


Agenda Item 10

		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:	22 July 2015
Subject:	Quality Accounts 2014-15

Summary:

Every year each provider of NHS-funded services is required to prepare a *Quality Account*, which includes the provider's priorities for improvement for the coming year and progress with priorities for the previous year. The Health Scrutiny Committee is one of the organisations entitled to submit a statement on the draft *Quality Account* of each local provider. This report provides the Committee with information on how to access the published 2014-15 *Quality Accounts* of each local provider and the report includes the priorities of each provider for 2015-16. Attached as appendices to this report are the statements on the draft *Quality Accounts*, which were prepared between April and June 2015.

In four instances, joint statements were prepared with Healthwatch Lincolnshire, with a further statement prepared on behalf of the Health Scrutiny Committee alone.

Actions Required:

- (1) To note the four statements, prepared jointly on behalf of the Health Scrutiny Committee for Lincolnshire and Lincolnshire Healthwatch, on the 2014-15 Quality Accounts of the following providers:
 - East Midlands Ambulance Service NHS Trust (Appendix A)
 - Lincolnshire Community Health Services NHS Trust (Appendix B)
 - Lincolnshire Partnership NHS Foundation Trust (Appendix C)
 - United Lincolnshire Hospitals NHS Trust (Appendix D)

- (2) To note the statement prepared on behalf of the Health Scrutiny Committee for Lincolnshire on the 2014-15 Quality Account of St Barnabas Hospice (Appendix E).
- (3) To note that statements were not prepared on behalf of the Health Scrutiny Committee for Lincolnshire on the following local providers (whose headquarters are located outside Lincolnshire):
 - Northern Lincolnshire and Goole NHS Foundation Trust
 - Peterborough and Stamford Hospitals NHS Foundation Trust
- (4) To consider whether progress reports on any of the priorities of each local provider should be included in update reports from those providers to the Health Scrutiny Committee during the course of the 2015-16.

1. QUALITY ACCOUNTS 2015 - OVERVIEW

Legislative Requirements

Since 2010, each provider of NHS-funded services has been required to prepare an annual document entitled the *Quality Account*, which has to include:

- three or more **priorities for improvement** for the coming year;
- an account of the progress with the **priorities for improvement** in the previous year; and
- details of:
 - the types of NHS funded services provided;
 - any Care Quality Commission inspections;
 - any national clinical audits;
 - any Commissioning for Quality and Innovation (CQUIN) activities;
 - general performance and the number of complaints; and
 - mortality-indicator information.

Each provider also has to share their draft *Quality Account* with: -

- their local Health Overview and Scrutiny Committee;
- their local Healthwatch Organisation; and
- their relevant Clinical Commissioning Group (defined as the Clinical Commissioning Group with “the largest number of persons to whom the provider has provided relevant health services during the reporting period”).

Each one of the above is entitled to prepare a statement of up to 1,000 words in length, which has to be included in the final published version of the *Quality Account*.

Arrangements for 2015

On 11 February 2015 the Health Scrutiny Committee indicated it would prefer a joint working group arrangement with Healthwatch Lincolnshire, with joint working group meetings and the preparation of joint statements. This approach was agreed by Healthwatch Lincolnshire. Joint working between the Committee and Healthwatch Lincolnshire is in line with the spirit of the Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire.

As a result joint statements (Health Scrutiny Committee and Healthwatch Lincolnshire) were prepared on the following four *Quality Accounts* for 2014-2015:

- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

The Health Scrutiny Committee and Healthwatch Lincolnshire prepared separate statements on the *Quality Account* of St Barnabas Hospice.

In February 2015, Healthwatch Lincolnshire decided that it would not be making statements on the draft *Quality Accounts* of the following two providers, whose headquarters are based outside Lincolnshire, on the basis that the local healthwatch organisations in the respective areas would be making statements:

- Northern Lincolnshire and Goole NHS Foundation Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust

In February 2015, the Health Scrutiny Committee decided that it would make a statement on each of these two providers. Northern Lincolnshire and Goole NHS Foundation Trust released its draft *Quality Account* on 13 April, with a request for a statement from the Committee on 4 May. Owing to the availability of representatives from the Trust, it was not possible to hold a working group meeting and no statement was prepared on the draft *Quality Account*. However, it is noted that a statement on Northern Lincolnshire and Goole NHS Foundation Trust's draft *Quality Account* was made by North Lincolnshire Council's Health Scrutiny Panel. There was also a joint statement made by Healthwatch North Lincolnshire and Healthwatch North East Lincolnshire. (In addition a separate statement was made by the East Riding of Yorkshire Healthwatch in relation to Goole Hospital.)

Peterborough and Stamford Hospitals NHS Foundation Trust released its draft *Quality Account* on 28 April 2015, with a request that a final statement be prepared by 8 May 2015, following a stakeholder meeting on 7 May 2015. As a result of this constrained timetable, it was not possible for the Health scrutiny Committee to make a statement on the draft *Quality Account* of Peterborough and Stamford Hospitals NHS Foundation Trust. However, a statement was prepared by Healthwatch Peterborough on the Trust's draft *Quality Account*.

