



# Lancashire Care NHS Foundation Trust Briefing Report

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

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## **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 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

Area	Update
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.	
Integrated Front door	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 highlevel 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"
		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.  Discusision 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	

Integrated Front Door	Pilot of 24/7 Home Treatment teams Pennine/BFW	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.	<p><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.</p> <p>SOP development away day completed December 2018 follow up SOP session planned for 16th Jan 2019</p> <p><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.</p>	
		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	
		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	
		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			<p><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.</p> <p><b>It is proposed that the milestone is amended in line with developments</b></p>	
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.	<p><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.</p> <p><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</p>	
		Environment Work Complete	31/03/2019	Green	J Moore	P White			<b>2.1.19</b> On Track	
		Environment Work Commenced	19/11/2018	Complete	J Moore	P White				
		Enhanced Workforce agreed	31/11/2018	Complete	J Moore	P White				
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.
		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

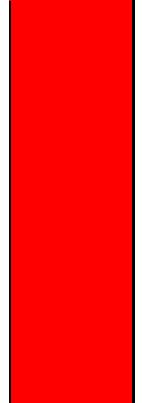
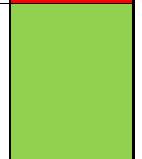
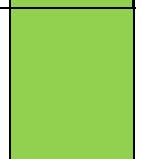
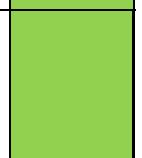
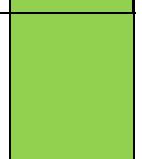
Applies to CQC Core Service	CQC Recommendation Summary	Core Improvement outcome required	Trust Actions	Date due	Status
Whole Organisation	<b>R1 - must do</b> <b>Mandatory training compliance</b>	Mandatory and specialist training will be at a minimum of 80%.	<b>A1</b> The Trust-wide Training Needs Analysis (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.	31/10/2018	
			<b>A19</b> New appraisal reporting will be developed and implemented.	28/09/2018	
			<b>A20</b> Appraisal 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.	28/09/2018	

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><b>Steering Group Update:</b> mitigating actions in progress. These have achieved 78% compliance to date and are expected to deliver a continued increase in quarter.</i>	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><b>Update:</b> New Action lead: new lead nurse in MH</i>	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	

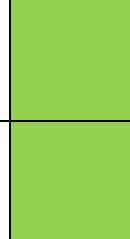
			<b>A30</b> The violence reduction training programme will be updated and revised into a new Positive and Safe Programme.	30/11/2018	
	<b>R13 - must do Suitably Skilled staff in CAMHS</b>	Recruitment to establishment will be completed and maintained	<b>A31</b> Focussed recruitment has taken place for 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	

			<p><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></p>		
			<p><b>A61</b> A new “lessons learned” bulletin will be developed across the Trust.</p>	30/09/2018	
			<p><b>A62</b> Every serious incident investigation across the trust will have a summary “incident on a page” developed.</p>	30/09/2018	
			<p><b>A63</b> The Trust guidance on developing and maintaining a team information board and effective team meetings will be refreshed and re-issued.</p>	28/09/2018	
			<p><b>A64</b> The Cove will include lessons learned as a standing agenda item on its team meeting and governance meeting.</p>	31/07/2018	
			<p><b>A65</b> The team information board at the Cove will be refreshed.</p>	31/07/2018	
			<p><b>A66</b> The Datix quality and safety dashboard will be made available to band 6 staff at the Cove.</p>	28/09/2018	

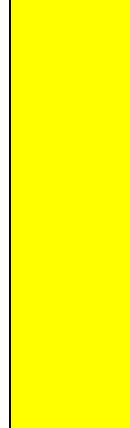
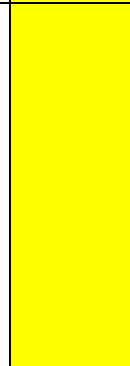
MH Wards and PICUs for Adults	R28 - should do <b>Lessons learned are shared across the organisation</b>		<b>A67</b> All wards, service meetings and care group meetings in the Mental Health Network will include lessons learned as a standing agenda item.	31/10/2018	
			<b>A68</b> All wards will refresh 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	
			<b>A75</b> Bespoke training sessions will be delivered to staff.	14/09/2018	
	R30 - should do <b>Understanding duty of candour responsibilities</b>	Duty of candour responsibilities will be discharged by staff.			

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%