

10 May 2022

**To: The Chair and Members of the Cumbria
Health Scrutiny Committee**

Agenda

CUMBRIA HEALTH SCRUTINY COMMITTEE

A meeting of the Cumbria Health Scrutiny Committee will be held as follows:

Date: Wednesday 18 May 2022
Time: 10.30 am
Place: Conference Room A/B, Cumbria House, Botchergate,
Carlisle, CA1 1RD

Dawn Roberts
Executive Director – Corporate, Customer and Community Services

**NB A PRE-MEETING WILL BE HELD AT 9.30 AM IN CONFERENCE
ROOM A/B AND ALL MEMBERS ARE ENCOURAGED TO ATTEND**

Enquiries and requests for supporting papers to: Lynn Harker
Direct Line: 07825340229
Email: lynn.harker@cumbria.gov.uk

This agenda is available on request in alternative formats

MEMBERSHIP

Conservative Members (3)

Mr J Bland
Mr P Dew
Mr CJ Whiteside

Labour Members (2)

Ms C McCarron-Holmes (Chair)
Mr M Wilson

Liberal Democrat Members (2)

Mr T Allison
Mr N Hughes

District Council Representatives (6)

Mr F Cassidy	- Barrow Borough Council
Dr M Hanley	- Eden District Council
Ms V Hughes	- South Lakeland District Council
Mr J Kane	- Copeland Borough Council
Mr A Semple	- Allerdale Borough Council
Mr D Shepherd	- Carlisle City Council

ACCESS TO INFORMATION

Agenda and Reports

Copies of the agenda and Part I reports are available for members of the public to inspect prior to the meeting. Copies will also be available at the meeting.

The agenda and Part I reports are also available on the County Council's website – www.cumbria.gov.uk

Background Papers

Requests for the background papers to the Part I reports, excluding those papers that contain exempt information, can be made to Legal and Democratic Services at the address overleaf between the hours of 9.00 am and 4.30 pm, Monday to Friday.

A G E N D A

PART 1: ITEMS LIKELY TO BE CONSIDERED IN THE PRESENCE OF THE PRESS AND PUBLIC

1 ELECTION OF VICE-CHAIR

In accordance with the Committee's Terms of Reference to appoint a Vice-Chair who shall be a District Councillor representative for the ensuing year. The Vice-Chair shall be appointed by the District Council representatives serving on the Committee.

2 APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3 MEMBERSHIP OF THE COMMITTEE

To note any changes to the membership of the Committee.

4 DISCLOSURES OF INTEREST

Members are invited to disclose any disclosable pecuniary interest they have in any item on the agenda which comprises

1. Details of any employment, office, trade, profession or vocation carried on for profit or gain.
2. Details of any payment or provision of any other financial benefit (other than from the authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. (This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
3. Details of any contract which is made between you (or a body in which you have a beneficial interest) and the authority.
 - (a) Under which goods or services are to be provided or works are to be executed; and
 - (b) Which has not been fully discharged.
4. Details of any beneficial interest in land which is within the area of the authority.
5. Details of any licence (alone or jointly with others) to occupy land in the area of the authority for a month or longer.

6. Details of any tenancy where (to your knowledge).
 - (a) The landlord is the authority; and
 - (b) The tenant is a body in which you have a beneficial interest.
7. Details of any beneficial interest in securities of a body where
 - (a) That body (to your knowledge) has a place of business or land in the area of the authority; and
 - (b) Either –
 - (i) The total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - (ii) If that share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Note

A “disclosable pecuniary interest” is an interest of a councillor or their partner (which means spouse or civil partner, a person with whom they are living as husband or wife, or a person with whom they are living as if they are civil partners).

5 EXCLUSION OF PRESS AND PUBLIC

To consider whether the press and public should be excluded from the meeting during consideration of any item on the agenda.

6 MINUTES

To confirm the minutes of the meeting held on 22 February 2022 (copy enclosed).
(Pages 7 - 16)

7 COMMITTEE BRIEFING REPORT [TIME: 10.40 TO 10.55 AM]

To consider a report by the Strategic Policy and Scrutiny Adviser (copy enclosed).
(Pages 17 - 20)

**8 CUMBRIA AND LANCASHIRE JOINT HEALTH SCRUTINY COMMITTEE
[TIME: 10.55 TO 11.15 AM]**

To note the minutes of the meeting of the Cumbria and Lancashire Joint Health Scrutiny Committee meeting held on 15 March 2022 (copy enclosed).
(Pages 21 - 24)

**9 UROLOGY SERVICES AT UNIVERSITY HOSPITALS OF MORECAMBE BAY
NHS FOUNDATION TRUST [TIME: 11.15 TO 11.45 AM]**

To consider a report from University Hospitals of Morecambe Bay NHS Foundation Trust (copy enclosed).

This report provides details of the Independent Investigation into Urology Services at University Hospitals of Morecambe Bay NHS Foundation Trust.
(Pages 25 - 36)

**10 INPATIENT MENTAL HEALTH PROVISION ACROSS SOUTH CUMBRIA
[TIME: 11.45 AM TO 12.15 PM]**

To consider a report from Lancashire and South Cumbria NHS Foundation Trust (copy enclosed).

This report provides feedback on the planned changes to Inpatient Mental Health provision across South Cumbria.
(Pages 37 - 48)

LUNCHBREAK [12.15 to 1.15 pm]

11 LIBERTY PROTECTION SAFEGUARDS [TIME: 1.15 TO 1.45 PM]

**a Liberty Protection Safeguards Preparation North Cumbria Integrated Care
NHS Trust**

To consider a report from North Cumbria Integrated Care NHS Foundation Trust (copy enclosed).
(Pages 49 - 52)

b Liberty Protection Safeguards (LPS) Preparation - South Cumbria

To receive a presentation from the University Hospitals of Morecambe Bay NHS Foundation Trust (copy enclosed).
(Pages 53 - 62)

12 NORTH WEST AMBULANCE SERVICE PROVISION IN CUMBRIA
[TIME: 1.45 TO 2.15 PM]

To receive a presentation from North West Ambulance Service (copy enclosed).

This report provides an update from NWAS on performance across Cumbria.
(Pages 63 - 78)

13 DATE OF FUTURE MEETING

To note that the next meeting of the Committee will be held on Monday 25 July 2022 at 10.30 am in Conference Room A/B, Cumbria House, Botchergate, Carlisle.

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Tuesday, 22 February 2022 at 10.30 am at Conference Room A/B, Cumbria House, Botchergate, Carlisle, CA1 1RD.

PRESENT:

Ms C McCarron-Holmes (Chair)

Mr T Allison
Mr P Dew
Dr M Hanley
Mr N Hughes

Mr A Jama
Mr A Semple
Mr CJ Whiteside
Mr M Wilson

Also in Attendance:-

- | | | |
|---------------|---|---|
| Ms J Clayton | - | Head of Communications and Engagement, NHS North Cumbria Clinical Commissioning Group |
| Ms A Dunkley | - | Assistant Director of People – North Cumbria Integrated Care NHS Foundation Trust |
| Mrs L Harker | - | Senior Democratic Services Officer |
| Ms K Maynard | - | Chief Operating Officer, University Hospitals of Morecambe Bay NHS Foundation Trust |
| Ms L Murray | - | Targeted Youth Support Officer, Cumbria County Council |
| Mr B Perris | - | Youth Parliament Member for Carlisle and Eden |
| Mr P Rooney | - | Chief Operating Officer, NHS North Cumbria Clinical Commissioning Group |
| Mr D Stephens | - | Strategic Policy & Scrutiny Advisor |
| Ms L Turner | - | Head of Strategic Recruitment and Retention, University Hospital Morecambe Bay NHS Foundation Trust |
| Mr P Woodford | - | Director of Corporate Affairs, University Hospital Morecambe Bay NHS Foundation Trust |

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

40 ELECTION OF VICE-CHAIR

There were a number of apologies received from District Council representatives, therefore, it was agreed that this item would be deferred until the next meeting of the Committee. Mr A Semple was appointed as Vice-Chair for this meeting only.

The Chair emphasised the need for a Vice-Chair to be appointed at the next meeting of the Committee in May.

41 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr D Blacklock, Mr J Bland, Mr F Cassidy, Ms V Hughes, Mr J Kane and Mr D Shepherd.

42 MEMBERSHIP OF THE COMMITTEE

Mr A Jama replaced Ms V Hughes for this meeting only.

43 DISCLOSURES OF INTEREST

Mr C Whiteside declared a personal interest as his wife was employed at the West Cumberland Hospital.

44 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

45 MINUTES

With reference to Minute 34 – Committee Briefing Report it was agreed that the first sentence of the third paragraph should read ‘The Committee was informed that a further meeting **‘of the Joint Committee’** would be convened

RESOLVED, that with the inclusion of the above amendment the minutes of the meeting held on 7 December 2021 be agreed as a correct record and signed by the Chair.

46 COMMITTEE BRIEFING REPORT

The Committee received a report which updated members on developments in health scrutiny, the Committee’s Work Programme and monitoring of actions not covered elsewhere on the Committee’s agenda.

Members received an update from the Cumbria and Lancashire Joint Health Scrutiny Committee meeting whose purpose was to look specifically at the recent University of Morecambe Bay Hospitals Trust (UHMBT) Care Quality Commission (CQC) report and the measures the Trust was putting in place to address the issues raised.

The Committee was updated on the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System which was being led by Lancashire County Council. Officers explained that in accordance with the Terms of Reference there was a need for the Cumbria Health Scrutiny Committee to nominate three members onto the Joint Committee; it was agreed nominations would be sought at the next meeting.

The Committee raised concerns regarding the implications of the Health and Social Care Act with regards to the proposal to abolish health scrutiny committees being afforded the opportunity to refer matters to the Secretary of State. Members noted that the Scrutiny Management Board was investigating this matter and it was agreed that the Cumbria Health Scrutiny Committee be kept informed of any change to the Clause in the Bill.

Members were informed that the Scrutiny Management Board would agree the draft scope for a joint Health and Adults Task and Finish Group to focus on the implications of the Health and Care Bill reforms on the integration of health and care across the systems in both North and South Cumbria.

A Member raised a concern regarding the lack of a Mental Health Task and Finish Group being established. It was, therefore, requested that the Committee receive as much information as possible on this matter. During the course of discussion it was suggested that a Stroke Care Task and Finish Group be considered.

A discussion took place regarding the Local Government Reorganisation and the Committee suggested that consideration be given to the role of the Shadow Authorities in the Health Scrutiny Committee post May 2022 with the potential to invite members, as observers, to future meetings of the Cumbria Health Scrutiny Committee. The Committee emphasised the importance of a thorough induction programme for newly elected members and suggested that North West Employers' be consulted on this matter.

The Committee suggested that future health scrutiny committees be convened in accordance with revised health boundaries.

A Member raised a concern regarding the lack of frequency of Lead Member meetings and it was agreed they would be re-established on a quarterly basis with the North and South system leaders.

RESOLVED, that

- (1) the update on the Cumbria and Lancashire Joint Health Scrutiny Committee (specific to Morecambe Bay) be noted;
- (2) the update on the appointment of the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System be noted;
- (3) the existing Work Programme be reviewed and Cardiac Services be included for consideration at a future meeting.

47 IMPACT OF COVID 19 PANDEMIC

a North Cumbria

Members received a report from North Cumbria Clinical Commissioning Group and noted that the winter period had been very challenging for all health and care organisations across north Cumbria as well as the UK as a whole.

The Committee was informed that, in particular, the high levels of COVID transmission prompted by the spread of the Omicron variant had made a big impact on staffing, making resources very stretched at times. Officers explained the positive impact of the vaccination programme but highlighted that during January the Trust had experienced higher than 10% sickness absence rates which had caused a big impact on services.

Officers highlighted that in addition to this there was pressure on other services which included high levels of attendance at A+E and in primary care, community, ambulance and mental health services.

Members were informed of the ongoing challenges in social care which had seen significant pressures for service providers. It was explained there had been an increase in the number of patients medically well enough to leave hospital but unable to return to their home settings because of challenges in the provision of an appropriate care package; this continued to be the focus of collaborative work. The Committee noted that the CCG had also commissioned additional services from third sector organisations to support discharge which included support to family carers.

The Committee was informed of the pressure in the urgent care system which had also impacted on elective care, particularly planned operations and surgical procedures in hospital. It was explained that the North Cumbria Integrated Care Trust had maintained an elective care programme throughout; focused on providing the most clinically urgent care and reducing the number of people with long waits for elective care.

Members raised their concerns regarding the length of waiting lists prior to the pandemic and asked for an update regarding current timescales. Officers acknowledged there were longer than average waits for elective care prior to COVID which had increased nationally during the pandemic. The Committee was informed that the current national ambition was that by July 2022 no one should wait in excess of 104 weeks, by April 2023 this figure should reduce to 18 months and by March 2024 a further reduction to 65 weeks. It was explained there was also a national ambition to complete diagnostics by six weeks. Officers emphasised to members that recovery from the pandemic would take a significantly long time whilst highlighting the need for a larger workforce.

