


# Agenda Item 4

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>14 December 2022</b>
Subject:	<b>Chairman's Announcements</b>

## 1. Information Previously Requested – 9 November 2022 Meeting

### GP Practice Information

Following consideration of the items on GP Provision on 9 November 2022, there were two questions where further information was requested:

- (a) Number of Missed Appointments – On 24 November 2022, NHS Digital released the latest monthly experimental statistics on GP activity, in which its data for October 2022 was set out. This includes data on the number of appointments where patients did not attend. NHS Digital recorded 500,062 appointments in Lincolnshire GP practices during October 2022, and 25,325 of these were recorded as ‘did not attend’. This represents 5.1% of the number of appointments logged by NHS Digital, and is just below the national and regional averages where ‘did not attends’ stood at 5.6%.

As part of the 500,062 appointments in Lincolnshire captured by NHS Digital, 19,679 were recorded as ‘unknown’. Across England 1,580,814 appointments were recorded in the same way. The ‘unknown’ description is used as the status of the appointment was not changed from ‘booked’ to either ‘attended’ or ‘did not attend’. Although it is not known whether these appointments were attended or not, it needs to be stressed that these are merely counts of the final status of the appointment and do not reflect in any way the outcome of the patient consultation itself or onward referrals, which are recorded separately as part of the patient’s record.

NHS Digital uses the term ‘experimental statistics’ as they are in the testing phase and are not yet fully developed for several reasons such as the data may be of poor data quality and is undergoing further evaluation.

- (b) Care Quality Commission Date of Ratings of GP Practices – As reported to the Committee on 9 November, a total of 74 practices had been rated *Outstanding* or *Good*. Of these 74 ratings 60 were based on inspections which had taken place in 2019 or before. However, data and intelligence on each practice rated *Outstanding* or *Good* is reviewed each month, to see whether there is a need to programme an inspection. The latest round of monthly ratings took place on 3 November and in 63 out of the 74 cases, the CQC’s website had recorded the following statement:

“We reviewed the information and data available to use about this GP practice on 3 November 2022. We have not found evidence that we need to reassess the rating at this stage. We continue to monitor information about this service.”

GP practices rated as *Requires Improvement* are inspected at least once per year and practices rated as *Inadequate* are inspected every six months.

Details of the ratings of All GP practices, including inspection reports, are available on the CQC’s website: [www.cqc.org.uk](http://www.cqc.org.uk)

## 2. Government Autumn Statement 2022

### NHS Discharge Fund

On 17 November 2022, the government as part of its autumn statement confirmed a discharge fund for 2022/23 of £500 million, with £300 million allocated to integrated care boards (ICBs) to improve bed capacity; and £200 million allocated to local authorities to support the social care workforce. The government has stated that the key areas of focus for the months ahead will be:

- supporting the workforce including more staff for NHS 111 and 999;
- focusing on recovery plans across electives, urgent and emergency care;
- tackling the issue of delayed hospital discharge;
- improving access to primary care; and
- ensuring a stronger future for health including maintaining momentum on the new hospital programme and investing in technology to improve patient outcomes

As reported as part of item 6 of this agenda [Lincolnshire Health and Social Care Patient Flow and Discharge Programme], £2.09 million will be available to NHS Lincolnshire Integrated Care Board (ICB) and £2.8 million to Lincolnshire County Council, with 40% coming in December and 60% in January 2023.

From its share of the Discharge Fund, NHS Lincolnshire ICB has committed £919,000 for the procurement of 60 active recovery beds in registered residential homes across the county up to 31 March 2023. Lincolnshire County Council is undertaking this procurement on behalf of the NHS, with a decision due on 6 December 2022. Further details of the active recovery beds in the decision report may be found at: [Delegated Decisions \(moderngov.co.uk\)](https://www.moderngov.co.uk)

## New Hospitals Programme

In addition, the government made a commitment to delivering its new hospitals programme, with an announcement on those hospitals to be allocated by the end of the calendar year. This affects two hospitals used by Lincolnshire residents:

- (a) Scunthorpe General Hospital, where as part of the Humber Acute Services programme a bid has been made for a new hospital; and
- (b) Queen Elizabeth Hospital King's Lynn, where there is a bid for a new hospital on the basis that the existing building is constructed from reinforced autoclaved aerated concrete, as support struts and other emergency measures cannot extend the life of the building beyond 2030. This hospital is used by people in the Sutton Bridge, Long Sutton, and Holbeach areas of Lincolnshire.

### **3. Lincolnshire Integrated Care System – Financial Position**

On 22 November 2022, the Lincolnshire Integrated Care Board (ICB) received a report on the overall financial position of the Lincolnshire Integrated Care System (ICS). The ICS had a financial target of a deficit at month 7 (October 2022) of £2.9 million, and a plan to breakeven against allocations by the financial year end. The actual position was a deficit of £16.1 million, which represented £13.2 million variation to the plan. The deficit at month 7 was due to:

- (1) the continued impact of Covid-19 costs, particularly in United Lincolnshire hospitals NHS Trust;
- (2) excess bed costs related to delayed discharges;
- (3) bank staff and agency volumes and rates of pay, mainly within acute settings; and
- (4) the high level of unidentified improvement schemes to meet the plan ambition.

It was reported to the NHS Lincolnshire ICB that there were material risks in the remaining five months of the financial year, with preparations being made for an adverse forecast position, which potentially could be at £35.1 million. NHS England has introduced a strict process for any deviations from an approved financial plan, which includes formal layers of key lines of enquiry and monitoring and management of key controls. NHS England has been advised and is ready to enact the protocol for the system to report a position adverse to plan. A year-end deficit of approximately £35.1 million is expected to be reported at month 8.

