Health Scrutiny Committee for Lincolnshire Statement on the *Quality Account* for 2025/26 of the Lincolnshire Community Health Services NHS Trust

The Health Scrutiny Committee for Lincolnshire is the statutory body through which elected local government councillors scrutinise the work of relevant NHS bodies and other responsible organisations in relation to the delivery of healthcare services and health outcomes in the county, and is pleased to act as a critical friend in reviewing the draft Lincolnshire Community Health Services NHS Trust 2025/26 *Quality Account*, acknowledging the Trust's commitment to transparent reporting and continuous quality improvement.

The Committee welcomes the Trust's openness in presenting both achievements and areas requiring further improvement and recognises the important role that community services play in supporting prevention, rehabilitation, discharge and care closer to home. The Committee also acknowledges the Trust's reported Outstanding overall CQC rating, the continued Good rating for end-of-life care, and the report that there were no Never Events in the reporting period.

Progress against Priorities for Improvement for 2025/26

The Committee notes progress across all three priorities and welcomes improvements in safety, experience and infection control, alongside the continued absence of Never Events. However, stronger evidence is needed to demonstrate measurable impact, as references to audits and governance are not consistently supported by data. Areas including ReSPECT, mental capacity and medical examiner processes are described positively, but lack sufficient data to demonstrate performance, trends or improvement over time.

Priorities for Improvement for 2026/27

The Committee notes the continuation of the same priorities for 2026/27 and recognises the value of sustained focus. Continuity of priorities must now be matched by sharper evidence of impact, clearer trajectories and greater specificity about what will materially change for patients during the coming year.

Where safety risks are identified, including those described within the Account, the Committee would expect a clearer articulation of how these risks are reflected within the stated priorities.

<u>Priority 1</u>

The Committee accepts there has been progress in some of the most serious outcomes, including fewer deaths and very low levels of severe harm. However, the *Quality Account* also states that moderate harm incidents increased, even if the Trust attributes part of that to improved reporting and identification. Reduction in moderate harm is stated as the ambition, but no numeric target, baseline or timescale is set. In a context where patient safety improvement should be measurable, this limits the ability of the public and external stakeholders to judge whether sufficient progress is being made.

Priority 2

The Committee recognises the clear explanation of current compliance with the Hygiene Code and the acknowledgement of estate-related challenges. However, while it is noted that improvement plans are in place, the *Quality Account* does not set out in sufficient detail what specific actions will be taken to address estate-based infection control issues, nor the expected timescales for achieving full compliance. Greater clarity in this area would strengthen assurance.

Priority 3

The Committee welcomes the triangulation of complaints and Friends and Family Test (FFT) data, noting improvement in positive responses. However, reliance on reductions in complaints as the primary success measure is insufficient, as fewer complaints do not necessarily indicate improved experience. Broader measures, such as patient survey results, waiting times (consistently identified as key theme but not sufficiently reflected within the narrative of the priority or its success measures), appointment timeliness, and communication at care transitions, should be included. Moreover, the Committee considers that there is a lack of clarity regarding which groups of patients may not be receiving appropriate or accessible information, particularly in areas identified as partially compliant. Further explanation would support a clearer understanding of inequalities in access to communication and information. Finally, there is a lack of alignment between the priority title (communication, appointments, clinical practice) and the themes presented, creating ambiguity about the intended focus.

Data, Metrics and Assurance

The Committee considers that the *Quality Account* should be more outward-looking. National NHS priorities increasingly emphasise access, timeliness, patient experience and the shift to community care, alongside clear expectations to reduce long waits, including those exceeding 52 weeks. Against this, the Account does not sufficiently contextualise access pressures. The Committee also notes instances where data is not available or not reported, for example within core indicators and audit participation, which reduces the ability to provide comprehensive assurance.

Similarly, only Domains 3 and 5 are presented in the core indicators, which creates a gap in the overall quality and outcomes framework. A more complete and consistent approach to reporting across all domains would improve transparency.

The Committee notes that key safety risks, including falls and pressure ulcers, are not fully aligned with headline priorities. It welcomes the focus on falls prevention but would benefit from clearer supporting data, particularly in community settings, to explain trends and outcomes. Stronger alignment between identified risks, supporting data and stated priorities would improve coherence and strengthen overall assurance.

Presentation of the Document

The Committee recognises that the document is well structured and clearly presented. However, the use of technical statistical terms (SD, t-tests) is not consistently explained, which may limit accessibility for a lay audience. Readability is also affected by prescribed content and the lack of a concise service overview. Greater transparency on data sources and clearer summaries, such as a simple red/amber/green assessment of progress, would further improve accessibility and support effective scrutiny.

Engagement with the Health Scrutiny Committee for Lincolnshire

During 2025-26, engagement with the Health Scrutiny Committee for Lincolnshire has continued, with various representatives of the Trust attending Committee meetings and submitting comments and statements for the Committee's benefit. We look forward to continued engagement with the Trust's managers, and where appropriate clinicians, in the coming year.

Conclusion

The Committee welcomes the progress made during 2025/26 and recognises the commitment of staff and leaders across Lincolnshire Community Health Services NHS Trust.

The Committee looks forward to continuing engagement with the Trust over the coming year as these improvements are taken forward.