A discussion took place regarding hospital visiting which was currently available, in most cases, via booking with a requirement for visitors to have a negative lateral flow test to reduce COVID transmission in hospital settings. Officers explained there was an ambition to make visiting as easy as possible in the future; providers were looking carefully at this whilst taking into account the vulnerability of patients.

Members noted that the CCG had also commissioned the 'Sound Doctor' to support people living in north Cumbria with long term conditions to better understand and manage their health. Officers explained this was high quality, clinically driven films, courses and animations designed to help healthcare professionals advise their patients on managing long-term conditions safely and effectively at home.

The Committee discussed indirect COVID admissions to hospital and was informed that patients were appropriately isolated with staff using the relevant PPE to reduce the risk of onwards transmission.

A discussion took place on the recent Government announcement regarding the abolition of free lateral flow tests. Whilst officers could make no further comments on this matter they did highlight the potential transmission of the virus by staff if they did not have access to testing.

The Committee discussed the changes in delivery of health care during COVID which included a GP focus on triage and on-line consultations and an increase in interventions by the third sector which would continue in the future.

Members received a positive update regarding the vaccination programme. It was explained that primary care and pharmacy staff had provided additional COVID vaccine clinics at very short notice which had further stretched their services which had also been impacted by staff sickness and isolation.

Members noted that as of the date of the report the situation was improving slightly but services remained under significant pressure.

The Committee agreed with officers that the increased booster programme had been a remarkable achievement from primary care and community pharmacy teams and formally recorded their thanks to all staff and volunteers who had been involved.

RESOLVED, that the update be noted.

b South Cumbria

The Committee received a verbal update from representatives of University Hospitals of Morecambe Bay NHS Trust who were experiencing similar issues as those in North Cumbria.

Members were informed that both the Royal Lancaster Hospital and Furness General Hospital were extremely busy; a massive winter surge had been experienced during January which had led to a revisit to the Winter Plan.

The Committee was informed that people not meeting criteria to reside was increasing and currently taking 30% of the bed base rather than the usual 5%. Officers explained that to try and alleviate the issues this caused a plan had been put in place to cancel elective surgery during January and repurpose wards in the Westmorland General Hospital. Members noted that surgery had now resumed at the Hospital.

Members were informed that UHMBT was actively recruiting staff to the Hospital Home Care Service which had been implemented. It was explained this provided support in the community to deliver personal care to service users and it was anticipated would reduce the uptake of beds from patients not meeting criteria to reside.

A discussion took place regarding workforce and members were informed there was an average 13% workforce absence but highlighted that some departments had experienced 50% absence.

The Committee was informed that during the pandemic staff had successfully been redeployed to other services and it was anticipated this would continue in future to provide resilience.

The Committee discussed indirect COVID admissions to hospital and was informed that during January there were approximately 150 people over the Trust's two sites with only approximately 20 patients admitted for COVID. Officers explained that appropriate isolation and PPE measures were applied to reduce the risk of onwards transmission.

A discussion took place regarding waiting times and members were informed that currently there were approximately 1,200 patients waiting over 52 weeks and 100 over 2 years. Officers explained patients waiting a long time tended to be orthopaedic or had chosen to wait. Members were informed the Trust were experiencing an improving trajectory and were confident they would meet the national targets.

Members welcomed the Pre-habilitation Scheme being used by the Trust and it was agreed that further information would be circulated to the Committee.

A discussion took place regarding the Care Quality Commission inspection and members were informed this would focus on urgent care.

The Committee highlighted the importance of the digital strategy and suggested that this should be included as part of future new ways of working.

RESOLVED, that information regarding the Pre-habilitation Scheme be circulated to the Committee.

48 STAFF/RECRUITMENT

a North Cumbria

Members received a presentation from North Cumbria Integrated Care NHS Foundation Trust (NCIC) regarding recruitment in North Cumbria.

The Committee was informed that international recruitment for medics had contributed significantly to a reduction in vacancies; recruitment for nurses was in its infancy but was successfully on track to deliver 197 nurses within 12 months by April 2022 with a further 76 planned to be recruited by September 2022.

Members noted that the success of the international nurse recruitment programme had enabled NCIC to become a pilot site for international recruitment of midwives; it was anticipated that 12 midwives would join the Trust this year.

The Committee drew attention to working collaboratively and the co-ordinated approach to recruitment and understanding the impact on the system of 'poaching' and asked how this impacted on international recruitment. Officers explained that nurses had been recruited from India and the Philippines in accordance with criteria agreed by the World Health Organisation (WHO). It was explained that those areas trained excess nurses with a view that a proportion of them would be recruited by western countries. Members noted that one of the recruitment drives had included 'Earn, Learn and Return' where it was implied they would become more skilled in the UK and eventually a proportion of them would return to their native country.

A discussion took place regarding the NCIC apprentice and training programmes which would include 30 nurses, 8 nurse associates, 5 operating department practitioners and 18 assistant practitioners. It was explained that in addition a number of entry schemes such as the Step Into Health/Bridge into Bank were also provided. Members noted that there were also close working relationships with universities and education partners.

During the course of discussion concerns were raised regarding the inadequate number of medical graduates leaving UK universities.

The Committee received an update regarding retention and the systemisation of the recruitment process, end to end review of the recruitment process and candidate experience, post COVID reinvigorating domestic attraction campaign and recruitment officer and embedding workforce planning.

Members recognised both Trusts had made an enormous effort to improve recruitment and retention but raised their concerns regarding the deficiency of GPs. Officers explained that GP recruitment was one of the key workstreams, highlighting attendance at a job fair in Ireland in October 2021, unsuccessful attempts to recruit GPs internationally, with a focus now being on attracting doctors from London.

A discussion took place regarding the retention of qualified nurses and members were informed there were challenges within the acute setting as a number of them moved to other roles such nurse practitioners in GP practices or in Out of Hours services.

RESOLVED, that the update noted.

b South Cumbria

The Committee considered a detailed report from University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) which provided:

- an overview of the current vacancy position of key staff groups at the Trust;
- an update on unprecedented recruitment activity levels through 2021;
- a briefing on the establishment of the International Retention Programme Board, and associated priorities;
- an insight into the new international recruitment initiatives which were being implemented as alternative routes to resourcing;
- a summary of the local place-based partnership working priorities as agreed at the Bay Health & Care Partners People Board;
- highlights from the inclusive recruitment priority actions which were set to assist in the commitment to becoming a fully inclusive workplace.

A discussion took place regarding GP recruitment and whilst officers acknowledged that internal recruitment had not been successful explained that collaborative working was taking place with local employers to establish and promote attractions to the area for individuals.

The Committee was informed that the Medical Support Worker (MSW) role was devised during the pandemic as a short-term solution to provide additional clinical support in a number of acute, community and primary care settings across the NHS. Members noted that the MSW role was filled by retired doctors, refugee doctors and international graduates living in the UK who had not yet gained their General Medical Council (GMC) registration.

The Committee noted that a large proportion of the refugee doctors living in the UK were registrars or consultants in their home countries. It was explained that on average it would take a refugee doctor between 2-3 years to complete their registration with the GMC. Members were informed that during this time those highly skilled and qualified doctors were often working in non-clinical roles and, therefore, were keen and highly engaged in the MSW role. Furthermore, trusts realised that if they could support those doctors during the GMC registration process, they would have fast track/low-cost access to a pool of highly skilled registrar and consultants.

The Committee asked whether Brexit had affected recruitment and if the Trust employed any refugee doctors. Officers explained that the refugee programme was national and that seven places had been offered to refugee doctors.

Members raised their concerns regarding the restrictions on refugee doctors emphasising that 2-3 years was a long time to wait until those experienced doctors were fully registered. The Committee felt that the work visa was a big problem as they are required to earn between £30k and £50k per annum to get the visa with the starting salary of a junior doctor only being £27k. Officers explained that support was provided to doctors to enable them to obtain their work visas and this had not been problematic.

RESOLVED, that the update be noted.

49 EDEN YOUTH COUNCIL

Members received a presentation and video from Ben Perris, Member of Eden Youth Council regarding access to mental health services for young people.

The Committee was informed that of the major impact which COVID had upon the lives of young people. Members noted the effects this had on their education and exams and the need for support to enable students to fulfil their potential. The role which rural isolation played with regards to mental wellbeing and how this could lead to depression was also noted.

A discussion took place regarding exams following confirmation that they were likely to take place this academic year. Members were informed that following this announcement additional information had been provided on subject matters which had eased some of the pressure on young people.

The Committee's attention was drawn to the major impacts upon young people due to long waiting times and the problems encountered accessing services due to their locations.

During the course of discussion it was suggested that Kooth (an anonymous digital platform which helped children and young people to feel safe and confident in exploring their concerns and seeking professional support with regards to their mental wellbeing) should be promoted.

Members were informed that in the future young people would like easier access to services, better communication regarding changes, increased support in school for both young people and staff, support for parents, shorter waiting times for essential services, targeted support for individuals and a more unified approach across Cumbria.

A discussion took place regarding the on-line interviews and it was felt this had been positive and had enabled young people to express themselves more easily.

A Member drew attention to the link workers, employed by Barnardos to provide support to young people with mental health problems, which had been established by the Eden Primary Care Network (PCN) a number of years ago. It was agreed that further information on this service would be made available to Ben and suggested that today's presentation be made at a future meeting of the Eden PCN.

The Chair, on behalf of the Committee, thanked Ben Perris for his informative presentation and wished him well for the future.

RESOLVED, that the update be noted.

50 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Monday 9 May 2022 at 10.30 am at County Offices, Kendal.

The meeting ended at 1.25 pm

CUMBRIA HEALTH SCRUTINY COMMITTEE
Meeting date: 18 May 2022
From: Policy and Scrutiny Team

COMMITTEE BRIEFING REPORT

1.0 **PURPOSE OF REPORT**

1.1 *This report updates the Committee on developments in health scrutiny, the Committee's Work Programme and monitoring of actions not covered elsewhere on the Committee's agenda.*

2.0 **ISSUES FOR SCRUTINY**

The Committee are asked to:

- (i) Receive an update on the Cumbria and Lancashire Joint Health Scrutiny Committee (specific to Morecambe Bay)
- (ii) Receive an update on the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System
- (iii) Health and Care Act – Implications for Health Scrutiny
- (iv) Review the existing Work Programme.

3.0 **UPDATES**

Cumbria and Lancashire Joint Health Scrutiny Committee.

3.1 Members will see the notes included in this agenda pack of the Cumbria and Lancashire Joint Health Scrutiny Committee which took place on the 15th March 2022. The purpose of the meeting was to look specifically at the recent University of Morecambe Bay Hospitals Trust (UHMBT) Care Quality Commission (CQC) report and the measures the Trust is putting in place to address the issues the CQC report raises.

3.2 It was agreed at the meeting that the Joint Committee be convened again in September to examine the progress UHMBT have made with their action plan.

The appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System

3.3 Lancashire County Council is taking the lead on establishing the Joint Committee.

- 3.4 It is anticipated that the first meeting of the Joint Committee would be convened in June 2022 but at time of writing no date has been confirmed.

Health and Care Act – Implications for Health Scrutiny

- 3.5 The Health and Care Act received Royal Assent on 28 April. The Bill was first published on 6 July 2021 and it set out the case for a new legislative framework to facilitate greater collaboration within the NHS and between the NHS, local government and other partners, and to support the recovery from the pandemic.
- 3.6 Many of these proposals were set out in the NHS' recommendations to Government to help deliver the aims of the NHS Long Term Plan and have already been the subject of an NHS England consultation, following which the Government published a White Paper. These proposals recognise that the whole health and care system, including local government, has a vital role in addressing the health and wellbeing challenges of our populations. In addition, there are proposals of relevance to local government on social care and public health.
- 3.7 During the Bills passage the government amended measures for the Secretary of State (SoS) to intervene in proposals for NHS reconfigurations. The SoS will have to ask for views on the changes from local NHS organisations and health overview and scrutiny committees and publish a summary of their responses. They will also have to publish the reasons for decisions, which must be made within six months.
- 3.8 Current understanding is that the government now plans to introduce the new intervention powers in April 2023. This means that the current health scrutiny powers – including the power to make a referral in the case of a substantial variation of local health services – will remain until then. Confirmation of this is important for the planning of the Committee's work programme, and we are seeking to receive this confirmation very shortly.
- 3.9 This delay means that the statutory referral power will, for a year, sit alongside the new statutory ICSs. Given this, DHSC has concluded that some transitional guidance may be necessary on scrutiny under these new arrangements, these will be circulated to Members when they are published.

4.0 WORK PROGRAMME

- 4.1 The Committee's work programme is attached at Appendix 1 for the committee to consider and review.

