



HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 22 JULY 2015

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 and Mrs S M Wray.

Lincolnshire District Councils

Councillors D P Bond (West Lindsey District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs K Cook (North Kesteven District Council), Dr G Gregory (Boston Borough Council), Mrs R Kaberry-Brown (South Kesteven District Council), J Kirk (City of Lincoln Council) and S Weller (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillor B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as an observer.

Also in attendance

Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Dr Suneil Kapadia (Medical Director, United Lincolnshire Hospitals NHS Trust), Lynne Moody (Director of Quality and Executive Nurse, South Lincolnshire Clinical Commissioning Group), Jennie Negus (Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust), Claire Tarnowski (Complaints Manager, United Lincolnshire Hospitals NHS Trust), Gary Thompson (Transformation Director, Lincolnshire Health and Care), Katy Treasure (Listening into Action Lead, United Lincolnshire Hospitals NHS Trust), Kevin Turner (Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust) and Chris Weston (Consultant in Public Health, Public Health).

21 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from County Councillor T M Trollope-Bellew.

It was also noted that District Councillors Mrs K Cook (North Kesteven District Council) and S Weller (East Lindsey District Council) were attending the meeting on

behalf of Councillors T Boston and Mrs P F Watson respectively, for this meeting only.

Apologies for absence were also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement) and Dr Kakoli Choudhury (Consultant in Public Health).

22 DECLARATION OF MEMBERS' INTERESTS

Councillor S L W Palmer advised that although he had previously left the meeting when items from United Lincolnshire Hospitals NHS Trust had been considered as he had lodged a complaint against the Trust, this complaint had been resolved. Councillor Palmer further advised that he had lodged a second complaint against the Trust, but as he was not seeking financial compensation, he would remain in the meeting for consideration of the items on *United Lincolnshire Hospitals NHS Trust – Clinical Strategy and Complaints Handling at United Lincolnshire Hospitals NHS Trust*, Minutes 26 and 27 refers.

Councillor Dr G Gregory declared a pecuniary interest in the items on *United Lincolnshire Hospitals NHS Trust – Clinical Strategy and Complaints Handling at United Lincolnshire Hospitals NHS Trust*, as an employee of United Lincolnshire Hospitals NHS Trust and would therefore be leaving the meeting room for the consideration of these items of business.

23 CHAIRMAN'S ANNOUNCEMENTS

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

i) Letter to Lord Ribeiro, Chairman of the Independent Reconfiguration Panel

In accordance with Minute 16 (page 9 of the Minutes), the Chairman advised that she had written to Lord Bernard Ribeiro, Chairman of the Independent Reconfiguration Panel (IRP), to advise him of the progress that had been made by the East Midlands Ambulance Service NHS Trust (EMAS) in the last two years.

The Chairman emphasised the high level of engagement between the Committee and EMAS; and the progress that had been made locally involving the Lincolnshire CCGs. A copy of the letter was also sent to the Secretary of State for Health; the Chief Executive of the East Midlands Ambulance Service; and the Accountable Officer of Lincolnshire East Clinical Commissioning Group. The Chairman advised that she would circulate a copy of the letter to the other three CCGs.

ii) United Lincolnshire Hospitals NHS Trust – Expenditure

The Chairman referred to page 16 of the Minutes, where there was an outstanding question on the costs of administrative staffing at United Lincolnshire Hospitals NHS Trust. It was noted that the Chairman had been advised that in the 2014/15 financial

year the Trust had spent £748,000 on agency administrative and clerical staff. This staff classification covered a wide-range of professional roles that were deemed 'non-clinical' and therefore included groups such as medical secretaries and the Trust's 'access, booking and choice' teams who were integral to the scheduling of the Trust's clinical services. The majority of the administrative agency spend was in these areas, with relative little agency spend in what might be termed 'back-office' functions such as Finance, Human Resources and IT.

iii) "Best Place to Work" Clinical Commissioning Group

The Chairman congratulated the staff and management at South West Lincolnshire Clinical Commissioning Group, who had won the "Best Place to Work" Clinical Commissioning Group award from the Health Service Journal for 2015.

iv) East Midlands Congenital Heart Centre

It was noted that the Chairman had attended a stakeholder event on the evening of 18 June 2015 at Glenfield Hospital, which provided an update on developments there. The Chairman was concerned that other local authorities in the East Midlands were not being represented at those stakeholder meetings. Therefore the Chairman had asked Tony McArdle, the County Council's Chief Executive, to take this matter forward.

