Lincolnshire COUNTY COUNCIL *Working for a better future*		**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

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 17 January 2018 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, R H Trollope-Bellew and M A Whittington

District Councillors: P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District 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

AGENDA

Item	Title	Pages
	information on the development of the Lincolnshire Sustainability and Transformation Partnership (STP) and the current position of the STP)	
6	**Grantham and District Hospital Accident and Emergency Department** *(To receive a report on Grantham and District Hospital Accident and Emergency Department which invites the Committee to consider the implications of the report by the East of England Clinical Senate. Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust; Dr Neil Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust; John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership, will be in attendance)*	31 - 74
7	**NHS Dental Services Overview for Lincolnshire** *(To receive a report from Jane Green, Assistant Contract Manager, Dental and Optometry, NHS England – Midlands and East (Central Midlands); and Jason Wong, Chair, Dental Local Professional Network, which provides the Committee with an overview of the NHS dental services commissioned in Lincolnshire and update on the current challenges and commissioning intentions to improve NHS dental services and oral health across Lincolnshire)*	75 - 84
LUNCH 1.00PM - 2.00PM		
8	**Update on Developments at North West Anglia NHS Foundation Trust** *(To receive a report from Caroline Walker, Deputy Chief Executive, North West Anglia NHS Foundation Trust, which provides an update to the Committee on key areas of development at the North East Anglia NHS Foundation Trust since its formation on 1 April 2017)*	85 - 90
9	**Lincolnshire Pharmaceutical Needs Assessment 2018 - Response of the Health Scrutiny Committee** *(To receive a report from Simon Evans, Health Scrutiny Officer, which provides an opportunity for the Committee to consider the responses of the working group to the questions in the Pharmaceutical Needs Assessment which was published on 11 December 2017)*	91 - 94
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on the content of its work programme)*	95 - 98

Tony McArdle
Chief Executive
9 January 2018

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
13 DECEMBER 2017

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.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Lynne Bucknell (County Manager, Special Projects and Hospital Services), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Graham Briggs (Director of Corporate Services and Workshop, Thames Ambulance Service Limited), Sue Flintham (North Regional Director, Thames Ambulance Service Limited), Tim Fowler (Director of Commissioning and Contracting, Lincolnshire West CCG), Tracy Hodgkiss (Improvement Director, Thames Ambulance Service Limited), Blanche Lentz (Acting Chief Operating Officer, Thames Ambulance Service Limited), Samantha Milbank (Accountable Officer, Lincolnshire East CCG) and Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG).

County Councillor Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) attended the meeting as an observer.

44 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor T Boston (North Kesteven District Council).

45 DECLARATIONS OF MEMBERS' INTEREST

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

46 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 8 NOVEMBER 2017

RESOLVED

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

47 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that further to the announcements circulated as part of the agenda, the following supplementary information was circulated at the meeting for the Committees consideration:-

United Lincolnshire Hospitals NHS Trust Grantham and District A & E Department – Additional Information

That the United Lincolnshire Hospitals NHS Trust (ULHT) Board was meeting on 15 December 2017 to consider a report on the opening hours of Grantham and District Hospital's A & E Department, which was currently closed each night between 6.30pm and 8.00am. The Committee was advised that further information had been published on 12 December 2017, which included reference to the details as shown below:-

Decision of ULHT Board on 7 November 2017

On 7 November 2017, the ULHT Board had agreed that it wanted to re-open Grantham and District Hospital A & E Department overnight, pending an independent review of staffing by NHS Improvement, the national regulator of provider trusts. NHS Improvement asked the East of England Clinical Senate[1] to undertake a safety review for all ULHT's A & E Departments and to see whether the opening hours of Grantham and District Hospital A & E Department could be extended.

Recommendations of the East of England Clinical Senate

In order to undertake the review, the East of England Clinical Senate had appointed a Clinical Review Panel, whose report had been published and contained the following five recommendations:

[1] The East of England Clinical Senate was requested to undertake the independent review by NHS Improvement to avoid a conflict of interest, as the East Midlands Clinical Senate is chaired by the Medical Director of ULHT.

Recommendation 1

- The Panel does 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 United Lincolnshire NHS Trust Hospitals.

- The Panel strongly recommends, on the grounds of patient safety, United Lincolnshire Hospitals NHS Trust Board reconsider its proposal to extend the current A & E service opening hours at Grantham and District Hospital.

- The Panel recommends that the Trust should continue to provide an A&E service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed.

Recommendation 2

The Panel recommends 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 look to re-labelling or re-naming the department, and ensure that it communicates that widely. The panel further recommended that the terminology 'A & E Centre' is not applied to Grantham and District Hospital in any further model.

Recommendation 3

The Panel recommends that the Trust should move to a single A & E team with a focus on standardised clinical pathways and processes across the three sites, removing any unnecessary variation and providing enhanced training opportunities.

Recommendation 4

The Panel recommends 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 recommends that United Lincolnshire Hospitals NHS Trust works with the local the CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, the public, patients and local elected representatives have an opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites, and not only for the Grantham site.
- The Panel recommends 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 are clearly communicated

with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

Advice of NHS Improvement

In a letter dated 5 December 2017, NHS Improvement had strongly advised the ULHT Board to follow the recommendations in the Clinical Senate's report.

Recommendation to the Trust Board

The recommendation to the Trust Board on 15 December 2017 is that it accepts the conclusions reached by the East of England Clinical Senate and follows their recommendations, which have been supported by NHS Improvement.

The Next Steps

The Committee was advised that it was planned to programme an item for the Committee's next meeting on 17 January 2018, which looked at the implications of the Clinical Senate's report and the ULHT decision. In addition to representation from ULHT at that meeting, representatives from the CCGs and NHS Improvement would also be invited to attend.

The Chairman invited the Committee to comment and raise any issues. The following issues were raised:-

- Some members expressed their disappointment at the decision of the East of England Clinical Senate appointed Clinical Review Panel; and welcomed that the Committee would be considering the matter further at the 17 January 2018 meeting;
- Some concern was expressed to the distance being travelled by patients to Lincoln, and whether the decision makers had taken into consideration the rurality of Lincolnshire;
- One member expressed disappointment that the Secretary of State had referred the matter for local determination;
- The impact of the uncertainty surrounding Grantham and District Hospital A & E Department was having on the recruitment of medical staff;
- One member suggested that a response should be made to United Lincolnshire Hospitals NHS Trust asking them not to make a decision on 15 December 2017, but to defer the item to their next meeting to give the Health Scrutiny Committee for Lincolnshire the opportunity to scrutinise the item at the 17 January 2018 meeting. A suggestion was also made for representatives from NHS Improvement, United Lincolnshire Hospitals NHS Trust, the Clinical Commissioning Group and the East of England Clinical Senate being invited to attend the 17 January 2018 meeting;
- A question was asked as to whether there was a substantial variation; and if there was could the matter be re-considered by the Secretary of State; and as a result would that stop the matter from progressing. The Health Scrutiny Officer advised that there had been no change except for an additional

opening hour, which the Committee were aware of. It was therefore felt that this would not stop the matter from progressing;

- Concern was expressed to the changes to the establishment numbers required, in that the number of middle grade staff required had increased from 28 to 38; and
- Some concern was expressed to the fact that if the Committee agreed to the East of England Clinical Senate recommendation 1 that this would prejudice any future consultation on A & E Services at Grantham and District Hospital; and to the fact that the current restricted opening hours would in effect be made permanent; and that the consultation exercise would be based on these opening hours as the status quo, rather than the previous 24/7 service.

RESOLVED

1. That the Health Scrutiny Committee's disappointment with the recommendations of the East of England Clinical Senate report *(Review of Accident and Emergency Services at Grantham and District Hospital – Report of the Independent Clinical Review Panel – 22 November 2017)* be recorded.

2. That the Health Scrutiny Committee's opposition to the first recommendation in the East of England Clinical Senate report *(Review of Accident and Emergency Services at Grantham and District Hospital – report of the Independent Clinical review panel – 22 November 2017)* be recorded, on the basis that acceptance of the first recommendation would prejudice any future consultation on A & E Services at Grantham and District Hospital and the current restricted opening hours would in effect be made permanent; and the consultation exercise would be based on these opening hours as the status quo, rather than the previous 24/7 service.

3. That the Board of United Lincolnshire Hospitals NHS Trust be requested to defer its planned decision on 15 December 2017 in relation to the East of England Clinical Senate report to its next meeting on 26 January 2018, as this would enable the Health Scrutiny Committee to give detailed consideration to the Clinical Senate's report and recommendations at its next Committee meeting on 17 January 2018.

4. That representatives from NHS Improvement, United Lincolnshire Hospitals NHS Trust, the Clinical Commissioning Group and the East of England Clinical Senate be invited to the next meeting of the Committee scheduled for the 17 January 2018.

48 ALTERNATIVE PROVISIONS TO THE LINCOLN WALK-IN CENTRE

The Chairman welcomed to the meeting Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG), Sarah-Jane Mills, Chief Operating Officer LWCCG and Wendy Martin, Executive Lead Nurse and Midwife – Quality and Governance LWCCG.

The Chief Clinical Officer, LWCCG advised the Committee that a Push Doctor App had been promoting its online 'walk-in centre' services to patients in the Lincoln area. Confirmation was given that this was not a service that had been commissioned by LWCCG; and that LWCCG had had no interaction or conversations with the company behind the App. The Committee noted that a statement to this effect had been released.

During their joint presentation, Officers from the Lincolnshire West Clinical Commissioning Group updated the Committee on the following issues:-

- Background – The Committee was reminded that on 12 June 2017, the Lincolnshire West Clinical Commissioning Group (LWCCG) had launched a public consultation on the future of the Walk-in Centre, this had concluded on 18 August 2017. Then, at the Governing Body meeting held on 27 September 2017, a decision had been taken to keep the Walk-in-Centre open over the winter period; and close only when the governing body was satisfied with the evidence based reviews. The first evidence based review had been presented to the Governing Body on 29 November 2017; and a further review was due to be presented to the Governing Body meeting on 24 January 2018. It was highlighted that the ten week public consultation had been extensive and had engaged patients, the general public; public bodies, key stakeholders including health care partners and the third sector;
- It was reported that attendance to the Walk-in-Centre had significantly reduced, and that October 2017 had seen a reduction of 26.8% from the previous year; and that the September attendances had been the lowest monthly attendances at the Walk-in-Centre for over two and a half years. The LWCCG had supported a targeted communications and engagement initiative by the University practice, during freshers' week to encourage students to register with a GP. As a result of the initiative, the Committee was advised that the University practice had seen a net increase in registrations of 3,150 students;
- Alternative provision – Page 22 of the report presented provided the Committee with a list of ongoing plans to strengthen alternative provisions in six key areas; and Appendix A to the report provided details of the status of the alternative provision plans. Other alternative provisions mentioned included GP same day access, arrangements for urgent need; skype access at the University practice; additional community pharmacists; GP Out of Hours; 111 supplemented by Lincolnshire Clinical Assessment Service; Neighbourhood Team implementation progression (Gainsborough and the South of Lincoln areas). The Committee was also advised that GP practices had confirmed that arrangements were in place to support any potential increase in demand. It was noted that on average there was approximately 3 - 10 additional appointments per practice per day. The Committee noted that as a result of concerns raised from the consultation, the LWCCG had a Communication Plan in place, a copy of which was detailed at Appendix C; and a Communications Initiatives Description was detailed at Appendix D for the Committees consideration; and Appendix E to the report provided the Committee with the LWCCGs Alternative Provisions Engagement Plan;

- A & E Attendances – The Committee was advised that the attendances to A & E were being kept under review. It was highlighted that communication reiterates that patients should only present themselves to A & E when it was an emergency; and if they were unsure, they should contact 111;
- Children's Hubs – It was reported that to enhance care for new parents and children the first of eight children's hubs had opened in Birchwood in the Lincoln City area. The children's hubs would be another source of advice and guidance for parents with children under five; and would also include health visitor advice and other appointments; and
- Transition Planning – The Committee was advised that the LWCCG had been working in partnership with the Lincolnshire Community Health Service (LCHS) who provided the Walk-in-Centre Services, to ensure that there was an effective plan for transition. It was noted that the transition plan incorporated the introduction of triage as a method to direct members of the public to the appropriate provision for them and provide education as to the alternative provision available. Appendix B to the report provided the Committee with a description of the alternative provisions.

In conclusion, the Committee was advised that progress would be ongoing relating to alternative provision plans as approved by the governing body, details of which were shown on page 25 of the report.

The Committee was invited to make any comments on the progress made and to highlight any areas where the Committee felt further information was required; comment on whether the Committee considered the communication and engagement plan addressed the issues highlighted in the consultation; and whether the Committee wished to have a one-off meeting with the LWCCG to discuss matters in further detail.

During discussion, the following points were raised:-

- Same day access to GPs for children under 12 – The Committee noted that if a same day appointment was not available then the parent should ring 111, as additional advisors had had extensive training regarding NHS and clinical matters and that pathways were already in place;
- A question was asked as to whether the University practice was solely for students. The Committee was advised that the practice was primarily for the university; but that other people could register at the practice. It was highlighted that attendance at the practice was monitored, and the practice mainly focussed on the needs of young people, with input from the Student Union. Reference was made for the need for better communication in relation to the practice;
- City Centre Practice Provision – The Committee was advised that one GP practice had been identified as struggling to match local demand and service capacity; and as a result the LWCCG was currently working with the practice to support them, and exploring ways of increasing their capacity;
- Children's Hubs – Confirmation was given that a lot of parents with young children had been attending the Walk-in-Centre for help and advice. The provision of children's hubs would provide an alternative route for parents to

take when needing advice. The Committee was advised that the proposal was for eight children's hubs in total, which would be spread across Lincolnshire. LWCCG representatives agreed to let the Committee have details as to their localities;

- A question was asked relating to whether there was any evidence as to why there had been a reduction in attendance to the Walk-in-Centre. The Committee was advised that better provision at the University practice; and better clinical advice services had been instrumental in reducing the numbers visiting the Walk-in-Centre;
- Clarification was given that alongside the consultation, there had been extensive drop-in sessions, at which members of the public had had their say, the responses received had then informed the direction of travel going forward. Some concern was expressed as to whether the GP practices would have the capacity to meet the demand. Assurance was given that this matter was being reviewed on a monthly basis; but so far there had not been any adverse impact due to the increased lists for GPs. The Committee requested that an evidence based report detailing activity should be received at the February 2018 meeting;
- Homelessness provision – Confirmation was given that provision would stay as it was; and that this provision would be monitored closely; and
- Copies of leaflets concerning alternative provision. Some concern was raised that there was still a need to promote further; as not all residents had access to social media. A further suggestion was made that easy to follow picture based leaflets would help get the message of alternative provision out to the general public.

RESOLVED

1. That the Committee's satisfaction with the progress made regarding improved access to GPs, the development of alternative provisions and the communication and engagement plans of the Lincolnshire West Clinical Commissioning Group (LWCCG) be recorded.

2. That a request be made for further evidence to be presented to the 21 February 2018 meeting, to substantiate the progress made on all areas of activity, including an analysis of the usage of the Walk-in-Centre on an hourly basis.

3. That the Chairman be authorised to meet with the LWCCG to discuss the initiatives and communication plans in more detail.

Note:

Councillors J Kirk, P Gleeson, R B Parker and M A Whittington abstained from voting on the resolution set out in 1 above.

49 NON-EMERGENCY PATIENT TRANSPORT SERVICE FOR NHS LINCOLNSHIRE CCG'S - THAMES AMBULANCE SERVICE LIMITED (TASL)

The Chairman welcomed to the meeting, firstly presenters from Thames Ambulance Service Limited (TASL):- Sue Flintham, North Regional Director, Graham Briggs, Director of Corporate Services and Workforce, Blanche Lentz, Acting Chief Operating Officer and Tracy Hodgkiss, Improvement Director and then secondly, the presenters from Lincolnshire West CCG, Sarah-Jane Mills, Chief Operating Officer and Tim Fowler, Director of Commissioning and Contracting.

The Committee had received a report from the Lincolnshire West Clinical Commissioning Group, which formed part of the agenda, which advised of the actions the LWCCG was taking to ensure that TASL were making the necessary improvements in the quality of services being provided to patients. A subsequent supplementary report from TASL had then been circulated to Committee by email, which advised of the actions TASL were under taking to make the necessary changes to deliver the contract performance, and to improve the patient experience of the service being provided.

In their presentation to the Committee, TASL advised that they had been awarded the NHS contract for delivery of Non-Emergency Patient Transport for the four CCGs following a competitive procurement process. The five year contract had commenced on 1 July 2017, (with the potential for an extension for a further two years). Details of the contract were shown on page two of the supplementary report.

The report highlighted that since the 'go live' date there had been issues relating to performance in line with the contract pertaining to journey planning, and significant delays in answering calls, which had resulted in patients not arriving on time, or not being collected in a timely manner on discharge. The Committee was advised that the service in Lincolnshire had been adversely affected by the distraction of management capacity to support the commencement of patient services in Leicestershire, and that the TASL Executive had agreed not to bid for any further work until performance in current TASL contracts were at a required level.

