NHS
Lincolnshire West
Clinical Commissioning Group

Lincolnshire West Clinical Commissioning Group

Dr Sunil Hindocha Clinical Accountable Officer
Sarah Newton Chief Operating Officer

Background

- Lincolnshire West Clinical Commissioning Group April 2013 following the abolition of Lincolnshire PCT.
- One of four Lincolnshire Clinical Commissioning Groups
- Responsibilities include:
  - Improving the health of its population
  - Reducing health inequalities
  - Commissioning of hospital, community and mental health services
- Primary care and highly specialised services commissioned by the NHS Lincolnshire and Leicester Area Team.

NHS
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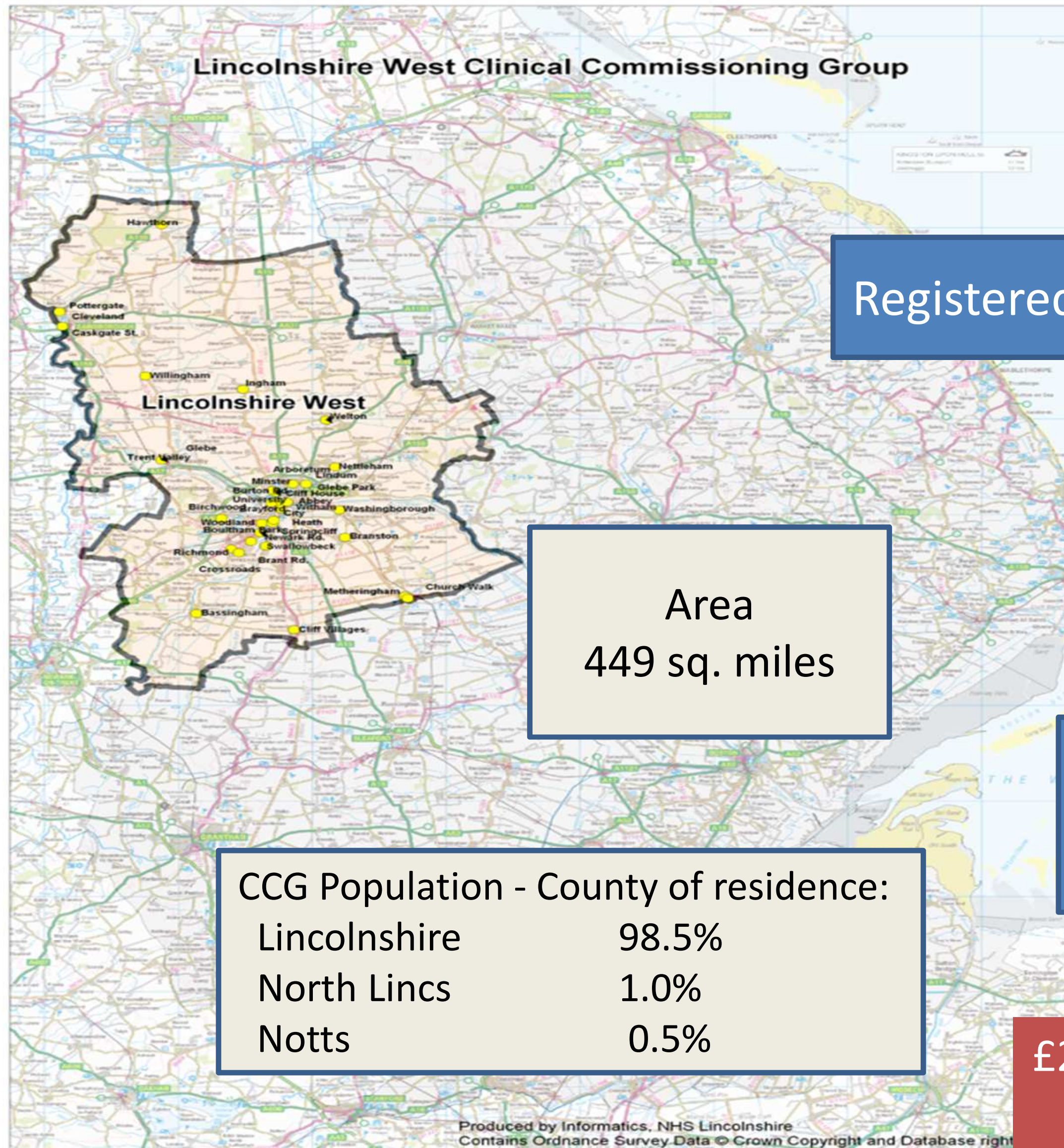