In February 2015, the Health Scrutiny Committee decided that it would not make a statement on the draft *Quality Account* of Boston West Hospital, as the Committee had had limited engagement with the Hospital. The Committee has included Boston West Hospital in its work programme for the coming year. Healthwatch Lincolnshire has made a statement on Boston West Hospital's draft *Quality Account*.

Details of the Quality Accounts

The remainder of this report outlines the priorities of the eight local providers for 2015-16, and includes as appendices, where applicable, the statements on the draft *Quality Accounts* made on behalf of this Committee.

2. EAST MIDLANDS AMBULANCE SERVICE NHS TRUST

The 2014-15 Quality Account of the East Midlands Ambulance Service NHS Trust (EMAS) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29233>

The EMAS Quality Account includes the following seven priorities for improvement for 2015-16:

Priority 1: Develop the paramedic pathfinder algorithms to support ambulance colleagues' clinical decision making with patients suffering falls, general frailty/social care situations, end of life care and chronic obstructive airways disease.

Priority 2: Develop a frail elderly steering group and action plans to deliver unilateral trust wide schemes with locally agreed pathways to ensure integrated support to individuals who are frail.

Priority 3: Having signed up to the National Mental Health Crisis Concordat, we will work collaboratively with local commissioners and relevant stakeholders to implement the agreed priorities within the mental health action group.

Priority 4: Following the continued improvement of our ambulance card quality indicator 'Return of Spontaneous Circulation (ROSC)' outcomes, we will continue to explore further innovative ways to build upon these achievements.

Priority 5: Having enrolled on the national Sign Up To Safety Campaign, we will work to reduce avoidable harm in mental health, maternity and adverse events in the Emergency Operations Centre with particular focus on delayed responses.

Priority 6: Develop a robust patient forum group and strategy that will ensure that we are working with all of our local communities.

Priority 7: Use the EMAS 'Listening into Action' staff engagement forums to enhance the delivery of compassion in practice and ensure we are promoting and rolling out schemes that will enhance the care we deliver and ensure colleagues are patient focused.

The joint statement by the Health Scrutiny Committee and Healthwatch Lincolnshire on the draft EMAS *Quality Account* is attached as Appendix A.

Does the Committee wish to consider progress on any of the above priorities for improvement in the coming year, as part of the future updates from EMAS?

3. LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST

The 2014-15 Quality Account of the Lincolnshire Community Health Services NHS Trust (LCHS) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=29671>

The LCHS Quality Account includes the following seven priorities for improvement for 2015-16:

Priority 1: Increase the uptake for clinical supervision across all LCHS services

Priority 2: Patient facing time will be increased through increasing 'Time 2 Care'

Priority 3: Reduce the harm from falls in community hospitals

Priority 4: Reduce medication errors resulting in harm

Priority 5: Reduction of Grade 2, 3 and 4 Pressure Ulcers

Priority 6: The Friends and Family Test (Net Promoter)

Priority 7: Safe staffing levels – Right people, right skills, right place, right time

The joint statement by the Health Scrutiny Committee and Healthwatch Lincolnshire on the draft *Quality Account* is attached as Appendix B.

Does the Committee wish to consider progress on any of the above priorities in the coming year, as part of any future updates from LCHS?

4. LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST

The 2014-15 Quality Account of the Lincolnshire Partnership NHS Foundation Trust (LPFT) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2730>

The LPFT Quality Account includes the following priorities for improvement for 2015-16:

Priority 1: Evidence improvement in patient safety.

Priority 2: Improve the overall experience of service users and carers.

Priority 3: Invest in staff leadership development and improve staff engagement.

Priority 4: Increase in external accreditation, participation in research; and benchmarking of new and existing services.

The joint statement by the Health Scrutiny Committee and Healthwatch Lincolnshire is attached as Appendix C.

Does the Committee wish to consider progress on any of the above priorities in the coming year, as part of its future updates from LPFT?

5. UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

The 2014-15 Quality Account of the United Lincolnshire Hospitals Partnership NHS Trust (ULHT) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1990>

The ULHT Quality Account includes the following six priorities for improvement for 2015-16:

Priority 1: Reducing hospital mortality

- Ensuring that all patient deaths are independently reviewed
- Care of patients who become septic with a special focus on the rapid delivery of intravenous antibiotics to patients at risk.
- Monitoring and improving care processes.
- Monitoring the appropriateness of admissions for end-of-life care
- Ensuring that clinical records accurately reflect our provision of palliative care and the comorbidities of patients
- Ensuring that critical care outreach provision supports patients who may deteriorate in our care

Priority 2: Reducing harmful adverse events

- Ensure best practice in falls risk assessment and management
- Reduce medication errors
- Improve infections through better hand hygiene and appropriate use of antibiotics
- Reduce hospital-acquired pressure ulcers and ensure caring and compassionate wound management
- Continue to assure that VTE risks are identified and managed

Priority 3: Improving our Response to Complaints

- Learning and change from patient feedback
- Reduction in the level of patient complaints
- Reduction in the level of reopened complaints
- Reduction in the level of outstanding complaints

Priority 4: Improving Outpatient Services

- Reliability in computer support for outpatient administration
- Availability of patient records at appointments
- Sensitivity to patient needs at all points of contact.

