HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
10 JULY 2019

SUPPLEMENTARY CHAIRMAN'S ANNOUNCEMENTS

1. Care Quality Commission Letters – United Lincolnshire Hospitals NHS Trust

Item 5 of today's agenda *(United Lincolnshire Hospitals NHS Trust – Care Quality Commission Inspection Update)* refers to initial feedback from the Care Quality Commission presented at the United Lincolnshire Hospitals NHS Trust Board on 2 July. The two letters containing the informal feedback have been emailed to members of the Committee and are attached to these announcements.

2. NHS Long Term Plan Implementation Framework

The *NHS Long Term Plan*, published in January 2019, sets out a ten year programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed NHS five-year revenue settlement.

On 27 June 2019, the *NHS Long Term Plan Implementation Framework* was published. This document sets out the requirements on sustainability and transformation partnerships (STPs) / integrated care systems (ICSs) in creating their five-year strategic plans. The framework expects local systems to meet the end points set out in the *NHS Long Term Plan,* but allows substantial freedom to respond to local needs and priorities.

System five-year strategic plans will be aggregated into a national implementation plan and are expected to adhere to the following principles:

- The implementation of commitments in the *NHS Long Term Plan* with clinical implications should be clinically-led.
- Local communities should have meaningful input into the local plan.
- Workforce planning should be realistic.
- Plans need to include how local systems and organisations will meet the five financial tests set out in the *NHS Long Term Pl*an, including setting out capital investment priorities.
- All commitments in the *NHS Long Term Plan* must be delivered and national access standards must be met.
- Implementation of the *NHS Long Term Plan* should be phased, based on local need.
- Health inequalities and unwarranted variation must be reduced.
- Local systems should consider how to prevent ill health as well as treat it.
- Plans should be developed in conjunction with local authorities.
- Local innovation should be harnessed.

It is recognised that plans will continue to evolve over the coming years, but the *NHS Long Term Plan Implementation Framework* requires systems to be transparent about their intentions and ambitions. To this end, local areas will be required to publish their plans shortly after agreement in mid-November 2019.

The *NHS Long Term Plan Implementation Framework* is available at the following link:

www.longtermplan.nhs.uk/implementation-framework/

3. Healthy Conversation 2019 Update and Acute Services Review Consultation

Healthy Conversation 2019 Next Steps

Wave Two of *Healthy Conversation 2019* has commenced, with workshops that taking place on 19 and 27 June in Grantham and Boston to explore the emerging options in more detail. Following these sessions the local NHS has agreed that further workshops will take place in Grantham and Boston to provide responses to the themes that have arisen and to facilitate more public feedback and involvement. Subject to the availability of lead clinicians, further sessions are planned in September.

Flyers had been circulated in key areas of the locality, for example eg market places, supermarkets, prior to the workshops in Boston and Grantham. This approach will be extended to other areas in the county. In September, there will be sessions in Skegness and Lincoln, in order to reach greater numbers of the population. The leaflets distributed to GP practices across the county will also be refreshed. I also understand that when the full public consultation takes place leaflets will be delivered to every household in Lincolnshire.

Wave Three of *Healthy Conversation 2019* will focus upon the continued need to inform patients, their representatives, the public, staff and stakeholders of the need to engage as the NHS continues to transform in the county, both through involvement and understanding. This wave will also focus particularly upon the continued outreach to groups who may ordinarily not feel able to become involved in the process. It will also continue to recruit disengaged members of the public and promote the wider *Healthy Conversation 2019* topics, refocusing upon prevention and self-care.

Acute Services Review and Public Consultation

It has been confirmed by the local NHS that the eight services that feature in the Lincolnshire acute services review will be subject to public consultation at the appropriate time, following the current engagement exercise. These services are:

- Breast Services
- General Surgery Services
- Haematology and Oncology Services
- Medical Services (Grantham and District Hospital)
- Stroke Services
- Trauma and Orthopaedic Services
- Urgent and Emergency Care Services
- Women's and Children's Services

It is a legal requirement that the NHS has capital funds in place for any proposed changes, ahead of consultation on potential changes with the public. Therefore, the local NHS remains unable to commit to a potential dates for the consultation, but has stressed it continues to use the time to best effect to gather public and stakeholder opinion and comment on the emerging options.