37 Member Practices
101 GPs
5 localities

Registered population : 230, 271

Annual Population Growth
Over 65 5.22%

Area
449 sq. miles

Age profile

Under 5	5.6%
65 & over	18.5%

CCG Population - County of residence:

Lincolnshire	98.5%
North Lincs	1.0%
Notts	0.5%

£267.8m commissioning budget
QIPP £5.2m

Key achievements

- Neighbourhood Teams
- Redesign of ENT services
- Tele dermatology pilot
- Paediatric Audiology
- Memory Assessment and Management service

Future opportunities

- Co commissioning
  - Primary care
  - Specialised commissioning
- Integrated care Better Care Fund
- Lincolnshire Health and Care Review
- Five Year Forward View

Key challenges

- Meeting the increasing Health needs
- Delivery of NHS Constitutional standards
- ULHT Special Measures

General ULHT Performance Update

Jane Lewington, CEO

Michelle Rhodes, Director of Operations

Caring for You

United Lincolnshire Hospitals NHS Trust

Achievements since July 2013

- Our mortality rate is now better than the national average – 98.4
- Our hip fracture team at Pilgrim hospital are the best in the country for speed of access to surgery
- We now have ambulatory emergency care centres on our three main hospital sites
- We have recruited more than additional 100 new nurses since April 2013, with more to come
- We expanded the range of services at Louth hospital with a new ophthalmology service

Caring for You

United Lincolnshire Hospitals
NHS Trust

Achievements since July 2013

- Grantham hospital working with St Barnabas Hospice to develop the first “Hospice in a hospital” in the UK
- The Lincolnshire Heart Centre opened in September 2013 matching the best in the country on response times
- We launched Listening into Action (LiA), a unique piece of workforce engagement to improve services
- Won national awards:
  - Macular Society Awards for Excellence – Best Clinical Service
  - Two Patient Safety and Care awards for fractured neck a femur service
- Nominated for HSJ and East Midlands Leadership Academy awards

Caring for You

United Lincolnshire Hospitals NHS
NHS Trust

The CQC inspection key findings

Trust wide ratings

Overall	Requires Improvement	
Safe	Requires Improvement	
Effective		
Caring		
Responsive	Requires Improvement	
Well-led	Requires Improvement	

Overall 63 “good” and 45 “requires improvement”

Caring for You

United Lincolnshire Hospitals NHS Trust NHS

Areas of good practice

- Met committed professional staff, proud to work at the trust.
- Met many patients and service users who were engaged with and supportive of the trust.
- Saw examples of commendable practice, including:
  - The separation of male and females within the critical care services. This promoted dignity and respect and is the only unit to do this in the country.
  - Complainants were invited to take part in recruitment of staff.

Progress we made since Keogh

Significant progress since Keogh:

- Mortality now within expected levels.
- Visible leadership at each site.
- LiA – 12% increase in staff engagement.
- Board linked to ward via assurance visits.
- Rated ‘Good’ on caring.
- Staffing levels increased by over 100 on wards.
- Care bundles developed.

