

Agenda Item 4

		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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 July 2021
Subject:	Chairman's Announcements

1. Secretary of State for Health and Social Care

The Rt Hon Sajid Javid MP was appointed the Secretary of State for Health and Social Care on 26 June 2021, following the resignation of the Rt Hon Matt Hancock MP. The ministerial team remains unchanged.

2. Health and Care Bill 2021

The Health and Care Bill 2021 was published on 6 July 2021, when it received its first reading in the House of Commons. The Bill comprises 135 clauses and 16 schedules, and is 232 pages in length. The Department for Health and Social Care has reported that measures in the Bill include:

- The NHS and local government coming together to plan health and care services around their patients' needs, and quickly implement innovative solutions to problems which would normally take years to fix, including moving services out of hospitals and into the community, focusing on preventative healthcare.
- The development of a new procurement regime for the NHS and public health procurement, informed by public consultation, to reduce bureaucracy on commissioners and providers alike, and reduce the need for competitive tendering where it adds limited or no value. This will mean staff can spend more time on patients and providing care, and local NHS services will have more power to act in the best interests of their communities.
- Supporting the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed to level up health across the country. The pandemic has shown the impact of inequalities on public health outcomes and the need for government to act.

3. Lincolnshire Acute Services Review - Consultation

The Acute Services Review (ASR) pre-consultation business case has been approved by NHS England. Lincolnshire Clinical Commissioning Group (CCG) is now preparing the materials and the processes for a public consultation. The consultation documentation and processes will be submitted to the CCG's Board for approval.

4. Covid-19 Update

An update on the latest position with regard to Covid-19 will be circulated prior to the meeting.

5. Paediatric Services at Pilgrim Hospital – Short Stay Paediatric Unit

On 6 July 2021, the Board of Directors of United Lincolnshire Hospitals NHS Trust Board agreed to support a proposal to move to a twelve week public engagement exercise on the short-stay paediatric assessment unit at Pilgrim Hospital. This followed consideration by this Committee on 23 June 2021, when the Committee advised a twelve week engagement programme to seek public support for the revised model at Pilgrim Hospital.

6. Community Nursing Vacancies in Lincolnshire

In response to a question on the presentation from Lincolnshire Community Health NHS Trust (LCHS) at this Committee's last meeting on 23 June 2021, the following information was circulated on community nursing vacancies:

In the last year LCHS has increased its establishment of community nurses from 284 to 320 whole time equivalent (wte). The service has 28 whole time equivalent vacancies representing 8.5% of the total workforce, which compares to regional vacancy rates for community nursing of 8%. The table below shows the vacancy position reported In April 2021:

Staff Role	Model (wte)	Numbers in Post (wte) April 2021
Band 2	0	2.26
Band 3	65	62.2
Band 4	40	22.07
Band 5	145	127.97
Band 6	46	58.62
Band 7	24	19.36
Total	320	292.48

A report to the LCHS Board of Directors on 13 July 2021 (The Bi-Annual Safe Staffing Report June 2021) provides further information and includes the following:

"Team capacity is affected as there are significant numbers of staff on restricted duties short and medium term, either from pandemic, long term condition and MSK related conditions which is impacting significantly – one team alone Boston ICT has 11 restricted staff. This takes additional focus and effort on roster allocation and deployment.

"Teams are reviewed daily at the morning safety huddle, deferred visits when required are monitored and temporary workforce is deployed to support the substantive workforce where available including low numbers of agency.

"Positive recruitment to community nursing teams has continued and resulted in an overall vacancy rate of 8.5%, but with peaks in three teams of 15% - 25%, Skegness, Welland and Lincoln City North.

"During the pandemic staff worked excess hours and due to fatigue and personal choice, the need to recover and holiday periods - this is now reducing availability. Of note is that the overtime hours current used equates to 50% of the vacancies.

"The positive steps in recruitment are balanced with increased rates of referrals and rising associated activity - alongside some teams having 50% of registered staff that are newly recruitment to the Trust having been recruited during the pandemic. The Clinical Practice Education team is working with the workforce team to understand the support required by the staff to recover any induction gaps and understand development requirements.

"The annual and overall turnover in community nursing is recorded at 13% slightly worse than the national average of 12% and the trust overall of 10%. Annual turnover rates are c20% in 4 teams – Skegness, Welland, Lincoln City South and Gainsborough.

