

# Public Document Pack

# Blackpool Council

15 January 2019

To: Councillors Callow, Mrs Callow JP, D Coleman, Elmes, Hobson, Humphreys, Hutton, O'Hara, Mrs Scott and L Williams

The above members are requested to attend the:

## **ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE**

Thursday, 24 January 2019 at 5.00 pm  
in Committee Room A, Town Hall, Blackpool

## **A G E N D A**

### **1 DECLARATIONS OF INTEREST**

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

### **2 MINUTES OF THE LAST MEETING HELD ON 28 NOVEMBER 2018** (Pages 1 - 8)

To agree the minutes of the last meeting held on 28 November 2018 as a true and correct record.

### **3 LANCASHIRE CARE FOUNDATION TRUST PROGRESS REPORT** (Pages 9 - 54)

To provide an update on Lancashire Care Foundation Trust's (LCFT) progress in making improvement on the actions identified within the Care Quality Commission inspection and the concerns raised by the Committee previously.

**4 WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW FINAL REPORT (Pages 55 - 82)**

To approve the final report of the Whole System Transfers of Care Scrutiny Review and submit it to the Executive and relevant NHS organisations for consideration.

**5 DATE AND TIME OF THE NEXT MEETING**

To note the date and time of the next meeting as Wednesday, 13 February 2019.  
Commencing at 6.00pm.

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Sharon Davis, Scrutiny Manager, Tel: 01253 477213, e-mail [sharon.davis@blackpool.gov.uk](mailto:sharon.davis@blackpool.gov.uk)

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# Public Document Pack Agenda Item 2

MINUTES OF ADULTS SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE MEETING -  
WEDNESDAY, 28 NOVEMBER 2018

## **Present:**

Councillor Hobson (in the Chair)

Councillors

Callow	Humphreys	O'Hara
Mrs Callow JP	Hutton	Mrs Scott

## **In Attendance:**

Mr John Hawkin, Chief Operating Officer, Community and Environmental Services  
Ms Sarah Rahmat, Business Development Manager, Blackpool Safeguarding Adults Board  
Ms Karen Smith, Director of Adult Services

Ms Michelle Ashton, Senior Commissioning Manager, Blackpool Clinical Commissioning Group

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Ms Kate Newton, Performance and Quality Manager, Blackpool Clinical Commissioning Group

Councillor Amy Cross, Cabinet Member for Adult Services and Health

## **1 DECLARATIONS OF INTEREST**

Councillor Adrian Hutton declared a personal interest in Item 9 'Green and Blue Infrastructure Strategy', the nature of the interest that he was the Chairman of Blackpool Coastal Housing Limited Board.

## **2 MINUTES OF THE LAST MEETING HELD 10 OCTOBER 2018**

The Committee agreed that the minutes of the meeting held on 10 October 2018, be signed by the Chairman as a true and correct record.

## **3 PUBLIC SPEAKING**

There were no applications by members of the public to speak on this occasion.

## **4 FORWARD PLAN**

The Committee noted that the item contained within the Forward Plan, Green and Blue Infrastructure Strategy was an item on the meeting agenda and deferred consideration of the subject until that time.

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**5 EXTENDED ACCESS GP APPOINTMENTS**

Ms Michelle Ashton, Blackpool Clinical Commissioning Group (CCG) provided an update to the Committee on extended access GP appointments. She advised that CCGs were required to provide extended access to GP services including at evenings and weekends for 100% of their population. GP practices in Blackpool had unanimously agreed to provide the service through centres at Whitegate Drive, Freckleton and Fleetwood to serve the residents from across Blackpool, Wyre and Fylde.

It was noted that despite publicity and marketing designed to raise awareness of the availability of extended access appointments, the service was underutilised. There were also a significant number of appointments booked which patients failed to attend. A review had been undertaken to identify ways in which to improve communication of the appointments and recommendations had included providing a direct link from NHS 111 to extended access appointments, whereby the phone call to NHS 111 would result in a patient being booked into an extended access appointment when appropriate.

The Chairman referred to a recent article in the local press which had claimed that 31,026 Blackpool residents had no access to extended access appointments. Ms Ashton advised that that had previously been the case, however, the service was now available to 100% of residents.

Members discussed the booking of standard GP appointments in detail and noted that when attempting to book an appointment either by telephone to the GP practice or by using the Patient Access application there was no signposting to the extended access service when no standard appointments were available. Mr David Bonson, Chief Executive, Blackpool CCG advised that a number of sources had indicated that extended access appointments were not being offered automatically despite communication and guidance issued. Upon consideration of the information presented, the Committee suggested that a mystery shopper exercise be undertaken to understand the extent to which appointments were offered.

In response to a question, it was reported that the extended access appointments in Freckleton and Fleetwood were utilised more than at Whitegate Drive. Mr Bonson advised that the reasons for the better take-up were unknown, however, it was noted that Freckleton and Fleetwood were both GP practices, whilst Whitegate Drive was not. It was acknowledged there could be an element of patient choice and their desire to see their own GP. Ms Ashton added that Blackpool CCG worked closely with Fylde and Wyre CCG and the same level of communication regarding extended access appointments had been provided by both CCGs.

Members raised concerns regarding the number of 'did not attends' and also the cost of providing extended access appointments that were not used and queried what measures could be put to explain the importance of attending appointments or cancelling them in good time.

The Committee agreed:

1. That the CCG be requested to investigate ways in which to improve signposting to extended access appointments through the Patient Access App and by GP practice

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- receptionists and to report back to the Committee with the outcomes in July 2019.
2. That the CCG be requested to undertake a mystery shopper exercise in relation to the offer of extended access appointments to report back to the Committee on the outcomes in July 2019.

**6 BLACKPOOL CLINICAL COMMISSIONING GROUP MID-YEAR PERFORMANCE REPORT**

Ms Kate Newton, Performance and Quality Manager, Blackpool Clinical Commissioning Group (CCG) presented the mid-year performance of the Blackpool CCG from April 2018 to September 2018 to the Committee highlighting that a number of indicators had been negatively impacted by a shortage in consultant radiographers.

Mr David Bonson, Chief Operating Officer, Blackpool CCG added that the impact of Winter 2017/2018 could be seen in the performance reporting for the first two quarters of 2018/2019, and that it had taken services longer than expected to recover. He added that performance had been improving since September 2018 and that Accident and Emergency performance was currently 90%. A new winter plan had been developed and it was considered that its implementation was already having a positive effect on performance.

The Committee discussed the recruitment and retention of staff, especially those in niche areas such as consultant radiographers for breast cancer. It was noted that the performance of the indicator 'patients seen within two weeks of a GP referral for breast cancer symptoms' was 25.18%..

Members were extremely concerned with the poor performance for referrals for breast cancer and considered the level of performance to be unacceptable. In response, Mr Bonson advised that in order to see patients more quickly support had been sought from other CCGs within Lancashire, however, no consultants had been willing to travel to Blackpool to provide a service and the only appointments offered to Blackpool residents were in Burnley. He added that a locum radiographer had subsequently been appointed in Blackpool and it was expected that the performance of related indicators would improve.

Members further queried if transport had been offered to take patients to Burnley to increase the likelihood of them accepting an appointment so far away. The CCG representatives at the meeting were unsure if transport had been offered and agreed to investigate the matter following the meeting.

Further concern was raised with regard to succession planning. It was noted that a number of services were provided by specialists and were reliant on individuals and small teams. Mr Bonson advised that a regional approach must be taken to ensure the ongoing provision of such specialist services. It was requested that the CCG report back to the Committee in July 2019 looking at the main areas of concern with succession planning and an approach to be taken.

With regards to the Winter Plan for 2018/2019, Mr Bonson advised that a more robust approach had been taken than in previous years and programmes put in place would be managed and monitored extremely closely. He added that the plans put in place would

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also ensure that services would be more capable of dealing with the extra pressures and reacting accordingly.

The Committee went on to consider the number of patients waiting for more than 12 hours in Accident and Emergency and noted the large proportion of patients that were mental health patients. Ms Newton advised that the figures also included patients arriving at Accident and Emergency intoxicated with alcohol and/or drugs. She reported that before an intoxicated patient could be assessed they must detox which took time and added to the length of wait. Members requested that future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.

Reference was made to the indicator 'patients receiving definitive treatment within one month of a cancer diagnosis' and the decreased performance from the end of year data presented to the Committee in July 2018. Ms Newton reported that the same delays in treatment were being experienced across Lancashire due to a shortage in oncology capacity. Members were advised that the target was expected to be met by the end of the year. It was also noted that due to the small numbers of patients being treated the change in percentage performance appeared more severe.

The Committee agreed:

1. That the CCG investigate whether transport was offered to patients to attend appointments outside of the area and report back to the Committee.
2. That the CCG report back to the Committee in July 2019 with the main areas of concern in relation to succession planning and an approach to be taken.
3. That future data demonstrate the number of patients experiencing a 12 hour wait due to attending the emergency department with drug and/or alcohol intoxication.

**7 BLACKPOOL SAFEGUARDING ADULT BOARD ANNUAL REPORT**

Ms Sarah Rahmat, Business Development Manager, Blackpool Safeguarding Adult Board presented the Annual Report of the Blackpool Safeguarding Adult Board (BSAB) 2017/2018 and highlighted that a new system of robust quality assurance had been put in place over the course of the year in order to assure partners and demonstrate improvement. She also highlighted that the Board was working more closely with Healthwatch and seeking the input and testimony of service users to compliment the statistical data already being captured.

Members noted the annual report and queried the number of referrals received for Serious Adult Reviews (SARs). Ms Rahmat advised that referrals for SARs were subject to strict criteria set out by the Care Act 2014. In response to further questioning, Ms Karen Smith, Director of Adult Services advised the criteria was designed to address partnership working to identify any potential learning and that in Blackpool partners generally worked well together resulting in fewer reviews despite complex safeguarding issues.

The Committee raised concerns regarding the attendance of partners at some of the BSAB meetings highlighting areas of extremely low attendance. In response, Ms Rahmat reported that a key objective of the Independent Chair for 2017/2018 had been to improve attendance and ensure that partners understood their safeguarding

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responsibilities. The number of meetings had been reduced to encourage partners to attend. Members of the Committee expressed the opinion that a target of 75% attendance was not high enough and that the BSAB be requested to consider increasing expected attendance at meetings to 100%.

The Committee went on to discuss the measures put in place to support adults that had been assessed to have capacity but continued to make decisions that might be considered to not be in their best interest. Ms Smith advised that services must abide by the Care Act, however, if it was considered that the individual's actions would put them at serious risk of harm then action would be taken.

It was noted that Lancashire Care Foundation Trust (LCFT) was a key partner and had recently been deemed as 'not safe' by the most recent Care Quality Commission (CQC) inspection. The Chairman sought assurance that the BSAB was taking action to address the concerns raised. In response, Ms Rahmat advised that the Board regularly quality assured all partners and received regular updates from LCFT on the improvement plan put in place to address the concerns raised by the CQC inspection.

Concern was also raised regarding the closure of the domestic abuse Facebook campaign as it had been recognised to be working. It was reported that the campaign had been time limited and therefore removed once the period had ended. In response, the Committee considered that the end of a set time period was not a good reason to end a campaign that was having an impact and requested that its reinstatement be considered.

The Committee agreed:

1. To request that the BSAB consider increasing expected attendance at meetings to 100%.
2. To request through Karen Smith, Director of Adult Services that the domestic abuse Facebook campaign be reopened.

## **8 ADULT SERVICES UPDATE REPORT**

The Committee considered the Adult Services Update Report presented by Ms Karen Smith, Director of Adult Services and noted that the Care at Home procurement process had been completed and the successful tender would be announced following the 10 day period allowed under procurement rules for the decision to be challenged. Members also noted the continued outstanding performance of the service in dealing with the high volume of Deprivation of Liberty Safeguards (DoLS).

Ms Smith referenced the Winter Plan 2018/2019 and reported that she concerned the concerns raised by the Committee in relation to the robustness of the Plan in previous years. She added that the recent programmes put in place were more demonstrable than in previous years and that services were in a better position to respond to challenges.

The Committee highlighted the work of the Resilient Communities and Children's Scrutiny Committee in relation to the development of a dashboard to allow Members to easily process data. It was agreed that a similar workshop be held with Adult Services in order to develop a dashboard of key facts and figures. The dashboard would allow for Members to have more input into the content of reports presented to future meetings.

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The performance in relation to Carers Direct Payments was discussed. It was reported that such payments were designed to help a carer alleviate a particular difficulty they were having that directly related to their caring responsibilities. An example was given of a washing machine breaking which was needed to wash bedsheets. Rather than administering the scheme directly, the funding scheme was operated by the Carers Centre. The Council could therefore not include the payments made by the Carers Centre in the performance data as it was not making the payments directly. Ms Smith advised that despite that fact, it was considered that the Carers Centre was the right avenue for offering the funding.

Members went on to consider the delayed transfers of care attributed to both the NHS and Adult Social Services and noted that they were generally the most complex cases. It was noted that delays due to the NHS and Adult Social Care separately were similar in number to other authorities, however, those caused by both organisations together were above average. Ms Smith highlighted that the reasons for the difference were being investigated but were not yet known. She added that the delays caused by Adult Social Care had been improved and there was now more control in the system.

The Committee considered the reasons around potential delays further and queried the strength of the links between the hospital and Adult Social Care. In response, Ms Smith advised that there remained difficulties in accessing information relating to discharges and the sharing of clinical information. She advised that the working relationship with the staff in the hospital was of key importance and assured the Committee that it was an area of focus for services. She added that services were being open and honest with each other in order to effect change and challenge was ongoing through the Accident and Emergency Delivery Board. It was agreed that further work would be carried out to identify the reasons behind the delays and a follow up report would be presented to the next meeting of the Committee.

In response to a question, Ms Smith advised that the performance with regards to average domiciliary care hours in comparison to other authorities was not an area of concern. The reasons behind the performance had been investigated and it had been determined that the number of hours was not having any adverse effect. Councillor Cross, Cabinet Member with responsibility for Adult Services and Health added that it remained policy to not commission short 15 minute visits. It was also noted that the service had a good relationship with providers who did advise if more or fewer hours for visits were required.

The Committee agreed to receive a report at its next meeting highlighting the reasons for delayed discharges.

**9 GREEN AND BLUE INFRASTRUCTURE STRATEGY**

Mr John Hawkin, Chief Operating Officer, Community and Environmental Services introduced the Draft Green and Blue Infrastructure Strategy and invited questions from the Committee.

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Members noted the ongoing large developments currently taking place in the town centre including the conference centre and the imminent announcement regarding the Central Leisure Quarter. It was queried how the Council would ensure that the Green and Blue Infrastructure Strategy was reflected in the ongoing developments. In response, Mr Hawkin advised that the benefits of an attractive public realm were well known both on the health and wellbeing of residents and visitors and also on the economy and the length of time people would dwell in a space. He added that a key aim of the Strategy was to give planning developers a tool to set out the town's vision. It was further noted that the Strategy would promote the receipt of commuted sums from developers.

