed. 	30/06/2016	27/06/2016	N/A – environment does not allow easy access to fresh air.	
89	Ensure that written information relating to CCTV's in the communal areas of Langworth, Brant and Manthorpe wards is made available to patients, carers and relatives.	Steve Roberts – Divisional Manager	Mark Challinor – Inpatient Services Manager	89.1 Provide information in relation to CCTV.	Information is given to carers and patients on admission to inform them of CCTV and answer any questions are answered, this will remain in place until plans for service re-design are agreed.	30/04/2016	30/04/2016	Copy of information that is provided on admission.	Evidence uploaded.
90	Ensure staff have access to dementia training at an appropriate level.	Steve Roberts – Divisional Manager	Dawn Parker – Quality Assurance Lead	90.1 Service Manager and Quality Assurance Lead to review training records to identify compliance with identified mandatory dementia e-learning modules.	<ul style="list-style-type: none"> Review of records is underway. Staff have had refresher best practice in dementia training; once new trainers have received their training there will be a roll out programme. Meeting with new trainers arranged for October – roll out programme to commence post this date. Training unable to be undertaken in block format which makes implementation more problematic, this is being revisited. 	30/09/2016		Copy of records review.	
					<ul style="list-style-type: none"> Information request submitted to the Training Department to identify completion of learning modules. Training plan in place; refresher training programme commissioned and commences in September; second session to be held in October. 	31/10/2016		Copy of list of attendees.	

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Older Adult Inpatient Wards									
Action no.	Should do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
				90.2 Information from review outlined in 90.1 to be used to support all team managers in review, support and monitoring of staff requirement to undertake SCIE Dementia Training Modules via Trust OLM system.	To commence on completion of 90.1.	31/10/2016			
				90.3 Following review of current status of Best Practice in Dementia Care trainers on all dementia wards; secure further training to increase number of qualified facilitators/trainers across dementia wards.	Training has been commissioned in 'Best Practice in Dementia Care'; dates confirmed. Refresher training to commence in September 2016 and new facilitator training to commence in October 2016; completion date amended to reflect training dates.	31/10/2016		Copy of dementia care training. List of staff attended.	Enhanced practice in dementia care and facilitator event summary uploaded.
				90.4 To secure and deliver RAID (Challenging Behaviour Training) to 60 older adult in-patient staff.	<ul style="list-style-type: none"> Training has been commissioned in RAID; dates have not yet been confirmed due to funding not being secured. Business Manager is looking at funding options to support understanding and improve practice through training. 	30/09/2016		Copy of RAID training. List of staff attended.	
91	Ensure the duration of the multidisciplinary team meetings on Rochford unit allow sufficient time for full discussions of patients' needs.	Steve Roberts – Divisional Manager	Mark Challinor – Inpatient Service Manager	91.1 Review multidisciplinary team meeting time allocation.	Required time for MDT meeting increased to ensure adequate time proportional to number of patients reviewed and presenting needs.	31/03/ 2016	31/03/2016	Confirmation received from Older Adult Divisional Manager.	Progress update within this action plan.
Page 81	Ensure patients' privacy and dignity are met on the dormitories on Brant ward and Rochford unit.	Steve Roberts – Divisional Manager	Mark Challinor – Inpatient Service Manager	Actions 92 cross references with action 1 – Trust-wide issues		31/08/2016	31/08/2018	Assurance given by Director of Operations.	Progress update within this action plan.
				92.1 Review current privacy and dignity measures.	<ul style="list-style-type: none"> Older adult review undertaken and measures are in place to respect privacy and dignity. In the longer term the buildings will not be fit for purpose with the Trust transformation plans. 				
				92.2 Consider patient privacy and dignity in future development plans.	<ul style="list-style-type: none"> Inclusion of single rooms for Brant ward proposed for the Trust capital plan. Review to inform options appraisal completed for bays/ dormitories on Rochford ward. Divisional service development plans in place and part of external Lincolnshire Health and Care public consultation with proposal to change service model with redeployment of Rochford in-patient recourse and into community resource with closure of Rochford Unit. 	31/03/2017		Copy of option appraisal. Copy of divisional service development plans.	

Older Adult Inpatient Wards									
Action no.	Should do's	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
93	Review governance systems relating to staff engagement with senior management team.	Ian Jerams – Director of Operations.	Steve Roberts, Divisional Manager	93.1 Full review of attendance and engagement between staff and senior management (OA Service). Divisional Manager: <ul style="list-style-type: none"> ○ To be booked for attendance at all service team meetings on a rolling basis. ○ To undertake/facilitate group clinical supervision on all in-patient wards. ○ To continue delivery/chairing of B4 forum. 	<ul style="list-style-type: none"> • Discussed at DMT. • Dates have now been booked for these sessions. • This is in place • Complete; this is an established process. 	30/06/2016	26/05/2016	Copy of notes of relevant meeting(s).	Evidence uploaded.
				93.2 Service Managers/Quality Lead to attend locality meetings.	Managers are attending locality team meetings.	31/08/2016	10/08/2016	Copy of locality meetings notes.	Evidence uploaded.
				93.3 Service Managers/Quality Lead to develop Best Practice Conference in OA to support engagement, development and celebration of successes.	Due to some pressures in the older adult services currently, coordination of the best practice conference has been delayed; a provisional date has been set for 16/06/2017.	31/08/2016	16/08/2016	Email correspondence confirming date of conference.	Evidence uploaded.

Well led domain:


Board level actions and leadership on well led									
Action no.	CQC key line of questioning	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
94	Is there a clear vision and a credible strategy to deliver good quality?	Trust Board of Directors	Jane Marshall Director of Strategy and Performance	94.1 Board led statement of vision of the organisation complete and shared 94.2 Translation of vision into strategy through early production of draft clinical strategy for next five years, aligned with quality priorities. Clinical strategy and quality priorities are measurable. 94.2 Clinical strategy covers next five years and aligns with system wide strategic direction. 94.3 Engagement of clinical teams, public, staff and stakeholders as part of the production of the clinical strategy. 94.4 Board of Directors and Council of Governors involved in design and sign off of clinical strategy and quality priorities 94.5 Alignment of clinical strategy with Clinical Divisional priorities for service improvements and quality. 94.6 Production of the Clinical Divisional priorities is part of the OD activity. 94.7 Clear mechanism for monitoring the implementation of the clinical strategy and quality priorities. 94.8 Enabling strategies (estates, IM&T, workforce) are aligned with the clinical strategy and quality priorities. 94.9 Board Assurance Framework revised with new clinical strategy and quality priorities and risks to delivery. 93.10 Annual Plan submission and Financial Plan submission to Trust Board, NHS Improvement and CCG aligns with clinical strategy. 93.11 Board monitors progress on implementation at six month stage.	All of these actions are complete.	31/03/2016	31/03/2016	Clinical strategy Quality priorities Annual Plan Financial Plan Estates strategy IM&T strategy Workforce, OD and People strategy Board Assurance Framework Papers to Board of Directors Notes of Board of Directors meetings Minutes of Council of Governors meetings Report on public feedback on the clinical strategy Evidence of changes to quality priorities as a result of feedback NHS I feedback Six month update to Board of Directors on progress ILP session Accountability Review notes	Evidence uploaded.
95	Does the governance framework ensure that responsibilities are clear and that quality, performance and risks are understood and managed?	Trust Board of Directors	Peter Howie Trust Secretary	95.1 Board Assurance Framework is the overall governance framework for delivery of all objectives of the organisation. 95.2 Monitored monthly at Board of Directors/independently assessed by Trust Secretary 95.3 Risks on quality and performance identified in the BAF 95.4 Work programme of sub-committees of the Board is derived from the BAF	All of these actions are complete.	30/06/2016		BAF Board minutes Performance Report Risk Reports Forward Agenda MHA administration Internal Audit External Audit	Evidence uploaded.