On 19 June 2015, the Chairman had written to John Holden, the Director of System Policy at NHS England, seeking clarification on the processes for approving the standards and specifications for congenital heart disease services. John Holden's reply referred to the lengthy process of developing the proposals prior to the formal consultation last year, as well as the expected decision by the NHS England Board on 23 July 2015. However, John Holden had not answered all of the Chairman's questions in relation to how local authorities were going to be involved in the process.

On 23 July 2015, the NHS England Board was being asked to agree the proposed model of care; and the arrangements for commissioning and implementation. The standards included a requirement that with "immediate effect" all surgeons should undertake a minimum of 125 operations per year; and that within five years all surgeons should be working in teams of at least four.

The Chairman stressed that NHS England was not considering any proposals for changes to the configuration of specialist providers at this time. The precise configuration of specialist services would arise as a result of the commissioning process for Congenital Heart Disease Services in accordance with the new standards and service specifications.

It was agreed that the Chairman would write a further letter to John Holden, seeking clarification on the specific questions relating to local authorities and overview and scrutiny committees.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
22 JULY 2015**v) Lincolnshire Neurological Alliance

The Chairman had been in correspondence with Mr Preston Keeling, in his capacity as the Chairman of the Lincolnshire Neurological Alliance. Mr Keeling had made three requests to each of the Lincolnshire CCGs: firstly, the designation by each CCG of a lead person with responsibility for neurological commissioning; secondly, one CCG taking lead responsibility for neurological commissioning; and finally, the re-establishment of the Lincolnshire Neurological Forum.

The Chairman had not yet received a response from Mr Keeling, but the Chairman advised that the Committee may need to ensure that the forthcoming review of the Joint Strategic Needs Assessment (JSNA) fully took account of the needs of Lincolnshire people with neurological conditions. This in turn could lead to the Joint Health and Wellbeing Strategy including objectives to improve services for these people.

vi) Lead Commissioner Arrangements

The Committee was reminded that in Lincolnshire, each Clinical Commissioning Group took responsibility for one or more contracts with local providers. Further to this, there had been changes to those lead CCG arrangements: in future, Lincolnshire East CCG would be leading on the contract with United Lincolnshire Hospitals NHS Trust and continuing to lead on Northern Lincolnshire and Goole NHS Foundation Trust; and Lincolnshire West CCG would be leading on the contracts with Lincolnshire Community Health Services NHS Trust; the East Midlands Ambulance Service; non-emergency patient transport; and 111.

South Lincolnshire CCG would continue as the lead for Peterborough and Stamford Hospitals NHS Foundation Trust; and South West Lincolnshire CCG would continue as the lead commissioner for Lincolnshire Partnership NHS Foundation Trust.

vii) Meeting with Chairman of United Lincolnshire Hospitals NHS Trust

On 23 June 2015, the Chairman had met with Ron Buchanan, the Chairman of United Lincolnshire Hospitals NHS Trust, to discuss some of the issues impacting on the Trust's financial position.

viii) Meeting with CCG Senior Management

On 1 July 2015, the Chairman had a brief meeting with the senior managers from all the Lincolnshire CCGs. The purpose of this meeting was so that the Chairman could emphasise the importance of continued engagement and liaison with the Health Scrutiny Committee.

ix) Stakeholder Event – United Lincolnshire Hospitals NHS Trust

On 2 July 2015, the Chairman had attended a stakeholder event, where four candidates for the post of Chief Executive of United Lincolnshire Hospitals NHS Trust gave presentations and answered questions, as part of the recruitment process.

x) Health and Care Get into Lincolnshire Project

On 9 July 2015, the Chairman had attended the launch of the *Health and Care Get Into Lincolnshire* project at Lincoln College. The attenders had included a number of staff from the health trusts and local schools, and the focus was on developing formal approaches to encouraging local pupils to consider careers in health and social care. The Chairman looked forward to this initiative leading to more young people in Lincolnshire taking up careers in the NHS and working locally.

