Purpose of the Report

The report is intended to provide a high level overview of key national and local issues that may impact on Trust strategy, annual plans and priority setting. A summary of any key national policy documents, legislative changes and consultations are also highlighted.

Key Issues, Options and Risks

National

Prime Minister’s Speech on Mental Health; 9 January 2017
This was a landmark address from a serving Prime Minister, setting out such a clear agenda on tackling MH issues in this country. Whilst little of the financial detail was new, it is clear that MH and related services are high on the list of the government’s priorities. In brief summary she made the following points;

- MH services in general have for too long been neglected
- Applauds the anti-stigma work that is on-going, though more is needed
- Parity of esteem for people with MH and related problems needs to be made a reality, not just rhetoric. Specifically mentioned physical healthcare for people with enduring illnesses.
- Needs to be particular emphasis on services for children and young people (C&YP)
- Working with schools, Ofsted and CQC to undertake a Major Thematic Review, of what works and what doesn’t
- End all out of area treatment for C&YP by 2021
- In addition to drive the preventative agenda; improve resilience, support workplace well-being, increase and improve access to crisis services, increase use of technology, and develop further the suicide prevention strategy work

Whilst it is easy to dismiss this as nothing new, and a re-hash of previous (5YFV) policy announcements, it is clearly an opportunity for MH and LD Trusts to develop their services, and work more closely with local communities, especially schools, the criminal justice system and primary care.

Winter 2016/17
There has been much media coverage of the issues affecting the NHS over the holiday season and into the New Year. Multiple perspectives have been proffered on the causes and the potential solutions to the NHS and Social care problems. These are national issues, and almost all localities have been impacted.

In broad summary, the Lincolnshire system generally has been severely challenged, the
Acute Trust in particular has found it difficult to meet demand in urgent and emergency services, but it is more complex than that, and there are many inter-related challenges across all services;

- Population changes, more people living longer, with multiple long term conditions
- Access to primary care, allied to recruitment and retention difficulties in this sector
- Paucity of integrated community services, and relative lack of social care provision
- The usual “winter pressures” relating to; cold weather, flu and noroviruses.
- Lack of resources to drive transformation

Overall LPFT has performed well, services are extremely busy, but managing pressures across the county. In particular the new MH Liaison working into A&Es and acute medical wards has helped improved the quality of care for people with MH conditions in acute services.

It is difficult to judge how long the pressure will last, there was little let-up last winter, until well into spring. It is also likely that there may well be new policy initiatives to support the speedier delivery of some STP work programmes that support transformation in these key areas.

**Learning, Candour and Accountability**

On 13 December 2016, the Care Quality Commission published *Learning, candour and accountability: A review of the way NHS Trusts review and investigate the deaths of patients in England.*

The Secretary of State asked the CQC to undertake this review of how NHS acute, Community and Mental Health Trusts identify, investigate and learn from the deaths of their patients, and how they involve bereaved families and carers. They looked at the deaths of all patients, with a spotlight on the deaths of people using learning disability or mental health services.

In summary it finds that:

- Across the system NHS Trusts have not given learning from deaths enough consideration, which has reduced opportunities to improve care.
- The NHS lacks a single framework setting out what should be done to ensure that learning from deaths is maximised, and this had led to wide variability.
- The deaths of individuals affected by a learning disability or mental illness, in particular, are not receiving the attention they need.
- Families and carers are not consistently treated with kindness, respect and honesty, or effectively involved in investigations.

This review has not identified any Trust currently able to demonstrate good practice across all aspects of identifying, reviewing and investigating deaths and ensuring that learning is implemented. However, the CQC have identified Trusts which demonstrate good practice at individual steps in the investigation pathway.

CQC’s review was carried out at the request of the Secretary of State for Health following the findings of the Mazars report into the deaths of people with a learning disability or mental health problem who were being cared for by Southern Health NHS Foundation Trust. CQC was asked to review how NHS Trusts across the country investigate and learn from deaths to find out whether similar opportunities to learn from patient deaths were being missed elsewhere. While the review looked at Trusts providing acute, community and mental health services, it placed a particular focus on people with mental health conditions and learning disabilities.
The review was based on evidence gathered during visits to a sample of 12 NHS Trusts, a national survey of all NHS providers and interviews and discussions with over 100 families, as well as information from charities and NHS professionals.

Further information can be found at: [http://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf](http://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf)

We will review the recommendations from the report, which have all been accepted by the Secretary of State for Health, at our quality committee and provide a future Board of Directors' meeting an update on the implications for our organisation.

