



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
17 JANUARY 2018**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, R H Trollope-Bellew and M A Whittington

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council)

Healthwatch Lincolnshire

Dr B Wookey and Maria Prior

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Partnership), Jane Green (Assistant Contract Manager, NHS England), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership), Caroline Walker (Deputy Chief Executive, North West Anglia NHS Foundation Trust), Rachel Wilson (Democratic Services Officer), Jason Wong (Chair, Dental Local Professional Network) and Jeff Worrall (NHS Improvement)

County Councillors L Wootten, R Wootten and R A Renshaw attended the meeting as observers.

53 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

There were no apologies for absence or replacement members.

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54 DECLARATIONS OF MEMBERS' INTEREST

Councillor Mrs P F Watson advised the Committee that she was currently a patient of United Lincolnshire Hospitals NHS Trust.

There were no other declarations of Members' interests at this point of the proceedings.

55 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 13 DECEMBER 2017

Councillor M A Whittington asked that page six of the agenda pack, at minute number 47 (Chairman's Announcements), under the section "The Next Steps" be amended to include 'the East of England Clinical Senate' as follows:-

"In addition to representation from ULHT at that meeting, representatives from the CCGs, NHS Improvement and the East of England Clinical Senate would also be invited to attend."

The Chairman highlighted the following errors within the minutes:-

- The final paragraph on Page 11 of the agenda pack should read **pose** and not **posed**; and
- Paragraph two on page 12 of the agenda pack should read "*voluntary car scheme*" and not *voluntary care scheme*"

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire, held on 8 November 2017, with the amendments noted above, be agreed and signed by the Chairman as a correct record.

56 CHAIRMAN'S ANNOUNCEMENTS

The Chairman referred to the announcements circulated within the agenda pack which included the following areas:-

- United Lincolnshire Hospitals NHS Trust – Appointment of Interim Chair of the Board;
- Winter Pressure Funding for Lincolnshire;
- Psychiatric Clinical Decisions Unit – Lincoln County Hospital; and
- Non-Emergency Patient Transport Service

In relation to the Psychiatric Clinical Decisions Unit at Lincoln County Hospital, Councillor Mrs K Cook advised that she had attended the official opening and had been impressed by the unit and thought this would provide a good service for the county.

RESOLVED

That the Chairman's Announcements be noted.

57 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION
PARTNERSHIP UPDATE

Consideration was given to a report on behalf of the Lincolnshire Sustainability and Transformation Partnership (STP) which provided the Committee with information on the development of the Lincolnshire STP and the current position.

John Turner (Senior Responsible Officer, Lincolnshire STP) and Sarah Furley (Programme Director, Lincolnshire STP) introduced the report and advised that good progress had been made on key areas of the STP. It was also noted that the STPs had evolved over the last nine months from 'plans' to 'partnerships' with current thinking nationally describing STPs as working at a health and care system level.

There remained a strong case for change which was shared by the collective leadership, partner organisations and stakeholders in Lincolnshire. The Case for Change was published in June 2016 and, despite the excellent dedication and commitment of staff, the NHS in Lincolnshire remained severely challenged in the following areas:-

- Deteriorating Quality;
- Significant Staffing Challenges; and
- Deteriorating Finances.

The Committee was advised that the system deficit was anticipated to reach £100m and not £70m as noted within the report.

As part of the STP as a plan (rather than a partnership or system), Lincolnshire had been focussing on seven key priorities since April 2017, all of which were now starting to deliver real change for people accessing care and support across the county. The seven key priorities were noted:-

- Mental Health;
- Integrated Neighbourhood Working;
- Implementation of GP Forward View;
- Urgent and Emergency Care Transformation;
- Operational Efficiencies;
- Planned Care; and
- Acute Care Reconfiguration/Acute Service Review

The Committee was advised that there was a specific challenge within mental health as there were too many Lincolnshire residents being treated out-of-county for mental health care.

In relation to Operational Efficiencies it was noted that integrated working for back office functions would be essential in the future and could, potentially, provide a saving of £60m over five years.