Priority 5: Reducing delays in discharge - The Integrated Discharge Hub will

- work with wards on the early identification of patients who will require support to facilitate the patient's discharge.
- operate as the single point of referral / notification for all patients who require support.
- receive accurate and timely information from the wards.
- be a multi-disciplinary team of practitioners and specialists who work collectively with the patient and family to identify the appropriate level of support required on discharge.
- be the fact finders that centrally coordinate all clinical management plans and risk assessments to help identify the final decisions re: discharge.
- be the key decision makers around the final discharge pathways and funding streams for patients.

Priority 6: Achieve our constitutional standards in cancer, referral to treatment and emergency access

- Four hour emergency access standard
- 18 Week Referral to Treatment standard
- National Cancer Waiting Times

The joint statement by the Health Scrutiny Committee and Healthwatch Lincolnshire on the draft ULHT *Quality Account* is attached as Appendix D.

Does the Committee wish to consider progress on any of the above priorities in the coming year, as part of its future updates from ULHT?

6. ST BARNABAS HOSPICE TRUST

The 2014-15 Quality Account of St Barnabas Hospice Trust is available at the following link:

<http://www.nhs.uk/aboutNHSCchoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2015/st-barnabas-lincolnshire-hospice-qa-2014-15%20Final.pdf>

The St Barnabas Quality Account includes the following three priorities for 2015-16:

Priority 1: Cognitive Behavioural Therapy (CBT) training for hospice nursing staff; promoting patient self-management and improving outcomes.

Priority 2: Advance Care Planning (ACP) in other settings.

Priority 3: Develop a resource pack and care plan to support the care of patients with learning disabilities within palliative care services.

The statement by the Health Scrutiny Committee is attached as Appendix E.

Does the Committee wish to consider progress on any of the above priorities in the coming year, as part of any future updates from St Barnabas?

7. NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST

The 2014-15 Quality Account of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) is available at the following link:

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1726>

The NLAG Quality Account groups priorities for improvement for 2015-16 under three headings:

Clinical Effectiveness (CE) Priorities

CE1 - Deliver mortality performance within 'expected range' and improving quarter on quarter, until reported Summary Hospital Mortality Indicator (SHMI) is 95 or better

CE2 - The National Early Warning Score (NEWS) - in 95 per cent of cases with a NEWS score, appropriate action to be taken

CE3.1 - Dementia - 90 per cent of patients aged 75 and over admitted as an emergency to be asked the dementia case finding question

CE3.2 - Dementia - 90 per cent of the above patients scoring positive on the case finding question to have a further risk assessment

CE3.3 - Dementia - 90 per cent of the patients identified as requiring referral following risk assessment to be referred in line with local pathway.

CE4 - Evidence based practice - to increase compliance with NICE guidance with 90 per cent compliance achieved by the end of March 2016

CE5 - Transfer and discharge - Transfer of patients for non-clinical reasons (capacity) to not exceed 20 per cent of the total.

Patient Safety (PS) Priorities

PS1 - MRSA - 0 MRSA bacteraemia developing after 48 hours into the inpatient stay (hospital acquired)

PS2 - C. difficile - achieve a level of no more than 21 hospital acquired C. difficile cases over the financial year.

PS3 - Safety Thermometer - provide harm free community care to 95 per cent or more patients - as measured by the Safety Thermometer

PS4 - Safety Thermometer - provide harm free care to 95 per cent or more (acute) patients - as measured by the Safety Thermometer

PS5 - Patient falls - eliminate all avoidable repeat falls (as measured via the root cause analysis undertaken for every repeat faller)

PS6 - Pressure ulcers - a 50 per cent reduction in avoidable grades 2, 3 and 4 pressure ulcers (as measured via the root cause analysis undertaken for every grade 2, 3 and 4 pressure ulcer)

PS7.1 - Nutrition - 100 per cent of patients the care pathway to be followed.

PS7.2 - Nutrition -100 per cent of patients identified as requiring it will have their food record chart completed accurately and fully in line with the care pathway.

PS8 - Hydration - 100 per cent of patients identified as requiring it will have their fluid management chart completed accurately and fully in line with the care pathway.

Patient Experience (PE) Priorities

PE1 - Friends and Family Test - to have a response rate that achieves a response rate in the top 50 per cent which also improves in the quarter one response rate

PE2 - Complaints - Re-opened complaints to not exceed 20 per cent of total closed complaints

PE3 - Complaints – 90 per cent of action plans following a complaint to be implemented within agreed timescales

PE4 - Complaints – 50 per cent reduction in complaints relating to communication

PE5a - Pain management - Patients should not have any unplanned omissions in providing patient medications

PE5b - Pain management - Patients should not have a delay of more than 30 minutes in providing pain relief

PE6 - Staff satisfaction – 2.5 per cent increase in morale/staff satisfaction each six months.