Following the issue of a formal Contract Performance Notice by the Lincolnshire CCGs on the 17 November 2017, the Committee was advised that in accordance with the contract TASL had submitted a Remedial Action Plan to the LWCCG. The Committee was advised further that work was ongoing with LWCCG to improve service provision. A list of the changes to enable TASL to work towards the Remedial Action Plan was shown on page three of the supplementary report.

As well as the changes detailed in the report, the Committee noted that TASL had implemented a new management structure which had commenced in August 2017, which had incorporated a regional devolution process, which would provide more control to the local team. The Committee was also advised that as a result of ill health, the Chief Executive Officer had recently resigned; and that the process of external recruitment for the post had commenced.

The Chairman invited members of the Committee to posed questions to TASL. The following issues were raised:-

- Whether TASL had had experience of the rural nature of Lincolnshire. The Committee was advised that TASL was aware of the rural nature of Lincolnshire; as they had similar contracts with Essex, Sussex, North and North East Lincolnshire and Hull;
- Knowledge of the importance of the voluntary sector, by way of the Voluntary Care Scheme. TASL representatives admitted that they had not handled the changes it had implemented relating to voluntary care scheme very well; and as a result a number of volunteers had withdrawn their services; which had resulted in TASL being unable to deliver the required service. Some concerns were strongly expressed to the fact that TASL had managed to destroy the Voluntary Car Scheme in Lincolnshire; and leave residents of Lincolnshire with an appalling non-emergency patient transport service;
- Contract Penalties – The Committee was advised that if the contractor failed to meet the key performance indicators, the contract provided for financial penalties being imposed;
- Contingency arrangements – A representative from TASL confirmed that TASL was committed to the contract for its full duration; and TASL would working alongside the LWCCG to rectify the situation; The Committee was advised that TASL wanted to make sure that the patient experience in Lincolnshire going forward was a better one;
- One member enquired as to the cost of missed appointments to the NHS. Lincolnshire West CCG representatives confirmed that they were working with TASL to help overcome the poor service; and confirmed that the contract did not cover the cost of missed appointment to the NHS;
- One member enquired as to whether TASL's performance was the same in other areas they covered. TASL advised that performance in other areas was not an issue. The factors that attributed to the poor performance was the commencement of the patient services in Leicestershire and Rutland, which had seen an increase in the number of calls taken, more than TASL had anticipated. The Committee was advised that generally there was a central pool handling all calls across the country except for Essex and Sussex. Another area that TASL had misjudged was the transaction of activity i.e., availability of vehicles and the correct planning of journeys were also factors as to why patients were late for appointments. It was reported that call handlers were now being trained in-house; and that calls and performance information was now being collated. TASL accepted the criticism expressed and agreed that their performance had not been acceptable. The Committee highlighted that they had no confidence or had received any reassurance that the November KPI's would be any better. The TASL representative advised the Committee that the start of the New Year would see an ongoing improvement of the service. The Committee agreed that performance information should be received by the Committee on a monthly basis so that performance could be closely monitored;
- One member expressed concerns received from users of the service and from voluntary car drivers. Particular reference was made to the fact that drivers only knew about some of the journeys in a day; and that drivers were expected to bear the cost of the first £500.00 if they were involved in an accident. TASL representatives advised that drivers now had hand held computers, and they

were now able to see the whole day's jobs; which was helping with delays. The Committee was advised that in relation to insurance claims, if a driver was found to be negligent, the excess amount on the insurance would be their liability;

- Late payment to staff – TASL confirmed that all staff were paid on time; and that overtime was paid once it had been approved;
- Some concern was expressed to the KPI information detailed on page 63 of the report. A question was asked as to whether the CCG was aware of TASL's bad performance; and whether they had been the cheapest in the tendering process. Representatives from the LWCCG confirmed that the contract had gone through the procurement process, which had been governed by a legal framework. TASL had come through the whole process with a high score. Confirmation was given, that TASL had been the cheapest in some areas specified in the contract, but not in all areas;
- The Healthwatch representative advised that Healthwatch had had the opportunity to speak with TASL and had raised the concerns of patients in Lincolnshire. These included the lack of knowledge regarding the geography of Lincolnshire; eligibility issues; and to the fact that 50% of volunteers had left since TASL had taken over. The Committee was made aware of the fact that volunteers were not paid mileage from their home to pick up their patients; and that a volunteer would not be accepted, if their car was more than five years old. The Committee expressed their concerns and reiterated the importance of volunteers in Lincolnshire. The Committee was advised that TASL was in the process of changing some of the voluntary criteria; and would continue to review it based on information received; and
- Temporary closure of the Heckington base – The Committee was advised that there had been a review of base locations incorporating vehicle and staff requirements; and that a decision had been made to temporarily close the Heckington base and move staff to other bases. Staff had now been deployed at Grantham and Boston. It was highlighted that the aforementioned changes had been made in consultation with staff. One member suggested that it would be useful for members of the Committee to receive a map showing the location of bases in Lincolnshire.

RESOLVED

It was unanimously agreed:-

1. That a vote of no confidence be recorded by the Health Scrutiny Committee for Lincolnshire in relation to the non-emergency patient transport service provided by the Thames Ambulance Service Limited.

2. That performance reports be submitted to the Committee on a monthly basis, with such reports including any available comparative information on the service provided by Thames Ambulance Service Limited in other areas.

50 WINTER PLANNING

Consideration was given to a report from the Lincolnshire East Clinical Commissioning Group (LECCG), which provided an update on planning for winter pressures across the health and care economy in Lincolnshire. The Committee was also asked to give consideration to a report from the Council's Executive Director of Adult Care and Community Wellbeing, which provided the Committee with details relating to the performance on Delayed Transfers of Care.

The Chairman welcomed to the meeting Samantha Milbank, Accountable Officer, Lincolnshire East Clinical Commissioning Group and Lynne Bucknell, County Manager, Special Projects and Hospital Services.

In guiding the Committee through the report, the Accountable Officer, LECCG advised that it was essential that a 'whole system' approach was taken to anticipating how and where in the system increased demand was likely to present, and to the planning of appropriate inter-agency responses to ensure that no part of the system was overwhelmed or unable to function.

The Committee noted that the A & E Delivery Board had effective leadership and that the draft winter plan had been submitted to regulators for review and assurance prior to 7 August 2017. The Plan had been assured by the Regulators, NHS England and NHS Improvement, and had been signed off by the Lincolnshire A & E Delivery Board on 14 November 2017. A summary of the various areas involved in the plan was detailed within the report presented.

The County Manager, Special Projects and Hospitals Services provided on page six of the supplementary report, details relating to Delayed Transfer of Care (DTOC) Targets.

A table on page seven provided data relating to all hospitals adult care delayed days over a six month rolling period. The graph demonstrated that there had been very low Adult Care delays over the last six months across the acute hospitals. It was reported that Adult Care had continued to meet local Better Care Fund Delayed Transfer of Care Targets.

During discussion, the Committee raised the following points:-

- Some of the members felt that the report should have been presented to the Committee earlier in the year. Officers noted the request and agreed to ensure that the Committee had sight of the report at an earlier stage of the process;
- Lack of beds – The Committee was advised that the flexible system approach was to avoid admission where possible by moving the patient to primary care;
- The need to include the provision of transport in future years plans;
- The reduction in elective work during the winter period, to give better capacity to the system as a whole;
- Promotional Campaigns – Encouraging people to 'Stay Well this Winter';
- That the majority of DTOC's were as a result of NHS issues. It was highlighted that 79.35% of DTOC's were achieved at Lincoln County Hospital,

where as Grantham Hospital was achieving 96.13% of the four hourly wait figure. Officers advised that the A & E waiting at Boston and Lincoln Hospitals was different. There was streaming at Boston and Lincoln as there was a higher volume of patients. The Committee was advised further that Grantham A & E had a GP model and streaming was therefore embedded;

- Vulnerability of Patients – There were concerns raised that if there was a blockage in one area, it then had an effect elsewhere in the system; and
- Ward Closures – The Committee noted that wards were occasionally closed as a result of viruses. It was also highlighted that wards might be closed if there was insufficient staff to safely opperate them.

RESOLVED

1. That the report on winter pressures be noted.

2. That the supplementary report concerning Delayed Transfers of Care be noted.

51 CONGENITAL HEART DISEASE SERVICES - DECISION BY NHS ENGLAND

The Committee gave consideration to a report from Simon Evans, Health Scrutiny Officer, which advised the Committee of the decision taken by NHS England on 20 November 2017 relating to the future of Congenital Heart Disease Services, in particular its decision to continue to commission Level 1 Congenital Heart Disease Services from the University Hospitals of Leicester NHS Trust (UHL), conditional upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

Pages 81/82 of the report provided the Committee with details of the milestones to be achieved by UHL.

During a short discussion, the Committee paid tribute to former Health Scrutiny Committee for Lincolnshire Chairman, Councillor Mrs C A Talbot, for all her hard work supporting the continuation of congenital heart surgery in Leicester.

RESOLVED

That the Committee note the decision of NHS England on 20 November 2017 relating to the future of Congenital Heart Disease services, in particular its decision to continue to commission Level 1 Congenital Heart Disease services from the University Hospitals of Leicester NHS Trust (UHL), conditional upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

52 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 focussed where it could be of greatest benefit.

Appendix A to the report provided the work programme from 17 January 2018 to 16 May 2018.

The Committee was advised that Grantham A & E would be added to the agenda for the 17 January 2018 meeting, as would the Non-Emergency Transport Service for NHS Lincolnshire CCG's. The Committee agreed that the 17 January 2018 meeting should be an all-day meeting due to the number of items for consideration.

RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of the items listed above.

The meeting closed at 1.50 pm.

Lincolnshire COUNTY COUNCIL Working for a better future		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:	**17 January 2017**
Subject:	**Chairman's Announcements**

1. United Lincolnshire Hospitals NHS Trust – Appointment of Interim Chair of the Board

On 15 December 2017, United Lincolnshire Hospitals NHS Trust (ULHT) announced that Elaine Baylis had been appointed as an interim chair of the Board of ULHT for one year. Elaine Baylis would continue in her current position as chair at Lincolnshire Community Health Services NHS Trust (LCHS), where she has been chair since April 2015. The role of chair for each trust will continue to be operated separately during this time.

2. Winter Pressure Funding for Lincolnshire

On 22 December 2017, United Lincolnshire Hospitals NHS Trust announced that the NHS in Lincolnshire had been awarded nearly £2.4 million to help support the county's health services during the winter. The funding was part of an allocation of £350 million announced in the Chancellor of the Exchequer's autumn budget for the NHS over this winter. The majority of Lincolnshire's allocation will be used to fund additional health services in the community in a bid to keep people, where possible, at home and out of hospital.

ULHT will use some of the funds to provide therapy services seven days a week at its hospitals, as well as having extra doctors working weekends and over the bank holidays so patients can be treated more quickly.

3. Psychiatric Clinical Decisions Unit – Lincoln County Hospital

On 2 January 2018, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced the opening of a new Psychiatric Clinical Decisions Unit (PCDU) and the expansion of its home treatment teams, to support patients experiencing a severe episode of mental ill health or crisis. These initiatives have been funded by the Department of Health and local NHS clinical commissioning groups.

The PCDU is based at the Lincoln County Hospital site and will enable up to six patients at any one time to have an assessment of their needs. The PCDU will also be supported by additional staff in the Trust's community home treatment teams, who will be able to provide more intensive support at home and prevent the need for hospital admission.

LPFT is recruiting around 35 additional staff, who will be working alongside existing crisis and home treatment teams and mental health hospital liaison staff at accident and emergency departments across the county, to identify those people who would benefit from additional assessment and home support.

4. Non-Emergency Patient Transport Service

On 13 December 2017, the Committee considered the non-emergency patient transport service in Lincolnshire and received information from Lincolnshire West Clinical Commissioning Group (LWCCG), the lead commissioner, and Thames Ambulance Service Limited (TASL), as the provider. The Committee recorded a vote of no confidence in the service provided by TASL, and asked for monthly updates on the performance of TASL against the key performance indicators.

Since the last meeting of the Committee, performance information has been included in the table attached at Appendix A. In view of the continuing concerns over performance, LWCCG has agreed an improvement trajectory and action plan with TASL for each of the key performance indicators, which is based on progressive improvement for each key performance indicator, with all being delivered to target for the month of March 2018. LWCCG has indicated that it will closely monitor the performance against the trajectory and use contract penalties where the trajectory is not being met.

The Committee also requested comparative information on how Thames Ambulance Service was performing in the other areas it works. Essentially, the question from the Committee was whether Thames Ambulance Service is performing any better or worse in these areas. Comparative information has not been readily available as it would form part of the contractual arrangement between the local CCG and TASL; and also each contract might contain different key performance indicators. However, in view of the challenges facing Thames Ambulance Service, the LWCCG is working with other CCGs in Hull, Northamptonshire, North Lincolnshire and North East Lincolnshire, and there may be some comparative information arising from this collaborative work that could be shared at a future meeting.

Key Performance Indicators		Target		Jul-17	Aug-17	Sept-17	Oct-17	Nov-17
KPI1	Calls answered within 60 seconds	85%	Total %	Not Available	77%	66%	56%	42%
KP12	Journeys cancelled by Provider	0.5%	Total %	16642 2.17%	14439 0.67%	14024 0.66%	14557 1.68%	13670 0.45%
KP13a	Same day journey collections within 150 minutes	95%	Total %	870 75%	907 84%	900 91%	1111 78%	816 74%
KP13b	Same day journey collections within 180 minutes	100%	Total %	870 78%	907 85%	900 93%	1111 82%	816 80%
KP14a	Renal patients collected within 30 mins	95%	Total %	910 53%	1148 65%	1171 65%	1162 52%	1146 61%
KP14b	Non-Renal patients collected within 60 minutes	95%	Total %	3377 53%	3829 64%	3702 82%	3627 66%	3642 73%
KP14c	All patients collected within 80 minutes	100%	Total %	4287 59%	4947 67%	4852 85%	4753 71%	4762 79%
KP15	Fast Track journeys collected within 60 minutes	100%	Total %	20 85%	20 95%	39 79%	41 71%	27 52%
KP16a	Renal patients to arrive no more than 30mins early	95%	Total %	1031 41%	1201 50%	1182 53%	1201 42%	1184 44%
KP16b	Patients to arrive no more than 60 minutes early	95%	Total %	3417 47%	3795 74%	3675 74%	3633 59%	3495 65%
KP17	Journeys on arrive on time	85%	Total %	4448 52%	5023 77%	4887 80%	4878 68%	4713 72%
KP18	Patients time on vehicle should be less than 60 minutes	85%	Total %	9877 60%	11181 70%	10867 73%	11004 66%	10537 69%

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Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 January 2018**
Subject:	**Lincolnshire Sustainability and Transformation Partnership Update**

Summary:

This report provides information on the development of the Lincolnshire Sustainability and Transformation Partnership (STP) and the current position of the STP.

Actions Required:

To note the progress on the delivery of the STP.

1. Background

1.1 Context

The Lincolnshire STP is one of 44 footprints established nationally to deliver proposals that have been drawn up locally to improve health and care in the area that they serve.

The Lincolnshire health system developed and approved the Sustainability and Transformation Plan in October 2016. Its aim was to meet the challenges set out in the NHS Five Year Forward View – improved health and wellbeing, transformed quality of care delivery and sustainable finances. Development of this plan has fostered a collaborative approach to planning and meeting the health needs of the

Lincolnshire population rather than an individual approach by seven separate statutory health organisations.

In the last nine months, STPs have evolved from plans, to partnerships and current thinking nationally describes STPs as working at a system level.

1.2 Case for Change

As stated in previous papers there is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders in Lincolnshire. The Case for Change was published in June 2016 and today, the case remains.

Despite excellent dedication and commitment of staff, the NHS in Lincolnshire is severely challenged as follows: -

- Deteriorating Quality
    - ULHT is in Quality Special Measures
    - As a system, we are in Category 4 (this is the lowest category) for urgent and emergency care
    - As a system, we are in escalation for not achieving constitutional standards for cancer
    - CCGs are long way from Right Care upper quartile performance
- Significant Staffing Challenges
    - We have a recruitment challenge with a high vacancy rate ≈ 9%
    - As a consequence, we have very high use of agency / locum staff (average 400 Whole Time Equivalent each month)
    - We have been more successful with GP International recruitment. An extra 26 GPs are now in post compared to this time last year.
- Deteriorating Finances
    - Month 7 showed a system deficit of £70million with an additional £26million financial risk identified
    - Month 8 is showing further deterioration; final figures are still being worked on
    - ULHT in Financial Special Measures
    - All CCGs carrying significant financial risk

There is shared acceptance that Lincolnshire is a challenged health economy and the status quo is neither safe nor sustainable.

1.3 Seven Key priorities

As part of the STP as a plan (rather than as a partnership or system), Lincolnshire has been working on seven key priorities since April 2017 and each area is now gaining traction and starting to deliver real change for people needing to access care and support across the county.

The remaining paper provides the key developments since the last up-date report and starts to show impact of the changes taking place.

1.3.1 Mental Health

During 2017/1, the priority for Mental Health is to enable more people with complex mental health needs to be cared for in Lincolnshire rather than to travel out of county, often a long way from family and friends.

