

Agenda Item 4

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|  | | 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 |

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| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 17 April 2019 |
| Subject: | Chairman's Announcements |

1. **Grantham A&E Overnight Closure - Referral to the Secretary of State for Health and Social Care**

On 20 February, the Committee agreed that I should write to the Prime Minister on the overnight closure of Grantham A&E. On 29 March I received a letter from Stephen Hammond MP, the Minister of State for Health, which stated the following:

"Thank you for your correspondence of 26 February to the Prime Minister, and copied to Matt Hancock, about Grantham Hospital A&E Department. As the matter you raise concerns the NHS, your letter was passed to the Department of Health and Social Care. I apologise for the delay in replying.

I appreciate your concerns about the future of the A&E Department and I would like to thank you for taking the time to raise them.

The proposals for Grantham A&E are still under consideration by the Secretary of State. A decision will be published in due course, but until then it would be inappropriate for the Department to comment.

I am sorry I cannot be more directly helpful."

2. **United Lincolnshire Hospitals NHS Trust – Pilgrim Hospital Care Quality Commission Report**

On 3 April 2019, the Care Quality Commission (CQC) published a report on the emergency department at Pilgrim Hospital, following an inspection on 25 February 2019. The CQC's own summary of its findings are reproduced in Appendix A to these announcements, with the full report is available at the following link:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ2145.pdf

3. The Sidings Medical Practice, Boston

On 2 April 2019, Lincolnshire East Clinical Commissioning Group (CCG) announced that following the retirement of Dr Peter Holmes from the Sidings Medical Practice in Boston, the CCG would be working closely with Lincolnshire Community Health Services NHS Trust (LCHS), who will be providing GP and other healthcare services to patients registered at the practice.

The support being provided by LCHS ensures continuity of services for patients at the Sidings. Patients will continue to access services in the same way and at the same location, supported by the staff at the practice, who will continue to provide care for patients as usual. The only change patients will see is that the two GP partners have now left the practice and LCHS will be providing support, including additional GPs and clinical staff, as required.

As commissioners of local GP services, Lincolnshire East CCG has stated that it is committed to providing the highest quality, safe care for the patients registered at the Sidings. This arrangement with LCHS will ensure patients can continue to access services at The Sidings as usual with no interruption to their care.

4. Clinical Commissioning Groups - Appointment of Single Accountable Officer

On 28 March 2019, the four Lincolnshire clinical commissioning groups (CCGs) confirmed the appointment of John Turner as their single accountable officer, with effect from 1 April 2019. The single accountable officer role will work across the four CCGs to ensure a joined-up approach to commissioning healthcare services for the population of Lincolnshire, and to support the closer integration of health and social care.

John Turner had been the accountable officer for South and South West Lincolnshire CCGs, and has also been the senior responsible officer for the Lincolnshire Sustainability and Transformation Partnership.

5. United Lincolnshire Hospitals NHS Trust - Recruitment of Chief Executive

The post of Chief Executive of United Lincolnshire Hospitals NHS Trust has been advertised recently with a closing date of 25 March 2019. Following a selection process throughout April, interviews for the final group of shortlisted candidates are due to take place in the week commencing 29 April 2019.

CARE QUALITY COMMISSION QUALITY REPORT ON PILGRIM HOSPITAL, BOSTON

On 3 April 2019, the Care Quality Commission (CQC) published its quality report on Pilgrim Hospital, Boston, following an inspection on 25 February 2019.

The key findings, as summarised by the CQC, are set out below:

"Our key findings were as follows:

- The layout of ED was not suitable for the number of admissions the service received. During our inspection we saw significant overcrowding in the department. Throughout our inspection we saw patients being cared for on trolleys in the central area of the department and in the ambulance corridor as there were no free cubicles to use. This had not improved since our last inspection.*
- Adults waited on average 81 minutes for treatment. This was against national standards of 60 minutes.*
- Whilst the trust had a national early warning scoring system (NEWS) and paediatric early warning scoring system (PEWS) in place, these were not always used as part of the triage process.*
- The Royal College of Paediatrics and Child Health (RCPCH) says the initial assessment of children should be conducted by an appropriately trained nurse or doctor with paediatric competence. There was not always a paediatric competent nurse performing triage.*
- We were not assured children would always be appropriately cared for in the department during 10pm and 10am. We asked the trust to provide us with evidence there was always a registered nurse with the appropriately level of competence to care for children during this time. We found not all shifts were appropriately covered.*
- Flow concerns appeared to be 'normalised' and was considered to be a problem for the Emergency Department, not the wider trust.*
- An Emergency Department risk tool gave an "at a glance" look at the number of patients in the department, time to triage and first assessment, number of patients in resuscitation, number of ambulance crews waiting and the longest ambulance crew wait. Whilst we saw this updated on a regular basis, we did not see, despite an 'extreme' score, actions taken resulting in an improvement in this position.*
- We saw there were significant issues in relation to patient flow which led to crowding and patients receiving care in corridors. Patients were experiencing unacceptable waits. Whilst staff in the department followed the escalation*

policy, actions taken by others in line with the policy did not prove effective at restoring flow. The lack of effective actions resulted in handover delays, overcrowding and poor patient experience.

However:

- *At the time of this focussed inspection we observed part of one shift. There was good co-ordination between the doctor and nurse in charge.*
- *Staff at this inspection demonstrated a positive attitude towards their work and were working effectively together.*
- *Despite the challenges of the department, staff we spoke with were committed to doing the right thing for patients and wanted to deliver safe, effective and compassionate care.*
- *Since our last inspection the trust had implemented a dedicated frailty team based in the ED, which provided immediate review and care for patients who attended from care homes or where they needed input from older people specialists.*
- *At this inspection we found improvements in the management of patients who were at risk of deteriorating consciousness levels. We found staff were mostly monitoring these patients effectively. We also found improvements to triage times.*
- *There had been improvements in the provision of nursing staff for children at this inspection. Between 10am and 10pm there was at least one registered children's nurse present in the department responsible for the care and treatment of children.*
- *Staff mostly carried out assessments and delivered treatment with privacy, dignity and compassion during all our observations, including during handovers.*
- *There was a positive regard for patients who were distressed and calling out, we saw nursing and medical staff respond in a timely and appropriate way.*
- *Patients and relatives, we spoke with were mostly happy with their care and treatment. They said staff were kind and caring and they were doing their best.*