Quality Improvement Plan

1. Medical records
2. Clinical governance
3. Medicine management
4. Staff training, appraisals and supervisions
5. Equipment library
6. Risk management
7. Transforming outpatients
8. Medical engagement
9. Care bundles
10. Review paediatric services
11. DNA CPR
12. End of life
13. NEWS
14. Dementia strategy
15. 7 day working
16. Hospital at night
17. See It My Way
18. Maternity review
19. Infection control

Outpatients

- Three areas of outpatients at Lincoln were judged inadequate by the CQC.
- We need to move to "requires improvement" by time of the CQC inspection.
- Our long-term goal is to move beyond good.
- Six projects have been identified to transform outpatients.
  – Environment
  – Space utilisation
  – Medical records
  – Patient flow
  – Workforce
  – Communication.

LiA Rapid

Availability and quality of medical/patient case notes	Outpatients transformation: cancelations, delays for review, clinic start times	Customer care: positivity and respect	Improving medical management of the surgical patient
In-patient documentation: integrated care record	Equipment availability	Adherence to care bundles	Timely discharges before 10am
Must do's: Essential rights around appraisal and core learning	Endoscopy suite booking procedures	Medicines management: reducing drug admin and prescribing errors	Diagnostics - radiology - referrals fixed for 24/7 responsive, timely service
Pan-Trust model for special observations for patients with complex needs	Improving patient information for Eastern European patients at Pilgrim	Cleanliness is everybody's business	

Our performance

18 weeks performance has been below expected standard since January 2014

- During 2013 there was significant growth in referrals and the length of wait times increased
- Requirement for us to manage ad-hoc sessions differently which reduced our flexibility to meet demand
- Compounded increase in waits
- Activity planning completed and showed a number of areas where we had significant shortfalls
- Released capacity with new pathways [nurse led / community]
- Increased capacity through recruiting more staff
- Offered alternative providers

Caring for You

United Lincolnshire Hospitals NHS
NHS Trust

Achievement from December 2014 onwards

- The number of long waiters reduced up until May 2014
- Unfortunately the introduction of a new patient administration system in June has slowed our progress
- As this improves so does our effectiveness and assurance that we remain on track
- Significant additional work has been undertaken since July continues into November
- We continue to offer alternative providers to our patients if we are unable to meet the required access times

Cancer waits

CANCER TARGET	AUGUST PERFORMANCE
14 Day	88.0%
2 Week Wait Symptomatic Breast	75.8%
31 Day First Treatment	94.9%
31 Day Subsequent Treatment – Drug	98.0%
31 Day Subsequent Treatment – Surgery	100%
31 Day Subsequent Treatment – Radiotherapy	87.0%
62 Day	74.6%
62 Day Screening	90.0%

Action to improve access for our patients

- Weekly escalation with CCGs if referrals exceed our ability to appoint patients within 14 days
- Regular conversations with alternative providers to support patients from border GP practices
- Extensive recruitment plan for additional radiology staff
- Macmillan are supporting project costs to undertake a full service review and design of future care pathways
- During September our waits have improved and patients are being seen within 14 days continued into October

Our financial performance

2014/15 Finances

- 2013/14 deficit was £26m
- Run rate at November 2013 was £37m for 14/15, without action
- Actual Plan for 2014/15 is £25m Deficit:

	£m
November 2013 Run Rate	(37)
Actions Taken Q4 2013/14	7
Full Year Effects 2013/14 Investments	(4)
Inflation and 0.5% Contingency 2014/15	(16)
Savings 2014/15	25
Deficit 2014/15	(25)

- Based on £306.4m contract with Lincolnshire CCGs
- Challenge of £50m – savings and deficit

Safer staffing levels

Staffing review

- In 2013, invested £4.2 million in nursing.
- Review of nursing levels in maternity, paediatrics, neonatal, A&E and all in-patient wards.
- Considering new NICE guidance on staffing levels.
- Looking at:
  - Nurse to patient ratio
  - Skill mix
  - Service redesign
  - Reducing the number of beds
- Full report to our November board.