Over the last 6 months considerable progress has been made, key actions include:

- 10 Male Psychiatric Intensive Care beds are now operating – at least 15 people have been supported to receive their care in Lincolnshire rather than being placed outside of Lincolnshire.
- Psychiatric Clinical Decisions Unit opened on 2 January 2018 at Lincoln County Hospital and is providing a 24hr assessment period for people with mental health needs. A key outcome from this initiative is the ability to assess patients in a specialist unit rather than remain in A&E for long periods of time.
- The expansion of the Crisis Resolution and Home Treatment services is in progress; 50% of staff are recruited and anticipated start date is later this quarter.
- Additional Bed Managers have been recruited and the service was expanded to seven days in December 2017 with the aim of improving 'flow' of patients through mental health beds. These posts are reducing the length of stay for people who are placed in a bed based service outside of Lincolnshire.
- Workforce planning – a detailed Workforce Plan has now been completed which identifies how to achieve a robust workforce for mental health services over the next 5 years. NHSE have commended Lincolnshire on this plan reporting that it is the most comprehensive in the region.

1.3.2 Integrated Neighbourhood Working

Work to implement the six Neighbourhood Teams is progressing. The following are the highlight actions over the last 3 months;

- Gainsborough has just produced its 100 day report and this shows that over the last 3 months;
    - 84 people have been supported by the team
    - The membership of the core team has expanded to include Housing, Fire & Rescue, Alzheimer's society, carers and Voluntary Community Services
    - There have been 4 community engagement events
    - GPs are increasingly becoming part of the team, with a GP lead now identified
    - Social Prescribing is now well established with 54 people supported into different services
    - Work with local care homes has started so that residents have an advanced care plan in place; to date 29 residents have such a plan.

- The five new sites are now becoming established with all sites having a 'steering group' to ensure local involvement in translating the concept into a locality specific solution recognising "one size does not fit all". All have GP leads in

place. Stamford team now co-located at Stamford Hospital and Spalding team to work from Johnson Hospital site in due course.

- A recruitment process has been undertaken and five dedicated Neighbourhood Team Leads have been appointed. These post holders will start in February.
- Further work is being completed to ensure that we can measure the difference that Neighbourhood working is making to the wider system, local people and local staff members. The impact / outcome measures need to be sensitive enough to monitor local differences, i.e. focused on what is important to that locality.
- Work is also moving forward with Public Health colleagues to develop Health Needs profiles for each Neighbourhood area to enable more detailed local planning of services.
- An interactive Frailty Pathway has now been completed and is being tested by the Gainsborough team. It is planned to roll this out Countywide in January. It is anticipated that it will reduce the number of people over 65, with frailty, who currently attend A&E by at least 10%. This equates to 40 people being supported in their communities each month rather than being transferred to A&E.

Enhanced Support to Care Homes Programme

This is an emerging work stream which forms a key element of Neighbourhood Working and is aimed at bringing all the work taking place across the County under one 'umbrella'. This will ensure Lincolnshire is delivering support to our Care Homes in line with the National Framework for Enhance Support to Care Homes that has been developed by the national Care Home Vanguard sites.

The key areas of work include:

- Clinical Assessment Service (CAS) for Care Homes – this enables both Residential and Nursing homes to have direct phone access to the CAS to seek clinical advice to support their residents to remain at home. So far 43 homes are connected, equivalent to 1,808 beds with an aim to have 80 care homes connected by January 2018.
- The deployment of Telemedicine – this project is currently being established and will enable Care Homes direct, visual, access to a clinician, again to support residents to remain at home.
- Medicine reviews – a medication management policy with procedures is being developed for providers of care to care homes. Once in place, these should help to reduce demand on emergency services and admissions to hospital as a result of medication errors.
- Access to out-of-hours / urgent care when needed – health and care professionals are working together to share best practice to develop a single, countywide approach to care planning to supplement the managing medical emergencies protocol already in place for care homes.
- Preventing falls and fractures in older people – promotion of the frailty pathway with health and social care professionals and independent and third sector providers countywide.
- End of life care – further development of anticipatory care plans to ensure individuals living with a long term condition are better supported by health care

practitioners, carers and their family members to plan for an expected change in their health or social status, including health improvements and staying well.

1.3.3 Implementation of GP Forward View

The STP has now appointed a senior programme manager to work alongside clinicians and drive this critical area of work forward. The key focus is:

- Applying to secure up to a further 39 new GPs via an International Recruitment process. Lincolnshire has been successful at the first stage of this national NHS England application process and is expecting to hear imminently on the next steps.
- Workforce planning – a detailed Workforce Plan has now been completed which identifies how to achieve a robust workforce for General Practice over the next 5 years.
- Workforce planning – is underway with a deadline of 12 January 2018 which will identify how to achieve a robust workforce for other professionals that will work in primary care alongside GPs over the next 5 years, e.g. clinical pharmacists, primary care mental health workers.
- All 4 CCGs have now submitted an application for funding to commence roll out of e-consultation during 2018/19.
- All 4 CCGs have now submitted plans to show how 7 day access to General Practice will be developed by 2019.

1.3.4 Urgent and Emergency Care Transformation

The Urgent and Emergency Care work stream is well established as part of national expectations and guidance for the delivery of care, meeting of performance targets such as the A&E 4 hour standard and in terms of how urgent care services (e.g. NHS 111, 999 and Out of Hours call services) are expected to be integrated.

A local Urgent and Emergency Care Strategy 2018-2021 is drafted and currently under review by the A&E Delivery Board members to ensure accuracy of the agreed vision. The anticipation is that Board will approve the Strategy on the 16 January which will then be circulated to a wider audience across all sectors.

The key transformation projects for the urgent and emergency care programme for the remainder of this financial year are as follows:

- Decision to be made on the local provider of NHS 111 online – a national requirement for a new service to provide an online version of 111 in place by December 2019.
- To further develop the capabilities of the Clinical Assessment Service (CAS) who currently triage all the 111 calls requiring input from a clinician (approx. 50% of all 111 calls go through this route). The ability for CAS to undertake video-consultation, to take direct calls from paramedics ‘on scene’, to take direct calls from care homes are all key areas of development.
- Develop the capability for direct booking of appointments for clinically triaged and, appropriately urgent, 111 callers into Urgent Treatment Centres or primary care.

- To work across the county to develop standardisation of Urgent Treatment Centres which will aid the publics' understanding of where to go for their urgent care health needs.
- To complete the 3-month review of the Urgent Care Streaming Service in the A&E departments (where clinically appropriate patients are streamed into a primary care service rather than A&E) – this service started in November 2017.

1.3.5 Operational Efficiencies

The aim is to improve operational efficiency and value for money across the system, contributing £60 million savings by 2021. This priority programme is currently focused on the following areas:

- Prescribing and Pharmacy Programme – progressing well, with a number of projects well advanced (including an ambitious drive of supporting initiatives to introduce new clinical pharmacists into the community, together with drugs management software in hospitals to support the more effective management of medicines).
- Estates Rationalisation – a detailed scope for the review of the use of non-clinical estate across the Lincolnshire NHS has now been agreed. The review will explore the potential for estates efficiencies both within the NHS and with non-NHS partners. The work is expected to be complete after the end of March and will inform the review of corporate / back office functions.
- Back Office – joint working initiatives between the providers are now being implemented for communications, estates and ICT functions; and CCGs are also working more closely together. The Health community is in the process of establishing an oversight committee to review and steer the development of shared services in a consistent way – first meeting is booked.
- Procurement – joint working between the three NHS providers has been strengthened to collaborate on targeting procurement savings and initiatives to support the implementation of the national procurement transformation programme and associated efficiencies. Countywide, there is now a collaboration of both the providers and the CCGs to negotiate the provision of pathology services for the county for 2018/19 and beyond.
- Workforce Efficiencies – a significant area of work for which joint discussions are now being co-ordinated through the seven NHS organisations as the operational efficiency opportunities are intrinsically linked to the deployment and development of the workforce, and to the supporting enablers such as IM & T solutions. These discussions will inform the 2018/19 business plans and any associated savings.

1.3.6 Planned Care

The key transformation projects for the planned care programme for the remainder of this financial year are as follows:

- Transformation of MSK services across Lincolnshire – a team from Lincolnshire has now made visits to two national sites who have already changed the way they deliver MSK services. The outcome of these visits and other information is being presented to the CCGs at the end of January 2018 in order that the CCGs

can make the final decision as to how Lincolnshire will take this MSK pathway redesign forward.

- Reduced demand and referral to secondary care – this includes 4 projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval.
  Focus is currently on establishing 'Advice and Guidance' with ULHT, it is anticipated that by the end of March 2018 at least 10 specialties will be set up to deliver this. This will enable GPs to access a wide range of support from hospital colleagues without the need for making a formal referral meaning patients will not attend an outpatient appointment unless absolutely necessary.
- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become "Wave 2" of the national Elective Care Transformation Programme that supports health economies to implement innovative interventions. The three areas that are part of this programme are:
  - Dermatology
  - Ophthalmology
  - Diabetes

  The launch event took place on 13th December with the official start taking place in January. All three areas of care are now establishing their projects and implementation plans. Leads have been identified for all three pathways.

1.3.7 Acute Care Reconfiguration / Acute Service Review

Lincolnshire has been considering how to achieve clinical and financial sustainability notably since 2014 as part of Lincolnshire Health and Care (LHAC) and in the last 12 months as part of the Sustainability and Transformation Partnership (STP). Work has been on going with Women and Children's Services, hyper acute stroke services, breast care services and Grantham A&E services. These four areas of work have previously been reported as part of acute service reconfiguration and this work continues today.

Since the last progress report to this Committee, the Lincolnshire Co-ordinating Board agreed that the current STP plan is not ambitious enough to address quality, staffing and finances and that in addition to delivering the above six key priorities, an Acute Services Review is required to fully address sustainability of services for our population. This is partly as a response to the deteriorating quality and financial position and the magnitude of the scale of change required in Lincolnshire to achieve sustainable services.

The Acute Service Review (ASR) will answer 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?"

This ASR has commenced and is building on all the previous work completed, whether that be through LHAC, work completed for the original STP submitted in October 2016 or the work underway today as part of the acute care reconfiguration, e.g. women and children's services etc. By assimilating all previous work,

completing the work where there are gaps (i.e. planned care) and creating a list of options for the optimum configuration of hospital services on hospital sites, the aim is to be able to identify what acute hospital services are required for the whole population.

The ASR will be operating using the principles identified in Appendix A and initial propositions will be identified at the end of February 2018.

Any options that suggest significant change to hospital services will go through NHS England assurance processes and public consultation before service changes are made.

1.4 Other enabling programmes

The seven key priorities above are all supported by a number of enabling work streams covering:

- Information Communication Technology (ICT) – this includes a planned upgrade of broadband services to all NHS premises to support advances in telehealth and e-Consultation capability, deployment of a web based tool to improve communication across health and social care organisations and the deployment of the Clinical Portal to be able to share information and care records with patients/service users to ensure continuity of care.
- Estates – ensuring the estate is able to support the delivery of the service reconfiguration agenda and the new care models whilst keeping the fabric of the hospitals and care facilities safe. A workshop for key stakeholders is planned in March 2018 to help drive the estates strategy for the STP.
- Workforce and organisational development – ensuring that the workforce has the right skills, in the right place, at the right time to provide the appropriate care. The workforce plans are being developed to ensure that the recruitment and training of staff will allow the appropriate roles to be filled.
- Finance – ensuring system financial leadership and utilising collective available financial resources to support the delivery of the system-wide priorities.
- Communication and engagement – ensuring robust and meaningful engagement with patients, carers, staff and stakeholders to support the successful implementation of the STP.

1.5.1 Information Management & Technology (IM&T)

In the last two years, Lincolnshire has been successful in securing £5 million to support transformation of services using IM&T. One example of this type of transformation is the Care Portal. The 'clinical' part of the Care Portal has been on release to groups of 'early adopters' over the last 6 months. Wider roll-out will commence in the New Year.

Work has also commenced on the implementation of the 'patient' part of the Care Portal. This is in support of the "Personalised Health & Care 2020" vision of citizens having full access to their care records. Initial work is focussing on improving information in relation to maternity and diabetes services. The provision of Integrated Care Plans is also being explored.

2. Consultation

This is not a consultation item at this stage. As stated in paragraph 1.3.7 above, where there is a requirement to consult on major service reconfigurations, this Committee will be invited to consider proposals as required. It is envisaged that this could take place in the second half of 2018.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The Sustainability and Transformation Partnership plan utilised the Joint Strategic Needs Assessment as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

The seven key priorities identified above are linked to, and align with, the Health and Wellbeing Strategy and work continues to ensure even closer working with the Health and Wellbeing Board now that its priorities for 2018/19 are known. There are a number of planning sessions between the STP team and Public Health early in the New Year.

4. Conclusion

The report outlines the background to the evolution of the STP, highlights the main priorities, and articulates the work areas that are progressing and developing to address those priorities.

It describes the Acute Service Review and the expected outcome and timescale.

It is presented to inform the Health Scrutiny Committee of current progress in delivering the STP.

5. Appendices – These are listed below and attached at the end of the report

Appendix A	STP Acute Service Review Principles

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sarah Furley, who can be contacted on 01522 307315 or sarah.furley@lincolnshireeastccg.nhs.uk.

Appendix 1

STP Acute Service Review Principles

We will;

- Optimise service quality and outcomes within the monies available to the Lincolnshire health system
- Carry out this review as a system; collectively own the outcomes of it; make clear decisions in the best interests of Lincolnshire residents as a whole; and implement the agreed configuration
- Build on all of the work that has been carried out in the past and is currently being undertaken in relation to acute service planning
- Support our clinicians to shape proposals based on best clinical practice, patient outcomes and quality
- Ensure that work is underpinned by strong analytics, based upon the starting point of ‘now'
- Learn from other areas which have undertaken similar work
- Seek expert clinical advice from external clinical bodies, including the Clinical Senate and national clinical leaders
- Ensure effective governance of proposals
- Ensure close liaison with neighbouring acute hospitals and STP systems
- Set out a clear path for engagement and consultation
- Assess and consider issues of accessibility and the impact on health inequalities, particularly given the geography of the county and our dispersed population
- Spend the NHS £ locally, when appropriate

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of Richard Wills,
Executive Director responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 January 2017**
Subject:	**Grantham and District Hospital Accident and Emergency Department**

Summary:

On 15 December 2017, the Board of United Lincolnshire Hospitals NHS Trust decided to accept the report of the East of England Clinical Senate, supported by the advice of NHS Improvement, not to re-open Grantham and District Hospital Accident and Emergency Department overnight.

This item invites the Committee to consider the implications of the report by the East of England Clinical Senate. Representatives from NHS Improvement, United Lincolnshire Hospitals NHS Trust and the Lincolnshire Clinical Commissioning Groups have been invited to attend.

Actions Required:

(1) To consider the implications of the continued overnight closure of Grantham Accident and Emergency Department.

(2) To determine the Committee's next steps.

1. Background

Overnight Closure of Grantham Accident and Emergency Department

Since 17 August 2016, Grantham Accident and Emergency Department has been closed overnight. Initially, the closure ran from 6.30 pm to 9.00 am, but since March 2017, it has been closed between 6.30 pm and 8.00 am.

At the time of the overnight closure decision in August 2016, it had been agreed that the 24/7 opening at Grantham A&E Department would be restored when sufficient numbers middle grade doctors were in post and there had been no deterioration in the number of consultants. The staffing threshold across the Trust was set at 21 substantive (or long term locum) middle grade doctors, against an overall establishment of 28 middle grade doctors.

Health Scrutiny Committee Referral to the Secretary of State

On 23 November 2016, the Health Scrutiny Committee resolved to refer the overnight closure of Grantham A&E to the Secretary of State for Health, who in accordance with the usual practice asked the Independent Reconfiguration Panel to undertake an initial review of the referral and provide advice. The report of the Independent Reconfiguration Panel (dated 22 March 2017) was published by the Secretary of State on 2 August 2017.

The Secretary of State accepted the Independent Reconfiguration Panel's conclusion that the referral was not suitable for a full review because local action by the NHS with the Committee can address the issues raised. The Independent Reconfiguration Panel's report also stated:

> "The time has come for an open and honest appraisal, both of the options for future emergency care delivery at Grantham and more widely across Lincolnshire. An alternative to the current approach is needed that reflects the prospective staffing position for emergency care provided by the Trust. Recognising that the staffing threshold currently required to restore services at Grantham is unlikely to be achieved in a sustainable way, CCGs, as commissioners of these services, must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the Health Scrutiny Committee to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future. Drawing on the work already done for the sustainability and transformation plan for the area, a plan of action for the whole health economy is required that will implement safe and sustainable urgent and emergency services and bring about an early end to the current uncertainty."

Decision of United Lincolnshire Hospitals NHS Trust Board – 7 November 2017

On 7 November 2017, the Board of United Lincolnshire Hospitals NHS Trust considered a report on *Emergency Care* and was advised that the threshold of

21 middle grade doctors across the Trust had been reached, with a combination of substantive and long term locum middle grade doctors. However, it was also reported to the Board that NHS Improvement had asked the ULHT Board to defer the decision on the opening of Grantham A&E, pending a safety review.