The train station was identified as a key route into the town centre severely lacking green space. It was noted that Network Rail would also be a key partner in implementing the Strategy. Mr Hawkin agreed that all key gateways into the town should be revisited in light of the Strategy.

The Committee went on to consider the offer to employees in relation to volunteering opportunities and the Chairman cited the three days paid leave offered to civil servants to undertake volunteer work. Mr Hawkin advised that there was no current paid leave incentive to staff to volunteer and highlighted that 20% of all scores given during procurement related to social value added. Members also noted the volunteering opportunities offered by Blackpool Coastal Housing and the assistance to be provided to business to introduce greenery into the space they had available.

In response to questions, Mr Hawkin advised that further thought was required in order to ensure that socially isolated people could be encouraged to become involved in implementing the Green and Blue Infrastructure Strategy. He added that plans were in place to extend 'Friends' groups, involve young rangers and their families and to link together parks and transport offers.

The Committee agreed to establish a task and finish group to further contribute to the Strategy with the other two Scrutiny Committee and nominated Councillors Callow, Mrs Callow, Humphreys and Hutton to participate in the review.

**10 SCRUTINY WORKPLAN**

The Committee noted its workplan for the remainder of the 2018/2019 Municipal Year.

**11 DATE AND TIME OF NEXT MEETING**

The date and time of the special Committee meeting established to consider Lancashire Care Foundation Trust improvement was noted as 25 January 2018, commencing at 5.00pm.

**Chairman**

(The meeting ended at 7.47 pm)

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Any queries regarding these minutes, please contact:  
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# Agenda Item 3

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mrs Sharon Davis, Scrutiny Manager
<b>Date of Meeting:</b>	24 January 2019

## LANCASHIRE CARE FOUNDATION TRUST PROGRESS REPORT

### **1.0 Purpose of the report:**

- 1.1 To provide an update on Lancashire Care Foundation Trust's (LCFT) progress in making improvement on the actions identified within the Care Quality Commission inspection and the concerns raised by the Committee previously.

### **2.0 Recommendation:**

- 2.1 To scrutinise the update provided by Lancashire Care Foundation Trust, identifying any areas of concern, improvements required or recommendations that Members might wish to make.

### **3.0 Reasons for recommendation:**

- 3.1 To ensure the Committee is satisfied with the improvement being made by Lancashire Care Foundation Trust.

- 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### **4.0 Other alternative options to be considered:**

- 4.1 None.

### **5.0 Council priority:**

- 5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

## **6.0 Background information**

6.1 At the Adult Social Care and Health Scrutiny Committee meeting held on 10 October 2018, Members raised a number of concerns which are summarised below:

- The citing of staffing issues as a reason for poor performance, Members highlighted that huge risks were being taken with patients in life or death situations.
- That a number of the ‘must do’ actions from the CQC inspection were basics of care that should not fail to be undertaken by the Trust.
- That the response provided by Blackpool Clinical Commissioning Group did not give sufficient assurance that the situation would be monitored with steps taken, where required, to address failures.
- GPs were frustrated that patients were not receiving the treatment that their GP would like to see them have. Key concerns included the lack of a crisis team at Accident and Emergency to enable a quick decision on whether a patient needed admitting.
- That there were a number of very vulnerable people in Blackpool who required an immediate intervention and raised concerns that the only proposals being made were for long term solutions.
- Key officials from LCFT had not been attending meetings with partners despite confirming attendance.
- Emails sent requesting information and liaison from senior Council staff to LCFT representatives had not been answered.
- The issues relating to poor communication had been ongoing for over 12 months and were not one-offs.
- Discussion had been held at the Health and Wellbeing Board relating to the basic action plan that had been provided to address concerns with no detail of how improvements would be achieved or when.
- Anecdotal evidence had been received relating to poor patient management, including lack of communication with a suicidal patient regarding their discharge.
- The issues with staffing would not be rectified without addressing the culture of the organisation, accepting failures and improving staff morale.
- The speed in which LCFT was addressing the actions contained within the CQC report.

6.2 The Committee resolved that a written response be provided within 21 days to the key concerns raised by the Committee and that a special meeting be established in January 2019 to consider the progress made by the Trust in addressing the 22 ‘must do’ and ‘should do’ actions contained within the CQC report.

6.3 The response letter was provided to the Chairman within 21 days as requested and

was subsequently circulated to all Members of the Committee.

- 6.4 The following representatives from LCFT will be in attendance to speak to the information provided in the appendix and to answer any questions from Members.

- Jo Moore, Director of Operations
- Paul Lumsdon, Director of Nursing and Quality
- Bill Gregory as Acting Chief Executive Officer
- Max Marshall, Medical Director
- Damian Gallagher, Director of Workforce and Organisational Development

Other representatives from a range of partners have also been invited to the meeting to provide additional information.

Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

- 7.1 Appendix 3(a) Lancashire Care Foundation Trust Briefing Report

**8.0 Legal considerations:**

- 8.1 Contained within the appendix.

**9.0 Human resources considerations:**

- 9.1 Contained within the appendix.

**10.0 Equalities considerations:**

- 10.1 Contained within the appendix.

**11.0 Financial considerations:**

- 11.1 Contained within the appendix.

**12.0 Risk management considerations:**

- 12.1 Contained within the appendix.

**13.0 Ethical considerations:**

- 13.1 Contained within the appendix.

**14.0 Internal/external consultation undertaken:**

14.1 Contained within the appendix.

**15.0 Background papers:**

15.1 None.



# Lancashire Care NHS Foundation Trust Briefing Report

Prepared for:  
Special Meeting of the Adults Social Care & Health Scrutiny Committee  
Thursday 24 January, 5pm

## CONTENTS

1. Introduction
2. Background to Mental Health Pressures
3. Mental Health Improvement Plan relating to Blackpool, Fylde & Wyre locality update
4. People Plan Progress Update
5. CQC Quality Improvement Action Plan & Progress Update
6. Appraisal and Mandatory Training Compliance

### Appendices

- a. Blackpool-specific position update
- b. Latest Mental Health Improvement Plan
- c. Mental Health Oversight Group Key Messages December 2018
- d. Latest CQC Action Plan
- e. Latest Appraisal and Mandatory Training Compliance data

## **1. INTRODUCTION**

This pack has been compiled to provide the Blackpool Adults Social Care & Health Scrutiny Committee with assurance about the delivery of the mental health improvement plan, incorporating system wide actions. (section 3 and appendices a and b)

As well, Lancashire Care Trust's CQC action plan is shared to provide the latest progress update on achieving the required improvements. (section 5 and appendix d)

A progress update about the delivery of the People Plan is also included for further context about what the Trust is doing to improve staff morale and make positive changes in response to employee feedback. Data is provided to show the Trust's current position with regards to staff training and PDR compliance. (section 4 and 6)

## **2. BACKGROUND TO MENTAL HEALTH PRESSURES**

Since April 2018, there has been a significant increase in the demand for mental health services across Lancashire and South Cumbria. This update briefing is intended to summarise how the partnership of NHS, local government and other organisations is taking action together to address this situation.

Lancashire Care NHS Foundation Trust is the main provider of mental health services in Lancashire. We work in collaboration with commissioners from all eight Clinical Commissioning Groups across Lancashire and South Cumbria, with local authorities, the police and a wider range of partners.

Over several years this collaboration has seen the introduction a range of enhanced community services for patients which include an acute therapy service, three mental health decision units, a Section 136 suite for young people in crisis, three crisis houses and two mental health assessment wards. These additional services are able to provide support to people outside of a hospital setting, where appropriate.

In addition to this and over a longer term, improvements have also been made to mental health accommodation so that those people that do require an admission are cared for in facilities that are modern and of a high standard. Inpatient facilities are co-located and provided as follows:

- Fylde Coast, The Harbour (new development)
- North Lancashire, The Orchard (re-development)
- Pennine Lancashire, Pendle View and Hillview (re-development)
- Central Lancashire, Chorley Hospital (re-development)

The Trust also has an acute in-patient ward and psychiatric intensive care unit based in Ormskirk.

A specialist inpatient Mother and Baby Unit opened during November 2018 along with a community outreach service for mothers who are suffering from mental health problems in Cumbria and Lancashire.

Despite these additional services, the increase in demand includes a substantial increase in the number of acutely mentally unwell patients attending Accident and Emergency (ED) and Urgent Care Centres across Lancashire. This has also impacted on wider services, for example Lancashire Constabulary and North West Ambulance Service.

The figures for patients presenting at Blackpool Victoria Hospital are as follows:

MHLT - Team Position	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 18-19	Fcast 1819	Growth
Total patients seen	1,994	167	189	172	204	223	245	232	237	1,669	2504	25.6%
Total patient breached 4 hour target	438	66	78	51	90	86	45	93	89	598	897	
Performance %	22.0%	39.5%	41.3%	29.7%	44.1%	38.6%	18.4%	40.1%	37.6%	35.8%	35.8%	
Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	

Table 1. A&E attendances referred to Mental Health Liaison and 4 hour access standard performance

The 12 hour breaches for people awaiting admission to a bed were as follows;

MHLT - Team Position	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 1819	Fcast 1819
Total patients seen	1,994	167	189	172	204	223	245	232	237	1,669	2504
Total patient breached 12 hours	40	7	3	10	16	20	8	21	16	101	152
Performance %	2.0%	4.2%	1.6%	5.8%	7.8%	9.0%	3.3%	9.1%	6.8%	6.1%	6.1%

Table 2. A&E 12 hour breaches

In addition, during the same time period there has been an increasing group of section 136 detentions:

ility	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 1819	Fcast 1819	% Growth
Blackpool	266	37	33	29	34	47	40	49	38	307	461	73.1%

Table 3. Section 136 detentions

Whilst there are significant pressures in Emergency Departments there is also a cohort of patients waiting for extended periods of time in the community to be admitted. These patients may have greater needs and by very the nature of being at home may be more vulnerable and at higher risk.

The corresponding data for referrals to crisis teams in the Blackpool locality is as follows:

CRHT Teams - Locality summary	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 1819	Fcast 1819	% Growth
BLACKPOOL F&W LOCALITY	2,921	238	243	253	263	254	214	272	239	1,976	2964	1.5%

Table 4. Referrals to Crisis teams

The overall demographic impact of these increasing pressures is summarised here:

	Weighted population age 16+	2017/18 actual			2018/19 forecast		
		S136 per 100k pop'n	A&E per 100k pop'n	Crisis refs per 100k pop'n	S136 per 100k pop'n	A&E per 100k pop'n	Crisis refs per 100k pop'n
<b>Locality</b>							
Blackpool	347,986	76.4	573.0	839.4	132.3	719.4	851.8

Table 5. Demographic pressures

Partnership working by all organisations across the region and beyond has identified that increasing the capacity within community based teams is the best way to meet people's needs in the right place, at the right time, and reduce the demand on mental health inpatient units, Emergency Departments and public service providers across the system.

### 3. MENTAL HEALTH IMPROVEMENT PLAN

The increase in activity outlined above led to a Risk Summit for health leaders from across the Lancashire and South Cumbria system in April 2018. This resulted in the development of a Mental Health Improvement Plan for Lancashire and South Cumbria which includes a number of new resources. These are in the process of being implemented and a partnership approach taken to reducing the demand on mental health services. A copy of this joint plan is included at appendix B.

Progress on the Mental Health Improvement Plan is reported into a new Mental Health Oversight Group and the Integrated Care System (ICS) Board. Regular stakeholder briefings are now being produced for A&E Delivery Boards, Police, senior leaders, partners and MPs to keep them updated on the progress of the Improvement Plan and provide an opportunity to contribute. A copy of the latest key messages briefing from the Mental Health Oversight Group is included at appendix C.

#### National STP Wave 4 Capital Funding

Lancashire Care has successfully secured £8m in the national fourth wave STP capital funding bidding process to develop a Mental Health Decision Unit on the Blackpool Victoria site and to facilitate the co-location of frontline mental health teams. Blackpool Teaching Hospitals Trust has also successfully secured capital funding to enhance the A&E department. Collaborative discussions are now underway regarding the potential for a joint solution that meets both organisations requirements. If this is not possible, the existing plan to develop the Parkwood Unit on the hospital site will be implemented.



**System Review of Mental Health Services**

As referenced already, NHS providers, Local Authority, Third Sector, Police and other emergency services across Lancashire and South Cumbria are working together to review current mental health challenges across the region to improve the quality of services provided to people with mental health conditions.

With this aim, the Integrated Care System, (ICS) commissioned colleagues from Northumberland, Tyne and Wear NHS Foundation Trust to lead an external review with additional input and oversight from senior, independent clinicians. The review began in September 2018 and the report is expected to be published imminently. A system-wide meeting has been scheduled to discuss the findings in the report on 31st January 2019.

This review has included analysis of data related to mental health services but also provided opportunities for people that use mental health services and the people who care for them to share their experiences and ideas along with involving staff from NHS, local authorities, Police, voluntary, community and charity organisations.

The review will be used to develop future plans for mental health services for the 1.7million people in Lancashire and South Cumbria and look for ways to support Lancashire Care, and other mental health providers across the region, to enhance the quality of services for people with mental health conditions.

**Blackpool, Fylde & Wyre Specific Improvements**

Within all the plans there are some specific actions being undertaken pertaining to the Blackpool, Fylde and Wyre economy. These are drawn out for the Committee as follows:

- Psynergy pilot; this is a form of mental health street triage intervention designed to reduce demand on NHS services and frontline police in Blackpool, Fylde and Wyre. It was commissioned to run as a pilot from Dec 18 to March 19. The Psynergy team includes a Police Office, Paramedic and mental health nurse to offer a multi-agency frontline mental health crisis response service to respond to mental health calls to NWAS and Police. The team triage incidents so that the most appropriate pathway to support the patient is identified rather than simply initiating a Section 136 (S136) and/or transferring the patient to the Emergency Department (ED). The very early findings from the first two weeks of the pilot are that there has been a marked decrease in s136 attenders at A&E as a result which is being closely monitored as part of the pilot evaluation.
- Memory Assessment Services; the Fylde Coast MAS is part of a national project (ERICA) which is working with patients with dementia to engage in research. Currently the team are in the top 4 nationally for engagement with patients and have an aim of being number 1.
- Fylde Coast Rapid Intervention and Treatment Team; lots of engagement is underway and health and wellbeing initiatives being undertaken with both staff and the wider community including patients. This includes some charity work and the creation of a staff choir. The vacancy rate has reduced as a result and all of the team are active in promoting a healthy workplace.



- Fylde Coast Community Mental Health Team (Calico); a new pilot with third sector partner Calico will commence in February 2019 and will see 18 recovery workers supporting patients with social issues and mental health diagnosis in the community. This is with the aim of avoiding deterioration in their condition and the need for acute admissions. It will also provide additional clinical time from Drug & Alcohol workers in the Mental Health Liaison Team to provide joint assessments and signposting out of hours.