Progress with plan for every medical post

- 56 vacancies in Oct 14 from 102 vacancies in Jan 14
- August ‘rotation’ and delivery of plan reduced gaps in August.
- Engaged radiologists to explore changes to job descriptions and posts to increase retention following initial interviews.
- 6 locum consultant radiologists were recruited in September.
- HEEM redistribution of medical trainees project

Next Steps

- Continuing progress against out Quality Improvement Journey
- Fundamental review of all our patient facing business processes starting in 2015
- Extending plan for every post to all clinical posts outside nursing
- Implementation of our winter resilience plan working closely with our partners

Caring for You

United Lincolnshire Hospitals NHS
NHS Trust

New congenital heart disease review:

Consultation on proposed standards and service specifications

Lincolnshire Health Scrutiny Committee

19 November 2014

NHS England

The “new CHD review”

The review is designed to ensure that NHS England:

- secures the best outcomes for all patients (not just lowest mortality);
- tackles variation; and
- improves patient experience.

Purpose

The purpose of the consultation is to consult on whether these are the right standards to deliver these outcomes.

NHS England

Objectives

The new CHD review has six objectives:

1. Develop best practice standards
2. Analyse current and future demand for services
3. Make recommendations on function, form and capacity of services needed
4. Make recommendations on the commissioning and change management approach
5. Establish a system for the provision of information about the performance of CHD services
6. Improve antenatal and neonatal detection rates.

Standards

Our standards cover all aspects of running a service with the aim of improving care.

For the first time there will be:

- a single set of standards and specifications for children and adults
- a single national commissioner (NHS England) for congenital heart services.

NHS England

Areas covered

Section A: The network approach

Section B: Staffing and skills

Section C: Facilities

Section D: Interdependencies

Section E: Training and education

Section F: Organisation, governance and audit

Section G: Research

Section H: Communication with patients

Section I: Transition

Section J: Pregnancy and contraception

Section K: Fetal diagnosis

Section L: Palliative care and bereavement

Section M: Dental

NHS England

What next ?

The Consultation is due to run until the middle of December 2014.

The aim is to have approved standards and specifications by March 2015.

Once agreed all providers will be expected to meet the standards.

A national process will be implemented to commission the changes during 2015/16.

It is likely that the changes will take several years to action.

NHS England

HWB and OSC engagement

Members are invited to

- access all of the consultation materials on the website:

  https://www.engage.england.nhs.uk/consultation/congenital-heart-disease-standards

- attend consultation events:

  http://www.eventbrite.co.uk/o/new-chd-review-team-nhs-england-6916338827?s=28631871

- comment on whether these standards will deliver the outcomes described.

Thank you

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Lincolnshire and Nottinghamshire Air Ambulance

Peter Aldrick, Chief Executive Officer

Background history

- **February 1993**

Following concerns from Hospital Consultants over survival rates during transportation to hospitals in the region, a group of farmers in Lincolnshire commenced fundraising to provide a medical air service with the endorsement of the Ambulance service. The charity was formed.

- **March 1994**

The air ambulance became fully operational in Lincolnshire.