The ULHT Board agreed that:

(1) Subject to the safety review by NHS Improvement the Trust would move to a decision to re-open at the December Trust Board meeting.

(2) The Trust would continue to work with CCGs and partners to find a more sustainable model.

Report of East of England Clinical Senate

NHS Improvement commissioned the East of England Clinical Senate to undertake the safety review. The Clinical Senate's report: *Review of Accident and Emergency Services At Grantham and District Hospital (United Lincolnshire Hospitals NHS Trust) - Report of Independent Clinical Senate Review Panel – 22 November 2017*, was published as part of the agenda for the ULHT Board meeting on 12 December 2017 and is attached at Appendix A.

The Clinical Senate's report contained five recommendations:

Recommendation 1

- The Panel does 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 United Lincolnshire NHS Trust Hospitals.

- The Panel strongly recommends, on the grounds of patient safety, United Lincolnshire Hospitals NHS Trust Board reconsider its proposal to extend the current A&E service opening hours at Grantham and District Hospital.

- The Panel recommends that the Trust should continue to provide an A&E service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed.

Recommendation 2

The Panel recommends 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 look to re-labelling or re-naming the department, and ensure that it communicates that widely. The panel further recommended that the terminology ‘A&E Centre’ is not applied to Grantham and District Hospital in any further model.

Recommendation 3

The Panel recommends that the Trust should move to a single A&E team with a focus on standardised clinical pathways and processes across the three sites, removing any unnecessary variation and providing enhanced training opportunities.

Recommendation 4

The Panel recommends 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 recommends that United Lincolnshire Hospitals NHS Trust works with the local the CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, the public, patients and local elected representatives have an opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites, and not only for the Grantham site.
- The Panel recommends 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 are clearly communicated with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

Role of Clinical Senates

In accordance with the Health and Social Care Act 2012, twelve clinical senates were established across England in 2013. Clinical senates to bring together clinicians, health and care professionals, patient and citizen representatives and individuals from organisations involved in and associated with the commissioning and delivery of health and care within their respective area.

The role of a clinical senate is to be a source of independent, strategic clinical advice and guidance to health commissioners and other stakeholders to help them make the best decisions about healthcare for the populations they represent.

The East of England Clinical Senate was commissioned to undertake the independent review of Grantham A&E, as there would have been a conflict of interest if the East Midlands Clinical Senate had done this work.

Decision of United Lincolnshire Hospitals NHS Trust Board – 15 December 2017

The recommendation to the ULHT Trust Board on 15 December 2017 was that it accept the conclusions reached by the Independent Clinical Senate Review Panel and followed its recommendations, which were supported by NHS Improvement. The ULHT Trust Board was strongly advised by NHS Improvement to follow the recommendations in the Independent Clinical Senate Review Panel's report.

On 15 December 2017, the ULHT Board agreed to accept East of England Clinical Senate's recommendation to not change the opening hours of Grantham A&E on the grounds of patient safety. This decision was also in line with NHS Improvement's advice. ULHT issued a statement indicating that it was aware of discussions happening within other bodies including the Health Scrutiny Committee; and the ULHT Board committed to reflect on their recommendations at future board meetings.

In line with the Clinical Senate's recommendations, the ULHT Board also agreed to move to a single A&E team across the three departments and to standardise its systems and processes. ULHT stated that it hoped this would provide better training opportunities for staff and better patient experiences. The ULHT Board also had urged the CCGs to agree at pace a future model on emergency care in Grantham.

Obligations of the ULHT Board

The Chief Executive of ULHT has asked that the Health Scrutiny Committee is made aware of the obligations of the ULHT Board, which were set out in the report to the Board. The Single Oversight Framework / NHS Provider Licence for ULHT states that NHS Trusts are exempt from the requirement to hold the NHS provider licence, but directions from the Secretary of State require NHS Improvement to ensure that NHS Trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving direction to an NHS Trust where necessary to ensure compliance. The general licence conditions require trusts to have regard to guidance from the regulators.

ULHT Standing Orders state that the Trust has powers to make arrangements for the exercise of functions on behalf of the Trust in each case subject to the restrictions and conditions as the Trust thinks fit or as the Secretary of State may direct.

Decision of Heath Scrutiny Committee – 13 December 2017

On 13 December 2017, the Health Scrutiny Committee recorded its disappointment with the recommendations in the East of England Clinical Senate's report and stated that it opposed recommendation 1 on the basis that acceptance of this recommendation would prejudice any future consultation on A&E services at Grantham and District Hospital and the current restricted opening hours would in effect be made permanent; and the consultation exercise would

be based on these restricted opening hours as the status quo, rather than the previous 24/7 service.

The Committee also agreed to request the ULHT Board to defer its planned decision on 15 December in relation to the East of England Clinical Senate report to its next meeting on 26 January 2018, as this would enable the Health Scrutiny Committee to give detailed consideration to the Clinical Senate's report and recommendations at its next Committee meeting on 17 January 2018.

2. Consultation

This is not a direct consultation item. However, consultation is expected on the long term status of Grantham and District Hospital Accident and Emergency, as part of the Lincolnshire Sustainability and Transformation Partnership process.

3. Conclusion

The Committee is requested to consider the implications of the continued overnight closure of Grantham Accident and Emergency Department and to determine the Committee's next steps.

5. Appendices

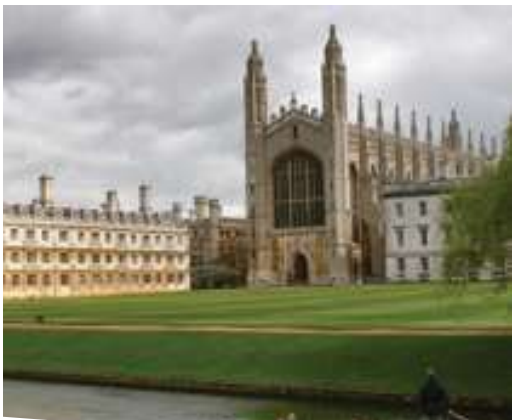
These are listed below and attached at the back of the report	
Appendix A	*Review of Accident and Emergency Services At Grantham and District Hospital (United Lincolnshire Hospitals NHS Trust)* - Report of Independent Clinical Senate Review Panel – 22 November 2017

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 55 or simon.evans@lincolnshire.gov.uk

NHS
East of England
Clinical Senate



Review of Accident and Emergency Services at Grantham & District Hospital (United Lincolnshire Hospital NHS Trust). Review sponsored by NHS England and NHS Improvement

Report of the Independent Clinical Senate Review Panel – 22 November 2017

FINAL DRAFT 28/11/17

Glossary of abbreviations used in the report

A&E	Accident and Emergency (used interchangeably with ED – below)
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
ED	Emergency Department (used interchangeably with A&E – above)
GDH	Grantham and District Hospital
GP	General Practitioner
HSC	Health Scrutiny Committee
IRP	Independent Reconfiguration Panel (*Body which reviews proposals for changes to NHS services that are being contested, and advises the Secretary of State for Health)*
LCH	Lincoln County Hospital
NHSE	NHS England
NHSI	NHS Improvement
PHB	Pilgrim Hospital Boston
STP	Sustainability and Transformation Partnership
ULHT	United Lincolnshire Hospitals NHS Trust
24/7	Twenty four hours, seven days a week.

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1. FOREWORD BY DR BERNARD BRETT, CLINICAL SENATE REVIEW PANEL CHAIR

The East of England Clinical Senate, along with the other eleven Clinical Senates in England, has been established with a key function to conduct independent clinical review panels providing an expert clinical view on service reconfiguration options and decisions focussing on patient outcomes. The East of England Clinical Senate was approached by NHS England on behalf of NHS Improvement to undertake a safety review of proposals by the United Lincolnshire Hospitals NHS Trust (ULHT) to re-open the Accident and Emergency Department at Grantham and District Hospital, 24 hours seven days a week. It is currently open between the hours of 08.00 and 18.30 seven days a week.

The United Lincolnshire Hospitals NHS Trust, like many other NHS Acute Trusts, has been facing significant challenges in the provision of emergency services over the course of the last two years. This has included difficulties in recruiting key members of Emergency Department staff and high levels of demand leading to difficulties in meeting key performance indicators. Given the shortage, particularly of medical personnel, the Trust had to decide which one of a series of options to take in order to deploy its staff in the most appropriate way to ensure safe emergency care was delivered across its three Emergency Departments. With the appropriate involvement of NHS England and NHS Improvement, the option chosen was to reduce the hours of opening of the Emergency Department on the Grantham site from a 24/7 service to initially an 09.00-18.30 hours service which was then slightly extended to an 08.00-18.30 hours services. The Trust board agreed a target of 21 permanent or long-term middle-grade doctors across the three Emergency Departments to be reached before a 24/7service on the Grantham site could be reconsidered.

The Trust has engaged in a variety of recruitment initiatives to enhance their Emergency Department workforce and has achieved some success. The Trust has also reviewed its establishment in order to meet anticipated demand, with significant uplift in funded middle-grade and consultant posts. Over many months, the Trust has also been working with Sustainability and Transformation Partnership partners to

develop a longer term urgent and emergency care plan. A significant amount of work has been undertaken but there remains the need for some further development before these plans reach the stage appropriate for full public consultation.

We were tasked with undertaking an independent clinical review panel with a focus on patient safety with a very tight timescale. We were delighted with the range and experience of clinical staff who were able to offer their services and we thank them for their time, effort and thoughtful contribution.

We also thank the United Lincolnshire Hospitals NHS Trust and lead commissioning Clinical Commissioning Group for the provision of a range of information and the open and honest approach to questions from the panel. The previous Independent Reconfiguration Panel report was also a very useful document that the panel took into consideration.

The unanimous view of the panel was that it was not in the interests of short term or longer-term patient safety to re-open the Emergency Department on Grantham Hospital site on a 24/7 basis at this time. It was also the unanimous view that any changes to service provision on the Grantham site, should, if at all possible, be linked to the longer-term plans for urgent and emergency care across the Trust and that these plans should be developed with appropriate stakeholders and public consultation as soon as possible. Once a final decision has been reached there needs to be clear and sufficient communication with public, patients and staff.

Dr Bernard Brett

East of England Clinical Senate Chair and clinical review panel Chair

2. BACKGROUND AND ADVICE REQUEST

2.1 United Lincolnshire Hospital NHS Trust (ULHT) is one of the biggest acute hospital trusts in England, serving a population of over 720,000 people. It has three main acute hospitals; Lincoln County Hospital (LCH) serving the city of Lincoln and the North Lincolnshire area, Pilgrim Hospital Boston (PHB) serving South and South East Lincolnshire and Grantham and District Hospital (GDH) serving Grantham and the local area. Lincoln and Pilgrim Hospitals provide all major specialties and a 24-hour major accident and emergency service, Grantham and District Hospital provides accident and emergency services currently only during the hours of 08.00 to 18.30.

2.2 The East of England Clinical Senate was approached by NHS England on behalf of NHS Improvement to undertake a safety review of proposals by Untied Lincolnshire Hospitals NHS Trust (ULHT) to re-open the Accident and Emergency Department at Grantham and District Hospital, 24 hours, seven days a week (24/7). It is currently open between the hours of 08.00 and 18.30 seven days a week.

2.3 The East of England Clinical Senate was requested to take on this out of area review as the Chair of the East Midlands Clinical Senate, which covers the Grantham area, is the Medical Director of ULHT and would therefore have a conflict of interest.

2.4 The background to the evening and night time hours closure of Grantham and District Hospital Accident and Emergency Department is thoroughly detailed in the letter to the Secretary of State from the Independent Reconfiguration Panel (IRP), dated 22 March 2017. As that letter is available in full as Appendix A of this report, it would not serve any useful purpose to re-produce that information here. The IRP upheld the Trust board's decision to reduce Grantham Hospital's opening hours on the grounds of patient safety.

2.5 In November 2017, the ULHT board considered the recommendation of its Medical Director to re-open the Accident and Emergency Department on a 24/7 basis.

2.6 NHS Improvement requested that the Trust Board delay its final decision on whether to re-open the department for a period of one month to allow time for a safety review (i.e. this Clinical Senate Review Panel) to take place.

3. METHODOLOGY & GOVERNANCE

3.1 It was agreed that the most appropriate methodology would be a single panel to review the proposal to re-open Grantham and District Hospital Accident and Emergency Department 24 hours a day seven days a week.

3.2 The ULHT team was invited to send representatives to attend the panel to make a short presentation and respond to questions from the review panel. The invitation naturally included representation from the lead local Clinical Commissioning Group[1] (CCG). Unfortunately the date of the review panel clashed with a prior meeting for the CCG members. In order to ensure that the commissioner's view was heard, a teleconference was arranged for the day of the panel, prior to the panel (being the only mutually convenient time). The commissioners also provided for the panel a letter outlining the proposed longer term solution for Accident and Emergency provision at Grantham Hospital and a paper (undated) agreed between the CCG and ULHT that included the proposal for the longer term model for Grantham Hospital A&E.

3.3 That teleconference went ahead with two commissioner representatives and the majority of panel members (see Appendix C).

3.4 It was agreed that it would be inappropriate for NHS Improvement, although the sponsors of this review, to participate in the panel either as panel members or with the ULHT team.

3.5 Terms of Reference for the clinical review were agreed with NHS Improvement.

3.6 Normally Clinical Review Panel members would be asked to make their declarations of interest and sign confidentiality agreements once they had agreed to join the panel and then be provided with any available evidence for the review. On this occasion the turnaround was exceptionally short, with some panel members agreeing to join only a week before the panel and so declarations of interest (Appendix D) and confidentiality agreements were signed immediately prior to the panel.

[1] South West Lincolnshire CCG is the lead Commissioning CCG for the four Lincolnshire CCGs.

3.7 The clinical review panel was held in private on 22 November 2017.

3.8 A draft report was sent to the ULHT team and panel members to check for matters of accuracy.

3.9 This, final report, was submitted to the East of England Clinical Senate Council on 13 December 2017 for it to ensure that the clinical review panel met and fulfilled the Terms of Reference for the review. The report was then submitted to the sponsoring organisation and owner of the report.

3.10 East of England Clinical Senate Council will publish this report on its website at a time agreed with the sponsoring organisation in the Terms of Reference.

4 KEY FINDINGS

4.1 The United Lincolnshire Hospitals Trust operates three Accident and Emergency (A&E) Departments: Lincoln County Hospital (LCH) provides a full A&E including support for Air Ambulance. Six consultants provide on-site cover 08.00- 22.00hrs. LCH has recently been funded for nine consultants (previously seven) and 16 middle-grade doctors. Pilgrim Hospital Boston (PHB) is also a full A&E able to receive Air Ambulance with six consultants' 08.00-21.00 hrs Monday to Friday and 09.00-16.00 at weekends. PHB is funded for six consultants and (from April 2017) 16 middle-grade doctors, recently increased to 19. Major trauma cases go to Nottingham Queens Medical Centre. Grantham and District Hospital (GDH) has two consultants, currently both long-term locums, with consultant presence between 09.00-17.00hrs during week days only. It is funded for two consultants and six middle-grade doctors. There is an extensive list of exclusions that the panel were advised is well understood by the local healthcare system including primary care, community providers and the ambulance service. The panel heard that the exclusion protocol for GDH A&E currently in place would not be subject to any change should the decision to extend or change opening hours be implemented; this had been agreed with the East Midlands Ambulance Service NHS Trust (EMAS).

4.2 The Trust advised that over half of the consultant workforce were locums with most currently not on the GMC Specialist Register, and only a small proportion with specialist qualifications.

4.3 The temporary closure of Grantham and District Hospital (GDH) Accident and Emergency Department (A&E) in August 2016 from 24/7 to 09.00 to 18.30 hrs (extended in March 2017 to 08.00 to 18.30hrs), was made on the grounds of patient safety due to severe staff shortages across the Trust, particularly Lincoln County Hospital. This decision had been made with appropriate involvement of NHS England and NHS Improvement.

4.4 The panel heard that the decision to temporarily reduce the A&E opening hours was regularly reviewed by Trust board and was also supported by the Independent Reconfiguration Panel following appeal (see Appendix A).

4.5 Following the unplanned temporary change to GDH A&E opening hours, the Trust board set a threshold of 21 middle-grade medical staff in post across all three sites as the determinant for reconsidering 24/7 re-opening of GDH A&E. The threshold of 21 middle-grade included long term locums, defined as those in place for longer than 12 weeks, as well as substantive appointments. The Trust had not set any limit on the proportion of middle-grade doctors who were locums rather than substantive appointments.

4.6 The panel found that the target threshold had been derived by looking back at historical rotas, 21 being around 75 per cent of the required minimum number of medical staff across all three sites (at 28) that the Trust considered at that time could safely provide cover for a 24 hour period at that time.

4.7 Since then, the Trust has reviewed its workforce requirements resulting in a significant uplift in its target establishment; this has been supported with additional funding to increase the workforce to support the redesign of its departments and significant recruitment activity took place with some success. The panel commended the Trust on its innovative approach to recruitment and retention of medical staff. It heard that the Trust had reworked ED rotas and it was enabling part time working for doctors with funded study for PhD or Master's degrees.