As part of the STP, the future configuration of acute services was being given greater consideration. The Acute Service Review would also include all hospitals in neighbouring counties attended by Lincolnshire residents. The review would focus on the following question:-

What is the optimum configuration of ULHT services and the role of neighbouring acute trusts, in order to achieve a thriving acute hospital service in Lincolnshire and for the population as a whole and to deliver clinical, staffing and financial sustainability across the Lincolnshire NHS health economy?

The first part of the review would engage with senior clinicians and the second part would look at the analytics of 32 specialities and how these could be configured to allow the best quality of care to be delivered whilst retaining the right level of staff. Initial proposals would be identified by the end of February 2018, following which the proposals would be subject to the standard NHS England assurance processes. All this would take place prior to any formal public consultation.

The STP accepted that more engagement, communication and information was required from the public, council, district council, patient groups, etc.

There was also a requirement to consult on major service reconfigurations and the Committee would be invited to consider proposals as and when required.

It was confirmed that the STP utilised the Joint Strategic Needs Assessment (JSNA) as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

During discussion, the following points were noted:-

- There had been a national directive to change from a plan to a partnership and this was intended to bring all local partners together;
- Clinical analysis and business analytics would indicate what was required in different service areas to ensure that the best quality of care could be provided. This work would highlight if services would be best concentrated to certain areas or if there would be benefit in having more local bases;
- The STP was working with One Public Estate (OPE) to address estate issues. Hospital services and specialities within the hospital estate were being reviewed to ascertain if the estate was fit for purpose;
- The Committee expressed concern that public consultation appeared to be lacking despite a number of proposals within the plan. It was explained that this concern had been noted at the last meeting and engagement with the public would increase as a result. It was further confirmed that any significant changes to services would require formal public consultation in addition to this informal engagement;
- NHS colleagues indicated that the relationship with senior executives within the County Council was strong and effective and the strength of the partnership was part of the reason why Delayed Transfers of Care (DTOC) had improved;

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- One member of the Committee noted that in December 2016 the County Council had agreed a motion that it had no confidence in the STP in its current form, and was dismayed with the NHS plans despite that decision;
- Neighbourhood teams were intended to create integration between GPs, Social Workers, Health Visitors, Mental Health, etc, to ensure joint working to provide a better service. It was reported that GPs in the south of the county were enthusiastic about Neighbourhood Teams as it was anticipated this would assist GPs in delivering the right care and the right time;
- It was confirmed that the Psychiatric Clinical Decisions Unit did accept admissions from across the county but there were no plans to have more across the county until the impact and success of this unit could be measured. 100 additional clinical staff had been recruited by Lincolnshire Partnership NHS Foundation Trust (LPFT) who were on track to recruit a further 300 wte staff by 2021;
- The membership of the Lincolnshire Coordinating Board included the chairmen of seven health organisations plus non-executive directors from East Midlands Ambulance Service (EMAS) and the Chairman of the Lincolnshire Local Medical Committee (LMC). The Chair of the Lincolnshire Health and Wellbeing Board, in addition to Chief Officers and Chief Executives of all these organisations, also attended the meetings which met on a monthly basis;
- The Committee did not see the correlation between the seven priority areas and how they would impact on the Case for Change. It was agreed that the future reports would include the staffing, quality and financial impacts for each priority;
- It was highlighted that the £100m savings required was £100m per annum and was recurrent and the Committee was keen to understand how these savings were to be made. Project plans were in place and would be made available to the Committee in addition to the information requested against the seven priorities.

RESOLVED

1. That the progress on the delivery of the Lincolnshire Sustainability and Transformation Partnership be noted; and
2. That future reports on the STP to the Health Scrutiny Committee for Lincolnshire include the project plans; and staffing, quality and financial impacts for each of the seven priorities.