Board level actions and leadership on well led									
Action no.	CQC key line of questioning	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received
96	How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care?	John Brewin, CEO	Anne-Maria Olphert, Director of Nursing	96.1 Culture and leadership session, led by the Chair of the Trust, part of the Inspirational Leadership Programme. 96.2 Results of the session in Divisional Business Plans and incorporated into the refreshed Clinical Strategy 96.3 Review of the Inspirational Leadership Programme for 2016 onwards is underway, led by the Director of Nursing 96.4 Staff Forum Meetings in place 96.5 Recognition and rewards initiatives refreshed 96.6 Cultural Barometer in place to ask key questions of staff about feeling valued and respected. The feedback is then used to inform action 96.7 Staff communication mechanisms reviewed and new arrangements in place for improved Team Briefing and face to face briefing of staff and cascade 96.8 Involvement and Engagement (Participation) plan being developed in conjunction with patients and staff (Sep 2016)* 96.9 Review of Complaints Processes complete and new leadership in place 96.10 Staff well-being service in place 96.11 Renewed focus on quality and staff involvement in seeking solutions to issues through the new Divisional Management Structure and particularly the work of the Divisional Manager, Clinical Director and Quality Lead 96.12 Clinical and Quality Governance meetings in place 96.13 Clinical Leaders sessions in place led by the CEO 96.14 Accountability Reviews in place 96.15 Duty of Candour embedded	All of these actions are complete.	30/06/2016		ILP programme review People and OD strategy Divisional Business Plans Accountability Reviews Performance Reporting at Divisional Level Balanced scorecards Staff Forums Team Briefing process Involvement Plan Complaints policy Feedback from Staff Well Being service on themes Divisional Structure review underway Duty of Candour – positive recording Accountability Review minutes Steering Groups Quality Forums	Evidence uploaded.

Board level actions and leadership on well led										
Action no.	CQC key line of questioning	Accountability	Responsible person	Trust actions/response	Progress update	Date to be completed by	Date completed	Type of assurance required	Evidence received	
97	How are people who use the service, the public and staff engaged and involved ?	Executive Team	Executive Directors	97.1 Process for developing a new Involvement Strategy and Plan for the organisation was launched in early 2016 97.2 The development of this strategy directly involves users of services, carers and families as well as staff 97.3 Clinical Strategy 2016 to 2019 was developed in consultation with service users, carers, families, Governors, the public and staff 97.4 Staff developed Divisional Plans, which are part of the Clinical Strategy, at the Inspirational Leadership Programme meeting in February 2016 97.5 Arrangements for staff to raise concerns were already in place through the Speak Up Campaign and are being reviewed 97.6 People and Organisational Development Plan in place	<ul style="list-style-type: none"> All actions complete, other than the Participation and Involvement Strategy which is on track for end of September 	30/09/2016		Clinical strategy Participation workshops Board and Governor participation and involvement workshop held Output and proposal for extending this approach is approved Speak Up Campaign Whistle blowing policy Staff Well Being Service OD and People Strategy Cultural Barometer Governor sessions Recruitment panels including patients/service users	People & organisational development plan uploaded.	
98	How are services continuously improved and sustainability ensured?	John Brewin CEO	Anne-Maria Olphert, Director of Nursing Ian Jerams, Director of Operations Sue Elcock, Medical Director Jane Marshall Director of Strategy and Performance Karen Berry Director of Finance and Information	98.1 Transformational Programme 98.2 Transformational initiatives completed for CAMHS and LD Services with new service models in place 98.3 Quality Impact Assessment process complete for 2016/17 CIP and will be reviewed again at six month stage for any impact on quality 98.4 Review of Divisional Structure six months in is planned 98.5 Visits to other organisations completed to compare innovation work with peers 98.6 Innovation Fund launched and bids support service innovation 98.7 Quality Forums and Steering Groups in place 98.8 Transformation plans for MH, LD and Autism in STP	98.3 This is already planned and in process – with retrospective CIP QIA on a sample of schemes implemented prior to November 2015 (16/11/2016).	31/12/2016		Transformation plans QIA CIP plans Divisional Structure review Continuous Quality Improvement Action Plan		

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Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Clinical Commissioning Groups

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Lincolnshire Medicines Management Consultation

Summary:

This report is presenting the Lincolnshire Medicines Management Consultation to the Health Scrutiny Committee for Lincolnshire for their views. The consultation is taking place between 4 October – 18 November 2016 and results will be reported to all four CCG Governing Bodies on 30 November / 1 December 2016.

Actions Required:

- (1) The Health Scrutiny Committee for Lincolnshire is asked for their formal response to this consultation.
- (2) To make arrangements for responding formally to the Medicines Management Consultation, by establishing a working group, which would submit its response directly to the Lincolnshire Clinical Commissioning Groups by 18 November 2016.

1. Background

The four CCGs have a big financial challenge to meet in the short term. Whilst the NHS budget has increased, demand for health care has increased faster. Currently we are spending £38m more than our existing budget. We think the money we spend on items that are readily available over the counter might be better spent on treatments, staff and essential services that patients cannot get in any other way for the greatest benefit of patients.

A number of planned savings will come from the transformation of services to reduce complexity, waste and duplication, but in order to meet our challenging financial targets we have also had to look at reprioritising our services.

In line with our responsibilities we have reviewed the money we spend on prescribing certain medicines, treatments, products and food items. From this review we have identified a range of items currently available over the counter to buy either from the general retailers or community pharmacies that we are proposing to restrict the prescribing of in Lincolnshire.

The four Lincolnshire CCGs are asking for views on their proposals to restrict the prescribing of over the counter/minor ailment medicines used for short-term, self-limiting conditions, the prescription of gluten-free products, baby milk (including specialist infant formula) and oral nutritional supplements.

2. Conclusion

A robust programme of consultation is being undertaken with patients, the public, partner organisations and key stakeholders.