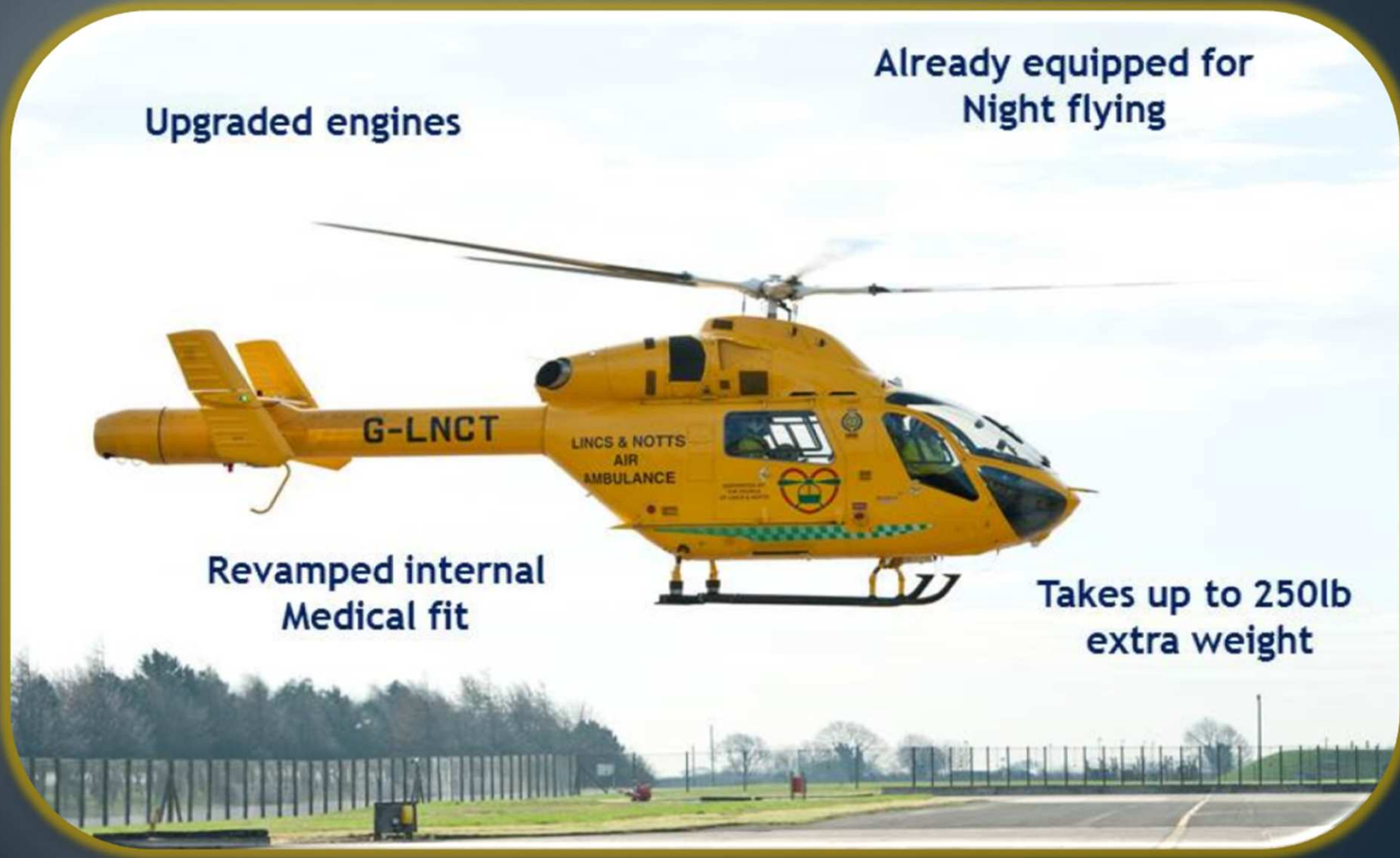
- **1997**

Nottinghamshire was added which doubled the target population for charity fundraising.

Our first aircraft was the Bo 105 (Bolkow) helicopter

In November 2000 we launched the new MD902 (G-LNAA)

Our Second MD 902 (Explorer G-LNCT) was launched in November 2010



Our aircraft MD 902 Explorer

- Our helicopter is purpose built internally for medical use
- We carry the standard land ambulance equipment
- In addition we carry some specialist equipment
- We differ from some other air ambulances as we are able to use a defibrillator on board

Our aircraft MD 902 Explorer spec

- The helicopter is 9.86m long, with a height of 3.66m
- Maximum weight capacity is 3000kgs
- The helicopter can carry 4 people plus a patient. For us the 4 people consists of 2 paramedics, the pilot and on occasions a voluntary doctor.
- Top speed of 159 mph
- We fly at around 120mph
- Range of 300 miles per tank of fuel
- One of the safest helicopters in service

Medical Aviation Service (MAS)

- **The helicopter and pilots are supplied by Medical Aviation Services.**
- **MAS also provide us with servicing and insurance for the helicopter.**

How we move the helicopter in and out of the hanger

- The heli-lift enables the helicopter to be transported in and out of the hanger quickly and easily.
- The heli-lift only requires one person to operate it.