#### **4. PEOPLE PLAN**

As referenced in our previous update, our People Plan was borne out of a series of 'Big Engage' events in 2016 where we sought to engage with the maximum number of staff to find out from them what it was that would make our organisation a great place to work. We worked with the King's Fund and Professor Michael West, experts in compassionate healthcare cultures, in order to develop the People Plan. The People Plan consists of six domains based on the research and evidence of West and the King's Fund and has incorporated the key priorities for the Trust which were reinforced in the findings of the 2017 annual Staff Survey. These are the themes from the survey that are now key priorities within the People Plan:

- Recognition and Appreciation
- Health and Wellbeing
- Engagement
- Quality of care provided to patients and services users
- Reporting of incidents, errors and action taken
- Bullying and Harassment
- Staffing and Teams
- Quality of Leadership and Management
- Career progression and learning

In January & February 2018 when the Care Quality Commission (CQC) undertook its inspection of the Trust, concerns were identified which led to an overall rating of 'Requires Improvement'. Within the well-led domain of the CQC report, priority actions highlighted by the CQC mirrored those which had also been flagged by our people. This included appraisals and personal development plans, clinical supervision and mandatory training. We therefore combined the priorities from the 'Big Engage' events, Staff Survey and the CQC report into the People Plan, with an overall focus on engagement and wellbeing.

The Trust monitors the delivery of the People Plan through its People Plan Delivery Group and each Network also has its own local engagement plans. The People Plan will use the 2018 Staff Survey responses to test progress and the Staff Friends and Family test to ensure that we are making an impact on the priority themes.

### **People Plan Domains: Blackpool and Fylde Coast**

**Vision and Values:** the Trust has launched a number of engagement and internal communications activities and events to increase visibility of senior leaders and promote feedback and open communication. These include visits by the executive team, birthday breakfasts led by the CEO and a 100-day follow up session with new staffs. The Networks complement this Executive activity through their own bespoke engagement, for example the Mental Health Network recently ran an 'Engage' Session for around 60 staff focusing on wellbeing, development and engagement in the Fylde Coast. It was very well received and the actions and the ideas are being taken forward by the network by the Care Group Manager who is the People and Leadership lead for the network.

**Planning for Success:** we have engaged with staff to improve our appraisal process and are currently testing out a new appraisal workbook based on the feedback from an appraisal 'hackathon' which teams from the Fylde Coast took part in. The training for appraisal skills and compliance has also greatly improved.

**Inclusive Learning and Development:** we have reviewed our mandatory training requirements and updated our training needs analysis but we still have plans to do more to streamline these. We have carried out Roadshows for mandatory training and are offering more education, learning and development to staff through brand new roles, apprenticeship pathways and other development opportunities. We are also expanding the number of placements for nursing students at Undergraduate and Masters level.

**Enabling and Supporting Wellbeing:** teams in the Fylde Coast have embraced the 'Five Ways to Wellbeing' campaign and are running a number of sports and social clubs and activities including knit and natter groups, mindfulness and football. We've run sessions on resilience for senior managers and more are planned. We also have a high number of wellbeing champions who are actively promoting workplace wellbeing through local engagement.

**Leadership at All Levels:** our leadership model has been developed with staff and formally launched. We are now developing our full 'offer' which will be open to leaders and managers at every level.

- **New and Emerging Leaders:** we have the licence for Mary Seacole (Localised for Lancashire and South Cumbria) and can offer this across the wider health and care system in place, open to applicants from the Fylde Coast. This is a 6 month leadership development programme for first time leaders designed by the NHS Leadership Academy. We are on our 4<sup>th</sup> cohort and so far we have had four applications from the Fylde Coast and want to expand this so that we have facilitators from Blackpool Teaching Hospitals as well as East Lancashire Hospitals, NWAS and Lancashire Care.

- Clinical Leaders: we have co-designed a programme called 7Up for band 7, 8a and 8b level clinical leaders. This programme will be launched in January.
- Coaching Culture: we are running monthly coaching skills for managers programmes and have a network of internal coaches and mentors who can access coaching to support change, confidence, performance and wellbeing.
- Senior Leaders: we link with CETAD (Centre for Training & Development) at Lancaster University to deliver the senior leadership level 7 apprenticeship.
- Supervisors / First Line and Middle Managers: we are working with apprenticeship providers such as Blackpool College and Accrington College to offer level 3 and level 5 qualifications via the apprenticeship route in management and leadership.
- System Leaders: our system leaders in the Fylde have taken part in the Healthier Fylde Coast system leadership programme.

**Unleashing the Power of Teams:** we continue to offer bespoke facilitated team development sessions and strategy development groups across the Trust. For The Harbour in particular we have completed action planning with wards, support for the Violence Reduction Team, preceptorship as well as induction and orientation for Harbour staff.

### **Employment Services**

<b>Area</b>	<b>Update</b>
Recruitment & Retention	<ul style="list-style-type: none"><li>• Rolling Nurse recruitment adverts</li><li>• Improved recruitment process on the electronic recruitment system 'Trac' to make it easier and efficient to recruit to posts quicker</li><li>• NHS retention for nurses, improving new starter process, access to preceptorship, recognition and awards for newly qualified and experienced nurses.</li><li>• Review of the retire and return process</li><li>• Regular recruitment events for nurses</li><li>• Making vacancies more accessible via NHS jobs, Trac, Linked-In and other sources</li><li>• Utilising social media to highlight opportunities</li></ul>
Employability	<ul style="list-style-type: none"><li>• Pre-employment programme for adults who have had mental health related break from work</li><li>• An Under 16s and an Over 16s work experience programme</li><li>• Open work experience (upon request)</li><li>• Traineeship programme being developed for age 16-24</li><li>• 'Step into Health' programme for Armed forces, Service leavers, veterans, reservists)</li></ul>

Apprenticeships	<ul style="list-style-type: none"><li>• Internal Apprenticeship courses ranging from Level 2 to level 7</li><li>• Apprenticeship support group</li><li>• New Apprenticeship pathways entry level and above step into LCFT programme</li><li>• Support for apprentices with application and mock interviews nearing the end of their contract</li><li>• Trainee Nursing associate cohorts</li></ul>
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## **5. CQC QUALITY IMPROVEMENT ACTION PLAN & PROGRESS UPDATE**

In November 2018, members of the Committee received a copy of the CQC Action Plan. The updated action plan included at appendix D provides the progress information since the last report to Committee members.

A robust system remains in place for tracking actions on the CQC action plan. Three actions are recorded as off track at the time of reporting (shown in the RAG status as red) but all three actions have been scrutinised by our internal CQC Steering Group meeting in December and mitigating actions agreed.

In relation to recommendation 34 action 80 (detention duration in 136 Suites) there has been additional scrutiny of the ability to achieve this action within the deadline. Evidence of the NTW work to improve the urgent care flow and pathway has been reviewed, the daily sit rep which includes review of s136 breaches continues and the challenge of finding best placement for patients in timely manner was accepted by the CQC Steering Group. Nonetheless the Trust is expecting improvements to come to fruition in mid-2019 and to see evidence of work to ensure actions (which are within the Trust's gift to deliver) are achieved. We can confirm that a clinical prioritisation process is applied and a 136 checklist consistently in use.

## **6. MANDATORY TRAINING AND PDR COMPLIANCE DATA**

Appraisal and mandatory training rates remain steady across the Trust as Networks continue to work closely with our Quality Academy to focus on improvement. This is a key performance measure being reviewed by the Board. The latest data is provided at appendix e.

Violence Reduction Training and Safeguarding Adults L2 Training has been included in the Tracked Mandatory Training figure which has resulted in a slight decrease in compliance. Appraisal Compliance for Q3 is calculated using the number of employees who have objectives in place in the system. A new Training & PDR Compliance Management report was released in June. This allows users to view compliance data in a number of ways and drill down to employee level compliance information.

## **Appendix A**

### **Blackpool-specific position update**

**Mental Health Improvement Plan****Update for Blackpool Overview & Scrutiny Committee – January 2019****1.0 Introduction**

The adult acute mental health services have been experiencing significant pressures and a surge in demand over recent months. As a result, there is a large volume of patients in all settings awaiting in-patient beds leading to a high number of A&E 12 hour and Section 136 MHA breaches. This has triggered a high level of system anxiety. This paper provides an update to Trust Board on the latest position regarding the Mental Health improvement plan and system discussions and actions.

**2.0 Latest data summary****2.1 A&E****Table 1: Total referrals to MHLT**

	<b>MHLT - Team Position</b>	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 18-19	Fcast 1819	Growth
<b>Blackpool</b>	Total patients seen	1,994	167	189	172	204	223	245	232	237	1,669	2504	25.6%
	Total patient breached 4 hour target	438	66	78	51	90	86	45	93	89	598	897	
	Performance %	22.0%	39.5%	41.3%	29.7%	44.1%	38.6%	18.4%	40.1%	37.6%	35.8%	35.8%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
<b>East Lancashire</b>	Total patients seen	3,074	286	286	290	303	267	305	251	231	2,219	3329	8.3%
	Total patient breached 4 hour target	307	26	22	30	58	25	43	37	48	289	434	
	Performance %	10.0%	9.1%	7.7%	10.3%	19.1%	9.4%	14.1%	14.7%	20.8%	13.0%	13.0%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
<b>Morecambe Bay</b>	Total patients seen	1,473	143	136	139	140	108	147	166	147	1,126	1689	14.7%
	Total patient breached 4 hour target	106	17	9	12	9	19	20	7	7	100	150	
	Performance %	7.2%	11.9%	6.6%	8.6%	6.4%	17.6%	13.6%	4.2%	4.8%	8.9%	8.9%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
<b>Central Lancashire (Chorley)</b>	Total patients seen	487	9	15	7	9	5	4	7	5	61	92	-81.2%
	Total patient breached 4 hour target	67	1	0	0	0	0	0	0	0	1	2	
	Performance %	13.8%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	1.6%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
<b>Central Lancashire (Preston)</b>	Total patients seen	1,066	80	74	183	154	179	180	213	166	1,229	1844	72.9%
	Total patient breached 4 hour target	184	16	23	14	13	11	22	9	6	114	171	
	Performance %	17.3%	20.0%	31.1%	7.7%	8.4%	6.1%	12.2%	4.2%	3.6%	9.3%	9.3%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
<b>Central Lancashire (Total)</b>	Total patients seen	1,553	89	89	190	163	184	184	220	171	1,290	1935	24.6%
	Total patient breached 4 hour target	251	17	23	14	13	11	22	9	6	115	173	
	Performance %	16.2%	19.1%	25.8%	7.4%	8.0%	6.0%	12.0%	4.1%	3.5%	8.9%	8.9%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
<b>Network Total</b>	Total patients seen	8,094	685	700	791	810	782	881	869	786	6,304	9456	16.8%
	Total patients breached 4 hour target	1,102	126	132	107	170	141	130	146	150	1,102	1653	
	Performance %	13.6%	18.4%	18.9%	13.5%	21.0%	18.0%	14.8%	16.8%	19.1%	17.5%	17.5%	
	Target %	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

**Table 2: 12 hour breaches**

	<b>MHLT - Team Position</b>	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 1819	Fcast 1819
<b>Blackpool</b>	Total patients seen	1,994	167	189	172	204	223	245	232	237	1,669	2504
	Total patient breached 12 hours	40	7	3	10	16	20	8	21	16	101	152
	Performance %	2.0%	4.2%	1.6%	5.8%	7.8%	9.0%	3.3%	9.1%	6.8%	6.1%	6.1%
<b>East Lancashire</b>	Total patients seen	3,074	286	286	290	303	267	305	251	231	2,219	3329
	Total patient breached 12 hours	68	13	3	25	32	17	18	27	21	156	234
	Performance %	2.2%	4.5%	1.0%	8.6%	10.6%	6.4%	5.9%	10.8%	9.1%	7.0%	7.0%
<b>Morecambe Bay</b>	Total patients seen	1,473	143	136	139	140	108	147	166	147	1,126	1689
	Total patient breached 12 hours	23	1	2	4	6	5	14	8	12	52	78
	Performance %	1.6%	0.7%	1.5%	2.9%	4.3%	4.6%	9.5%	4.8%	8.2%	4.6%	4.6%
<b>Central Lancashire (Chorley)</b>	Total patients seen	487	9	15	7	9	5	4	7	5	61	92
	Total patient breached 12 hours	3	0	0	0	0	0	0	0	0	0	0
	Performance %	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Central Lancashire (Preston)</b>	Total patients seen	1,066	80	74	183	154	179	180	213	166	1,229	1844
	Total patient breached 12 hours	24	1	0	4	2	0	2	0	3	12	18
	Performance %	2.3%	1.3%	0.0%	2.2%	1.3%	0.0%	1.1%	0.0%	1.8%	1.0%	1.0%
<b>Central Lancashire (Total)</b>	Total patients seen	1,553	89	89	190	163	184	184	220	171	1,290	1935
	Total patient breached 12 hours	27	1	0	4	2	0	2	0	3	12	18
	Performance %	1.7%	1.1%	0.0%	2.1%	1.2%	0.0%	1.1%	0.0%	1.8%	0.9%	0.9%
<b>Network Total</b>	Total patients seen	8,094	685	700	791	810	782	881	869	786	6,304	9456
	Total patient breached 12 hours	158	22	8	43	56	42	42	56	52	321	482
	Performance %	2.0%	3.2%	1.1%	5.4%	6.9%	5.4%	4.8%	6.4%	6.6%	5.1%	5.1%

A&E referrals to liaison activity has continued to be amongst the highest level experienced. Blackpool and East Lancashire are particularly challenged in terms of % activity growth and are consequently



experiencing the highest number of 12 hour breaches. Central locality continues to perform well and has achieved the 95% A&E access standard for the last two months. New actions relating to achievement of 4-hour standard for those patients who are not admitted and learning from Central locality have been built into the improvement plan as a result.

## 2.2 S136 demand

**Table 3: s136 detentions**

Locality	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 1819	Fcast 1819	% Growth
Blackpool	266	37	33	29	34	47	40	49	38	307	461	73.1%
East Lancs	170	35	45	35	40	40	27	24	22	268	402	136.5%
North Lancs	121	10	10	12	13	13	11	21	29	119	179	47.5%
Central Lancs	70	19	14	31	31	21	18	17	18	169	254	262.1%
West Lancs	18	6	7	2	4	4	2	6	5	36	54	200.0%
Out of Area	0	4	4	3	2	4	1	2	1	21	32	0.0%
Blank	0	1	1	3	2	2	1	1	4	15	23	0.0%
<b>Total</b>	<b>645</b>	<b>112</b>	<b>114</b>	<b>115</b>	<b>126</b>	<b>131</b>	<b>100</b>	<b>120</b>	<b>117</b>	<b>935</b>	<b>1403</b>	<b>117.4%</b>

S136 demand has continued to far exceed the 2017/18 levels and the volume is particularly significant in Central and East localities. In accordance with the improvement plan, multi-agency crisis management plans were agreed in each locality during November 2018 for the top frequent attenders and the impact of this will be monitored closely in the coming months.