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

The Annual Public Meeting of Peterborough and Stamford Hospitals NHS Foundation Trust was taking place on 23 July 2015 at Peterborough City Hospital. The Chairman expressed her gratitude to Councillor Mrs S M Wray who had agreed to attend on behalf of the Committee.

xii) Meeting with Lincolnshire Partnership NHS Foundation Trust

On 14 July 2015, the Chairman had met Dr John Brewin the Chief Executive of Lincolnshire Partnership NHS Foundation Trust. As a result of their discussions, an update report on Long Leys Court had been added to the work programme for 16 September 2015; and an item on the Trust's Clinical Strategy had been added to the work programme for the meeting on 21 October 2015.

xiii) Meeting with Lincolnshire Community Services NHS Trust

On 14 July 2015, the Chairman had met Elaine Baylis, the Chairman, and Andrew Morgan, the Chief Executive of Lincolnshire Community Health NHS Trust. As a result of the meeting, the Chairman had agreed that the Trust's Clinical Strategy would be presented to the Committee on 16 September 2015.

xiv) Lincolnshire Community Services NHS Trust

The Chairman reported that on 15 July 2015, the NHS Trust Development Authority Board had agreed that the Foundation Trust application from Lincolnshire Community Health Services NHS Trust (LCHS) would be passed to Monitor for the next stage of their Foundation Trust assessment.

xv) Meeting with South Lincolnshire Clinical Commissioning Group

On 20 July 2015, the Chairman had met Dr Kevin Hill, the Chairman, and Gary Thompson, the Chief Officer of South Lincolnshire Clinical Commissioning Group. As a result of the meeting, an update report from the CCG would be added to the work programme for the meeting on 18 November 2015.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
22 JULY 2015**xvi) Training for Committee Members

The Chairman advised that on 18 November 2015, at 2.00 pm, there would be a training session for all members of the Committee. Replacement members from district councils would be invited to the training.

24 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 11 JUNE 2015

RESOLVED

That the minutes of the meeting held on 11 June 2015 be approved and signed by the Chairman as a correct record, subject to the inclusion of Councillor Mrs K Cook in the list of attendees on page one of the minutes.

25 THE CRITICAL PATH TO DEVELOPING OPTIONS FOR FUTURE HEALTHCARE DELIVERY IN LINCOLNSHIRE

A report by Nigel Gooding (Head of Portfolio and Programme Officer, Lincolnshire Health and Care) was considered, which updated the Committee on the evaluation of options and timelines for the future of Health and Care in Lincolnshire.

Gary Thompson (Transformation Director, Lincolnshire Health and Care) and Dr Tony Hill (Executive Director for Community Wellbeing and Public Health) were in attendance and provided Members with a detailed presentation, which covered the following areas: -

- Lincolnshire Health and Care – Partners;
- The Case for Change;
- Progress to date;
- Key milestones and timelines 2015;
- The approach to establish a set of options for consultation;
- The criteria;
- Emerging options;
- Route to consultation.

Members were reminded that to address the challenges facing Lincolnshire, and to deliver a sustainable and safe Health and Social Care economy, commissioning and provider organisations across the county had established a joint programme of work known as Lincolnshire Health and Care (LHAC).