3. Consultation

We are asking Health Scrutiny Committee Lincolnshire for their views on the Medicines Management Consultation

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Medicines Management Consultation document and survey

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Steph King, Engagement Lead, Optum, who can be contacted on 07780673543 or stephj.king@optum.com

Medicines Management Consultation

Your views on what we prescribe in Lincolnshire

4 October – 18 November 2016

Get Involved

You can give us your views in a number of ways:

• Fill in the survey found on any of our websites www.lincolnshireeastccg.nhs.uk ;
www.lincolnshirewestccg.nhs.uk ; www.southwestlincolnshireccg.nhs.uk ;
www.southlincolnshireccg.nhs.uk

• Fill in the paper copy of the survey found at the back of this consultation document and send it to Adam Marshall, Optum, South Kesteven District Council Offices, St Peters Hill, Grantham, NG31 6PZ

• Contact the Engagement Team on 01476 406167 or adam_marshall@optum.com

• If you belong to a group or organisation, you can invite us along to one of your meetings by contacting us on the details above

This document is available in other languages and formats on request. To request alternative formats, or if you require the services of an interpreter, please contact us.

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jeżeli norêtumête gauti informaciją kita kalba ar formatu, kreipkitės į mus.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutra idioma ou formato, diga-nos.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

This consultation document has been drawn up in accordance with the legal requirements and guidance from Section 242 and Section 14Z2 Health and Social Care Act 2012 and the Cabinet Office Consultation Principles.

Who are we?

Lincolnshire East Clinical Commissioning Group, Lincolnshire West Clinical Commissioning Group, South Lincolnshire Clinical Commissioning Group and South West Lincolnshire Clinical Commissioning Group are the local NHS organisations responsible for planning, organising and buying NHS funded healthcare for the 731,500 people in Lincolnshire. This includes: hospital services, community health services, the delegated commissioning of general practice and mental health services. NHS England has responsibility for buying dentist, pharmacist and optical primary care services and specialist services— such as heart transplants and secure mental health services, whilst local authorities commission public health services like health visiting and sexual health.

The four Lincolnshire CCGs are membership organisations which includes the 101 GP practices across the county. Together we work in partnership, with the local authorities, including public health, health and voluntary services to transform the health and social care system to meet the challenges of the future.

The challenge faced by all organisations across the NHS, is how to spend the available budget in ways that most benefit the health of the whole population and delivers good value for money. We have to evaluate every service we commission to ensure that each service offers good quality, the best possible outcomes for patients and good value for money. We also need to ensure that we allocate our resources in an effective and equitable way for the benefit of the whole population to achieve the best possible outcomes for the most number of patients.

What are we asking for your views on?

The four CCGs have a big financial challenge to meet in the short term. Whilst the NHS budget has increased, demand for health care has increased faster. Currently we are spending £38m more than our existing budget. We think the money we spend on items that are readily available over the counter might be better spent on treatments, staff and essential services that patients cannot get in any other way for the greatest benefit of patients.

A number of planned savings will come from the transformation of services to reduce complexity, waste and duplication, but in order to meet our challenging financial targets we have also had to look at reprioritising our services.

Key financial pressure areas include continuing healthcare and complex care packages and prescribing. This is significantly affecting the CCGs' ability to meet its statutory financial duties in 2016/17. The CCGs are looking to secure more efficient, effective ways of working across all of these areas.

This consultation document provides an overview of our proposed service changes to ensure the health budget for Lincolnshire is spent as effectively as possible, whilst minimising waste and promoting self-care to its population.

In line with our responsibilities we have reviewed the money we spend on prescribing certain medicines, treatments, products and food items. The items reviewed are either:

- Widely available over the counter (in pharmacies or shops) at a retail price that is lower than the NHS prescription charge (currently £8.40 per item)
- Prescribed for conditions that have no clinical need of treatment
- Supported by insufficient evidence of clinical benefit or cost effectiveness

From this review we have identified a range of items currently available over the counter to buy either from the general retailers or community pharmacies that we are proposing to restrict the prescribing of in Lincolnshire. Our proposals are:

Proposals:

1. To restrict prescribing over the counter / minor ailment medicines for conditions other than those where the clinical need can only be met by a prescription
2. To restrict or stop the prescription of gluten-free foods
3. To restrict the prescribing of baby milk including specialist infant formula
4. To restrict the prescribing of oral nutritional supplements in line with ACBS guidance

These will still be available for some patients on clinical assessment.

Proposal 1: To restrict providing over the counter / minor ailment medicines for short term, self-limiting conditions.

Why are we proposing to restrict the prescribing of these medicines for short-term, self-limiting conditions?

- The four Lincolnshire CCGs spend approximately £13.5 million per year on the medicines that are available to buy over the counter. Many of these prescriptions are for the short term relief of minor ailments. A significant proportion of this money can be better spent meeting the healthcare needs of those requiring significant treatment for much more serious health problems.
- Prescribing of over the counter / minor ailment medicines for short term, self-limiting conditions is not considered to be efficient or economical use of the CCGs' limited resources. When prescribing for minor ailments the NHS pays both for the medication plus the additional cost of dispensing it. For example a simple package of Paracetamol, which costs less than 25p in the supermarket, costs the CCG £2.50.

- Despite people’s willingness to self-treat, there are still 57 million GP consultations nationally a year for minor conditions at a total cost to the NHS of £2 billion. These appointments take up an average of one hour a day for every GP. Research shows that people often abandon self-care earlier than they need to, typically seeking the advice of a GP within four to seven days.
- It is estimated that by limiting the prescribing of widely available medicines suitable for self-care:
 - every GP in Lincolnshire will have up to one hour a day freed up to see patients with more serious conditions
 - significant reductions in GP prescribing costs will be achieved
 - there will be a reduction in medicines waste and costs associated with medicines waste
 - patients and carers will be better informed about how to manage minor conditions

What does it include?

These changes apply only to situations and minor conditions where NHS Choices recommends self-care. For some conditions this will be related to the severity of the condition (e.g. mild acne is included but severe acne requires prescription only medicines) and/or to the duration of the condition (for example, a cough that has persisted for more than three weeks requires a GP appointment).

Over the counter medicines refers to the types of medicines that can be bought over the counter either from a community pharmacy or, in many cases, a general retailer like a supermarket. Some of these medicines can only be sold under the supervision of a pharmacist, others are deemed safe enough to be widely available from general retailers. Examples of some of the medicines included are:

- | | | | |
|--|---------------------------|--|---|
| ▪ Painkillers | ▪ Cough and cold remedies | ▪ Antihistamines and other treatments for hayfever | ▪ Antacids for heartburn and indigestion |
| ▪ Diarrhoea – adults and older children | ▪ Constipation | ▪ Haemorrhoids | ▪ Creams for vaginal and vulval infections or thrush |
| ▪ Nicotine Replacement Therapy for smoking cessation | ▪ Malaria prevention | ▪ Threadworm | ▪ Creams for fungal infections such as athlete’s foot |

What doesn’t it include?

