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

Introduction

The Health Scrutiny Committee for Lincolnshire, statutory body overseeing scrutiny of local NHS services and health outcomes, welcomes the opportunity to review the draft 2025/26 *Quality Account* of Lincolnshire Partnership NHS Foundation Trust (LPFT) as a constructive *critical friend*. The Committee offers these observations to support clarity, transparency and measurability in the final document.

The Committee recognises the operational pressures facing LPFT, including rising demand for mental health services, increasing need among children and young people, and the challenges of delivering care across a large rural county. The Committee welcomes the Trust's focus on community-based support, inpatient improvement, co-production and quality improvement, and would welcome a clearer progression through the account (e.g., evidence base→ priorities→ delivery plans → measures) to support understanding of intended outcomes and how success will be assessed.

Quality Improvement Priorities for 2025/26

The Committee notes the Trust's adoption of four long-term "*True North*" quality improvement priorities and would welcome clearer explanation of how these translate into specific, measurable improvements for people using services, and how they are informed by population need and outcomes data.

The Committee supports work to improve care planning, safety and risk assessment and clinical audit. Where terms such as "*therapeutic clinical model of care*" are used, the Committee would welcome a brief description of what this means in practice for different inpatient settings, the expected benefits, and how implementation will be measured (including any tiered approach to intervention and escalation).

The Committee would welcome an explicit reference and accessible link within the *Quality Account* and the Target Operating Model developed in 2025 and clarity of how this underpins integrated, preventative and community-focused care.

Quality Improvement Priorities for 2026/27

The Committee notes the Trust's proposed quality priorities for 2026/27, including reducing inpatient self-harm, improving rapid tranquillisation processes, and improving the quality and personalisation of care plans and safety/risk assessments and would welcome clearer baseline data, trends and contextual comparators to enable progress to be measured and variation between services understood.

The Committee supports the focus on self-harm reduction and welcomes the emphasis on improving consent, physical health monitoring and post-incident review. In relation to the inpatient self-harm priority, the Committee would welcome inclusion of baseline rates and

definitions, clarity on the reporting approach (including inpatient and community reporting), and clear measures of progress and learning outcomes.

Given the prominence of suicide prevention both within the Statement on quality from the Chair and the Chief Executive Officer and within wider system priorities, the Committee would welcome clearer articulation of how activity will be monitored and reported, including information on deaths by suicide among those in recent contact with services, variation by setting, geographical patterns, and how high-risk individuals are identified and engaged.

The Committee supports the focus on strengthening care planning and risk assessment quality; however, would welcome clarification on why targets are set at 90% meeting standards (rather than full compliance with Trust expectations), a baseline for how many people currently have an up-to-date care plan (and variation across services), and how clinical risk will be consistently assessed and recorded at key points such as appointment cancellations and discharge.

The Committee would also welcome transparency on the data and intelligence used to formulate and shortlist priorities (including priorities considered but not selected), particularly issues which are of concern to patients and partners such as:

- Access and waiting times for psychological therapies,
- Staff retention/workforce stability, and
- The urgent and emergency care/ambulance interface.

CQC Registration and Inspection

The Committee notes that the Trust remains fully registered with the CQC and that no enforcement action was taken during the reporting period. Future *Quality Accounts* would benefit from clearer linkage between inspection findings and improvement trajectories, including milestones, timescales and outcome measures to evidence sustained improvement.

Stakeholder Engagement

The Committee welcomes LPFT's commitment to co-production and lived experience involvement, including Every Voice and carer engagement. Future *Quality Accounts* would benefit from stronger analysis of recurring themes and clearer evidence of how feedback informs service improvement and the selection of quality priorities.

Patient Safety and Learning from Incidents

The Committee welcomes the Trust's continued focus on patient safety, learning from incidents and strengthening governance arrangements, including engagement with national audit and suicide surveillance programmes. The Committee would welcome clearer presentation of trends over time in serious incidents, restrictive practice, self-harm and other

key patient safety outcomes, including evidence of how learning is translated into measurable improvement across services.

Fitting within the Wider Context

The Committee believes the *Quality Account* would benefit from stronger reference to the wider strategic and system context in which services are delivered. This includes clearer cross-referencing to local needs assessments and strategies, including the Lincolnshire Mental Health and Emotional Wellbeing Joint Strategic Needs Assessment, alongside stronger reflection of partnership working across urgent and emergency care, local authority, community and ambulance services.

The Committee also considers that future *Quality Accounts* would benefit from clearer alignment with national policy developments, including the NHS Ten Year Plan and its focus on shifting care from hospital to community settings, improving digital delivery, and strengthening prevention and early intervention. Greater reference to these drivers would provide clearer context on how the Trust's quality priorities support system transformation and population need.

Accessibility of the Document to Patients

The Committee recognises that *Quality Accounts* must meet statutory reporting requirements and therefore include technical terminology, notes positive areas of reporting where trend data is included (for example, on restrictive practice) and would welcome clearer signposting of how evidence drives prioritisation and how readers can track progress year-on-year.

Engagement with the Committee

Representatives from the Trust attended the Committee in October 2024 and January 2025. The Committee looks forward to continued engagement during 2025/26.

Conclusion

The Committee recognises LPFT's work to improve quality and modernise services across Lincolnshire and hopes observations support a clearer, outcome-focused *Quality Account*, demonstrating evidence-based priorities, measurable delivery, and tracked improvement across inpatient and community services.