4.8 The Trust acknowledged that if the same calculation (of around 75 per cent) was made now on the new establishment of 38 middle-grade doctors across all three sites rather than historical data, the required number would in fact now be around 30 middle-grade doctors (across all three sites). The Trust also had plans to increase to middle-grade staffing to 42 with effect from January 2018 and a further increase to 44 in April 2018, again across all three sites. The current middle-grade number of 22, including locums, therefore only meets 50 percent of the Trust's target establishment for April 2018. The Trust acknowledged that the heavy proportion of locums amongst the 22 middle-grade doctors meant that this was a relatively unstable position.

4.9 The panel advised that the Royal College of Emergency Medicine provided a 'rule of thumb' guide for 'Medical and Practitioner Staffing in Emergency Departments'[2]. Using that guide would indicate that ideally 36 middle-grade medical staff would be needed (i.e. 12 middle grades at each of the three sites) to maintain safe, sustainable 24/7 cover.

4.10 The panel learned that although there were currently around ten nursing vacancies across the three sites, an additional 20 nurses would be needed to reach the new uplift level, including 24/7 opening on the Grantham site. In addition not all senior nursing staff are Advanced Practitioner level and provision would need to be made for training and development. The Trust advised that all senior nursing staff had recently received training to deal with paediatric attendances.

4.11 Despite having reached the previously agreed threshold of 21 middle-grade doctors, the Trust acknowledged that there were still significant performance challenges across the Trusts' three A&Es, with particularly poor compliance to the four hour performance standard and Friends and Family results.

4.12 The panel heard that the Trust had made changes to some hospital specialist on-call arrangements to ensure that they provided enhanced support to A&E on two of the sites. The panel commended the Trust on this approach and were pleased to hear that this approach appeared to be easing workload pressures on the A&E staff.

4.13 The Trust confirmed that there had been no reported patient harm as a result of the closure; the CCG also confirmed that it was unaware of any harm resulting from the reduction in opening hours. The Trust also reported that there had not been any significant change in activity, nor had overall admissions increased. The data provided as evidence showed that since August 2016, there had been an average decrease in attendance to GDH

[2] https://www.rcem.ac.uk/docs/Workforce/RCEM%20Rules%20of%20Thumb%20for%20Medical%20and%20Practitioner%20Staffing%20in%20EDs.pdf

A&E of around 100attendances a week, with no correlating increase at either of the other two A&Es.

4.14 The panel heard that the Trust considered that having reached the 21 threshold across the three sites, it may be able to support three 24/7 rotas for A&E but had no certainty or confidence in how long that could be safely sustained. The Trust agreed that with the considerable vacancy gaps currently across the Trust, it was unlikely to be able to safely sustain three 24/7 rotas for longer than three to four months. The sustainability of three rotas had dependencies outside of the Trust's control including staff numbers being maintained - with the current level of staffing there was little resilience should further vacancies arise or high numbers of staff sickness occur.

4.15 The panel noted that, should the opening hours be extended, there was no clear guide or plan to indicate any trigger points that would determine the service became unsafe and would need to close again or how that decision would be made. The panel was concerned that relatively sudden changes to opening hours could lead to confusion amongst the public and patients, and indeed healthcare staff, with the potential to lead to significant harm.

4.16 The panel agreed that as middle-grade staff from GDH were currently covering some of the workload created by middle-grade vacancies at Lincoln and Pilgrim Hospitals; re-opening GDH A&E 24/7 would mean that this additional support to Lincoln and Pilgrim Hospitals would no longer be available. Given the activity levels of the A&E on these sites, most needed adequate medical workforce and any shortfall would put patients at risk at those hospitals.

4.17 The majority of patients presenting at GDH A&E were type 3[3] patients, the department did not support patients of higher acuity. Although the department did have a resuscitation area, any critical patients would always need to be transferred (note, not all sick patients are transferred). The department had two beds in the Emergency Admissions Unit 'ring fenced' for patients requiring transfer for more specialised care, or to another site, after the department had

[3] As defined in 'Emergency Care Weekly Situation Report Definitions ' NHS England 2014

closed. The panel heard that although formal recording of number of transfers ceased in March 2017, bed managers reported that the activity was low.

4.18 The panel heard that the Trust had a direct admission pathway for frail and elderly at GDH, the panel recommended that the Trust to promote this more widely, especially as this could relieve some pressure on other sites.

4.19 A paper provided to the panel from the CCG made reference to the potential to consider extending A&E opening hours at GDH to 21.00 (from 18.30hrs). The panel heard from the Trust that current staff rotas at GDH covered up to 21.00hrs, any extension to the current opening hours would require new staff rotas to extend to midnight or beyond which would be challenging to achieve on current staffing and rotas. The panel heard that the Trust was also concerned regarding potential safety risks if staff had to travel away from the site at midnight or later. The Trust advised that historically there were typically around 11 patients presenting between 23.00 and 07.00hrs at GDH.

4.20 Both the Trust and the CCG agreed that, having taken a year or more to adjust to the change in opening hours, to temporarily reinstate 24/7 opening would likely result in confusion among the public, patients and staff. There was agreement that there was insufficient patient demand for a full medically led overnight A&E service and that until there was a full establishment across ULHT, services were not stable on any of the three sites.

4.21 The Trust also made clear that, as a financially challenged Trust, extended hours would create an unwelcome affordability issue. Although finances were out of the scope of clinical review panels, the panel acknowledged the concern of the Trust.

4.22 The panel noted that there had been no mention or reference to any discussion with other parts of the system such as out of hours, community care providers, GPs and primary care on managing the impact of change in opening hours. The panel found that GDH hosted an Enhanced Out of Hours service (Kingfisher Suite) taking walk in minor injuries from 18.30 until 23.30hrs seven days a week and an Out of Hours service for minor illnesses with appointments accessed via 111 from 18.30 to 08.00hrs, although no mention had been made of this.

4.23 The panel agreed that there was insufficient evidence to form an opinion on whether the closure had had an impact on hospitals outside of the area e.g. Nottingham Queens Medical Centre, Leicester Hospitals and Peterborough City Hospital.

4.24 There was no evidence to demonstrate that by opening GDH 24/7 over winter, it would improve services at Lincoln and / or Pilgrim hospital. Given the A&E four hour performance, the panel was of the view that any additional medical availability could help ease workload pressures on the Lincoln and Pilgrim sites.

4.25 The panel heard that there were variations in clinical pathways across the sites and although some surgeons did work across the sites, the medical teams did not and were very much site based. The panel agreed that this was an opportunity to join up services and rotations could offer greater training and development opportunities for staff across the three sites.

4.26 The panel was advised that when GDH A&E closure was instigated in August 2016, the Trust and CCG were in discussion, as part of the STP, on a longer term solution for A&E services across the area. However, the preferred model was still being finalised with a plan to go to public consultation during 2018, although the panel was not provided with any clear timelines or plans.

4.27 The panel agreed there appeared to be a lack of clarity and consensus between the Trust and CCG about the future model. Whilst both agreed that there needed to be a joined up approach, there was not a clear vision or direction of travel or any apparent alignment with the Lincolnshire STP. The panel had been provided with a letter of agreement between the Trust and CCG/STP outlining services for Grantham Hospital, but this did not include the wider strategy for services across the patch.

4.28 The panel was clear that there was senior clinical leadership for development of the Trust A&E through the Medical Director and CCG Clinical Chair and an attempt to come to a single solution for the Trust. The panel was not presented with evidence to suggest there was strong clinical leadership below Medical Director level in relation to emergency services.

4.29 The panel heard that there had been ongoing engagement and discussion with the CCG and local stakeholders including community group leaders and that there was broad agreement that a 24/7 medically led A&E at GDH was not a sustainable model, nor a model that was justified in view of the small number of patients per hour that previously attended overnight. The panel agreed that there appeared to be a difference of opinion between the Trust and the CCG on the need for a seven day week overnight service at GDH and a difference regarding the degree to which medical cover was required.

4.30 The panel agreed that although it heard that there was broad agreement it had not seen any evidence of a clear plan or way forward. It heard that the STP was preparing the pre consultation business case for NHS England service change Assurance review, with a view to public consultation in spring 2018, although no evidence of a plan or clear timeline was provided for the panel.

4.31 The panel expressed concern that the CCG/STP and Trust were not using the opportunity to link the GDH A&E overnight closure issue with the medium and longer term objectives and vision for urgent and emergency care particularly. Whilst it understood the initial rationale for keeping separate the A&E overnight closure and possible medium and longer term planning, the panel agreed that the time had come to bring these together and be clear about the

short, medium and long term plan for urgent, emergency and planned health care across the entire STP patch. The panel further agreed that appropriate consultation with the public, patients, relevant stakeholders, neighbouring STPs and Health Scrutiny Committee needed to be planned as soon as possible.

4.32 The panel agreed that the terminology 'A&E Centre' could imply a full A&E facility and be confusing for patients. Common terminology, although not formally defined by NHS England, are 'Type 1 A&E department' (major A&E) providing a consultant-led 24 hour service with full resuscitation facilities, a 'Type 2' (single speciality A&E service such as ophthalmology, dentistry) and 'Type 3' (other A&E / minor injury / walk in centre / urgent care centre treating minor injuries and illnesses) .

4.33 The panel noted that in its letter of 22 March 2017 (Appendix A) the IRP had made comment that *"the level of emergency service provided from Grantham and District Hospital prior to August 2016 was already more akin to that of an urgent care centre*". It made reference to use of appropriate terminology and "*unrealistic expectations and misunderstanding about the level of service that can and should be provided at Grantham hospita*l". The panel reiterated those concerns, although it did agree that GDH did currently provide more than an Urgent Care Centre which tended to be Primary Care led, but significantly less than one would usually expect an A&E to provide.

4.34 The panel deliberated on a hypothetical case of parents visiting the area with an unwell child with sepsis, and the potential harm that could result from the child being taken to the GDH A&E. The discussion highlighted several areas of significant concern for patient safety.

4.35 The panel agreed that although it heard that there had been significant engagement with patients and public, there appeared to be less so with staff and no evidence of engagement with neighbouring STPs, primary care or GPs. The panel acknowledged that due to the lack of time, this had not been explored in any depth with the Trust and CCG team.

5 PANEL CONCLUSIONS

5.1 The panel agreed that there was no evidence that any extended opening, over and above the current level of provision of the Accident and Emergency department at Grantham and District Hospital would improve outcomes for patients. With the medical staffing vacancy gap across United Lincolnshire Hospitals Trust, and the heavy reliance on locum doctors who are likely to represent a less stable workforce, extended opening at GDH would clearly create additional pressure across the system and could potentially put patients at risk, particularly at the Lincoln and Pilgrim sites. The panel also agreed that extending the opening hours at GDH would put further pressure on the Trust's A&E nursing staff when there are already vacancies - this could further impact on the quality and safety of care provided.

5.2 Due to lack of detail available, the panel was unable to confirm whether the current medical staffing provided the required level of senior medical cover to supervise more junior staff. Clearly further recruitment of more senior medical staff that were on the Specialist Register would enhance the current situation. The panel recommended that the Trust engages with Health Education England on this matter

5.3 The panel considered that the best use of existing clinical staff, particularly during the coming winter period, would be to retain the current opening hours and exclusions for Grantham Hospital, and maintain the current arrangements for staff to support workloads across the three ULHT sites.

5.4 The panel recognised that the initial decision to close GDH A&E overnight was made on safety grounds; however it agreed that the time had come to link any changes to the longer term model for the whole of Lincolnshire and not just the Grantham area. The panel considered that it was imperative to refine the model rapidly and move to public consultation as quickly as possible.

6 RECOMMENDATIONS

6.1 Recommendation 1

6.1.1 The panel does not support the reopening of the 24/7 Accident and Emergency Department at Grantham Hospital on the grounds of potential adverse impact on patient safety at Accident and Emergency Departments at all three United Lincolnshire Hospitals.

6.1.2 The panel strongly recommends that, on the grounds of patient safety, United Lincolnshire Hospitals NHS Trust Board reconsider its proposal to extend the current Accident and Emergency service opening hours at Grantham and District Hospital.

6.1.3 The panel recommends that the Trust should continue to provide an Accident and Emergency Service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed.

Recommendation 2

6.2 The panel recommends that in order to make it clear for patients and the public the type of service available at GDH A&E, the Trust look to re-labelling or re-naming the department, and ensure that it communicates that widely. The panel further recommended that the terminology 'A&E Centre' is not applied to GDH in any future model.

Recommendation 3

6.3 The panel recommended that the Trust should look to move to a single A&E team with a focus on standardised clinical pathways and processes across the three sites, removing any unnecessary variation and providing enhanced training opportunities.

Recommendation 4

6.4 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 patients and the public. The Trust and STP should move to public consultation on an agreed future model as quickly as possible.

Recommendation 5

6.5.1. The panel recommended that the United Lincolnshire Hospitals Trust works with the local CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, the public, patients and local elected representatives have an opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites.

6.5.2 The panel recommended that the communication and engagement strategy develops plans to ensure that any changes to the designation, opening times and pathways related to emergency care provision are clearly communicated with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

END.

APPENDIX A:

6th Floor
157 – 197 Buckingham Palace Road
London
SW1W 9SP

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NS

22 March 2017

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Report by Health Scrutiny Committee for Lincolnshire
Grantham and District Hospital

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Christine Talbot, Chairman of the Health Scrutiny Committee for Lincolnshire (HSC). NHS England and United Lincolnshire Hospitals NHS Trust (ULHT) provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review because further local action by the NHS with the Council can address the issues raised.**

Background
Grantham and District Hospital is part of United Lincolnshire Hospitals NHS Trust (UHLT) and, along with Lincoln County Hospital and Pilgrim Hospital Boston, has an Accident and Emergency department (A&E)[4] staffed by consultants, doctors, doctors in training, nurse practitioners and nursing staff. Grantham A&E sees approximately 29,000 patients per year compared to 71,000 at Lincoln A&E and 55,000 at Pilgrim A&E. Grantham is around 36 miles from Lincoln and 32 miles from Boston. The major trauma centre in Nottingham is around 28 miles away. Only patients with a limited range of medical conditions and single limb orthopaedic injuries are admitted to Grantham and District Hospital via the A&E department or GP referral. Patients requiring a specialist review beyond that available at Grantham are transferred to Lincoln, Pilgrim or Nottingham hospitals.

During July 2016, concern was expressed by the emergency departments at Lincoln County Hospital and Pilgrim Hospital about their ability to fill middle-grade medical rotas. A report to the ULHT Board on 2 August 2016 described a number of reasons for this – a national shortage of emergency medicine doctors, insufficient doctors in training choosing to work at ULHT, an increasing reliance on locums and difficulty in securing the number of locums required to fill rota gaps consistently. The report stated that across the Trust (at the time of the report's writing) there were four substantive consultants in post out of 15 funded whole time equivalent (wte) posts, vacancies being filled by locums. Further, there were 11.6 wte middle-grade doctors against the 28 funded posts. The reduced emergency staffing levels, combined with a reduction in skill mix of substantive staff, compromised the on-going provision of safe, 24 hours, seven days per week A&E care across three sites. Although efforts were continuing to recruit additional staff, and various steps had been taken to mitigate staff shortages, it was felt that further action was required *"to ameliorate the unacceptable risks to patient care created by a significant middle-grade doctor shortage".*

[4] Also known as Emergency Department (ED)

The Trust Board considered potential options:

Option One	Sustain three sites with ED departments 24/7 by securing additional ED specific resource (status quo)
Option Two	Change the service provision at Lincoln County hospital by reducing the opening hours of the emergency department as follows: 2a. Emergency Department is open 24/7 2b. Emergency Department is open 8am – Midnight 2c. Emergency Department is open 8am – 8pm 2d. Emergency Department is open 9am – 4pm Retain a 24/7 Emergency Department at Pilgrim and a 24/7 Emergency Department at Grantham Hospital with a restricted clinical take
Option Three	Change the service provision at Pilgrim Hospital by reducing the opening hours of the emergency department as follows: 3a. Emergency Department is open 24/7 3b. Emergency Department is open 8am – Midnight 3c. Emergency Department is open 8am – 8pm 3d. Emergency Department is open 9am – 4pm Retain a 24/7 Emergency Department at Lincoln hospital and a 24/7 emergency department at Grantham Hospital with a restricted clinical take
Option Four	Change the service provision at Grantham and District Hospital by closing the emergency department and by opening an urgent care centre as follows: 4a. Urgent Care Centre is open 24/7 4b. Urgent Care Centre is open 8am – Midnight 4c. Urgent Care Centre is open 8am – 8pm 4d. Urgent Care Centre is open 9am – 4pm Retain a 24/7 emergency department at Lincoln Hospital and at Pilgrim Hospital

The recommended option was Option 4c.

The Trust Board accepted that the additional risk to patients was too great to continue without further action. The Board agreed to implement a temporary service closure at Grantham and District Hospital to support staffing at the Lincoln and Pilgrim A&E departments, as releasing middle-grade doctors to work at the two main A&E sites would provide safer services for the Lincolnshire population (around 750,000) as a whole.