In the last 18 months the programme had developed a number of work streams (Urgent Care; Elective Care; Proactive Care; Women and children; and Adult Specialist Services) and each was in the process of developing a range of service change options. It was anticipated that the Clinical Commissioning Groups would be consulting publicly on some of the work streams from the winter of 2015, for a minimum of twelve weeks. To develop a robust consultation the Programme Office must:

- Develop a strategic outline case and consultation plan;
- Undertake a commissioner requested services analysis;
- Consult and agree the Strategic Outline Case and plan with its stakeholders and partners (including the Health Scrutiny Committee for Lincolnshire);
- Agree the proposals with the clinical senate and NHS England.

Members were reminded that at the last meeting of the Committee on 11 June 2015, it had considered a report and presentation on the progress and plan for the implementation of Neighbourhood Teams. It was reiterated that Neighbourhood Teams were a key component of the Proactive Care Programme and was absolutely core to the delivery of the LHAC Vision.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- The main driver for change was to improve safety and quality of care for patients in Lincolnshire and to ensure a sustainable service provision in future. The programme also aimed to ensure that care was provided to patients as close to their own homes as was safely possible;
- The LHAC vision of provision of healthcare closer to home, working in partnership with Community Hospitals, the Third Sector and Community Groups, was fundamental to the success of proposals in the healthcare community;
- Members were assured that there would be a single service specification in place which the Neighbourhood Teams would be expected to work from;
- It was commented that there was no mention of neurological services within the report;
- It was queried whether a 'Step Up and Step Down' service could be provided at the entrance of Accident and Emergency departments in Lincolnshire to act as a triage and advisory service. In response, Members were advised that this was a core part of the work of the Neighbourhood Teams;
- In response to a question, the Committee was advised that the main aim of the consultation exercise was to obtain the views of the public and more than one option would put forward for the public's consideration;
- The Committee's role and powers were clarified: as the proposals in the Lincolnshire Health and Care programme were likely to constitute a substantial development or variation in local health care provision, the Committee could, subject to certain safeguards, make a referral to the Secretary of State for Health. It was stressed that a referral to the Secretary of State was very much a 'last resort' after all efforts had been made to resolve the matter locally;
- It was noted that the Committee would be receiving a report on the Strategic Outline Case and Consultation Plan at its meeting on 16 September 2015. The Chairman suggested that the Committee established a working group to respond to the documents;

- A number of concerns were explored regarding the accuracy of the travel times between certain locations in Lincolnshire and hospital sites, which had been included in the presentation;
- It was noted that the East Midlands Clinical Senate would provide its views on the clinical safety aspects of each option prior to the consultation exercise.

RESOLVED

- (1) That the report, presentation and comments made be noted.
- (2) That a report on the Strategic Outline Case and Consultation Plan be considered at the Committee's meeting on 16 September 2015.

NOTE: At this stage in the proceedings, Councillor Dr G Gregory left the meeting for the following two items (Minutes 26 and 27).

26 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CLINICAL STRATEGY

Consideration was given to a report by Julie Pipes (Assistant Director of Strategy and Change, United Lincolnshire Hospitals NHS Trust), which provided the Committee with an update on the current status of work in progress to develop United Lincolnshire Hospitals NHS Trust's Clinical Strategy.

Kevin Turner (Deputy Chief Executive) and Dr Suneil Kapadia (Medical Director) of United Lincolnshire Hospitals NHS Trust were both in attendance and provided Members with a detailed presentation, covering the following areas: -

- The Case for Change;
- Safety and Quality;
- Safety and Quality – External Reports;
- Quality and Standards;
- Why the Trust needed to change;
- Clinical Strategy for United Lincolnshire Hospitals NHS Trust;
- Emergency Care Network;
- Different Types of Centre;
- Travel Times;
- Women's and Children's – A Case for Change;
- United Lincolnshire Hospitals NHS Trust's preferred option;
- Issues to consider;
- Next Steps.