"Community nursing leaders describe the rising referrals, restricted staff duties, sickness absence and maternity leave, new staff with training and development needs as the reasons why the impact of successful recruitment is not yet fully appreciated in the teams.

"The community nursing transformation programme whilst partially paused initially in the pandemic is now progressing. Successful recruitment has taken place resulting in the appointment 11 of the 12 WTE new posts of Community Clinical Practitioners with development programmes for the new roles underway. There are 5 new apprentice nurse roles in place and 5 registered nurses in development posts to become district nurses."

This report is available in full at www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-trust-board/trust-board-papers

7. Lincolnshire Clinical Commissioning Group Annual Report and Accounts 2020-21

On 28 June 2021, Lincolnshire Clinical Commissioning Group published its annual report and accounts for 2020/21, which is available at the following link:

<https://lincolnshireccg.nhs.uk/library/annual-report-1/annual-reports-2021/>

8. Site Clearance Works – New Adult Mental Health Care Unit in Boston

On 5 July 2021, Lincolnshire Partnership NHS Foundation Trust has announced the beginning of site clearance works at Norton Lea in Boston. This five acre site will accommodate a new 19 bed inpatient unit for men and women, and will replace the existing Ward 12 at Pilgrim Hospital. This project is part of a £37 million programme to end dormitory accommodation across all Lincolnshire inpatient mental health units and provide all patients with their own en-suite bedrooms, with ground floor access to a courtyard and garden. The programme also includes the construction of two new wards at the Peter Hodgkinson Centre at Lincoln County Hospital, where work is already underway.

The plans are subject to planning permission from Boston Borough Council. A full planning application is in preparation and will be submitted by the Trust later this year.

9. Involvement Champion Programme

On 5 July 2021, Lincolnshire Clinical Commissioning Group (CCG) launched its *Involvement Champion* Programme, with the aim of strengthening the existing patient and public involvement channels within the CCG and wider NHS. The CCG is encouraging and supporting people to become trusted voices in their local area, so that they can help the CCG and wider NHS, reach as many people from different communities as possible, when involving people and communities in our work.

Involvement Champions will act as a point of contact between NHS Lincolnshire CCG and the group or community that they are a part of. They will present the views and feedback about health services from their communities and groups to the CCG so that the CCG can hear and act on the patient voice from the community we serve.

Further details on the programme and the application process may be found at:

<https://lincolnshireccg.nhs.uk/get-involved/how-to-get-involved/become-a-ccg-involvement-champion/>

10. Quality Accounts 2021

A report to the Committee on the Quality Accounts for 2021 is set out for information at Appendix A to these announcements.

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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**Open Report on behalf of Andrew Crookham
Executive Director - Resources**

Report to	Health Scrutiny Committee for Lincolnshire
Date:	21 July 2021
Subject:	Quality Account Priorities for 2021-22

Summary:

Most providers of NHS-funded services are required to publish by 30 June each year an account of the quality of their service for the previous year, and include in this account at least three priorities for improvement for the coming year. This document, referred to as the quality account, is shared in draft form with each local health overview and scrutiny committees (as well as local healthwatch organisations and clinical commissioning groups), who may make a statement on its contents, for inclusion in the published version.

On 16 March 2021, this Committee agreed to make statements on the draft quality accounts of two local providers: the East Midlands Ambulance Service NHS Trust and United Lincolnshire Hospitals NHS Trust. This report includes the three priorities for improvement from these two trusts, together with the Committee's statements on their documents.

1. Background

Providers of most NHS-funded services are required to publish by 30 June each year an account of the quality of their service for the previous year. This requirement does not extend to all providers, for example GPs and NHS dentists are not included. This document is referred to as the *Quality Account* and has been used by the Department of Health and Social Care since 2010. A *Quality Account* does not focus on finances, but represents an account of the quality (as opposed to an account of the finances) of a particular organisation. Overall financial information on a particular trust is found in their annual report.

Legal Framework for Quality Accounts

Where a Quality Account is required from a provider, each provider of NHS-funded services should submit their draft *Quality Account* to:

- their local health overview and scrutiny committee;
- their local healthwatch organisation; and
- their relevant clinical commissioning group.

The regulations define 'local' as the local authority area, in which the provider has their principal or registered office. Whilst there is a requirement for local providers to submit their draft *Quality Account* to their local health overview and scrutiny committee, there is no obligation on such a committee to make a statement in response.

What is Contained in a Quality Account?