The accountable officer of South West Lincolnshire Clinical Commissioning Group (CCG) (in which Grantham is located) was briefed on the closure on 3 August 2016. An initial three month closure of the A&E department at Grantham Hospital between 18.30 and 09.00 was introduced on 17 August 2016, to be reviewed monthly with an agreed threshold and plan to meet that threshold for recommencing services. The Lincolnshire A&E Delivery Board would assume responsibility for undertaking the monthly reviews with effect from September 2016 against a threshold of:

- No deterioration in the current consultant position
- Fill rate of at least 75 per cent (21) of the middle-grade establishment (28) on an eight week prospective basis

Stakeholders including the local Healthwatch, the County Council and local councillors, Care Quality Commission, neighbouring hospital trusts and East Midlands Ambulance Service were briefed during August 2016 and a county-wide communications plan advising the public and staff was implemented. On 19 August 2016, representatives of Lincolnshire East CCG (the lead commissioner of services from UHLT) and NHS Improvement undertook a quality visit of Grantham and District Hospital A&E and reported no concerns. Quality impact and equality impact assessments were undertaken. The Trust's decision was supported by NHS Improvement and NHS England in a letter of 30 August 2016.

The UHLT chief executive and medical director attended a meeting of the HSC on 21 September 2016. The HSC considered a report and information presented showing that daily average attendances at Grantham and District Hospital A&E had reduced from 80 between 1 and 16 August 2016 to around 60 subsequently. Releasing staff from Grantham had initially enabled an additional 120 hours per week of middle-grade cover to be provided at Lincoln County Hospital. It was noted that significant recruitment activity had been undertaken. The Committee recorded its support for the permanent reinstatement of overnight A&E services at Grantham and District Hospital. The Committee also concluded that it was not reassured that overnight A&E services would be reinstated by 17 November 2016 owing to the difficulty of recruiting suitably qualified A&E staff. A

further report was requested for the HSC meeting on 23 November 2016 covering A&E staff recruitment across the Trust and the impact of the temporary overnight closure at Grantham and District Hospital on other NHS services.

The UHLT Board met on 1 November 2016 and considered an updated report from the medical director on the latest position regarding emergency care services. A number of expressions of interest in vacancies had been received but no appointments made while a further two middle-grade doctors were leaving the Trust. The Board considered options on how to proceed and decided to extend the period of closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital to the end of February 2017.

The UHLT chief executive and medical director attended the HSC meeting on 23 November 2016. It was reported that reducing the A&E department opening hours at Grantham and District Hospital had enabled the A&E department at Lincoln County Hospital to be supported by up to an additional 85 hours per week by middle-grade and consultant staff from Grantham. No serious issues had been reported. A recruitment drive had indicated the potential to reach the necessary threshold but it was unlikely that sufficient new doctors would be in employment before January or February 2017. The Committee concluded that the closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital represented a substantial variation in the provision of health services for the area. It recorded that it was not reassured that the required threshold of consultant and middle-grade doctors would be recruited by February 2017 and hence that A&E services would not be reinstated by this date. It concluded that, as a result, the closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital would effectively be permanent. The HSC decided that the matter should be referred to the Secretary of State for Health and a letter of referral was sent on 15 December 2016.

Since the referral, UHLT has continued its efforts to recruit staff and the closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital has been reviewed. A review in February 2017 concluded that the threshold to re-open the service full time had not been met but acknowledged that there had been an improvement in staffing levels. It was agreed to increase opening hours by one hour (08.00 – 18.30) with effect from 27 March 2017 and to introduce a direct to admission unit pathway for selected medical patients conveyed by the ambulance service from 3 April 2017. These changes aside, the closure would remain in place for a further three months. NHS Improvement confirmed, in a letter of 20 February 2017, that it had received assurance regarding the decision.

Basis for referral
The HSC's letter of 15 December 2016 states:

"In accordance with Regulation 23(9) (c) of the Local Authority (Public Health, Health and Wellbeing Board's and Health Scrutiny) Regulations 2013, the Health Scrutiny Committee for Lincolnshire is making a report to the Secretary of State for Health in relation to the closure of Accident and Emergency Services at Grantham and District Hospital between 6.30pm and 9.00am. This referral is made on the basis that the closure is not in the interests of [the] health service in the Grantham and surrounding area."

IRP view
With regard to the referral by the Health Scrutiny Committee for Lincolnshire, the Panel notes that:

- The HSC in its referral letter, asserts that, since the temporary closure of A&E services between 18.30 and 09.00 (to be 08.00) at Grantham and District Hospital has now been in place for several months, the change amounts to a substantial variation
- The HSC does not contest the conclusion reached on 2 August 2016 by the UHLT Board that, without action, A&E services across the three sites were unsafe
- Nor does the HSC contest the decision to transfer temporarily staff from Grantham and District Hospital A&E to other sites to ensure the safe continuation of services from those sites – by implication, the ULHT threshold for re-opening the A&E at Grantham and District Hospital 24/7 is also accepted
- The HSC accepts that consultation is not required when a decision is made because of a risk to safety or welfare of patients and staff in services but asserts that, in view of the length of time that the change has been in place, it cannot any longer be considered to be temporary and should be subject to consultation with the HSC
- Further, the HSC asserts that the overnight closure is adversely affecting patient care for Grantham and district residents with other A&E departments around 30 miles away and may also impact on the sustainability of other NHS and wider services
- UHLT has stated that no proposals for any permanent changes have been put forward

- The HSC is seeking a commitment that A&E services at Grantham and District Hospital will re-open between 18.30 and 09.00 and the level of service provided will be same as those in place prior to 17 August 2016

Advice
The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value. Further local action by the NHS with the Council can address the issues raised.**

The Health Scrutiny Committee for Lincolnshire has concluded that the closure of A&E services at Grantham and District Hospital between 18.30 and 09.00 represents a substantial variation in health care provision, in accordance with regulation 23(1) of the 2013 Regulations. This does not appear to be disputed by the NHS and the IRP, in responding to the request for advice on this matter, does so on the assumption that the Department of Health is also content that the closure amounts to a substantial variation.

The changes agreed by the UHLT Board on 2 August 2016 and implemented on 17 August 2016 – including to introduce a temporary service closure at Grantham and District Hospital A&E – were done so on grounds of safety. The necessity to take action, that is, to release middle-grade doctors from Grantham to support services at the Lincoln County and Pilgrim hospitals and thus provide a safer service overall for the population of Lincolnshire, is not contested. The HSC has also accepted that prior consultation with the Committee was not needed in view of the imminent risk to the safety and welfare of patients. Nevertheless, a number of questions arise in relation to the true nature of emergency care provision at Grantham and District Hospital past and present, the level of engagement with the HSC and other stakeholders prior to decisions being taken in August 2016 and understanding what is envisaged for the longer term development of emergency and urgent care services across the county.

The accident and emergency service at Grantham and District Hospital has for some time only dealt with a limited range of presenting emergency conditions. Patients with suspected heart attack, acute cardiology, surgical issues, multiple trauma, suspected stroke and a number of other conditions have since 2007/08 been taken by the ambulance service straight to neighbouring hospitals (Lincoln County, Pilgrim or Nottingham) where more specialised services are located. Other patients receive stabilisation before being transferred. The report presented to the Trust Board on 2 August 2016 lists at Option Four "Change the service provision at Grantham & District Hospital by closing the emergency department and by opening an urgent care centre as follows…". Considering the limitations that have long been in place, it occurs to the Panel that the level of emergency service provided from Grantham and District Hospital prior to August 2016 was already more akin to that of an urgent care centre. Yet description of the service as an A&E or ED by both NHS and the HSC continues today. The point here is not merely one of the appropriate use of terminology or signage but that unrealistic expectations and misunderstanding may have been allowed to develop about the level of service that can and should be provided at Grantham and District Hospital.

Patients, the public and stakeholders need to know what to expect from their local health services. Their elected representatives have a right to be kept advised of developments, including potential pressures that may affect the provision of services. The report presented to the Trust Board on 2 August 2016 emphasized that *"this report is a culmination of a series of circumstances that have led to a crisis situation within our Emergency Departments"*. The report explains that over previous months, emergency departments were safely staffed by asking consultants to work extra shifts to cover gaps in the middle-grade doctor rota and by securing as many agency doctors as possible. New ways of working were also piloted to improve performance. Clearly the crisis that arose did not happen overnight yet it appears the HSC was only advised of circumstances once decisions had been made and action taken. The Panel would have expected that, as part of the exchange of information that should be taking place regularly, the HSC would have been advised of the situation earlier. The absence of ongoing communication might have helped to fuel the view that the temporary closure was to be continued indefinitely until made permanent.

UHLT has stated that no proposals for any permanent changes have been put forward. In the meantime, genuine efforts to recruit and retain staff to work in the Trust's emergency departments continue but with, thus far, limited success. As the HSC has itself highlighted, the prospects of recruiting and retaining sufficient staff to meet the agreed threshold of 21 middle-grade doctors across the Trust do not appear strong. Despite the original intent to close temporarily, the Panel agrees with the view of the HSC that, after six months (to date), the closure of the A&E service at Grantham and District Hospital between 18.30 and now 08.00 can no longer be

regarded as a temporary measure and considers that it is not in the interests of patients that future discussions be conducted on this basis.

The Panel, in this advice, has already noted the limited nature of the A&E service provided at Grantham and District Hospital and is concerned that unrealistic expectations have built up about what the service actually provides – both before and after the night-time closure. The service is demonstrably the smallest of the three A&E services provided across Lincolnshire by UHLT and deals with a limited range of presenting conditions. Consequently, taking account of the low level of activity through the night, the actual numbers of patients affected in terms of accessing A&E elsewhere is relatively small. That said, the Panel accepts that the issues that gave rise to the current situation did not originate in Grantham and that there is considerable disquiet about the uncertainty among the residents of Grantham and the surrounding area.

The HSC is seeking a commitment that A&E services at Grantham and District Hospital will re-open between 18.30 and 09.00 (to be 08.00) and the level of service provided will be same as those in place prior to 17 August 2016. However, the Committee also accepts that this cannot happen without sufficient staff to operate the service. **The Panel agrees that in the interests of safety the A&E service at Grantham and District Hospital should not re-open 24/7 unless sufficient staff defined by the threshold can be recruited and retained.**

The future for A&E services at Grantham and District Hospital is currently, therefore, fundamentally unclear. Patients, the public and stakeholders at Grantham require a consistent picture of what is *on offer* at Grantham. The changes being made to the opening hours and the introduction of a direct to admission unit pathway for selected medical patients provide little reassurance that the A&E will be able to return to a 24/7 service. Even if that were possible, it has to be recognised that the service provided can never be (nor was it prior to the overnight closure) at the same level as that provided at Lincoln or Boston.

The Panel considers that the time has come for an open and honest appraisal, both of the options for future emergency care delivery at Grantham and more widely across Lincolnshire. An alternative to the current approach is needed that reflects the prospective staffing position for emergency care provided by the Trust. Recognising that the staffing threshold currently required to restore the service at Grantham is unlikely to be achieved in a sustainable way CCGs, as commissioners of these services, must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future. Drawing on the work already done for the sustainability and transformation plan for the area, a plan of action for the whole health economy is required that will implement safe and sustainable urgent and emergency services and bring about an early end to the current uncertainty.

Yours sincerely

(***NOTE SIGNATURE REMOVED FROM THIS APPENDIX COPY)***

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

Health Scrutiny Committee for Lincolnshire

1 Letter from Cllr Christine Talbot, HSC Chairman, 15 December 2016
Attachments:
2 Statement in support of report to Secretary of State for Health by the Health Scrutiny Committee for Lincolnshire – Grantham and District Hospital Accident and Emergency Services
3 Enclosure 1 – Report to the Health Scrutiny Committee for Lincolnshire, 21 September 2016: United Lincolnshire Hospitals NHS Trust: Emergency Care
4 Enclosure 2 – Extracts from the minutes of the Health Scrutiny Committee for Lincolnshire, 21 September 2016
5 Enclosure 3 – Report to the Health Scrutiny Committee for Lincolnshire, 23 November 2016, United Lincolnshire Hospitals NHS Trust: Emergency Care Services at Grantham and District Hospital
6 Enclosure 4 – Extracts from the (unconfirmed) minutes of the Health Scrutiny Committee for Lincolnshire, 23 November 2016

NHS

1 IRP template for providing initial assessment information
Attachments:
2 Maps
3 ULHT private board minutes, 2 August 2016
4 ULHT private board meeting paper, 2 August 2016
5 ULHT public board minutes, 1 November 2016
6 ULHT Fast track emergency service change checklist, August 2016
7 NHS Improvement and NHS England letter to ULHT, 30 August 2016
8 NHS Improvement and NHS England letter to ULHT, 15 November 2016
9 ULHT equality impact assessment
10 ULHT emergency care service position, 6 September 2016
11 ULHT emergency care service position, 4 October 2016
12 ULHT public board meeting (current position), 1 November 2016
13 ULHT Grantham A&E changes communications plan
14 Letter, Mills and Reeve LLP to Leigh Day & Co, 1 September 2016
15 ULHT report to HSC, 21 September 2016
16 UHLT report to HSC, 23 November 2016
17 Health Scrutiny Committee for Lincolnshire referral letter 15 December 2016
18 Grantham A&E equality analysis communications and engagement plan
19 Grantham A&E engagement
20 ULHT equality impact assessment

Other evidence considered

1 Lincolnshire A&E Delivery Board terms of reference
2 Emergency care service – current position, UHLT, February 2017
3 Minutes of Public Trust Board meeting, UHLT, 7 February 2017
4 Exert from Clinical Management Board, UHLT, 2 February 2017
5 Presentation by UHLT medical director, A&E services at Grantham and District Hospital
6 System Executive Team paper, 8 February 2017
7 Letter from NHS Improvement to UHLT chief executive, 20 February 2017

East of England Clinical Senate

Independent clinical review panel on the current arrangements and proposals for 24 hour re-opening of Accident and Emergency Services at Grantham and District Hospital (United Lincolnshire Hospitals NHS Trust)

Date: 22 November 2017

Terms of Reference

CLINICAL REVIEW PANEL: TERMS OF REFERENCE

Title: **Review of proposals to extend Grantham and District General Hospital Accident and Emergency Department opening hours**

Sponsoring body: **and NHS IMPROVEMENT for the United Lincolnshire Hospital NHS Trust (ULHT)**

Terms of reference agreed by: **(NB: AGREED BY PETER BURNETT for NHS Improvement BUT THIS COPY NOT SIGNED – S Edwards)**

Name **on behalf of NHS Improvement**

Signature

Dr Bernard Brett, East of England Clinical Senate Chair

on behalf of East of England Clinical Senate and

Signature 

Date: 21 November 2017

Aims and objectives of the clinical review

In October 2017, the board of United Lincolnshire Hospitals NHS Trust considered the recommendation of the Medical Director to re-open the Accident and Emergency Department at Grantham Hospital 24 hours a day seven days a week; the A&E department is currently closed at night. NHS Improvement has requested the Clinical Senate provide an external clinical opinion of the proposal with a focus on patient safety.

The Clinical Senate has been asked to examine the current arrangements for Accident and Emergency Services in the three United Lincolnshire Hospitals NHS Trust, Lincoln Hospital, Pilgrim Hospital and Grantham Hospital, and advise whether:

a) the current medical staffing arrangements provide sufficient and appropriate cover for the three ULH NHS Trust Accident and Emergency Departments, including the required level of senior medical cover to supervise more junior staff; and
b) the current and medical staffing arrangements would support the re-opening of Grantham Accident and Emergency Department during the hours of 18.30 – 09.00 seven days a week, and would provide effective, resilient and safe care for patients, with particular reference to the additional pressures that may incur during the 2017/18 winter period.

Clinical Senate has also been asked to advise on:

c) the best use of existing clinical staff in mitigating the staff shortages across all three sites over the winter period December 2017 to March 2018; and
d) the likelihood of any re-opening of Grantham A&E being sustainable in the long term, taking into account the advice of the Independent Review Panel.

Scope of the review

Clinical Senate will review the current arrangements for the three United Lincolnshire Hospitals NHS Trust Accident and Emergency Departments - Lincoln Hospital, Pilgrim Hospital and Grantham Hospital. It may include arrangements for supporting services including diagnostics.

In considering its recommendations, the Clinical Senate will review the evidence provided by the Trust, the Clinical Commissioning Groups and NHS Improvement and will consider the report of the Independent Reconfiguration Panel of 22 March 2017.

Other Departments and services at United Lincolnshire Hospitals are out of scope of this review.

Clinical Senate Review Panel: The clinical review panel should assess the strength of the evidence base of the case for change and proposed models. Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

- Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g., sustainability of cover, clinical expertise)
- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework and Five Year Forward View?
- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Will these proposals meet the current and future healthcare needs of their patients within the given timeframe of the planning framework (i.e. five years)?
- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?
- Do the proposals demonstrate good alignment with the development of other health and care services, including national policy and planning guidance?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals consider issues of patient access and transport? Is a potential increase in travel times for patients outweighed by the clinical benefits?
- Will the proposals help to reduce health inequalities?
- Does the options appraisal consider a networked approach - cooperation and collaboration with other sites and/or organisations?

Timeline: The review panel will be held on the 22 November 2017.

Reporting arrangements: The clinical review panel will provide a report to the Clinical Senate Council which will ensure that the panel met the agreed terms of reference, agree the report and be accountable for the advice contained in the final report.