Members were advised that the development of the clinical strategy for United Lincolnshire Hospitals NHS Trust had been in progress now since August 2014, and had focussed to date on developing future service delivery model options for Emergency Care and Women and Children's Services. The work had been endorsed by the Lincolnshire Health and Care Stakeholder Board as a key part of the wider Lincolnshire Health and Care Programme (LHAC).

In February 2015, an agreement was reached to work collaboratively with LHAC and the Commissioning Lead for Planned Care to develop the future strategy for Planned Care Services. The driver for this approach was the need to look at more integrated care and opportunities for delivery aspects of clinical care outside of the acute hospital setting.

The Trust's Clinical Strategy Implementation Group aided by the individual clinical project teams for Emergency Care and Women and Children's Services had been able to reduce the long list of possible LHAC options for Emergency Care and Women and Children's Services to a medium size list of five options. This was achieved through the application of a set of hurdle criteria agreed by the Clinical Strategy Implementation Group. The five options were: -

Option 1 – Do nothing at all;

Option 2 – One Specialist Emergency Centre and one consolidated inpatient Women and Children's Service located at Pilgrim Hospital;

Option 3 – One Specialist Emergency Centre and one consolidated inpatient Women and Children's Service located at Lincoln County Hospital;

Option 4 - One Specialist Emergency Centre located at the Pilgrim Hospital site and a two site Women and Children's Service;

Option 5 - One Specialist Emergency Centre located at the Lincoln County Hospital site and a two site Women and Children's Service.

Members were advised that each of the above options assumed a bespoke model of emergency care at the Grantham Hospital site, and an Emergency Care Centre on the site where there was not a Specialist Emergency Centre. Furthermore, each of the hospital emergency departments would have an Urgent Care Centre at their front door, to stream the patients accordingly in relation to their care needs.

Members of the Committee were provided with an opportunity to ask questions, where the following points were noted: -

- A number of concerns were explored regarding the estimated travel times it would take to get from certain locations in Lincolnshire to hospital sites and it was explained that the presentation slides referred to average travel times;
- It was noted that the Trust delivered approximately 3000 live births at Lincoln County Hospital and 2000 live births at the Pilgrim Hospital in Boston, and currently neither site offered the capacity to absorb the capacity of the other site;
- It was also noted that it was envisaged that each of the hospital emergency departments would have an Urgent Care Centre at their front door, to stream the patients accordingly in relation to their care needs, page 35 of the agenda pack refers. Further to this, it was suggested that there needs to be clarity over some of the terminology used, for example 'Urgent Care Centre'. It was clarified to Members that what the Trust envisaged was a triaging service at

the entrance of hospitals, where those patients for whom it was more appropriate to see a GP would be able to do so. This would also release capacity in the accident and emergency departments;

- Concerns were raised over the proposed changes to women's and children's, however, Members were advised that the Trust had to ensure that safe and sustainable services were delivered and as part of this, consultant-led maternity units required both obstetric and paediatric services on-site in order to provide a clinically safe service;
- Any capital investment in the Lincoln County Hospital's maternity unit would form part of the overall consideration of the options;
- It was felt that the wider health economy would need to complete a piece of work to help assist the general public on where and how to access services, particularly emergency and urgent care, in the future, as it was deemed that there was a lot of confusion over this issue; and
- In response to a question, Members were advised that in excess of 85% of births were standard deliveries, without any complications.

The Chairman thanked those officers present for their detailed report and presentation.

RESOLVED

That the report, presentation and comments made be noted.

27 COMPLAINTS HANDLING AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

Consideration was given to a report by Katy Treasure (Complaints Manager) and Jennie Negus (Deputy Chief Nurse) of United Lincolnshire Hospitals NHS Trust, which provided an update on the progress of implementation and assurance to the Committee that the handling of complaints at the Trust had met the required standards.

Kevin Turner (Deputy Chief Executive), Jennie Negus (Deputy Chief Nurse), Katy Treasure (Listening into Action Lead) and Claire Tarnowski (Complaints Manager) were all in attendance.