May 2022

Appendices

Appendix 1 - Work Programme

Contact: David Stephens, Strategic Policy and Scrutiny Adviser,
david.stephens@cumbria.gov.uk

CUMBRIA HEALTH SCRUTINY COMMITTEE			
	Issue	Description	Timeline
Task & Finish activity	Integration of Health and Care	Health and Adults Task and Finish group to: Scrutinise the implementation of the Health and Care Act and, understand the implications the Act has on the integration of Health and Care across the systems in both North and South Cumbria	Task & Finish Group Membership confirmed Initial meeting June 2022
Committee Meetings	L&SC Pathology Collaboration	To receive an update on the programme	July 2022
	Mental Health Services at Cumbria, Northumberland, Tyne and Wear Foundation Trust (CNTW)	Update on the Improvements Made to Pathways of Care since the Transfer of Mental Health Services to CNTW.	July 2022
	Inpatient Mental Health Provision	To provide feedback on the planned changes to Inpatient Mental Health provision across South Cumbria.	July 2022
	Cumbria and Lancashire Joint Health Scrutiny Committee	To note the outcome of the Committee meeting planned for September 2022 which will consider the delivery of the CQC action plan by University Hospitals Morecambe Bay Trust and the Community Beds Consultation outcome	October 2022

	Digital Strategies	Report on the progress being made on digitising records and improving system interoperability across both Health Systems. By 2025 records of health and care delivery will be required to be digital, not paper, everywhere. The Government aim to have shared care records for all citizens by 2024 that provide a single, functional health and care record which citizens, caregivers and care teams can all safely access	October 2022
	Cardiac Care	Committee to receive a report on Cardiac Care across both systems in Cumbria with a particular emphasis on the safety, quality and sustainability of the services that patients receive.	To be confirmed

CUMBRIA AND LANCASHIRE JOINT HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria and Lancashire Joint Health Scrutiny Committee held on Tuesday, 15 March 2022 at 11.00 am at County Offices, Kendal

PRESENT:

Mr M Wilson (Chair)

Mr S Rigby
Mr D Westley

Mr CJ Whiteside
Ms E Lewis

Also in Attendance:-

- | | |
|-----------------|---|
| Mrs L Davis | - Democratic Services Officer |
| Mr G Halsall | - Senior Democratic Services Officer - Overview and Scrutiny (Lancashire County Council) |
| Ms B Lees | - Executive Chief Nurse |
| Ms H McConville | - Senior Manager, Community Services Development and ICCs |
| Mr R Sachs | - Director of Governance |
| MS G Speight | - Associate Director for Nursing and Rehabilitation Therapies for the Integrated Community Care Group |
| Mr D Stephens | - Strategic Policy & Scrutiny Advisor |
| Mr P Woodford | - Director of Communications, University Hospitals of Morecambe Bay Trust |

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

21 APOLOGIES FOR ABSENCE

Apologies for absence were received from Ms L Collinge (Ms E Lewis substituting), Mr E Pope and Mr F Cassidy.

22 MEMBERSHIP

There were no changes to membership to note.

23 DISCLOSURES OF INTEREST

There were no disclosures of interest made for this meeting.

24 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting during consideration of any items on the agenda.

25 MINUTES

RESOLVED, that the minutes of the meeting held on 9 November 2021 be agreed as a true record and signed by the Chair.

26 CARE QUALITY COMMISSION (CQC) INSPECTION REPORT AND RECOVERY SUPPORT PROGRAMME UPDATE

Members received update reports and a presentation to examine the progress which had been made in relation to the Trust CQC Improvement Plan following the outcome of the CQC Inspection that took place in April 2021. The presentation given to members focused on the Recovery Support Programme (RSP) Improvement Programme.

The Director of Communication gave an update on the Trust's position with regards to the New Hospital Programme, the latest Covid figures and the effect of the pandemic on the hospitals and staff absence and outlined the latest No Right to Reside figures. Members were informed that the Trust had declared a Critical Incident Level 4 in order to get the help and support needed but were advised that this had been stepped down recently to Level 3.

To conclude the Director of Communication advised additional investment had been made to Cumbria's Adult Social Care capacity, allowing agency involvement, but warned that this would be a challenge when the funding stopped. Partnership working was taking place to mitigate this. It was agreed that this issue be picked up by the re-formed, re-scoped Cumbria Health and Adult Task and Finish Group.

The Director of Governance outlined the context of the papers, explaining the robust reporting processes that were in place and the various governance arrangements to check and challenge, expressing confidence there was due diligence in place. A member expressed concern on delays caused by the audit regime but was assured that this was not the case and the right governance infrastructure was in place. The Trust were currently customising the Good Governance Institute Model, making it bespoke to their organisation.

The Executive Chief Nurse updated members on nursing staff and arrangements in place. A member raised concerns on staff recruitment and retention and whether there was scope to do more to assist with this. The Executive Chief Nurse outlined the Workforce Plan, attracting as many people to the system as possible and highlighted the work that was taking place with other Trusts and partners on this.

The Programme Direct - Recovery Support Programme then took members through the presentation. The presentation included progress made with plans and workbooks with all work streams, the updated RSP Programme Dashboard, management and reporting of the Exit Criteria, developments with the communication strategy, deployment of additional resource and next steps to be taken.

Members, in discussion, asked for confidence that the Trust was on target to meet the deadlines as there was timescale slippage between the reports that had been submitted to the Improvement Board in December 2021 and February 2022. Members also questioned whether a through lesson learned exercise had been undertaken to avoid old practices re-emerging. The Director of Governance acknowledged the slippage over the winter period, reported that some of the target deadlines had not been realistic but these had now been corrected and that the Trust was on target to meet the October deadline. The Director of Governance said the whole exercise was a “journey not a destination” and had confidence in the sustainability of the changes in the long term.

The discussion then centred around embedding the new practices, how to take those forward within the relevant frameworks such as the New Hospital Programme, the forthcoming Government’s White Paper and in relation to Local Government Reform and what members could do to assist with this. The Trust’s representatives confirmed commitment to the changes and outlined work that was taking place with partners and communities to drive the work forward.

Members asked what actions were taking place in relation to the red and amber ratings on the dashboard. The Trust representative’s confirmed that action on these was being progressed. A short discussion on maternity services took place. The use of technology to assist work was discussed and the Executive Chief Nurse reported on recruitment that had recently taken place for maternity services – a new Director of Midwifery and a new Consultant Midwife.

To conclude members were assured of the commitment and trust in staff to implement changes to have a sustainable patient centred service.

The Trust’s representatives were thanked for their informative report.

RESOLVED, that a further meeting be arranged in September 2022 to receive an update report.

27 COMMUNITY HOSPITALS BED BASE REVIEW

Members received a presentation that provided a progress update of Morecambe Bay CCG’s and University Hospitals of Morecambe Bay Trust’s consultation on service change for the Service re-design for South Lakeland which took place across the south Cumbria footprint from 15th November–31st December 2021.

The Senior Manager, Community Services Development and ICCs and the Associate Director for Nursing and Rehabilitation Therapies for the Integrated Community Care Group outlined the case for change, the consultation options and the rationale for option 3 (redistribution of resource into community staffing and a range of complimentary services with no Langdale Unit beds at Westmorland General Hospital) and the approximate cost of this.

In discussion, members spoke in support of option 3. The officers outlined work taking place around falls prevention encouraging delay and prevention and were encouraging a Champion Role to take this work forward. Involvement at community level was discussed with a suggestion of partnership working with other organisations for monitoring purposes. It was further suggested to utilise community networks in existence due to Covid, volunteers and social care students. The Chair advised on a neighbour scheme being considered in Cumbria.

Members thanked the officers for their report.

RESOLVED, that the report be noted.

28 DATE OF NEXT MEETING

The next meeting of the Cumbria and Lancashire Joint Health Scrutiny Committee was to be held in September 2022 – exact date to be confirmed.

The meeting ended at 12.50 pm

CUMBRIA HEALTH SCRUTINY COMMITTEE
Meeting date: 18 May 2022
From: Richard Sachs, Director of Governance, University Hospital Morecambe Bay NHS Foundation Trust

UROLOGY SERVICES AT UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

The Trust is on a bold and exciting journey of recovery and quality improvement ensuring that patients, families, communities, Governors, staff and colleagues in the wider integrated health family are assured that the Trust is providing the best possible care in the current challenging circumstances. This starts with getting right all of the things we didn't get right in the past, learning from those mistakes and thinking through how they apply to all services is the basis of this work.

This document brings together into a single overarching action plan of all that we must put right. That is an evolutionary journey where executives, non-executives, care group leaders and nearly 8500 other staff are committed to supporting the changes detailed in the report.

Following concerns raised by a former colleague of the Trust, due to the range and complexity of the allegations in 2019, we asked NHS England/Improvement to provide independent assistance to help us investigate the claims. As a result in 2020 NHS England/Improvement Commissioned Niche Consulting Ltd undertook a detailed investigation, the report was received by the Trust in November 2021.

We fully support and accept the findings of the report. At all times the Trust has endeavoured to be open and honest in wanting to establish the truth behind allegations and counter allegations within the Urology Department.

When reading the report, it is very clear that although the Trust had taken significant action over a period of time to attempt to tackle various concerns that arose, the actions that were taken were not detailed or robust enough to ensure the improvements were sustainable and embedded, and more should have been done.

We have apologised to patients and families who have experienced any kind of harm or distress caused by the events chronicled in the report. We would also like to assure them and our wider communities that our Trust remains committed to ensuring that the work done over the past two years to improve the service continues and becomes embedded.

Richard Sachs
Director of Governance

May 2022

BOARD OF DIRECTORS

Date of Meeting	27 April 2022
Title	Care Quality Commission (CQC), Niche and Royal College of Surgeons (RCS) Improvement Plan Progress Report
Report of	Richard Sachs, Director of Governance
Prepared by and contact details	Stuart Bates, Deputy Director of Clinical Governance Richard Matthews, Interim Governance Business Partner Richard.mathews@mbht.nhs.uk Carl Foulkes, Deputy Head of Compliance, Assurance & Clinical Audit

Confidentiality	Non-Confidential
------------------------	------------------

Purpose of Report	To Advise/Alert	To Assure	To Approve	To Update
	X	X		X
	<ul style="list-style-type: none"> This report covers the current position, progress of and cross-cutting themes of the CQC must and should do recommendations, NICHE recommendations and Royal College of Surgeons (RCS) recommendations. To aid efficiency and to support visibility and understanding of cross-cutting themes, this report combines all three items into one report which has been designed to meet the reporting requirements of Assurance Committees, Trust Board and Service Improvement Board (SIB). This report was presented to the Quality Assurance Committee on 25 April 2022. A copy of the improvement plan has been included in the Board of Directors' Reference Pack. 			

Summary of Key Issues	<ul style="list-style-type: none"> The successful completion of the recommendations from the above reports will improve quality and safety, ensure better outcomes for patients and is a SOF level 4 exit criteria for the Trust; Cross-cutting themes from CQC, NICHE and RCS have been identified; Work is progressing to enable information systems to integrate themes and commonalities between these plans and other sources of evidence (audits, service reviews, QI projects); Evidence continues to be populated within AMaT to allow for tolerance testing; Proposed dates for deep dives into the cross-cutting themes have been identified; and have commenced. A number of recommendations are in progress but have not / will not be completed by the originally agreed date.
------------------------------	---

Prior Discussions	Committee	Date	Recommendations/ Concerns

Action to be recommended to the Committee/Board	<p>The Board of Directors is requested to:</p> <p>Note:</p> <ul style="list-style-type: none"> • Current progress of the recommendations from the CQC Inspection Report, NICHE Investigation Report and RCS Review; • Evidence to support completion of all actions/recommendations continues to be populated within AMaT to allow for tolerance testing; • Schedule of deep dive reviews to test for sustained improvements in cross-cutting areas has been commenced; • By the end of Phase 4 all SROs, responsible committees and target dates will be confirmed – This work is planned for completion in April 2022. • Review and Support panels will be established from April 2022 onwards to ensure completed actions are supported with robust evidence and any extensions to timescales agreed. • The CQC have undertaken an ICS level inspection of our urgent care services at both RLI and FGH during March 2022. The overall ICS urgent care review will be undertaken throughout March and April. • In March, 2022, the CQC have undertaken a comprehensive inspection of our medicine services at FGH. • No immediate patient safety concerns were raised following any of these inspections. • Following the inspections, the CQC submitted just over 200 requests for additional data/information to the Trust, these have all been completed and returned to the CQC. • Niche have facilitated workshops for colleagues across the Trust to articulate and discuss their recommendations, findings and next steps. These have been well attended. <p>Comment:</p> <p>Some progress with recommendations and actions is evident.</p> <ul style="list-style-type: none"> • Fully Completed: 2 Recommendations • Completed: Awaiting Approval: 68 Recommendations • In Progress, Behind Schedule: 37 Recommendations <ul style="list-style-type: none"> ○ 29 of these recommendations have submitted extension requests which are being reviewed ○ 3 of these recommendations have requested extension beyond October 2022 ○ 5 of these recommendations are still considering extension requests • In Progress, Completion by Oct 2022: 35 Recommendations • In Progress, Completion after Oct 2022: 3 Recommendations
---	--

	Escalate: <ul style="list-style-type: none"> The 6 recommendations that are progressing but with completion expected after October 2022.
--	--

Link to Key Priorities	Improved financial performance & transformation of our services	Quality and safety of services	Colleague psychological and physical well-being
	X	X	X
	The CQC, NICHE & T&O Improvement Plans will have impact in all three areas		

