

MONITORING THE IMPLEMENTATION OF SCRUTINY RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	28.11.18	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.	October 2019	David Bonson	<p>Short update received at July 2019 Committee meeting. It was agreed that a further update would be received in October 2019.</p> <p>Update for the October 2019 meeting: Succession planning will be discussed as part of the Fylde Coast Integrated Care Partnership (ICP) report. The Head of Organisational Development for the ICP and Deputy Director of Workforce Education and Organisational Development for the Trust (same person) will be in attendance to support this discussion.</p>	Ongoing
2	28.11.18	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.	October 2019	David Bonson	<p>This information is not currently collected; however business intelligence teams will commence collection of this from 1 July 2019.</p> <p>A review of all 12 DTA from July 18 to date has been undertaken see embedded table (10 patients in total have fallen into the category of 12 hr DTA due to drug or alcohol intoxication).</p> <p>Update for the October 2019 meeting:</p> <p>There is a clear Escalation Policy to raise concerns regarding mental health times to be seen in the ED which appears to be having a positive effect and the department has an excellent working relationship with the Lancashire Teaching Hospitals team who cover the ED.</p> <p>There have been 17 cases which have breached 12 hour DTA where drugs, alcohol or substance abuse have been involved since April 2019. Eleven of which occurred between April 2019 – July 2019, and six since the end of July 2019.</p>	Ongoing
3	24.01.19	That LCFT be requested to identify all voluntary and	October 2019	Chief Officers of LCFT	<p>Report on Mental Health Services on the agenda.</p> <p>Members to determine whether recommendation has been completed.</p>	

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		community mental health support groups in Blackpool and arrange to meet with them quarterly to ensure the views of service users were truly reflected and understood.				
4	24.01.19	That LCFT consider setting all targets for completion of mandatory training, completion of appraisals etc at 90% with a view to incrementally increasing the target to 100%.	October 2019	Chief Officers of LCFT	Report on Mental Health Services on the agenda. Members to determine whether recommendation has been completed.	
5	24.01.19	That all representatives be requested to attend a further meeting of the Committee in approximately six months to further update on progress made and to: <ul style="list-style-type: none"> • Provide feedback on the implementation 	October 2019	Chief Officers of LCFT	Report on Mental Health Services on the agenda. Update to support this discussion at the October 2019 meeting from Fylde Coast ICP in relation to 4 and 12 hour delays in the Emergency Department: Attached at Appendix 9(c)i is a full report of all actions that are being taken to date via BVH Members to determine whether recommendation has been completed.	

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		<p>of the Committee's recommendations.</p> <ul style="list-style-type: none"> To provide evidence of the work undertaken to reduce the number of four and 12 hour delays at Accident and Emergency and the impact of that work. To report on the outcomes of the external review and action taken to implement the actions. 				
6	13.02.19	That attendees at the meeting give consideration to the process and the wording of the healthy weight letters sent and report back to the Committee at its	October 2019	Scrutiny Manager, Dr Arif Rajpura	<p>Response received from Dr Rajpura:</p> <p>The letters that are sent out to our parents in Blackpool are based on the Department of Health/PHE template letters. However, last year the Blackpool Public Health Team worked with the School Nursing team to tailor the letter for our Blackpool parents. As part of the service around the NCMP letters, the School Nursing team will ring the parents when a child has been identified as very overweight or obese. This phone call is made prior to the letter being sent out, however, there are occasions</p>	Members to determine if action is complete based on response. Deferred from

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		next meeting with a new draft of the letter.			<p>when it is not possible to contact the parent and the letter is still sent out to the family. Included with the letter of children who are overweight, very overweight and obese a leaflet is enclosed from the Change4life information packs. In addition to this the parents are offered a referral to the children and family weight management service which is operated by Sport Blackpool. If the parents are not keen on the referral then the children and family weight management manager will make contact with the family to talk about the programmes and how they can help and support the family. The details are only passed over if the parents' consent to being contacted.</p> <p>We recognise that the letter isn't perfect, and each year we work with the PHE national team to review the format of the letter. It is appreciated that this is a very sensitive issue for parents and it isn't the intention of the service to cause offense. Blackpool sit on the National NCMP board, and the comments the Committee has raised will feed in to this process to help shape and change the letter to help improve this for the future. In addition to the letter, PHE are developing a series of resources to help and support health professionals approach these difficult conversations.</p>	previous meeting.
7	13.02.19	To add in consideration of the outcomes of the Psynergy pilot to the workplan.	October 2019	Scrutiny Manager	<p>Contained within the Mental Health Services Item.</p> <p><i>Update to support this discussion at the October 2019 meeting from the Fylde Coast ICP in relation to the Psynergy pilot:</i></p> <p>The present expansion of the Psynergy pathway is a continuation of the pilot service. The CCG is now putting in place a contract with key performance indicators around the number of patients not taken to ED and therefore supported via another service. UCLAN evaluation of the Psynergy model is being considered.</p>	Green

