

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:	13 June 2018
Subject:	Chairman's Announcements

1. **Minor Injury Nursing Service, Grantham and District Hospital – Consultation**

On 31 May 2018, South West Lincolnshire Clinical Commissioning Group (CCG) launched a consultation on the future of the Minor Injury Nursing Service, which operates at Grantham and District Hospital between 6.30pm and 11.30pm, seven days a week. The consultation period runs until 28 June 2018.

In August 2016, a decision was made by United Lincolnshire Hospitals NHS Trust to restrict the operating hours of the A&E at Grantham Hospital, which is now closed from 6.00pm to 8.00 am. South West Lincolnshire CCG looked at what could be put in place locally to support patients and in September 2016 introduced a minor injuries nurse on a trial basis, to test demand for a period of time.

The minor injury nursing service is operated by Lincolnshire Community Health Services NHS Trust, as part of the Out of Hours service based at the Kingfisher Unit at Grantham Hospital. The service is listed as part of the Directory of NHS Services for Lincolnshire and is offered either through NHS 111 or walk in from local residents.

The service, which runs between 6.30pm - 11.30pm, seven days a week, is able to see minor injuries only. It is not in any way a replacement of the A&E, but is typically able to see:

- cuts, grazes and lacerations (but not very deep cuts that will not stop bleeding)
- minor scalds and burns
- strains, sprains and suspected fractures
- bites and stings

The minor injuries service is provided by nurses. It is not able to see head injuries, foreign bodies or any major injury.

South West Lincolnshire CCG has recently evaluated this trial service after sixteen months of operation. For the 2017 calendar year, only 65 patients were seen by the minor injury nurse service at a total cost of £130,000 (at an average cost of £2,000 per attendance). The CCG has a responsibility to spend public money effectively and, having reviewed the service it does not appear to have been successful.

The Committee is invited to consider how to respond to this consultation, as part of the work programme item.

2. East Midlands Ambulance Service NHS Trust – Approval of Additional Funding

East Midlands Ambulance Service NHS Trust (EMAS) and Hardwick Clinical Commissioning Group (CCG), which CCG manages the EMAS contract on behalf of 22 CCGs across the region, have agreed new contract terms which will see an extra £9 million invested in EMAS during 2018-19.

Hardwick CCG has approved extra funding for clinical staff, ambulances and other resources. The funding could rise to approximately £19 million for 2019-20, dependent on performance targets being met and other financial agreements made as part of the contract terms.

The additional funding has been agreed following a jointly commissioned, independent 'demand and capacity review'. The review identified a gap between the resources presently available, and what is needed to deliver national performance standards for ambulance services.

Commissioners across the region will continue to work with EMAS and other providers across the system to address any other issues which are impacting on ambulance performance.

The funding is linked to quarterly performance targets, which correspond with county level 'trajectories' this year and national standards at a county level in 2019/2020. The additional funding will support EMAS in achieving the national ambulance response standards at a county level by quarter one (April to June) of the 2019/2020 financial year. EMAS's annual budget for 2017/18 was £181 million.

Performance against the agreed targets will be published in future EMAS Integrated Board Reports and discussed at EMAS Trust Board meetings.

3. United Lincolnshire Hospitals NHS Trust – Care Quality Update

United Lincolnshire Hospitals NHS Trust (ULHT) has provided the following update on their Care Quality position. The Care Quality Commission (CQC) has completed its inspection of the Trust's services, patient pathways and the 'well-led' inspection. The outcomes from these visits are currently being collated by the CQC and the Trust awaits the outcome and detailed report.

In line with the Trust's Quality Strategy, progress against the Quality & Safety Improvement Plan is reviewed annually. The focus is on refreshing the plan by identifying those workstreams that have been completed and embedded and new areas of focus which will continue to develop a culture of safety whilst making improvements in quality. As a result of the positive progress made over the last year a number of improvement projects will be transferred into "business as usual".

The 2018/19 Quality & Safety Improvement Plan will be reviewed against the CQC report, when received, to ensure that all aspects are incorporated and, if relevant a revised implementation plan will be shared with partners through usual and agreed processes.