The content of a *Quality Account* is prescribed by regulations, with additional requirements set by NHS England and NHS Improvement. The *Quality Account* must 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; and
 - general performance and the number of complaints.

What Should a Statement on a Quality Account Cover?

The Department of Health and Social Care has previously issued guidance to those making statements to focus on the following questions: -

- Do the priorities in the *Quality Account* reflect the priorities of local people?
- Have any major issues been omitted from the *Quality Account*?
- Has the provider demonstrated involvement of patients and the public in the production of the *Quality Account*?
- Is the *Quality Account* clearly presented for patients and the public?
- Are there any comments on specific issues, where the Committee has been involved?

The Health Scrutiny Committee is entitled to make a statement (up to 1,000 words) on the draft *Quality Account*, which has to be included in the final published version of the *Quality Account*.

Quality Account Arrangements in 2021

On 16 March 2021, this Committee agreed to provide statements on the draft *quality accounts* of:

- East Midlands Ambulance Service NHS Trust
- United Lincolnshire Hospitals NHS Trust

This report provides information to the Committee on the priorities of above two providers, together with this Committee's statements. These two statements were drafted after working group meetings on 2 and 8 June 2021, comprising Councillors Carl Macey, Linda Wootten, Ray Wootten and Angela White.

This report also includes for information the Quality Account priorities for 2021-22 for the following provider trusts:

- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation
- North West Anglia NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust

2. Appendices

These are listed below and attached at the back of the report	
Appendix 1	East Midlands Ambulance Service NHS Trust – Quality Account Priorities for 2021-22 and Statement from the Health Scrutiny Committee for Lincolnshire
Appendix 2	United Lincolnshire Hospitals NHS Trust – Quality Account Priorities for 2021-22 and Statement from the Health Scrutiny Committee for Lincolnshire
Appendix 3	Lincolnshire Community Health Services NHS Trust – Quality Account Priorities for 2021-22
Appendix 4	Lincolnshire Partnership NHS Foundation Trust – Quality Account Priorities for 2021-22
Appendix 5	North West Anglia NHS Foundation Trust – Quality Account Priorities for 2021-22
Appendix 6	Northern Lincolnshire and Goole NHS Foundation Trust – Quality Account Priorities for 2021-22

4. 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, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

EAST MIDLANDS AMBULANCE SERVICE QUALITY ACCOUNT PRIORITIES 2021-22

Priority 1 – Caring

We will improve the way in which we listen to and use feedback from our patients, carers and families to continually improve our services. We will do this by expanding our patient voice groups and ambassador roles in terms of both numbers and diversity, implementing revised patient feedback for ambulance services and developing a metric to capture compassion, kindness, dignity and respect in action. **(carried over from 2020/21)**

Priority 2 – Responsive

We will continue to promote the safe and appropriate use of alternatives to ED by ensuring that our staff have the necessary knowledge, skills, experience and confidence to do so. This will include ensuring that staff have digital access to shared records and to senior clinical support where required.

Priority 3 – Effective

We will improve our performance against the nationally reported Ambulance System Indicators and Clinical Outcomes, with a particular focus on cardiac arrest. We will do this through a robust audit programme, effective clinical leadership, sharing learning and implementing improvement strategies. **(carried over from 2020/21)**

Priority 4 – Well Led

We will continue to learn from when things go well as well as when they go wrong, ensuring that learning is shared both internally and externally to improve the quality of care we provide to our patients. We will work collaboratively with partners to identify and mitigate risks across the system and implement the Patient Safety Incident Response Framework once published.

Priority 5 – Safe

We will improve the timeliness of managing safeguarding referrals raised by our staff by fully automating the referrals process ensuring that relevant third parties are alerted in real-time.

Statement on the *Quality Account* for 2020/21 of the East Midland Ambulance Service NHS Trust

Introduction

The Health Scrutiny Committee for Lincolnshire reviews and scrutinises NHS-funded health services in the administrative county of Lincolnshire, which forms a substantial part of the Lincolnshire Division of the East Midlands Ambulance Service region.

Covid-19

The Committee recognises the significant impact of Covid-19 on emergency ambulance services and would like to record its thanks to all the EMAS staff, who have continued to provide emergency ambulance services during the challenges of the pandemic.

Progress on Priorities for 2020-21

The Committee welcomes the fact that Priority 1 (*Use of Patient Feedback*) has included the establishment of a Patient Voice Group in Lincolnshire. The Committee would like to see the membership of Lincolnshire group strengthened during the coming year and confirmation of the reporting arrangements between the patient voice groups and the EMAS Board, so the patient voices can be heard and acted on. This could be achieved by enabling patient voice groups to raise matters of concern directly with the EMAS Board.