Any further updates on the above will be reported to the Committee.

4. Healthcare Transformation Awards – Innovation in Mental Health

On 26 June 2019, the Crisis and Home Treatment Service, provided by Lincolnshire Child and Adolescent Mental Health Services (CAMHS), was awarded first place in the *Innovation in Mental Health Care* category at the national Healthcare Transformation awards. The Crisis and Home Treatment Service has been developed by Lincolnshire Partnership NHS Foundation Trust (LPFT) in partnership with Lincolnshire County Council.

Since 2016 work has been undertaken to implement a service that would be available 24 hours a day, seven days a week for young people and vulnerable children who were experiencing a mental health relapse or crisis. The aim is to prevent lengthy hospital admissions and reduce the need for young people to seek help at A&E. The Crisis and Home Treatment Service offers rapid mental health assessment and supports young people in their own home and liaises with other services that they may need input from.

The team also supports early discharge from hospital where this is possible and works closely with colleagues in the CAMHS Eating Disorder Service to ensure continuity from crisis to community care.

The award was presented as part of the Healthcare Transformation Awards event that brings health and social care together to share solutions to joint challenges.

5. Retirement of Deputy Chief Executive – United Lincolnshire Hospitals NHS Trust

I have been advised that Kevin Turner, the Deputy Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT) will be retiring at the end of August 2019.

Kevin Turner has worked at ULHT for eight years, firstly as Director of Finance and more recently as the Deputy Chief Executive; and overall has nearly 40 years' service in the NHS.

Kevin Turner has attended this Committee on many occasions over the last eight years.

By email

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Our reference: INS2-5741841731

Mr Jan Sobieraj
Chief Executive
United Lincolnshire Hospitals NHS Trust
Greetwell Road
Lincoln
LN2 5QY

Date: 14 June 2019

Dear Mr Sobieraj

Re: CQC inspection of United Lincolnshire Hospitals NHS Trust – Lincoln County Hospital and Pilgrim Hospital.

Following your feedback meeting with Simon Brown, Inspection Manager and Anna Kerrigan, Inspector on 13 June 2019. I thought it would be helpful to give you written feedback as highlighted at the inspection and given to your colleagues Michelle Rhodes, Victoria Bagshaw, Claire Pacey, Paul Matthews, Louise Hobson and Mark Brassington at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 13 June 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

Lincoln County Hospital

Urgent and Emergency Care

- We were concerned about the triage process, sometimes it was recorded as visual triage and sometimes it was clinical.
- There was a lack of oversight of patients in the waiting area for long periods despite conditions at triage indicating they should be a priority.
- We found the department not compliant with RCPH standards for children.
- We were concerned about the management of the deteriorating patient, some patients were not treated in the correct areas for example majors or minors and we found examples where patients had not been screened for sepsis in a timely way and did not always receive a timely sespis six. There were delays in patients recieveing antibiotics.
- There were challenges around both medical and nursing staffing numbers.
- We found the RAT process was not always effective at reducing ambulance handover delays.
- We found you were not meeting the 4 hour standard and there had been a number of patients in the department over 12 hours during our inspection.
- We were concerned about the culture. We spoke with several staff who told us they percieved there was bullying among their colleagues.
- We were concerned about the incident grading, we saw a number of incidents graded as low or moderate harm which could have actually been severe.
- We found a lack of governance processes around safegaurding, for example following up on concerns.
- We saw some good management of sick patients once they were moved to resus.
- We saw some good examples of compassionate care, however there were times when care was being delivered which was not in line with the trust values.

Maternity

- Staffing levels on the ward were in line with best practice and established guidelines. There were effective systems to safeguard vulnerable women and children. Staff knew how to report incidents and learning was disseminated to staff.
- There was good record keeping and staff completed comprehensive risk assessments for women in line with national guidance.
- Staff provided a caring, kind and compassionate service, which involved wome in their care and we received numerous positive comments from women.
- Women had access to a range of specialist midwives.
- Staff were positive about good local leadership on the unit and informed us their managers were visible and approachable. Staff at various levels said they liked working on the unit and felt other staff were friendly.
- Staff told us of an improved culture following changes to the leadership team.

Children and Young People Services

- We found improvement in the management of sepsis.