**Lincolnshire System/Regional**

**Lincolnshire County Council**

**Executive Committee; 6 December 2016**
- The CEO and other health leaders presented a summary of the STP in a private briefing, as a precursor to the official launch
- There were mixed views on the content and the proposals
- It was emphasised that, at this stage, these were outline proposals, and a full public engagement and consultation programme was planned in the New Year
- The Director of Strategy also presented the STP MH and LD proposals to the Health Scrutiny Committee on 12 January 2017

**The Lincolnshire Co-ordinating Board (LCB) 4 January 2017**
- Well attended, including LCC
- Received update on progress of STP, and in particular timeline for launch of formal public consultation
- Likely now to be after the local government elections in May
- Appraised of the “Options Appraisal” event on 25 January. The current long list of service options will be presented to an audience of c120, including a large number of clinicians.
- These will be voted on to inform the final 2 stages of the process; a review of proposals by the Regional Clinical Senate, and a final assurance review of the shortlist by NHSE.
- A priority was agreed to ensure that the communications about all things related to the STP was more proactive, focussed on the full range of current endeavours, and engaged both staff and public alike
- The LCB also agreed to review its terms of reference to ensure that it was able to develop an overview and scrutiny role for the system

**System Executive Team (SET)**
- SET meets on a weekly basis
- The main agenda items relate to the collective system performance, and the development and delivery of the STP
- Many of the system key performance indicators relate to physical healthcare provision, and overall a number of these are off target. For example waiting times for treatment, and cancer pathway times
- The financial health of the system is also reviewed. One critical factor is being able to meet the various targets set by regulators. If they are met, then additional funding will be made available
• Transformation of services is important to enable longer term sustainability and implementation of some key plans in the STP is a priority. These include; self-care, prevention and well-being services, and neighbouring teams.

LPFT

CQC
• Full steam ahead in preparation for their comprehensive inspection week commencing 3 April 2017
• Work already in progress in terms of data returns and ensuring previous actions have been completed
• The Chair and executive team met the lead inspectors on 4 January 2017 to discuss and plan the visit, the following points were noted;

1. They will visit all in-patient wards and as many core community teams as possible
2. We need to describe clearly the type of service they are visiting
3. Be confident when the inspectors visit, and showcase what you are doing for patients
4. Ensure previous actions are completed, and show the changes from the previous visit
5. Just because they did not identify an issue previously, doesn’t mean it’s not a problem this time, for example potential ligature points
6. Even if not asked by an inspector, tell them “I would just like to show you this..”
7. They are looking for good things too, not just areas of concern
8. Know where to locate relevant quality documentation, for example, clinical supervision policy, and restrictive interventions guidance
9. There will be a particular focus on the use of the Mental Capacity and Mental Health Acts
10. For all staff to be aware of the Trust purpose, vision, values and priority plans

NHSI; 18 January 2017
• The Executive Team had the first formal face to face accountability review with NHSI to scrutinise current performance against a range of quality and finance measures
• Overall the Trust is well placed and performing strongly
• We are in Segment 2 of their single oversight framework (1 best, 4 worst)
• The full methodology of this segmentation is still in development, including setting criteria for re-assessment and moving between segments.
• Areas of challenge were discussed including; meeting the financial targets for 2017/18, keeping within the agency cap (although we are the best performing Trust in the EM), staff recruitment and retention, and getting some of the transformation identified in the STP implemented

East Midlands MH CEO Network; 9 December 2016
• The CEO met with colleagues and discussed a number of issues; how MH and LD Trusts had been able to contribute and influence local STP plans, strategies to tackle the recruitment and retention problems, the 2 year contracting process for 2017-19, and preparing for the CQC (Leicestershire Partnership had just completed their re-inspection)

STP Launch; staff focus groups, week commencing 12 December 2016
• The Executive Team and senior leaders undertook a series of staff briefings across the Trust to coincide with the launch of the STP
• The MH and LD plans were well received, these include the provision of a male PICU, and female equivalent on the St George’s site, the expansion of community
services in LD and old age, development of MH liaison services, IAPT, and growing the Recovery College, well-being into work and the managed care network

- There is still much to do, and further engagement and consultation events are planned for this year

**Joint Executive Team Meeting; 18 January 2017**

- The executives of LPFT, LCHS, and Lincolnshire and District Medical Services (LADMS) met for the first time to outline how we could begin to develop closer working relationships
- Already there has been significant work looking at how “back office” functions could be shared and realise some efficiency savings
- There is an opportunity for the 3 organisations to work towards becoming a core component of an MCP (Multi-speciality Community Providers) in the county
- This will align with the work that is already on-going around Neighbourhood Teams
- It is proposed that a Programme Board is set up to oversee this work, once formal approval is received from each Board