The Committee notes that as part of Priority 2 (*Meeting Individual Needs of Patients*) there has continued to be an emphasis on reducing the rate of conveyance to A&E departments, for example, a non-conveyance rate of over 40% in February 2021. Robust clinical decision-making is key to the success of non-conveyance, so that both staff and patients can feel confident that the right treatment is being delivered in the right place at the right time. The Committee notes the 'missed opportunity' audits with their focus on patients taken to hospital unnecessarily. The Committee would like to see clinical audits of 'non-conveyed' patients, to provide reassurance that the treatment or advice they received out of hospital was appropriate to their clinical needs and wellbeing.

The Committee welcomes the piloting of cardiac arrest leaders in Lincolnshire as part of Priority 3 (*Ambulance Clinical Quality Indicator Performance*) activity. The Committee notes and supports the progress made with both Priority 4 (*Continuous Staff Learning and Innovation*) and Priority 5 (*Improving Serious Incident Investigations*).

Selection of Priorities for 2021-22

As stated in the section above, activity for Priority 1 (*Use of Patient Feedback*) should include strengthening patient voice groups; and the formal reporting arrangements should be considered, so that patient voice feedback is fully taken into account by the EMAS Board.

Promoting alternatives to inappropriate attendance at A&E is supported as part of Priority 2 (*Meeting Individual Needs of Patients*). However, the Committee believes that striving for targets could lead to patients who require attendance at A&E being inappropriately treated, and suggests clinical audits of 'non-conveyed' patients as a source of evidence. The Committee acknowledges that there has been a wealth of learning during the pandemic and would like to see this shared so staff can feel confident in their clinical decision-making and patients can feel assured they are being treated appropriately. Staff appraisals would be expected to support this.

The Committee strongly supports Priority 3 (*Ambulance System and Clinical Outcome Indicators*). Liaison with acute hospitals is key to delivering improvement, so that handover delays are minimised, both to transfer patients to the appropriate hospital clinician as well as to release ambulances.

The Committee supports Priority 4 (*Learning from Incidents*), but would like to see more detail on how the learning, particularly during the pandemic, is going to be shared in practice. The Committee strongly supports Priority 5 (*Managing Safeguarding Referrals*).

Lincolnshire

The Committee welcomes the inclusion of specific information on Lincolnshire initiatives, such as cardiac arrest leaders, who have improved rates of return of spontaneous circulation; and pathways co-ordinators, who work to avoid inappropriate attendances at A&E. Reviews of patients being harmed as a result of hospital handover delays and response times are also welcome. The Committee would like to explore these topics with representatives from EMAS in the coming year.

It is expected that consultation on the Lincolnshire Acute Services Review will begin during 2021-22. As any service changes are likely to affect the demands on ambulance services, the Committee would expect EMAS to be involved in discussions on any significant service re-designs.

Complaints and Compliments

The Lincolnshire Division has again recorded a reduced number of formal complaints, with a total of only eight. Both complaints and compliments are essential elements of patient feedback.

Non-Emergency Patient Transport

Although EMAS does not provide this service in Lincolnshire, the Committee notes the low level of complaints for the Trust's non-emergency patient transport services in Derbyshire and Northamptonshire.

Role of Community First Responders

The Committee would like the research, currently being undertaken by the University of Lincoln, on the role of community first responders in rural areas to be shared, as Lincolnshire has been supported for many years by the Lincolnshire Integrated Voluntary Emergency Service (LIVES), as well as services such as Lincolnshire Fire and Rescue.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Committee received an information briefing in January 2021. In the coming year, the Committee like to receive a presentation on EMAS activities in the county, including some of the topics highlighted in this quality account.

Presentation of Information

Although the required content of a quality account is not designed for members of public, the Committee believes that the document is as accessible as possible, and the inclusion of a glossary is welcomed.

Conclusion

We look forward to continued engagement with the Trust in the coming year and acknowledge that impacts of Covid-19 will continue to present challenges to the service.

UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

QUALITY ACCOUNT PRIORITIES 2021-22

Priority 1 – Improving Respiratory Services

Our aim is to develop a Trust Wide Respiratory service that provides safe, effective and quality care; and which meets all local and national standards and guidelines. With an aim to bring our model of respiratory service in line with that of our peers, by investing in recruitment and retention of staff, training for all, service re-design and configuration to British Thoracic Society (BTS) standards. Respiratory was a quality priority for the Trust in 2020-21, however, we did not achieve all of the deliverables expected due to Covid-19 and respiratory remains as a quality priority for 2021-22 for the Trust.

Priority 2 – Developing a Safety Culture

The 'NHS Patient Safety Strategy: Safer culture, safer systems, safer patients' was published in July 2019 and provides the framework by which NHS organisations will use patient safety initiatives and responses to enable a transition from blame to learning. This approach will result in patient safety initiatives and responses that are primarily based on what can be learned rather than who should be held accountable. By building on the foundations of a patient safety culture and a patient safety system, the NHS can achieve its safety vision, which is to continuously improve patient safety. Safety culture remains a key priority for the Trust and will remain as a quality priority for 2021-2022.

Priority 3 –Improving Patient Experience

Communication is the most critical requisite within healthcare as it directly affects safety, quality, effectiveness and experience of care. We know that within our organisation our staff and our patients report instances of poor communication and that we could (and indeed should) do better. Communication is also about listening, and listening is about taking that patient voice and learning from it. Listening is not just understanding the words of the question a patient may have asked, but to understand why the question was asked in the first place. To be listening to our patient they have to have a voice and to do this we need to ensure as an organisation that voice is sought and heard throughout all we do.

Engaging and involving our patients as partners in care is central to patient-centred care. Involvement is a factor across the continuum of care and can be general day-to-day care through to key information giving and the opportunity to ask questions. Patient-centred care means ensuring we respect individual preferences, we listen, provide support, comfort and compassion and we involve family, friends and carers.

There is rich evidence that people who have experience of using services are uniquely placed to help plan and develop those services and demonstrates the importance and impact of working in partnership with people with lived experience. It also demonstrates how engaging with our patients and carers, learning from them and working with them leads to better outcomes for all involved.

Statement on United Lincolnshire Hospitals NHS Trust's Quality Account for 2020/21

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

Covid-19

The Health Scrutiny Committee would like to record its thanks to all the staff, who have continued to provide services during the last year, not only in direct response to the pandemic, but also in maintaining and restoring other services such as cancer care.

Progress on Priorities for Improvement for 2020-21

Given the impact of the pandemic, the Committee commends the Trust's progress on its five priorities for improvement for 2020-21. In relation to Priority 2 (*Safe Patient Discharge*), the Committee recognises the various planning and processes to be completed before discharge. However, there are some concerns that too many patient discharges are still being delayed by prescriptions not being ready; or the availability of patient transport.

Priorities for Improvement for 2021/22

We acknowledge the rationale for the selection of the three priorities for improvement for 2021/22, which support the Trust's five year integrated improvement plan. The following comments are put forward on each priority:

- *Priority 1 – Improving Respiratory Services* – The Committee welcomes the planned opening of the respiratory support units in both Boston and Lincoln in the coming year.
- *Priority 2 – Developing a Safety Culture* – The Committee stresses the importance of staff being able to raise safety (as well as other) concerns. The Committee notes the roles of the *freedom-to-speak-up guardian* and the *freedom-to-speak-up champions* and would like to see all staff, irrespective of status or rank, feeling confident to escalate concerns using the Trust's own processes in the first instance, rather than contacting people outside the organisation.
- *Priority 3 – Improving Patient Experience* – The Committee notes the Trust's commitment to improving communications with patients. One example is where letters inviting patients to appointments are not issued and appointments are missed. The Committee understands that alternatives to letters, such as telephone, email or text message, are being explored. However, improvements have included the approach whereby letters from consultants to GPs are copied directly to patients.

The Committee notes the wealth of data available to the Trust on the patient experience, which includes the patient panel, established in September 2020, on which the Committee will be seeking more information in the coming year.