- We found good risk assessment processes.
- We were concerned about the lack of safeguarding supervision for the named safeguarding childrens nurse. We are also concerned that there is no named doctor at present.
- Consultant staffing is not in line with the RCPH standards.
- Nursing staffing levels were not always meeting planned levels particularly overnight. We were concenred that further risk was added to this if staff were asked to attend A&E overnight.
- There was a lack of transition pathways for some conditions.
- We are concerned around the use of audit and monitoring of patient outcomes.
- We are concerned around the lack of surgeon engagement in the children and young people steering committee.
- There appeared to be a lack of robust governance process, but know that the new leadership team are new in post and have plans to address.
- We saw compassionate care being delivered to children.
- We found good local leadership.

Pilgrim Hospital, Boston

Urgent and Emergency Care

- We didn't see the department performing under adverse pressure as we had previously, therefore it was difficult to corroborate some of the improvements we had been told about.
- We saw additional resources given to triage, but this did not always reduce triage delays.
- There were still periods of over crowding in the department as a result of exit block and increase demand on the service.
- There were concerns amongst staff around the level of managerial support.
- We found some processes to expedite patients going to the ward may have introduced other risk. E.g. Patients going to the IAC in pain and no Drs available to prescribe.
- The department was still challenged by the nursing and medical workforce levels.
- We found there had been progress with addressing the skills issues for nursing staffing and that there had been environment changes to benefit children.
- There was a mixed morale amongst staff within the department, some were more positive than others.

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- Staff told us of an improved culture following changes to the leadership team.

Children and Young People Services

- We wereconcerned around the lack of M&M meetings for children.
- We were concerned children with high dependency needs are kept on PAU due to the inability to transfer them using the private ambulance service.
- We found some out of date guidelines. We found a lack of consistency when consulting other trust's guidelines.
- We found competent nursing staff with good level of training for nurses.
- We found good local leadership.
- There was a lack of systems for identifying children with additional needs.
- We found patients stayed longer than 12 hours on PAU.
- We were concerned about the fragility of the service in relation to medical staffing.
- Governance systems were not well established.
- We had someconcerns about a disconnect between management and clinicians.
- We found staff delivering compassionate patient care.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Dale Bywater, Jeff Worrall and Vanessa Wort at NHSE/I.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate

Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Carolyn Jenkinson

Head of Hospitals Inspection

c.c. Elaine Bayliss - Chair

Dale Bywater, Jeff Worrall and Vanessa Wort NHSE/I

Louise Grifferty CQC regional communications manager

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By email

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Our reference: INS2-5741841731

Mr Jan Sobieraj
Chief Executive
United Lincolnshire Hospitals NHS Trust
Greetwell Road
Lincoln
LN2 5QY

Date: 24 June 2019

Dear Mr Sobieraj

Re: CQC inspection of United Lincolnshire Hospitals NHS Trust – Lincoln County Hospital and Pilgrim Hospital.

Following your feedback meeting with Simon Brown, Inspection Manager and Frances Lewis, Assistant inspector on 20 June 2019. I thought it would be helpful to give you written feedback as highlighted at the inspection and given to your colleagues Michelle Rhodes, Neill Hepburn, Louise Hobson, Victoria Bagshaw, Claire Pacey, Jan Potts, David Cleave, Dermot O'Donaugh and Mark Brassington at the feedback meeting.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 20 June 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

Pharmacy / Medicine inspectors' feedback

- The self-administration of medicines policy did not appear properly implemented on wards, we found no evidence of patient assessment in accordance with policy.
- Pharmacy staff are very stretched we were concerned re staff covering too many wards to be effective for example we saw evidence of patient medicine not being reviewed such that they were prescribed a drug at a dose outside of trust guidance for nine days before pharmacy identified the error.
- We found the storage of medicines better than previous inspection.
- We found fewer omissions than at our previous but still some areas of concern and limited evidence of review of these on the wards.
- There is a lack of clarity of ward oversight on who is authorised to use PGDs – no current signature sheets on wards in any area looked at that.
- Mixed morale amongst pharmacy staff, most described an increased workload and poor levels of support.