The Committee has not engaged to any great extent with Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). In 2014 the Committee responded to the "Healthy Lives, Healthy Futures" consultation which impacted on services at two of NLAG's hospitals.

8. PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST

Peterborough and Stamford Hospitals NHS Foundation Trust

<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2008>

The Peterborough and Stamford NHS Foundation Trust's *Quality Account* sets out its priorities for improvement for 2015-16 under three domains:

Improve the percentage of patients who are harm free whilst under the care of the hospital

Falls

1. Overall reduction in patient falls by 10%.
2. Reduce the number of patients who fall three times or more by 50%.
3. Reduce the number of patients with serious head injuries associated with anticoagulation issues by 50%
4. 100% of patients with serious head injuries have timely CT scan in line with policy

5. 100% patients with serious injury are case reviewed at Scrutiny Panel¹

Pressure Ulcers

1. Reduce avoidable hospital acquired grade 3 pressure ulcers by 50%
2. Reduce avoidable pressure ulcers deteriorating after admission to hospital by 50%
3. No avoidable grade 4 pressure ulcers

VTE [Venous Thromboembolism]

1. Reduce potential preventable or preventable VTE as determined at scrutiny panel by 50%
2. 95% target for risk assessment achieved monthly
3. 100% of appropriate patients receive written information on VTE
4. 100% hospital associated VTE reviewed at scrutiny panel

Early Detection of the Deteriorating Patient

1. Reduction in year in the number of cardiac arrests where the cause is identified as omitted or miscalculated National Early Warning Score or a failure to escalate deterioration in patient condition early.
2. Improvement in physiological observations as measured in annual audit
3. Introduction of e-observations by Quarter 4.

Ensure Effective and Responsive Care

Further Improvement in Mortality Rates

1. Introduce new mortality review system
2. Improve response rates to Dr Foster mortality alerts

Safe Staffing Levels

1. 85% of adult inpatient wards have a minimum 90% registered nurse fill rate on days and nights
2. Paediatric inpatient areas have a minimum 90% registered nurse fill rate per month
3. Gap analysis for maternity staffing
4. Gap analysis for Emergency Department (ED) staffing
5. Implement Healthroster Live module

Increase the Satisfaction Levels Reported by Patients

Complaints

1. Increase the response rate to a minimum of 90% of complaints being responded to within the 30 day timescale unless agreed with the complainant
2. Ensure that all complainants (100%) receive an acknowledgement letter within 3 days of receipt of the complaint
3. 80% of complainants 'extremely satisfied' or 'satisfied' with their complaint response

Complaints

1. Ensure lessons are learned and disseminated and embedded across the Trust

¹ "Scrutiny Panel" is a reference to an internal panel within the Trust, and not a health overview and scrutiny committee.

National Patient Survey

1. Increase the responses to questions in the inpatient National Patient Survey (NPS) in the 'best performing' category

Does the Committee wish to consider progress on any of the above priorities in the coming year, as part of any future updates from Peterborough and Stamford Hospitals NHS Foundation Trust?

9. BOSTON WEST HOSPITAL

The 2014-15 Quality Account of Boston West Hospital (Ramsay Healthcare) is available at the following link:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2015/boston-west-hospital-ramsey-qa-2015.pdf>

Boston West Hospital's *Quality Account* sets out its priorities for improvement for 2015-16 under three headings:

Patient Experience

- To reduce waits and provide a more streamlined process for those services with high demand, which in turn will provide patients with a better experience, looking specifically into the area of endoscopy.
- To review the way in which "HOT" alerts [web based questionnaires] and informal patient feedback is addressed to ensure all feedback is addressed and lessons learned
- To develop a Consultant Newsletter to ensure the clinicians are aware of quality sharing lessons learned from the wider Ramsay group and highlighting key information from clinical audit and national guidelines to promote best practice.

Clinical Effectiveness

- Introducing display boards within each department which will highlight key governance activity and performance.

Patient Safety

- During 2015/16 we have attached CQUIN [Commissioning for Quality and Innovation] activity to theatres which we hope will provide ongoing improvements and enhance the good work which is already evident.

The Committee has included an update from Boston West Hospital in its work programme. As part of the item, progress with the above priorities could be considered.

10. CONCLUSION

The importance of the *Quality Account* process was acknowledged by recommendation 246 of the Francis Report (*Report on Mid-Staffordshire NHS Foundation Trust Public Inquiry by Sir Robert Francis – 6 February 2013*), which was accepted by the Government. Essentially the Francis Report stated that the *Quality Accounts* submitted by providers of NHS services should contain the observations of commissioners, overview and scrutiny committees and local Healthwatch.

This report outlines the key elements of the 2015 *Quality Account* process, and seeks the Committee's view on several questions, as to how it would wish to consider the proposed improvements quality of services of local providers.

11. CONSULTATION

The Health Scrutiny Committee is one of the three statutory entities (as cited in the *National Health Service (Quality Accounts) Regulations 2010*, as amended), to whom providers of NHS-funded services are required to submit their draft *Quality Account*. This is in effect a consultation process. However, in addition to this, regular engagement with certain providers takes place throughout the year, which could enable the Committee to comment on progress on the priorities for improvement, as well as indicating priorities for improvement for ensuing years.