We will still prescribe any medicines that are available by prescription only, such as antibiotics, statins, blood pressure treatments etc. Where a treatment is needed which can only be prescribed, then the patient’s regular doctor will still be able to prescribe this.

Proposal 2: To restrict or limit the prescribing of gluten-free foods

Why are we proposing to stop or limit prescribing these things?

- The original NHS decision to make available gluten-free foods on prescription was taken at a time when there was very limited availability of these foods in the shops. Today gluten-free foods are widely available at competitive prices in almost all major supermarkets.
- Health experts say that as a protein, gluten is not essential in people's diets and can be replaced by other foods. There is a lot of information available to patients via the GP, dietitian or available online about how to eat a healthy gluten-free diet using replacement foods such as rice or potatoes.
- When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items. Although costs of these foods are steadily reducing, costs to the NHS remain high, e.g. the cost of gluten-free foods for an adult male for one month is typically £32, whereas the same products would cost the NHS £75 if provided on prescription.
- Removing or limiting gluten-free foods from prescription will also remove the potential for inequity, as foodstuffs for patients with other conditions where dietary interventions are recommended are not prescribed
- Last year Lincolnshire CCGs spent £472,000 on gluten-free food which is roughly equivalent to 30 treatments for breast cancer. If this service was restricted then this money could alternatively be used to maintain and protect other clinical services.

What is included?

We are asking for your views on whether we should do the following unless there are exceptional circumstances:

- Stop ALL prescribing of gluten-free foods with no replacement system.
- Limit prescribing to bread, flour and bread mixes only within Coeliac UK recommended quantities.

What isn't included?

Gluten free foods will still be prescribed in specific circumstances where a dependent patient could be at risk of dietary neglect.

Proposal 3: To restrict prescribing baby milks and specialist infant formula

Why are we proposing to restrict the prescription of these things?

- Historically, it was difficult for patients' parents to get hold of infant formula used for lactose intolerance as there was a limited range available on the high street. Today, almost every major supermarket has infant formula on their shelves as standard, with even more options available on the internet. This means there is an ever growing wide range of infant formula available without the need of a prescription.
- Additionally alternatives to cow's milk, such as soya, almond, and goat milks, are widely available as alternatives to traditional dairy production.
- Parents qualifying for Healthy Start vouchers can use their vouchers to purchase infant formula milk from general retailers.
- Lincolnshire CCGs spend £740,000 annually on prescribing baby milks and specialist infant formula. If this service was restricted then this money could alternatively be used to maintain and protect other clinical services.

What is included?

Unless there are exceptional circumstances, prescriptions will no longer be provided for soya and thickened infant formula, as well as formula for lactose intolerance, as these are widely available to buy.

What isn't included?

There will be some babies on specialised formula for certain medical conditions, such as renal or liver disease or receiving treatment for cancer, that will still be able to receive these supplements on the advice of a specialist clinician.

Proposal 4: To restrict prescribing nutritional supplements

Why are we proposing to restrict prescribing these things?

- Oral nutritional supplements tend to be over used, particularly in patients in care homes. Local prescribing guidelines recommend that people with low appetite or diagnosed with a degree of malnourishment should always be treated with a food first approach. For example, foods that they like in small portions, little and often. Fortification of food, for example using cream, is also a good way of increasing a person's calorie intake without resorting to prescribed nutrition. Self-care using purchased nutritional supplements like *Complan* and *Build-Up* is also advised. Only patients who have had a nutritional assessment undertaken and are specifically identified as requiring nutritional supplementation are appropriate for prescribed nutritional supplements.
- Lincolnshire CCGs spend £2.9M annually on prescribed nutritional supplements which is roughly equivalent to 750 hip replacements. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

What is included?

Unless in exceptional circumstances the prescription of all nutritional supplements will be restricted. All patients who have not been adequately screened for malnutrition using the Malnutrition Universal Screening Tool (MUST) or those that do not achieve a MUST score sufficient to warrant intervention with a prescribed supplement will no longer receive this on prescription.

What isn't included?

A small number of patients will still be prescribed these supplements after being assessed, usually following a stay in hospital, for example after a stroke or those who have tried alternative approaches but still require a prescribed supplement.

Eligibility and exceptionality:

These proposed changes apply to:

- All patients registered with or attending a healthcare appointment at a general practice within Lincolnshire.
- All patients, whether or not they pay for their prescriptions. Exemption from prescription charges does not exempt an individual from self-care for minor conditions.
- All prescribers within the area covered by the four Lincolnshire CCGs, including non-medical prescribers, GPs, out-of-hours and A&E departments.

What happens next?

Implementation of the proposals will depend on the feedback given. After the consultation all feedback will be used to produce a report with recommendations that will be taken back to the CCG Governing Bodies for their final decision on the proposals.

Glossary of terms

<u>ACBS guidance:</u>	Advisory Committee on Borderline Substances, the committee responsible for advising approved prescribers about the prescribing of certain foodstuffs and toiletries.
<u>Orthopaedic:</u>	Conditions involving deformities of bones or muscles.
<u>Coeliac UK:</u>	The UK's leading charity for people affected by coeliac disease (A medical condition in which the intestine reacts badly to a type of protein contained in some grains).
<u>Continuing healthcare:</u>	The name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a primary health need.
<u>Complex care packages:</u>	Individual packages of care for patients with very complex health needs.

Please tell us your views by completing this short survey

Q1. Do you understand why the Lincolnshire CCGs need to make the changes proposed in this consultation?

Yes No Undecided

Q2. Do you agree that the money being spent on over the counter items would be better spent on maintaining and protecting other treatments and services?

Yes No Undecided

We have considered a number of options for protecting and maintaining key clinical services. Below are some of the areas we have looked at. We would like to understand how important these areas are to you.

Q3. Please tell us what you would most prefer to spend your money on (write the number in the boxes where 1 is the most prefer to spend money on and 6 is the least prefer).

- Access to Physiotherapy Services
- Non urgent referrals to orthopaedics
- Prescription of over the counter drugs
- Prescription of gluten-free food
- Prescription of baby milk and specialist infant formula
- Prescription of oral nutritional supplements

Proposal 1

To restrict providing over the counter / minor aliment medicines for short term, self-limiting conditions.

Over the counter medicines are medicines that can be bought over the counter from either community pharmacies or general retailers such as supermarkets. They are readily available to buy because they are deemed safe enough for people to self-manage common and minor ailments. Examples include painkillers, cough and cold remedies, antihistamines and some skin products which can be used for conditions described as 'self-limiting' – i.e. conditions likely to be short-lived and highly likely to improve on its own. This proposal does not advocate restriction of any medicine that is only available by prescription, such as antibiotics, statins etc.