Members were advised that following the Keogh Report, several aspects of the complaints service had been reviewed, including: the implementation of executive oversight and sign-off of all complaints; the introduction of a site based Patient Advice and Liaison Service; a Patient Listening Event; staff workshops; and looking at national best practice.

From the discussions and consultation, the Trust had designed a new complaints process called 'See it My Way', which built on the principles from the Parliamentary and Health Service Ombudsman and the Patient Association. Within it were six key principles: -

- Getting it right;
- Being patient focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right; and
- Seeking continuous improvement.

The Trust had brought those six principles into five steps to form the Trust's 'See it My Way' pathway which covered: Putting things right; Access; Process; Response; and Learning.

Members were advised that the backlog of complaints had remained a concern for the Trust and an internal target had been set: 90% of complaints to be responded to within the timescale agreed with the patient. Members were assured that the number of overdue complaints had reduced and the monitoring of this would continue through the Trust's governance processes. In addition, a trajectory had been agreed through the Trust's Quality and Improvement Programme (QIP). This trajectory was monitored on a weekly basis and reported to the QIP Board. To date, Lincoln, Pilgrim and Grantham Hospitals were on track to achieve the trajectory and to clear their backlog of complaints: Grantham and District Hospital by July 2015; Pilgrim Hospital by September 2015 and Lincoln County Hospital by December 2015.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was clarified that the Trust Board's Integrated Performance Report provided a breakdown of those complaints so it was clear at what stage the complaints were, for example, awaiting information from the Ombudsman. Members were also advised that the Trust Board also received a Quality Account Report which provided further detail on the complaints. It was requested that any future update to the Committee included this level of detail;
- The Trust Board also received performance information on the whole complaints process for example, how many complainants had received an initial response within the set 3-day standard. The NHS Trust Development Authority also received this information, as part of one of its performance reports;
- The Trust had also implemented a 'Change Register' which was a live system and enabled the Trust to monitor outcomes and improve on its services. For example, in response to feedback the Trust now had a supply of emergency clothing in Accident and Emergency departments;
- The Trust was receiving on average 65 new complaints per month. It was also noted that the number of outstanding complaints had reduced from 300 in January 2015 to 154 in July 2015;
- The Trust also monitored the number of compliments it received. The Patient Advice and Liaison Service had also produced a compliment slip for patients to share positive comments and compliments.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
22 JULY 2015**

The Chairman thanked the officers for their detailed report and verbal update and requested that a further update was provided to the Committee in six months.

RESOLVED

- (1) That the report and comments be noted.
- (2) That the Chairman be requested to write a letter to Jane Lewington (Chief Executive) of the Trust wishing her well for the future and thanking her for her support to the Committee.

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

County Councillors

Councillors Mrs C A Talbot (Chairman), S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs J Renshaw and Mrs S M Wray.

District Councillors

Councillors C J T H Brewis ((Vice-Chairman) (South Holland District Council), Dr G Gregory (Boston Borough Council), Mrs R Kaberry-Brown (South Kesteven District Council), J Kirk (City of Lincoln Council) and S Weller (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Councillor B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) was also in attendance.

Officers in attendance

Paul Devlin (Chairman, Lincolnshire Partnership NHS Foundation Trust), Dr Sue Elcock (Medical Director, Lincolnshire Partnership NHS Foundation Trust), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Lynne Moody (Director of Quality and Executive Nurse, South Lincolnshire Clinical Commissioning Group), Michelle Persaud (Director of Nursing and Quality, Lincolnshire Partnership NHS Foundation Trust) and Chris Weston (Consultant in Public Health).

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

Consideration was given to a report by Dr John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), which provided the Committee with a progress

update on the Review of Suicides and Deliberate Self-Harm with Intent to Die within Lincolnshire Partnership NHS Foundation Trust. Appended to the report was a copy of the updated Service Improvement Action Plan.