## 2.3 Crisis/HTT new referrals

**Table 4: New referrals to Crisis/HTT**

CRHT Teams - Locality summary	Total 1718	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD 1819	Fcast 1819	% Growth
BLACKPOOL F&W LOCALITY	2,921	238	243	253	263	254	214	272	239	1,976	2964	1.5%
CENTRAL & WEST LANCS LOCALITY	1,843	125	145	179	183	146	141	158	148	1,225	1838	-0.3%
PENNINE LANCS LOCALITY	2,961	300	293	283	289	293	258	284	284	2,284	3426	15.7%
<b>CRHT Teams - Referrals Total</b>	<b>7,725</b>	<b>663</b>	<b>681</b>	<b>715</b>	<b>735</b>	<b>693</b>	<b>613</b>	<b>714</b>	<b>671</b>	<b>5,485</b>	<b>8,253</b>	<b>6.8%</b>

New referrals to crisis teams to the three large localities have overall increased by 6.8% including a significant change in Pennine Lancashire and a new piece of data analysis is underway to determine known reasons for this.

## 2.4 Demand data by 100,000 head of population

The table below uses the forecast data for 2018/19 per 100,000 head of population for the three largest localities where we provide mental health services to highlight the areas of greatest demand. The table uses weighted population figures to take account of morbidity.

**Table 5: demand by weighted population**

	Weighted population age 16+	2017/18 actual			2018/19 forecast		
		S136 per 100k pop'n	A&E per 100k pop'n	Crisis refs per 100k pop'n	S136 per 100k pop'n	A&E per 100k pop'n	Crisis refs per 100k pop'n
<b>Locality</b>							
Blackpool	347,986	76.4	573.0	839.4	132.3	719.4	851.8
East Lancs	563,556	30.2	545.5	525.4	71.3	590.6	607.9
Central Lancs	324,504	21.6	478.6	529.6	78.1	397.5	566.2



The data per population clearly demonstrates a higher demand on services in the Blackpool, Fylde & Wyre locality.

## **2.0 System improvement plan**

The LCFT and system actions have now been combined into a single system plan and details can be found in the Overview and Scrutiny Committee pack appendices. A sub-group has been established to monitor the joint plan on a weekly basis. The Trust has implemented a number of actions to address internal efficiency, escalation and communication which are detailed in the improvement plan. With regards partnership working, key multi-agency progress has been made as follows:

- Multi-agency frequent attender reviews – first joint crisis management plans now in place, task & finish group established to create process and governance structure for ongoing management
- Blackpool Psynergy pilot commenced and early indications are positive.
- Creation of additional capacity with third sector provider Calico for substance misuse (detoxification beds and peer support workers)

The pace of the system analysis to understand drivers of demand is slower than anticipated and has been escalated to ICS colleagues as being a vital source of information to inform the plans.

The Trust has also successfully secured £8m STP 4th Wave capital funding to invest in the development of the Mental Health Decision Unit and co-location of Mental Health teams into a hub on the Blackpool Victoria site. Discussions have begun with BTH colleagues as to the best location and design solution to take forward this significant investment.

At the time of writing the report, LCFT has not received any additional funding for winter resilience, despite having implemented a number of schemes to address the pressures at the Trusts' own financial risk. However, some funding has been made available to commissioners nationally and discussions are ongoing with commissioner colleagues regarding these funds.

## **3.0 Integrated Care System (ICS)**

### **3.1 Oversight Group**

The ICS Board has established an oversight group, chaired by the ICS Director of Strategic Commissioning, to monitor progress on both the system improvement plan and the commissioned independent review being undertaken by Northumbria, Tyne and Wear (NTW) NHS Trust. With regards this review, The Trust has now provided the data requirements and a series of individual and group stakeholder meetings have been held during November. The draft report is due to be received in January 2019.

### **3.2 Support requested from system partners**

LCFT has been actively supported by system partners as it is acknowledged that the rising demand and associated pressures cannot be addressed by the Trust in isolation. As part of this collaboration, Blackpool economy colleagues are specifically requested to:



- Work LCFT and BTH NHS Trusts and other partner organisations in promoting Blackpool, Fylde and Wyre proactively as a vibrant place to work, thereby attracting the highest quality staff and improving retention rates
- Contribute to the system-wide data analysis which is key to understanding the changes in mental health demand
- Ensure any new investment is targeted to addressing the deficits already identified
- Support health and local authority colleagues in collectively developing new models of care and different ways of working to assist in addressing the issues

#### **4.0 Recommendation**

The Committee is requested to:

- Note the information contained within the report;



## **Appendix B**

### **Latest Mental Health Improvement Plan**

Impact Area	Description	Key Milestones Nov - March	Due Date	BRAG Status	SRO	LCFT Lead	Commissioner Lead	Risks and Mitigations	Comments	Commissioner Update
Immediate Actions										
		Address Substantive Medical Staffing gap for Core 24	01/01/2019	Red	J Moore	P Horner/M Worthington K Mostafa			4.1.19 Repeated recruitment attempts without success, which is reflective of National Consultant recruitment pressures. Contingency plans for medium and long-term to be developed in case of ongoing inability to recruit (e.g. development of Nurse Consultant roles). <b>New Milestone</b> to be revised and agreed in light of recruitment market pressures.	
Integrated Front door	Implement Mental Health Liaison Teams (previously known as Core24) Staffing in line with funding	Nurse Staffing	31/08/2018	Complete	J Moore	P Horner /M Worthington/K Mostafa		<b>Risk ID 9291 Rated 12</b> Risk-The commissioners in Pennine Lancs have reduced the investment into Pennine MHLT OA provision by 500k, impacting on the number of WTE available to cover 1 ED, 2 UCC, 5 Acute Hospital sites, and respond in line with specified KPIs, due to concentrating on RBH/BGH ED/UCC Mitigation - Data collection on response times to Acute Trust wards- Continued discussion with CCG/Acute Trust regarding the financial deficit and reinvesting the 500k Monitoring of staff morale, sickness levels, use of Bank staff Collate data on escalations from the Acute Trust regarding response times	9.1.19 Ongoing recruitment to posts are completed, however, retirement and natural turn over of team is being monitored and responded to.	
Page 28	Embed Enhanced MH Liaison offer and adherence to 5YFV and PLAN Standards	Detailed Review BFW Completed	01/02/2019	Green	J Moore	Phil Horner			9.1.19 Added	
		Review progress against implementation of SOP and calculate impact on MHLT performance against national targets - September 2019	30/09/2019	Green	J Moore	Kath Maddison / Lead Nurses			9.1.19 Added	
		Locality Capacity & Demand Review	17/12/2018	Complete	J Moore	Phil Horner			4.1.19 A high level review has been completed across all localities. <b>New Milestone</b> - A detailed review of locality Capacity and Demand will be completed initially focusing on BFW due to system pressures. - <b>1st February 2019</b> NHSE Capacity and Demand tool is not designed to be used for 24hr service. LCFT have created a work around and will make NHSE aware of the limitations of the tools. Data for Blackpool, Fylde and Wyre has been collected and Pennine and Central have been engaged and delivery will commence early January 2019 Patient journey mapping due to be completed w/c 7/1/19 SOP implementation is linked to the engagement through capacity and demand and is aligned to the recruitment drive that is being completed throughout Lancashire.	
		SOP implementation in Localities (inc. Parallel Brief Assess)	17/12/2018	Complete	J Moore	Kath Maddison / Lead Nurses			4.1.19 Continue to implement the SOP and review. This will be in line with ongoing recruitment to provide a 24 hour service. 9.1.19 Technical version of the SOP to be developed and issued to each A&E to ensure people are aware of the pathway and process in each locality. <b>New Milestone</b> : Review progress against implementation of SOP and calculate impact on MHLT performance against national targets - <b>September 2019</b>	
Integated Front Door	MHSC/s136 (short-term acceptance criteria review) - all localities	Central Deep Dive Report	TBC	Green					9.1.19 Added	
		Review Complete	31/08/2018	Complete					9.1.19 LCFT are considering how to demonstrate the impact of work completed to date. A deep dive is being completed in Central and will be report.	

AE	ICS Commissioners to review third sector options for additional provision including discussions with LA (vacant properties) that may be available. An options appraisal will be required to determine if bigger impact for third sector schemes or HTT roll out.		01/01/2019 (PH changed date from 23.11.18)	Amber	P Hopley	L Giles S Moore	L Dover		<b>9.1.19</b> Ongoing work programme has been developed with Calico looking at detox / rehab beds and peer support workers in CMHT and AE - focussed on the BFW locality	9.1.19 LCFT have commissioned Calico who are starting in February on the Fylde Coast which will see 18 recovery workers supporting patients with social and mental health diagnosis in the community. In addition, each ICP area has now identified a number of local third sector schemes that will commence in Jan and Feb.
AE	Urgent access for service users known and unknown to "Hot Clinics" and communicate in each locality		31/12/2018	Red	J Moore	Dr L Leroux Phil Horner			<b>4.1.19</b> Analysis of Hot Clinic availability and demand complete. This has not been communicated with all localities as dialogue with commissioners to agree provision and pathway needs to be arranged in 2019 <b>9.1.19</b> Work work be completed around Central locality and a service offer determined	
Integrated Front door	The development of a new admission decision making tool for clinicians.		30/11/2018	Complete	J Moore	Dr L Leroux			<b>9.1.19</b> Tool to be reviewed in line with recent 12hr breaches - new action to be agreed	
Integrated Front door	A data analysis around the drivers of demand across Lancashire Care and South Cumbria		14/12/2018	Amber	P Hopley	BI	D Royles D Rintoul N Smith N Saghir		<b>9.1.19</b> NTW, CSU BI, NHS SCN and LCFT BI Team met on the 18th December to agree a collective approach to producing regular multiagency BI Plan. In addition, LCFT had also commissioned a 'quick' piece of work to review a number of existing schemes against demand profile which was completed and shared.  The task and finish group are due to meet again in January to agree specific outcomes / milestones on work and links have been made with the Urgent Care Workstream  There is also work being scoped out in longer term with regards to research with UCLAN but this will not have any impact on outcomes in the short term.	
AE	Frontline staff - Tailored training and support to be developed and delivered across the patch for Acute Staff	Acute Trusts to provide details of training required	31/12/2018 (PH changed date from 30.11.18)	Red	P Hopley		M Luraschi H Houslow			<b>9.1.19</b> This action is no longer currently being pursued by ICS Mental Health Team. An initial request was sent out via the Lancashire ED Delivery Board and initial response was received to state that one of the Acute Trusts would send us their thoughts / ideas for specific training. However, despite a number of responses via the ED delivery board project officers, this has never materialised for LCFT to consider. This action will now be escalated to David Bonson as chair of Lancashire wide ED Delivery Board.
Integrated Front door		Specific request from support from 1 acute Trust	31/10/2018	Complete	J Moore	Matt Joyce				
AE	Frequent attender MDT review and agreement of multi-agency care/crisis plans	Process agreed for ongoing management of frequent attenders	31/12/2018	Amber	P Hopley	R Willis	N Smith M Luraschi E Flemming			<b>9.1.19</b> This action is dependant upon "Coordinate findings of LCFT and other systems breach analysis"
AE		Crisis plans in place for top patients identified	30/11/2018	Complete	J Moore	R Willis	N Smith		<b>9.1.19</b> Follow up actions to be agreed following the MOAG on 14/1.  Discusion is ongoing about the cohort of service users who do not require MH Services and need to be managed by multi agency approach.  Task and finish group met w/c 7/1 to identify a plan for the next 'batch' of frequent attenders.	
AE	Blackpool Synergy pilot ( Street Triage)	Commence Pilot	01/12/2018	Red	P Hopley	L Walsh	L Tiffen			
		Complete Pilot	31/03/2019	Green	P Hopley	L Walsh			<b>2.1.19</b> On Track	
		Pilot Evaluation Complete	30/04/2019	Green	P Hopley	L Walsh			<b>2.1.19</b> On Track	

		Recruits in place and service live	17/12/2018	Red	J Moore	P Cullen		Risk is variable demand across county and increased demand for HTT outside of Pilot Area. Mitigation: identification of Blackpool (recurrent hot spot for need, high 12 hr breaches) and East Lancs (largest population) to ensure impact of pilot.	<b>4.1.19</b> Recruitment is ongoing and is impacting on 24/7 service provision. However, shift patterns and rotational posts are being implemented to provide cover within service.  SOP development away day completed December 2018 follow up SOP session planned for 16th Jan 2019  <b>9.1.19</b> LCFT to produce a recruitment and workforce plan identifying when WTE posts will be filled to understand capacity and resilience of services.	
	Integrated Front Door	Pilot of 24/7 Home Treatment teams Pennine/BFW	Evaluation	15/04/2019	Green	J Moore	L Walsh		<b>4.1.19</b> Data collection is on going and linked to the SOP development	
	Integrated Front Door	Mental Health Decision Unit / 136 Interim Solutions (Pennine)	Environment Work Commenced	31/01/2019	Green	J Moore	P Cullen		<b>4.1.19</b> on track to start on site End Jan 2019	
		Environment Work Complete	TBC - subject to tender	Green	J Moore	P Cullen			<b>4.1.19</b> TBC once commenced date	
	Integrated Front Door	Mental Health Decision Unit / 136 Interim Solutions (Pennine)	Enhanced Workforce agreed	28/02/2019	Green	J Moore	P Cullen	Risk - previous workforce model not reflective of current system demand. Mitigation - Workforce model being reviewed to ensure appropriate skill mix with MHDU	<b>4.1.19</b> Workforce plan agreed in mid 2018, however, the workforce plan is being reviewed in line with development of the MHDU service and environment works	
	Integrated Front door	Mental Health Decision Unit / 136 Interim Solutions (BFW)	Enhanced Workforce in place	TBC - subject to review	Green	J Moore	P Cullen			
	Integrated Front door	Mental Health Decision Unit / 136 Interim Solutions (BFW)	Option appraisal for interim solution prepared and presented to directors	31/12/2018	Red	J Moore	L Walsh		<b>4.1.19</b> Capital bid has been approved by NHSE and mobilisation meeting has been held with LCFT representatives. Steering and work stream structures defined with view to long term plan rather than interim solution being proposed.  <b>It is proposed that the milestone is amended in line with developments</b>	
	Integrated Front door	Mental Health Decision Unit / 136 Interim Solutions (Central)	Enhanced Workforce in place	01/03/2019	Amber	J Moore	P White	<b>Risk ID 9325 Rated 9</b> Mental Health decision Unit does not have cross coverage arrangements for Doctors are on annual leave, training etc., meaning that there is the potential for a delay in service users having medication reviews or being prescribed medication while on the MHDU. In addition there is no agreement for out of hours coverage for MHDU that would ensure that service users can be accepted on to the MHDU who require EPMA. Mitigation - escalate concerns to Service Manager/Care Group Manager for discussion and for consideration of resolution of issue.	<b>2.1.19</b> Recruitment is ongoing with 3.5 band 6 practitioners to appoint to and band 3 interviews are planned for week commencing 17/12/18. It is expected that recruitment will be complete by end of February 2018.  <b>9.1.19</b> The milestone has been changed to reflect the ongoing work around recruitment - new date proposed is the 1/3/19	
	A&E	Thematic review of 12 hour breaches since April 2018, analysis and Recommendation Paper	Coordinate findings of LCFT and other systems breach analysis	31/12/2018	Amber	P Hopley	P Horner	K Ciraolo		<b>9.1.19</b> A 12 hour Breach report is now produced and Central piloted a new process on how to monitor. The next stage is that ICS Mental Health Team will now coordinate a meeting between the various stakeholders (LCFT, CCG, NHS E) to agree SOP which will include the process of reviewing frequent attenders and that they have appropriate care plans in place.
	Integrated Front Door	Complete PD Pathway Diagnostic Supported by AQUA	LCFT Review Complete	30/11/2018	Complete	J Moore	P Lumsden			
	Integrated Front Door	Complete PD Pathway Diagnostic Supported by AQUA	LCFT Risk Workshop (agreed by Programme execs)	08/01/2019	Green	J Moore	R Demone/D Fearn		<b>2.1.19</b> LCFT Risk Workshop is scheduled to be delivered on the 8/1/2019. 20 LCFT and external representatives confirmed to attend. The session will be led by AQuA and will inform the final diagnostic report.	
			Diagnostic Report presented to LCFT	31/01/2019	Green	J Moore	R Demone/D Fearn		<b>2.1.19</b> On Track	
			Presentation of findings to Executives	04/02/2019	Green	J Moore	R Demone/D Fearn		<b>2.1.19</b> On Track	