58 GRANTHAM AND DISTRICT HOSPITAL ACCIDENT AND EMERGENCY DEPARTMENT

Consideration was given to a report by the Health Scrutiny Officer which invited the Committee to consider the implications of the report by the East of England Clinical Senate on the Review of Accident and Emergency Services at Grantham and District Hospital (United Lincolnshire Hospitals NHS Trust).

The Chairman welcomed Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals, NHS Trust (ULHT)), Dr Neill Hepburn (Medical Director, ULHT), John

Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP)) and Jeff Worrall (NHS Improvement).

The report by the East of England Clinical Senate contained five recommendations as précised below:-

- Recommendation 1;
 - The Panel did not support the reopening of the 24/7 A&E department at Grantham Hospital on the grounds of potential adverse impact on patient safety at A&E Departments at all three ULHT hospitals;
 - The Panel strongly recommended on the grounds of patient safety, that ULHT Trust Board reconsider the proposal to extend the current A&E service opening hours at Grantham and District Hospital; and
 - The Panel recommended that the Trust continue to provide an A&E service at Grantham and District Hospital on the current opening hours;
- Recommendation 2;
 - The Panel recommended that in order to make it clear for patients and the public the type of service available at Grantham and District Hospital A&E Department, the Trust consider relabelling or renaming the department and ensure that it communicates this message widely. It was also recommended that 'A&E Centre' not be applied to Grantham and District Hospital in any further model;
- Recommendation 3;
 - The Panel recommended that the Trust should move to a single A&E team with a focus on standardised clinical pathways and processes across the three sites;
- Recommendation 4; and
 - The Panel recommended that the Trust and CCG have clear alignment with the Lincolnshire STP, developing a system approach to urgent and emergency care, and planned care for patient and the public. The Trust and STP should move to public consultation on an agreed future model as quickly as possible;
- Recommendation 5;
 - The Panel recommended that ULHT work with the local CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, public, patients and locally elected representatives were given the opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites;
 - The Panel recommended that the communication and engagement strategy develop plans to ensure that any changes to the designation, opening times and pathways related to emergency care provision were clearly communicated with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

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Jan Sobieraj (Chief Executive, ULHT) confirmed that the ULHT Board had considered the report by the Clinical Senate on 15 December 2017 and resolved to heed the expert advice and accept the key recommendations to maintain the current hours at Grantham A&E.

The Chairman advised that, in accordance with the County Council's Constitution, a request to speak had been expressed by:-

- Councillor R Wootten (Lincolnshire County Council (Grantham North));
- Councillor L Wootten (Lincolnshire County Council (Grantham East)); and
- Councillor D C Morgan (South Kesteven District Council)

Following the accepted convention, speakers would be allowed up to three minutes to address the Committee.

Prior to inviting the speakers to address the Committee, the Chairman proposed the following motion, which was also circulated to Members:-

1. The Health Scrutiny Committee for Lincolnshire notes that on 15 December 2017 United Lincolnshire Hospitals NHS Trust Board acted as the 'responsible' person in considering a proposal concerning the opening hours at Grantham and District Hospital Accident and Emergency Department including a proposal to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week; and as a result the Board was considering a proposal for a substantial development of the health service or a substantial variation in the provision of such a service (*in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*);
2. In accordance with Regulation 23(9)(a) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a referral be made to the Secretary of State for Health and Social Care on the basis that the Committee is not satisfied that the consultation on the decision by the United Lincolnshire Hospitals NHS Trust Board on 15 December 2017 not to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week was adequate in both its content and the time allowed.

This motion was seconded by Councillor M A Whittington.

The Chairman invited Councillor R Wootten to address the Committee, during which the following points were noted:-

- Several campaign groups and thousands of residents had signed petitions to reinstate the department 24/7, however the decision had still been taken to continue with the reduced hours despite appointing the required number of middle grade doctors;
- Dismayed that consideration was also being given to rename the department;
- The Committee was referred to the document 'Shaping Health for Mid Kesteven' and the response from ULHT reporting that there were no plans to downgrade the A&E Department at Grantham & District Hospital further

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suggesting that Grantham had a bright future as a hub for local healthcare services;

- Having attended the Grantham Locality Forum, Councillor Wootten reported that 3000 residents had been consulted which was only 0.5% of the population of Lincolnshire;
- The Leader of South Kesteven District Council had indicated his support for both Councillors and campaign groups in this matter and had written to the Secretary of State for Health and Social Care, MPs, ULHT, the Chairman of the Health Scrutiny Committee for Lincolnshire and the Leader of Lincolnshire County Council. The letter outlined the strong feeling amongst campaign groups, residents and local councillors; and
- Councillor Wootten fully supported the motion presented by the Chairman and the action proposed.