4. United Lincolnshire Hospitals NHS Trust – Trauma and Orthopaedic Services

On 25 May 2018, the Board of United Lincolnshire Hospitals NHS Trust (ULHT) agreed to trial a revised approach to delivering trauma and orthopaedic services for the people of Lincolnshire. ULHT has stated that this work will make sure the service meets the highest national standards, improves safety, patient experience and aids more productive working.

This follows a review of services as part of the national Get It Right First Time (GIRFT) programme that started in June 2017 and has been led by local clinicians who deliver these services.

ULHT has stated that there are a number of significant challenges for trauma and orthopaedics at the Trust which has meant that it has been delivering a poorer service than anyone would like for Lincolnshire patients, in particular high cancellation rates for operations. In a bid to tackle this problem, which is often upsetting for patients and frustrating for staff, the Trust will run a six month clinical trial to address some of the contributing factors. The trial will see all of the Trust's sites working more collaboratively, with each one focussing on particular elements of service that will help to improve the overall patient experience.

All four sites will continue to play a key role in delivering trauma and orthopaedic services:

- All inpatient and day case patients will continue to be able to see consultants at their local hospital or a hospital of their choice for all of their pre and post-op appointments. Outpatient and fracture clinic appointments will not change.
- Grantham will become a hub for planned inpatient care, more than trebling the volume of cases it takes now.
- Trauma and emergency care will continue at Lincoln, Boston and Grantham.
- As inpatient care will be covered by Grantham, the plan is to almost double the day case workload at Louth, enabling Lincoln to focus on emergency care, critical care and paediatrics.
- To help ease some of the pressure in A&E at Lincoln and Boston, trauma assessment units will be established at both sites, enabling these patients to bypass the Emergency Department.

By protecting and ring-fencing orthopaedic and inpatient beds at Grantham, ULHT will no longer need to cancel as much planned surgery due to emergencies.

Launching the pilot in August will help the Trust with preparations and plans for winter. The pilot is envisaged to last until 31 March 2019. During this clinically led trial a range of measures will be tracked in order to determine its impact and success during winter.

5. NHS England and NHS Improvement – Working Closer Together

On 27 March 2018, NHS England and NHS Improvement announced arrangements that would bring the two organisations closer together. NHS England's remit includes a focus on commissioners, such as clinical commissioning groups, while one of the main roles of NHS Improvement has been to act as the regulator for providers.

NHS England and NHS Improvement have stated that commissioners and providers in each part of the country are serving the same people, and that they need to use the resources allocated to the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally as well as in local health systems.

The following working arrangements will be established from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement's collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than by working separately.

There are a number of examples of joint working together already, including a number of joint national and regional appointments and a single national programme for urgent and emergency care, winter planning and A&E performance.

On 9 May 2018, NHS England and NHS Improvement confirmed the regional footprints for the new arrangements. Previously, each organisation operated with four regions, with Lincolnshire situated in the Midlands and East region. There will now be seven regions, with Lincolnshire located in the Midlands region, which also comprises Derbyshire; Herefordshire; Leicestershire (including Leicester); Nottinghamshire (including Nottingham); Shropshire; Staffordshire; Warwickshire (including Birmingham, the Black Country, Coventry and Solihull); and Worcestershire.

It is expected that joint Regional Directors will be identified by early autumn with these new arrangements taking effect very shortly thereafter.

6. Lincolnshire Health and Wellbeing Board Annual Report 2017/18

The Lincolnshire Health and Wellbeing Board is due to consider its Annual Report at its meeting on 5 June 2018. The report recognises the range of work that has been undertaken on behalf of the Board during 2017/18 and looks ahead to the opportunities and plans for 2018/19. The final section of the report gives an overview of health and wellbeing in Lincolnshire based on the latest data updates in the Joint Strategic Needs Assessment.

To access a copy of the report, please visit <https://www.lincolnshire.gov.uk/health-and-wellbeing/information-for-professionals/health-and-wellbeing-board/health-and-wellbeing-board/115337.article>

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