Integrated Front Door	Data analysis of Substance Misuse	Analysis and Presentation of Findings	31/12/2018	Amber	P Hopley	L Fargher		This is dependant on Local Authority Commissioners and therefore is higher risk as is out of scope of health commissioners.		<b>9.1.19</b> LCC LA have established a Pan Lancashire Dual Diagnosis Meeting last year and it has now been agreed that we will send an ICS and LCFT representative moving forward. This meeting will need to scope out how to address the issues that have been escalated within the system.  The other LA's have also agreed to amalgamate into one group to ensure we have joint and unified response
IP Flow	Strengthening & Embedding Sectorisation Across all Localities	Implementation of daily bed flow prioritisation plans across all localities - 21/1/2019	21/01/2019	Green	J Moore	P Horner L Le Roux			New milestone for next phase	
		Agree process to manage long term in Patient care needs. 1/2/2019	01/02/2019	Green	J Moore				New milestone for next phase	
		LCFT Performance team to develop automated bed report by locality - 1/2/2019	01/02/2019	Green	J Moore				New milestone for next phase	
IP Flow	Embed Hub Bed Management in daily check list process alongside implementation of silver command	Post Silver Command Evaluation	31/01/2019	Green	J Moore	P Horner				
		Commence	14/12/2018	Complete	J Moore	P Horner			<b>4.1.19</b> Silver command is live starting 8/12 and will be in place for 8 weeks	
Discharge	Integrated Discharge Team (Pilot)	Recruitment completed	30/11/2018	Amber	J Moore	D Fearn	M Connell	This is at risk as LCFT have not been able to recruit and did not appoint on the last round of interviews.	<b>9.1.19</b> A review of recruitment process to date to be completed and a proposal for plans to fill gaps to be produced.	
		Monitoring and evaluation	01/08/2019	Green	P Hopley	D Fearn	M Connell			
		Established monthly 180 plus reporting.	31/01/2019	Complete	P Hopley	D Fearn	R Cowell M Connell			

**Appendix C**

**Mental Health Oversight Group**

**Key Messages December 2018**

# Mental Health Oversight Group

## Key messages from 5 December 2018

Over the last year there has been a significant increase in the demand for mental health services across Lancashire and South Cumbria. The increase in activity led to a Risk Summit for health leaders across Lancashire and South Cumbria which was held on April 18th 2018 this resulted in the development of a Mental Health Improvement Plan. The plan includes new resources aimed at a number of new schemes which are in the process of being implemented, building upon the existing partnership approach to reducing the demand on mental health services.

Due to the complexity and strategic importance of the issues identified above, a Mental Health Oversight Group has been established to oversee both the implementation of the Risk Summit action plan and the Trust Peer Review process and its recommendations.

### Three key messages

1. The group received an update on the mental health improvement plan and immediate improvements which includes the following highlights:
  - Significant progress has been made against the work to identify a fixed cohort of Section 136 frequent attenders and develop Crisis Contingency plans in order to ensure there are reviews/management plans in place to support these service users. Engagement with Commissioners, NWAS and Police representatives has led to a task and finish group has been set up, under the governance of Multiple Agency Oversight Group to establish a long term process.
  - Work has commenced on the review of the four MHLTs across Lancashire to support the improvement of delivery against A&E 4hr Target.
  - LCFT is on track to go live with sectorisation in North and Central / West in December.
  - A Blackpool Synergy multi-agency pilot is being launched in partnership with LCFT, Commissioners, Police & NWAS.
2. A report regarding the cohort of 180+ day length of stay patients (or 'Super Stranded') on LCFT's Adult Mental Health Treatment Beds was presented. This was in order to guide awareness and enable a conversation regarding strategic responses to the current cohort of Super Stranded patients.
3. The ICS will be confirming with Northumberland, Tyne and Wear NHS Foundation Trust that all workshops and additional interviews have taken place to complete the current phase of the mental health system review.
4. The agenda and venue for a mental health event, in response to the request for a summit from councillors in Blackpool, is being planned for early 2019. At this event the mental health system review report will be presented.

## **Appendix D**

### **Latest CQC Action Plan**

## CQC ACTION PLAN PROGRESS - CURRENT POSITION

(data downloaded 14/12//2018)

The following key applies to the progress status in the final column of the action plan:

The action is completed and evidence has been validated. The outcome measures are being sustainably achieved  
 The action is complete and evidence has been submitted by the action owner

The action is underway and expected to be completed by the deadline date

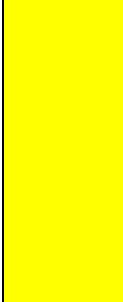
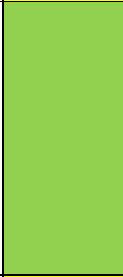
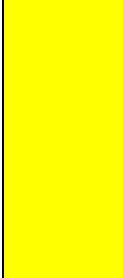
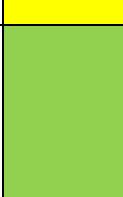
The action has not started, is delayed beyond its target date or will not be achieved by its target date

Applies to CQC Core Service	CQC Recommendation Summary	Core Improvement outcome required	Trust Actions	Date due	Status
Whole Organisation	<b>R1 - must do</b> <b>Mandatory training compliance</b>	Mandatory and specialist training will be at a minimum of 80%.	<b>A1</b> The Trust-wide Training Needs Analysis (TNA) will be reviewed and finalised	31/10/2018	
			<b>A2</b> New mandatory training reporting will be developed and implemented	28/09/2018	
			<b>A3</b> Mandatory training compliance will be monitored at service, care group and network management meetings utilising new reporting format – assurance reporting to Network People Groups and people Sub-Committee meetings.	28/09/2018	

			<b>A4</b> The content of mandatory training will be reviewed to ensure its meets clinical, quality and safety needs but remains accessible and practical for staff	31/10/2018	
MH Wards and PICUs for Adults	<b>R2 - must do</b> <b>Mandatory/Essential Skills training compliance</b>	Mandatory and specialist training will be at a minimum of 80%.	<b>A5</b> The Matrons, Ward Managers and Professional Leads will take targeted action to achieve compliance across all teams <i>Steering Group Update: Mandatory Training reported at 85% 23/11/18 with maintenance actions in place</i>	30/11/2018	
Community CAMHS (The Cove)	<b>R3 - must do</b> <b>Mandatory and Specialist Training</b>	Mandatory and specialist training will be at a minimum of 80%.	<b>A6</b> A local Training Needs Analysis (TNA) will be completed for nursing staff to identify specialist skill gaps	17/08/2018	
			<b>A7</b> Staff will receive training in key areas including Positive and Safe (violence reduction and restrictive practices) and food hygiene	30/09/2018	
			<b>A8</b> Training for gatekeeping cover across band 6 roles.	30/09/2018	
			<b>A9</b> Develop and deliver a training plan to meet the new TNA and compliance target.	30/11/2018	
Whole Organisation	<b>R4 - must do</b> <b>Staff supervision compliance</b>	Clinical supervision will be at a minimum of 80%.	<b>A10</b> The Supervision Policy will be reviewed and updated.	31/08/2018	

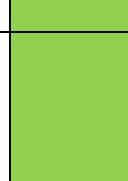
			<b>A11</b> A new supervision recording system will be developed.	31/08/2018	
			<b>A12</b> Supervision reporting will be in place at team and profession level.	15/07/2018	
			<b>A13</b> A project lead will be appointed to support managers improve clinical supervision	31/08/2018	
			<b>A14</b> Clinical supervision compliance will be monitored at service, care group and network management meetings utilising new reporting format – assurance reporting to Network People Groups and people Sub-Committee.	01/07/2018	
MH Wards and PICUs for Adults	<b>R5 - must do</b> <b>Staff supervision compliance</b>	Clinical supervision will be at a minimum of 80%.	<b>A15</b> The Matrons, Ward Managers and Professional Leads will take targeted action to achieve compliance across all teams. <i>Steering Group Update: mitigating actions in progress to ensure accurate recording and upload of backlog session data. Additional administrative time has been assigned to this. The network believes the compliance position is showing worse than actual due to lack of timely recording.</i>	31/12/2018	

Community CAMHS (The Cove)	<b>R6 - must do</b> <b>Clinical and management supervision compliance</b>		<b>A16</b> The Matrons, Ward Managers and Professional Leads will take targeted action to achieve compliance.	31/10/2018	
MH Secure inpatient services	R7 -should do <b>Clinical and management supervision compliance</b>		<b>A17</b> The Matrons, Ward Managers and Professional Leads will take targeted action to achieve compliance across all teams.	31/10/2018	
Whole Organisation	<b>R8 - must do</b> <b>Staff appraisal system</b>	Appraisals will be at a minimum of 80%.	<b>A18</b> The appraisal system will be developed to require one objective setting and one review in a 12-month period.  <b>A19</b> New appraisal reporting will be developed and implemented.	31/10/2018	

MH Wards and PICUs for Adults	<b>R9 - must do</b> <b>Recording of staff annual appraisal compliance</b>	Appraisals will be at a minimum of 80%.	<b>A21</b> The Matrons, Ward Managers and Professional Leads will take targeted action to achieve compliance. <i>Steering Group Update:</i> mitigating actions in progress. These have achieved 78% compliance to date and are expected to deliver a continued increase in quarter.	31/12/2018	
	<b>R10 - must do</b> <b>Monitoring after rapid tranquillisation</b>	All patients will have physical health monitoring completed after the administration of rapid tranquillisation	<b>A22</b> Lead Nurses will ensure, through ward meetings that all nursing staff are aware of national and Trust requirements on monitoring requirements (utilising resources developed by the Pharmacy Department).	31/08/2018	
			<b>A23</b> Lead Nurses will review all use of rapid tranquillisation on a weekly basis (for a period of six months) and ensure monitoring has taken place, intervening to support or direct when this has not occurred. <i>Update:</i> New Action lead: new lead nurse in MH	31/12/2018	
			<b>A24</b> A new handover guidance/checklist will be developed to support effective handover and forward shift planning.	31/07/2018	

Community CAMHS (The Cove)	<b>R11 - must do</b> <b>Observation allocation review</b>	Observations will be carried out in-line with Trust policy and best practice.	<b>A25</b> The Trust will review, update and re-issue guidance on the role of the Safety and Security Nurse. <b>14/12/18 Steering Group Update:</b> <i>Momentum maintained to current actions. Consultation on new role underway. Still rated at red.</i> <i>Dec meeting to revise SAS procedure based on successful outcomes of piloted new approach to training at Pendleview.</i>	31/10/2018	
	<b>R12 - must do</b> <b>Personalised patient restrictions</b>	Restrictions will be on individual requirements and evidence in risk assessments.	<b>A26</b> Following improvement in staffing levels, an audit of compliance will be undertaken at the Cove.	30/09/2018	
			<b>A27</b> Staff will receive training in Positive and Safe (violence reduction and restrictive practices).	30/09/2018	
			<b>A28</b> Reducing restrictive practices meeting will be set-up.	30/06/2018	
			<b>A29</b> An audit of restrictions will be undertaken across the Trust.	30/09/2018	

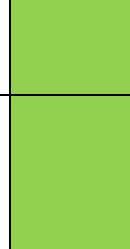
			<b>A30</b> The violence reduction training programme will be updated and revised into a new Positive and Safe Programme.	30/11/2018	
	<b>R13 - must do Suitably Skilled staff in CAMHS</b>	Recruitment to establishment will be completed and maintained	<b>A31</b> Focussed recruitment has taken place for the Cove with new qualified staff starting in September 2018 – on-going recruitment will continue.	30/09/2018	
	<b>R14 - must do Bank staff reduction and induction</b>	The use of bank staff will be reduced and all bank staff will receive a local induction.	<b>A32</b> Following improvement in staffing levels, the use of bank staff has reduced and bank shifts are often covered by substantive staff from the Cove, all bank staff will receive a local induction.	30/06/2018	
MH Crisis & Places of Safety	R15 - should do <b>Staffing level review</b>	Section 136 Suites and their adjacent wards from which staff are drawn from will be safely staffed.	<b>A33</b> Staffing levels will be managed to meet patient and service need, with temporary staffing utilised to address any short-term vacancies and staffing escalation procedure in place.	30/11/2018	
			<b>A34</b> An establishment review is underway and will be reported to the Trust Board.	30/09/2018	
Community Inpatients (Longridge Hospital)	R16 - should do <b>Registered Nurse recruitment</b>	Recruitment to establishment will be completed and maintained.	<b>A35</b> On-going programme of recruitment to vacancies, with temporary staffing utilised to address any short-term vacancies and staffing escalation procedure in place.	05/08/2018	

	R17 - our opportunity <b>Temporary Contracts</b>	Recruitment to establishment will be completed and maintained.	<b>A36</b> The six posts will be made permanent.	30/06/2018	
MH Secure inpatient services	R18 - should do <b>Recruiting to fill vacant nurse posts</b>	Recruitment to establishment will be completed and maintained.	<b>A37</b> On-going programme of recruitment to vacancies, with temporary staffing utilised to address any short-term vacancies and staffing escalation procedure in place.	30/06/2018	
Community CAMHS (The Cove)	<b>R19 - must do</b> <b>Patient support plans</b>	Patients will receive the support identified in their care plans.	<b>A38</b> Following improvement in staffing levels, care plans will be developed with patients at admission and regularly reviewed.	16/10/2018	
			<b>A39</b> A monthly record keeping audit will be undertaken including care plans.	16/10/2018	
			<b>A40</b> A pen portrait for each patient will be in place.	30/06/2018	
Community CAMHS (The Cove)	<b>R20 - must do</b> <b>Meeting patients' interpreter needs</b>	Patients will receive the specific needs identified in their care plans.	<b>A41</b> Access to interpreter services will be available – the Trust monitors performance of the interpreter service contract.	30/06/2018	