The Chairman invited Councillor L Wootten to address the Committee, during which the following points were noted:-

- Councillor Wootten advised that she was speaking on behalf of residents of Grantham and surrounding villages;
- Councillor Wootten had also attended the Grantham Locality Forum to discuss the ULHT 2021 Strategy and reconfiguration of estates and, although this looked favourable on paper, she was aware of the current special measures of ULHT and therefore was not convinced of the content;
- Councillor Wootten felt it was demoralising for NHS staff to be constantly under surveillance and scrutiny and stated that the work of all the doctors and nurses providing care to residents was wholly appreciated and completely valued;
- The Trust Board had taken the decision to close the department on the grounds of safety without proper consultation and now residents were faced with the STP despite the Council rejecting the STP in its current form;
- If the department was not an A&E Department, it was questioned why the sign said it was;
- It appeared that this department had been downgraded 'by the back door' and that there was no clear vision of the Trust or the CCGs for a way forward;
- The principles of the STP appeared to be working against Grantham A&E even though thousands of residents, campaign groups and the Health Scrutiny Committee for Lincolnshire had voiced their concerns;
- Grantham residents could not continue with this level of uncertainty and the Committee was urged to challenge the recommendations within the report of the East of England Clinical Senate; and
- It was suggested that the Grantham estate could be reconfigured and utilised more, for example as a day care unit for elective surgery.

The Chairman invited Councillor D C Morgan (South Kesteven District Council) to address the Committee, during which the following points were noted:-

- Councillor Morgan advised that her council seat covered some of the poorest areas in Grantham which houses approximately 120k people;

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- The department had been closed initially due to staffing issues and now the recommendations were to escalate this decision and to remove or amend the current signage;
- The manner in which the work by the Clinical Senate was undertaken was questioned;
- It was suggested that ULHT was under huge pressure to keep the unit closed due to the recommendations of the Clinical Senate who had severely underestimated the need for it;
- Consultation had not taken place with local patient groups, nor did the senate challenge conflicting evidence from the Health Scrutiny Committee for Lincolnshire and ULHT; and
- SOS Grantham Hospital had submitted a Freedom of Information request to find out the number of patients treated at Grantham A&E. Contrary to the reports made by ULHT, the request indicated that 6700 critically ill patients had been admitted after they presented at the unit.

The Chairman thanked the speakers and invited Members to ask questions, during which the following points were noted:-

- The Committee had been advised previously that 21 middle grade doctors were required to enable the department to be reopened overnight. Once that level had been reached, the Committee was dismayed to learn that NHS Improvement changed the number of middle grade doctors required, following advice from the East of England Clinical Senate Clinical Review Panel;
- It was reported that it would have been irresponsible of ULHT not to act on the advice of the Clinical Senate Clinical Review Panel;
- NHS Improvement confirmed that it was ultimately the Trust Board's decision but that the Trust also worked within an accountable system and would be expected to take proper account of any safety concerns. It would be expected that any recommendations from the Clinical Senate would be heeded and, if not, NHS Improvement had powers to replace the Chair and members of the Trust Board;
- Winter pressures had been incredibly hard this year which had put the NHS under considerable strain. It was reported that plans were working, non-essential procedures had been reduced and staffing levels increased which had meant the system was relatively resilient;
- Postcode activity of Grantham patients had been tracked as a result of the overnight closure and it was reported that the number of patients presenting at Lincoln was very small. Hospitals in neighbouring counties had also been contacted and the number of patients from Grantham were so small that there had been no specific problems raised;
- It was confirmed that long-term savings as a result of the closure had not been assumed and it was stressed to the Committee that the decisions taken at Grantham A&E had never been financially driven;
- The Committee indicated that the Clinical Senate had not engaged people to enable them to consider and challenge the decision;
- It had been previously reported that the reason for part-closure was due to clinical safety and the need to reach a level of 21 wte middle grade doctors

before the unit could be reopened. It was unclear why this issue had been passed to the Clinical Senate when that level of staffing had been reached;