Impact on Board Assurance Framework or Corporate Risk Register	<ul style="list-style-type: none"> The BAF has been reviewed and updated to include the CQC Improvement Plan, NICHE Investigation and RCS Review. These are now in the BAF the Board seeks assurance by way of the IPR and Management Reports that feature at Quality Assurance Committee and the Board The risks impacted by the SMART actions has been examined and cross-referenced to ensure that risk scores are positively impacted 			
Risk Impact Assessment	Is this required?	N	If Yes, Date Completed	
Equality Impact Assessment	Is this required?	N	If Yes, Date Completed	
Quality Impact Assessment	Is this required?	N	If Yes, Date Completed	
Environmental / Sustainability Impact Assessment	Is this required?	N	If Yes, Date Completed	

Acronyms	
AMaT	Audit Management and Tracking System
CQC	Care Quality Commission
ESP	Enhanced Support Programme
HSCA	Health and Social Care Act
NICHE	Niche Healthcare Consulting Ltd
RCS	Royal College of Surgeons
RSP	Recovery Support Programme
SCC	Surgery & Critical Care Group
SIB	System Improvement Board
SOF	System Oversight Framework
T&O	Trauma & Orthopaedics
WACS	Women and Children's Services

Improvement Plan - Combined Dashboard						
Recommendation Status	NICHE Report¹	RCS Report²	CQC Must Do's	CQC Should Do's	Total	DoT⁵
Not Applicable	20	0	0	0	20	
Unable to Complete	0	0	0	0	0	
Not Started	0	0	0	0	0	
In Progress (Behind Schedule)	1	0	24	12	37	
In Progress (Completion by Oct 2022)	26	7	1	1	35	
In Progress (Completion after Oct 2022)	0	0	2	1	3	
Fully Completed (awaiting approval) ³	25	0	26	17	68	
Fully Completed / Approved ⁴	0	0	1	1	2	
Total	72	7	54	32	165	

Notes:

1. NICHE – position based on progress within the Urology Service. A further plan will be reported from April detailing NICHE recommendations with wider applicability across the Trust.
2. RCS: Timescale for completion for Trust Recommendations is still being assessed, Dashboard will be updated when reliable data is available.
3. Lead confirms action completed, evidence to be confirmed
4. Completed and evidence approved
5. NHSE/I advise against the use of RAG rated performance and/or Direction of Travel Indicators in formal reports
6. Following the most recent inspections of Urgent Care Services and Medicine services there will be further recommendations received which will be incorporated into the overarching plan once received.

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST

Care Quality Commission (CQC), Niche and Royal College of Surgeons (RCS) Improvement Plan Progress Report

Background/Context

1. CQC Recommendations are from Inspection Reports published in August 2021 and October 2021.
2. The NICHE Recommendations are from the impartial commissioned report published in November 2021 – elements of the NICHE report had previously been incrementally shared with the Trust.
3. The RCS Recommendations are from an Inspection Report published in November 2021
4. The successful completion of the above recommendations are required to sustainably improve quality and safety within core services. The CQC Must Do's are also a SOF level 4 exit criteria for the Trust.
5. The majority (approx. 70%) of these recommendations are interdependent with themes and priorities identified within the RSP

Advise: Improvement Plan Implementation Update

6. **CQC:** The CQC Recommendations have been allocated to an SRO, Oversight Committee/Meetings (detailed in below table) and a UHMBT Theme. Monthly review meetings have been scheduled between the Compliance and Assurance Team and Care Groups/Corporate Functions. These meetings allow for discussion, support and challenge in relation to actions and progress updates so information inputted onto AMaT is robust and relevant.
7. **NICHE:** The NICHE Recommendations have not yet been allocated to an SRO or Oversight Committee/Meetings, this is planned as part of Phase 4 of the NICHE Implementation, this was expected to take place during March 2022, but is still in progress for completion in April 2022. They have been allocated to a UHMBT Theme.
8. The NICHE report contains 20 recommendations that are only relevant to National/Regional Bodies. 52 recommendations will require action by the Trust. Six of the recommendations are specific to Urology only, whilst the other 46 recommendations have wider applicability.
9. The majority of 52 recommendations had already been shared with the Trust RSP Team prior to publication and extensive action has already been taken over the last two years to address these recommendations within Urology. An update of current position and assurance has been requested by NHS E/I and this is currently being collated.
10. The learning and best practice that can be implemented from Urology into the new Trust wide actions will be shared.

11. Development of integrated reporting systems between the RSP and these specific action plans and recommendations will be developed throughout Q4 2021/22 and into Q1 2022/23.
12. A project is underway to review and transfer the actions already taken in Urology and its associated evidence into the Trusts monitoring database system (AMaT), to ensure robust tracking and monitoring of progress along with acting as a single repository of evidence of completion and impact of the action.
13. **RCS:** The 7 Recommendations have not yet been allocated to an SRO or Oversight Committee/Meetings, this was expected to take place during March 2022, but is still in progress, they have been allocated to a UHMBT Theme. This allocation will be reviewed during Q4 2021/22.
14. There are currently 70 Recommendations that have been completed and 75 Recommendations that are still in progress. 61 of these Recommendations are currently expected to be completed by October 22, with 6 Recommendations expected to take longer to complete and there are 8 recommendations where completion timelines are currently being reviewed due changes in National targets or guidelines e.g. RTT targets.
15. There are 267 actions in place across all three plans, 91 of these actions have been completed. An update for those recommendations that are still in progress is included in the assurance reporting section.
16. **Thematic Analysis:** The below table shows the allocation of recommendations by the UHMBT Theme and the provisional date for the initial deep dives into that Thematic element to test progress, identify risks and further mitigations to enable quality and safety to be maintained where progress is hampered.

UHMBT Theme	CQC Must Do	CQC Should Do	NICHE Report	RCS Report	Total	Prov. Deep Dive Date
Clinical Governance	11	2	20	2	35	Mar-22
Culture and Leadership	2	1	8		11	Apr-22
Staffing: Appraisal and CSF Training		3	1	1	5	Apr-22
Staffing: Health and Wellbeing			1		1	Apr-22
Staffing: Non-CSF Training	3			1	4	Apr-22
Staffing: Staffing Numbers	5				5	Apr-22
Clinical Strategy	1		1		2	May-22
Corporate Governance	2		15		17	May-22
Operational Performance	3				3	Jun-22
Performance Monitoring & Reporting			3		3	Jun-22
Service Design and Delivery			9	2	11	Jun-22
Maternity Services	3	2			5	Jul-22
Stroke Services	5				5	Jul-22
Urgent and Emergency Services	3	3			6	Jul-22
Consent			1	1	2	Aug-22
EPR/Patient Records	1	2	5		8	Aug-22
Fundamental Care Standards	6	4	3		13	Aug-22
Information Governance		2	1		3	Aug-22
Mental Capacity/Mental Health	2		1		3	Sep-22
Safeguarding	3	1			4	Sep-22
Infection Prevention	1	2			3	Oct-22
Medicines Management	2	4			6	Oct-22
Mortality & Morbidity			3		3	Oct-22
Sepsis	1				1	Oct-22
Estates		6			6	Nov-22
Total	54	32	72	7	165	

17. While various plans and work streams are in progress to deliver specific actions (as detailed below with current progress), a programme of deep-dive reviews is now being undertaken to test progress to date and identify risks and issues more specifically to each of them, with appropriate mitigating actions.
18. An initial deep dive review has been undertaken in relation to the recommendations/actions associated with clinical governance. A limitation of the deep dive process was due to the fact the deep dive review was undertaken prior to the majority of recommendations/actions expecting to be completed or within sufficient time to test impact or sustainability. This resulted in the review essentially being a table top review of progress and current position. However, some improvements have been put in place which included:
- a) Good Governance Institute (GGI) framework implemented across the Trust and new meeting structure in place. Additional support from NHSE/I to ensure framework is more specific to the needs of the Trust
 - b) Risk Management Strategy and SOP's in place as well as creation of a new Risk Management Group
 - c) Medicine Care Group have implemented more robust risk management governance processes through regular reporting of risks registers at Care Group

Governance and Assurance Group resulting in the number of overdue risks reducing significantly.

d) Audit process strengthened at corporate and care group level through establishment of a new corporate governance structure, targeted support to care group provided. Audit now a standing agenda item at CGAGs

19. The deep dive review process will continue and will be dynamic once recommendations are completed to test the embeddedness of these improvements against agreed criteria, focussing on quality, outcomes and also in light of themes within the RSP. A standard approach to the reviews will also be established to ensure consistency of reviews. The outcomes will help to inform governance arrangements at a service and corporate level to ensure continual monitoring and oversight going forward.

Alert

20. Concerns and Issues Log

No.	Concerns and Issues	Score	Mitigation
1	Completion of all NICHE Recommendations by SOF Level 4 target exit date of 31/03/2023.	20	Review recommendations to establish an accurate trajectory for completion. Escalation of concerns as required.
2	Competing Operational Priorities e.g. COVID, Recovery and Restoration In particular in Medicine Care Group	16	Monthly Review Meetings with Care Groups and Corporate function to identify and escalate areas of concern
	Delay in allocating SRO's to 46 Trust Wide Recommendations from NICHE Report	15	Ensure Allocation is completed in April 2022.
3	Concentration of Recommendations with Target completion date of 31/03/22, are these dates 'year-end place markers'	12	Following Monthly Review Meetings with Care Group new/revised target dates have been requested, and are awaiting approval.
4	Compliance and Assurance staff resilience	10	Recruit to vacant Compliance and Assurance admin post to provide additional support/cover. Flex of wider staff team in the event of long term absence
5	AMaT System Manager resilience	10	Cross training of other AMaT Super Users to provide resilience
6	Increased risk of not meeting RSP exit criteria due to potential for a number of additional recommendations following the recent inspections.	9	Await feedback and plan accordingly. Consider additional capacity or reprioritisation of priorities.
7	AMaT System Failure	5	AMaT is web based and cloud based, prolonged outage is unlikely

21. The Compliance and Assurance Team will continue to work with operational teams to ensure target dates are realistic and work is progressing to meet the target completion dates.

Assurance

22. Current position with actions to deliver the recommendations, from data and information inputted into the AMaT system are provided in the CQC Improvement Plan Dashboard, which has been included as a supporting document. Work will continue to:
- Refine this information and ensure actions are SMART-er;
 - Identify required evidence of impact / outcome and completion for each recommendation/action;
 - NHS E/I Team have supported Urgent Care with a review of their actions and evidence to be provided to assure of completion;
 - Stress test supporting evidence for 'completed' actions for robustness;
 - Consolidate different RAG ratings for consistency, with reference to RSP reporting, with clearer criteria for each;
 - More robust QA and scrutiny of status updates referring back the recommendations and outcomes in terms of quality and safety;
 - Make clearer links / references to improvement projects and initiatives progressing through other plans / frameworks; and
 - Understand mitigations or support needs in relation to those actions in progress but behind schedule.
 - Establish scrutiny and support meetings to ensure evidence provided is robust and agree any extensions to timescales
 - Establish interconnected reporting systems with support from i3 between plans and priorities

Recommendation

23. The Board of Directors is requested to:
- **Note:**
 - Current progress of the recommendations from the CQC Inspection Report, NICHE Investigation Report and RCS Review;
 - Evidence to support completion of all actions/recommendations continues to be populated within AMaT to allow for tolerance testing;
 - Schedule of deep dive reviews to test for sustained improvements in cross-cutting areas has been planned;
 - The allocation/confirmation of SROs, responsible committees and target dates for NICHE and RCS Recommendations and Actions continues and is expected to be completed by April
 - **Comment:**
 - Comment on and make any suggestions for improvement in relation to progress reporting;
 - Further comments in relation to progress towards completion of any recommendations; and
 - **Escalate:**
 - Those areas progressing but with completion after October 2022.

This page is intentionally left blank

CUMBRIA HEALTH SCRUTINY COMMITTEE
Meeting date: 18 May 2022
From: Lancashire & South Cumbria NHS Foundation Trust

INPATIENT MENTAL HEALTH PROVISION ACROSS SOUTH CUMBRIA

1.0 Background

In October 2019, Mental Health services across South Cumbria transferred to the now named Lancashire and South Cumbria NHS Foundation Trust. As part of this transfer, the Trust inherited a number of challenges, including a Requires Improvement Care Quality Commission rating, as previously updated to Committee members. Following this presentation, Committee members requested an update of the inpatient improvement work underway across South Cumbria and this is outlined within this report.

When South Cumbria services transferred, there were significant concerns regarding staffing, estate and patient safety on the inpatient wards in Kendal (Kentmere) and Furness General (Dova and Ramsey wards), including a lack of awareness around policies and procedures. There were serious incidents reported on the inpatient wards, with concerns relating to the culture among the staff and leadership. Subsequently, upon transfer, both the CQC and the Freedom to Speak up Champion received whistleblowing concerns from staff, and the service was struggling to recruit and retain staff.

Prior to and following transfer of the services of South Cumbria, an assurance committee, chaired by a Board Non-Executive Director was put in place, to oversee the transaction and quality of the services. There was also an oversight group, led by NHS Improvement. In addition to this, in July 2020, a weekly Incident Management Group (IMG) was established for South Cumbria inpatient units. The group was led by an Executive Director of the Trust, with its remit being to ensure that the necessary improvements were made in the South Cumbria Inpatient wards. A number of actions were identified for improvement across workforce, leadership, culture, practice and the estate.

The group reported in January 2022 that they had achieved 100% of the required actions identified in the improvement plan. This report will summarise the improvement to date and the continuous improvement work underway, to ensure South Cumbria has the highest quality of care provided to patients who require inpatient mental health care.

2.0 Workforce, Staffing and Recruitment

A substantial part of the improvement plan was to ensure that all wards had the right staffing establishment and skill mix, to ensure the best care for our service users. Since the Trust has taken on management of the services, the following has been achieved:

- A safer staffing review has been conducted across all inpatient units, including South Cumbria, led by the Chief Nursing & Quality Officer, with significant investment in

establishments and skill mix for South Cumbria, which resulted in additional investment in Registered Nurse Associate roles and investment in Health Care. In addition, the number of Registered Mental Health staff now includes a greater number of Band 6 senior registered staff on each ward.

- Substantive Matron & Ward Managers have been recruited for Dane Garth (Dova and Ramsey wards), as previously these roles were interim.
- A new Nurse Consultant and Speciality grade doctor has been recruited for Ramsey Ward, to enhance clinical leadership.
- A Practice Development nurse post has been agreed to support our nurses in ensuring up to date practice and any policy changes are implemented.
- In order to ensure a Multi-Disciplinary approach, funding has also been agreed for a senior Physiotherapist and provision for input from a Dietician and Speech and Language Therapist; these posts are currently under recruitment.
- In order to enhance staffing, South Cumbria wards have been part of the Trust's international recruitment campaign. This has been successful and 5 global nurses and 2 international learner nurses have been recruited to Dova and Ramsey inpatient units. All our global and international recruits have successfully sat their Objective Structured Clinical Examinations (OSCEs), which are an assessment of clinical competence, communication and practical skills, which allows their entry on to the Nursing and Midwifery council (NMC) register.
- Safer staffing across the Trust, including South Cumbria is monitored on a daily basis, with appropriate escalation processes in place, should additional temporary staff be required.
- There has been significant investment and recruitment into junior medical roles, to ensure full coverage of the medical rota.
- The Trust has a rolling active recruitment programme in place across South Cumbria, which includes advertising campaigns and proactive local recruitment.



2.1 Support for staff

Key to retention of staff on the inpatients units was making sure that staff were supported through training, appraisal and supervision, as this had not been systematically in place prior to transfer of the service in 2019.

2.1.1 Appraisal of staff

The Trust standard for appraisal is that at any time 80% staff must have an up to date appraisal. Dova achieved compliance in December 2021 and continues to monitor this to ensure sustained performance. Ramsey started at 38% at the beginning of commencement of the improvement plan monitored through IMG and was compliant in November 2021.

2.1.2 Mandatory training

Again the Trust target for training which is mandated for staff is 80%. Mandatory training for inpatient staff includes safeguarding training, infection, prevention and control training, positive and safe training and training in clinical risk management. Both wards are currently compliant with the mandatory training target of 80% and have managed to maintain this for the majority of 2021, however we are continuing to work on ensuring all staff are fully compliant.

2.1.3 Sickness

Although sickness absence rate remains higher than the Trust target, which is 5%, on both wards it has substantially reduced and in March 2022 the Bay sickness rate as a whole has decreased to 6.71%, with Dova Ward at 5.42% and Ramsey Ward at 10.31% (previously sickness rates on these wards had been double).

Work is underway supported by the network HR advisors to ensure all sickness and absence is managed within the Trust policies and regular meetings to support staff back to work. Covid 19 has had an impact on sickness as expected and support for staff is in place to help manage long covid etc.

2.1.4 Supervision

Clinical supervision is key to ensuring staff support. This is an area which remains a priority for improvement. The Trust standard for clinical supervision is every six weeks. In order to support this improvement the following is in place:

- Weekly meetings are held with the ward managers and the service manager who review the local data and when supervision has been planned.
- The Bay Director of Nursing has worked with staff to review what supervision is and this has been relaunched with a presentation to staff.
- The Bay have employed a Band 2 to input supervision and appraisals to reduce error and increase recording.

- Ramsey Ward are starting a weekly restorative / reflective session to support staff, led by the Consultant Nurse and the Ward Manager.
- Dova Ward have engaged with their Psychologist to provide further group sessions for the ward.
- Encouragement for all staff to record all informal and formal supervision.

2.1.5 Education and Development

In addition to mandatory training, the IMG supported additional investment in professional and personal development for staff on the inpatient units. This included:

- Bespoke development days for staff on Ramsey held in February and March 2021, which were repeated to optimise staff engagement. This training included awareness raising using live examples of complaints and serious incident, resilience training for staff, overview of Trust policies and dementia awareness;
- The Trust commissioned some organisation development from a company called Enable East, who facilitated observation of the ward and then completed 6 days with each ward team to engage staff in creating the improvement required;
- Carers champion training was commissioned to support staff understand the importance of carers' roles;
- Appraisal training was commissioned, to ensure good quality appraisals leading to development plans for all staff.

2.1.6 Staff Wellbeing

Staff health and wellbeing is critical to ensuring that staff feel supported, able to do their jobs effectively and therefore able to give the best quality of care to patients. The following has been put in place to support staff health and wellbeing:

- A consultation was undertaken to rationalise shift patterns and to give staff a range of flexible working options.
- The Duty Matron spent shifts working directly onto Ramsey and Dova Wards, to ensure that staff felt supported through the improvement work, particularly staff who were working on nights.
- Freedom to speak up ambassadors have been appointed on both wards, with additional sessions from the Freedom to Speak Up Guardian at the Trust, who has attended both wards to raise awareness and support staff to discuss any concerns they may have.
- On both wards, the staff and patients have been involved in the design and choice of the improved environments and furnishings; better environments promote better wellbeing.
- Both Ward Managers, the Matron, Nurse Consultant, Practice Development staff and other senior ward staff have been involved in leadership coaching days to improve communication and collective leadership.
- Junior medics on call now have access to a rest room and large study area, to support comfort and wellbeing.
- A staff wellbeing room is currently under construction.

- As part of the development days out in place, the Trust Psychological Resilience Hub leaders presented to staff, promoting the services they offer and the access to these.

3.0 Quality Improvement

A significant portion of the IMG action plan related to clinical and quality improvement. The inpatient wards in South Cumbria are now internally accredited. The Trust ward accreditation scheme involves a peer review of the inpatient area by the Nursing and Quality Team, who review and observe practice and assess and accredit the wards as either White (not meeting standards), Bronze (meeting standards, with ongoing improvement), Silver (Good) and Gold (Outstanding). Following accreditation, Dova ward is rated Bronze, working towards Silver/Gold and Ramsey ward is Silver, working towards Gold. The improvement work which has supported both inpatient units be accredited is outlined below.

3.1 Therapeutic activity and engagement

A key component of ensuring therapeutic inpatient care, is to ensure therapeutic engagement with patients. Below outlines the work undertaken to strengthen this across the inpatient units.

- Therapeutic activity programme implemented on both wards; this ensures that there is a structured programme of activity so that patients have meaningful activity time, which supports their treatment, wellbeing and recovery. In order to support this, as outlined above, additional investment was made with regard to Allied Health Professionals and health and wellbeing workers;
- Service user meetings are now embedded across Dova and Ramsey; this ensures that patients can voice their views and give feedback on the ward e.g. feedback on ward environment, food etc.
- Kick start activity workers are engaged in the wards, which is a government scheme to support young people (16-24 year olds) to find work, who are at long term risk of unemployment;
- There has been a review of the environment, to ensure it is more therapeutic e.g. reminiscence based mural artwork installed on Ramsey and new furniture order to complement.

3.2 Patient Safety

There has been a significant increase in the number of reported incidents for both wards from financial year 1 April 2020- 31 March 2021 to 1 April 2021- 31 March 2022 (278% increase in reporting in Ramsey Ward and 272% increase in Dova Ward). Of all the incidents recorded, these were predominantly no harm or low harm incidents (99.4%). This indicates a more positive reporting culture and has been supported by the following programmes of work:

- Daily safety huddles established on the wards, to discuss any safety concerns that may need reviewed/reported.
- Improvement in the role and function of the Multi-Disciplinary Team meetings, to ensure increased staff involvement in these meetings from all staff groups, including support workers, to promote shared communication and escalation as appropriate.

- Triangle of Care work rolled out on the wards, to ensure Carers are involved in care planning, as appropriate, and informed of any information they may need to know.
- There are a number of Quality Improvement projects underway across both wards. Dova ward is involved in a Reducing Restrictive Practice quality improvement collaborative and also Care Planning quality improvement work and Ramsey is taking part in a Falls Prevention Quality Improvement Collaborative.
- Bespoke development days for staff on Ramsey were held in February and March 2021 and have been repeated to allow staff engagement. This training included awareness raising, using live examples of complaints and serious incidents, resilience awareness sessions, work to ensure differences between old policies and new LSCFT policies were highlighted and understood.
- Enable East facilitated observation of the ward and then completed 6 days with each MDT team to engage staff in creating improvement and action plans.
- RAID training (reinforce appropriate, implode disruptive) psychological approach to challenging behaviours was delivered on both Wards, to support reducing restrictive practice.

4 Leadership and Culture

Having the right leadership and culture is key to any improvement programme and therefore the Trust has invested significantly in this.

4.1 Leadership

In April 2021, LSCFT launched a series of networks across its footprint, aligned with each of the current geographical “Places”. For each of these networks, including the Bay, the Trust introduced a “triumvirate” of a Medical Director; Director of Nursing and a Director of Operations to enhance clinical; professional and operational leadership.

Senior leaders are visible on the wards and accessible to staff. This includes:

- Executive Director oversight of the IMG and Board and Executive Director site and team visits.
- Weekly Associate Director visits to the wards.
- Weekly meeting of the Network Director of Nursing and Quality with Matrons and Nurse Consultants.
- Continued support by Medical Director to provide Consultant input into Ramsey Ward.
- Associate Director of Allied Health Professionals having weekly contact with front line teams.
- Matron, Service Manager and Ward Manager oversight and support for staff.

4.2 Leadership Development

As part of the leadership development offer now in the Trust:

- There is a new structure for professional leadership in place, including a new Consultant Nurse, Associate Directors for both Allied Health Professionals and Psychology.

- The Trust has invested in the Kingsfund leadership development programme, with Triumvirate, Assistant Directors of Operations, Nurse Consultants and the wider leadership team being invited to take part in this.
- Creating Capable Teams training by Enable East was commissioned for each ward team, which has supported the improvement plan being developed and delivered.
- The Ward Manager on Ramsey ward is engaged on the Mary Secole leadership programme and has recently been nominated for and won the Cavell nurse award. This is an inspiring national awards programme, run by the Cavell nurses' Trust, Cavell Star Awards are given to nurses, midwives, nursing associates and healthcare assistants who shine bright and show exceptional care to their colleagues, their patients or the patient's families.
- Coaching programme and inpatient leadership development day was facilitated, to support improvement in coaching and leadership.
- Bespoke internal leadership support and training is available, such as finance training available for all staff.

4.3 Culture

The culture has been further enhanced by:

- Provision of support from LSCFT Supervision Lead, Positive and Safe team and Moving and Handling lead, Freedom to Speak Up Guardian and others, to ensure that inpatient staff know who and how to access support and advice, when needed.
- Safeguarding supervision being in place, individually and delivered via group supervision.
- The Bay have a Service User and Carer Forum, and staff and patients expert by experience roles, to ensure that there is a person centred culture in everything that we do.
- A Freedom to Speak Up Ambassador was recruited within South Cumbria inpatient wards, to ensure staff can feel able to speak out safely regarding any safety concerns.
- Feedback from service user complaints and Serious Incidents is now embedded in ward meetings and safety huddles, promoting an open learning and just culture for staff.
- Roll out and embedding of all LSCFT policies including HR policies, to ensure consistency of approach.

5 Environment and Infrastructure

5.1 Environmental improvement

Danegarth is based at Furness General Hospital and includes two wards Ramsey and Dova and as part of the IMG a significant amount of environmental improvement was put in place. The following work has now been completed:

5.1.1 Dova Ward

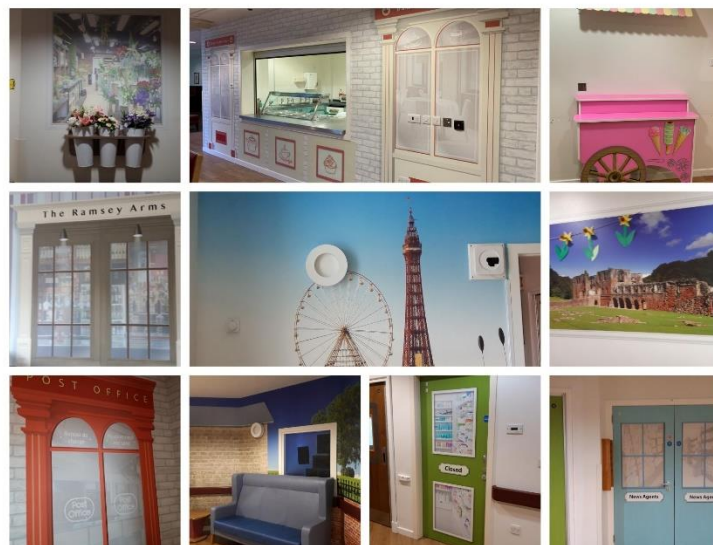
- New alarm system installed.
- New doors and entry/ egress system.

- An extensive investment has been made as part of the capital programme to reduce ligature risk, which is now completed.
- New furniture has been chosen to enhance the patient environment and provide comfortable spaces for patients.



5.1.2 Ramsey Ward

- All bedrooms now have appropriate dementia specification.
- Multi-Disciplinary Team room and new ward admin office completed, including provision of large screen for meetings and clinical information review.
- Bid for capital programme has been approved to refurbish courtyard gardens in 2022.
- New CCTV installation completed March 2022, to promote safety.
- The ward has been redecorated with dementia friendly / reminiscence murals to stimulate the patients and assist in orientation.



5.1.3 Kentmere Ward

During the summer of 2022 we aim to open the new fully refurbished Kentmere ward at Kendal, which will have individual rooms with en-suite facilities and will be a 12 bed adult mixed sex ward. This has been a £6million rebuild of a previous dormitory style ward and has been an ongoing project with commitment from clinical, operational, estates and external partners, who have all worked hard to see this exciting project to fruition.



5.2 IT improvements

- All South Cumbria wards and teams have now joined the rest of LSCFT on their version of the RIO patient information and electronic records system. This allows patients to move seamlessly between wards and teams throughout the LSCFT footprint; this system alignment also supported the move to all the existing LSCFT policies and associated documents.
- The wards in South Cumbria now have access to the clinical nerve centre system, which allows for the monitoring of tasks required and the direct storage of clinical information.
- Improvements to the Wi-Fi coverage were also required to support the new systems and an investment was made regarding this.
- The above improvements have enabled the wards to have access to large teams boards, where information can be easily shared during Safety Huddles and handovers, and can also be used to allow people to access the Multi-Disciplinary meetings on the ward when they are unable to attend in person.

6 Sustaining Improvement

In order to continue to monitor and review our service improvement we will:

- Continue to monitor the quality of services provided through our Network Governance meetings and reporting systems.
- Continue with rolling recruitment programmes and support systems in place for staff.
- Have oversight of staffing daily, with escalations in place.

- Have oversight of incidents, complaints, Patient Advice & Liaison, safeguarding and quality indicators such as Friends and Family, to ensure the improvements are being sustained.
- Continue with the Quality Improvement work we have embarked upon across the wards.
 - Have bi-weekly meetings to review the risks in the Network, to ensure the risk register is complete and up to date, so that timely escalation and intervention can be made.
 - Work towards Gold Ward Accreditation for all our inpatient wards.

6.1 Feedback from those using services

The wards have had a significant reduction in complaints in the last 12 months, with Ramsey having received only 2 complaints since January 2021 and also receiving 75 compliments, both being a significant improvement .

Dova's Friends and Family tests show a majority of patients rated the ward very good or good (131 out of 144 responses) and for Ramsey this number is 122 out of 159. Both wards have embraced the Friends and Family test to assess how patients and their families view the ward and to promote learning opportunities.

Below are some examples of patient feedback which has been received.





6.2 Continuous Improvement

Our ongoing improvements include:

- Introduction of a Discharge and flow worker to reduce our delayed transfers of care.
- To pilot an enhanced recruitment and retention offer specific to the Bay network, given the recognised challenges for recruitment.
- Continue to monitor workforce metrics, to ensure staff are being supported e.g. clinical supervision.
- Progress substantive recruitment of Physiotherapist to enhance our therapy offer.
- Introduce a quarterly Clinical Practice and Development Forum to support staff in their leadership and development.

7 Summary and Conclusion

The Trust is assured that we have made excellent progress on the improvements across all the inpatient mental health units in South Cumbria. Alongside additional development across the Trust footprint, this should ensure that the residents of Cumbria have much improved access to the highest quality acute mental health care.

Whilst we recognise the improvements made, we will continue to continuously review and improve our services, as we strive to be outstanding for our service users and public.

8 Recommendations

The Trust request the Cumbria Health Scrutiny Committee –

- Note the progress made to date on the inpatient mental health units
- Note the continued improvement plans
- Continue to provide support for the developments across South Cumbria

Authors of Report:

Richard Chillery, Director of Operations – The Bay

Anthony Davison, Director of Nursing and Quality – The Bay

Dr Alison Napier, Medical Director – The Bay

Alison Simm, Network Governance Manager – The Bay

Sarah Harrison, Senior Corporate Support Manager – Directorate of Improvement and Compliance

Ursula Martin, Chief Improvement and Compliance Officer

Date: April 2022

Liberty Protection Safeguards Preparation North Cumbria Integrated Care NHS Trust May 2022

1. The Deprivation of Liberty Safeguards (DoLS) were introduced in 2009 as an amendment to the Mental Capacity Act (MCA) 2005, to ensure that people who lacked capacity to consent to their care and treatment, and who were deprived of their liberty in a hospital or care home, had their rights protected by a legal framework and were given the legal right to challenge the deprivation. This legislation is due to be superseded by the Liberty Protection Safeguards at a date currently set at April 2022; however vital documentation to support the implementation (the Code of Practice) has not yet been published for consultation.
2. The Liberty Protection Safeguards (LPS) moves several responsibilities from the Local Authority to NHS trusts, where inpatient services are provided to patients who lack capacity and who may be deprived of their liberty. These responsibilities are related to assessing capacity; assessing the presence of a mental disorder; and assessing whether the arrangements are necessary to prevent harm to the cared-for person, and proportionate to the likelihood and seriousness of that harm.
3. The Code of Practice to the LPS was published as a draft document for extended consultation on 17th March, running until 7th July. The Government has stated that it will not provide a revised implementation date until after consideration of the responses to the consultation; it appears likely that there will be at least 6 months between the response to the consultation and the start date of LPS, to allow for organisations to prepare systems and train or recruit staff.
4. Prior to the draft Code being published, members of the Safeguarding team were attending free webinars from respected law firms around MCA and LPS. The clear message from all of these sessions was to ensure that MCA and DoLS practice was sound, as this would form the basis for good practice around LPS.
5. With respect to this, the Safeguarding Team were able to appoint a full time, fixed term Practice Educator for MCA and DoLS, using Health Education England monies. This post commenced in April 2021. The key achievements of this post have been;

TRAINING

- Offered training sessions on capacity and self neglect
- Completion of Best Interests Assessor qualification for the practice educator, and confirmation of the number of BIA's in the team
- Developed and implemented an enhanced training package to cover mandatory and extended MCA practice for wards and services across the Trust, in acute and community settings
 - o Advocacy services involved in training and support days, to better advertise the need for and use of statutory advocacy
- Enhanced support days offered for a range of inpatient wards
- Access and input to a range of training programmes (international nurses; international doctors; Speciality Doctors; Consultant meetings; students or preceptorship nurses) to embed MCA practice
- Improvement from e-learning only to face to face; combined with MCA and DoLS in the same training session; and made bespoke for the Trust with added information as to completion of the process and documentation.

SYSTEMS/RESOURCES

- Created a DoLS referral system which is embedded within a patient's electronic record, which automatically sends the referral to ASC and to the Safeguarding team
 - o This has been set up to include a range of mandatory questions; the form cannot be sent without these being completed.
- Engagement in the Trust's 'Improving Pathways for Patients Who Lack Consent' including an audit and improvement works on consent form 4 (pre surgery for those people who are assessed as lacking capacity'
- 'Top Tips' for completing MCA assessments and DoLS forms
- Learning needs analysis updated twice to ensure the right people are required to attend training

GOVERNANCE/AUDIT

- Understanding our position through audit – both internally and through the CSAB audits
- MCA policy updated in April 2021

OUTCOMES

- Increased understanding and awareness of DoLS actions and process, and increased the number of DoLS referrals being completed by the Trust by as much as 150%
- Feedback from the Local Authority indicates an improvement in the quality of DoLS forms through the new system
- Training rates increased from 58% MCA and 40% DoLS in Sept 2020 to a combined package completion rate of 83% in March 2022; meeting the Trust's compliance target of 80%.

6. The team have applied for further funding to continue the work of the MCA/DoLS practice educator.
7. With regards to the implementation of LPS, the Trust is aware that significant work is taking place at national and ICS level around LPS, including the creation of an Intercollegiate Document for Mental Capacity Act learning, similar to that used for safeguarding for adults and children. Also underway is the preparation of training resources and materials, although the scope, type of training and final details are unable to be clarified until the response to the consultation is completed. It is fully expected that there will need to be a significant degree of training offered within the Trust, possibly using the resources created nationally.
8. It is the Trust's understanding that there is significant work to be undertaken at ICS and national level in preparation areas such as funding, workforce, governance and inter-operability between organisations. The Head of Safeguarding is attending the North East/Yorkshire/Cumbria footprint meetings and will be engaged in any of the work of that group. There are specific areas of focus set out for specific points of work across the country – for example one area is considering the implementation of the LPS for 16 and 17 year olds.
9. Furthermore, in the local area there are established inter-agency liaison meetings between NHS trusts, advocacy services, and the Local Authority, to agree implementation and transition plans – however, these sessions are currently unable to consider plans in detail.
10. Within the team, a permanent MCA Specialist Practitioner post is in the process of being approved – this post will undertake some of the implementation work for LPS once appointed, and act as a practitioner lead for case work.
11. The next steps for considering LPS implementation are as follows;

PRACTICE EDUCATOR

- Update self-neglect training pack
- MCA competency framework and workbook
- Further systems development
- Communication to staff via ward visits to promote Top Tips and use of WebV
- Enhanced training for staff involved in discharge arrangements, and the Enhanced Care Team
- Medical staff training to continue
- Re-visit all wards to review DoLS process, there is still confusion re timescales for DoLS
- Develop “bite size” session on assessing capacity and undertaking best interest processes – both still require much improvement within NCIC
- ‘How to’ guides to be updated or created for DoLS, capacity assessments and best interests

SAFEGUARDING TEAM

- Continued attendance at both regional, local and national (where appropriate) NHS and local partner, Cumbria-wide implementation sessions
- Scoping of cases who might be considered to be objecting (this will allow consideration of the prospective workload for AMCP's, who are required to review all 'objecting' cases)
- Benchmarking of training – from initial discussions with other areas, it appears that our training offer is both well embedded and made mandatory at an appropriate level
- Continued attendance at relevant training events to share learning regarding the draft Code of Practice and its implications.
- Consider a Memorandum of Understanding between the Local Authority and Trust with regards to current BIA's shadowing and/or offering some assessments for DoLS. This may allow some training and update to be more rapidly shared and embedded.
- Complete the 'LPS readiness tool' – to be sent from NHSE staff

Rebecca Maidment, Head of Safeguarding

Liberty Protection Safeguards (LPS) Preparation report

Sarah Wright
Named Nurse for Safeguarding Adults

53



Agenda Item 11b



University Hospitals **NHS**
of Morecambe Bay
NHS Foundation Trust



Rationale

This report is in addition to the DoLS Annual Report of 2021/2022 and aims to aid the Trust's preparation for the Implementation of Liberty Protection Safeguards (LPS) which is due to replace Deprivation of Liberty Safeguards (DoLS). Although the title of the legislation is changing the term 'Deprivation of Liberty' is still applicable

The date in which LPS will be implemented is yet to be officially confirmed but is believed to be either April and October of 2023 and is thought to have a 1 year transition period whereas no further DoLS will be authorised but any existing authorised applications will be valid until expiry, after which the LPS assessment process must be implemented.

The Government released the draft code of practice in March 2022 for a consultation period until 7th July 2022.

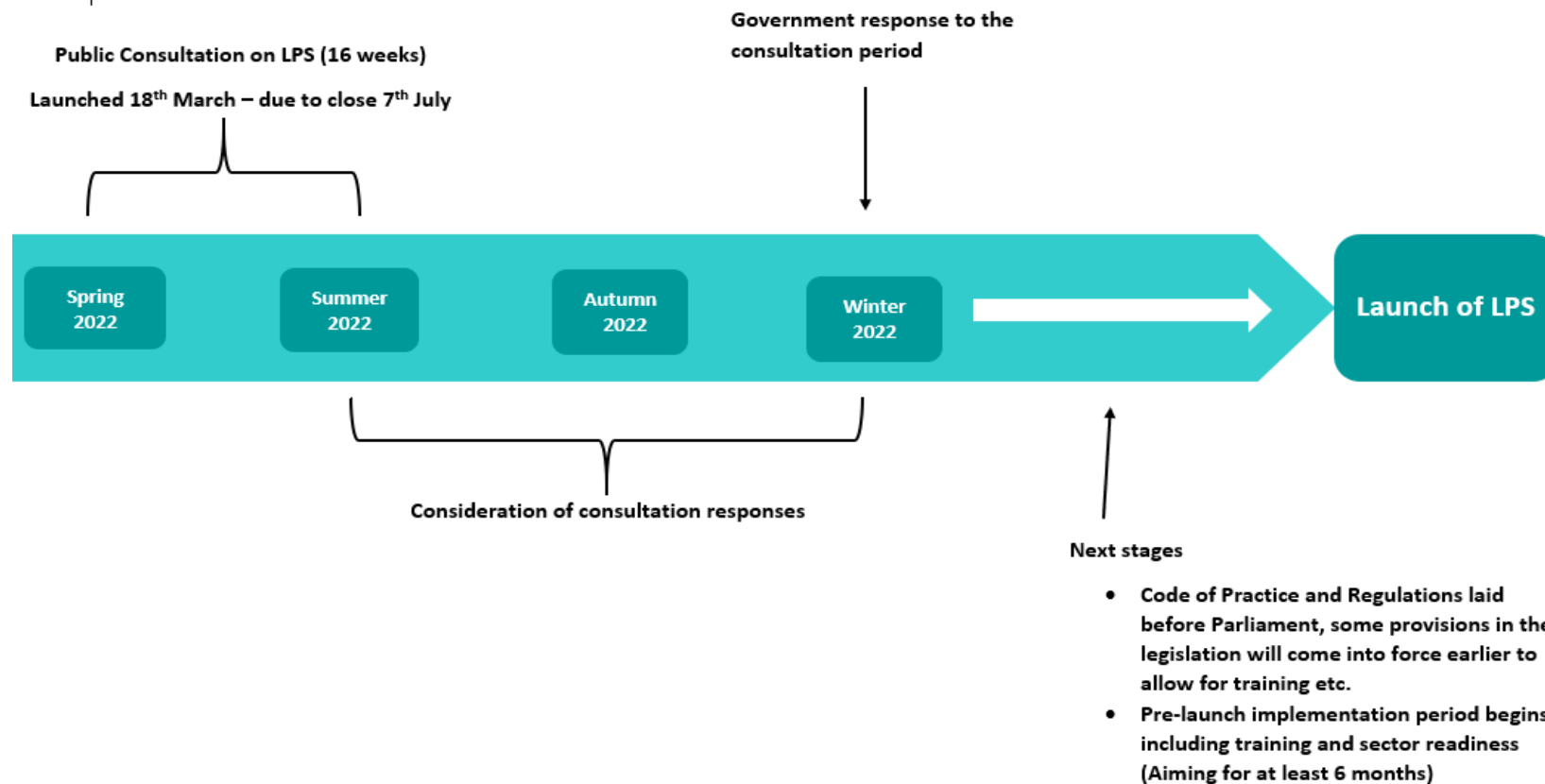
This report is formed using the guidance within the draft code of practice in an aim to predict what changes are taking place and how this will look within the Acute Trust.

54



LPS – a timeline

It is still unknown the date LPS will be implemented/launched - see approximate timeline below. It is thought the earliest the legislation will be implemented will be April 2023 with some speculation this could even be pushed back further to October 2023.



55

LPS – Preparation

The Safeguarding Team are members of several LPS Implementation and steering groups working with other Acute Trusts and the CCG on the Consultation of the Draft code of practice and overall LPS readiness strategies.

The team are also completing the LPS readiness audits as and when requested by NHS England.

A business plan has also been submitted in preparation for additional workforce resources in readiness for UHMB becoming a 'Responsible Body' and thus gaining the responsibility of carrying out assessments for authorisations that were previously the responsibility of the Local Authority.

Following the MCA code of practice being released and the subsequent consultation period the team are working through the code of practice and associated documents to determine how the proposed changes will be implemented within the Acute Trust.

Data collection and scoping is currently underway. This is a vital part of the preparation in that it is helping to predict workforce requirements, pathways and resources.

56



LPS – What we know so far.

With the introduction and implementation of LPS Imminent. NHS England have given the advice of ensuring Mental Capacity is embedded in every day practice. The trust is already in a good position with regards to mental capacity act and best interests with this being recognised as good practice in the latest CQC Inspection report.

The code of practice so far has indicated that Acute Hospital Trusts will become Responsible Body's and as such will be required to carry out the necessary assessments for authorising LPS applications. This may require significant investment for extra resources and training for the trust to remain compliant with LPS and the Mental Capacity Act 2005.

The Safeguarding Team are working with the Healthier Lancashire and South Cumbria initiative along with the CCG, CSU and other hospital trusts with regards to the implementation of LPS and how steps need to be taken for readiness for LPS.

57

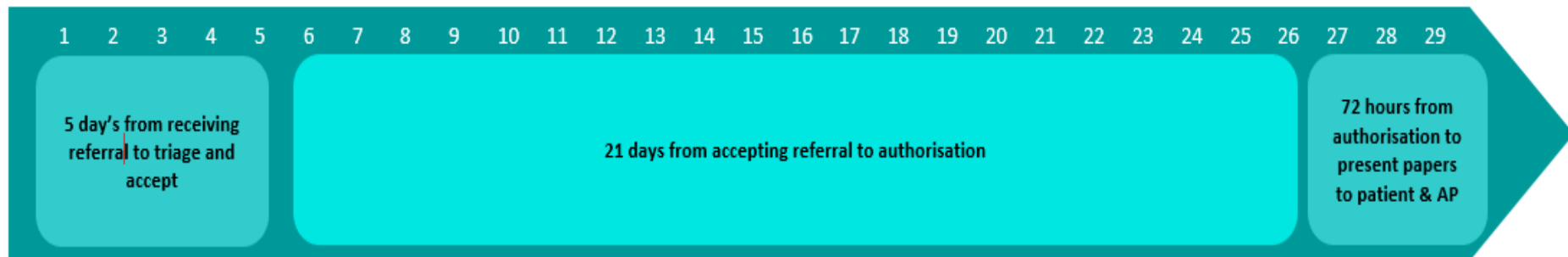


LPS – Becoming the Responsible Body

The pivotal change for the Acute Trust will be in becoming the Responsible Body. This means that the assessment and authorisation processes become the responsibility of the Acute Trust whereas this previously sat with the Local Authority.

Within the draft code of practice there has also been time-limits introduced where as there were no time limits set previously for then length of time to assess or authorise a Deprivation of Liberty – please see below timeline.

58

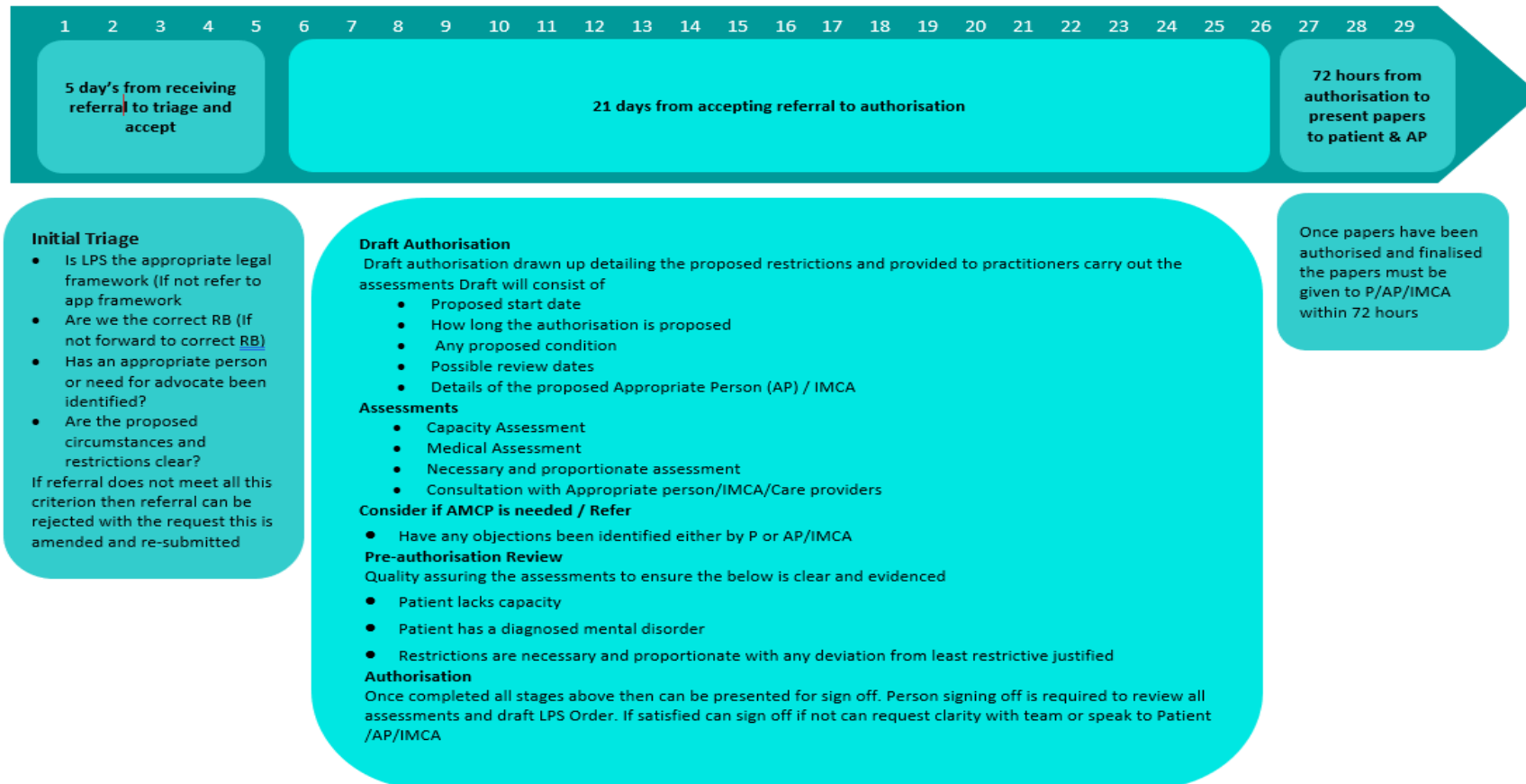


This timeline could change once the consultation period has ended with a focus of this timeline being included in the consultation questions.



LPS – Stages

Each of the sections on the previous timeline have associated actions that are required within these timeframes – see below



59

LPS – Time frames

Bearing in mind these predicted timeframes and the impact this could have on our processes we needed to take into account the patients who may be discharged/pass away or regain capacity before these stages can be completed. It is not thought that a pending authorisation would become an obstacle for patients to be discharged, there is an expectation for discharge teams to work closely with Social Care colleagues/ Continuing Health Care Teams if the proposed discharge arrangements would also constitute a deprivation of liberty.

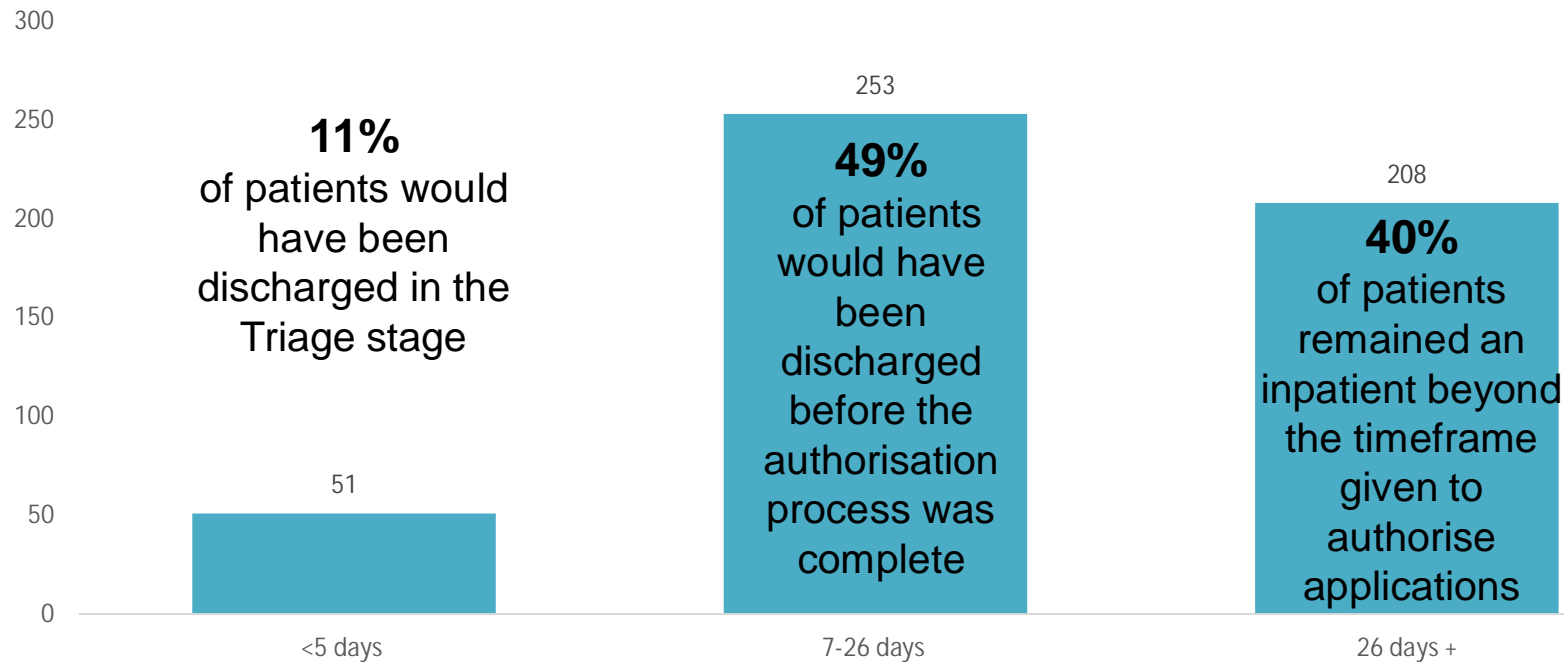
We looked at all patients who had been an inpatient at the hospital, subject to a DoLS application and had been discharged between January - April 2022 (*a 4 month period*) to determine the average length of stay and how many patients in cohort would fit in the timeframe to have the whole LPS process implemented.

In total we looked at **512** patients and the average length of stay was 29 days. We then looked into what this would look like in the way of the process timeline and how many patients would be inpatients for long enough to complete the cycle from a deprivation of liberty being identified to having all the required assessments and an application authorisation.



LPS – Time frames – What this means

61



It is not clearly stated within chapter 13 (*LPS Authorisation processes*) of the draft code of practice what actions are required for patients who fall into the 60% of patients who are predicted to be discharged before the authorisation process is complete, the team are currently liaising with their links within LPS networks for views on this in the hope some clarity/direction can be gained.



Deprivation OF Liberty Changing definition

Chapter 12 of the draft code of practice gives details of a change in definition of what constitutes a deprivation of liberty giving a higher threshold to meet the criteria. The team are working towards scoping what this could mean for the Trust and if this would see a reduction in the number of patients requiring legislation to be put in place.

This is a big undertaking for the team which requires the details of the restrictions within DoLS applications looking into individually as this is not coded information that can be extracted from Lorenzo. This scoping is currently underway although the time available to complete this is limited due to the MCA/MHA/DoLS Legislation Coordinator being on secondment, a replacement has recently been appointed and is completing the necessary HR checks which will allow this work to pick up pace significantly.

Further updates on the progress of this and the Trust's overall readiness for LPS can be given on request.

23





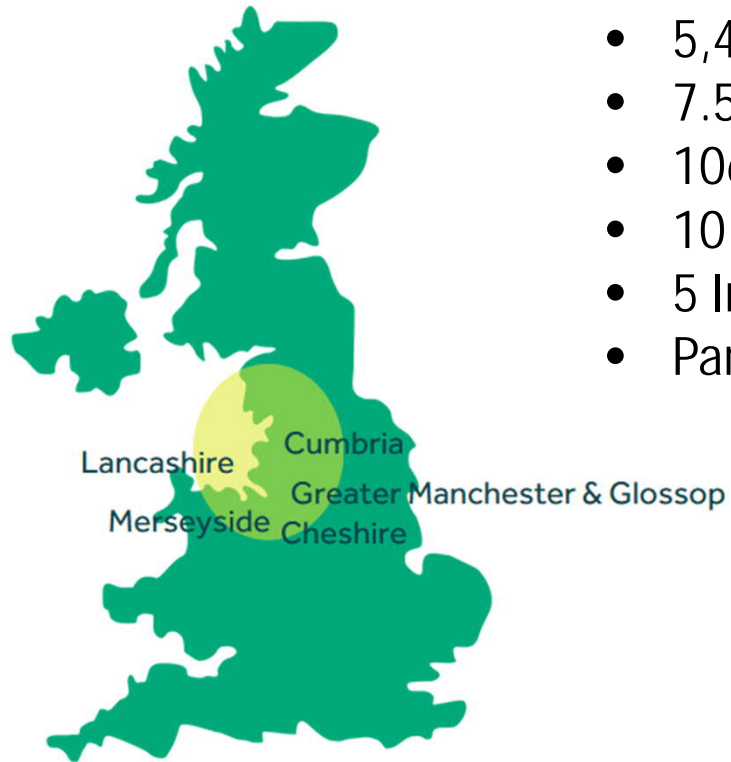
North West Ambulance Service NHS Trust.

Gene Quinn,
Head of Emergency Service
Cumbria and Lancashire Area

18 May 2022

About us.

- 5 counties.
- 5,400 square miles.
- 7.5 million population.
- 106 ambulance stations.
- 10 contact centres (999,PTS and 111).
- 5 Integrated Care Systems (ICS).
- Part of Northern Ambulance Alliance.



64

1,003 vehicles



7,358 staff



£440m budget



Paramedic
Emergency Service



*Patient Transport
Service



NHS 111



Resilience



Corporate

*Not in Cheshire

Resources.

- 8 ambulance sites
- 13 - 20 ambulances
- 3 response cars
- 191 active Community First Responders



Urgent & Emergency Care.



North Cumbria 1 April 2021 to
29 March 2022:

- Calls received – 69,125
- Incidents attended – 53,977
- Hear & Treat – 3063 (5.67%)
- See & Treat – 17,411 (32.26%)
- See & Convey – 33,503 (62.07%)



Performance standards.

Our emergency performance is measured through the Ambulance Response Programme (ARP), which aims to make sure we are reaching patients as quickly as we possibly can based on the nature and priority of the call.

These performance standards are:

- **Category one** is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of 7 minutes and at least 9 out of 10 times within 15 minutes.
- **Category two** is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least 9 out of 10 times within 40 minutes.
- **Category three** is for urgent calls. In some instances patients may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least 9 out of 10 times.
- **Category four** is for less urgent calls. In some instances patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least 9 out of 10 times within 180 minutes.



Performance 1 April 2021 – 29 March 2022.

NWAS:

Demand				
1,797,764	1,119,922	1,013,895		
Emergency CAD Records	Emergency Incidents	Emergency F2F Incidents		
By Category				
153,458	612,527	201,708	32,352	59,614
C1	C2	C3	C4	C5
Mean Response Time				
00:08:41	00:47:28	02:52:55	06:43:55	04:04:51
C1	C2	C3	C4	C5
90th Percentile Response Time				
00:14:47	01:47:22	07:05:39	14:19:28	10:50:47
C1	C2	C3	C4	C5
Outcome				
9.5%	30.3%	60.2%		
Hear and Treat	See and Treat	See and Convey		

68

North Cumbria:

Demand				
69,125	53,977	50,914		
Emergency CAD Records	Emergency Incidents	Emergency F2F Incidents		
By Category				
5,454	28,553	10,414	798	3,226
C1	C2	C3	C4	C5
Mean Response Time				
00:09:21	00:20:02	00:46:39	01:51:00	01:22:27
C1	C2	C3	C4	C5
90th Percentile Response Time				
00:17:07	00:39:54	01:48:06	04:24:08	03:10:23
C1	C2	C3	C4	C5
Outcome				
5.7%	32.3%	62.1%		
Hear and Treat	See and Treat	See and Convey		

Comparison with other ambulance services performance for Category 1 (March 2022).

6

Ambulance Service	Number of Incidents	Total (hours)	Mean (hour: min:sec)	90th centile (hour:min:sec)
East Midlands	8,636	1,392	09:40	17:39
East of England	8,571	1,632	11:26	20:49
Isle of Wight	128	21	09:53	18:21
London	11,069	1,331	07:13	12:06
North East	3,062	355	06:57	12:16
North West	14,688	2,222	09:04	15:23
South Central	3,885	678	10:28	18:51
South East Coast	4,702	750	09:34	16:48
South Western	8,970	1,961	13:07	23:25
West Midlands	10,346	1,468	08:31	14:47
Yorkshire	7,800	1,262	09:42	16:52



Making improvements.

- Hospital Handover Safety Checklist

Our Clinical leadership and Quality Improvement Team are working with the Cumberland Infirmary, Carlisle on the implementation of the handover safety checklist and SDEC to reduce long waits.

- NHS Pathways in emergency operations centres for single primary triage

Implemented in North Cumbria on 29 March 2022.

- CHoC as SPoC for 2HUCR

Working with CHoC to improve patient access to 2HUCR

- Silver trauma

Funding received from NTN to work with CIC to improve care for frail and elderly patients suffering trauma.

Patient Satisfaction levels.

Paramedic Emergency Service - Cumbria Area Patient Experience Surveys	2021/2022
	34
	Cared for appropriately with Dignity, Compassion and Respect <i>(Strongly Agree/Agree)</i>
Overall Service Received <i>(Very Good/Good)</i>	91.67%
Patient Transport Service - Cumbria Area Patient Experience Surveys	2021/2022
	108
	Cared for appropriately with Dignity, Compassion and Respect <i>(Strongly Agree/Agree)</i>
Overall Service Received <i>(Very Good/Good)</i>	89.29%
NHS 111 First Service - Cumbria Area Patient Experience Surveys	2021/2022
	142
	Your need for calling NHS 111 First was met <i>(Yes)</i>
Overall Service Received <i>(Very Good/Good)</i>	89.44%

Patient Engagement.

- The trust holds a database of 44 community and specialist contacts for Cumbria including ethnic minority, mental health, learning disability; dementia, dyslexia, visual impairment; deaf and young persons groups.
- All groups receive NWAS' stakeholder news including our quarterly newsletter 'Your Call' and regular public health information bursts to support self-care.
- All face to face engagement was paused during the pandemic but where possible continued on a virtual basis.
- An identified theme included deaf patients accessing ambulance services and communication barriers with staff wearing face masks.
- We targeted engagement with both Cumbria Deaf Association (02 Dec 21) and Barrow Deaf Association (23 March 22) to raise awareness of BSL and the emergency 999 sms text providing access to NWAS services.
- We have supported public engagement in Cumbria with attendance at Cumbria Pride (25 Sept 21) and the Rainbow Stripe launch initiative (01 Dec 21).

Alston Update.

NWAS' objectives are:

- To future proof the provision of safe and reliable care for the Alston Moor community.
- To position Alston as a model of quality.

73 Current operational model comprises:

- A CFR model with EMT1s.
- Use of A002 vehicle by non blue light trained staff.
- No patients conveyed and NWAS still provide a response to every incident.

Clinical concerns:

- Number and availability of EMT1s resulting in limitations of cover.
- Inability to convey patient.

Alston Update.

NWAS initial proposal discussed via the multi agency working group included:

- Adoption of an ECFR model - Alston to act as a pilot for the proof of concept ECFR course plus additional module to develop a Level 4 award.
- Provision of an all-wheel drive vehicle.
- Agreement of a revised clinical model.

Engagement has also taken place via correspondence and meetings with:

- Local MP and SAMS.
- Parish Council.
- Cumbria CCG and Cumbria Health Scrutiny Committee.
- BASICS and BEEP.
- NEAS (particularly in relation to alternative models).

Latest position:

- Drop in sessions to listen to views, answer questions, present NWAS' proposals and consider alternative models have been organised for the Alston community on the 12th and 13th May . Q and A's will be published following these sessions.



Achievements over the past year.

- Introduced new rotas, based on activity across EOC, PES, Clinical Hub and 111.
- Our unified communications programme went live, successfully bringing the organisation together onto one telephony platform.
- Rolled out a new Electronic Patient Record (EPR) system across the region.
- We have completed the first phase to enable real time sharing of patient data meaning better access patient records and send NWS records to EDs, GPs and other services.
- We are contributing to the CIPHA programme to enable population health management through shared data.
- We expanded our involvement in the national pilot trialing of body worn cameras for crews.
- We launched our Suicide Prevention Toolkit. Our emergency operations centres introduced a new clinical review process for category 3 and below 999 calls to improve patient care and ease pressures on frontline clinicians.
- Our Patient and Public Panel celebrated its second anniversary and hit a milestone 200 members.
- We launched our staff Disability Network.
- Welcomed the trust's first consultant midwife to improve maternity care.

Looking ahead.

- Service delivery model has been completed.

- Digital developments:

EPR Phase 2 – design and development of phase 2 of our EPR product

Digitisation of workforce and medicines management system

Implementation of a new trust wide knowledge management solution

ESMCP project (new national mobile data system) – migration of airwaves in essence

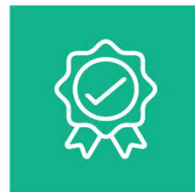
Establishing data science capability and proof of concept with NHSx (AI/ML)

- Introduction of the Ambulance Academy a youth zone on our website to increase engagement with children and young adults.



WORKING TOGETHER.

We work together to understand and value every role in achieving our shared purpose. We live and breathe inclusivity, everyone matters.



BEING AT OUR BEST.

We challenge ourselves to be the best we can be. We are curious and push boundaries to improve everything we do.



MAKING A DIFFERENCE.

We make a difference through doing the right thing by our staff, patients, partners and communities. We act with compassion and kindness.

77

Comments or questions?

This page is intentionally left blank