### **4. Care Quality Commission Report – Northern Lincolnshire and Goole NHS Foundation Trust**

On 2 December 2022, the Care Quality Commission (CQC) published an inspection report on Northern Lincolnshire and Goole NHS Foundation Trust, which covers all three of the Trust's hospitals. Two of these hospitals are Diana Princess of Wales Hospital, Grimsby, and Scunthorpe General Hospital. This report was based on inspections which took place between 28 and 30 June, and 26 and 28 July 2022.

The Trust's overall rating remains as *Requires Improvement*, which also applies to the three of the five domains: effective, responsive and well-led. The safe domain has improved from *Inadequate* to *Requires Improvement*, and the caring domain remains rated as *Good*. The full report (422 pages), which includes details on each hospital, is available on the CQC's website: [Northern Lincolnshire and Goole NHS Foundation Trust - Overview - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/2022/northern-lincolnshire-and-goole-nhs-foundation-trust-overview)

#### Diana Princess of Wales Hospital, Grimsby

The CQC found the following area of outstanding practice:

- *Diagnostic Imaging* – The CQC found that staff met regularly with colleagues at other Trust sites within the Yorkshire Imaging Collaborative to share learning and provide peer support. CT and MRI staff had implemented the use of transparent face masks to enable patients to lipread whilst maintaining infection control.

Some of the areas for improvement are set out below:

- *Urgent and Emergency Care Services* - The CQC stated that service must continue to appropriately recruit medical staff to ensure that there are sufficiently suitably qualified, competent and experienced staff on duty to meet the needs of patients and to ensure there is a consistent and sustainable workforce available. This included registered sick children's nurses as the emergency department was not meeting the Intercollegiate Emergency Standard to have sufficient registered sick children's nurses to provide two per shift.
- *Outpatients* - The CQC issued a requirement that the service must continue to address the challenges regarding overdue new and follow up appointments and ensure patients receive their appointment in a timely way across outpatient specialties. The service must ensure the 62-day cancer waiting times target for appointments is achieved.
- *Medicine* - The CQC stated that persons providing care or treatment to service users must have the qualifications, competence, skills, and experience to do so safely and the service must ensure there are appropriate numbers suitably qualified, competent, and experienced medical staff. persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform
- *Surgery* – The CQC stated that the Trust must ensure environmental issues in theatres do not pose risks to patient safety ensure root causes; and that conclusion findings identified from never event and serious incident investigations are actioned
- *Maternity* – The CQC stated that the Trust must ensure that they have enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment.

- *End of Life Care* – The CQC reported that the Trust must ensure that there are sufficient staff with the right qualifications, skills and training to keep people safe from harm; and the service must have an effective system which accurately identifies and tracks end of life and palliative care patients.

### Scunthorpe General Hospital

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- *Outpatients* - The CQC stated that the service must continue to address the challenges regarding overdue new and follow up appointments and ensure patients receive their appointment in a timely way across outpatient specialties; and the service must ensure the 62-day cancer waiting times target for appointments is achieved.
- *Medicine* - The CQC stated that the service must continue to monitor registered nurse establishment on the hyper acute stroke unit (HASU) and the stroke assessment unit to ensure adherence to best practice in line with national guidance recommendations of one to two patients.
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- *Maternity* – The CQC stated that the Trust must ensure that they have enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment.
- *End of Life Care* – The CQC reported that the Trust must ensure that there are sufficient staff with the right qualifications, skills and training to keep people safe from harm; and the service must have an effective system which accurately identifies and tracks end of life and palliative care patients.

## 5. Humber Acute Services Programme – Lincolnshire Maternity Voices

Each year 600 Lincolnshire women give birth at Diana, Princess of Wales Hospital, Grimsby and, in fewer instances, at Scunthorpe General Hospital. Maternity services at these two hospitals are being considered part of the Humber Acute Services Programme, which has advised that it has been targeting its engagement on these mothers, who mainly live in the Mablethorpe, Louth and Skegness areas.

Working in partnership with the NHS Lincolnshire Integrated Care Board and the Lincolnshire Maternity Voices Partnership, the Humber Acute Services Programme has stated that it has planned a series of engagement events, which will provide an opportunity for local women to tell us how any potential changes to maternity and neonatal services in the Humber area might impact them. These include events at the children's centres in Louth and Binbrook, and at the midwifery clinic in Mablethorpe. Prior to these targeted events, an engagement event was held at the Storehouse in Skegness on 11 October 2022.

## 6. Statutory Guidance on the Armed Forces Covenant Duty

On 8 November 2022, the Government issued revised statutory guidance on the *Armed Forces Covenant Duty*. The revised guidance takes account of a change to the Armed Forces Act 2006 made in 2021, which affects the NHS. The full document is available at the following link: [Armed Forces Covenant Duty Statutory Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114144/armed-forces-covenant-duty-statutory-guidance-2022.pdf)

Chapter 2 of the statutory guidance is on healthcare and explains how the duty applies to NHS bodies in their delivery of primary care and secondary care. The NHS Lincolnshire Integrated Care Board is committed to the *Armed Forces Covenant Duty*, as are the three Lincolnshire-based provider trusts.

Census data from 2021 indicate that in Lincolnshire there are 37,704 people who previously served in the regular armed forces, and a further 5,292 who previously served in the reserve armed forces. In addition, 1,815 had previously served in both regular and reserve armed forces. Overall, these three groups represent 5.4% of the Lincolnshire population.