- The report of the Clinical Senate suggested that the situation to restore the overnight service at Grantham would result in an unsafe effect on the other units at Lincoln and Boston which could not be ignored. There was a risk that the staffing level could reduce again which would result in the part-closure being reinstated thereby destabilising the service further;
- NHS Improvement had recommended to the Trust that a Clinical Safety Review be requested, as part of which the Clinical Senate considered the change in the number of middle grade doctors required. Mr Worrall confirmed that this was not the role of NHS Improvement. Councillor Whittington asked that his dissatisfaction with this statement be noted within the minutes;

RESOLVED (Unanimously)

1. The Health Scrutiny Committee for Lincolnshire notes that on 15 December 2017 United Lincolnshire Hospitals NHS Trust Board acted as the 'responsible' person in considering a proposal concerning the opening hours at Grantham and District Hospital Accident and Emergency Department including a proposal to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week; and as a result the Board was considering a proposal for a substantial development of the health service or a substantial variation in the provision of such a service (*in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013*);
2. In accordance with Regulation 23(9)(a) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a referral be made to the Secretary of State for Health and Social Care on the basis that the Committee is not satisfied that the consultation on the decision by the United Lincolnshire Hospitals NHS Trust Board on 15 December 2017 not to re-open Grantham and District Hospital Accident and Emergency Department 24 hours per day seven days per week was adequate in both its content and the time allowed; and
3. That a report be brought to a future Health Scrutiny Committee for Lincolnshire to present plans for the future of Grantham and District Hospital Accident and Emergency Department.

At 1.00pm, Mr B Wookey and Councillor R H Trollope-Bellew left the meeting and did not return.

59 NHS DENTAL SERVICES OVERVIEW FOR LINCOLNSHIRE

Consideration was given to a report from NHS England – Midlands and East (Central England) and the Dental Local Professional Network which provided an overview of the NHS Dental Services commissioning in Lincolnshire and an update on the current challenges and commissioning intentions to improve NHS dental services and oral health across Lincolnshire.

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Jane Green (Assistant Contract Manager, Dental and Optometry, NHS England – Midlands and East (Central Midlands)) and Jason Wong (Chair of the Dental Local Professional Network) introduced the report and explained the local context.

The Central Midlands Local Office was responsible for commissioning NHS primary community and secondary care dental services and had two locality teams who managed dental and optometry commissioning. Lincolnshire formed part of the North Locality which also covered Leicestershire and Rutland.

There were currently 72 contracts within Lincolnshire providing NHS dental services, one of whom was piloting a new prototype dental contract to test a new remunerations system. This blended activity and capitation (patient registration) and aligned to financial and clinical drivers to focus on prevention and continuing care.

The report highlighted that the following Local Authority areas in Lincolnshire had access rates below the NHS England and Leicestershire and Lincolnshire average:-

- Boston (children and adults);
- Lincoln (children and adults);
- South Holland (children and adults); and
- North Kesteven (adults)

These outcomes had been reviewed by the local office in addition to patient engagement and consultation feedback and it was agreed to commission new contracts as part of the dental procurement programme in order to improve access to general dental services in priority areas identified within the resource envelope:-

- Boston;
- Lincoln;
- Sleaford (North Kesteven); and
- Spalding (South Holland)

The Local Office were supporting the Chief Dental Officer Smile for Life initiative and had launched the 'Starting Well' programme in Leicester and Luton. The learning from this programme would be fed into the Lincolnshire area in due course.