The case for self-care and the use of over the counter medication for the treatment of minor ailments is further strengthened by the excellent service offered by community pharmacists, which include long opening hours and seven day opening, all of which provide great access for patients in their local communities. NHS Choices can also provide useful advice to people on how to access advice and appropriate medicines relevant to their condition.

Where the clinical need can only be met by a prescription or where there are legal restrictions on the availability or amount of a medicine that can be purchased over the counter, the patient's regular clinician will still be able to prescribe.

Lincolnshire CCGs spend more than £13.5 million a year paying for widely available, over the counter medicines.

When prescribing for minor ailments the NHS pays both for the medicine supplied as well as the associated prescribing and dispensing costs.

Q4 When considering the prioritisation of healthcare funding due to more demand on our budget than we can meet, to what extent to do you agree with the proposal to restrict prescribing over the counter / minor ailment medicines for short term, self-limiting conditions?

Strongly agree Agree Disagree Strongly disagree Don't know

Q5. Do you currently pay for your prescriptions?

Yes No

Proposal 2

To restrict the prescription of gluten-free foods.

The original NHS decision to make available gluten-free foods on prescription was taken at a time when there was very limited availability of these foods in the shops. Today gluten-free foods are widely available at competitive prices in almost all major supermarkets.

Health experts say that as a protein, gluten is not essential in people's diets and can be replaced by other foods. There is a lot of information available to patients via their GP, dietitian or available online about how to eat a healthy gluten-free diet using replacement foods such as rice or potatoes. When prescribing gluten-free foods the NHS pays both for the food plus the additional cost of processing the items. Although costs of these foods are steadily reducing, costs to the NHS remain high. For example the cost of gluten-free foods for an adult male for one month is typically £32, whereas the same products would cost the NHS £75 if provided on prescription.

Removing or limiting gluten-free foods from prescription will also remove the potential for inequity, as foodstuffs for patients with other conditions where dietary interventions are recommended are not prescribed.

Last year Lincolnshire CCGs spent £472,000 on gluten-free food. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

Q6 When considering the prioritisation of healthcare funding due to higher demands on our budget than we can meet, what is your preferred option for the future prescription of gluten-free food below (please tick only one)

Stop ALL prescribing of gluten-free foods with no replacement system

Limit prescribing to bread, flour and bread mixes only within Coeliac UK recommended quantities

Don't know

Q7. Please tell us the reasons for your answer:

Q8. Have you, or a member of your family, been prescribed gluten-free food?

Yes

No

Proposal 3

To restrict prescribing of baby milks and specialist infant formula

Historically, it was difficult for patients' parents to get hold of infant formula used for lactose intolerance as there was a limited range available to buy. Today, almost every major supermarket has infant formula on their shelves as standard, with even more options available on the internet. This means there is an ever growing wide range of infant formula available without the need of a prescription.

Additionally alternatives to cow's milk, such as soya, almond, and goat milks, are widely available as alternatives to traditional dairy production.

Parents qualifying for Healthy Start vouchers can use their vouchers to purchase infant formula milk from general retailers.

The CCGs spend £740,000 annually on prescribing baby milks and specialist infant formula. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

Q9 When considering the prioritisation of healthcare funding due to more demand on our budget than we can meet, to what extent do you agree with the proposal to restrict prescribing baby milks and specialist infant formula?

Strongly agree Agree Disagree Strongly disagree Don't know

Q10. Has your child, or a member of your family, been prescribed with infant formula or baby milks?

Yes No

Proposal 4

To restrict prescribing oral nutritional supplements

Oral nutritional supplements tend to be over used, particularly in patients in care homes. Local prescribing guidelines recommend that people with low appetite or diagnosed with a degree of malnourishment should always be treated with a food first approach. For example, foods that they like in small portions, little and often. Fortification of food, for example using cream, is also a good way of increasing a person's calorie intake without resorting to prescribed nutrition. Self-care using purchased nutritional supplements like *Complan* and *Build-Up* is also advised. Only patients who have had a nutritional assessment undertaken and are specifically identified as requiring nutritional supplementation are appropriate for prescribed nutritional supplements.

Lincolnshire CCGs spend £2.9M annually on prescribed nutritional supplements. If this service was restricted this money could alternatively be used to maintain and protect other clinical services.

Q11. When considering the prioritisation of healthcare funding due to more demand on our budget than we can meet, to what extent do you agree with the proposal to restrict prescribing nutritional supplements?

Strongly agree Agree Disagree Strongly disagree Don't know

Q12. Have you, or a member of your family, been prescribed oral nutritional supplements?

Yes No

Comments

Q13. Please provide us with any further information below to explain or support your answers

About you

It's important that we reach and listen to the views of as many people in Lincolnshire as possible during the consultation. To help us ensure that our consultation is fair and doesn't leave anyone out please take time to answer the questions below.

We won't share your information with anyone else and will only use it to help us make decisions and improve services.

Are you: (please tick one)

- A member of the public
- A GP
- Another healthcare professional
- A pharmacist
- A representative of a group or organisation with an interest in these proposals
- Other, please specify.....

If you are a representative of a group/organisation with an interest in these proposals please provide details of your organisation below

What is the first part of your postcode?

Age

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-64
- 65-74
- 75-84
- 85+

Gender

- Male
- Female
- Prefer not to say

Are you the same gender you were assigned at birth?

- Yes
- No
- Prefer not to say

Sexual Orientation

- Heterosexual / Straight
- Bisexual
- Gay man
- Gay woman
- Prefer not to say

Are you a carer?

- Yes
- No

Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please specify nature of disability

- Learning disability
- Long term mental health condition
- Physical impairment (mobility)
- Blind/Sight impairment
- Deaf or Hearing impairment

Do you consider yourself to have a long term condition?

- Yes
- No
- Prefer not to say

What is your employment status?

- Employee in full time work (over 30hrs)
- Employee in Part time work (under 30hrs)
- Retired
- Permanently sick/disabled
- Full time carer
- Unemployed
- Self-employed (full or part time)
- Looking after home
- Full time education (college/university)
- Part time student
- Government supported training

What is your ethnicity?

- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Other Asian background
- Black or Black British - African
- Black or Black British - Caribbean
- Other Black background
- Mixed Heritage - White & Asian
- Mixed Heritage - White & Black African
- Mixed Heritage - White & Black Caribbean
- Other mixed heritage background
- White - British
- White - Irish
- White - Polish
- White - Gypsy/Traveller/Roma
- Other white background
- Chinese
- Other Ethnic Group , please specify.....
- Prefer not to say


If yes, please specify nature of your condition

- Heart condition
- Diabetes
- COPD
- Chronic Kidney Disease
- Cancer
- Coeliac Disease
- Other (please specify below)

Thank you for completing the survey.

Please return your completed survey (address on 2nd page of document) by the deadline of 18 November 2016

Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Work Programme

Summary:

This item invites the Committee to consider and comment on its work programme.