Pilgrim Hospital, Boston

Medicine

- The culture /morale amongst staff appears to have deteriorated generally and we've found staff teams to be fractured in places.
- We've observed some episodes of care that fell short of the trust values and observed some issues around behavior and respect on the wards, between staff and from staff towards patients. We also heard how the focus on A&E at pilgrim had resulted in a lack of focus on other areas within the trust
- We were particularly concerned around the reliance on locum and agency nurse and doctors on AMSS and found generally poor co-ordination of care.
- We found low morale amongst the stroke team who described no support from senior leaders.
- We were concerned about the pressure on OT and Physios particularly the chest physios who described an increased workload which they were unable to always manage.
- We were impressed by the level of patient and staff engagement strategies on ward 6b and saw how some changes had improved the local morale amongst staff.
- We saw some impressive work by the Physio and OT team in relation to falls prevention.

Critical Care

- Patients received full assessments and high-quality care whilst in the unit. There was excellent MDT working and communication to enable joined up individualised care for patients.
- Speech and Language Therapy staff for the hospital were stretched and were often not available to attend the critical care unit to assess patients. This sometimes caused a delay to moving to oral feeding for patients. Tracheostomy patients required SALT swallowing assessment before oral weaning could be commenced.

- There was a high-level risk register for theatres, Anesthetics and Critical care (TACC) but there were only three risks on the register for Pilgrim Hospital Critical Care Unit of new beds, delayed discharge and pharmacy cover. There was no lower level more detailed risk register of risks owned by the unit.
- We had some concerns around the pharmacy provision for example the service did not have pharmacy cover of an 8a specialist clinical pharmacist as per the national guidelines and a pharmacist was not always present for the MDT ward round.
- The service had been responsive when issues had been identified through audits. For example, incidents of pressure ulcers and staff recording of oral care for patients. Managers worked with staff to improve through communication, training and further audits to check progress.
- The service offered a follow up programme for patients, offering individual multidisciplinary appointments to review their care records during their stay in the unit.
- Staff were caring and supportive with patients and their loved ones. Patients loved ones gave very positive feedback about their experiences.

Lincoln County Hospital

Medicine

- We were particularly impressed with the actions taken by the trust in relation to care of of patients living with learning disabilities and those with mental health conditions, this included individualised care plans, risk assessments and environmental changes.
- We are concerned around the reliance on bank and agency staff on some wards.
- Medical and nursing notes were not always stored securely, notes were often seen on nurses' stations.
- There was poor communication on MEAU around specialist consultant reviews consultants did not proactively ring or visit the MEAU to help with the transfer process.
- All nursing risk assessments are completed appropriately and updated appropriate equipment put in place such as pressure reliving equipment.
- We observed some excellent MDT working on Ashby ward and we attended a meeting where patients additional needs on discharge were considered.
- Good continuous monitoring of NEWS and staff were aware of the escalation process.
- Most staff felt that they were well supported by their managers and that managers were visible and approachable. Staff on Lancaster and MEAU felt that managers were not visible and lacked an understanding of the pressures faced on the ward.
- Staff on discharge lounge report that they have no direct manager and have not received an appraisal.
- All staff were seen to treat patients with kindness, dignity and respect. Patients and their relatives felt they were involved in their care.

Critical Care

- We were particularly impressed by the use of bespoke mental health risk assessments developed by staff on ICU.
- We found good implementation and use of LocSSIPs.
- We had some concerns around the pharmacy provision for example the service did not have pharmacy cover of an 8a specialist clinical pharmacist for the required time as per the national guidelines and there was no designated dietitian assigned to the unit.
- We found exceptional MDT working.
- We were particularly impressed with the ACCP who were FICM members.
- We found local leaders (band 7 & 8a) had good oversight of the unit.
- The new middle management team coupled with new divisional team structure meant that oversight of critical care at this level was not currently robust.
- There were pockets of low staff morale across nursing staff as a result of staff movement to other areas.
- We found consistently positive feedback from patients and relatives and we were particularly impressed with the level of emotional support staff afforded patient.
- We found innovative practice with regards to use of new equipment and development of care bundles.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Dale Bywater, Jeff Worrall and Vanessa Wort at NHSE/I.

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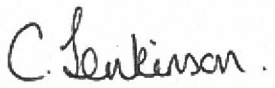
Yours sincerely



Carolyn Jenkinson

Head of Hospitals Inspection

c.c. Elaine Bayliss - Chair

Dale Bywater, Jeff Worrall and Vanessa Wort NHSE/I

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