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					<p>There has also been a discussion with partners regarding an NHS England/NHS Improvement document "Planning to Safely Reduce Avoidable Conveyance" Ambulance Improvement Programme. In the document there is a chapter titled "Patients Experiencing Mental Health Crisis" (page 15) which discusses patients facing mental health crisis.</p> <p>https://www.england.nhs.uk/publication/planning-to-safely-reduce-avoidable-conveyance/</p>	
8	13.02.19	That the Chairman request that consideration be given to providing suicide awareness training for all Members.	October 2019	Chairman	The Chairman to provide an update at the meeting.	
9	03.07.19	To receive the CQC inspection report of Blackpool Teaching Hospitals NHS Foundation Trust when it was published.	Tbc	Mr Kevin McGee, BTH/Scrutiny Manager to add to agenda.	To be advised by the Trust.	
10	03.07.19	To request that the data held on the number of unexpected deaths (those that the SHMI is based upon) within the hospital and outside of the hospital following	September 2019	Mr Peter Murphy, BTH	<p>This data has been provided as requested, however without a detailed understanding of how the data is calculated and caveats associated with them, it may be difficult for members to draw conclusions. This is the only data that BTH can provide as the original detailed ask is not provided through the NHS dataset.</p> <p>Latest data from NHS digital for BTH NHSFT as requested:</p>	Members to determine if satisfied with response.

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		discharge be circulated to Members.			<p>Trust wide SHMI – 1.15 (115)</p> <p>Diagnostic groups for which SHMI is calculated and published by NHS digital (alphabetical order):</p> <p>Acute Bronchitis - 0.76 (76) Acute myocardial Infarction - 0.89 (89) Carcinoma of the Lung - 0.75 (75) Fractured Neck of Femur - 1.21 (121) Gastro Intestinal Haemorrhage - 1.09 (109) Pneumonia (not TB/STD) - 1.20 (120) Sepsis - 0.94 (94)</p> <p>High Risk diagnostic groups for which expected versus actual deaths but not SHMI's are published by NHS digital:</p> <p>Stroke Aspiration Pneumonia Congestive Heart Failure COPD & Bronchiectasis Intestinal Obstruction Without Hernia</p> <p>Any further queries regarding this, please contact peter.murphy12@nhs.net</p>	
11	03.07.19	That the provision of facilities including the comfort of chairs provided to patients waiting in the emergency department be considered.	September 2019	Ms Berenice Groves, BTH	<p>We have provided additional facilities for patients to wait in. We have also improved pathways therefore those appropriate for AEC will go directly there and wait in recliners. We are also ensuring that as many ambulance arrivals are assessed immediately and placed in comfortable wheelchairs where appropriate, they will be moved to the waiting area therefore creating capacity for patients who require a trolley.</p> <p>If patients are waiting for admission they are moved onto beds to wait but again we are reducing these waits.</p> <p>Finally we are planning to bring in a different type of bed for patients who require this more fit for purpose, plan is to have these replaced by end of Sept 19.</p>	Members to determine if satisfied with response.
12	03.07.19	That the CCG add the inclusion of extended access appointments to the	September 2019	Mr David Bonson, BCCG	This will remain on the CCGs IT agenda, but is a national issue. The CCGs will continue to pursue this.	Completed

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		Patient Access App to their action plan.				

WHOLE SYSTEM TRANSFERS OF CARE SCRUTINY REVIEW RECOMMENDATION MONITORING – OUTSTANDING RECOMMENDATIONS

	DATE OF REC	RECOMMENDATION	NEXT UPDATE TO BE REQUESTED	RESPONSIBLE OFFICER	UPDATE	RAG RATING
1	Updated 03.07.19	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.	January 2019	Ms Berenice Groves, BTH	<p>It was noted that further work was required to roll out identified improvements across all hospital wards. A number of wards had been trialling different approaches and the use of Ward Pharmacy Technicians had proved positive. Members highlighted a number of issues with dispensing of prescriptions which demonstrated that further improvements were required. It was also noted that the discharge lounge, where patients could wait for prescriptions, had recently started operating seven days per week.</p> <p>Members were of the opinion that further work was required on the recommendation and requested a further response in approximately six months.</p>	Ongoing
2	Updated 03.07.19	That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the	January 2019	Ms Berenice Groves, BTH	Ms Groves highlighted that a number of pieces of work relating to improving discharge processes were ongoing. It was noted that each piece of work would be tracked with data to determine if it had impacted on performance. It was also noted that there had been a reduction in the length of stay of patients and the impact of the bed reduction	Ongoing

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		processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019.			<p>pathways which could be shared with the Committee.</p> <p>Members requested a further update on the impact of the initiatives to improve discharge processes in approximately six months.</p>	
3	Updated 03.07.19	That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately.	January 2019	Ms Berenice Groves, BTH	<p>It was reported that consideration was being given to the first 30 minutes of parking being free, in order that patients who inappropriately attended the emergency department could then leave immediately without facing a charge. The Committee suggested that consideration also be given to providing free parking tokens for people picking up patients in order to further speed up their discharge. Furthermore, it was considered that the Trust should also explore the costs of parking for low income families, cost of parking for families of patients who are admitted for a prolonged period and how widely refunds for parking for certain services such as maternity were advertised.</p> <p>The initial recommendation was agreed as completed. Ms Groves was requested to respond to the additional recommendations in approximately six months.</p>	Ongoing