Actions Required:

To consider and comment on the content of the work programme.

1. The Committee's Work Programme

The work programme for the Committee's meetings over the next few months is attached at Appendix A to this report, which includes a list of items to be programmed.

Set out below are the definitions used to describe the types of scrutiny, relating to the proposed items in the work programme:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

In considering items for inclusion in the Committee's work programme, Members of the Committee are advised that it is not the Committee's role to investigate individual complaints or each matter of local concern.

2. Conclusion

The Committee is invited to consider and comment on the content of the work programme.

3. Consultation

There is no consultation required as part of this item.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Health Scrutiny Committee Work Programme

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

Chairman: Councillor Mrs Christine Talbot

Vice Chairman: Councillor Chris Brewis

26 October 2016		
Item	Contributor	Purpose
Lincolnshire Partnership NHS Foundation Trust – Update on Response to Care Quality Commission Report	John Brewin, Chief Executive, Lincolnshire Partnership NHS Foundation Trust Anne-Maria Olphert, Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust	Update Report
Winter Planning 2016/17	Ruth Cumbers, Urgent Care Programme Director, Lincolnshire East Clinical Commissioning Group	Status Report
Medicines Management Consultation	A representative of the Clinical Commissioning Groups	Consultation
Annual Public Meetings of Clinical Commissioning Groups and Annual General Meetings NHS Provider Trusts	Simon Evans, Health Scrutiny Officer	Status Report

23 November 2016		
Item	Contributor	Purpose
Joint Health and Wellbeing Strategy – Annual Assurance Report	David Stacey, Programme Manager – Strategy and Performance, Lincolnshire County Council Alison Christie, Programme Manager – Health and Wellbeing, Lincolnshire County Council	Update Report
United Lincolnshire Hospitals NHS Trust – Emergency Services Update	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust	Update Report

23 November 2016		
Item	Contributor	Purpose
United Lincolnshire Hospitals NHS Trust – Five Year Organisational Strategy	Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust	Consultation
United Lincolnshire Hospitals NHS Trust - Pharmacy Services	Colin Costello, Director of Pharmacy and Medicines Optimisation, United Lincolnshire NHS Trust	Update Report
Lincolnshire East Clinical Commissioning Group - Update	Gary James, Accountable Officer, Lincolnshire East Clinical Commissioning Group	Update Report
Queen Elizabeth Hospital, King's Lynn, General Status Report	Item to be confirmed	Status Report
Dental Services Contracts in Lincolnshire	Jane Green, Assistant Contract Manager, Dental and Optometry, NHS England – Midlands and East (Central Midlands)	Status Report
Medicines Management Consultation	Simon Evans, Health Scrutiny Officer	Consultation
Peterborough and Stamford Hospitals NHS Foundation Trust Merger with Hinchingsbrooke Health Care NHS Trust – Full Business Case	Simon Evans, Health Scrutiny Officer	Consultation

21 December 2016		
Item	Contributor	Purpose
Lincolnshire West Clinical Commissioning Group Update	Sarah Newton, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group	Status Report
Learning Disabilities Consultation	To be confirmed	Consultation

21 December 2016		
Item	Contributor	Purpose
Lincolnshire Sustainability and Transformation Plan / Lincolnshire Health and Care – Consultation	To be confirmed	Consultation

18 January 2017		
Item	Contributor	Purpose
NHS Improvement – Improving NHS in Lincolnshire	To be confirmed	Status Report

15 February 2017		
Item	Contributor	Purpose
East Midlands Ambulance Service	Blanche Lentz, Lincolnshire Divisional Manager, East Midlands Ambulance Service NHS Trust	Update Report
St Barnabas Hospice	Chris Wheway, Chief Executive, St Barnabas Hospice	Update Report


Items to be programmed

- Reducing Obesity in Adults and Children
- South West Lincolnshire CCG Update
- South Lincolnshire CCG Update
- Lincolnshire Integrated Volunteer Emergency Services (LIVES)
- Reducing Alcohol Harm in Lincolnshire - Update on Services Report (*No earlier than January 2017*)

For more information about the work of the Health Scrutiny Committee for Lincolnshire please contact Simon Evans, Health Scrutiny Officer, on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Annual Public Meetings of Clinical Commissioning Groups and Annual General Meetings NHS Provider Trusts

Summary:

Clinical Commissioning Groups, NHS Trusts, and NHS Foundation Trusts are required to prepare an annual report and accounts each year, and to hold an annual meeting in public. Where individual members of the Committee have attended these meetings, their reports are enclosed. In other instances, information is provided.

Actions Required:

The Committee is asked to consider the information presented, and determine whether any issues should be considered for inclusion in the Committee's future work programme.

1. BACKGROUND

Clinical Commissioning Groups have a duty to prepare an annual report for each financial year, setting out how it has discharged its functions in the previous financial year. The annual report must be published and presented by way of a meeting to members of the public. These meetings are often referred to as "Annual Public Meetings".

NHS Foundation Trusts are required to hold an annual meeting of the Trust's membership, which has to be open to the public. This annual meeting has a role in considering the annual report and accounts, and may be combined with a general meeting of a foundation trust's governors, which also has to consider the annual report and accounts. These meetings can be referred to as "Annual Public Meetings", "Annual Members Meetings" or "Annual Public Meetings".

NHS Trusts are required each year to hold a public meeting, at which the Annual Report and Annual Accounts are presented. This is sometimes called the "Annual General Meeting" or the "Annual Public Meeting".

The format and content of annual reports is also prescribed by legislation and guidance.

2. LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST – 15 SEPTEMBER 2016

The Lincolnshire Partnership NHS Foundation Trust (LPFT) Annual Public Meeting was held on 15 September. It was not possible for anyone to attend to represent the Health Scrutiny Committee. The report to the LPFT Trust Board of Directors on 29 September 2016 included the following summary of the event:

"There was excellent attendance from staff, service users, governors and members of the public at our recent APM. The Trust's great services were showcased at the Learning and Development centre, and there were some inspiring presentations throughout the afternoon.

Thank you to everyone that was involved in this event, informal feedback was extremely positive. Once again it is inspiring to see and hear about the great work that the Trust and its partners continue to do on a daily basis."

The Trust's annual report and accounts, including quality report, is available at the following link: -

<http://www.lpft.nhs.uk/about-us/accessing-our-information/annual-reports-and-accounts>

3. LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST 21 SEPTEMBER 2016

As the Annual Public Meeting of the Lincolnshire Community Health Services NHS (LCHS) Trust coincided with the last meeting of the Health Scrutiny Committee on 21 September 2016, it was not possible for the Health Scrutiny Committee to be represented. The following is based on a report to the LCHS Board on 11 October 2016.