12. Appendices – These are listed below and attached at the end of the report.

Appendix A	East Midlands Ambulance Service NHS Trust – Joint Statement the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire on Quality Account
Appendix B	Lincolnshire Community Health Services NHS Trust – Joint Statement the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire on Quality Account
Appendix C	Lincolnshire Partnership NHS Foundation Trust - Joint Statement the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire on Quality Account
Appendix D	United Lincolnshire Hospitals NHS Trust - Joint Statement the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire on Quality Account
Appendix E	St Barnabas Hospice Trust - Statement by the Health Scrutiny Committee for Lincolnshire on Quality Account.

13. 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



Statement on East Midland Ambulance Service NHS Trust's Quality Account for 2014/15

This statement has been made by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire, who scrutinise and review NHS-funded health services in the administrative county of Lincolnshire.

Performance During 2014-15

We acknowledge the improvements made from the 2014/15 year particularly the Trust's involvement in the management of long term conditions across the county and its impact on strokes and heart attacks. This partnership working has enabled positive pathway development with the Heart Centre at Lincoln County Hospital, which is delivering a gold standard service and exceeding all national targets with EMAS seeing a 20% increase in survival rates as a direct results of training and development.

In terms of staff succession planning we acknowledge the efforts made by the Trust to provide a framework where staff are valued and develop skills to enrich the services provided. However, it is also noted that retention of paramedics is a national issue and applies equally in Lincolnshire where paramedics leave the service for multiple reasons, however most notably is the lack of parity in pay between the emergency and acute sector. This has reportedly been the case since "Agenda for Change", and provides challenges within the operational capacity of services as staff tend to transfer from the ambulance service to other careers for financial improvement.

We note improvement in response times despite there being an increase in demand and recognise and welcome the need for, and use of, Lincolnshire Integrated Voluntary Emergency Service (LIVES) and co-responders and the Trust's ethos that the focus is on patient safety and need rather than statistics. This was borne out in the targets related to the decision making times for ambulance dispatch, giving operators 3 minutes rather than 60 seconds to make a decision as to whether an emergency dispatch is required. Whilst this has been trialled in London, it is envisaged that as a Trust this will require an additional resource.

At the time we considered the draft Quality Account, we noted that there were significant gaps in availability of data provided in the quality account and as such requested that this information be supplied as soon as possible as it impacted on our ability to provide an overview of the achievements and challenges during the accountable year.

In relation to public complaints it is stated that the compliments far outweigh the complaints, however there is no local or national data to enable us to compare and contrast. Therefore this is requested for inclusion in future reports.

Priorities for 2015-16

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire strongly support the seven quality priorities for the forthcoming year, particularly Priority 3 and its continued use and development of the Mental Health Triage Car which has demonstrated hospital and custody avoidance.

In addition to which we welcome the support being focussed on mental health generally and are encouraged that one of the years CQUINs will include the training and development of frontline staff and clinicians on mental health. It is noted however that there are financial implications across the service which will be needed to ensure that it is adequately resourced to support all mental health related calls in the future.

We also welcome Priority 2 and the development of a Trust wide Falls Service and the development of Triage Services however we would encourage an early consideration for the continuation of funding for services such as these.

We understand the frustrations that the Trust state relating to the need for wider partnership working and the more holistic approach to the provision of care for patients with 'non-life threatening' conditions. This includes the need for better awareness and integration with other services in the community which can support patients.

Conclusion



We look forward to continued engagement with East Midlands Ambulance Service and would like to acknowledge the transformation of the service over the last 12 months and how the Trust have engaged openly and effectively with partners including the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire, especially as it is now felt that the Ambulance Trust is listening and working effectively with others.

We are not assured that the public had been adequately involved across the East Midlands Ambulance Service region in terms of determining priorities. This is particularly relevant to Lincolnshire given the vast and diverse demographic of the county.

We are pleased to hear the emerging strategy to develop patient forums and opportunities for regular and comprehensive engagement with local communities, however we would also encourage the Trust to utilise a cohesive approach to engagement and involvement via existing mechanisms.

We feel that the step change for the Trust has been considerable, and welcome the availability of an occupational health provider to support the workforce and retain an experienced and skilled staff resource.

We believe that the Trust needs to do more to highlight publicly its successes and good news. We understand the Trust's reluctance to raise expectations. However communication in the wider public domain would only support the dialogue in terms of challenges and public input is needed into future priorities.

 <p>HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	 <p>HEALTHWATCH LINCOLNSHIRE</p>
--	---

Statement on Lincolnshire Community Health Services NHS Trust Trust's *Quality Account* for 2014/15

This statement has been prepared jointly by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire.

Review of Priorities for 2014-15

We note that the Trust has not met all its priority targets for 2014-15, and accept the explanation that in some instances the targets were too ambitious, and in future consideration will be given to setting targets that are both challenging and achievable. However, we accept that improvements have been made in a number of areas, for example, there has been an increase in the amount of 'patient-facing' time and a small reduction in the number of medication errors resulting in harm to the patient.