Paul Devlin (Chairman), Dr Sue Elcock (Medical Director) and Michelle Persaud (Director of Nursing and Quality) were all in attendance and presented the report to Members. The Chairman of the Committee advised Members that she had received apologies for absence from Dr John Brewin (Chief Executive).

The Committee was reminded that the review had been commissioned by the four Lincolnshire Clinical Commissioning Groups and Lincolnshire Partnership NHS Foundation Trust (LPFT) and had been undertaken by Professor Mandy Ashton, an independent consultant, and completed on 30 November 2014. The review had embraced a total of 88 serious incident reports, covering a period from January 2012 to June 2014; and had included 73 user suicides (known to the service).

The main elements of the Service Improvement Action Plan had previously been outlined to the Committee, which included actions in the areas of risk assessment; record keeping; communication; IT and training; medicines management; safeguarding; commissioning; benchmarking; and changing practice. Members were assured that the Trust was actively monitoring the Service Improvement Plan via its Quality Committee. The Board of Directors were maintaining oversight with a monthly update being considered at each meeting. Assurance of the Trust's ongoing progress was also provided at the recent NHS England Risk Summit on 25 June 2015.

Members were advised that benchmarking data had recently been published: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Trust Society Scorecard, as detailed at Appendix B to the report, which reported the suicide rate for the Trust as 3.8 (per 10,000 mental health contacts) between 2011 and 2013 and in the lowest quintile compared to other mental health providers in England.

The Trust was in the process of developing a Suicide Prevention Strategy, and it was anticipated that the Strategy would be launched for consultation at the Trust's Annual General Meeting on 10 September 2015. It was noted that the Trust would continue to raise the profile of its ASIST (Applied Suicide Intervention Skills Training) programme and embed it within targeted training.

During discussion of the report, the following points were noted: -

- 20 out of the 21 recommendations were either complete or on target for completion. The outstanding recommendation (Recommendation 20: Further discussion and agreement is required between the LPFT and Commissioners regarding data being used for suicide benchmarking);
- With regards to Recommendation 12: 'LPFT Board consideration should be given to HR implications when there is a failure to act according to LPFT policy/published procedures', Members were assured that appropriate measures were taken should a member of staff fail to act accordingly. Further

to this, it was suggested that the wording was strengthened so it was clear what those actions were;

- The Trust assured Members that although some improvement had been made, it would not become complacent;
- The Trust was keen to utilise its expertise to contribute to the wider Lincolnshire regional work on suicide prevention, including that undertaken by Public Health, recognising that 75% of suicides were committed by people who were not in contact with mental health services;
- The Trust was currently developing its Estates Strategy. A key aspiration of the Strategy would be for all in-patient units to be on ground-level.

In conclusion, the Chairman thanked the Trust for its detailed update and welcomed the progress which had been made.

RESOLVED

That the progress report and comments made be noted.

29 BURTON ROAD GP SURGERY, LINCOLN

Consideration was given to a report by Judy Patrick (Contracts Manager Medical and Pharmacy NHS England – Midlands and East (Central Midlands), which updated Members on the future arrangements for the Burton Road Surgery.

The Committee was advised that following a successful procurement, responsibility for the provision of Primary Medical Services at Burton Road Surgery had transferred to the new provider, Universal Health Ltd (a consortium of Lincolnshire Partnership NHS Foundation Trust and Lincolnshire and District Medical Services), on 1 July 2015. Services had continued to be provided from the same site and largely by the same members of staff. The contract that had been awarded to Universal Health Ltd was for a minimum of five years. It was noted that there were currently 2234 patients registered at the practice.

The Committee recorded its gratitude for the Chairman's efforts, along with the Campaign Team's, for supporting the retention of Burton Road Surgery in its current location.

RESOLVED

- (1) That the update on the future arrangements for the Burton Road Surgery and comments made be noted.
- (2) That a further update be received at an appropriate point in the future.

30 QUALITY ACCOUNTS 2014-15

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to note the statements on five Quality Accounts, relating to providers of local NHS-funded services.