"The Trust's Annual Public Meeting and Staff Celebrating Success Awards took place at the Princess Royal Sports Arena, Boston, on 21 September 21. The event also gave the opportunity to showcase stands for 30 different services from within LCHS and key external partner organisations.

This year it was agreed to move the event from Lincoln, which has been the host location for the previous two years, to Boston. The new location continued to provide ample space for opportunities to showcase, engage and educate staff, stakeholders and visitors.

Attendance to the event was lower than previous years, with approximately 150 staff, members of the public and stakeholders joining the celebrations throughout the afternoon. During the presentations, guests were shown a short video showcasing services across LCHS. There were no questions from members of the public.

Celebrating Success was compered by Melvyn Prior from BBC Radio Lincolnshire. There were eight award categories, which attracted 70 nominations from across the trust and 24 nominations from members of the public for the Chair's Award. There were significantly fewer internal staff nominations than the previous year. Judging was undertaken by LCHS Chair Elaine Baylis QPM, Healthwatch Lincolnshire Chief Executive Sarah Fletcher and Jenny Hinchliffe, Head of Clinical Services.

David Lomas, founder of the John Coupland Hospital's Charities Committee, gave a short speech about his experiences of working with health organisations before presenting pin badges and flowers to volunteers who support LCHS services as part of the Emily Jane Glen Celebration of Volunteers. This section replaced the Outstanding Volunteer Award which has featured as part of Celebrating Success in previous years."

The Trust's annual report is available at the following link: -

<http://www.lincolnshirecommunityhealthservices.nhs.uk/content/annual-reports>

4. LINCOLNSHIRE EAST CLINICAL COMMISSIONING GROUP 22 SEPTEMBER 2016

Councillor Steve Palmer attended the Annual Public Meeting of Lincolnshire East Clinical Commissioning Group on 22 September 2016. Councillor Palmer's report is set out below: -

The meeting started at 2pm. In attendance were approximately 60 people, nine were board members, 14 were scribes and facilitators leaving about 37 others.

The preamble was background to the four CCGs and Lincolnshire East CCG leads on Urgent Care. Referral to Treatment at 18 weeks is just being maintained. There is work on cancer, psychological therapy, over 75s management and neighbourhood teams. The CCG said they had been working on problems of isolation; diabetes; home-care support schemes in Boston and Skegness; and dementia support.

Figures were presented such as 30 GP practices with 802,000 appointments compared to 55,000 A&E attendances. £1,484 was spent per person, multiplied by 244,907 people, equals £363.4 million overall spend. A question was asked on how the Lincolnshire East amount per person compared average across the country. The answer was yes.

Details were provided on where Lincolnshire East CCG annual report and operational plan can be found, together with future governing body meeting dates and other CCG information. Information was circulated on Lincolnshire Health and Care and the Sustainability and Transformation Plan (STP). A document on the vision of the Lincolnshire STP was also circulated.

The annual meeting had a power point presentation, following which participants were separated onto seven tables with a scribe and facilitator on each table plus a board member. The facilitator asked for opinions from the table from a list of eight topics. Councillor Steve Palmer's table completed six topics.

After this there were general questions to the board members.

A lot of questions were on the perceived secrecy of the STP and perceived lack of early engagement with the general public. The answer was that this would be done when the results come back from the "marking" by NHS England. Further questions were asked about how this engagement would be done and how many responses would be needed to be considered as effective engagement and would everyone be engaged through direct mail shot. The answer was that a direct mail shot would cost £500k, and this was not considered cost effective. In response a comment was made on the expenditure of £2.5 million on consultants.

It was asked what consideration had been made on the impacts of surrounding STPs on the Lincolnshire STP. The answer was that NHS England would be looking at that issue.

The meeting ended at about 4.40pm.

The CCG's annual report and accounts are available at the following link:

<http://lincolnshireeastccg.nhs.uk/index.php/about-us/key-documents/annual-report-1/2015-16>

5. UNITED LINCOLNSHIRE HOSPITALS NHS TRUST – 26 SEPTEMBER 2016

Councillor Chris Brewis attended the Annual Public Meeting of United Lincolnshire Hospitals NHS Trust on 26 September 2016. Councillor Brewis's report is set out below: -

About 50 people were present at the meeting. A large number of them were from the various arms of the Health Service, and there was some interesting information on some of the tables, examples of which were collected.

It was, clearly, a review of 2015-2016 but perhaps unsurprisingly strayed into 2016-2017, especially from the representatives from Grantham who were present.

Jan Soberaj, the Chief Executive, reviewed the targets which had been set for the year. The main aim remained, as always, safe, effective, quality patient care.

- *Many small improvements were now evident in the hospitals for which the Trust was responsible.*
- *The 18 week target for treatment had been met.*
- *The endoscopy services had received national recognition*
- *90 new nurses had been recruited in 2015-2016, and their recruitment continued, and the position with pharmacists had improved as well.*
- *All improvements and targets were clinically led.*
- *Deficits were discussed, and the figure quoted was £56.7 million, of which £31 million (approximately) was the result of necessary but excessive reliance on locum and agency staff.*
- *There were four clinical aims teams:*
 - *Women and children*
 - *Emergency Care*
 - *Orthopaedic*
 - *Breast services and treatments.*

Drifting into 2016-2017:

- *The deficit remained forecast at up to £47.9 million*
- *ULHT remained determined to reduce reliance on agency and locum staff*
- *As far as quality, a determination to reduce cases of sepsis, falls resulting in harm, prevention of infections in hospitals, and improvements in 'charting and record keeping'.*
- *Performance targets were principally to ensure prompt and appropriate discharge, reduce cancellations of elective care procedures, and ensure there was capacity to deliver the five year strategy (STP).*
- *They aimed for joined up thinking across all NHS partners and organisations.*

Questions were many, but principally dealt with: (answers given)

- *Expenditure on health in the UK had declined from 9% of GDP to about 7%.*
- *Restoration of 24 hour services at Grantham A and E were dependent on successful recruitment and retention - nobody was going to run a department which was dangerously unsafe and understaffed.*
- *I asked a question about recruitment, pointing out that talking to pupils in Year 11 was too late, and that Year 7 or even primary level was better. I think the point was accepted.*
- *I asked a further question about ability of the Lincolnshire NHS organisations to communicate with neighbouring trusts in other counties, bearing in mind the large amount of 'cross-frontier' health procedures which take place. I was not led to believe that any time soon would we see major improvements of all the NHS being able to talk to each other electronically.*

- *From another question the aim was still to 'balance the books' in five years. Short of major investment from the Government or elsewhere, I remain sceptical about how that is to be achieved.*

The Annual Report and Accounts of ULHT are available at the following link: -

<https://www.ulh.nhs.uk/about/trust/annual-reports/>

6. SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP 27 SEPTEMBER 2016

Councillor Terry Boston attended the Annual Public Meeting of South West Lincolnshire Clinical Commissioning Group on 27 September 2016. Councillor Boston's report is set out below:

The meeting was opened by the chair of the Members Council, Dr Elden Pardoe. After the usual welcomes he reported that there had been strong engagement with all of the member practices within the area. Without reservation they all were able to STRONGLY recommend this area of Lincolnshire as a place to live and work. He was able to report that the performance of the CCG was much stronger than last year and that there had been a significant improvement in all areas. As of 1 April 2016 they now had been granted delegated commissioning for all primary care service. He was proud to report that the CCG was a forward looking group. They had a strong focus on the need to improve the quality of care and the outcome.