Specific Issues

The Committee would also like to record its comments on the following specific topics:

- Grantham Green Site – The temporary conversion of Grantham Hospital to a green site was a success in maintaining the treatment of patients with cancer and other conditions requiring urgent care.
- Grantham A&E Overnight Closure – Grantham A&E has been closed overnight on a temporary basis since August 2016. The Committee would like to see resolution of this issue, as part of an overall plan for the hospital, and looks forward to consultation on the Lincolnshire Acute Services Review, on the longer term arrangements.
- A&E Services – The Committee recognises the extraordinary challenges faced by A&E services during the last year. Initiatives to minimise attendance at A&E by 'non-emergency' patients are acknowledged, but a challenge remains in ensuring that patients arriving by ambulance are transferred to the care of A&E staff as soon as possible.
- Outpatient Appointments at Community Hospitals – This topic emerged during the last year, but the Committee accepts that no substantial changes will be made to appointment provided by the Trust at community hospitals without consultation.
- Board Meetings – Holding public Trust Board meetings remotely has enabled many more members of the public to engage with the Trust. The Committee encourages this approach.

Care Quality Commission

While there have been no formal reports from the CQC since 2019, the Committee understands that regular meetings are taking place between the Trust and the CQC as part of the CQC's inspection arrangements during the pandemic.

Engagement with the Health Scrutiny Committee for Lincolnshire

During 2020-21, frequent engagement with the Health Scrutiny Committee for Lincolnshire has continued, with the focus largely on the Covid-19 pandemic and the restoration and maintenance of services. This has included the temporary arrangements, such as the Grantham hospital green site, which during the summer of 2019 attendance by clinicians at the Committee as part of the presentations on the *Healthy Conversation 2019* engagement exercise, which provided the Committee with a deeper understanding of the rationale for each preferred option.

We look forward to continued engagement with the Trust's senior managers, and where appropriate clinicians, in the coming year. This will be particularly important as the Trust, together with the rest of the local NHS, balances the challenges of responding to covid-19 with restoring care and treatment to non-covid-19 patients.

Presentation of the Document

We are again pleased to see a well presented document. For example, there is a clear indication as to whether the success measures for the actions supporting each priority have been achieved.

Conclusion

The Committee is grateful for the opportunity to make a statement on the draft Quality Account. The Committee looks forward to progress with the three priorities in the coming year and will continue to seek to engage the Trust at its meetings. The Committee would again like to record its thanks to all the Trust's staff and volunteers who have strived to respond to the challenges and maintain services during the pandemic.

**LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST
QUALITY ACCOUNT PRIORITIES 2021-22**

Priority One – Patient Involvement and Patient Partners

This quality account priority seeks to reset and launch the patient voice work and will support establishing the patient partner framework within the trust. The programme of work is in three levels.

Level 1 - Panel member - receive regular information about the Trust, share their views via surveys

Level 2 - Service specific interest group - established around specific service lines. Developed to work in partnership, to progress specific projects, share views via surveys or consultation.

Level 3 – Patient partners - core group of trained panel members, who can take part in visits, sit on appropriate LCHS committee/meetings and participate on recruitment panels.

Immediately prior to the Covid-19 pandemic the Trust articulated a programme of work with a desire to improve and promote the patient voice and experience in delivery of our services. The developments contributed to creating an environment which improves the experiences of our patients, promotes listening and learning – providing greater understanding of how patients feel about care locally. Our key drivers are:

- Ensuring patient public involvement is increased and is robust
- To ensure learning from Covid19 continues to be embedded to support patient generated assurance and scrutiny to help shape future services
- Creating an environment in which the views of patients and the public are maximised through increased opportunities
- Creating an environment in which the patient voice can directly influence future developments and change the perspective of our learning
- Provide an opportunity for the trust to work towards understanding and addressing local inequalities

Priority Two – Embed the Principles of the Safety Culture (National Patient Safety Strategy)

Implementing this priority will ensure the trust takes proactive steps to respond to the recommendations made within the National Patient Safety Strategy specifically the embedding of the concept of the 'Just Culture Guide' and appropriate investigation of patient safety incident investigation. The focus on the National Patient Safety Strategy formally adopted and then embedded through a quality account priority programme will ensure the 'Just Culture Guide' is formally adopted and built into Trust policies enabling improvement in the quality of incident reporting as one of the principles of improving safety culture. The trust is keen to ensure staff are equipped to respond to patient safety incidents and to undertake patient safety incident investigation and that learning from safety incidents continue to shape future service provision.

The National Patient Safety Strategy has been widely shared with clinical teams over the past months and a gap analysis will be included to refresh our current understanding on skills, capability, capacity within the organisation to assess Trust safety culture and deliver robust management of patient safety incident management and investigation. The Trust will adopt the NHS Improvement 'Just Culture Guide' and Human factors awareness. Investigation of incidents will be delivered under the new Patient Safety Incidences Response Framework. Training programmes adopting the framework applicable to all staff trust wide who are required to conduct incident investigation will be delivered. Trust wide awareness and stakeholder events will be planned and delivered.

