


Agenda Item 4

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 February 2019
Subject:	Chairman's Announcements

1. **Head and Neck Cancer Services – Reconfiguration Across the East Midlands**

Head and neck cancer services are a specialised serviced, commissioned by NHS England. Head and neck cancers are rare and account for only 3% of all cancers, and the primary form of treatment is surgery, which usually takes place at a specialist centre. Across the east midlands, 600 patients are treated by surgery each year. Currently there are four specialist centres in the east midlands: Derby, Leicester, Northampton and Nottingham.

On 12 September 2018, I reported to the Committee that NHS England was considering developing proposals to reduce the number of specialist centres in the east midlands from four to three, two or even one. Maintaining a safe and sustainable workforce at the four specialist centres was a key issue.

Following an informal meeting of health overview and scrutiny chairmen on 11 September 2018, NHS England agreed that it would attend each health overview and scrutiny committee separately to present its proposals, if requested to do so.

On 30 January 2019, NHS England advised by letter that since this work had started the workforce position had improved, but work was still needed to ensure a safe and sustainable level of service.

NHS England also advised: -

"There has been much engagement with clinicians and patients about what a future model may look like as it was agreed that doing the same was not an option. We also know that there will be some changes to the standards for surgery, but these are some way off. From the clinical engagement work, and from the findings of the Getting It Right First Time review of oral maxillofacial services, moving to larger teams to deliver the services seems the right approach to achieve greater resilience, and supporting services

local where possible and only moving more complex work.

"However, having listened to local views and on the advice of the national clinical reference group, specialised commissioning has concluded that a network approach could deliver a more sustainable workforce. Therefore we have asked the surgical centres to collaborate and work with all trusts within the east midlands, to develop a network model with specialised commissioning. Working in this way will build on the strengths of the current services and continue to produce the best outcomes for patients.

"Specialised commissioning will work closely with the four surgical trusts to ensure that the work done to date will inform the options. The specifics of this new approach and revised timescales and outputs will be worked through over the coming month and we are discussing with the Cancer Alliance how they would like to be involved in developing the network approach."

NHS England has stated that it will provide updates as the project develops.

2. United Lincolnshire Hospitals NHS Trust - Care Quality Commission Report on Pilgrim Emergency Department (*Published 30 January 2019*)

On 23 January 2019, the Committee received a report from United Lincolnshire Hospitals NHS Trust on their responses to various Care Quality Commission (CQC) inspections. The report referred to two inspections focused on Pilgrim Hospital Emergency Department. The first of these had taken place on 30 November 2018, where the CQC had published its report on 20 December 2018.

The report to the January meeting also referred to a further inspection, which had taken place on 18 December 2018 and referred to informal feedback from the CQC where they had noted some improvements including nursing and medical staffing levels, which matched patient acuity. However, the informal feedback indicated that the CQC had remained concerned about the issues raised in the November 2018 inspection.

On 30 January 2019, the CQC published its report relating to its unannounced inspection of Pilgrim Hospital Emergency Department on 18 December 2018. The CQC's main findings were:

- There was an unreliable and inconsistent system in place to identify critically ill patients who may present to the department. The triage process was not effective in the early detection of acutely unwell patients.
- Patients did not always have an early warning score calculated at triage, despite their presenting condition, indicating they may be at risk of deterioration.
- Patients arriving by ambulance remained on ambulances for significant amounts of time, despite a presenting medical condition which had the potential to deteriorate.

- Patients at risk of deteriorating consciousness levels were not monitored effectively.
- Patients arriving by ambulance and brought into the department were not always clinically assessed by the Pre-Hospital Practitioner, who was reliant on observations from the ambulance crew. This posed a risk to patients as the Pre-Hospital Practitioner did not have the most up to date information and the patients presenting condition may have worsened.
- Patients in the ambulance corridor did not always have observations performed in line with trust protocol. Patients went for long periods without observations.
- The Rapid Assessment and Treatment process was ineffective at reducing ambulance handover times.
- Children in the department were placed at risk of harm as they were not cared for by nursing staff with the necessary competencies to provide safe and effective care. Whilst there was an identified registered children's nurse in the department caring for some children, there was no oversight of new arrivals to the department, furthermore we observed children being triaged by nurses without additional paediatric competencies.

However the CQC noted the following improvements since its previous inspection in November 2018:

- The trust had implemented a process for transferring patients to wards and other clinical areas, which did not impact on nurse staff to patient ratios.
- Two hourly safety huddles had been introduced into the department.
- Nurse and medical staffing levels and skill mix were sufficient to meet the needs of patients during the period of our inspection.
- The trust had taken some action to ensure the 'fit to sit' room was not overcrowded and patients were not cared for along a thoroughfare corridor in the department. They also tried to ensure patients being cared for in the main area of the department were of the same sex.

The full report is available at the following link: -

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ0259.pdf

The Committee is due to receive an update from ULHT on its action plans in response to the CQC inspections at its 20 March meeting.

3. Care Quality Commission – Workshop for the Committee

On 31 January 2018, I met Michele Hurst and David Potter from the Primary Medical Services Directorate of the Care Quality Commission (CQC), whose inspections responsibilities include GP services, out of hours GP services, urgent care centres, and dental services.

The Primary Medical Services Directorate is one of three directorates within the CQC; the other two directorates are Adult Social Care; and Hospitals, Mental Health and Community Services.

A new inspection regime for GP practices is being introduced by the Primary Medical Services Directorate of the CQC from 1 April 2019. Michele Hurst has offered a workshop for members of this Committee, together with members of the Adults and Community Wellbeing Scrutiny Committee, delivered by CQC colleagues from the Primary Medical Services and Adult Social Care directorates. I am liaising with the Chairman of the Adults and Community Wellbeing Scrutiny Committee on the date for this workshop.