Methodology: The review will be undertaken by a review panel meeting to enable presentations and discussions to take place.

Report: A draft report will be made to the sponsoring organisation for fact checking prior to publication.

Comments/ correction must be received from the sponsoring organisation within **two working days**.

Final report will be submitted to Clinical Senate Council to ensure it has met the agreed terms of reference and to agree the report.

A final draft report will be submitted to the sponsoring organisation by Thursday 30 November 2017.

Communication and media handling: Communications will be managed by the sponsoring organisation. Clinical Senate will publish the report once the Trust papers have been released.

Resources: The East of England Clinical Senate will provide administrative support to the review panel, including setting up the meetings and other duties as appropriate.

The clinical review panel may request any additional existing documentary evidence from the sponsoring organisation. Any requests will be appropriate to the review, reasonable and manageable.

Accountability and Governance: The clinical review panel is part of the East of England Clinical Senate accountability and governance structure.

The East of England Clinical Senate is a non statutory advisory body.

The sponsoring organisation remains accountable for decision making but the review panel report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

Functions, responsibilities and roles

The **sponsoring organisation** will

i. provide the clinical review panel with the case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance. Background information may include, but is not limited to:
    - relevant public health data including population projections, health inequalities, specific health needs
    - activity date (current and planned)
    - internal and external reviews and audits,
    - relevant impact assessments (e.g. equality, time assessments),
    - relevant workforce information (current and planned)
    - evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions).

   The sponsoring organisation will provide any other additional background information requested by the clinical review panel.

ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy.

iii. undertake not to attempt to unduly influence any members of the clinical review panel during the review.

iv. Arrange and bear the cost of suitable accommodation (as advised by clinical senate support team) for the panel and panel members.

Clinical Senate Council and the sponsoring organisation will

i. agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical Senate Council will

i. appoint a clinical review panel, this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a review panel chair
ii. endorse the terms of reference, timetable and methodology for the review
iii. consider the review recommendations and report (and may wish to make further recommendations)
iv. provide suitable support to the panel and
v. submit the final report to the sponsoring organisation.

Clinical review panel will

i. undertake its review in line with the methodology agreed in the terms of reference
ii. follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
iii. submit the final draft report to Clinical Senate Council for it to ensure that the panel met the Terms of Reference of the review.

Clinical review panel members will undertake to

i. declare any conflicts of interest and sign a confidentiality agreement prior to having sight of the full evidence and information
ii. commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology).
iii. contribute fully to the process and review report where appropriate
iv. ensure that the report accurately represents the consensus of opinion of the clinical review panel
v. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the review panel chair and the Head of Clinical Senate, any conflict of interest that may materialise during the review.

APPENDIX C: Membership of the review panel

PANEL MEMBERS	
Dr Bernard Brett *	Consultant in Gastroenterology and General Internal Medicine Norfolk and Norwich University Hospitals NHS FT, Clinical Senate Chair & Review Panel Chair
Dr James Crawfurd*	Consultant in Emergency Medicine, James Paget University Hospital NHS FT Regional Chair of College of Emergency Medicine
Ruth Derrett*	Director of Transformation and Delivery: Urgent and Emergency Care, Cambridgeshire and Peterborough CCG
Dr Robert Florance*	Consultant in Emergency Medicine, Queen Elizabeth Hospital Kings Lynn
Dr Mohammad Ghaliaei	Consultant in Emergency Medicine, Princess Alexandra Hospital, Harlow
Jane Hubert*	Expert by Experience (former Senior A&E Nurse)
Dr Melanie Iles*	Consultant Paediatrician West Suffolk Hospital, Associate Regional Medical Director, NHS Improvement, Midlands & East. Clinical Senate Council member
John Martin*	Associate Director for the Older People's & Adult Community, Cambridgeshire & Peterborough NHS FT, Chair of the National College of Paramedics and a Consultant Paramedic & Clinical Senate Council member
Anna Morgan*	Director of Nursing & Quality at Norfolk Community Health & Care NHS Trust Clinical Senate Council member
Joanne Pope*	Senior Service Specialist & Acute Quality Lead Specialised Commissioning NHS England – Midlands and East (East of England)
Dr Celia Skinner	Chief Medical Officer, Southend Hospital NHS FT

*** Denotes member was present on the teleconference call with CCG**

In attendance at the panel:

United Lincolnshire Hospitals Trust Team:

1. **By teleconference at 12.15hours**,

John Turner Chief Officer, South West Lincolnshire CCG & South Lincolnshire CCG & Senior Responsible Officer Lincolnshire STP, and

Dr David Baker, Clinical Chair, South West Lincolnshire CCG.

2. **In attendance at the panel (*by teleconference)**

Mark Brassington, Chief Operating Officer, United Lincolnshire Hospitals Trust

Dr Neill Hepburn, Medical Officer United Lincolnshire Hospitals Trust

Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals Trust* and

Jan Sobieraj, Chief Executive Officer, United Lincolnshire Hospitals NHS Trust*.

* = by teleconference.

Clinical Senate Support Team:

Sue Edwards, Head of Clinical Senate East of England, NHS England

Brenda Allen, Project Officer, East of England Clinical Senate, NHS England

APPENDIX D: Declarations of Interest

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Dr Bernard Brett	None	None	None	None
Dr James Crawfurd	None	None	None	None
Ruth Derrett	None	None	None	None
Dr Robert Florance	None	None	None	Declared
Dr Mohammad Ghaliaei	None	None	None	None
Jane Hubert	None	None	None	None
Dr Melanie Iles	None	None	None	Declared
John Martin	None	None	None	None
Anna Morgan	None	None	None	None
Joanne Pope	None	None	None	None
Dr Celia Skinner	None	None	None	None

Dr Robert Florence declared a personal non-pecuniary interest as an employee of a neighbouring Trust (Queen Elizabeth Hospital Kings Lynn).

Dr Melanie Iles declared a personl non-pecuniary interest as an employee of NHS Improvement (commissioners of this review). Dr Iles has had no involvement in any decisions or review on A&E in United Lincolnshire Hospitals Trust.

APPENDIX E: Agenda

INDEPENDENT CLINICAL REVIEW PANEL

Sponsoring body: NHS Improvement for the United Lincolnshire Hospital NHS Trust (ULHT)

A G E N D A

Date: Wednesday 22 November 2017

Time: Panel members 13.15 for 13.30hrs start to 17.00hrs &
ULHT team from 14.00hrs to 15.15hrs

Venue: Abington Room, TWI Granta Centre, Granta Park, Cambridge CB21 6AL

Teleconference dial in: from landline 0800 9171950 from mobile 0203 4639697
Participant code 75148821#

Clinical Senate has been asked to

examine the current arrangements for Accident and Emergency Services in the three United Lincolnshire Hospitals NHS Trust, Lincoln Hospital, Pilgrim Hospital and Grantham Hospital, and advise whether:

e) the current medical staffing arrangements provide sufficient and appropriate cover for the three ULH NHS Trust Accident and Emergency Departments, including the required level of senior medical cover to supervise more junior staff; and

f) the current and medical staffing arrangements would support the re-opening of Grantham Accident and Emergency Department during the hours of 18.30 – 09.00 seven days a week, and would provide effective, resilient and safe care for patients, with particular reference to the additional pressures that may incur during the 2017/18 winter period.

Clinical Senate has also been asked to advise on:

g) the best use of existing clinical staff in mitigating the staff shortages across all three sites over the winter period December 2017 to March 2018; and

h) the likelihood of any re-opening of Grantham A&E being sustainable in the long term, taking into account the advice of the Independent Review Panel.

Time	Item
13.30 – 14.00	**Review panel members** Welcome, introductions and outline of panel procedure from Clinical Review & Identification of key lines of enquiry Panel Chair Dr Bernard Brett
14.00 – 14.20 **20 mins**	**Review panel members & ULHT team** Presentation and context setting for the panel from the ULHT team
14.20- 15.10 **50 mins**	General clarification questions from the panel to ULHT team
15.10 onwards	Panel discussion in private (including working break as appropriate) Summary and recommendations
No later than 17.00	Close

Next steps information for panel members:

1) Draft report to ULHT team and panel members for points of accuracy check no later than 27 November 2017 with 48 hours turnaround

2) Final draft report to NHS England, NHS Improvement and ULHT Trust no later than 30 November 2017

3) Final draft report to Clinical Senate Council 13 December 2017 (*NB Council cannot make any material changes to the report or its recommendations)*

APPENDIX F: Summary of documents provided by sponsoring body as evidence to the panel

i) Report to ULH Trust Board, 31 October 2017, from Dr Neill Hepburn Medical Director ULHT

ii) Letter of Independent Reconfiguration Panel to Secretary of State, 22 March 2017 (produced in full at Appendix A)

iii) Grantham and District Hospital Quality Report, Care Quality Commission, 11 April 2017 (*NB report provided by Senate Office not ULHT or NHS Improvement)*

iv) Letter of 21 November 2017 from John Turner, Chief Officer & David baker Clinical Chair South West Lincolnshire CCG (including Grantham Hospital Exclusion Protocols)

v) Additional data and information:

a. A&E Four Hour performance
b. A&E admissions to attendances ratio
c. A&E attendances & by postcode
d. Bed occupancy
e. Arrival to Triage (15 min target)
f. Arrival to treat (60 min target)
g. Ambulance conveyances
h. Delayed Transfer of Care
i. Map of three ULHT hospital location
j. Medical, Nursing and AHP staffing and vacancies
k. Total patient attendance and conversions.

END.

Lincolnshire COUNTY COUNCIL Working for a better future		**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

Open Report on behalf of NHS England, Central Midlands

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 January 2018**
Subject:	**NHS Dental Services Overview for Lincolnshire**

Summary:

This report will provide an overview of the NHS dental services commissioned in Lincolnshire, brief on and update on the current challenges and commissioning intentions to improve NHS dental services and oral health across Lincolnshire.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is:

i) requested to note the contents of the report; and

ii) invited to consider and comment on the report.

1. Background

National Context

NHS England is responsible for commissioning primary and secondary care dental services since April 2013.

The government has made a commitment to oral health and dentistry with a drive to:

- Improve the oral health of the population, particularly children
- Introduce a new NHS primary dental care contract
- Increase access to primary care dental services.

NHS England's clinical aim for each dental practice is to deliver high quality NHS clinical services defined as:

"patient-centred and value for money primary care dental services, delivered in a safe and effective manner, through a learning environment, which includes the continuing professional development of dentists and other dental professionals"

NHS England's over-arching aims for primary dental service provision are:

- To improve oral health and to reduce inequalities in health and wellbeing
- To improve access to NHS dental services and to improve the experience of all service users
- To develop excellent integrated and more localised services
- To ensure that key evidence based, preventive, consistent messages and interventions are communicated and delivered by all
- To ensure access to unscheduled and elective dental care is available to all
- To provide evidence informed care according to identified need
- To promote choice by services users, by ongoing consultation and engagement.

Local Context

Central Midlands Local Office is responsible for commissioning NHS primary, community and secondary care dental services. The Central Midlands Local Office has two locality teams that manage dental and optometry commissioning. Lincolnshire is part of the North Locality, which covers Leicestershire, Rutland and Lincolnshire.

In Lincolnshire there are 72 contracts providing NHS dental services:

- 45 providing general dental services (8 are restricted contracts, for example children under the age of 18 years, 19 years if in full time education and/or exempt patients)
- 1 pilot contract providing general dental services
- 15 providing general dental and orthodontic services
- 5 providers providing orthodontic services
- 5 providers providing minor oral surgery services
- 1 Special Care Dentistry Service provider

One provider is piloting a new prototype dental contract, which is testing a new remuneration system that blends activity and capitation (patient registration) aligning to financial and clinical drivers with a focus on prevention and continuing care. There are five practices which provide access to urgent and routine care over extended hours, for example 8am to 8pm Monday to Friday, and extended access cover over weekends and Bank Holidays excluding Christmas Day, New Year's Day and Easter Sunday.

Secondary dental care services providing specialist services, for example orthodontics and maxillofacial services for Lincolnshire is delivered by United Lincolnshire Hospitals NHS Trust (ULHT).

NHS Dental Contract

In April 2006, NHS dental providers were transferred over to the new NHS dental contract. The new dental contracts are activity based and providers are required to deliver an activity target each financial year. General dental services contracts are monitored against delivery of their unit of dental activity (UDA) target and orthodontic contracts are monitored against delivery of their unit of orthodontic activity (UOA) target. Specialist services delivered in primary care, such as minor oral surgery are commissioned on a cost per case basis.

Since April 2006, patients are no longer registered to a dental practice and are only attached to a dental practice when they are in an active course of treatment. However, practices usually hold a notional list to assist managing their capacity to provide dental services to regular patients/new patients seeking routine or urgent care. Practices' capacity to take on new patients can vary and is dependent on a number of factors. Patients can choose any geographical area to access services in NHS England and there are no restrictions on where patients can access NHS dental services.

Patients will be advised by the dental practitioner on their recall interval based on The National Institute for Health and Clinical Excellence (NICE) Clinical Guidance 19 Dental Recall, October 2004. Dental recalls are determined by the patient's oral health and other factors for example age, diet, oral hygiene, fluoride use, tobacco and alcohol. Recall rates for children up to age of 18 years can be every 3/6/9 or 12 months and adult recall intervals can be every 3/6/9/12/15/18 months to 2 years. It is important that young children (up to 2 years) attend a dentist for their first examination to commence monitoring their oral health.

Patient charges were changed with the introduction of the new contract and these were simplified into three treatment bands. NHS dental charges apply if a patient does not meet the exemption criteria. Patients will be charged for one completed course of treatment and the charge is determined by the treatment provided. The patient charges are:

Treatment Band	Type of Treatment	Patient Charge £
Band 1	This covers examinations, diagnosis (including radiographs), advice on how to prevent future problems, scale and polish if clinically necessary, and preventative care (e.g. applications of fluoride varnish or fissure sealant). This band also covers urgent dental care in a primary care dental practice such as pain relief or a temporary filling.	20.60
Band 2	This covers everything listed in Band 1, plus any further treatment such as fillings, root canal work or if your dentist needs to take out one or more of your teeth.	56.30
Band 3	This covers everything listed in Bands 1 and 2, plus crowns, dentures, bridges and other laboratory work.	244.30

Oral Health Needs Assessment

Public Health England has developed, in conjunction with NHS England Central Midlands Local Office, an Oral Health Needs Assessment (OHNA) for the North Locality covering Leicestershire, Rutland and Lincolnshire in consultation with the

Local Authorities and Clinical Commissioning Groups. The OHNA is based on a point in time, is based on NHS dental activity delivered in 2013/14 and relates to patients resident in an area.

The OHNA reviews the demographics of the resident population, provision of services, and access to NHS dental services and makes recommendations for the commissioners to consider when developing the dental commissioning intentions to improve service provision. An access measure is used to determine the number of patients seen as a proportion of the resident population and access rates can be affected and influenced by many different factors, for example deprivation or prosperity of the resident population, lifestyle choices etc. It is important to note that a low access rate may not necessarily be solely due to a lack of provision as this can be affected by patient choice of accessing services outside the area or opting for private dental treatment. The OHNA identifies access rates for children under the age of 18 years and adults by Local Authority (LA).

The OHNA identified that the following LA areas access rate is similar to or above the NHS England and the Leicestershire and Lincolnshire averages:

- West Lindsey for children and adults
- North Kesteven for children
- South Kesteven for children and adults
- East Lindsey for children and adults

The following LA areas access rate is below the NHS England and the Leicestershire and Lincolnshire average:

- Boston for children and adults
- Lincoln for children and adults
- South Holland for children and adults
- North Kesteven for adults

The Local Office reviewed the outcomes of the OHNA along with other intelligence, which includes patient engagement and consultation feedback to develop the dental commissioning intentions. It was agreed to commission new contracts as part of the dental procurement programme to improve access to general dental services in priority areas identified within the resource envelope available:

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

Any new contract has to be awarded via a procurement process to comply with dental contract regulations, competition and procurement law requirements.

Dental Foundation Training

All newly qualified dentists are required to complete a one year dental foundation training following completion of their dental degree. The Foundation Training process is managed by Health Education England. Foundation dentists are

assigned to accredited dental practices and have an identified mentor to support them through their foundation training process. Funding is provided to cover the costs of the Foundation Dentist and funding to support the accredited mentor. Three out of the 26 training places across Leicestershire and Lincolnshire were secured within Lincolnshire practices.

Dental Commissioning Guides

The Dental Commissioning Guides provide a standardised framework for the local commissioning of dental specialties. They provide guidance to Local Offices on improving access to care, based on needs that are criterion referenced, with demonstrable high value health outcomes experienced by patients.

Local Offices will work closely with the Managed Clinical Networks (MCN), the Regional Dental Public Health Consultants and Local Dental Network (LDN). The aim is to deliver the best patient journey possible, supported by mandatory specialist advice and/or access to care, that meets the needs of the local patient population whilst achieving the nationally expected standards of care provision within existing resources.

The Dental Commissioning Guides have been developed nationally involving the dental profession and commissioners overseen by the Chief Dental Officer in England. The Dental Commissioning Guides published are:

- Special Care Dentistry (Adults)
- Orthodontics
- Oral Surgery and Oral Medicine

Commissioning Guides for Restorative Services and Paediatrics are in development and publication has been delayed.