			<b>A42</b> A reminder for staff will be developed and cascaded on reporting issues with access to interpreter services.	31/07/2018	
			<b>A43</b> A process and training package will be developed for staff in identifying and responding to atypical needs (and incorporated into the service TNA).	30/11/2018	
	<b>R21 - must do Patient involvement in their care planning</b>	Patients will be involved in their care planning and will receive the support identified in their care plans.	<b>A44</b> Patients will be asked every two weeks whether they are aware of and have been involved in their care planning.	30/06/2018	
MH Wards and PICUs for Adults	<b>R22 - should do Smoke free policy implementation</b>	The smoke free policy will be consistently applied across inpatient sites.	<b>A45</b> The smoke free group will be re-formed to provide enhanced coordination and support to wards.	31/07/2018	
			<b>A46</b> The policy implementation will be refreshed across inpatient sites with clear expectations set for staff and the use of peer support workers.	30/03/2019	
	<b>R23 - should do Patients offered copies of care plans</b>	Patients will always be offered a copy of their care plan and this will be recorded in their clinical record	<b>A47</b> Lead Nurses will ensure, through ward meetings, that all nursing staff are aware of Trust requirements on care planning.	31/08/2018	

			<b>A48</b> Lead Nurses will spot check the offering of care plans to patients (for a period of six months), intervening to support direct when this has not occurred.	31/12/2018	
			<b>A49</b> The new RiO system will be configured to easily support the offering of care plans to patients and the recording of this.	31/08/2018	
Community CAMHS (The Cove)	R24 - should do <b>Availability of activities and education</b>	A programme of activities is available to patients throughout the day and weekend with enhanced education.	<b>A50</b> A schedule of activities will be developed and maintained.	30/06/2018	
			<b>A51</b> Education will be reviewed and extended across the full day.	17/08/2018	
			<b>A52</b> Links will be established with Active Lancashire to attend twice per week for activities i.e. yoga, meditation.	07/07/2018	
			<b>A53</b> A resource of activities requiring little or no planning will be created for ad hoc use.	30/06/2018	
			<b>A54</b> Links will be established with Heysham High school for patients to be involved in vocation training i.e. beauty, hairdressing.	30/06/2018	

	<b>R25 - must do</b> <b>Risk Assessments: Safety, ligature and environmental</b>	Safety risk assessments and ligature risk assessments will be in place.	<b>A55</b> Environmental risk assessments will be completed.  <b>A56</b> Ligature risk assessments will be completed as part of the scheduled process.	31/07/2018	
	<b>R26 - must do</b> <b>Debrief following incidents</b>	Debriefs are routinely held for patients and staff after an incident.	<b>A57</b> Following an audit in March 2018, a new debrief proforma will be developed for circulated amongst all staff.  <b>A58</b> Staff will be supported to complete the debrief process and complete the new proforma.	30/06/2018 31/08/2018	
			<b>A59</b> A re-audit will be completed. <i>14/12/18 Steering group update: this was addressed in the planned quality assurance visit in October- final report not yet published</i>	30/11/2018	
	<b>R27 - must do</b> <b>Ensuring sharing learning from incidents and complaints in a timely manner with staff</b>	Lessons learned are shared across the organisation.	<b>A60</b> A new Safety Alert Procedure and process will be developed across the Trust. <i>14/12/18 Update from action owner as nearing target date for completion: Workshop to review procedure took place with network reps on 19 November. Draft procedure presented to Safety DMT on 23</i>	30/11/2018	

			<i>November. Revisions to draft procedure and configuration of Datix system by 31 December and present final CAS procedure at January Q&amp;SSC.</i>		
			<b>A61</b> A new “lessons learned” bulletin will be developed across the Trust.	30/09/2018	
			<b>A62</b> Every serious incident investigation across the trust will have a summary “incident on a page” developed.	30/09/2018	
			<b>A63</b> The Trust guidance on developing and maintaining a team information board and effective team meetings will be refreshed and re-issued.	28/09/2018	
			<b>A64</b> The Cove will include lessons learned as a standing agenda item on its team meeting and governance meeting.	31/07/2018	
			<b>A65</b> The team information board at the Cove will be refreshed.	31/07/2018	
			<b>A66</b> The Datix quality and safety dashboard will be made available to band 6 staff at the Cove.	28/09/2018	

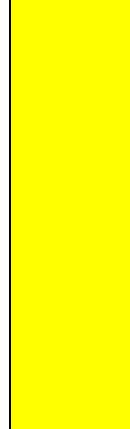
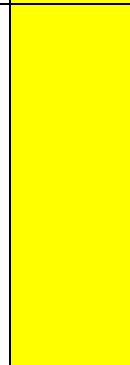
MH Wards and PICUs for Adults	R28 - should do <b>Lessons learned are shared across the organisation</b>		<b>A67</b> All wards, service meetings and care group meetings in the Mental Health Network will include lessons learned as a standing agenda item.	31/10/2018	
			<b>A68</b> All wards will refresh their team information boards.	30/09/2018	
Community CAMHS (The Cove)	R29 - should do <b>Improving environment at the Cove</b>	The Cove will have an improved environment that meets safety and infection control requirements with improved PLACE scores.	<b>A69</b> Regular meetings established between Service Manager and Estates Manager.	15/11/2018	
			<b>A70</b> Food taster sessions for patients to improve food quality.	28/09/2018	
			<b>A71</b> Remodelling of kitchen and recruitment of a Chef by the PFI provider.	19/10/2018	
			<b>A72</b> Doors to be replaced throughout the unit.	31/08/2018	
			<b>A73</b> Painting to be improved throughout the unit.	31/08/2018	
			<b>A74</b> Courtyard to be re-designed and improved, new outdoor gym equipment ordered.	31/08/2018	
	R30 - should do <b>Understanding duty of candour responsibilities</b>	Duty of candour responsibilities will be discharged by staff.	<b>A75</b> Bespoke training sessions will be delivered to staff.	14/09/2018	

MH Crisis & Places of Safety	R31 - should do <b>Showering facilities in the Preston crisis support unit/mental health decision unit</b>	The facilities will meet safety and infection control requirements.	<b>A76</b> A review of the facilities will be carried out to identify improvement works.	15/08/2018	
MH Secure inpatient services	R32 - should do <b>Ensuring safe storage of medications</b>	Medication will be stored at safe temperature	<b>A77</b> The previous business case will be reviewed, updated and re-considered by the Senior Leadership Team including consideration of <i>Omnicell</i> - if the business case is not progressed, alternative actions will be considered.	15/11/2018	
	R33 - should do <b>Availability of seclusion room keys</b>	All staff will be aware that the Safety and Security Nurse holds the seclusion room keys	<b>A78</b> Matrons will ensure, through team ward meetings, that all nursing staff are aware that the Safety and Security Nurse holds the seclusion room keys.  <b>A79</b> A prominent notice will be located in each appropriate area.	31/07/2018	
MH Crisis & Places of Safety	<b>R34 - must do</b> <b>Ensuring appropriate duration of detention in 136 suites</b>	Patients will not be detained beyond the timescales of the Mental Health Act unless in exceptional clinical circumstances	<b>A80</b> An action plan has been developed and will be delivered following the mental health risk summit.  <b>14/12/18 Steering Group update:</b> <i>Discussed this action at both safety and effectiveness DMT 07/12/18.</i> <i>Highlighted the difficulty in being able to achieve this action within the deadline.</i> <i>Evidence provided of NTW work to improve the urgent care flow and pathway and the daily sit rep that includes review of s136 breaches.</i> <i>Challenge of finding best placement for</i>	31/12/2018	

			<i>patients in timely manner accepted: CQC Steering Group expecting improvements to come to fruition mid-2019 and to see evidence of work to ensure actions within our gift are delivered: clinical prioritisation process applied, 136 checklist consistently in use.</i>		
	<b>R35 - must do</b> <b>Ensuring comfort, dignity and privacy of patients in crisis support unit/mental health decision units</b>		<b>A81</b> A review of each Mental Health Decision Unit will be undertaken to identify improvements for patient comfort, privacy and dignity. <b>14/12/18 Progress update as nearing target completion date</b> Audit completed by action owner. Actions arising from the audit to be delivered by estates. Action plan required from estates.	31/12/2018	
	R36 - should do <b>Ensure clear and consistent documentation of capacity assessments</b>	Capacity assessments in the Section 136 Suite will be clearly and consistently documented.	<b>A82</b> The Section 136 process/escalation will be reviewed and re-issued.  <b>A83</b> The Section on a page process/escalation checklist will be reviewed and re-issued.	31/08/2018	
			<b>A84</b> A designated Matron will be appointed to lead on Section 136 Suites.	30/06/2018	

	R37 - should do <b>Regular review of Section 136 suites - fit for purpose</b>	Section 136 suites will meet the requirements of the Mental Health Act and its Code of Practice.	<b>A85</b> A review of each Section 136 Suite will be undertaken to assess the suite against the Mental Health Act and its Code of Practice – any identified improvements will be considered by the Property Services Department.	31/08/2018	
	R38 - should do <b>Seclusion of patients held following lapse of their Section 136</b>		<b>A86</b> Whilst this situation is one that the Trust would seek to avoid, should it be clinically necessary the Seclusion Procedure would be followed. The Seclusion Procedure will be updated for clarification.	30/11/2018	
	R39 - should do <b>Ensuring the role of crisis support units or mental health decision units is clear</b>	Staff and stakeholders will be clear on the role of the mental health decision units.	<b>A87</b> A significant review is underway of the crisis care pathway which will result in changes to how Section 136 Suites and mental health decision units will operate.	30/10/2018	
MH Secure inpatient services	R40 - should do <b>Discharge planning in line with national standards</b>	Discharge planning reflects national standards.	<b>A88</b> Discharge planning will be enhanced as part of the "Transforming Secure Services In-line With Psychological Approaches" project.	31/08/2018	
MH Wards and PICUs for Adults	R41 - should do <b>Ensuring ward managers and modern matrons have capacity to deliver managerial responsibilities</b>	Ward managers and matrons will report that they have sufficient capacity to deliver their managerial responsibilities.	<b>A89</b> Updated guidance will be issued to ward managers and matrons on the level of dedicated clinical time they are expected to undertake.	01/04/2019	

	R41 - should do <b>Operational managers and clinical professional leads are clear on their roles</b>		<b>A90</b> Focussed work will be undertaken to support the continues embedding and enhancement of the new clinical professional leadership structure.	31/12/2018	
	R42 - should do <b>Ensuring regular team meetings for ward staff</b>	Regular team meetings will be held and staff given timely information and support.	<b>A91</b> A team meeting structure and process will be in place on acute wards with minutes displayed on the team information board.	30/09/2018	
Community CAMHS (The Cove)	R43 - should do <b>Ensuring regular team meetings</b>		<b>A92</b> A team meeting structure and process will be in place at the Cove with minutes displayed on the team information board.	30/06/2018	
	R44 - should do <b>Ensuring managers in CAMHS are supported in implementing necessary changes and training for high standards</b>	Managers will feel supported and empowered to make improvements across the service	<b>A93</b> A detailed recovery plan will be developed and agreed with Commissioners to support development of the unit.  <b>A94</b> Two Matrons will be appointed, working long days to provide extended cover and each taking designated responsibility for parts of the pathway.	30/06/2018	
			<b>A95</b> A ward manager will be in place.	30/06/2018	
			<b>A96</b> The Transformation Advisory Team will provide on-site presence to support delivery of the recovery plan.	30/06/2018	

MH Crisis & Places of Safety	<b>R45 - must do</b> <b>Mapping the trusts teams and structures to the CQC Core Services for data reporting</b>	The Trust and CQC will agree a mechanism for data reporting to be provided in future Provider Information Requests	<b>A97</b> The trust will agree with CQC what information and in what format can be provided in the Provider Information Requests for services that sit organisationally across more than one CQC Core Service. <i>14/12/18 Progress update as nearing target completion date: SBAR report provided to CQC Steering Group: outlines current position and proposal to discuss/negotiate with CQC re; reporting.</i>	31/12/2018	
			<b>A98</b> The trust will explore how its systems and reporting can be mapped to CQC Core Services more easily and accurately. <i>14/12/18 Progress update as nearing target completion date: SBAR report provided to CQC Steering Group: outlines current position and proposal to discuss/negotiate with CQC re; reporting.</i>	31/12/2018	
	R46 - should do <b>Ensuring clear identification of incidents in Section 136 suites</b>	Staff will be able to report incidents occurring at a Section 136 Suite into designated locations in the Datix system, and the Trust can then report and theme accordingly	<b>A99</b> Section 136 suites will be added as selectable locations in the Datix system.	30/09/2018	
			<b>A100</b> Information on recording incidents this way will be cascaded to all affected teams.	30/09/2018	

## **Appendix E**

### **Latest Appraisal and Mandatory Training Data**

## Appraisals and Mandatory Training Compliance

	All Staff				Medical, Clinical & Clinical Support Staff												Admin, Clerical & Estates				<b>Total</b>	Appraisal Compliance	PDR 12mth Rolling Compliance
	E&D 3yr	Fire Safety 1yr	Health & Safety 3yr	Information Governance 1yr	Infection Control Clinical 1yr	Basic Life Support 1yr	Immediate Life Support 1yr	Conflict Resolution 3yr	Violence Reduction Training 1yr	Safeguarding Children L2 3yr	Safeguarding Children L3 3yr	Safeguarding Adults L2 (+PREVENT) L2 3yr	Mental Capacity Act L1 3yr	Manual Handling L2 3yr	Manual Handling L3 2yr	Infection Control L1 2yr	Safeguarding Children L1 3yr	Safeguarding Adults L1 (+PREVENT) 3yr	Mental Capacity Act L1 (One Time Completion)	Manual Handling L1 3yr			
Trust	95%	87%	93%	75%	86%	76%	75%	89%	69%	88%	79%	85%	93%	86%	82%	89%	91%	94%	93%	92%	87.09%	82.98%	94.38%
MHN	95%	89%	94%	70%	85%	69%	74%	90%	68%	89%	76%	81%	93%	82%	79%	90%	89%	94%	96%	93%	85.43%	79.80%	95.70%
C&W	95%	89%	94%	78%	88%	82%	89%	89%	89%	66%	90%	94%	92%	88%	89%	93%	95%	92%	91%	89.31%	85.19%	93.06%	
C&YP	94%	80%	93%	74%	84%	80%	63%	86%	80%	85%	84%	93%	88%	68%	82%	89%	92%	89%	85%	88%	86.07%	85.89%	92.64%
SS	93%	85%	93%	83%	80%	83%	100%	94%	100%	84%	85%	82%	95%	91%	0%	91%	92%	92%	93%	92%	89.88%	85.92%	95.68%

# Agenda Item 4

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Mrs Sharon Davis, Scrutiny Manager
<b>Date of Meeting:</b>	24 January 2019

## WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW FINAL REPORT

### **1.0 Purpose of the report:**

- 1.1 To approve the final report of the Whole System Transfers of Care Scrutiny Review and submit it to the Executive and relevant NHS organisations for consideration.

### **2.0 Recommendation(s):**

- 2.1 To approve the final report.

### **3.0 Reasons for recommendation(s):**

- 3.1 To allow the report to progress through the procedure agreed for scrutiny reviews.

- 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### **4.0 Other alternative options to be considered:**

- 4.1 None.