Our air ambulance paramedics

Our paramedics have all gained experience from working on land ambulances in either Lincolnshire or Nottinghamshire.

Our medical crew

- Minimum of 3 years experience as a paramedic
- Physically fit
- Successful completion of the nationally recognised HEMS (Helicopter Emergency Medical Service) course which includes:
  - navigation
  - flight safety
  - meteorology
  - marshalling
  - aircraft familiarisation

Doctors

- Occasionally form part of the crew on a voluntary basis
- They have specialist skills for the pre-hospital environment

How LNAACT supports EMAS

Medical Knowledge

- Support land ambulance and fast response EMAS staff with advanced medical advice
- Can provide advanced pain relief for extracting patients from vehicles – Ketamine
- Can perform procedural sedation – Midazolam
- Provide advanced pre-hospital trauma skills on scene including Surgical procedures

How LNAACT supports EMAS

The major trauma network

- Since 2010 HEMS patients have been taken to specialist hospitals, bypassing the local hospitals.
- Saves the patients being transferred between hospitals by land ambulance.
- Improves patient outcomes with 30% better life expectancy.

Saving time, money resources and transfers for EMAS

How EMAS supports LNAACT

- EMAS provide our paramedics
- Provide our paramedics with advanced skills training
- Medical consumables
- Provide HR advice to the paramedics

Response times

- **Activation time**

The air ambulance can be mobile to an incident in approximately 2 minutes

- **Response times**

The air ambulance can reach most parts of Lincolnshire and Nottinghamshire in under 17 minutes

What are the benefits of the air ambulance over a land ambulance?

Speed

- To scene of incident
- Quick paramedic intervention
- Quick transfer to hospital

Access

- Able get to areas not accessible by land ambulances

Smoothness

- Transfer to hospital is smooth – this is important for patients with suspected spinal injuries

Vs

Missions (2013-2014 data)

- Around 1,000 per annum
- Road Traffic Collisions (42%)
- Leisure/Sporting Accidents (17%)
- Medical Emergencies (heart attacks, strokes, etc.) (17%)
- Falls (7%)
- Industrial/Farming Accidents (3%)
- Miscellaneous (14%) – includes hospital transfers, fire incidents, aviation accidents, railway incidents, accidents involving water, etc., etc.
- Approximately 60% of missions are currently in Lincolnshire, 27% in Nottinghamshire and 13% are in other neighbouring counties
- The charity provides 365 day coverage, weather permitting, plus RRV back-up support

Road Traffic Collision Entrapment

The paramedics work closely with the Fire Service to ensure the patient is stable and as comfortable as they can be with their injuries.

Extracting a patient from a vehicle can be a timely process. The paramedics regularly monitor the patient throughout, using their advanced trauma skills where necessary.

Motorcyclists

On average we attend

150

seriously injured motorcyclists each year

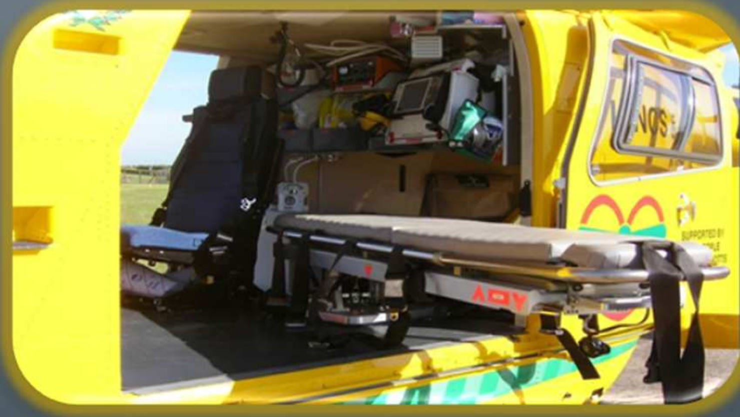
Up to 5%

of our work involves injuries sustained whilst working with agricultural and farming machinery

Our articulated stretcher

- A patient will be placed on a scoop board on the ground and lifted by the crew on scene and carried to the ambucopter.