There is detailed information on the targets for the *Reduction of Pressure Ulcers*. This shows some improvement, for example a reduction in the number of grade four pressure ulcers, but an increase in the number of grade three ulcers. We are pleased to see this priority carried forward into 2015-16.

Examples of Outstanding Practice

We commend the Trust on the successes and achievements highlighted in the *Examples of Outstanding Practice* section of the report.

Priorities for 2015-16

We support the Trust's selection of priorities for 2015-16 and note how these priorities have been developed, building on activities in the last year. We add the following comments on each priority:

- *Increasing Clinical Supervision* – We note this priority has been carried forward and we look forward to improvements being achieved.
- *Increasing "Patient Facing" Time* – We note the Trust will be putting more effort into this priority in the coming year, by undertaking several initiatives.
- *Increasing Holistic Assessments of Frail Patients and Individual Care Plans* – We strongly support the Trust's emphasis on this activity.
- *Reducing Medication Errors* – We look forward to further reductions in the coming year.
- *Reducing Grade 2, 3 and 4 Pressure Ulcers* – The levels of pressure ulcers are a particular concern for us and we strongly urge the Trust to put every effort into reducing pressure ulcers in the coming year.

- *Safer Staffing Levels* – The importance of ensuring the correct number of staff on duty cannot be underestimated and we look forward to the Trust seeking an increase in the levels of staffing to meet the national standards.

We look forward to the Trust reporting on progress during the course of the year on these priorities.

Patient-Led Assessment of the Care Environment

We are pleased to see the inclusion of detailed information on Patient-Led Assessment of the Care Environment (PLACE) and recognise that in some instances the figures for the Trust's hospitals are well below the national average. We look forward to the Trust making improvements in these areas.

Engaging the Public

We are pleased that the Trust has explained how it has engaged the public over the last twelve months in various ways to develop the priorities for the coming year. In terms of accessibility by members of the public, we are also pleased that the Quality Account presents information on targets in both actual numbers and percentages. This provides a degree of clarity to the lay-reader, which is to be commended.

Engagement with the Health Scrutiny Committee and Healthwatch Lincolnshire

The Health Scrutiny Committee has engaged with the Trust at its meetings in the last year, by presenting information on the Trust-wide inspection of the Care Quality Commission, which was followed by a subsequent consideration of the Health Visiting and School Nursing Services, about which the Committee had some concerns. These services are valued by the Committee.

Healthwatch Lincolnshire has maintained useful contacts with the Trust throughout 2014-15, and is planning Enter and View visits to the Out of Hours Services provided by LCHS during the coming year.

Care Quality Commission Rating

We commend the Trust on its good rating from the Care Quality Commission, and look forward to the Trust maintaining high standards for future services.

Lincolnshire Health and Care

The Lincolnshire Health and Care programme is going to change the approach to many services in Lincolnshire and a key element in the year to come for the Trust is maintaining high quality care for its patients, while planning for and implementing changes in services.

Conclusion

We are grateful for the opportunity to make a statement on the Trust's draft Quality Account. Both the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire will be seeking more engagement with the Trust during the coming year on the progress with its priorities.

 <p>HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	 <p>HEALTHWATCH LINCOLNSHIRE</p>
--	---

Statement on Lincolnshire Partnership Foundation Trust Quality Report for 2014/15

This statement has been made jointly by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire. It is acknowledged that the Trust report, in its sixth year, is well produced and is easier for the lay person to understand. However it is still felt that the nationally mandated structure of the report could be further improved to demonstrate clear distinction between the reported year, and the planned year to avoid confusion of statistics crossing operational years. We also support the Trust in its planned development of an easy read version.

At the time we reviewed the draft report, we noted that a significant proportion of the data was awaiting accuracy checking and the inclusion of Quarter 4 information, which therefore hindered some of the scrutiny process. It was agreed this data would be submitted as soon as was available.

Priorities for 2015-16

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire support the Trust's four quality priorities for 2015/16 and the rationale for their inclusion, which builds on the Trust's Quality Principles. We also recognise that the reduction in quality priorities from the previous year's nine is expected to make the outcomes more understandable and tangible for the provider, staff and service users.

We acknowledge the extensive involvement of partners and members of the public engaged in developing these priorities and are assured by the Trust that as a result there are no gaps or exclusions for 2015/16.

We note that the challenges for the forthcoming year will include financial and resource constraints and we also note the major piece of work being undertaken that will look at the geographical challenges facing the Trust and its services and how that might impact on demand over a three year period.

We note the concerns raised locally about access to Child and Adolescent Mental Health Services (CAMHS), particularly around the assessment at A&E for young people and the effective use of early intervention. It is acknowledged that locally and nationally inpatient beds are limited and that currently, it is sometimes unavoidable that children will need to go out of county, however we feel the Trust's drive to deliver a seamless service and the further development of the Liaison Service will help to improve the situation.