During discussion, the following points were noted:-

- The actual figures of the regional and national averages were not available but would be provided to the Health Scrutiny Officer after the meeting;
- Access rates rather than waiting lists were used to choose new areas for practices in addition to the population rates;
- The nearest dental colleges to Lincolnshire were in Birmingham and Sheffield and trainees seemed to return to those areas following training placements in Lincolnshire. NHS England were also working on foreign recruitment of dentists so this could also be considered in improving retention;
- Smile for Life had held a launch event with eight sites commencing in Leicester City on 1 February 2018. There was not a separate dental budget as this formed part of the overall primary care budget and the difficulty had

been trying to stress the importance of this initiative. Due to funding, it was not expected that this initiative would be rolled out in the near future;

- Some schools in Lincolnshire were running initiatives in dental health and it would be helpful if more could be done to support and promote this.

The Chairman requested that a progress report be presented to the Committee in six months.

RESOLVED

1. That the report and contents be noted; and
2. That an update report be added to the Committee's Work Programme

NOTE: At 1.26pm, the Committee adjourned for lunch and reconvened at 2.15pm.

Councillors R H Trollope-Bellew, M T Fido and Dr B Wookey submitted apologies for the afternoon session of the meeting.

60 UPDATE ON DEVELOPMENTS AT NORTH WEST ANGLIA NHS FOUNDATION TRUST

The Chairman welcomed Caroline Walker, Deputy Chief Executive for the North West Anglia NHS Foundation Trust to the meeting. The Committee received an update on key areas of development at the North West Anglia NHS Foundation Trust since its formation on 1 April 2017, which oversees the running of Stamford and Rutland Hospital, Peterborough City Hospital (PCH) and Hinchingsbrooke Hospital in Huntingdon.

The Committee was advised of the following during the update:

- It was hoped that members were reassured with the developments taking place that Stamford and Rutland Hospital was still key part of the Trust's offer.
- A base for the Trust had been created which reconfirmed its commitment to that site so that services were where patients needed them. It would also be a base for the South Lincolnshire Neighbourhood Team as there was space for everyone to work from Stamford, re-affirming the commitment to treat patients locally.
- Members were advised that the merger had taken place in April 2017 and there was a 5 – 10 year plan to deliver all the benefits.
- Staff were working to deliver benefits and one of the main benefits was about maintaining clinical services across all sites. This was the main focus of a lot of the work, and there had been no deterioration in performance of any of the services as a result of the merger.
- Some clinical benefits had been delivered already, but some would take longer to deliver.
- It was reported that the hospital were working together and so some of the services could be integrated. It was noted that some of the clinical teams had been integrated so that clinicians were moving between sites instead of patients.

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- Members were also advised that workforce remained one of the biggest issues and the Trust was trying to recruit internationally as well as within this country.
- It was reported that the planned first year savings would be achieved, mainly from efficiencies to the back office function. There was a commitment to make no savings from clinical services.

The Committee was provided with the opportunity to ask questions of the officers present in relation to the information contained in the report and some of the points raised during discussion included the following:

- In relation to the minor injuries unit, it was queried how well it had performed, and members were advised that it did treat every patient within four hours 100% of the time.
- In terms of workforce, it was reported that the Trust was approximately 150 nurses short of where it wanted to be (around 2,000 nurses in all) so there was about a 10-15% vacancy rate. The Committee was reassured that shortfall was being covered through agency staff, bank staff and overtime. However, this came at a premium in terms of cost. It was also noted that there were 56 consultant posts vacant. It was noted that this was not a general shortage, as some areas were fully established, but there were some types of doctors who were difficult to recruit.
- It was commented that it was refreshing to have a positive statement coming through and there were a lot of people in the Grantham area who would opt to go to Stamford or Peterborough hospital for treatment.
- It was noted that referrals had gone up by 10% for the south of the county.
- Members were supportive of the inclusion of local people and users of the services as community representatives in the governance structures.
- In terms of finance, it was noted that when the sites merged there was £11million of debt, and it was expected that the Trust would make £9million of savings. Members were advised that every Trust had to deliver savings, and it was hoped that the £9million would be saved through changes to back office functions.
- It was noted that the total revenue budget for the whole Trust was £418 million, and a £42million deficit was expected for the year. However, members were informed that Peterborough was reducing its deficit every year, and this was one of the commitments from the Board. The aim was for the deficit to be at £32million for the following year. The costs associated with covering the vacancies were having a major effect on the budget.
- In terms of the staffing issues and the reliance on Locums, it was noted that the vacancies were not being filled due to a lack of skills, but that doctors found it more beneficial to work as locums.
- It was queried whether there was a lot of opposition to the merger, and it was acknowledged that there was some, but this was due to a misunderstanding that the Stamford site might close.
- In relation to the 62 day referral for cancer care targets which was falling marginally short of the standard, members were advised that the initial referral was always within two weeks, and it was after this that the 62 days commenced, but patients would then need to have all relevant tests,

screenings and start treatment for recovery. In the vast majority of cases this target was able to be met.

- It was queried whether Thames Ambulance Service delivered any patients to the Trust's sites and it was confirmed that it did provide non-emergency patient transport for Lincolnshire patients and that some problems had been experienced.
- It was queried what effect the repayment of the PFI had had on budgets. Members were advised that of the £20 million deficit Peterborough had, £15million of that was due to PFI. It was noted that there were another 26 years left and then Peterborough City Hospital would be owned by the NHS. It was acknowledged that there were risks and benefits to PFI.
- In relation to PFI, it was confirmed that work was underway to ensure that the cost of this was recognised in the way the Trust was funded, and it was acknowledged that some subsidy had been received.
- It was queried how the issue of it being more attractive to nursing staff to work for an agency rather than the NHS directly could be tackled. It was noted that work was underway to try and address this with a three year pay award and recruiting into training.
- It was commented that for doctors, being a locum was not always the best option as there could be significant insurance costs, as well as agency fees.

The Vice-Chairman proposed that the Deputy Chief Executive of the North West Anglia NHS Foundation Trust be thanked for her presentation and that she come back to a future meeting to keep the Committee informed of progress.

RESOLVED

That the Committee receive a further update on developments at the North West Anglia NHS Foundation Trust at a future meeting.

61 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018 - RESPONSE OF THE HEALTH SCRUTINY COMMITTEE

It was reported that on 8 November 2017 the Committee considered a report on the process for developing the Lincolnshire Pharmaceutical Needs Assessment (PNA) and a working group was established to respond to the consultation questions in the draft Lincolnshire PNA. The consultation draft was published on 11 December 2017 and the Committee's working group met on 19 December 2017. The working group's responses to the questions were circulated with the agenda for the Committee's consideration. It was noted that the closing date for the consultation was 11 February 2018.

It was highlighted that there was a need to ensure that provision would be able to meet the needs from the growth in housing developments over the next five years. It was noted that this had been covered in the response.

RESOLVED

That the Health Scrutiny Committee for Lincolnshire approves the responses of the Committee's working group (attached at Appendix A of the report), to the questions in the consultation draft of the Lincolnshire Pharmaceutical Needs Assessment.

62 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focused where it would be of greatest benefit.

Appendix A to the report provided the work programme from 21 February 2018 to 16 May 2018.

The Committee was advised that the Lincolnshire STP item on 21 February 2018 would be focusing on one of the seven priorities in the document.

A discussion took place regarding how frequently the non-emergency patient transport item should be on the Committee's agenda and the approach that should be taken to challenge Thames Ambulance Service, as provider, and Lincolnshire West CCG, as commissioner, on the levels of performance. The Chairman advised that he would raise the concerns of the Committee on this issue with Lincolnshire West CCG. It was suggested that a way forward for approaching this issue at future meetings of the Health Scrutiny Committee would be discussed at the next agenda setting meeting.

RESOLVED

That the work programme as presented be agreed.

The meeting closed at 3.25 pm