Jo Wright presented the accounts. She announced that the CCG had achieved all of its financial targets and came up with a number of comparisons for expenditure among which was the fact that the Scottish Independence Referendum cost the same as the whole budget for mental health within this CCG.

Allan Kitt, the CCG Chief Officer, spoke in detail, giving a positive view of the CCG:

- Improvement in waiting time for surgery;*
- The local new urgent care centre in Sleaford is making good progress and a snap shot day showed 60 people using the facility;*
- They now have ambulatory echocardiogram equipment which is being used;*
- South West Lincolnshire is among the best in the country for the Mental Health talking therapies use;*
- On the down side access to cancer care needs improvement and is being addressed;*
- He reported the workforce issues that we hear about throughout the system and I will not just repeat those.*

He also commented on the Grantham A&E situation and quoted the flow through of patients at Lincoln (1,000), Boston (800) and Grantham (500) per week. He stated that the safest and best approach had been to temporarily close the Grantham A&E.

I questioned the use of the ambulatory echocardiograms, when a number of GP practices had publicly stated that they would not carry out echocardiograms, ear treatments, 24 hour blood pressure testing etc and asked if these would go the same way. The response from the GP simply reiterated what was reported on local radio, but they gave assurances the ambulatory echocardiogram would be utilised.

The annual report of South West Lincolnshire Clinical Commissioning Group is available at the following link: -

<http://southwestlincolnshireccg.nhs.uk/about-us/key-documents/annual-report-1/annual-report-2015-16>

7. LINCOLNSHIRE WEST CLINICAL COMMISSIONING GROUP 28 SEPTEMBER 2016

Councillor Jackie Kirk attended the Annual Public Meeting of Lincolnshire West Clinical Commissioning Group on 28 September 2016. Councillor Jackie Kirk's report is as follows: -

There were three speakers: Dr Sunil Hindocha, Chief Clinical Officer; Sarah Newton, Chief Operating Officer; and Rob Croot, Chief Financial Officer. Each spoke in detail on their different specialities.

The Lincolnshire West CCG's aims are to reduce health inequalities. The CCG stated that it is the servant of patients and it needed to listen to its patients, and provide more of what patients want and need. The CCG's top priorities are Coronary Heart Disease, Obesity, Diabetes and COAD (Coronary Obstructive Airways Disease).

Key achievements during 2015/16 were:

- *setting up four Neighbourhood Teams, enabling working with patients closer to home and a Community based Frailty Service.*
- *95% of the CCG's GP Practices are now focusing on pre-diabetes awareness; and*
- *there is also an above average rate of bowel screening across the whole CCG.*

Workforce is a major issue, attracting people to work in the locality. Funding has been received from the Department of Health to fund the recruitment of 25 new GPs in Lincolnshire. There has been the recruitment of 100 new nurses from the Nurse Training School at Lincoln University, however 100 new nurses is not enough.

There has been an improvement in services for Mental Health and Learning Disabilities; and improvements within the Frailty Service, with the lowest emergency admissions in relation to falls in the home. Attention has been placed on prevention in relation to those persons at risk of stroke and making sure they receive the appropriate treatment early, as a result an extra 500 patients have been identified.

Also Memory Assessment Clinics have been set up to test people suffering with dementia and those suspected of suffering from dementia. The CCG has achieved 65%, with the National target at 67% - 68%.

Last year the CCG managed to stay within the budget, but the 2016/17 budget is reduced, so the CCG has find a £2.799 million surplus, which is in line with national requirements. Unfortunately there is already an overspend of £0.5 million, and this needs to be recouped. The 2017/18 budget has already been set, however the 2018/19 and 2019/20 budget may be changed. Alongside the budget reductions there is a yearly forecasted cumulative population growth of 0.5%.

Primary Care used to be funded direct from NHS England, this has now been successfully incorporated into each CCG. However there is a National requirement to invest in Primary Care at a level of 3% year on year, but no extra funding has been provided. This must be covered under a reducing budget.

Our aim is to deliver the best value Health Care within the finance that's available. Put in a context of an extra £1 million pounds could provide 39 more nurses or 32 more Chemo treatments or 66 more Breast Cancer treatments.

All in all, new smarter ways of working must be found across all Health Care provisions and a focus on teaching self care properly.

The Annual Report of Lincolnshire West Clinical Commissioning Group is available at the following link: -

<http://www.lincolnshirewestccg.nhs.uk/documents>

8. SOUTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP 29 SEPTEMBER 2016

The Annual Public Meeting of South Lincolnshire Clinical Commissioning Group took place on 29 September 2016. It was not possible for the Health Scrutiny Committee to be represented at the meeting. The following information is based on the presentation made at the Annual Public Meeting.

Challenges

- Changing health needs of the population

- Supporting people at home/closer to home
- Integrating care
- Financial context

2015/16 Service Change Highlights

- Diabetes Prevention Programme
- Dementia Support
- Neighbourhood Teams
- Integrated Personal Commissioning
- New 111 service
- Service quality indicators
- Social media
- GP/Primary Care 'at scale' providers established

Five Year Forward View

- Lincolnshire Health and Care – Case For Change
- Lincolnshire Sustainability and Transformation Plan (STP) Vision
- South Lincolnshire CCG Strategic Intentions

In South Lincolnshire:

- A radically different model of care
- GP Practices 'bedrock'
- Primary care 'at scale' through GP Alliance and Stamford/Lakeside
- Develop future for Stamford and Johnson Hospitals
- Stronger integration across services, including social care, and building on Neighbourhood Teams
- High quality acute care at Peterborough, Boston, King's Lynn
- NHS in Lincolnshire sustainable
- NHS constitutional standards met
- Greater service innovation and use of technology
- Efficient, effective and value for money
- Underpinned by:
 - Emphasis on health improvement, promoting independence, community resilience
 - A change relationship individuals and care system
 - And by listening to, and working with, the people of South Lincolnshire and all of our partners

The Annual Report of South Lincolnshire Clinical Commissioning Group is available at the following link:

<http://southlincolnshireccg.nhs.uk/index.php/about-us/key-documents/annual-report-1>

9. CONCLUSION

The Committee is asked to determine whether any issues raised at the Annual General / Public Meetings of local NHS organisations merit consideration by the Committee, as part of its forthcoming work programme.

10. CONSULTATION

This is not a direct consultation item.

11. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk