

Quality Account 2020-2021

**Lancashire & South
Cumbria NHS
Foundation Trust**

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Part 1: Quality Statement

1.1 Welcome to the Quality Account

This Quality Account Report offers you the opportunity to find out more about Lancashire & South Cumbria Foundation Trust (LSCFT), the services we provide and how well we are performing. The aim of the report is to describe in a balanced and accessible way, how we provide high-quality clinical care to our service users and their families and carers, in the communities we serve. The report also sets out our ambitions to further improve our performance and our quality of care, as well as the actions and initiatives we are undertaking to address challenges in both the Trust and across the Lancashire and South Cumbria system.

The COVID pandemic struck just as we entered 2020/21. Despite unprecedented challenges to the Trust and the NHS as a whole, unlike any we have seen since its inception, the Trust has continued to strengthen its focus on quality and continuous improvement. As such, we welcome this opportunity to outline our performance during 2020/21. The Quality Account demonstrates the significant work that has been undertaken to respond to the pandemic, develop and enhance our services, our progress against key performance indicators, improvements in the quality of our services and finally, identification of the key areas for continuous improvement during 2021/22.

This has been a significant year for the Trust. Despite the challenges the COVID pandemic has brought and following on from changes in leadership at Executive and Non-Executive level and the development of a new Trust strategy, we commenced an improvement journey to enhance our services for services users, staff and the public. The Quality Account highlights some of the work we have undertaken during 2020/21, which supports the Trust's improvement journey.

LSCFT provides health and wellbeing services for around 1.7 million people in Lancashire and South Cumbria. The Trust specialises in secure, inpatient and community mental health and learning disability and autism services. We also provide community physical health nursing, health visiting and a range of therapy services including physiotherapy, podiatry and speech and language therapy. Wellbeing services provided by the Trust include smoking cessation and healthy lifestyle services. To deliver these services the Trust employs around 6,700 members of staff across more than 400 sites, working with a wide range of partners.

Our main hospital sites are:

- The Harbour, Blackpool
- The Orchard, Lancaster
- Hillview/Pendleview at the Royal Blackburn Hospital
- Chorley inpatient services and Ribblesmere perinatal facility at Chorley Hospital
- Scarisbrick Unit, Ormskirk Hospital
- The Cove, Heysham
- Guild Lodge, Preston
- Longridge Community Hospital, Longridge
- Dane Garth, Furness General Hospital
- Kentmere, Westmoreland Hospital
- Skylark, Royal Preston Hospital.

1.2 Statement on Quality from the Chief Executive

I am delighted to present our Quality Account for 2020/21. This report presents the opportunity to provide a clear account of our work over the past 12 months to improve the quality of care we provide and to share our priorities for the year ahead. The last year has presented challenges for us all that we could never have predicted and an enormous amount of work has taken place to ensure that support for our communities and our teams has continued, despite the difficult circumstances of the COVID pandemic. I am immensely grateful to our staff and to everyone who has supported the Trust during this time. I am proud that our teams have risen to this challenge and of their determination and compassion during such an unprecedented year. Teams have gone the extra-mile, collecting and delivering food parcels to those in need, ensuring patients that are shielding get their prescriptions, working with charities to support weekly food deliveries to local schools to support vulnerable families, and helping to reduce anxieties of service users during the pandemic.

Against the unprecedented challenges faced during the COVID pandemic, we have continued to make significant progress along our journey of improvement. As an organisation we are embracing a quality improvement mind-set to progress the actions we are taking in response to the key issues we have identified to improve the quality of services. These have come from a variety of sources such as the Integrated Care System (ICS) commissioned review on Mental Health, our staff survey, feedback from service users, carers and families and findings from our regulators. They are integral components of the Trust's response to the 2019 CQC inspection and the MH Improvement Plan and continue to influence the on-going improvements being driven forward for 2021/22. These priority areas for improvement are detailed below and I am pleased to be able to update you on these within this report:

- Ensuring timely access to our services, particularly in relation to the mental health urgent care pathway
- Quality, safety and consistency of care
- Service user and carer involvement to ensure true co-production of services
- Attracting and retaining staff, supporting our workforce and changing our culture
- Transforming our community mental health services
- Gaining investment and developing local services for Learning Disability and Autism
- Improving physical health awareness in the community through training and education

As the first UK national lockdown commenced in March 2020, the Trust began to evolve rapidly in response and by April 2020, we had introduced a seven-day working week to ensure we met the changing demand for our services. Many staff were redeployed and adjusted their working lives to support service delivery, working more fluidly across team boundaries to make sure patient care continued to be delivered and to support colleagues. We launched the NHS Attend Anywhere digital consultation programme within the Trust; bringing implementation forward so we could provide continuity of care and access to services through virtual consultations and appointments during the pandemic. This platform has proven to be a valuable tool in the Trust's provision of care and by January 2021, the programme had supported patient care through 50,000 interactions.

During 2020/21, we continued to develop 24/7 crisis services across all localities, offering round the clock support to people who are in crisis. The Trust has opened a number of additional crisis houses with partners with the latest being opened in Blackpool in March 2021.

As part of our response to the COVID pandemic, and after significant investment, the Trust opened two Mental Health Urgent Assessment Centres (MHUACs) based in Blackburn and Preston, in February and March 2021. With a further centre in Blackpool, in collaboration with Blackpool Teaching Hospitals, opening in May 2021. The centres allow anyone with urgent mental health needs and no coronavirus symptoms or physical injuries to be seen in a safe and calm assessment

space.

The Trust also launched a telephone support service that operates twenty-four hours a day, seven days a week, with trained mental health professionals on hand to provide immediate assistance to those who need it. This crisis line enables callers to receive a mental health assessment and referral on to appropriate services. The new response line and urgent care centres have complemented support already provided by the Trust through the Mental Health Wellbeing Helpline. Different from the new response line, this existing helpline staffed by volunteers and people with appropriate life experiences, continues to offer emotional support.

During the pandemic community physical health services rapidly responded to the increased demand for care at home. In particular, there were an increased number of people choosing home as their preferred place of death therefore, in response and working with hospice colleagues, registered practitioners were trained to undertake verification of death, providing a timely response to families and carers in these circumstances.

Ongoing support was provided to the regulated care sector through an established buddy system. Through this scheme, we provided training, advice and support to care homes to keep residents safe. Furthermore, staff worked collaboratively across the community setting to ensure that clinical expertise was optimised; removing traditional role and organisational boundaries to ensure patients received the right care at the right time.

We also responded rapidly to a number of other requests to develop services in response to the COVID pandemic. An enormous amount of work and dedication has gone into launching these services quickly and effectively and we are grateful to everyone involved in making this happen. These services included:

- The Lancashire and South Cumbria Resilience Hub, a support resource for all public sector workers, volunteers and their families who have been impacted by COVID. This includes those who work in the NHS, local authorities and councils, ambulance service staff, care home workers, those working in social care and community workers.
- A vaccination centre, where in the space of a week, Ribble House, in Bamber Bridge, was adapted into a functional and fully operational vaccination site to enable us to administer the vaccine to our staff and other healthcare professionals within the region. Our vaccination programme is supported by University Hospitals of Morecambe Bay (UHMB) who shared the use of their booking system with the Trust and offered access to their vaccination sites for our staff
 - The centre delivered over 1,000 vaccinations in the space of just a few weeks and by 31 March 2021 had delivered 7060 vaccines; we received a significant amount of compliments from people who received a vaccine there.
 - Specific clinics have been held for people who require reasonable adjustments, such as people with learning disabilities and/or autism, to increase accessibility and maximise uptake in vulnerable groups
- Support for those with the lasting effects of the virus (post-Covid) through a Long-Covid Referral Hub, launched in January 2021, to support GPs and acute trusts.

As we progress transformation work within the Trust, we have established partnership boards for two of our major transformation projects, the Initial Response Service (IRS) and the Community Mental Health Transformation. These partnership Boards have representation from health, social care, voluntary sector and the police. We have also identified funding for GP clinical leads to support us with the community transformation and pathway design work.

The first IRS in Pennine will go live in October 2021. The IRS provides one number across Pennine Lancashire for people aged 16 years and above enabling people to self-refer or be referred by a carer as well as by a professional. The service will provide urgent and routine mental health support, advice and a single triage based on trusted assessment, through which people can access the mental health pathway for urgent or routine care, signposting and further support where needed.

We have secured significant Community Transformation funding and working with the ICS we will ensure investment in our key mental health priorities enables further service expansion and faster access to community and crisis mental health services for adults, children and young people.

The Voluntary, Community and Faith Sector (VCFS) sector is also an important partner and plays a key role in improving health, well-being and care outcomes and tackling health inequalities. Not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers. Therefore, their input is essential in our transformation programmes.

Strengthening service user and carer involvement and coproduction is key to ensuring the success of our improvements in meeting the needs of the people we serve. Following the launch of our Service User and Carer Council (SUCC) in 2020, we will be launching our Locality Service User & Carer Councils during 2021/22. We have also strengthened our model of Peer Support with Peer Facilitators being recruited and due to commence on inpatient wards and learning disability services in June 2021. Additionally, we have strengthened the voice of service users and carers in our Learning Lessons Framework through developing a library of people's experience of services.

We have also progressed work on increasing our bed capacity to meet our ambition to eradicate out of area placements within Mental Health services. It is acknowledged that there is a deficit in inpatient beds within Lancashire & South Cumbria, as identified through the capacity and demand review of capacity undertaken by Niche Consulting and further reinforced by a review undertaken by NHS Benchmarking. Therefore, we have commenced modelling an expansion of Trust inpatient beds with the expectation that the majority of these be funded through eradicating out of area placements. This work will continue through 2021/22 with schemes such as the opening of a 28 bedded rehabilitation unit at Wesham planned during this financial year, alongside the re-opening of beds currently closed to enable social distancing on wards and refurbishments.

We have implemented the recommendations from the acute ward safer staffing review and undertaken a further safer staffing and skill mix review in older adult, perinatal, CAMHS and secure inpatient settings. Through these reviews and other opportunities, we have strengthened the skill mix across all inpatient wards by introducing entry-level apprenticeships, increasing Registered Nursing Associates roles, increasing Senior Staff Nurse posts and developing further Practice Development Nurse posts. We have also strengthened our preceptorship package and continued professional development (CPD) offer as well as enhanced nursing and AHP clinical career pathways from entry level through to Advanced Practice and Consultant level. We have also introduced a 'Golden Hello' package for Registered Nurses (RNs) within Mental Health services and a retention premia for RNs within Secure Services.

We secured a range of funding from Health Education England (HEE) that has enabled us to advance our registered workforce through Non-medical Prescribing, Community Specialist Practice, Advanced Clinical Practice and Approved Clinician qualifications.

The Trust has continued to upskill staff to promote parity of esteem between physical health and mental health by providing training to multi-disciplinary professionals in enhanced life support, care of the deteriorating patient, use of National Early Warning System 2 (NEWS 2) and associated escalation parameters. Additionally, a Physical Health in Mental Health training programme has been introduced to strengthen knowledge and skills in key physical health issues.

Creating the right culture across the organisation is a key priority for us and requires strong, effective and stable leadership. We started the process of engaging with all our staff on restructuring the organisation prior to the pandemic, with the aim of moving from a structure that separates mental and physical health services, to one made up of four geographically defined, clinically-led networks, alongside a network for our more highly specialised services. Whilst the impact of the pandemic slowed our progress in implementing the new structure, we were able to take this forward with the Trust moving to localities from April 2021. This enables the planning and delivery of truly joined up, holistic care, designed around our local communities, that is better able to meet peoples mental and physical health needs, alongside our partners. Each locality is led by a triumvirate, comprising of the Director of Nursing & Quality, Medical Director and Director of Operations, thus ensuring that quality, clinical expertise and leadership are on a par with operational delivery to enable the delivery of high quality, sustainable services. Additionally, a significant number of Consultant Nurse and Consultant Allied Health Professional posts have been developed.

In 2020/21, the Trust received additional investment for community learning disability services and community autism services. The investment enabled:

- Strengthening of community learning disability teams that provide a range of specialist assessments and interventions to children, young people and adults with learning disability
- Establishment of an Intensive Support Team for people aged 16 and over to provide specialist interventions and support hospital admission avoidance
- Launch of an autism outreach team to work with adults with autism (aged 16 and over) with the specific remit of reducing hospital admissions for this population.

Furthermore, the Trust has been working alongside the National Learning Disability and Autism Team to develop Learning Disability Assessment and Treatment beds within the ICS footprint. Currently there are no Learning Disability (LD) beds in the Lancashire and south Cumbria footprint and service users requiring specialist inpatient care have to access beds outside of the area. We look forward to progressing our plans with National Team to ensure that we can provide care as close to home as possible, enabling people to integrate back into their community seamlessly.

A key focus during this past year has been culture. Following the launch of our new Trust values in 2020, we have focussed on embedding these to guide our behaviour, attitudes, the decisions we make and what we expect of one another to ensure we use these in all that we do. Additionally, we have focussed on Equality, Diversity and Inclusion (E,D&I) during 2020/21, as a key component of the Trust's developing People, Improvement and Culture Strategy. Through the Inclusion Council and other Staff Networks, we ensure that the equality, diversity, and inclusion agenda is central to everything that the Trust does, providing meaningful engagement and accountability for outcomes.

Following on from Phase 1 of our Listening into Action (LiA) programme, the Trust has undertaken a follow up LiA Pulse Check during 2020. This pulse check demonstrated improvements across all aspects and identified further themes for a second wave of staff led change. Whilst some of the LiA activity was paused during 2020 due to the pandemic, Phase 2 is being launched with the first two Phase 2 LiAs commencing in Quarter 1 of 2021/22.

LiA has proven a huge success with staff and is a key driver for the cultural shift that is required across the organisation and this was reflected in the 2020 Staff Survey results. Staff survey scores have improved across all 10 key themes and scores are better or the same as the benchmarking group for six of the 10 key themes. Furthermore, the Trust performed significantly better compared to the 2019 survey results on Health and Wellbeing, Morale, Bullying and Harassment, Violence and Safety Culture. However, despite improvement in the Health and Wellbeing score this remains lower than the benchmarking group and there will be continued focus on staff health and wellbeing during 2021/22.

We have embarked on a number of quality improvement (QI) collaboratives to support teams to lead change and continuous improvement of care within the services they provide. The Trust's first large scale QI collaborative, sponsored by our Chief Nurse & Quality Officer, was launched in September 2020 and aims to Reduce Restrictive Practices by 30% across the Trust over 2 years. Significant progress has already been made by the ward teams involved in the first phase and there is great pride in owning and celebrating achievements. A Falls Improvement Collaborative and Care Planning Collaborative have also recently been launched to continuously improve practice in these areas.

To support improvement across the Trust, we have also created a quality improvement training programme that provides the right staff with the right skills to enable them to embark upon quality improvement initiatives locally. We have used a dosing formula to ensure all staff have the

opportunity to attain these skills and support them with their implementation in practice. This will support the embedding of QI being our way of ensuring continuous improvement is led by staff at a local level.

Finally, I am pleased to confirm that the Board of Directors and its Committees have adequately reviewed the content of this Quality Account, together with the Annual Report and Annual Governance Statement. On behalf of the Board, I can confirm as Chief Executive that the content is an accurate and fair reflection of our performance. I hope that this Quality Account illustrates how important quality improvement, safety and service user and carer experience are to the organisation and that we have robust plans in place to further enhance this in the forthcoming year.

I would like to end with a huge thank you to the staff across the Trust, service users, their families and carers, and our partners who have contributed to making 2020/21 a year of real progress and achievement despite the unprecedented challenges faced during the pandemic. I look forward to working with you all to build on this progress over the coming year and would also like to commend all staff for their continued contribution during challenging and uncertain times.

Caroline Donovan
Chief Executive Officer
02 June 2021

Network Improvements during 2020/21

During 2020/21, the Trust's clinical networks have continued to focus on delivering improvements whilst also responding to the COVID pandemic and ensuring services continued to be delivered in a safe way. Examples of these improvements are included below.

Community and Wellbeing Network

Services worked collaboratively across community settings to ensure that clinical expertise was optimised as the pandemic hit. We worked with a range of system partners in order to enhance patient flow in line with the system two-hour discharge initiative. Working collaboratively led to a shared approach to care and traditional role boundaries were removed. For example, treatment room, podiatry and tissue viability staff flexed to deliver care to patients on the District Nurse caseload. We have also utilised our staffing resource to work flexibly and innovatively across the care pathway e.g. medics from the Moving Well service was deployed to work in Frailty and Community Rehabilitation service in order to prevent unnecessary hospital admissions.

We have continued to optimise the use of digital technology to engage patients, particularly during the initial stages of the COVID pandemic and during episodes of surge. Patient group education programmes sessions such as Pulmonary Rehabilitation interventions, have been tailored to reach a wider audience, improving accessibility by virtual delivery. Our IAPT services significantly reconfigured the delivery of care to a predominantly digital offer to ensure continuity and enhanced accessibility during the pandemic. As the pandemic has progressed, during the recovery of services phase, our diverse range of services have moved to a blended offer of face to face and virtual interventions, recognising that not all patients have access to the relevant equipment or the preference or confidence to participate in virtual interventions.

During the pandemic community physical health services quickly and proactively responded to the increased demand for care at home. District nursing teams across the network provided ongoing support to the regulated care sector through an established buddy system where each DN team linked with a specific care home. Through this process, the District Nursing service was able to provide training, advice and support in relation to PPE risk assessment, ensure appropriate access, and use to keep care home residents safe.

District Nurses also quickly mobilised a Swabbing Team in the early stages of the pandemic, taking referrals from NHS111. As the pandemic progressed this was superseded by redeployed staff, particularly dental nurses, providing Swabbing Services to the community, care homes and LSCft inpatient wards. This service was in place for a significant period during the pandemic.

District nurses have continued to support patients in their own homes and to achieve preferred place of death where appropriate. During the initial stages of the pandemic and in response to the increased number of people choosing home as their preferred place of death, with the support of hospice colleagues, an increased number of registered practitioners were trained, at pace, to verify death to provide a more responsive service for service users and families. The service has also promoted tissue donation and successfully supported an increased number of tissue donations. Both aspects of care have received positive feedback from and enhanced the experience of families and carers of those who are at end of life.

Support was also extended to partners in the system including Care Homes and Homeless services to address potential inequality of access and support the most vulnerable patients. Additionally, our community Frailty Team supported the newly developed Lancashire Teaching Hospitals Frailty Service within the acute setting in order to promote consistency of response and a joined up approach.

Our Learning Disability services secured investment from the ICS to support transformation of services that has led to the development of an enhanced multidisciplinary approach, through a Consultant Nurse led model. In January 2021, the seven day Intensive Support Service was initiated, enabling people with a learning disability in Lancashire and South Cumbria to remain supported in the community and avoid unnecessary admission to hospital.

Nursing leadership within the network has been reviewed, with new Consultant Nurse Posts being introduced to strengthen clinical expertise and practice for community nursing teams. The role of Registered Nursing Associate has been introduced across District Nursing, which has proved a great success in enhancing the workforce skill mix and enabling the development of a career pathway from entry level non-registered positions.

Recruitment processes were refreshed whereby the Community Modern Matron led a new approach to virtual recruitment, which was positively received and resulted in an increase in successful candidates to fill vacant posts.

The learning disabilities team facilities specific clinics with reasonable adjustments for people with an LD to offer the COVID vaccination, which resulted in a significant increase in uptake for this vulnerable patient cohort.

The networks focus has continued in areas of priority following the 2016 CQC inspection risk management, responsiveness of services and experience/feedback in relation to end of life care from patients and those close to them.

Children and Young People Wellbeing Network

Throughout the pandemic, the needs of Children & Young People (CYP) with Special Educational Needs and Disability (SEND) continued to be prioritised within Children's Therapy Services, ensuring health advice for Education and Health Care Plans (EHCP's) were completed in a timely manner; this included utilising telemedicine platforms with CYP, their families and schools.

Our 0-19 Universal Services achieved Baby Friendly Gold Re-validation and new birth visits were maintained throughout the pandemic. Initially technology was used to support this however recently this has been through face to face contacts, in line with national guidance. Despite the pandemic, throughout 2020/21 the team met all targets to visit new-borns within the 8-week timeframe.

The CYP Mental Health community teams continued to work throughout the pandemic, moving swiftly to using virtual platforms with children and families, to enable and facilitate access during lockdown.

The Cove achieved Quality Network Inpatient CAMHS (QNIC) accreditation, achieved through an extensive accreditation process designed to share best practice and promote the highest quality care. Only 24 services nationally are currently accredited; this is testament to the fantastic team at The Cove and their continued journey towards outstanding. The feedback from QNIC following February accreditation visit was overwhelmingly positive.

Additionally, to support the system, the Cove reconfigured 3 beds to become 'Safe Space' beds for children and young people under the age of 16 who would normally be admitted to a paediatric bed whilst awaiting assessment by CAMHS. This removed pressure from the acute trust and was extended to 16-18 year olds as the pandemic progressed. Furthermore, CAMHS secured winter pressures funding to mobilise a 24/7 gatekeeping and access to Tier 4 CAMHS. This has supported the wider system ensuring that young people detained under section 136 receive a timely assessment supported by a CAMHS practitioner.

Mental Health Network

The COVID pandemic has resulted in this being a hugely challenging year for the ongoing delivery of mental health services across Lancashire and South Cumbria. Staff have worked tirelessly to provide high quality care despite the additional challenges the pandemic brought. The early implementation of the Attend Anywhere virtual platform has been crucial in ensuring we have been able to continue to support service users.

Building upon the removal of the CQC enforcement notice relating to the urgent care pathway in January 2020, the focus of the MH Network during 2020/21 has been to continue to drive improvements across the mental health urgent care pathway. Despite the COVID pandemic, improvements have continued to be made throughout the year. The Trust has built good relationships with commissioners and partners in the system to support service improvements, including:

- Establishing the new 24/7 crisis line at the start of the COVID pandemic
- Establishing the new Mental Health Urgent Assessment Centres (MHUACs) in each locality to support local Emergency Departments by providing rapid support for people with a MH condition, once any physical health issues are stabilised, in a more appropriate and calming environment
- Opening new accommodations for MHUACs where the initial solutions were not sustainable e.g.
 - The Blackburn MHUAC opened in February 2021
 - Enhanced capital works were completed for the Preston MHUAC in March 2021.
 - The Blackpool and Barrow MHUACs are due to have capital works completed in 2021/22
- Provision of children's urgent mental health assessments out of hours
- Opening of Blackpool crisis house, Sycamore House, in March 2021
- Opening of Skylark ward in Preston in August 2020, as the new and interim rehabilitation unit for Moving On rehabilitation, until Wesham site is completed in 2021/22.

During 2020/21 business cases have also been submitted and are progressing for the following:

- Immediate Response Service (IRS)
The IRS improves 'front door' access for patients with service users, families and carers, GPs and healthcare/social care professionals able to refer (or self-refer) into

MH services through a single point of access. This will provide timely assessment and interventions with the aim of maintaining optimum mental health and intervening promptly, with the least restrictive treatment interventions when a service user is deteriorating. This business case was approved in March 2021 by Trust Board and funding confirmed with commissioners in May 2021.

- Community MH Transformation
This business case relates to the redesign and transformation of our CMHTs including the interface with Primary Care Networks (PCNs) and Integrated Neighbourhood Teams (INTs). The transformation promotes and supports greater involvement and care delivery through the voluntary sector and greater partnership with Local Authorities. Following a tight turnaround, national approval of this business case was received in March 2021.

1.3 Our 2020/21 Priorities and our Achievements

The Trust agreed a number of quality priorities for 2020/21 with service users, carers and staff. These were shaped by the healthcare definition of quality namely patient safety, clinical effectiveness and patient experience and grouped under the following SPPA domains:



Despite the challenges of the COVID pandemic, the Trust continued to focus on each of these key priorities. Our progress and achievement against each of the domains is summarised below.

Safe Care Delivered Every Time

Safe Care Priority One – We will reduce use of restraint and promote use of least restrictive practices across our inpatient units by twenty per cent.

To meet this quality priority we have:

- Developed a 3 year Reducing Restrictive Practice Strategy ‘Think Person, Think Positive Practice’ and implemented year one of the strategy
- Commenced the rollout of the Safewards model for improving the therapeutic environment and reducing conflict
- Reviewed the physical restraint elements of the Positive and Safe training against the national Restraint Reduction Network (RRN) training standards and the Mental Health Unit (Use of Force) Act (2018) and applied for accreditation of the training with BILD.
- Piloted RAID training, a positive psychological model of care, on 2 female acute wards and following positive outcomes and feedback commissioned RAID training to be rolled out across all adult acute, PICU and secure wards during 2021/22
- Reviewed and updated policies and procedures linked to the use of restrictive practices including:
 - Mental Health Therapeutic Observations
 - Blanket Restrictions
 - Searching Service Users Property & Clinical Environments
- Implemented a 2-year Reducing Restrictive Practice Quality Improvement Collaborative across 18 wards focussing on reduction of restraint, seclusion and rapid tranquillisation; this was preceded by 6 wards completing the Advancing Quality Alliance (AQuA) restraint reduction QI project

- Achieved a 15% reduction in restraint across the Trust, with the 6 wards focussed on restraint within the QI Collaborative, achieving a 60% reduction overall.

Safe Care Priority Two – We will develop and implement a safety matrix for our inpatient units to further develop a culture that focuses on the proactive delivery of safe and effective care

To meet this quality priority we have:

- Developed the In-patient Safety Matrix (ISM) audit to promote quality and support a culture of safety, continuous learning and sustainable improvement. The audit is based on areas for improvement identified from current audit results and CQC inspections including:
 - Falls assessment
 - Food and nutrition
 - Medicines, prescribing & administration
 - Rapid tranquilisation
 - Mental Health Act
 - Therapeutic interventions
 - NEWS 2
 - Risk assessment
 - Care planning
 - Seclusion
 - Safe discharges
- Implemented the ISM as a peer audit to maximise objectivity and sharing of good practice.

Person Centred Care Delivered with You

Person Centred Care Priority One – We will develop a Service User & Carer Experience and Engagement Strategy

To meet this quality priority we have:

- Established a Trust Service User & Carer Council (SUCC) chaired by an expert by experience who also sits on Trust Board
- Developed a Service User & Carer Experience and Engagement Strategy with service users their families and carers
- Developed a model of Peer Support with a blended approach of external peer support commissioned from 3rd sector partners and internal peer support directly employed by the Trust
- Developed and commenced implementation of a trailblazer Peer Support training programme in partnership with Health Education England and partner organisations
- Identified Peer Support roles within inpatient acute wards and learning disability services

Person Centred Care Priority Two – We will refresh Care Planning to enhance a holistic approach which ensures service users and carers are involved in the planning of their care and treatment

To meet this quality priority we have:

- Reviewed care plan template to strengthen the link between care plans and risk management plans in RIO our newly implemented electronic patient record
- Developed care planning training based on recovery principles and focussing on person-centredness and involvement of service users and carers
- Implemented 3 levels of Clinical Risk training to improve care planning with
 - Level 1 Fundamental clinical risk training via e-learning
 - Level 2 Enhanced clinical risk assessment and management through webinar and train the trainer model
 - Level 3 STORM training suicide prevention training delivered virtually during COVID
- Increased the number of STORM trainers within the Trust

- Launched a Care Planning Quality Improvement Collaborative with 10 teams across the Trust.

Prevention and Recovery Focused Care Delivered Consistently

Prevention and Recovery Priority One – We will further enhance and strengthen our Recovery College Offer within the Trust

To meet this quality priority we have:

- Increased the online Recovery College offer during COVID pandemic
- Continued to strengthen coproduction of course development and delivery
- Worked with partners to explore additional training venues in Preston and East Lancashire
- Introduced the Mental Health Family Hour monthly virtual sessions to support mental wellbeing during COVID pandemic.

Prevention and Recovery Priority Two – We will continue to work towards developing a sustainable workforce to help support prevention and recovery for service users

To meet this quality priority we have:

- Completed comprehensive safer staffing reviews of all inpatient areas
- Continued to increase the registered nursing workforce (RNs) through:
 - Implementing Virtual Recruitment events in response to restrictions implemented during the pandemic
 - Introducing a Golden Hello for RNs across in-patient areas and a retention premia for RNs working within the Guild
 - Implementing international recruitment programmes through Global Learners (Adult RNs) and International Nurses (Mental Health RNs)
 - Supporting return to practice nurses back into practice
- Expanded the nursing and AHP career pathway and strengthened the development of 'grow your own' model through the:
 - Introduction of Consultant Nurse and Consultant AHP posts across the organisation
 - Increase in Advanced Clinical Practice trainees
 - Development of non-medical Approved Clinicians
 - Development of a Pre-registration Learning Disability Nursing Degree Apprenticeship with the University of Cumbria; enabling Registered Nursing Associates to 'top-up' to RNLD
 - Increase in Trainee and Registered Nursing Associates posts
 - Introduction of entry level Health Care Assistant apprenticeships and Peer Support roles
- Strengthened Continuous Professional Development (CPD) to aid retention through:
 - Strengthening Preceptorship for all newly qualified professionals with a new Preceptorship Policy and enhanced Preceptorship offer including a Masters module in the 2nd year
 - Increased access to Degree and Masters clinical modules including Personality Disorders, Leg Ulcers, CAMHS, Dementia, Safeguarding, Diabetes and Frailty
 - Expanded clinical skills training including areas such as brief psychological interventions, Resilience Based Supervision, Professional Nurse Advocacy, Physical Health in Mental Health, Solution Focussed Interventions, Structured Clinical Management
 - Implemented a Ward Manager Clinical Leadership Programme
- Implemented increased support for staff well-being during COVID pandemic including:
 - Establishing the Psychological Resilience Hub to support people across the region who are feeling the psychological effects of the pandemic

- Increasing number of staff trained to deliver Work Place Trauma Support
- Developing new policy and training to improve the quality of Clinical Supervision
- Implementing a new appraisal process.

Accessible Care Delivered in Local Communities

Accessible Care Priority One - Following the transformation work on Clinical Pathways we will further develop Mental Health services in response to COVID guidance to implement a Single Point of Access and longer term further develop our locality model.

To meet this quality priority we have:

- Progressed the development of the single point of access Initial Response Service (IRS) working with organisations across the local health and social care system to mobilise this service which will launch in the autumn in East Lancashire and Central Lancashire including West Lancashire, with The Fylde Coast and the Bay planned go live in spring 2022.
- Through the IRS, by working with public and voluntary sectors access to expert support, especially during evenings and weekends, will be streamlined. This is part of a wider system programme of work to transform our response to local people and their carers, who are experiencing a mental health crisis. It will provide quicker, smoother access to Urgent Care support across all of our localities, especially during evenings and weekends and will include:
 - A free phone number in each locality for access to mental health services available 24 hours
 - One contact centre in each locality to receive and triage referrals for all our community adult mental health services
 - A same day call out for a home based assessment in some instances including an hour response
 - Being open to all individuals and carers as well as relevant professionals
- We have coproduced a Street Triage model with Lancashire Police and partners and agreed a pathway. The 'Standard Operating Procedure' (SOP) for the Street Triage service has been developed and is currently being reviewed by all relevant parties. The Street Triage Service will be co-located in the IRS but deployment of the Street Triage Team will be via the police control room. This collaboration between LSCFT and Lancashire Constabulary aims to improve the emergency response to individuals experiencing crisis and will be launched across East Lancashire in 2021/22.

Accessible Care Priority Two – We will continue to improve and enhance our provision of learning disability and autism services

To meet this quality priority we have:

- Commissioned an external review of Learning Disability and Autism services from NICHE
- Developed a Trust Autism Strategy
- Secured investment in Learning Disability and Autism Services leading to the:
 - Development of an Intensive Support Service with the aim of supporting people in their own home
 - Creation of Learning Disability and Autism Consultant Nurse posts
 - Development of an Autism Team
- Developed a business case for learning disability inpatient services.

Part 2: Priorities for Improvement and Statements of Assurance from the Board

Looking Forward to 2021/22 Quality Priorities

The Trust Quality Strategy is being launched imminently following a delay due to the COVID pandemic. The Quality Strategy was developed with service users, carers and staff following on from the pre-pandemic Open Space events and through virtual engagement via networks and the Service User and Carer Council during COVID. The strategy demonstrates the Trusts commitment to providing the highest quality services for the patients we serve. It outlines the need for us to continually improve the quality of our services by engaging with and listening to patients, staff and key stakeholders in order to meet their needs and expectations. Furthermore, the strategy acknowledges that the continued strengthening of system wide partnership working is imperative to promote population health across Lancashire & South Cumbria.

The Quality Strategy is a vehicle to transform this engagement to improve the aspects of care that matter most to service users, patients, staff and stakeholders. It is set around our SPPA quality priorities and supports the organisation-wide improvement journey *'We are LSCft, heading for Good, driving towards Outstanding'*.

Safe care delivered every time 2021/22 priorities

Aims	Outcomes
<ul style="list-style-type: none"> ➤ Implement high profile 'My safety' campaign to improve service user and staff safety ➤ Embed our key safety strategies <ul style="list-style-type: none"> ○ Reducing Restrictive Practices ○ Suicide Prevention ○ Infection Prevention Control ○ Physical Health in Mental Health ○ Pressure Ulcers ➤ Deliver Quality Assurance systems that support the delivery of safe care ➤ Deliver programmes of Quality Improvement to deliver outstanding care 	<ul style="list-style-type: none"> ✓ A 20% increase in no harm and low harm incident reporting over 3 years ✓ Improved national staff survey results in relation to safety domain ✓ Increased use of person-centred strategies and a 30% reduction in the use of restrictive practices over 2 years ✓ Zero suicides within MH inpatients and 10% reduction across our community services ✓ 5% reduction in pressure ulcers acquired in our care ✓ Improved IPC audit and cleanliness scores ✓ Clinical teams engaged with their data and using this for improvement ✓ Increased QI knowledge and skills and widespread use of QI methodology for improvement

Person-centered care delivered with you

Aims

- Co-create and implement a Person-centredness Framework connecting with people as unique individuals with their own strengths, abilities, needs and goals
- Deliver our Service User and Carer Strategy
- Embed the Trust Service User & Carer Council supported by 5 local Service User & Carer Councils

Outcomes

- ✓ Person-centredness Framework consisting of tools and approaches to help us to practically apply person-centred principles in all we do
- ✓ Service users and carers are involved, as equal partners, in the design, delivery and evaluation of the way that care is provided
- ✓ Nurture and support service users and carers to ensure they feel confident in being equal partners and the associated activities

Prevention and Recovery focused care delivered consistently

Aims

- Enhance employment opportunities and embed a Peer Support Strategy
- Extend the Recovery College across the ICS footprint working in partnership with the 3rd sector
- Deliver a clinical education programme to ensure that staff are highly skilled in delivering prevention and recovery focussed interventions
- Increase accessible information to ensure that service users and carers have the information they need

Outcomes

- ✓ Well-developed peer support system embedded across services
- ✓ Increase in service users reporting improved levels of self-esteem, confidence and positivity
- ✓ Recovery College offer available across the ICS footprint
- ✓ Improved service user and carer experience
- ✓ Improved staff experience
- ✓ Service users and carers have the right information to make informed decisions

Accessible care delivered in local communities

Aims	Outcomes
<ul style="list-style-type: none"> ➤ Deliver large scale transformation programmes which deliver high quality, integrated, place-based care ➤ Deliver rehabilitation pathways for people with mental health and/or learning disabilities ➤ As ICS Lead Provider, transform learning disability & autism services 	<ul style="list-style-type: none"> ✓ Evidence-based, contemporary, sustainable services are available to people locally ✓ Rehabilitation pathways are available locally and out-of-area rehabilitation placements are reduced ✓ The learning disability and autism transformation standards are met across the ICS

How we will monitor, measure and report progress

The performance against each of the priorities above will be reported within the Quality and Performance Report through the quality governance structure and through to the Trust Board on a monthly basis.

A quarterly report will also submitted to the Quality and Assurance Committee throughout 2021/22 outlining progress against the key improvement priorities.

2.1 Statements of Assurance from the Board

During 2020/21 Lancashire and South Cumbria NHS Foundation Trust provided and/or subcontracted 171 relevant health services.

The Trust has reviewed all the data available to them on the quality of care in all 171 of these relevant health services.

The income generated by the relevant health services reviewed in 2020/2021 represents 81% of the total income generated from the provision of relevant health services by the Lancashire and South Cumbria NHS Foundation Trust for 2020/2021.

2.1.1 Participation in National Clinical Audits

During 2020/21, nine national clinical audits and one national confidential enquiry covered relevant health services that Lancashire & South Cumbria NHS Foundation Trust provides.

During that period, the Trust participated in 100% of national clinical audits of the national clinical audits which it was eligible to participate in.

The one national confidential enquiry the Trust was eligible to participate in, was postponed due to COVID and is being progressed during 2021/22.

The national clinical audits that LSCFT was eligible to participate in during 2020/21 are as follows:

- National Audit of Inpatient Falls
- National Diabetes Foot Care-audit - Adults
- National Audit of Psychosis – Early Intervention in Psychosis
- National Chronic Obstructive Pulmonary Disease (COPD) audit programme
- Sentinel Stroke National Audit programme (SSNAP)
- National Clinical Audit for Rheumatoid & Early Inflammatory Arthritis
- Prescribing Observatory for Mental Health (POMH-UK) – Antipsychotic prescribing in people with a learning disability
- Prescribing Observatory for Mental Health (POMH-UK) – 18b- Prescribing Clozapine
- Prescribing Valproate (POMH-UK) – 20a Prescribing Valproate.

The national clinical audits and national confidential enquiries that the Trust participated in during 2020/21 are as follows:

- National Audit of Inpatient Falls
- National Diabetes Foot Care-audit - Adults
- National Audit of Psychosis – Early Intervention in Psychosis
- National Chronic Obstructive Pulmonary Disease (COPD) audit programme
- Sentinel Stroke National Audit programme (SSNAP)
- National Clinical Audit for Rheumatoid & Early Inflammatory Arthritis
- Prescribing Observatory for Mental Health (POMH-UK) – Antipsychotic prescribing in people with a learning disability
- Prescribing Observatory for Mental Health (POMH-UK) – 18b- Prescribing Clozapine
- Prescribing Valproate (POMH-UK) – 20a Prescribing Valproate.

The national clinical audits that LSCFT participated in, and for which data collection was completed during 2020/21, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audits 2020/21		Cases submitted	Cases Required	%
1	National Audit of Inpatient Falls	No eligible patients	All patients	n/a
2	National Diabetes Foot Care Audit - Adults	Sample provided: 270	All patients	100%
3	National Audit of Psychosis – Early Intervention in Psychosis	Sample provided: 307	Up to 100 cases per team, sample selected by provider	74%
4	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	All eligible patients: 101	All patients	100%
5	Sentinel Stroke National Audit programme (SSNAP)	All eligible patients: 458	All patients	100%
6	National Clinical Audit for Rheumatoid & Early Inflammatory Arthritis	All eligible patients: 514	All patients	100%
7	Prescribing Observatory for Mental Health (POMH-UK) –9d- Antipsychotic prescribing in people with a learning disability	Sample provided: 127	All patients	100%
8	Prescribing Observatory for Mental Health (POMH-UK) – 18b- Prescribing Clozapine	Sample provided: patients: 79	All patients	100%
9	Prescribing Valproate (POMH-UK) – 20a Prescribing Valproate	Sample provided: 122	All patients	100%

Although the Trust participated in 9 national audits, so far reports have been received for three.

Therefore, the reports of three national clinical audits were reviewed by the provider in 2020/21 and LSCFT intends to take the following actions to improve the quality of healthcare provided as detailed below:

- **Sentinel Stroke National Audit Programme (SSNAP)**

Despite the significant challenges the pandemic presented, teams managed to complete a number of submissions. SSNAP have confirmed they are making improvements to the community dataset, as in its current format it has been expressed there are limitations as to how useful it is for the participants and learning for services is limited. As a result, there are no immediate actions as the Trust await the new revised data set requirements and subsequent results.

- **National Clinical Audit of Psychosis – Early Intervention in Psychosis (NCAP EIS)**

The national report for the 2019/20 NCAP EIS spotlight audit was received in September 2020, later than scheduled due to impact of COVID. Notable highlights from the results indicate that the Trust have maintained their 'Performing Well' Level 3 score for the provision of cognitive behavioural therapy for psychosis (CBTp), and have moved the score for Referral to Treatment from level 2 'Needs Improvement' to level 4 'Top Performing'.

A number of areas for improvement were identified through the audit, and a robust action plan has been agreed. Identified improvements relate to the recording and reporting ability from the electronic patient record and the distribution of extra funds awarded to cover gaps in staffing, as identified through and NHSI Capacity review. The Clinical Audit Team continue to support the service to progress actions, co-opting support from other support services in the Trust. Progress with actions are monitored through locality governance structure.

- **Prescribing Observatory for Mental, Antipsychotic prescribing in people with a learning disability, POMH 9d**

This was a second supplementary audit. Overall compliance with the audit was determined to be 61%. Of the five standards, the Trust performed higher than the national average for 3; the Trust used a slightly different methodology than POMH for the remaining 2, which left us unable to calculate the national average. The report

findings highlighted a number of areas of good practice, as well as some areas for improvement that the project team considered and made recommendations against. The recommendations aim to enable the provision of assurance and improve performance against the agreed standards, including action to increase the availability of behavioural support plans, the quality of annual medication reviews and Trust input to shared care arrangements.

2.1.2 Local Clinical Audit Programme

The majority of Trusts nationally stood down clinical audits during Covid however, twenty local priority clinical audits were undertaken by the Trust during 2020/21 across the three networks, Mental Health Network (12), Community & Well-being Network (5) and Children & Young People (3). Additionally there were 13 re-audits undertaken during this period.

[The reports of 20 local clinical audits and 13 re-audits were reviewed by LSCFT in 2020/21 and the Trust intends to take the following actions to improve the quality of healthcare provided, as detailed in the following summaries.](#)

Mental Health Network Audits

The following audits were undertaken in the MH Network

- Seclusion
- Carer involvement (The Orchard)
- Absent Without Leave Policy
- MDT reviews
- MHA, Section 17 leave
- COVID dynamic risk registers
- Gatekeeping Assessments
- Early Warning Scores (EWS)
- Consent to Treatment
- Inability to Engage Service Users Standard Operating Procedure
- Gate keeping
- Physical health (community mental health teams)

The following summaries relate to a sample of the MH Network audit activity during 2020/21:

Physical Health: Community MH Services completed a baseline audit during Q4 and provided a partial level of assurance (77%). The impact of the COVID restrictions has meant that many of the CMHT interactions with service users have been virtual which will have impacted on the ability to undertake physical health screening. Additionally, many GP surgeries were not offering face-to-face consultations due to the pandemic, some service users prefer to receive physical health screening from their GP, which again will have had an impact on physical health screening.

In addition to the Community MH baseline audit, a re-audit of physical health within inpatient services was undertaken in Q4, following the baseline audit in 2019. The re-audit data provided a good level assurance at 87%. The results have been shared with the Trust Physical Health Group and work is underway with the RIO team to support improved recording keeping.

Venous Thromboembolism (VTE): A baseline VTE audit within in-patient MH wards was undertaken in Q4, 2020/21 which provided a good level of assurance (88%) that patients admitted to in-patient wards received a VTE assessment on admission in line with NICE guidelines (NG89). The audit has provided evidence for future learning to reduce the risk of VTE for in-patients and the report is being presented to the Physical Health Group in June 2021 to develop a robust set of actions.

Section 17 Leave: In response to the COVID pandemic, a proactive Mental Health Act Section 17 leave audit was undertaken. This showed a consistent trend across the Trust indicating that leave did decrease as expected during the peak of the pandemic, but that patients were not prevented from utilising leave as appropriate and in line with national guidance. The S17 Leave policy has been reviewed and updated as a result of the findings of this audit to clarify roles and responsibilities and ensure the policy fully reflects the MHA Code of Practice.

Seclusion: Seclusion was also audited proactively to ensure that practice was appropriate and not impacted by the pandemic. No concerns in relation to rationale for seclusion were found amongst the 90 episodes audited. There were pockets of good practice found and areas identified for improvement. An action plan has been completed and the audit is due to be repeated in Q2 of 2021/22.

Consent to Treatment: The consent to treatment (CTT) audit achieved partial overall compliance at 79%. In response, improvements to consent to treatment practice are being explored to streamline the process and increase compliance. These improvements include communicating the SOAD decision to the patient and submitting the clinical entry to the Mental Health Law Team to provide assurance, automating collection of data relating to submission of Section 61 information to the CQC and improvements in CTT training for junior doctors

Inability to Engage Service Users: Compliance with the Inability to Engage Service Users Standard Operating Procedure was audited to explore disengagement (in particular at point of transfer) and promote engagement. Positively, where patients had a history on non-engagement, 75% of those patients had documented evidence that the family had been contacted by services. Localities are now in the process of reviewing their results to action improvements, a re-audit will be completed in 2021/22.

Absent Without Leave: Following a Regulation 28 notice in 2019, an audit of compliance with the LSCFT AWOL policy was conducted. There was a significant amount of good practice identified across the Trust and some areas for improvement. Completion of Part 1 of the Missing Persons form for all patients on admission has been reviewed as part of the action plan. Another target area for Mental Health inpatients and The Cove is the omission of key information relating to AWOL in the care plan or risk assessment. These areas for improvement have been highlighted through the relevant Best Practice Groups and the AWOL Procedure has been amended to provide further clarity for staff.

Gatekeeping: Following a review of patients awaiting admission to a mental health bed, the gatekeeping process was audited. The results of the audit supported the findings of the initial review, in that gatekeeping statements tend to be brief and lacking in patient specific information. Other identified areas for improvement were documenting evidence of considering alternatives to admission and having a treatment plan in place and daily MDT discussions whilst a person is awaiting admission. An action plan has been developed to address these areas, including a workshop for Home Treatment Teams, Rapid Intervention and Treatment Teams and Mental Health Liaison Teams to discuss the audit findings and action plan and to provide refresher training on gatekeeping processes.

The following summaries relate to a sample of the re-audit activity during 2020/21:

Post-Traumatic Stress Disorder (PTSD): The compliance evidenced through the re-audit for PTSD practice increased significantly for both standards, giving assurance that high quality care is being delivered to service users. This was a challenging audit due to the nature of the condition and the complexity of patients within CMHT services. The potential rollout of patient reported outcome measures (PROMs) through Dialog+ has the potential to improve data collection for future audit work in this area.

Escalation of Early Warning Scores: Following an audit reviewing escalation of early warning scores, a policy specifically relating to NEWS 2 for MH inpatients is being developed, furthermore additional training is being rolled out to teams during 2021/22.

Care Planning: A re-audit of Care Planning was completed with similar compliance levels achieved to that of the baseline audit in 2019/20. Of the six standards audited, the same four standards achieved full compliance compared to the baseline audit and the remaining two achieved partial compliance. The two partially compliant standards related to patient involvement in care planning and discharge planning. The specific elements within the standards were examined at locality level and locality specific action plans have been developed to address areas that did not achieve full compliance.

Rapid Tranquillisation: Following baseline audit in 2019, a re-audit of Rapid Tranquillisation (RT), was undertaken and the same level of compliance was achieved as at baseline. The compliance percentages were 40% for physical health monitoring for patients not-at-risk and 22% for physical health monitoring for patients at-risk, which demonstrates a slight increase in compliance for patients-at-risk. The Trust incident reporting system has been revised to enable compliance to be recorded during Ward Manager reviews of incidents; this is having a positive impact. Additionally, the RT e-learning module is being reviewed and updated and will become a mandatory module for all registered inpatient staff. Furthermore, the RT Task & Finish Group will monitor and drive improvement in post RT monitoring during 2021/22.

Community and Wellbeing Network

The following audits were undertaken in the CWB Network:

- General Anaesthetic in Dentistry
- COVID dynamic risk registers
- Mindsmatter – clinical decision making
- End of Life Care
- LDS challenging behaviours

The following summaries relate to a sample of the CWB Network audit activity during 2020/21:

Clinical Decision Making: Clinical decision making within Mindsmatters services was audited in Q3, 2020/21. This was a baseline audit undertaken to assess the quality of clinical decision making in line with the NICE guidelines. The findings demonstrated assuring levels of compliance across all standards measured, with an overall outcome of 96%.

Challenging Behaviours Pathway: In Q4 of 2020/21, a baseline audit of compliance with the Challenging Behaviours Pathway was undertaken within Learning Disability Services. The outcomes demonstrated areas of good practice and also those where improvements need to be sought, in particular the consistent completion of a behavioural assessment. As a result, the pathway is being reviewed and the opportunity taken to integrate Lancashire's and South Cumbria's pathways into one. This will ensure a person-centred approach is developed collaboratively with the service user, their families and carers.

Children & Young People's Wellbeing Network

The following audits were undertaken in the CYP Network:

- COVID dynamic risk registers
- Eating Disorders Discharge pathway
- EIS SOP

The following summaries relate to a sample of the CYP Network audit activity during 2020/21:

Eating Disorders Discharge Pathway: The Eating Disorders Discharge pathway was audited in Q4. The results only provide partial compliance and this is being addressed through the ED Improvement Management Group, led by the Chief Operating Officer.

Early Intervention Service (EIS) Standard Operating Procedure: The EIS Standard Operating Procedure was audited in Q4. The audit has identified the need for clarification regarding the use of RIO, the electronic patient record, at service level in relation to standardising physical health documentation. There is an EIS improvement group taking this action forward.

Locality Clinical Audits

A further 63 locality clinical audits were registered on the Trusts clinical audit site for approval during 2020/21. These audits derive from local team or individual work that may be required for training or appraisal purposes. Individual support and training is provided by the Clinical Audit Team to support this audit activity. Local reporting structures are in place for these audits to be presented, discussed and to action any identified issues.

2.1.3 Research

The number of patients receiving relevant health services provided or subcontracted by LSCFT in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee is 1813.

Research is vital to the NHS, it provides the evidence we need to transform services and improve outcomes. Recent literature suggests a strong association between Trusts involvement in high quality research and better clinical outcomes. Lancashire & South Cumbria NHS Foundation Trust continues to be an excellent place to develop and deliver clinical research of benefit to patients, staff and services. The Trust is currently developing its new Research & Development (R&D) strategy in order to maximise opportunities and benefits for our population.

In response to the COVID pandemic, the National Institute for Health Research (NIHR), issued guidance that all recruitment to non-Urgent Public Health Research (UPH) should be paused (unless risk assessed to assure no possibility of Covid transmission, e.g. data only, or where patients with potentially life threatening conditions were dependent upon trial medications) and that no new non-UPH research should be opened.

All High Level Objectives (HLOs) were suspended and NIHR, through the Clinical Research Networks, advised that all NIHR funded staff should assist in the delivery of UPH studies wherever possible. The UPH studies that were set-up and prioritised were based around patients hospitalised with the COVID virus. For example, the well-publicised RECOVERY trial of different hospital based interventions.

Due to the national mandate, the majority of recruiting LSCFT studies were suspended during the first half of 2020/21, with just a handful of data based studies able to remain open. During this time, LSCFT R&D delivery team assisted Lancashire Teaching Hospitals in delivery of Urgent Public Health trials at the shared NIHR Lancashire Clinical Research Facility and on inpatient wards. Grant applications continued to be developed and new studies were assessed before being put on hold.

In August 2021, NIHR notified all sites that they should commence 'Operation: Restart', risk assessing paused and new studies and re-opening for recruitment and interventions wherever possible. Amended HLOs were reintroduced, with a new check on the percentage of previous studies reopened.

Despite the challenges of COVID, the Trust continued to offer patients access to new, high quality research studies, with the local portfolio recovering strongly in the second half of the year and the NIHR HLO around restarting studies exceeded. Over 1800 participants were recruited to NIHR studies, 500 more than in 2019/20, and we were the second highest recruiting Care Trust nationally (as per National Institute for Health Research's Open Data Platform definition of Trust type).

The Trust has continued to deliver complex clinical trials through our partnership facility, NIHR Lancashire Clinical Research Facility. The Trust has also continued its close work with its academic partners to develop more major funding applications, particularly for research into mental health interventions, including work with Lancaster University, the University of Manchester and the University of Liverpool.

LSCFT were successful in obtaining three new NIHR awards, a Senior Investigator, a 'Research for Patient Benefit' research grant to investigate self-harm interventions in prisons

and a large Health Technology Assessment grant to conduct a national drug trial around treatment of clozapine-induced hypersalivation.

2.1.4 Commissioning for Quality and Innovation (CQUIN)

CQUINs were stood-down during 2020/21 due to the COVID pandemic. Therefore, there is no update to report for this period.

2.1.5 Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission and its current registration status is 'Requires Improvement'.

The Trust participated in a special review led by the CQC on 'do not attempt cardiopulmonary resuscitation' (DNACPR) which was commissioned during Covid-19 pandemic to provide oversight and scrutiny on how decisions were being made and implemented in relation to End of Life and DNACPR decision making.

A number of Clinical Commissioning Groups (CCG) areas were selected to participate in the review, including Morecambe Bay CCG. From a Trust perspective, to support the special review, field work was undertaken at the Ramsey Unit in the Morecambe Bay locality.

The national report that was published following this special review highlighted a range of recommendations including training, ensuring people are at the centre of their care and are supported by staff who have the knowledge and skills to support people to make a decision. In addition they recommended improved oversight.

The Trust ensured the special review report was reviewed and that Trust policy and practice in relation to DNACPR reflected these recommendations.

The Trust is registered to carry out the following regulated activities:

- Community based adult social care services
- Community health – NHS and independent
- Community substance misuse
- Dental services
- Hospice services
- Mental health – community and residential services
- Family planning services
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 Mental Health Act
- Surgical procedures
- Diagnostic and screening procedures.

During 2020/21, the Trust provided these services across a number of locations in Lancashire, South Cumbria and Southport and Formby.

Further information regarding the registration and compliance process can be found in the papers to the Trust board and on the Care Quality Commission's (CQC) website at: www.cqc.org.uk

CQC Inspection 2019

The last full CQC inspection was undertaken within the Trust in May 2019 whereby the CQC rated the Trust as *Requires Improvement* overall. The rating for the Trust took into account the previous ratings of the core services not inspected in May 2019. Two of the Trust's 14 core services were rated as *Inadequate* and two as *Requires Improvement* overall.

	Safe	Effective	Caring	Responsive	Well-led	Overall
OVERALL PROVIDER WIDE 2018	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
OVERALL PROVIDER WIDE 2019	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
OVERALL RATINGS FOR COMMUNITY SERVICES 2018	Requires Improvement	Good	Good	Good	Good	Good
OVERALL RATINGS FOR COMMUNITY SERVICES 2019	Requires Improvement	Good	Good	Good	Good	Good
OVERALL RATINGS FOR MENTAL HEALTH 2018	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
OVERALL RATINGS FOR MENTAL HEALTH 2019	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

The only community service that was inspected during the 2019 CQC inspection was Dental services. It was the first time that this service has been inspected and resulted in an overall rating of *Good* with the Caring domain being rated as *Outstanding*.

Community	Safe	Effective	Caring	Responsive	Well-led	Overall
Community Health Services for Adults (2017)	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Community Health Services for Children and Young People 2017	Requires Improvement	Good	Good	Good	Good	Good
Community Health Inpatient Services 2018	Good	Good	Good	Good	Good	Good
Community Dental Services 2019	Good	Good	Outstanding	Good	Good	Good
Community Health Sexual Health services 2017	Good	Good	Good	Good	Good	Good
OVERALL RATINGS FOR COMMUNITY SERVICES 2019	Requires Improvement	Good	Good	Good	Good	Good

Four of the core services within Mental Health were visited as part of the 2019 inspection, with Child and Adolescent Mental Health Wards increasing its rating from *Requires Improvement* to *Good*. The other three core services inspected within Mental Health reduced in score, with Community-based mental health services going from *Good* to *Requires Improvement*, Acute wards and PICUs going from *Requires Improvement* to *Inadequate* and Mental Health Crisis Services and HBPOS also going from *Requires Improvement* to *Inadequate*.

Mental Health	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute Wards for adults of working age and psychiatric intensive care units 2019	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate
Forensic inpatients/secure services 2016	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards 2019	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems 2016	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age 2019	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Mental health crisis services and health-based places of safety 2019	Requires Improvement	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Specialist community mental health services for children and young people 2016	Requires Improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people 2016	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism 2016	Good	Requires Improvement	Good	Good	Good	Good
OVERALL RATINGS FOR MENTAL HEALTH 2019	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

In October 2019, mental health services in South Cumbria transferred to the Trust from the former Cumbria Partnership NHS Foundation Trust (CPFT), which resulted in a rating of *Requires Improvement* overall. The former provider is no longer a regulated organisation so there was a requirement that the Trust incorporated relevant CQC recommendations from the CPFT CQC Report into its overarching CQC Action Plan. Further information relating to the governance arrangements for monitoring and implementation the CQC Action Plan can be reviewed in the Annual Governance Statement.

CQC Enforcement Action (Warning Notices)

Following the inspection in May 2019, two Warning Notices were issued by the CQC under S29A of the Health and Social Care Act. Following significant improvement work, the Warning Notices for Crisis Services and Health Based Places of Safety and the Trust's Acute and Psychiatric Intensive Care Units were lifted in 2020.

Therefore, at the time of writing this report, there are no restrictions on the Trust's CQC registration.

CQC Action Plans

Since the last CQC inspection and with the new Executive Team, the Trust has progressed identified actions from the 2019 CQC Inspection Action Plan. The action plan has been completed during 2020/21 and there has been extensive work undertaken to evidence the improvements and has been overseen by the CQC Steering Group in 2020/21. The quality priorities and improvements described within this quality account are integral components of the Trust's response to the 2019 CQC inspection that continue to influence the on-going improvements being driven forward for 2021/22.

2.1.6 Secondary Uses Service (SUS)

The Trust submitted records during 2020/21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 100% for admitted patient care
- 100% for outpatient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 95.9% for outpatient care.

LSCFT are taking the following actions to improve data quality:

- Including reporting of these indicators in the Trust Performance Report (TPR)
- Development of an operational dashboard to support localities in identifying records with an invalid GP practice code, and working with them to ensure source systems are updated accordingly.

2.1.7 Information Governance

The Trust submitted an 'All standards met' Data Security and Protection Toolkit (DSPT) in September 2020 (2019/20) providing full assurance for all aspects of the compliance assessment.

The submission date for the 2020/21 submission is the 30th June 2021. The Trust is currently collating evidence to support the assessment and is subject to an internal audit in May 2021, to evaluate a sample of toolkit assertions and report on the validity and progress of the submission.

The Data Protection Officer (DPO) also applies scrutiny and monitoring to obtain assurance with regard to the integrity of the process and evidence.

Achieving a target of 95% compliance for Mandatory Data Security Awareness training is a key element of the toolkit. Compliance with this training is tracked, with regular non-compliance reports issued to all services to ensure that the target is met.

2.1.8 Clinical Coding

The Trust was not subject to the Payment by Results clinical coding audit during 2020/21 undertaken by the national Audit Commission.

2.1.9 Data Quality

The latest NHS Digital publication of national data (Jan 2021) for the Data Quality Maturity Index (DQMI) indicator shows the Trust performing at the following levels against a 95% target:

- 91.5% from the Mental Health Minimum Data Set (MHSDS).
- 81.6% from the Community Services Data Set (CSDS).

LSCFT are taking the following actions to improve data quality:

The Trust has developed automated dashboards to allow teams to monitor their individual compliance and to target records in question that are not meeting the target for sub metrics that make up the overall DQMI score within the MHSDS and CSDS. These dashboards are being shared and monitored within the new locality structures via the newly appointed performance locality leads to further drive and improve performance.

2.1.10 Patient Deaths

During 2020/21 the Trust has continued to strengthen its internal processes and procedures for how patient deaths are reported and reviewed in order to support how we learn and help to improve our treatment and care.

There are several review processes in place to review patient deaths, some involving external agencies such as the Child Death Overview Panel. The Trust's two key processes for learning from patient deaths are:

- Serious incident management and review
- Case record review (mortality review)

Both processes are initiated by a patient death being reported onto the Trust's incident management system, Datix. On 1 December 2020 the Trust moved from Datix web to Datix Cloud IQ (DCIQ). As part of the move to DCIQ the way patient deaths are captured changed to reflect the coding used on the National Reporting and Learning System (NRLS). A daily review of incidents including deaths identifies which incidents meet the threshold for investigation under the Trust's Policy for the Reporting and Management of Incidents and Serious Incidents and those which are assessed to meet the criteria for mortality review.

During 2020/21, 891 patient deaths were reported through the Trust's incident reporting systems Datix Web and DCIQ. This comprised the following number of deaths, which occurred in each quarter of the reporting period:

- 309 in the first quarter 2020/21
- 168 in the second quarter 2020/21
- 227 in the third quarter 2020/21
- 187 in the fourth quarter 2020/21

Please note that includes COVID related deaths of patients open to community services.

During 2020/21, 129 investigations relating to patient deaths were undertaken in line with the Trust's incident policy. Of these, 126 met the threshold to be reported on the Strategic Executive Information System (StEIS) as serious incidents. Three had concise investigations undertaken where the circumstances of death were less clear and considered not to meet the threshold for StEIS reporting. All three were assessed to be moderate harm.

During 2020/21, 129 investigations were undertaken:

- 36 in the first quarter 2020/21 – all were StEIS reported
- 28 in the second quarter 2020/21 – 26 were StEIS reported, 2 were concise investigations
- 30 in the third quarter 2020/21 – 29 were StEIS reported, 1 was a concise investigation
- 35 in the fourth quarter 2020/21 – all were StEIS reported

The National Quality Board Learning from Deaths Guidance published in March 2017 set out the key requirements ensuring organisations have mechanisms in place to effectively respond to, learn from and review all patient deaths. LSCFT during 2020/21 used Root Cause Analysis as its primary investigatory methodology, in line with the requirements of the National Serious Incident Framework 2015 to review unexpected deaths.

During 2020/21, 187 case record reviews (mortality reviews) were undertaken:

- 49 in the first quarter 2020/21
- 37 in the second quarter 2020/21
- 56 in the third quarter 2020/21
- 45 in the fourth quarter 2020/21

Any death of a patient with a Learning Disability who is under the care of Trust services at the time of their death will be reviewed by a Trust LeDeR trained reviewer. The outcome of the review is shared with the Mortality Review Team, who ensure the information feeds into the Trust's systems so learning is captured.

In line with the National Guidance on Learning from Deaths (2017), these deaths were reviewed to identify if they were 'more likely than not to have been due to problems in the care provided to the patient'. In 2020/21, one death during the reporting period was judged to be more likely than not to have been due to problems in the care provided to the patient. None were identified from mortality reviews. The contributory factors and root causes from investigation reports were used to assess whether the patient's death was assessed to be more likely than not due to problems in care.

During 2020/21, 3 deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient :

- 2 in the first quarter 2020/21
- 1 in the second quarter 2020/21
- 0 in the third quarter 2020/21
- 0 in the fourth quarter 2020/21

The learning and actions from these 3 deaths include:

- Review ECT provision across the Trust with a view to providing greater accessibility across the whole geography; this is being discussed with commissioners
- Improve processes to facilitate clinicians accessing information from different clinical systems to inform decision making
- Improve clinical risk management skills through a revised training package rolled out across the Trust with compliance monitored through Network and Trust governance processes
- Door top alarms installed on acute inpatient areas with processes in place to enable daily checking of alarm functionality and monthly audit of these checks
- Strengthening of handover process when service users are being transferred between sites
- Auditing of patient records to ensure that appropriate observation levels are used has been completed

A further 64 case record reviews and 6 investigations were completed after 31 March 2020, which related to deaths which took place before the start of the reporting period. One investigation is underway related to a death that took place before the start of the reporting period where the Trust was only made aware of the death during 2020/21.

One of these deaths following investigation is judged as more likely than not to be due to problems in care. The patient died in Q3 2019/20 and the review concluded in 2020/21. In terms of learning and actions, staff have received training in early warning signs (EWS) and the use of the NEWS 2 to support identification of deterioration in physical health.

In addition to the death reported in the 2019/2020 Quality Account, the revised figure is now 2 deaths from 617 in 2019/20 is judged as more likely than not to have occurred due to problems in care.

During 2020/21, the Trust implemented the recommendations from the safety review completed the previous year. This included moving from a centralised investigations team to a more clinically led process where practising clinicians lead investigations. More than 100 staff were trained during 2020/21 to undertake investigations. There is now a quarterly audit of completion of actions arising from serious incident investigations.

Sharing learning

During 2020/21 the Trust also developed and started implementation of its Lessons Learned Framework which includes a range of approaches:

- Patient stories at Trust Board meeting
- Further development of the Trust Mortality Review Group
- Deep dives into areas of concern and establishment of an executive led incident management groups to enable a focussed approach to learning and improvement
- Immediate learning via Trust wide practice notes
- Production of a quarterly Learning from Experience report
- Monthly 'Sharing the Learning' sessions via Microsoft teams
- Establishment of a Lessons Learned Group chaired by the Associate Medical Director for Patient Safety to triangulate learning from serious incidents, safeguarding, mortality reviews, complaints and clinical audit

- Learning from completed investigations captured in the monthly serious incident and inquests paper
- Individual clinical supervision

2.2 Reporting against Core Indicators

Improving Access to Psychological Therapies (IAPT) Prevalence Targets

Indicator	19/20 outcome	Q1 20/21 outcome	Q2 20/21 outcome	Q3 20/21 outcome	Q4 20/21 outcome	20/21 achieved
Patients	29,375	4,019	6,088	5,627	5,644	21,378
Performance %	15.93%	2.40%	3.64%	3.36%	3.37%	12.77%
Monthly Target	33,295	7689	7689	7689	7689	30,756
Monthly Target %	19.00%	4.75%	4.75%	4.75%	4.75%	19.00%
Data source: Trust Performance Reporting (LSCFT Information Systems using standard definitions)						

LSCFT are taking the following actions:

- IAPT prevalence has been heavily impacted nationally by COVID which has reduced demand dramatically across the country. Due to this, there was a significant reduction in referrals during 2020/21, this is now increasing with further work underway to encourage referrals into the service to support achievement across the year.
- Trust aims to make greater use of non face-to-face contacts to deliver interventions.

7-day follow up

Indicator	19/20 outcome	Q1 20/21 outcome	Q2 20/21 outcome	Q3 20/21 outcome	Q4 20/21 outcome	20/21 achieved
The percentage of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	96.6%	98.0%	98.7%	96.2%	99.1%	98%
Data source: Trust Performance Reporting (LSCFT Information Systems using standard definitions)						

The Trust continues to perform well against this indicator, meeting the national target of 95% in each quarter and for the year-end position.

The Trust considers that this data is as described for the following reasons:

We have achieved compliance, with a number of cases who could not be followed up for unavoidable reasons, and lessons learned around a small number of avoidable failures to complete follow up within 7 days.

The Trust intends to take/has taken the following actions to improve this data and so the quality of its services, by:

Continuing to report performance each month within the Trust Performance Report (TPR), and supporting localities with operational reporting to assist in targeting patients within the cohort to help drive performance against the indicator.

Home Treatment Team Gatekeeping

Indicator	19/20 outcome	Q1 20/21 outcome	Q2 20/21 outcome	Q3 20/21 outcome	Q4 20/21 outcome	20/21 achieved
The percentage of admissions to acute wards for which the Crisis Home Treatment Team acted as a gatekeeper during the reporting period	96.6%	100%	100%	100%	100%	100%
Data source: Trust Performance Reporting (LSCFT Information Systems using standard definitions)						

The Trust considers that this data is as described for the following reasons:

The Trust continues to perform well against this indicator as bed requests are not accepted by our central Bed Management Team without a Gatekeeping Statement on the patient's clinical record.

Readmission Rates

Indicator	19/20 outcome	Q1 20/21 outcome	Q2 20/21 outcome	Q3 20/21 outcome	Q4 20/21 outcome	20/21 achieved
30 day Readmission rate %	6.2%	6.91%	4.19%	4.97%	6.72%	5.72%
Data source: Trust Performance Reporting (LSCFT Information Systems using standard definitions)						

The Trust considers that this data is as described for the following reasons:

LSCFT continues to perform well against the 8.7% target. Readmission rates are monitored monthly, and any increases in readmission rates have prompted consideration of discharge procedures (to ensure appropriateness of discharge procedures), patterns of community teams with high re-admission rates (to identify potential issues in community support) and review of diagnostic clusters amongst re-admitted patients (to identify potential clinical pathway issues).

The Trust intends to take/has taken the following actions to improve this data and so the quality of its services, by:

- Continuing to report performance each month within the Trust Performance Report (TPR).
- Promoting and further developing the 30 day readmission dashboard, to help aid insight against this measure, within the wards and localities, to help drive performance.

Patient Experience of Community Mental Health Services

Indicator	2018 Outcome	2019 Outcome	2020 Outcome
The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	6.9	7.9	7.3

Data source: National Community Mental Health Survey CQC website Data is governed by standard definitions. www.cqc.org.uk/provider/RW5/survey/6#undefined

The Trust considers that this data is as described for the following reasons:

- The above data is the outcome scores taken from the Community Mental Health Survey Report published November 2020
- The sample was 1,200 contacts with the number of actual respondents being a total of 276 for the Trust (17,601 people in total from all Trusts). The percentage response rate was 23% for the Trust (all Trusts 27%).
- The Trust uses the Community Mental Health survey data to understand what people think of healthcare services provided by the trust.
- The Community Mental Health Survey rated the Trust as 'about the same as other Trusts' for all 11 sections.
- The 11 sections are: health and social care workers, organising care, planning care, reviewing care, changes in who people see, crisis care, medicines, treatments, support and wellbeing, overall views of care and services and overall experience.

The Trust intends to take/has taken the following actions to improve this data and so the quality of its services. In summary the Trust recognise the following:

- We consider that these are generally a good set of results
- Most questions were above average or top 20%
- However, one question bottom 20%

Areas for improvement included:

- Informing service users who is in charge of their care
- Agreeing with service users on the care to be provided
- How to contact out of hours services
- Treatment/Medication reviews

- Additional support needs for example – social and financial support

The learning from the 2020 survey is also linked to the care planning improvement work and ensuring that service users are more involved in their care planning process.

Patient Safety Incidents

Indicator	2020/21 Position	National Average	NHS Foundation Trust's with the highest and lowest for the same
The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	Number of patient safety incidents - 13739 1.5% resulted in severe harm or death	N/A	N/A

**The Trust does not hold benchmarking data for this indicator as it is not currently available.*

The Trust considers that this data is as described for the following reasons:

- Following two external reviews in 2019/20, one for learning from deaths and the second a review of the Safety function, the reviews concluded that the way the Trust recorded deaths led to a proportion of natural deaths being attributed to the care the Trust provided when this was not the case. Work has taken place to correct this and as a result, the reduction in percentage of incidents resulting in death reflects this.
- The Trust has also seen an increase in the number of unexpected deaths thought to be suicide during 2020/21. Self-harm including unexpected deaths thought to be suicide continues to account for the highest number of Serious Incident investigations, with 183 StEIS incidents reported to date, for the rolling 24 month period to 31 March 2021. It is currently not clear, what the impact has been from COVID pandemic on the mental health and well-being of service users and whether this potentially may be a factor in some of the new self-harm/unexpected deaths thought to be suicide SI investigations occurring up to March 2021 and the impact of nationally imposed restrictions. This is a feature in a number of investigations that are concluding and will continue to be examined and reported, as each investigation is concluded and contributory factors are identified.
- Building on improvement work from the previous year, in 2020/21 the Trust StEIS reported 4 pressure ulcers compared to 17 in 2019/20 demonstrating sustained improvement achieved following implementation of the pressure ulcer improvement plan in the previous year.

The Trust intends to take/has taken the following actions to improve this data and so the quality of its services, by:

- The Trust has re-established a Suicide Prevention group, led by the Associate Medical Director of Patient Safety and is in the process of refreshing the Trust's suicide

prevention strategy. The group is also working closely with the Integrated Care Systems' Suicide Prevention lead.

- The Trust has developed and is implementing a Suicide Prevention Plan
- The Trust has developed and is implementing a robust Lessons Learned Framework. This includes a Lessons Learnt Group to triangulate learning from serious incidents, complaints, mortality reviews, safeguarding and learning. There are also regular learning lessons sessions with staff to share learning from investigations and a learning lessons newsletter is being developed.
- In December 2020, the Trust implemented a new incident reporting and management system, DCIQ with the aim of improving incident reporting, learning and overall data quality.

PART 3 – OTHER INFORMATION

An overview of the quality of care offered by the NHS Foundation Trust based on performance in 2019/20 against indicators selected by the board in consultation with stakeholders.

The Trust can confirm that due to the COVID pandemic no further indicators were identified for performance monitoring during the period 2020/21. We have not had any further contact with the auditors in relation to this and any audit of additional metrics has been placed on hold.

3.1 Freedom to Speak Up

Freedom to Speak Up (FTSU) processes support staff to speak up when they feel that they are unable to do this through other means. In line with Trust Policy, staff who wish to raise a concern have the following options, to:

- Raise their concern with their line manager
- Report an Incident on the Trust incident management system DCIQ (formerly Datix)
- Access the Freedom to Speak Up intranet page for information on how to raise a concern and contact details for the FTSU Guardian and Ambassadors, as well as the Speak Up Policy
- Contact a Freedom to Speak Up ambassador for advice and support
- Contact the Trust Freedom to Speak Up guardian by telephone or email
- Record their concern through the Freedom to Speak Up email address (a confidential page that is administrated by the FTSU guardian)
- Register their concern through the freedom to speak up Datix link on the Trust intranet page (a confidential page that is administrated by the FTSU guardian)

Providing Feedback to Concerns

All concerns raised through Freedom to Speak Up processes, offer the concern raiser the option to provide a contact point so that updates on the process and feedback can be provided, which includes timeframes for the review/investigation process. In cases where a concern is raised anonymously, it is not possible to provide direct feedback. To encourage staff to raise their concern confidentially, the Freedom to Speak Up policy and intranet page, explain that the guardian will protect the identity of all concern raisers. In 2020/21 there has been an increase in concerns raised openly which has allowed the facilitation of discussion between

the concern raiser and the service/individual involved, to achieve an open and transparent outcome.

How do we ensure that staff do not receive retribution?

If a staff member raises a genuine concern under the Freedom to Speak Up policy, they will not be at risk of suffering any form of reprisal as a result. The Trust does not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully anyone into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

3.2 Rota Gaps

During 2020/21 the Trust appointed a new Guardian for Safe Working Hours. They are a member of the Workforce and Education Subcommittee and Patient Safety & Effectiveness Sub Committee reporting quarterly to both ensuring robust monitoring and oversight of medical rosters.

On Call rotas	01-Apr-20	31-Mar-21
1 st On Call rota Gaps following Trainee allocations via HEE	11% unfilled	10% unfilled
1 st On Call rota Gaps remaining unfilled following LCFT recruitment initiatives	1% unfilled	3% unfilled
2 nd On Call rota Gaps following Trainee allocations via HEE	81% unfilled	59% unfilled
2 nd On Call rota Gaps remaining unfilled following LCFT recruitment initiatives	7% unfilled	0% unfilled

The Trust considers that this data is as described for the following reasons:

- The Trust's Medical HR team continues to engage with trainees to facilitate Less Than Full Time rota slots to facilitate work-life balance whilst continuing to fill vacant rota slots;
- The Trust invested in creating rest facilities in each of the inpatient units to support both trainee and non-trainee Doctors in achieving required rest requirements, thereby reducing fatigue;
- There is on-going collaboration with the Royal College to recruit International Training Fellows. The Trust successfully recruited 5 MTI doctors in August 20 who then once competent participated on the 1st on call rota filling vacant trainee slots;
- Alternative media is being utilised for overseas interviews;
- There is on-going engagement with trainees around fighting fatigue, to support their continued contributions to the on call rotas i.e. providing alternative rest options in the absence of dedicated rest rooms;
- A Continued Bespoke Development Programme for the Trust SAS doctors is in place, including support around CESR to raise the profile of the Trust and the standard of

training and education, which supports the retention of SAS Doctors who are key contributors to the 2nd on call rotas;

- The Trust's Medical HR Team provides continuous monitoring and management of rota's to identify solutions for Associate Medical Directors agreement to support measures to prevent and cover rota gaps;
- Junior Doctor Forums are held to promote engagement with the Trust's trainees to understand any pressures within each rota and promote the use of exception reporting to identify key themes, communicating with the Guardian of Safe Working and BMA Trust Advisor;
- A partial rota was created in August 2020 to cover the South Cumbria locality to support the effective out of hours provisions to improve patient safety;
- The Trust reports annually to Health Education England via a self-assessment checklist. The declaration demonstrates how the Trust effectively ensures that clinical training and education is maintained and that clinical placements continue whilst the Trust undergoes clinical and service changes. This allows the Trust to identify improvements. For example, enhanced support for trainers, continued development of the multi-professional education via LiA, increased engagement with internal and external stakeholders and incorporating training into the medical workforce rotas to support attendance.

3.3 Mental Health Improvement Plan

With the support of partners across the Integrated Care System (ICS), service users, carers, the voluntary sector and strategic partners Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), the Trust continued the implementation of the system-wide Mental Health Improvement Plan during 2020/21. The plan is led and monitored by the Integrated Care System (ICS) and the Trust's Board of Directors. The plan responds to the system-wide challenges in the mental health acute care pathway and includes a series of improvement actions that are required to address these challenges. The success of this plan relies on collaboration with partners for the benefit of service users, carers and families. The Trust has made significant improvements and will continue to make further progress during 2021/22 to improve mental health services for local people.

In the past twelve months, the Trust has made significant progress in its improvement across the urgent care and mental health crisis pathway. Throughout 2020/21, we have introduced seven day working in community mental health teams. This supports service users in the community, providing appropriate outreach and timely services. The community mental health transformation plans throughout 2021/22 will build on this work and strengthen community services across all our localities.

To strengthen the mental health crisis pathway we have further developed 24/7 crisis services across all localities and increased our provision of crisis houses. This has supported a targeted approach in line with 'home first' principles where people remain in their own homes for treatment if possible.

Additionally the Trust has opened two Mental Health Urgent Assessment Centres (MHUACs), with a further centre in Blackpool, in collaboration with Blackpool Teaching Hospitals, opening in May 2021. This unit will work alongside our crisis house in Blackpool to provide a range of services for service users in crisis. The co-location with Blackpool Emergency Department will foster close working relationships across the urgent care pathways for both physical and mental health. The MHUACs house multi-professionals from our Mental Health Liaison Team and Home Treatment Teams to continue to promote home treatment where appropriate and support alternatives to admission. The Trust

launched a 24/7 crisis line in 2020. This service provides callers with access to trained mental health professionals, on hand to provide immediate assistance to those who need it. This 24/7 crisis line is for professionals and service users and enables callers to receive a mental health assessment and referral on to appropriate services. This supports improvement in relation to our Health Based Places of Safety, as the crisis line is accessed by partners prior to instigating a 136 section and utilizing a Health Based Place of Safety, to ensure any suitable alternatives are made available to our partners. The new response line and MHUACs have complemented support already provided by the Trust through the Mental Health Wellbeing Helpline. We continue to work closely with our partners to improve our Health Based Places of safety, throughout 2021/22 we have a significant investment plan for our staffing model across the suites & a multi-agency training programme.

Despite the challenges of the COVID pandemic, there has been a reduction in long waits in A&E and across our health based place of safety suites, there has also been a reduction in length of stay for inpatients and out of area placements. The actions taken during 2020-21 to reduce the reliance on inappropriate Out of Area Placements (OAPs) has been achieved through a number of initiatives:

- We have increased our planned inpatient bed capacity with independent sector providers, ensuring clear clinical pathways and governance
- Our initial Listening into Action focus on improving patient flow has reduced length of stay on our acute wards, increasing efficiency of beds by 31% and reducing the reliance on inappropriate OAPs
- Further implementation of red-to-green approaches is planned
- Improvement works within Home Treatment services are underway
- Implementation of the IRS and increasing Rehabilitation beds

This programme of work to improve our community services and urgent care pathway will continue throughout 2021/22.

Furthermore, Skylark, a new rehabilitation ward, opened at Royal Preston Hospital in July 2020 to support patients recovering from mental health conditions. Skylark provides a recovery model of care and was opened to facilitate the support of service users to regain the confidence and skills needed to undertake activities of daily living. The centre has 11 beds to provide rehabilitative care to service users aged over 18 for up to 12 months. Work has also commenced on a 28 bedded Moving On Unit at Wesham, based on the same recovery focussed rehabilitation model.

3.4 Improvements in the Learning Disability Provision

During 2020/21, as lead provider for Learning Disability and Autism services within Lancashire & South Cumbria, the Trust received additional investment for community learning disability services and community autism services. There has been an increased focus on strengthening partnership collaboration across the system to improve services.

This includes strengthening community learning disability teams, providing a range of specialist assessments and interventions to children, young people and adults with learning disabilities. All learning disabilities teams interface with the Learning Disability Referral Hub and share clear and consistent assessment processes, which are in place within each Integrated Care Partnership (ICP) area. The service is offered between the hours of 8am and 8pm to ensure that services are delivered as flexibly and effectively to meet the needs of the service user.

An Intensive Support Service for people aged 16 and over has been developed to provide

specialist interventions and support for hospital admission avoidance. Additionally, the Trust is developing person-centred community autism services for people who do not also have a learning disability with the launch of an autism outreach team to work with adults with autism (aged 16 and over) with the specific remit of reducing hospital admissions for this population.

Currently there are no Learning Disability (LD) beds in the area and service users requiring specialist inpatient care have to access beds outside of Lancashire and South Cumbria. Therefore, the Trust has been working alongside the National Learning Disability and Autism Team to develop specialist learning disability beds within the ICS footprint, to provide care as close to home as possible.

To support the workforce requirements for the Learning Disability and Autism transformation the Trust introduced four Consultant Nurse posts; two of which have been in post during 2020/21 and two that will come into post in 2021. Additionally, trainee Advanced Clinical Practice posts have been developed to specialise in Physical Health in Learning Disabilities, Mental Health in Learning Disabilities, Behaviour that Challenges, Autism and Children and Young People. Furthermore, in partnership with the University of Cumbria the Trust has developed a learning disability pre-registration nursing top-up for Registered Nursing Associates to increase the number of Registered Learning Disability Nurses (RNLDs) within the system. The Trust is also offering RNLD 'return to practice' placements.

Additionally, a new LD & Autism Clinical Nurse Specialist role is being piloted within mental health services to support implementation of reasonable adjustments, deliver bespoke care-planning advice and education and to improve knowledge and skills to ensure good quality Care (Education) and Treatment Reviews for all patients who should receive them.

3.5 Improvements in Patient / Carer information

A key area for development in 2021-22 is access to high quality patient information leaflets. Through our partnership with CNTW we will be developing a suite of leaflets for service users and carers on a range of issues. These will be available in paper format and also on an app, with supporting videos and easy-read versions available to increase accessibility.

PART 4 Annex

4.1 Engagement with and Statements from Partners

The Trust remains committed to working with a range of partners and has continued to engage in year.

In line with the Department of Health Guidance we also produced a draft Quality Account and shared this with key partners as follows: NHS Blackburn with Darwen and East Lancashire Clinical Commissioning Groups, NHS Chorley and South Ribble Clinical Commissioning Group, Local Authority Overview and Scrutiny Committees and Healthwatch Lancashire.

Annex: Statements from Healthwatch, Overview and Scrutiny Committees (OSC) and Clinical Commissioning Groups (CCG):

- Blackpool Adult Social Care and Health Overview & Scrutiny Committee

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2021-22.

- Lancashire County Council Scrutiny Committee

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2021-22.

- Healthwatch Lancashire

Introduction:

Healthwatch Lancashire is pleased to be able to submit the following considered response to Lancashire & South Cumbria NHS Foundation Trust Quality Accounts Report for 2020-21.

Part 1: Quality Statement

A useful description of the services provided by the Trust. We note that despite the challenges of the pandemic the Trust has continued to improve and enhance services.

Part 1.2: Statement on Quality from the Chief Executive

A very comprehensive statement describing activities during the last 12 months, including providing additional support to vulnerable families and those in need. The prompt response by the Trust and staff members to the national lockdown conditions is commendable and would have provided patients, many of whom will have been impacted upon by the lockdown restrictions, to receive the continuity of care and support they needed.

We would single out the development of 24 hours a day, seven days a week assistance from mental health professionals as particularly noteworthy as we know from experience that timely support for people with a mental health need can prevent escalation to a more serious situation.

1.3: 2020-21 Priorities and Achievements

We note the considerable progress made against the quality priorities identified for 2020-21 and are pleased to note the work being done to deliver accessible care in local communities.

Part 2: Priorities for Improvement and Statements of Assurance from the Board Looking forward to 2021-22 Quality Priorities

We welcome the launch of the Quality Strategy and the fact that this is set around the SPPA domains as agreed with service users, carers and staff.

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement. Information received by Healthwatch Lancashire (HWL) from service users and their families and carers regarding services provided by Lancashire & South Cumbria NHS Foundation trust is consistent with the data, statements and comments contained in the Quality Account.

Part 3: Other Information

Overall, this is a very aspirational document clearly describing the work that has been done to improve services and the work being undertaken to ensure continuous improvement. Acknowledgement of areas requiring further work are accompanied by appropriate actions to remedy. As with last year, the emphasis on culture change and involvement of the public, staff and partner organisations is clearly demonstrated throughout the document. We welcome this approach and would like to find ways of supporting this in practice.

- Healthwatch Sefton

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2021-22.

- Southport & Formby Clinical Commissioning Group

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2021-22.

- Blackburn with Darwen Democratic Services

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2021-22.

- NHS Blackburn with Darwen and Pennine Clinical Commissioning Groups

Blackburn with Darwen and East Lancashire Clinical Commissioning Groups (CCGs) welcome the opportunity to comment on the 2020/21 Quality Account for Lancashire and South Cumbria Foundation Trust (LSCFT).

2020/21 has been an unprecedented year for the NHS and the CCGs thank all members of staff at LSCFT for their hard work and dedication in both the response to the Covid-19 pandemic and in ensuring that services have continued to be delivered with a focus on quality, patient safety and patient experience.

The Trust has made good progress against the quality priorities set out for 2020/21 and the CCGs are pleased with the achievements made against each of the identified domains:

Safe care

- It is positive to see the reduction in restrictive practice across the Trust, this demonstrates a commitment to safely managing challenging behaviour and person centred care.
- The CCGs welcome the introduction of the In-patient Safety Matrix as a means to support the culture of safety and continuous learning and improvement.

Person centred care

- The CCGs are encouraged by the development of a Service User and Carer Experience and Engagement Strategy; this gives a strong patient voice in the development and improvement of service provision. Service User involvement in redesign and decoration at Ormskirk has led to vastly improved feedback about the ward environment.
- The refresh of Care Planning to enhance a holistic approach with Service Users and Carers involved in their care, will aid in the identification of clinical risk and recovery and the CCG are encouraged by the launch of the Care Planning Improvement Collaborative to allow continued quality improvement and look forward to seeing the outcomes from this initiative.

Prevention and recovery

- The enhancement and strengthening of the Recovery College has been extremely important during Covid-19 with effective partnership working to support Service Users wellbeing and helping provide an understanding of mental health conditions, managing symptoms, relaxation and learning about addictions.
- LSCFT have made good progress towards developing a sustainable workforce. It is positive to see this underpinned by Safer Staffing Reviews with a wraparound of support for staff wellbeing, which has been enhanced throughout the Covid-19 pandemic. The CCGs support the Trusts approach to facilitating a work-life balance and the creation of rest facilities in inpatient units to reduce staff fatigue. This appears to be having a positive impact for staff with overall sickness absence rates showing improvement.

Accessible care delivered in local communities

- Progress has been made towards the single point of access Initial Response Service with excellent cross working between organisations within the health and social care system. The CCGs look forward to the launch of the service in Autumn 2021 and the positive impact this service should have for service users.
- The CCGs are pleased to see the enhancement of provision within learning disability and autism services with investment in staffing to support these services. This will have a positive impact on patient experience with service users able to be supported in their own home by Learning Disability and Consultant Nurse posts.

The Trust participated in 100% of national clinical audits. The CCGs are glad to see learning from these audits being used to improve services demonstrating a continued commitment to the delivery of evidence based safe care. The local audit programme has a focus on a number of areas identified through serious incidents and it is encouraging to see improvements across most areas with further learning and action identified. The CCG note that the Care Planning Audit showed similar compliance levels to the previous year and recognise that this is a continued priority for 2021/22.

The Trust has shown good compliance with records submitted to 'Secondary Use Service' with 100% of records including a valid NHS Number. Recoding of a GP Code was 95.9% and the CCGs note the positive work on operational dashboards to support localities in identifying records to allow improvement of this recording. Data Quality Maturity Index indicators show the Trust performing under the 95% target; good data can decrease risk and result in consistent improvements in results. It is encouraging that dashboards are available to support teams and Performance Locality Leads are now in place to drive up improvement.

The Trust has undertaken extensive work in 2020/21 to strengthen processes and procedures for how patient deaths are reported and reviewed. Real time surveillance and a multi-agency approach are allowing deaths to be identified and reported in a more timely manner and allow for wider identification of themes, trends and lessons learned. The CCGs are pleased that this shared learning is incorporated into the Lessons Learned Framework to encourage further learning with improvement from Board to Ward.

LSCFT has performed well against core indicators, in a challenging year, where Covid-19 has had a major impact on services.

Improving Access to Psychological Therapies (IAPT) prevalence rates were not met in 2020/21; it is recognised that Covid-19 impacted on demand for this service nationally. The CCGs continue to work with the Trust on the promotion of services and improving access for

service users with long term conditions. Recovery rates for IAPT have been met with good use of digital solutions to ensure that provision of therapies can continue.

The Trust has performed well for patients on a Care Programme Approach who require follow up within 7 days, demonstrating an improvement on the previous year with performance at 98%. The CCGs are pleased that there are processes in place for a review of any service user who has not been followed up within 7 days to allow lessons to be learned.

It is positive too, that gatekeeping by the Crisis Resolution Team for admission to acute wards has high levels of compliance, allowing service users to be seen in the most appropriate care setting.

Readmission rates for the Trust have reduced on the previous year, highlighting good discharge processes are in place. The CCGs welcome the further development of the 30 day readmission dashboard, to aid with insight and improvement across wards and localities.

Patient experience scores for Community Mental Health Services are mainly positive although have deteriorated slightly from the previous year. The CCG are pleased that learning from the survey will be linked to Care Planning improvement work.

The quality of serious incident investigations and the subsequent reports continues to be of a better quality than in previous years; this follows extensive training delivered by LSCFT which takes into account CCGs comments. Similar themes continue to be seen in incidents, however an independent cluster review focussed on these themes will consider positive improvements already made and will make recommendations for further outcome focused actions to improve services further. The CCG will monitor progress and the impact of actions through Quality Review Meetings and through the Serious Incident Review Group.

The Trust is committed to the principles of Freedom to Speak Up and have a Freedom to Speak up Guardian which is positive and indicative of an organisation that places a high value on an open and honest culture within the NHS. It is encouraging to see an increase in the number of concerns raised, with facilitated discussions leading to transparent outcomes.

The CCGs are pleased with the progress made on the Mental Health Improvement Plan. The expansion of the Home Treatment Team and Crisis Services to a 24 hour/7 day a week service, and enhanced access to the Mental Health Support Line provide essential support to Service Users, allowing care to be provided in the Community and reducing the number of unnecessary attendances into emergency services. This has been aided by the safer staffing and skill mix review with bolstering of community mental health teams.

The CCGs support LSCFT's quality priorities for 2021/22 and look forward to continuing to work with the Trust and wider health and social care economy to ensure that the services commissioned for our population are of high quality and effective.

- NHS Chorley and South Ribble Clinical Commissioning Group

Chorley and South Ribble CCG would like to take this opportunity to comment on the annual Quality Account from Lancashire and South Cumbria NHS Foundation Trust. As in previous years, the account has been shared with the CCG's Quality and Performance Committee and will be shared with associate commissioners.

The CCG acknowledges the extraordinary efforts the Trust has made in response to the unprecedented challenges brought on by the COVID-19 pandemic. The courage and selfless

dedication demonstrated by all staff groups in both Community Physical Health, both Mental Health in-patient and community and Learning disability services through the introduction of innovative practices such as Attend Anywhere to mitigate risks to patients and staff is unequivocally recognised.

The Trust's Care Quality Commission (CQC) overall rating has remained at 'requires improvement' since September 2019. This inspection primarily focused on mental health service and resulted in two enforcement actions alongside a number of must do's and should do's. The Trust reported the immediate actions taken to address the enforcement actions in a timely manner. The CQC undertook a focused inspection of the two areas issued with enforcement actions in May 2020. The overall rating did not change, it was positive to note the action taken by the Trust evidenced the service had improved and met the requirements of the enforcement actions. The quality account reflects the many workstreams the Trust have implemented as part of the CQC action plan and response to the independent review by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

The last inspection to community health inpatient services in 2018 resulted in a rating of 'good'. The last inspection to community health services for adults took place in 2017 which resulted in a rating of 'requires improvement'. The Trust continues to provide the CCG with assurances via routine contractual reporting/audits. The CCG would like to see physical health community services inspected again by the CQC to enable the Trust rating to reflect the services currently provided.

The CCG recognise the improvements that have continued to be made in line with the Trust quality priorities throughout the pandemic. Notably the work to develop a service user and carer experience and engagement strategy has seen the establishment of a Trust Service User & Carer Council and many initiatives to ensure the voice of our patients are heard and listened to.

Additionally, the priority to develop a sustainable workforce to help support prevention and recovery for service users has been incredibly important over the pandemic. This priority has seen the introduction of many initiatives to support staff retention, development of staff and of particular importance, an increased focus on staff health and wellbeing. The introduction of the Psychological Resilience hub during the pandemic has been noted by staff when speaking with the CCG.

There are many areas the Trust should celebrate from the previous twelve months. The contribution from LSCFT community services in the system wide pandemic response has been instrumental to keeping patients safe. There has been an increase in the acuity and complexity of patients within the community which staff have cared for to keep patients out of hospital. The Trust were also a key partner in delivering infection control training to all care homes at speed to promote best practice and minimise the spread of covid 19. The Trust were one of the first in the country to establish vaccination and testing within learning disability and autism services which is commended.

Alongside the pressures experienced on community services, the CCG wishes to acknowledge the significant impact that has been seen on mental health services. Sadly, there have been an increased incidence in the number of suicides within the Central Lancashire locality. The implementation of the 24/7 crisis service has enabled patients to receive immediate assistance, a mental health assessment and be referred safely. The CCG are pleased to note the development of the suicide prevention plan, the refresh of the Trust's suicide prevention strategy and collaborative work with the ICS suicide prevention lead. The CCG look forward to the outputs of this work and will continue to work collaboratively with the Trust to ensure patients remain safe and supported.

Whilst supporting the response, the CCG recognises the Trust has also encountered challenges in regard to significant staffing challenges due to staff shielding, staff isolating and staff sickness.

The NHS staff survey evidenced the Trust had made improvements in many areas which is to be commended however also highlighted there is further work needed to address areas for improvement such as morale, staff engagement and staff health and wellbeing. The CCG hope to see that the Trust's focus on staff continues throughout 21/22.

Performance in relation to NHS Constitutional targets has been impacted for a short time during the first peak of the pandemic however with the implementation of Attend Anywhere, allowing for virtual service delivery, the targets were met from August 2020 onwards.

Local RTT targets in relation to Allied Health professional service has been significantly impacted and continues to be so. The CCG has worked with the Trust to remain sighted of the challenges and mitigating actions. Whilst the recovery and restoration plans to address any backlog continues to be led by the Integrated Care System (ICS) and the out of hospital cell, the CCG continue to be a key partner in monitoring the safety of those patients awaiting treatment.

The Trust has continued to report patient experience to the CCG and it is positive to note as at March 2021, 97.65% of patients would recommend the Trust for care and treatment which is testament to the care being provided.

Throughout the pandemic the Trust has continued with its plans to restructure the organisation around a locality based model. The triumvirate model aims to drive quality improvement and transformation that is clinically led, responsive to the needs to local populations and that develops lasting culture change and were pleased to be involved in the external stakeholder panels for key roles. The CCG looks forward to working with triumvirate model to address population health needs.

To conclude, 2020-21 has been an exceptionally difficult year for the Trust in terms of the operational and workforce challenges it has experienced throughout the pandemic. The CCG commends the innovate practice and new ways of working that have occurred with increased collaboration and partnership working across the Integrated Care Partnership (ICP) and the ICS. The year ahead will provide additional challenges in terms of restoring services, addressing any back- log of patients waiting, plus the new care demand. Additionally, the Trust will also need to carefully manage the transition to future ways of working under a single integrated care system. The CCG look forward to continuing to work in a collaborative partnership with the Trust to further improve the quality of care to our patients.

- Morecambe Bay Clinical Commissioning Group

Morecambe Bay CCG (MBCCG) welcomes the opportunity to review and comment on the Lancashire and South Cumbria NHS Foundation Trust (LSCFT) Quality Account 2020/21. The commentary provided in this letter relates to services commissioned by MBCCG as well as some general observations.

MBCCG are committed to commissioning high quality services from LSCFT and take seriously their responsibility to ensure that patients' needs are met by the provision of safe services and that the views and expectations of patients and the public are listened to and acted upon.

Firstly, we would like to commend the hard work, commitment and resilience Trust staff have shown during the Covid-19 response and the tireless dedication demonstrated in what has been an unprecedented operating environment. We recognised that staff have, at times, worked outside of their usual remit and roles to support the community, utilising innovative methods to engage with service users. It has been a challenging period for the NHS, having been required to respond rapidly to the implementation of national guidance whilst ensuring that we collectively maintain safe and effective patient care. As a result, there is acknowledgement that staff are still recovering from the demands of the Covid-19 response and that health and well-being must be a priority as we focus on the transformational reform work that is gathering pace. Additionally, we recognise the Trust's response to support the health and wellbeing of the workforce across the ICS throughout the Pandemic.

MBCCG note the continued service improvements and acknowledges the progress with the 2020/21 priorities.

Safe Care delivered every time

- The Trust has developed a 3 year Reducing Restrictive Practice Strategy. It is positive to see there was a reduction in restraint achieved across the Trust in 2020/21.
- The Trust has developed a safety matrix audit to promote quality and support a culture of safety, continuous learning and sustainable improvement.

Person centred care

- MBCCG welcomes the Trusts approach of involving service users, their families and carers in the development of the Carer Experience and Engagement Strategy.
- The Trust has progressed with model of peer support and MBCCG look forward to these roles being fully embedded across the organisation.

Prevention and recovery

- It is positive to see the role of the Recovery College, offering increased support to service users throughout the Covid-19 pandemic.
- The report details progress towards developing a sustainable workforce and MBCCG are pleased to see reference to the increased support for staff wellbeing as well as the continuous development of staff in increasing their skills to support service users.

Accessible care delivered in local community

- Progress is detailed of the development of the single point of access Initial Response Service working with organisations across the local health and social care system. MBCCG looks forward to the positive impact this will have on their locality.
- MBCCG welcomes the work to improve and enhance learning disability and autism services.

MBCCG are pleased to see LSCFT work alongside the National Learning Disability and Autism Team to develop Learning Disability Assessment and look forward to see further progress in providing care as close to home as possible and integration back into their community.

There is clear demonstration of strong linkage and collaboration from an Integrated Care System perspective. MBCCG notes the commitment shown to delivery against the Mental Health Improvement Plan and acknowledges the work already undertaken. We look forward to seeing further progress to improve mental health services for our local population and across the ICS.

MBCCG welcomes the Trust's focus on creating the right culture across the organisation and the introduction of the newly formed triumvirate leadership team for Morecambe Bay. This

leadership will be integral to completing the full integration of mental health services for South Cumbria and Lancashire North following the transfer of CPFT services into LSCFT during 2019. We look forward to seeing this leadership strengthen across the locality and the integration of care within Morecambe Bay ICP.

We were pleased to read about the Quality Improvement collaboratives and the associated training programme that has been provided to staff. This demonstrates an aim to drive continuous improvement across the organisation.

The report provides detail on the quality improvements and actions as a result of the audit programmes of work and MBCCG would like to see continued improvement in these areas, particularly where improvements have been highlighted.

The CCG notes the actions the Trust has taken to strengthen the process to report and review patient deaths, alignment to the Trusts incident process and investigation methodology. The Trust has developed and commenced the implementation of its Lesson Learned Framework and MBCCG looks forward to the positive outcomes from this in preventing future patient safety incidents and deaths.

MBCCG are pleased to see reference to the 'Freedom to Speak Up' Guardians and continued work to develop an open and transparent culture. It's encouraging to read that 2020/21 saw an increase in concerns raised openly which has promoted the achievement of open and transparent outcomes.

The Trust remains in overall 'Requires Improvement' following the CQC inspections in May 2019. MBCCG would welcome continued assurance in relation to identified improvement actions and their effectiveness which will ultimately support the Trust to achieve an improved CQC status following future inspections.

Within the account, the Trust has demonstrated some positive quality achievements in year for the care it delivers and we are pleased to see the future priorities have been outlined. It is positive to see an emphasis on improved quality outcomes, service user and staff experience. We would like to thank the Trust for the openness and transparency in the work achieved to date and in the delivery of the 2020/21 priorities whilst delivering against the quality measures. It is the efforts of the Trust staff that has contributed to the continued improvements stated and the CCG is immensely grateful to them for their continued commitment and dedication.

The Quality Account provides an open account of the achievements made in the past year, areas for improvement and describes the priorities for 2021/22. This is an important contribution to public accountability in relation to quality and MBCCG appreciates the amount of work involved in producing this report.

4.2 Amendments made to initial draft Quality Account following feedback from stakeholders

Following feedback from Chorley & South Ribble CCG the following additions were made to the Quality Account:

- The link between quality priorities and the MH Improvement Plan and response to the 2019 CQC Inspection was strengthened.
- The response from Community PH services to the pandemic was highlighted including:
 - responding to the increased demand for care at home, in particular, in relation to people choosing home as their preferred place of death

- buddy system with care homes to provide training, advice and support to help keep residents safe
 - collaborative working across the community setting and organisational boundaries to ensure patients received the right care at the right time
 - development of the Swabbing Team initially taking referrals from NHS111 and subsequently providing swabbing services to the community, care homes and LSCft inpatient wards
- The learning disabilities services development of specific clinics with reasonable adjustments for people with an LD to offer the COVID vaccination, which resulted in a significant increase in uptake for this vulnerable patient cohort

4.3 Statement of Directors Responsibilities in respect of the Quality Report

The Board of Directors is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

The content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2020/21* and supporting guidance *Detailed requirements for quality reports 2020/21*. (NB These have not yet been published therefore we are working to 2019-20 guidance)

- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2020 to 28 May 2021
 - Papers relating to Quality reported to the Board over the period April 2020 to 28 May 2021
 - Feedback from commissioners dated June 2021
 - Feedback from local Healthwatch organisations dated June 2021
 - Feedback from Overview and Scrutiny Committee dated June 2021
 - The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2021
 - The 2020 National Community Mental Health Survey
 - The 2020 National Staff Survey
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2020.
 - CQC Inspection Report dated September 2019.
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Board of Directors confirms to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

30 June 2021

David Eva

Trust Chair

30 June 2021

Caroline Donovan

Chief Executive Officer