In December 2014 Healthwatch Lincolnshire published "*Hear Our Voice*" *Children and Young People of Lincolnshire*. This report showed that there was a 25% dissatisfaction rate with some services, including CAMHS. Healthwatch Lincolnshire felt this highlighted a need to perhaps look further at how these services can be more effective and in turn encourage a more positive attitude towards them and greater use. Subsequent to this report we acknowledge the work the Trust and the South West Lincolnshire Clinical Commissioning Group are doing to address the findings as a whole.

Priorities for 2014-15

We acknowledge the Trust's progress with its priorities for 2014/15 and also wish to acknowledge the numerous individual and organisational awards received during the year demonstrating excellence.

We recognise the success of the 2014/15 clinical and risk assessment tool putting patients' needs at the centre, and support the fact that in 2015/16 the tool will now be rolled out to all qualified members of staff to be trained and embedded in the process.

It is noted that where the Trust has not achieved priorities or targets for the previous year there is a greater depth of understanding and assurance that the processes in place are positive in ensuring a better patient experience and greater patient safety.

It is understood that the Trust has some stretching targets because there is a statistical bias, and where realistically significant improvement rather than achievement is the objective because numbers are so small, particularly in the area of falls prevention.

An area where the public had highlighted a concern and we felt worthy of note was the patient experience element of accessibility to services countywide. It is recognised that accessibility is currently being addressed with the Clinical Commissioning Groups and additionally that there is a need to further develop early intervention and mental health services for young people. We heard that this will in part be addressed by the expansion of the Liaison Service to a broader patient group and we welcome this.

Finally it is also noted that given independent data received from Healthwatch that patients had limited satisfaction levels of the complaints process it is deemed useful to receive a comparison with complaints and complaint resolution satisfaction rates at national and local level for future discussion. We welcome and support the Trust in proactively seeking feedback from patients and the work they had done internally around developing top tips for resolution.

Conclusion

In terms of the overall content of the Quality Report, we recognise that the Trust has to balance the requirements in the Regulations and Guidance.

We recognise and are assured of the involvement of patients and staff in the production of priorities which has taken place and as such, that there are no key priorities omitted from 2015/16 considerations.

Building on the achievements and lessons learned from 2014/15 we look forward to the developments to improve equality of services across the county and the further involvement of the Trust in the Lincolnshire Health and Care Programme particularly in the integration and cohesion of services provided in health and social care.

It is noted and welcomed that in these times where capacity to recruit and retain staff can sometimes be challenging, that the Trust has reported good retention rates and good staff survey responses.

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire look forward to continuing engagement with the Trust, and its continued improvement in the services provided to patients.

 <p>HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	 <p>HEALTHWATCH LINCOLNSHIRE</p>
--	---

Statement on United Lincolnshire Hospitals NHS Trust's *Quality Account* for 2014/15

This statement has been jointly prepared by the Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire.

Review of Progress on Priorities for 2014-15

We note that progress on the five priorities for last year has been mixed, with progress in many areas, and as a result three of the priorities have been carried forward into 2015-16.

One of the most notable achievements has been the re-introduction of the Patient Advice and Liaison Service (PALS), which has led to improvements in the handling of patient concerns and fewer complaints. We also note that ULHT is one of the few trusts to measure the number of inpatients seen by a consultant-grade clinician within twelve hours of admission, and we are pleased that this has been achieved in over 90% of cases during the last year, but would like further improvement in the coming year.

We accept the impact of palliative care and other coding issues on the Trust's Hospital Standardised Mortality Rate (HSMR), which may increase to 108 and may make the Trust a statistical 'outlier', and we also accept that this does not necessarily mean that there has been an increase in avoidable deaths at the Trust's hospitals. However, we support the Trust's emphasis on responding to this increase and continuing to work to reduce the HSMR, together with the other two measures of mortality.

Although not listed as a specific priority, we would like to acknowledge the high standards provided by Lincoln County Hospital's Cardiology Centre.

Priorities for 2015-16

The Health Scrutiny Committee for Lincolnshire and Lincolnshire Healthwatch support the Trust's six priorities for 2015-16 and accept the rationale for their selection. We also do not believe that there should be any other priorities included in the Quality Account for the coming year.

In particular we would like to make the following comments: -

- Priority 1 (*Reducing Mortality*) – As stated above, it is important for the Trust to continue to reduce the levels of mortality, in particular the HSMR.
- Priority 2 (*Reducing Harmful Adverse Events*) – This priority includes five elements, all of which will improve patient care. It is important that these five elements are appropriately measured and reported.
- Priority 3 (*Improving the Response to Complaints*) – We support the emphasis in this priority to learning from previous complaints and developing services accordingly.
- Priority 4 (*Improving Outpatient Services*) – We recognise that this priority is included because of the Care Quality Commission's rankings for Outpatient Services.
- Priority 5 (*Reducing Delays in Discharge*) – Healthwatch Lincolnshire has reported on this topic in the last year, but we suggest that the Quality Account acknowledges that improvements cannot be delivered in isolation, but as part of a partnership involving Community Health Nurses, Primary Care, Social Care, patients and carers.
- Priority 6 (*Achieving Standards in Cancer, Referral to Treatment and Emergency Access*) - A particular concern for the residents of Lincolnshire has been the Trust's performance on its cancer standards and we hope to see significant improvements in this area, once plans for improving cancer care have been published.