**Research and Innovation Annual Conference; 19 January 2017**

- This successful event attracted about 100 attendees, and was a fantastic showcase of the R&I work that the Trust is involved in
- It was supported by 2 important stakeholders, the Lincolnshire Institute for Health and CLAHRC EM (Collaborative Leadership in Applied Health Research)
- Our contribution to research remains over and above what would be expected from such a small team, that does not have the benefits of a traditional academic centre infrastructure
- To note also, in May 2017 during dementia awareness week, there will a number of opportunities to get involved in a variety of dementia related research and innovation activities

**Operational Productivity and Performance Benchmarking**

- The Trust has just received formal confirmation that it has been selected as 1 of 20 national pilot sites (Community and MH) for developing this important work.
- It is led nationally by Lord Carter of Coles, and follows on from the acute Trust work
- It will be another avenue to explore for helping identify efficiencies that can be used to support front line services
- There will be a number of site visits by the team, and hopefully Lord Carter will be able to join them, and we can showcase our great services

**Looking Ahead**

**Making a difference every day – staff excellence awards**

I am pleased to report that we received more than 160 nominations, which after a great deal of deliberation by the judging panel have been shortlisted to 27 finalists, three in each category, equating to 19 individuals and eight teams.

This year the event will take place on 23 February 2017 at the Engine Shed in Lincoln. The invitation list includes all finalists, quarterly LPFT Hero winners from throughout the year, sponsors, divisional management teams. A total of 230 guests will be welcomed on the evening, with finalists asked to bring a colleague as their guest to ensure greater staff representation at the event.

We are grateful to our sponsors for the £5,650 we will receive in sponsorship this year, an increase of £2,050 from previous years.
Shortlisted for national awards
Further good news includes two of our teams being shortlisted for awards in the prestigious HSJ Value in Healthcare Awards, celebrating outstanding practice and innovation. The NEL CAMHS team has been recognised in the Specialist Services category and our LD services for our work with SW Lincs CCG in the Mental Health category.

Time to Talk Day
Plans are underway to mark Time to Talk Day on 2 February, encouraging people to be open about mental health, and asking them to take the opportunity to support others by listening to them talk about how they feel. Our plans include a fish and chip lunch on Langworth Ward for patients and families, followed by a sensory box activity event. We will also be using the day as an opportunity to further promote our steps2change talking therapies, their website and the services we offer, explaining how people can self-refer.

LGBT Conference; 9 February 2017
Our LGBT conference takes place on 9 February as part of national LGBT History Month. We have an exciting line up of prominent national speakers and we will be using the event as an opportunity to promote the Board of Directors’ commitment to the equality agenda.

Annual Nursing Conference; 2 March 2017
Book your place now, not just for nurses. There is a great line up of speakers, and an opportunity to showcase our services.

Executive Analysis
As is often the case in January, it is helpful to look back and review the previous year and look forward to the next. Even if the NHS year doesn’t quite align with the calendar, 2016 was a big challenge for the Trust, and thanks to the dedication and hard work of all staff, has seen us meet these challenges, and put us in a good position for what lies ahead.

2017 is what lies ahead, and the challenges are no less, and in some respects even bigger. Austerity is not over, there is little comforting in the Chancellor’s statements for NHS and Social Care funding. The challenge for organisations to work more collaboratively, and integrate service pathways, when regulation remains focussed on single organisation performance is difficult.

Some services continue to struggle at a national level, primary care, social care, and emergency departments are but 3 examples, rarely out of the news.

LPFT is in a good position, from both a quality and finance perspective. MH and LD Trusts remain in focus as national priorities for additional support and hopefully funding. The launch of our continuous quality improvement (CQI) programme will be a landmark in terms of fundamentally addressing our culture and helping us to work together to improve the quality of everything we do, so that this becomes a way of working. Its success will be when it is no longer seen as a plan, programme, or the latest incentive, but “the way we do things around here”

The current well-led review, and forthcoming CQC Inspection, will be 2 cross sectional assessments of our overall performance, against a number of criteria and domains. These will help inform our CQI, but there are many other things we can be doing. Please look out for a variety of “Making a Difference” events, communications and updates, and if you want to become more involved do not hesitate to get in touch via your team leaders.

Thank you once again especially to those that have worked over the holiday season, and also to those of you who contributed to help manage the recent winter challenges.
Recommendation (action required, by whom, by when)

Directors are asked to receive and discuss this report and agree any further actions that need to be taken forward by the Trust Executive.

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**APPETITE**

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Explanation of variance from general (G) risk appetite

The level of risk against each element should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.

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