Members were reminded that every year each provider of NHS-funded services was required to prepare a Quality Account, which included the provider's priorities for improvement for the coming year; progress with priorities for the previous year; and other prescribed information. The Committee was one of the organisations entitled to submit a statement on the draft Quality Account of each local provider. The report also provided the Committee with information on the Quality Account statements, which had been prepared on the Committee's behalf during April, May and June 2015. In four instances, joint statements had been prepared with Healthwatch Lincolnshire, with a further statement prepared on behalf of the Committee alone.

The Committee was asked whether it wished to consider progress on any of the Trusts' priorities, as part of any future update from each individual Trust, and in response it was requested that the Committee considered East Midlands Ambulance Service NHS Trust's *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.*

It was also suggested that the Committee considered United Lincolnshire Hospitals NHS Trust's *Priority 5: Reducing delays in discharge – The Integrated Discharge Hub* as part of its general update from the Trust.

A discussion took place regarding potential visits in the autumn to St Barnabas Hospice within a Hospital at Grantham; and the East Midlands Ambulance Service NHS Trust Control Room at Bracebridge Heath.

In response to a question, it was suggested that the Health Scrutiny Officer provided Councillor Dr G Gregory with copies of relevant Committee reports and minutes on Health Education East Midlands.

The Chairman took the opportunity to thank the Health Scrutiny Officer for his work on the preparation of draft Quality Account statements.

RESOLVED

- (1) That 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, be noted: -
 - East Midlands Ambulance Service NHS Trust;
 - Lincolnshire Community Health Services NHS Trust;
 - Lincolnshire Partnership NHS Foundation Trust;
 - United Lincolnshire Hospitals NHS Trust.
- (2) That the statement prepared on behalf of the Health Scrutiny Committee for Lincolnshire on the 2014-15 Quality Account of St Barnabas Hospice be noted.
- (3) That it be noted 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):-

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
22 JULY 2015**

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

(4) That the East Midlands Ambulance Service NHS Trust and United Lincolnshire Hospitals NHS Trust be requested to provide information on Priority 2 and Priority 5 respectively, as part of future updates to the Committee.

31 APPOINTMENT OF LOOKED AFTER CHILDREN / CARE LEAVER REPRESENTATIVES

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to appoint a Looked After Children/Care Leaver Representatives for the Committee. On 11 June 2015, the Committee had deferred a decision on the appointments, pending more information on the role of the representatives. The report contained examples of how representatives might have considered items on this Committee's agenda in the last six months.

In light of the additional information on the role of the representatives, the Committee was requested to appoint two representatives: one representative to be selected from the County Council element of the Committee's membership; and the other representative to be selected from the District Council element of the Committee's membership.

District Councillor J Kirk (City of Lincoln Council) and County Councillor Mrs J M Renshaw volunteered to undertake the roles on the Committee.

RESOLVED

That District Councillor J Kirk (City of Lincoln Council) and County Councillor Mrs J M Renshaw be appointed as the Committee's Looked After Children / Care Leaver Representatives.

32 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

The Health Scrutiny Officer advised the Committee of the following changes to the work programme: -

16 September 2015

Items on the United Lincolnshire Hospitals NHS Trust's Financial Position; Lincolnshire Partnership NHS Foundation Trust – Long Leys Court; and Lincolnshire Community Health Services NHS Trust – Clinical Strategy had been added to the work programme for 16 September 2015.

21 October 2015

The item on *Lincolnshire Partnership NHS Foundation Trust – Clinical Strategy* originally scheduled for 16 September 2015 had been deferred to the meeting on 21 October 2015.

It was also agreed that an update item on Butterfly Hospice would be presented to the meeting on 21 October 2015.

A suggestion was made that the Committee may wish to look at the early presentation of cancer (EPOC) symptoms. The Chairman agreed to give further consideration to this.

RESOLVED

That the contents of the work programme, subject to the above amendments being made, be approved.

The meeting closed at 3.05 pm.

This page is intentionally left blank