- The scoop board will then be placed on top of the articulated stretcher and secured in the ambucopter .



Lifepak 15 defibrillator / monitor

Our defibrillator can be used during flight as it is on a separate electrical circuit than the rest of the helicopter.

Traffic Collision Avoidance System (TCAS)

- Designed to reduce the incidence of mid-air collisions
- Monitors the airspace around an aircraft for other aircraft with a corresponding active transponder
- Independent from air traffic control

The TCAS system builds a three dimensional map of aircraft in the airspace using:

- Range
- Altitude
- Bearing

Using these it can determine if a potential collision threat exists.

Pitot tubes

These measure the air and ground speed during flight.

Bearpaws designed to stop the aircraft sinking into soft ground

We can land on wet sand and snow where land ambulances and other helicopters can't go

Bearpaws

The advantages of having no tail rotor means we can land where conventional helicopters aren’t able to...

We can land almost anywhere...

Tight spaces

Inaccessible areas

By the side of homes or even in gardens ...

Remote places

Rapid Response Vehicle (RRV)

This was provided by the Nottinghamshire Farmers.

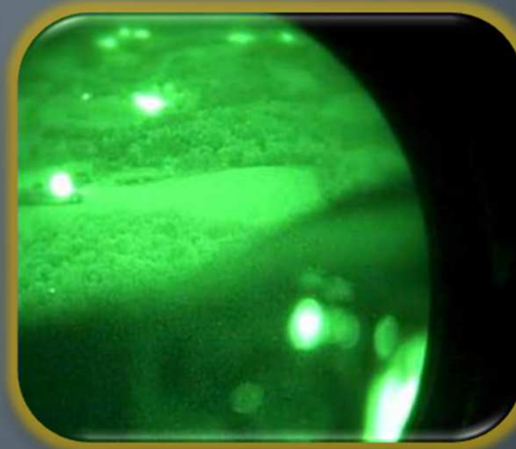
Used by the aircrew when the aircraft is grounded due to weather, servicing and aircraft mechanical faults

Night time HEMS Missions

- Civil Aviation Authority (CAA) safety guidelines for night time HEMS missions published October 2012
- Helicopter upgrades completed during early 2013
- Full CAA approval for night flying given late summer 2013
- Extensive training programme for aircrew including paramedics completed by October 2013
- First night mission completed 18th November 2013
- FLIR (infra-red imaging device) added to the helicopter equipment for increased safety.

Night Vision Googles

Our pilot and both paramedics wear night vision goggles



Night Sun Trakka Beam

What are the costs?

- **£1.8 million**

The cost to keep the air ambulance flying each year

- **£4,670**

The cost to keep the air ambulance running for a day

- **£1,000**

The cost for one full mission (arriving at the scene, treatment, transfer to the hospital, return to base)

- **£200**

The cost of fuel for one mission.

All this money is raised and donated by members of the public

Charity funding

- Donations from general public + Gift Aid
- Legacies
- In-house lottery
- Charity shops & merchandise sales
- Fundraising events, talks & presentations
- Recycling of second-hand goods
- Corporate funding
- Charitable Trusts, etc.

No government or National Lottery funding

Our shops

Lincolnshire

- Ashby
- Bracebridge Heath
- Grimsby
- Lincoln
- Market Rasen
- North Hykeham
- Spalding
- Wragby

Nottinghamshire

- Mansfield Woodhouse
- Mapperley
- Retford
- Stapleford
- Sutton in Ashfield
- Trent Bridge

To help protect your privacy, PowerPoint has blocked automatic download of this picture.

Future Issues

- Expansion of Night-flying Operations and cost implications
- Availability of lit Helipads at Hospitals - especially at Major Trauma Centres, PPCI units and other specialist centres
- Airbase facilities improvement at RAF Waddington
- Expansion of Doctor availability on the helicopter