### **5.0 Council priority:**

- 5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

### **6.0 Background information**

- 6.1 At the Adult Social Care and Health Scrutiny Committee on 11 July 2018, Members agreed to establish two scrutiny reviews on delayed transfers of care and bed shortages and accident and emergency waiting times and ambulance handovers.

- 6.2 Following the scoping of the reviews and further discussions with relevant officers, it was determined that one review considering the whole system would be more appropriate. There is a strong correlation between each delay and each stage of a care pathway from an ambulance handover through to delays at accident and emergency, transfers between hospital wards and through to discharge from hospital either to home or to care in the community.
- 6.3 The impact of Winter Planning was also considered to be an issue of key importance and the correlation between winter pressures and delays in the system year round. It was therefore agreed with the Chairman that Winter Planning would also form a key consideration of the review.
- 6.4 A large amount of preparatory work was undertaken to identify the following key areas for consideration in the review:
- Winter Plan
  - Demonstration of patient flow
  - Key data demonstrating bed shortages and delays
  - Plans already put in place and the impact of those plans

- 6.5 The review was carried out in an in a day approach and one meeting was held to consider Whole System Transfers of Care. The list of attendees in attendance is included within the final report, at Section 3.0 Methodology.
- 6.6 The recommendations of the review are contained within the report, Members are requested to approve the report and its recommendations for forwarding to the Executive and relevant NHS organisations.

Does the information submitted include any exempt information? Yes

**7.0 List of Appendices:**

- 7.1 Appendix 4(a): Whole System Transfers of Care Scrutiny Review Final Report

**8.0 Legal considerations:**

- 8.1 As set out within the final report.

**9.0 Human resources considerations:**

- 9.1 None.

**10.0 Equalities considerations:**

10.1 The recommendations of the report are designed to ensure easier access for all residents.

**11.0 Financial considerations:**

11.1 As set out within the final report.

**12.0 Risk management considerations:**

12.1 None.

**13.0 Ethical considerations:**

13.1 None.

**14.0 Internal/external consultation undertaken:**

14.1 As detailed within the final report.

**15.0 Background papers:**

15.1 None.

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**WHOLE SYSTEM TRANSFERS OF CARE  
SCRUTINY REVIEW  
FINAL REPORT**

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## 1.0 Foreword

- 1.1 The Committee made the decision to undertake this review based on a number of concerns raised during consideration of Blackpool Clinical Commissioning Group key performance data. Following investigation it was considered that the key issues identified for review of accident and emergency waiting times, ambulance handovers, delayed transfers of care and bed shortages were all interlinked together and that the most appropriate approach would be to undertake a review of the Whole System.
- 1.2 The importance of the Winter Plan was also revealed when it was shown that the increased demand on services during winter had a knock on effect throughout the year and services were often playing 'catch up'.
- 1.3 This was the first scrutiny review undertaken since I became Chairman of the Adult Social Care and Health Scrutiny Committee and the subject matter was wide ranging and has such a significant impact on patients and their families that I was keen to ensure that a thorough approach was taken.
- 1.4 I would like to thank my fellow Members who participated in the review and asked thoughtful and challenging questions, all the officers from partner NHS organisations and Adult Services at the Council who attended to answer the questions and Sharon Davis, Scrutiny Manager who supported the review.
- 1.5 I would also like to highlight the hard working frontline Adult Social Care and NHS staff who work in often difficult and challenging roles and often receive limited praise for their dedication.

Councillor Hobson  
Chairman, Adult Social Care and Health Scrutiny Committee

## 2.0 Background Information

- 2.1 At the Adult Social Care and Health Scrutiny Committee on 11 July 2018, Members agreed to establish two scrutiny reviews on delayed transfers of care and bed shortages and accident and emergency waiting times and ambulance handovers.
- 2.2 Following the scoping of the reviews and further discussions with relevant officers, it was determined that one review considering the whole system would be more appropriate. There is a strong correlation between each delay and each stage of a care pathway from an ambulance handover through to delays at accident and emergency, transfers between hospital wards and through to discharge from hospital either to home or to care in the community.
- 2.3 The impact of Winter Planning was also considered to be an issue of key importance and the correlation between winter pressures and delays in the system year round. It was therefore agreed with the Chairman that Winter Planning would also form a key consideration of the review.
- 2.4 A large amount of preparatory work was undertaken to identify the following key areas for consideration in the review:
  - Winter Plan
  - Demonstration of patient flow
  - Key data demonstrating bed shortages and delays
  - Plans already put in place and the impact of those plans
- 2.5 The ways in which the service user's perspective were considered in detail by Members and it was noted that a gap remained in the links between the Committee and patient groups other than Healthwatch. It was noted that work was ongoing to strengthen these relationships and that for this review the view of the service user would be reflected through stories in the local press, anecdotal evidence presented by members of the public to Members of the Panel and personal experience of service use.
- 2.6 This review relates to the following priority of the Council:

Communities: Creating stronger communities and increasing resilience.

### 3.0 Methodology

- 3.1 The Review Panel used an in a day approach to scrutiny and held one meeting to consider Whole System Transfers of Care, as follows:

Date	Attendees	Purpose
12 November 2018	Councillors Hobson (in the Chair), Mrs Callow, Callow, Elmes, Humphreys, Hutton, O'Hara and Mrs Scott.  Kate Aldridge, Head of Delivery and Performance, Blackpool Council  David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group  Victor Crumbleholme, Commissioning Officer, Fylde and Wyre Clinical Commissioning Group  Suzanne Endersby, Interim Programme Manager, Urgent Care – Fylde Coast  Katharine Goldthorpe, Head of Quality Improvement, North West Ambulance Service  Berenice Groves, Interim Director of Operations for Unscheduled Care, Blackpool Teaching Hospitals NHS Foundation Trust  Phil Horner, Deputy Head of Operations, Lancashire Care Foundation Trust  Les Marshall, Head of Adult Services, Blackpool Council  Charmaine McElroy, Business Manager, Blackpool Clinical Commissioning Group  Gill Nixon-Smith, Adult Social Care Service Manager, Blackpool Council  Maxine Power, Executive Director of Quality, Innovation and Improvement, North West Ambulance Service  David Rigby, Sector Manager West, North West Ambulance Service  Karen Smith, Director of Adult Services, Blackpool Council  Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust  Heather Tierney-Moore, Chief Executive, Lancashire Care Foundation Trust  Sharon Davis, Scrutiny Manager	To receive information relating to Whole System Transfers of Care including Winter Planning, Accident and Emergency waiting times and discharges.  To identify recommendations and next steps.

## **4.0 Detailed Findings and Recommendation**

### **4.1 Context of the Review**

- 4.1.1 At its meeting in July 2018, the Adult Social Care and Health Scrutiny Committee considered Blackpool Clinical Commissioning Group Performance and noted a number of key concerns including the number of patients waiting more than four hours in accident and emergency, full bed occupancy and patient flow from the hospital to other facilities such as Lancashire Care Foundation Trust's (LCFT's) Harbour facility and residential care.
- 4.1.2 The review panel meeting was set up to provide an opportunity for Members of the Committee to discuss the key issues with a range of NHS providers and Commissioners in order to make recommendations for improvement.
- 4.1.3 During the course of the review, Members recognised that NHS and Social Care frontline staff needed support during difficult times and noted their hard work and dedication.

### **4.2 Winter Planning**

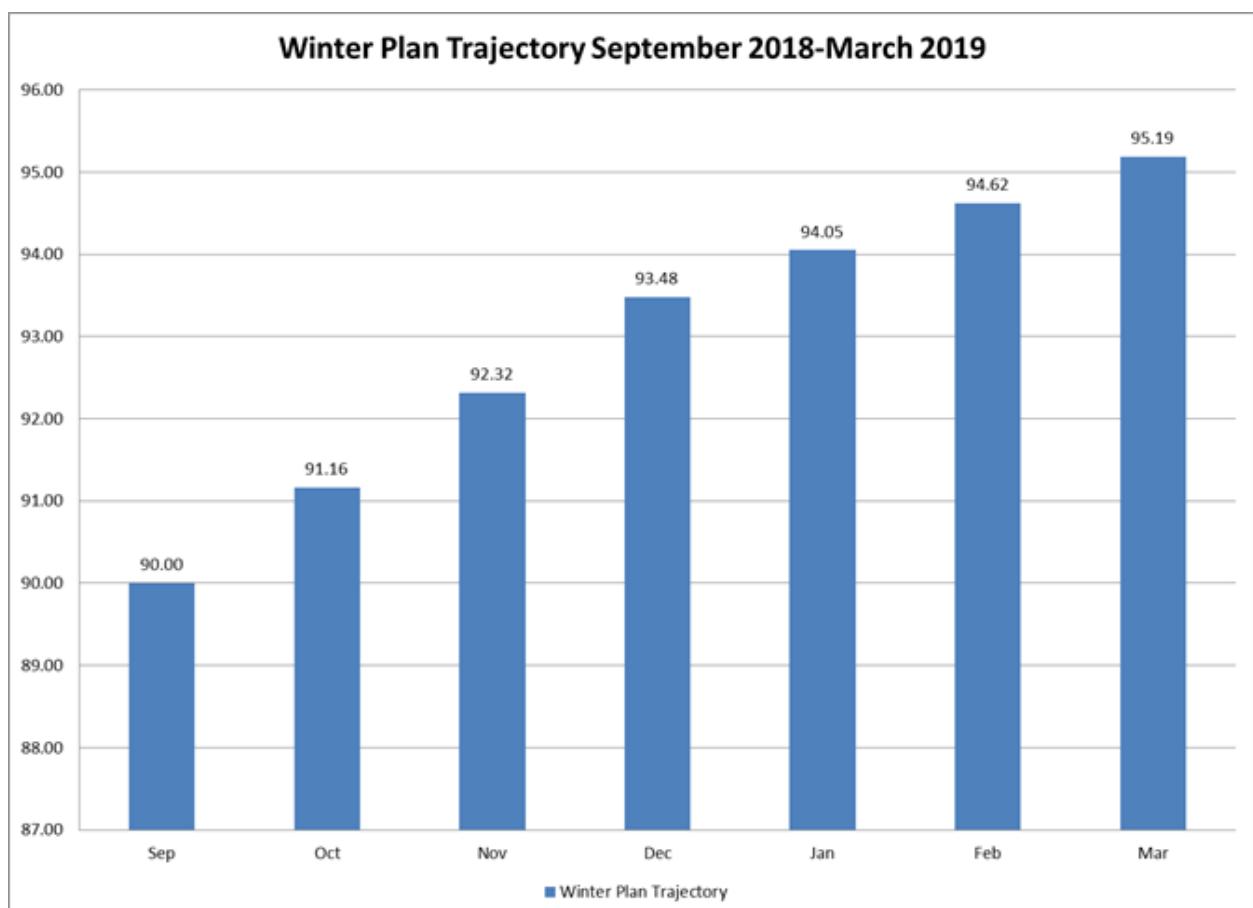
- 4.2.1 The Panel recognised the impact of the winter season on transfers of care throughout the year and received a copy of the 2018/2019 Fylde Coast Winter Plan. The Plan had been jointly written by NHS organisations, Blackpool Council, Lancashire County Council and the Fylde Coast Integrated Care System, and organisations had challenged each other to achieve the best plans possible. Berenice Groves, Interim Executive Director, Fylde Coast Integrated Care Partnership, Blackpool Teaching Hospitals NHS Foundation Trust presented the key aspects of the Plan to Members.
- 4.2.2 The key aims of the Plan included:
  - Reducing the numbers of stranded (seven – 20 days) and super stranded (21+ days) patients
  - Reducing the number of delayed transfers of care
  - Reducing the length of patient stay
  - Providing additional and escalation capacity
  - Achieving national ambulance, accident and emergency and scheduled activity standards
- 4.2.3 In order to achieve the key aims of the Plan, three workstreams had been identified around admission avoidance, care and treatment and return to home and a series of 'winter programmes' had been developed for implementation in quarter three of the year.
- 4.2.4 Members particularly noted the following 'winter programmes':

- Additional staffing to provide a minor injuries service 24/7 external to the emergency department.
  - The introduction of a patient flow team and process including a head of department. The new team provides a corporate function and will be able to oversee all patient pathways.
  - An additional 19 escalation beds at Clifton Hospital from the 6 November 2018 to support the frailty pathway from the front door.
  - The change of Ward 24 at Blackpool Victoria Hospital to an acute medical ward from the 6 November 2018 to provide an increased number of beds in acute medical, the type of bed needed the most.
  - A threshold and trigger process to utilise Ward 39 at Blackpool Victoria Hospital as a further acute medical ward when necessary.
  - The expansion of the Mental Health Liaison Team nurse levels and consultant psychiatry including the use of the Psynergy vehicle.
- 4.2.5 Members were informed that an analysis had been undertaken of the impact of the implementation of all of the initiatives and that a total reduction in bed occupancy of 11.16% had been predicted if all were achieved as demonstrated in the chart below.
- 
- Blackpool Teaching Hospitals Impact Analysis of Winter Initiatives**

Initiative	Impact (%)	Current Occupancy (%)	Total Reduction (%)
Total beds	100.00%	100.00%	
Standard Occupancy	-2.05%	97.95%	
Ambulance Improvements (handover, PIP, pathfinder)	+1.10%	98.05%	
Impact on 21+ day LOS	+4.40%	97.65%	
Frailty Unit/beds	+2.93%	94.72%	
Clifton - 19 IP beds (note LOS is 28 days)	+0.60%	95.32%	
Improved referral processes (Surgery)	+0.44%	95.76%	
Ambulatory Emergency Care	+0.15%	95.91%	
Discharge to Assess	+0.15%	96.06%	
Earlier in the day discharges (SAFER)	+0.88%	96.94%	
Home First	+0.29%	97.23%	
BC/LCC Impacts in pts' homes	+0.53%	97.76%	
Care Home tracker	+0.15%	97.91%	
Mental health initiatives	+0.15%	97.76%	
IV Therapy	+01.18%	96.58%	
-ve impact of bed capacity reduction in acute & social care	-0.59%	96.99%	
<b>Total Reduction</b>	<b>11.16%</b>	<b>86.79%</b>	
- 4.2.6 In order to monitor the success of the Winter Plan a series of monitoring indicators had been developed and would be considered and reviewed on a daily basis. These indicators included Accident and Emergency Performance, Bed Occupancy, Average Length of Stay,

Ambulance Handovers and Delayed Transfers of Care amongst others. The Trust would be proactive and react accordingly, using escalation procedures where required to address concerns identified.

- 4.2.7 The additional investment required to implement all of the winter programmes was estimated to be £3.5million. It was noted that a system investment of £2.5million had been achieved, leaving an additional £1million required, but that there had been no impact on delivery caused by the deficit.
- 4.2.8 The risks that might prevent delivery of the winter plan were considered to be getting the discharge process right, recruitment of workforce for both hospital beds, accident and emergency and North West Ambulance Service and for social and primary care capacity. In addition, another harsh winter was a concern as well as a number of 'what ifs', including the potential closure of a care provider, the flu being worse than expected and unknown additional incidents.
- 4.2.9 The Winter Plan performance trajectory was considered to date and it was noted that performance had not met targets in September 2018. In order to achieve a performance of 95% at the end of March 2019, 92% must be achieved in November 2018. It was noted, however, than any performance over 90% would be an improvement.