Priority Three – Personalised Care and Support Planning

This priority will support the development of a clear vision and drive forward a consistent approach to Personalised Care and Support Planning (PCSP) across the trust's clinical services, aligned to and with all partners within the Lincolnshire health and care system. The development supports a consistent PCSP approach; ensuring patient goals and plans are developed in line with what matters to patients and outcomes are maximised in line with the national personalisation agenda. Supporting patients through PCSPs also supports the trusted assessment principles of "do once and share", promotes the effectiveness of care by reducing duplication, maximising the plan for the patient and shared agreed outcomes and responsibilities for delivery of those outcomes.

PCSP from an individual's perspective should be owned by the patient and shared with the right people. Where possible this should be held as a digital book with chapters that are unique to the patient.

Patient needs ("what matters to you") are identified with the patient following an initial conversation and subsequent series of conversations in which the person whose plan is being discussed actively participates. The conversations recognise a person's strengths and skills. Services 'wrap around' the patient to support the achievement of agreed outcomes including the development and use of standardised methods of patient reported evaluation. The plan is owned by the individual and is shared and contributed with and by the right people.

The approach is underpinned by an agreed definition of personalised care and support planning, which follows the 6-stage approach outlined by NHSE. The Trust will use an agreed PCSP approach and documentation, allowing for appropriate variation which is clinically determined. We will ensure that PCSPs are developed with patients and that this information is shared as appropriate with system partners in the pathway to enable seamless care. The scope of the programme will be all patients within community nursing, community therapy, specialist and transitional care services.

LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST QUALITY ACCOUNT PRIORITIES 2021-22

Priority One – Involvement of Carers and Families

To improve the involvement of carers and families in patient/service user care (Adult Inpatient and Urgent Care Division). This is a new quality priority.

This priority builds on previous work to improve carer and family involvement in relation to the adult inpatient care pathways and particularly leave and discharge arrangements. There have been a number of serious incidents which highlighted the need for improved involvement to support better outcomes for patients/service users.

The Operations Performance and Governance Group will monitor and receive progress reports on improvements.

Priority Two – Dual Diagnosis Pathway – Alcohol and Substance Misuse and Mental Health

To develop and implement robust dual diagnosis (alcohol/substance use and mental ill health) pathway (Adult Community Division). This is a new quality priority.

Challenges faced by patients/service users who have a dual diagnosis can cause both physical and psychological harm to patients. Lincolnshire's dual diagnosis pathway has been found to fall short of the standard required to deliver safe and effective care that the Trust (and partner agencies) aspire to.

The Operations Performance and Governance Group will monitor and receive progress reports on improvements.

Priority Three – Patient Feedback

To make it easier for people who use our services to share their experiences of care by providing a range of methods to provide feedback across the services. This feedback will inform service development and improvement (Specialist Services Division). This is a new quality priority.

Service user and carer feedback on their experience of care is vital to support service improvement and development; however, the traditional way of using surveys to collect feedback can often mean groups, often the most disadvantaged and vulnerable, do not have the opportunity to provide feedback on their experiences. A single metric cannot provide a rounded picture of people's experience of care and we need to be creative in the ways we provide opportunities for people to give real time feedback, ensure they are listened to and be able to demonstrate their feedback has contributed to change.

The Operations Performance and Governance Group will monitor and receive progress reports on improvements.

Priority Four – Home Treatment Service Hubs for People Living with Dementia.

To deliver a home treatment service in Lincoln and Boston Hubs for people living with dementia (Older People and Frailty Division). This is a new quality priority.

This is important to prevent admission and support timely discharge by delivering care as close to home as possible for people living with dementia who require intensive support to maintain as much independence and autonomy as possible; and to provide person-centred care during transitions by providing a co-ordinated, multi-disciplinary approach.

The Operations Performance and Governance Group will monitor and receive progress reports on improvements.

NORTH WEST ANGLIA NHS FOUNDATION TRUST QUALITY ACCOUNT PRIORITIES 2021-22

Priority One – Mortality

To continue to improve position to re-gain top quartile status for the Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Indicator (SHMI). The overarching aims are: to identify and understand the reasons behind relative risk alerts and to reduce HSMR to evidence good quality care; and to improve data quality and documentation of patient diagnosis groups, comorbidities and palliative care.