As always, we would like any targets for these priorities to refer to actual numbers and percentages rather than to percentages alone.

Recruitment and Retention

A recurring theme for the NHS is attracting and retaining staff across all the areas of health care activity. These national challenges are magnified in Lincolnshire and we would like to support the Trust in any initiatives that lead to improving the quality of service to patients, by seeking to recruit and retain permanent staff rather than rely excessively on agency and locum staffing.

Engagement with the Health Scrutiny Committee and Healthwatch Lincolnshire

During 2014-15, representatives from the Trust attended the Health Scrutiny Committee for Lincolnshire on four occasions. These attendances included instances where the Committee was seeking assurance in relation to the Trust's response to the Care Quality Commission report published in July 2015.

Healthwatch Lincolnshire produced a report in January 2015, entitled *Care Planning for Discharge*, which made a total of 18 recommendations for improvements. Healthwatch Lincolnshire would like to see the Trust publish a response to these recommendations and, where appropriate, a plan for their implementation.

Involvement of the Public and Stakeholders

There is a reference to the stakeholders being involved in the development of the Trust's six priorities for 2015/16. For future years, we suggest that the Quality Account includes further detail on how stakeholders were engaged in the

development of the priorities, for example by referring to the outcomes of specific events or consultations, although we have been assured that sufficient engagement took place in the development of the six priorities.

Care Quality Commission

The Quality Account refers to the CQC inspections of the Trust, and the fact that by March 2015, the Trust was no longer in Special Measures. We would like to commend the work by all members of staff in seeking to raise the standards at the hospital of quality in order to satisfy the Care Quality Commission, but we note that the Outpatients Department at Lincoln County Hospital was rated as inadequate overall. As stated above, we fully support the priority aimed at improving Outpatients Services at all hospital sites and look forward to the Trust reporting on improvements in such services during the coming year. We commend the Trust for being rated as outstanding for responsiveness in Critical Care at Lincoln County Hospital.

Lincolnshire Health and Care

The Lincolnshire Health and Care programme is going to change the approach to many services in Lincolnshire and a key element in the year to come for the Trust is maintaining high quality care for its patients, while planning for and implementing changes in services.

Conclusion

The Health Scrutiny Committee for Lincolnshire and Lincolnshire Healthwatch are pleased to have had an opportunity to make a statement on the Quality Account, and accept that it has been a challenging year for the Trust in seeking to respond to the Special Measures regime. We hope to see the Trust building on these improvements in the coming year.

 <p>HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	<p>Statement on St Barnabas's Quality Account for 2013/14</p>
--	--

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

Priorities for 2014-15

We welcome the progress by St Barnabas Hospice with its three improvement priorities for 2014-15. In relation to Priority One (*Development of a Specific Pressure Damage Prevention Pathway*), we support the pro-active work undertaken in this area and we also welcome the involvement of Marie Curie Cancer Care and other partners in the development of the pathway. We recognise that there are challenges in treating terminally ill patients, balancing the need to move patients to help prevent pressure ulcers and keeping them in a comfortable position.

We are pleased that Priority Two (*The Recall of Equipment from Patients' Homes by the Palliative Care Co-ordination Team*) has been fully embedded into working practices. This will be of benefit to patients, as equipment can be reused.

Priority Three (*Developing a Patient Feedback Mechanism*) has led to some 'profound' feedback, which is making the Trust believe that there are ways that the patient experience can be improved.

Priorities for 2015-16

We support St Barnabas's three priorities for 2015-16 and make the following comment on each:

- Priority One (*Cognitive Behavioural Therapy Training for Hospice Nursing Staff*) recognises the emotional distress that patients can often suffer and is strongly supported. We believe that Cognitive Behavioural Therapy will be helpful to many patients.
- One of the outcomes of Priority Two (*Advance Care Planning in Other Settings*) will be reduction in inappropriate admissions to hospital. This is strongly supported, as it will help to reduce the stress and anxiety experienced by patients.
- Priority Three (*Developing a Resource Pack to Support the Care of Patients with Learning Disabilities*) is strongly supported, as people with learning disabilities are often overlooked.

Achievements During 2014-15

We would like to highlight the opening of the Hospice in a Hospital at Grantham and District Hospital, as a significant achievement by St Barnabas. The Hospice in a Hospital remains the only one of its kind in England, and is already benefiting patients by its location within a hospital setting.

We also note the high scores achieved by St Barnabas in the Friends and Family Test, in particular those scores from inpatients.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee looks forward to engaging with St Barnabas Hospice at its Committee meetings in the coming year. The Committee recognises the contribution of the Hospice to innovation in the areas of palliative care.

Presentation and Accessibility of Information to the Public

We believe that the information in the Quality Account is clear and accessible to members of the public.

Conclusion

We would like to congratulate St Barnabas Hospice on its achievements over the last year, in particular the opening of the Hospice in a Hospital at Grantham and District Hospital. This is an innovative approach to palliative care, and St Barnabas should be recognised and commended for this.