- 4.2.10 An overview of the winter communications to members of the public was provided including the national campaign for Self Care Week. Other communications regarding the flu vaccination, staying well, extended access and NHS 111 were all planned. The Panel was also informed by Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust that she had undertaken an interview with the Blackpool Gazette in order to raise public awareness regarding accident and emergency and the right time to attend. The Gazette would be running a number of stories over the winter highlighting the pressures and promoting key issues to the public.
- 4.2.11 Speaking of winter 2017/2018, David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group reported that all partners were committed to ensuring previous mistakes were not repeated. He reported that the Accident and Emergency Delivery Board was monitoring the implementation of the plan and partners were challenging each other.
- 4.2.12 The Panel commented that despite reassurances that previous winter plans had been robust they had not had the desired impact. The Chairman highlighted that accident and emergency waiting times had instead continued to significantly increase each winter leading to negative front page reports in the local newspaper. He queried why the 2018/2019 Plan would be different. In response, Mr Bonson advised that winter plans in previous years had not been as robust as the plan for 2018/2019. He reported that services were more prepared, had undertaken more analysis and put in place 'real' plans which they were taking accountability for.
- 4.2.13 All partners would be accountable for the provision of services and were holding each other collectively responsible. Each organisation had their own specific winter plan and had also contributed to and signed off the overarching plan. Implementation and success measures would be positively monitored within a no blame culture.

#### **4.3 Ambulance Handovers**

- 4.3.1 The speed of ambulance handovers at Blackpool Victoria Hospital had reduced by approximately seven minutes in the space of a few months in autumn 2018 due to the implementation of new initiatives. David Rigby, Service Delivery Manager, North West Ambulance Services (NWAS) reported that there was a group working across Lancashire on the improvement of ambulance handovers. In order to achieve the improvement, focus was being placed on the quicker assessment of patients and streamlining the information transferred to the staff in the emergency department.
- 4.3.2 Despite the reduction in handover time, the performance at Blackpool of 28 minutes was a long way off the best performing handovers which were around 12 minutes. The Panel noted that the number of ambulance attendances at the emergency department in Blackpool was significantly higher than in other areas and considered the additional pressures on the ambulance service during the many events held in Blackpool.

- 4.3.3 The working relationship between the Council and NWAS during events was described as good. However, Mr Rigby did express concern that the Ambulance Service had to cover all additional costs of servicing large scale events. He also added that the roadworks carried out had a significant impact on the speed at which ambulances could reach patients. NWAS was a contributor to the Safety Advisory Group that discussed such issues.
- 4.3.4 He added that approximately 35% of all patients attended to by NWAS were now left at home with appropriate care, which was making a valuable contribution to 'attendance avoidances' in the emergency department. It was considered that any contribution to alleviate the pressure of attendance at the hospital would contribute to alleviating the pressures in the discharge process. As a result of the reduction in the number of attendances, the patients that were transferred to the emergency department tended to be difficult and serious cases.
- 4.3.5 Maxine Power, Executive Director of Quality, Innovation and Improvement, NWAS added that further work would be undertaken to focus on the handover process by looking at it through the eyes of a patient. Interviews were being carried out with friends, family members and patients in order to find improvements. She added that the reduction of seven minutes per ambulance handover resulted in an additional eleven hours of ambulance time in the community a day based on an approximate 100 handovers undertaken each day. This demonstrated that small changes could equate to a big change.

#### **4.4 Delays at Accident and Emergency**

- 4.4.1 It was reported that an additional 1,000 attendees at accident and emergency and urgent care facilities were expected in November 2018. The increased attendances at certain times of the year ultimately had an impact on services year round. However, Members were assured that the additional attendances had been anticipated fully and services were ready. As mentioned during the information provided on 'winter programmes' additional beds have been made available.
- 4.4.2 It was noted that an additional 19 beds would be provided at Clifton Hospital from 6 November 2018, with a further 24 provided at Blackpool Victoria Hospital on Ward 24. If thresholds were met, Ward 39 at the hospital would also be converted to provide an additional 30 beds. The Panel queried if the impact of the additional beds to be provided was optimistic based on the scenario planning<sup>1</sup> that had been undertaken and was advised that the Estates Team at the hospital had been tasked with identifying any potential locations from extra beds and the required oxygen points. It was considered that acute medical beds were most required and the use of modular wards had been considered. However, the introduction of modular wards would not have been

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<sup>1</sup> Scenario Planning, Fylde Coast Winter Plan, NHS, Blackpool Council, Lancashire County Council, Fylde Coast Integrated Care System, Section 3.2

achievable in the timescale required. It was suggested that if all the initiatives to prevent attendances at accident and emergency had the desired impact then the additional number of beds would be enough.

- 4.4.3 When discussing the information received at the meeting, Members considered the arrangements in place for visitors to hospital wards and the discord with ‘visitors’ to accident and emergency. It was suggested that guidance be considered to ease the appearance of a full department in the same way that access to wards was limited. It was considered that the feelings of congestion within accident and emergency exacerbated the situation and attendance by whole families created a feeling of services being overburdened even when there were no issues with over-demand.

**Recommendation One**

**That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.**

**4.5 Mental Health in Accident and Emergency**

- 4.5.1 Phil Horner, Deputy Head of Operations, Lancashire Care Foundation Trust, expanded on the use of the Psynergy vehicle as a preventative tool for reducing the number of inappropriate mental health attendances at Accident and Emergency. He reported that the vehicle was in use in Blackpool and operated by the North West Ambulance Service (NWAS) and Lancashire Constabulary. A local team was providing the service and had built relationships with regular service users. He reported that a pilot of the project had taken place in June 2018 and during that month, when every other accident and emergency department had witnesses and increase in mental health attendances, the number in Blackpool had reduced.
- 4.5.2 At the time of writing the report, night time cover provided by Psynergy was more limited, however, recruitment had recently concluded in order to provide a 24 hour service. The vehicle responded to people in crisis and was quite often used to pick up those patients that might otherwise have been transferred to accident and emergency. When mental health patients were transferred to accident and emergency they were often the patients experiencing the ‘12 hour breaches’ of patient waiting time as the emergency department was not equipped to deal with mental health patients suffering from a crisis. It was reported that early indications demonstrated that the service was having an impact and was allowing more timely intervention by mental health professionals in a better environment than the emergency department.
- 4.5.3 The Mental Health Liaison Team was considering how to improve mental health triaging in the accident and emergency department. It was noted that there was often a

presentation of mental illness caused by alcohol and drug misuse that required alternative service provision. It was noted that the Richmond Fellowship provided social support in the mental health decision unit.

#### **4.6 Primary Care and NHS 111**

- 4.6.1 Members discussed the effectiveness of the NHS 111 service in preventing attendances at accident and emergency. Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust advised that there were no real statistics to demonstrate the impact of NHS 111.
- 4.6.2 Maxine Power, North West Ambulance Service (operators of NHS 111) reported that there was a clear increase in usage of NHS 111 when primary care alternatives were closed such as evenings and weekends. She added that NHS 111 referred fewer patients to accident and emergency than was often perceived. The key to providing a good service to patients using NHS 111 was an up to date and complete directory of services.
- 4.6.3 The route a patient may take was discussed in detail, from calling NHS 111, making a GP appointment, attending an extended access appointment, attending a walk in centre to attendance at accident and emergency.
- 4.6.4 The breadth of appointment type and option was cited as a potential problem. It was considered that there was a fine line between giving patients more choice and so much choice that it became confusing. It was also suggested that whilst accident and emergency provided solutions for patients there was no reason for them to stop attending the emergency department for issues that could and should be treated elsewhere.
- 4.6.5 The extended access appointments were also an area of concern for Members. The appointments were only available at three venues across the Fylde Coast and it was suggested only 65% of all available appointments were utilised. Patients trying to access services who were unable to get a same day GP appointment were more likely to attend the walk in centre and may also contribute to inappropriate attendances at accident and emergency.
- 4.6.6 The role of the Neighbourhood Hubs was considered in supporting a single point of access to services. It was noted that the hubs were operational and included social workers, voluntary sector representatives and were becoming more multi-disciplinary. It was noted that NWAS was considering opportunities to refer patients directly to the Neighbourhood Hubs, which if implemented would be a positive outcome.

#### **Recommendation Two**

**That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of**

**appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.**

**4.7 Discharge from Hospital**

- 4.7.1 A key initiative of the winter plan was to improve **patient flow** through the hospital through the introduction of a new team that would bring together knowledge of all patients in the hospital and their pathway through services. The new team had sight of all systems, knew the location of all available beds and were able to oversee all patient pathways. It was hoped that the team would have a significant impact on delayed transfers of care throughout the hospital.
- 4.7.2 The focus on patient flow, in a complex building would ensure that better systems could be introduced where required and that the hospital was more prepared to take action to further a patient's journey. It was noted that a wide range of data was available and the hospital knew which days were busier than others and the team could prepare accordingly.
- 4.7.3 Victor Crumbleholme, Commissioning Manager, Fylde and Wyre Clinical Commissioning Group added that beds could be freed up in advance of busy times based on the data collected and 'red days'<sup>2</sup> could be planned and anticipated for.
- 4.7.4 It was recognised that discharge processes required improvement and the Patient Flow Team would address discharges as another step in the patient's pathway. The Team was providing a greater visibility and constant knowledge of patients. When a patient was first admitted, it should be clear what their pathway was, the clinical care required and when they would be discharged, all contributing to more expedient discharge processes.
- 4.7.5 Karen Smith, Director of Adult Services, Blackpool Council advised that additional social care staff had been provided to assist improvements in discharge systems. She spoke about the problems that staff had in parking at the hospital, among other small issues, highlighting that the issues were preventing workers from carrying out their roles effectively.
- 4.7.6 The Panel provided anecdotal evidence that a large number of delayed discharges from hospital were caused by delays in receiving prescriptions from the pharmacy. It was accepted that this was the case and Blackpool Teaching Hospitals NHS Foundation Trust advised that the main contributors to delays were known and were being looked at, citing delays caused by diagnostics and the plans put in place to increase provision.

<sup>2</sup> 'Red day' – A red day is a day of no added value for a patient. A Green day is when a patient receives value adding acute care that progresses their progress towards discharge. A Green day is a day when everything planned or requested gets done.

- 4.7.7 The Panel also considered the discharge of patients who did not live in Blackpool. It was reported that similar arrangements were in place in Lancashire to those in Blackpool. Fylde and Wyre Clinical Commissioning Group was one of the highest performing in this area. It was noted that 'border issues' were experienced by all Trusts, however, that 85% of all patients at the hospital were from Blackpool, Fylde or Wyre. She added that communication and negotiation did take place amongst areas to repatriate patients.
- 4.7.8 The Panel went on to consider the relationships between the Trust and Care Homes and the level of repeat attendances from care home residents. It was suggested that stronger, more robust relationships between care homes and the Hospitals Trust would be of benefit to patients and ensure that care plans were kept up to date and communication was improved. It could also speed up discharges to care homes.

**Recommendation Three**

**Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.**

**Recommendation Four**

**That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the meeting in July 2019.**

**Recommendation Five**

**That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.**

**Recommendation Six**

**That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.**

**4.8 Funding**

- 4.8.1 The Department of Health and Social Care had provided additional funding for councils to spend on adult social care services to help alleviate winter pressures on the NHS. The funds given to Blackpool totalled £903,685.

- 4.8.2 Karen Smith, Director of Adult Services, Blackpool Council advised that the money had been spent to ensure that existing schemes continued. If the additional funding had not been received it might have been necessary to withdraw some service provision.
- 4.8.3 Members noted that during the presentation on the winter plan it had been indicated that there was a £1million shortage of funding. David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group advised that contracts had been amended from payment for activity to an amount based on the level of funding required to run services effectively. Although the winter plan programmes had been originally costed at £3.5million, the cost was being revisited and refined to ensure value for money. All organisations had committed to funding the initiatives and they would all be implemented.

#### **4.9 Communication**

- 4.9.1 It was accepted that more people were using the internet and social media both to inform themselves regarding potential conditions and to receive information regarding service provision. It was reported that NHS 111 was developing an online portal and that pilots had been undertaken. It was further noted that online service provision would not suit all patients.
- 4.9.2 The NHS website contained a lot of information relating to symptoms and conditions and could be promoted as a reliable way to access information about potential health problems.
- 4.9.3 Despite daily messages in GP surgeries relating to the number of missed appointments, there continued to be a large number of 'did not attends' to both GP and outpatient appointments. Ways of escalating reminders to prevent the waste of resources were considered including not bringing patients back for automatic follow up appointments.
- 4.9.4 Despite a good level of communication, uptake of the flu vaccine had remained low.
- 4.9.5 Members noted that patients often deferred appointments or missed appointments due to a 'fear' of finding out that something might be wrong with them. It was considered that this needed to be addressed through positive promotion.
- 4.9.6 It was also considered that a lot of the language used by the press such as 'failure', 'crisis' and 'drowning' sent the wrong message to residents and a more positive communication was required. Reference was made again to the weekly press interviews that Wendy Swift had arranged and Members considered their own role in communication and ensuring that residents had improved knowledge.
- 4.9.7 Members did consider that partners could improve the use of their own social media in order to raise awareness of waiting times at accident and emergency and walk in centres and the number of available GP appointments available that same day. When a patient

arrived at the emergency department it was unusual for them to leave again to find an alternative despite long waiting times. It was suggested therefore that the onus must be on preventing the patient from arriving at the hospital. To that end Members made a number of recommendations.

**Recommendation Seven**

**That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.**

**Recommendation Eight**

**That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.**

**Recommendation Nine**

**That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately to leave again, preventing having paid for parking being the only reason why a person would wait and not try an alternative, more appropriate avenue.**

**Recommendation Ten**

**That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.**

## 5.0 Summary of Recommendations

### Recommendation One

**That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.**

### Recommendation Two

**That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.**

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**Recommendation Ten**

**That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.**

## **6.0 Financial and Legal Considerations**

### **6.1 Financial**

- 6.1.1 With regard to the financial implications for Blackpool Council, the Adults Directorate have invested “at risk” in services supporting the Fylde Coast Winter Plan as National Government funding has only been confirmed until 31 March 2020. Some recommendations would have financial implications for NHS organisations and these implications would need to be considered by the relevant organisation prior to implementing any of the recommendations

### **6.2 Legal**

- 6.2.1 NHS organisations are required by regulations to respond to health scrutiny reports and recommendations within 28 days of the request. Respondents should take the evidence presented seriously, giving a considered and meaningful response about how they intend to take forward recommendations.

## Whole System Transfers of Care Scrutiny Review Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on Wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.				Wendy Swift		
That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.				David Bonson		

Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.				Wendy Swift		
That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the meeting in July 2019.				Wendy Swift		

That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.				Wendy Swift Karen Smith		
That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.				Wendy Swift		
That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.				Wendy Swift David Bonson Karen Smith		

That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.				Wendy Swift		
That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately to leave again, preventing having paid for parking being the only reason why a person would wait and not try an alternative, more appropriate avenue.				Wendy Swift		
That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.				Arif Rajpura		

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