Priority Two – Digital Innovation for Quality

The overarching aims are: to improve quality measure outcome in more real time and improve data oversight; and to reduce labour intensive workload and enable more care hours back to direct patient care through the use of digital.

Priority Three – Clinical Risk and Patient Safety

The overarching aim is to implement the principles of the NHS Patient Safety Strategy Framework (PSIRF) to promote shared learning

Priority Four – Pressure Ulcers

The overarching aim is to reduction in hospital acquired pressure ulcers to promote quality of care and patient safety.

Priority Four – Sepsis Management

The overarching aim is to improve compliance with sepsis recognition and management.

Priority Five – Maternity (Safety)

The overarching aim is to maximise safety through the implementation of the Ockenden Recommendations.

Priority Six - Liberty Protection Safeguards - New Mental Capacity Act Guidance

The overarching aim is to implement the new Liberty Protection Safeguards legislation and processes replacing the Deprivation of Liberty Safeguards nationally.

Priority Seven – Patient Experience

The overarching aim is to enhance patient experience through the engagement of minority patient groups.

Priority Eight – Health Inequalities

The overarching aims are: to improve targeted health promotion that focus on Minority Ethnicity groups; to support improvement of Health inequalities in Women and Children; and to improve outcomes for women and babies who are from either a minority ethnic group or are vulnerable.

Priority Nine – Chaplaincy

The overarching aims are: to enhance patient experience through the use of volunteers within chaplaincy; to develop social media platform for chaplaincy services; to replicate the successful Peterborough City Hospital Volunteer Emergency Department Pastors and End of Life sitting service programme at Hinchingbrooke Hospital.

Priority Ten – Maternity (Patient Experience)

The overarching aim is to enhance women's birth experience.

Priority Eleven – Implementation of Integrated Urgent Treatment Centre

The overarching aim is to improve patient experience, safety and quality by streamlining patient flow in Peterborough City Hospital Emergency Department.

Priority Twelve – Infection Control

The overarching aims are: to reduce hospital acquired clostridium difficile infections; and to return to, and maintain, business as usual for the Infection Prevention and Control Team post pandemic

Priority Thirteen – Care Quality Commission Strategy

The overarching aims are: to embed the new Care Quality Commission strategy following its publication in May 2021; to improve internal governance process, the accuracy of data and the use of data from the Care Quality Commission insight report; and to complete outstanding actions on Care Quality Commission action plan from the Trust-wide inspection in 2019 and the Emergency Department inspection in December 2020.

NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST QUALITY ACCOUNT PRIORITIES 2021-22

The Trust has agreed 5 quality priority areas for 2021/22:

Priority One - End of Life and Related Mortality Indicators

(Clinical Effectiveness & Patient Experience)

Priority Two - Deteriorating Patient and Sepsis

(Clinical Effectiveness & Patient Safety)

Priority Three - Increasing Medication Safety

(Patient Safety & Patient Experience)

Priority Four - Safety of Discharge

(Clinical Effectiveness, Patient Safety & Patient Experience)

Priority Five - Diabetes Management

(Clinical Effectiveness & Patient Safety)

The quality priorities for 2021/22 were set in harmony with the Trust's quality strategy longer term objectives. The priorities were also based on a comprehensive programme of consultation which involved the identification and formulation of a 'long-list' of prospective areas for priority focus. This was then consulted on with local residents and service users through the use of a survey made available by the Trust's communications and patient experience teams as well as CCG partners through their social media channels.

This analysis of service user feedback was then used for wider consultation within the Trust and with commissioners which resulted in a short-list of priorities for 2021/22. This was refined further by the Trust's Quality & Safety Committee and Trust Board.

Progress against these quality priorities will be monitored through the Trust's quality section of the Integrated Performance Report. This is a monthly report considered by the Executive-led Quality Governance Group for the oversight of management actions and also by the Non-Executive Director (NED) Chaired Quality & Safety Committee for assurance purposes. Assurance and performance against the Quality Priorities will also be monitored via the Trust Management Board, Quality & Safety Committee, Quality Governance Group and Operations Directorate performance.

Some of the above quality priorities and the underpinning measures to understand progress in each link to Trust performance indicators. In these instances, the Trust's Finance and Performance Committee will primarily oversee progress, with the Quality & Safety Committee seeking assurance on quality outcome measures related to Trust performance.

There are close links established between these oversight arrangements and the monthly performance meetings held with divisions, where divisions will be held to account for their performance.