Local Dental Network (LDN)

The Local Dental Network for Leicestershire and Lincolnshire was established in 2013. The main aims and objectives of the Dental LDN are to:

- Provide robust and quality clinical input to the Local Office
- Improve clinical outcomes
- Address health inequalities
- Putting the patient in the centre of everything that we do
- Engage with the Dental profession across the entire pathway.

The Dental LDN Steering Group develops work priorities each financial year and progress is monitored by NHS England Central Midlands. The Steering Group has good engagement from the Oral and Dental health community, Health Education England, Public Health and Local Authorities, however, Clinical Commissioning Groups engagement has been a challenge with little interest.

The Dental LDN has been recognised nationally for the work on older patients oral health in Lincolnshire linked into the Oral Health Promotion Strategy.

Work is ongoing to improve general practice implementation of the Delivering Better Oral Health guidance. Training has been provided to dental care professionals to apply fluoride varnish to children at risk of dental caries.

The LDN has secured non-recurrent funding to pilot improved access to interpretation services across the whole of the Leicestershire and Lincolnshire area from NHS England.

There are a number of challenges that the LDN has identified within their work priorities and these relate to:

- Improved access to Restorative Services.
- Gerodontology Managed Care Network to focus on older people, older people with dementia and mental health issues oral health.
- Delivering prevention to families who have experienced extraction with General Anaesthetic for tooth decay.
- Encourage the increase in foundation training practices in Lincolnshire.
- Increasing the level of oral health promotion activities in Lincolnshire in partnership with Lincolnshire County Council.
- Implementation of Healthy gums do matter toolkit and increase the knowledge of the General Dental practitioner of the relevance of oral health on general health and potentially positively impacting on diabetes.
- Improvement of the pathway for specialist dental care and supporting referral management systems.
- Work in conjunction with Health Education England to develop the workforce

The LDN has established Managed Clinical Networks for Special Care Dentistry, Orthodontics, Minor Oral Surgery and Gerodontology to support delivering the work priorities, review commissioning guidance to improve patient pathways and patient outcomes.

Joint Working with the Lincolnshire County Council on Oral Health Promotion

Lincolnshire County Council became responsible for improving health and reducing inequalities for its local population from 1 April 2013. Local Authorities are responsible for commissioning oral health promotion programmes and epidemiology surveys. Lincolnshire County Council commissions oral health promotion and epidemiology through NHS England's Special Care Dentistry Service contract, which offers synergies in provision and added value in joint working.

An Oral Health Alliance Group for Lincolnshire has been set up to facilitate joint working across the health community. The group has developed a joint Strategic Action Plan for Oral Health Promotion in Lincolnshire. The aim of the strategic action plan is to improve oral health promotion of the Lincolnshire population and target identified priority patient groups, including children at high risk of dental caries, those who have already required extractions under general anaesthetic for dental decay and older persons at higher risk of poor oral health. Initiatives include the evidence based distribution of toothbrush and paste packs alongside advice to targeted families, a tooth brushing in schools programme where there are higher rates of decay and guidance and training for oral health for care settings for adults and older people. Future priorities include ensuring that all children referred for

dental extractions follow an optimal pathway with prevention of further decay at the forefront of its aims.

Chief Dental Officer Smile for Life Initiative

As part of supporting the Chief Dental Officer Smile for Life initiative, the Local Office has launched the Starting Well programme in Leicester and Luton. Part of the programme is for dental practices participating in the programme to provide dental check-ups for children aged 1 year. The learning from the Starting Well programme will be fed into Lincolnshire area.

Dental Procurement

The Local Office agreed to procure new services in Lincoln, Sleaford and Spalding to provide general dental services between 8am to 8pm, every day of the year and in Boston to provide general dental services within extended opening hours. The new contracts have a contracting term of 7 years with the option to extend for a further 3 years.

NHS England commenced the procurement process on 31 January 2017 to commission the new contracts for Boston, Lincoln and Sleaford areas and the process has now concluded.

The procurement process did not identify a preferred bidder for Boston, Lincoln or Sleaford, as the tender submissions did not meet the evaluation criteria due to incomplete submissions or financial sustainability/quality requirements.

The new 8 to 8 dental contract for Spalding was awarded to Roderick's Dental Limited in June 2017, so the new service could commence in December 2017. NHS England Central Midlands were disappointed to be informed by Roderick's Dental Limited that they had withdrawn from the contract, delaying our plans to ensure people in Spalding had more access to NHS dental services. As the commissioner, we appreciate that patients and stakeholders are similarly disappointed and would like to provide assurance that we are making every effort to overcome this set back to our commissioning plans. We will work with local stakeholders including the Local Dental Network and Lincolnshire Healthwatch, to increase access to NHS dental services in the area as quickly as possible.

Closure of Dental Practice in Spalding

On 31 August 2017 the 1A Dental practice based in the Johnson Community Hospital in Spalding closed as their contract agreement expired. The practice provided urgent and routine NHS dental services and operated extended opening hours. To minimise the impact on patients, the Local Office undertook a caretaking procurement process in early August 2017 to enable services to be maintained for 12 to 18 months whilst longer term solutions were considered. Unfortunately, the procurement process was unsuccessful in identifying a suitable provider as bids did not meet the criteria that enable NHS England to award a contract. In these circumstances, there was no alternative but to close the practice following the end of the 1A Dental contract. As a result, it has not been possible to secure a suitable caretaker provider to provide both urgent and routine dental care services. However, urgent care arrangements have been secured as an interim measure to enable

patients in Spalding and surrounding areas to access urgent dental care. Community Dental Services CIC are providing two urgent care dental sessions a week from the Johnson Community Hospital dental practice. The sessions are on a Tuesday and Saturday and will run until the end of March 2018. The Local Office will review the urgent care arrangements beyond the end of March 2018 and will continue to work with Lincolnshire Health Watch to engage with patients in the area.

Lincolnshire Special Care Dentistry Service

The Local Office undertook a procurement process in 2016 to commission the Lincolnshire Special Care Dentistry Service. The service is concerned with the provision of dental care and enabling the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often a combination of a number of these factors. As such care will be provided to patients who have a need beyond the skill set and facilities of a general dental practitioner.

The Special Care Dentistry Service also provides dental treatment under general anaesthesia in secondary care sites with access to critical care facilities for children who require multiple extractions, for children with complex health needs who require restorative treatment or for children when it is not possible to provide dental care using alternative treatments methods and for adults with special needs that impacts upon their ability to co-operate.

The service provides a Pain and Anxiety Management service for adults with severe anxiety or phobia and domiciliary care for house bound patients. In addition, the Lincolnshire Special Care Dentistry Service undertakes epidemiology surveys and oral health promotion for the Lincolnshire Local Authority.

The service is delivered from eight community clinics across Lincolnshire and will continue to be provided from the same clinic sites and the existing staff were transferred over to the new contracting arrangements to protect service continuity. The service transition was managed successfully between Lincolnshire Community Health Services Trust to Community Dental Services CIC.

Non-Recurrent Activity

The Local Office have offered Lincolnshire dental providers to opportunity bid for additional non-recurrent activity across to improve access to NHS dental services in 2017/2018 financial year, whilst longer term commissioning plans are considered. The Local Office received five expressions of interest in non-recurrent activity across Lincolnshire. The expressions of interests have been reviewed and approved to award non-recurrent activity equating to an additional capacity for approximately 2,000 patients in the following areas Gainsborough, Skegness, Spilsby, Lincoln and Spalding.

Commissioning Intentions to Improve Access to NHS Dentistry Services

The Local Office has reviewed the dental commissioning intentions and is planning to re-procure the NHS dental services contracts for Spalding, Sleaford, Lincoln and Boston. Plans for the re-procurement are being finalised, to commence the general dental services procurement process in February 2018. The aim is to conclude the

procurement process and award contracts by the end of August 2018 to enable the preferred bidders a realistic mobilisation period to enable new services to commence in early New Year 2019.

Dental Recruitment and Retention

All dentists delivering services as part of a NHS contract are required to be registered with the General Dental Council and need to be included onto the national performer list to ensure they are suitably qualified and trained to deliver NHS dental services.

Nationally dental recruitment and retention is becoming an increasing pressure and it is has been identified as a local issue particularly across Lincolnshire. As part of the LDN work programme a survey across providers/performers in the north locality has been undertaken to understand the current position. The survey has identified that providers are experiencing difficulties in recruiting/retaining dentists and the survey results have identified that providers believe this is attributed to salary/remuneration, location and working unsociable hours.

One of challenges which may have impacted on the recruitment of dentists, was the delays experienced to be included onto the national performer list undertaken by Primary Care Support England. To improve the dental performer list inclusion process, a national working intensive expert management team was established to support with the processing of applications and to reduce the application timescales.

Health Education England and partners have been working at a national level to finalise a Performers List by Validation of Experience (PLVE) process so this can to be rolled out nationally in the Winter 2017. The PLVE process is to enable non EU qualified dentists to be assessed by Health Education England to determine that they have the knowledge and experience equivalent to that of a dental practitioner who has satisfactorily completed foundation training. This will enable providers across the North locality to access a PLVE scheme to support with recruiting dentists outside the EU area.

Health Education England is officially launching the PLVE process for the East Midlands on 1 January 2018. The Local Office are accepting performer list applications from non EU dentists to manage the process to validate inclusion onto the performers list so this can be managed in parallel and currently have several applications in the process.

In addition to the PLVE process, the Local Office is exploring other ways of how to improve recruitment and retention of NHS dentists into the Lincolnshire area.

The LDN is working in partnership with Health Education England to develop training programmes to support the development of the dental workforce across the Central Midlands area.

2. Conclusion

The Health Scrutiny Committee is requested to note the contents of the report and to consider and comment on the content of the report.

3. Consultation

This is not applicable.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jane Green, who can be contacted on 0113 824 9579, email jane.green18@nhs.net or Jason Wong who can be contacted on 07977408890, email: jason.wong4@nhs.net.

Lincolnshire COUNTY COUNCIL Working for a better future		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

Open Report on behalf of North West Anglia NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 January 2018**
Subject:	**Update on Developments at North West Anglia NHS Foundation Trust**

Summary:

The purpose of this report is to provide an update to the Health Scrutiny Committee for Lincolnshire on key areas of development at the North West Anglia NHS Foundation Trust since its formation on 1 April 2017.

Actions Required:

To consider and comment on the information in the report.

1. Background

The purpose of this report is to provide an update to the Health Scrutiny Committee for Lincolnshire on the key areas of development at North West Anglia NHS Foundation Trust, which oversees the running of Stamford and Rutland Hospital, Peterborough City Hospital (PCH) and Hinchingbrooke Hospital in Huntingdon.

Stamford and Rutland Hospital

North West Anglia NHS Foundation Trust employs approximately 180 staff at Stamford and Rutland Hospital. Recent redevelopment work has strengthened the services that are provided from the site.

This comprises:

- John Van Geest Ward – 22-bed inpatient ward which provides medical care for the elderly plus in patient therapies
- Greenwood Day Case ward – provides local anaesthetic procedures for pain, urology, dermatology, plastics and orthopaedics patients
- Outpatients Clinics – Consultant-led clinics for Plastics, dermatology, ophthalmology, orthopaedics, paediatrics, gynaecology, pain management, cardiology, respiratory, general surgery, ante natal, colorectal, audiology, ENT, Lymphoedema, paediatric orthopaedics, endocrinology, general medicine, older persons medicine, palliative care, podiatry, orthotics.
- Phlebotomy services
- Minor Injuries Unit
- Pain Management Department
- Outpatient therapies
- Diagnostic imaging including ultrasound, MRI, plain X-ray

The Trust's imaging booking office is also based at Stamford Hospital as well as the Legal Services Department. There are also administrative services on site.

Stamford Hospital was rated Good by the CQC in its last inspection in May 2014. Peterborough City Hospital was also rated Good in its last CQC inspection in July 2015. A CQC inspection is anticipated shortly to review our hospitals since the merger with Hinchingbrooke Health Care NHS Trust in April 2017.

Stamford and Rutland Hospital Redevelopment Completed

The project to redevelop Stamford and Rutland Hospital was completed, on schedule, in July 2017.

This project has seen many improvements to patient services – not least of all bringing a permanent MRI scanner in a purpose-built unit to the site. This was up and running in early February 2017 and has been busy ever since. The Trust's imaging team are delivering their service on Monday to Friday from 7.30am to 8pm and moved to a seven-day service as demand grew. We are grateful to The Friends of Stamford Hospital which donated £10,000 towards trolleys and transport chairs for our MRI patients.

In addition, the redevelopment has facilitated new phlebotomy, lymphoedema and chemotherapy suites, and provided a new, dedicated department for the pain management team, plus an upgraded department for Therapy Services.

Feedback from patients and visitors has been very positive, more of whom are able to access services at their local hospital rather than travelling further afield to Peterborough.

We celebrated the completion of the redevelopment in October 2017 with an Open Day which was attended by 400 local people over a five hour period.

Trust Performance Against Key Targets

Since our hospitals merged in April 2017 there has been no evidence of negative impact upon performance against key targets as a result of bringing our hospitals together.

As of the latest figures (Nov 2017), our Trust is achieving 8 out of the 10 cancer care targets. The two areas where we are falling marginally short of the standard are in 62-day screening and 62-day from referral to the first treatment. Actions are being taken to address this across both PCH and Hinchingbrooke Hospitals.

Our performance against the four-hour waiting time standard for emergency care patients is, like many other Trusts across the country, falling short of the 95% target. In November 2017 the Trust recorded 78.28% of patients seen and treated, or admitted/discharged within four hours across its two A&E departments and the Minor Injuries Unit at Stamford and Rutland Hospital.

2. Update on Key Developments

Organisational update since the formation of our Trust on 1 April 2017

As the Committee will be aware, following consultation on the business case to merge Hinchingbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust, formal approval was granted and the North West Anglia NHS Foundation Trust was formed on the 1 April 2017.

Due to Hinchingbrooke's status as an NHS Trust, the merger took the form of an acquisition and all staff from Hinchingbrooke Hospital were transferred to the new organisation to join those from Peterborough and Stamford Hospitals.

The Board of Directors, including two of the four non-executive directors from Hinchingbrooke Health Care NHS Trust, has been formed with monthly public board meetings in place. These rotate across the trust's three main sites (Peterborough, Hinchingbrooke and Stamford).

Elections to the Council of Governors were held prior to the merger and there is membership to represent the areas of Peterborough, Huntingdon and Stamford and the corresponding hospital sites.

Corporate service structures were consulted upon with affected staff prior to the merger, with these structures in place on 1 April 2017. There are plans to achieve £9m savings from the back office functions over three years of which £4m have been achieved, which is ahead of plan. Whilst 81 posts have been removed, only 14 redundancies have occurred to date.

The clinical services structures were deliberately delayed to ensure that these could be safely managed alongside the merger implementation. Three new clinical divisions came into operation on 3 July 2017 replacing the 2 divisions at Hinchingbrooke and the 4 clinical directorates at Peterborough and Stamford. Appointments were made to the Divisional Director, Divisional General Manager and Divisional Head of Nursing for each division – Emergency & Medicine; Surgery; Family and Integrated Support Services.

This initial work is the start of the merger process – there is an Implementation Board with representation from NHS Improvement and the local CCG to ensure that delivery against the following workstream continues:

- clinical integration
- organisation integration
- estates
- ICT
- finance

Clinical Integration

Services are being maintained on all hospital sites as they were prior to the merger; however work is being undertaken to ensure that the clinical teams across the Trust work to the same pathways and adopt best practice. We are now in the process of finalising clinical leadership so that there will be a single cross-site structure in place to start 2018. We are developing a clinical service strategy for the new, larger Trust, with specific attention being given to the six priority services that were identified in the Full Business Case for Merger:

- stroke
- emergency department
- diagnostic imaging
- cardiology
- respiratory medicine
- clinical haematology

The Committee should note that it is expected that all service changes outlined will be managed in line with the Sustainability and Transformation Plans (STPs) to ensure that this aligns with the strategy for health services across Cambridgeshire and Peterborough, as well as those patients being treated from South Lincolnshire who are part of the Lincolnshire STP.

Workforce Update

The development of our workforce to support our services and patients is key. There is a specific medical recruitment board that has been set up on a short-term basis to improve recruitment processes to ensure that the best staff are attracted to apply and are appointed. In addition a specific focus is being placed on staff grade posts which fall outside the standard consultant career path.

Nurse recruitment and retention is also a key element with focus on attracting nurses as they are on their pathway to graduation as well as consideration of overseas recruitment and the development of nursing associate posts.

As well as recruitment, the Trust also needs to ensure that staff are retained and developed. As part of this work the Trust has recently developed and launched a new set of values based on work previously undertaken across all three sites which links to a new behavioural framework. It is important that all staff are seen to act consistently,

equitably and to high standards with patients, the public and each other. It has been shown by research that staff who are able to work well in teams will also work effectively with patients and improve care. This provision of a set of common values is part of the Trust's overall organisational development plan.

Financial Update

Whilst this has been a year of great change with our merger, the Trust also needs to ensure that it remains within its financial control total.

Following a review by NHS Improvement, it confirmed the board's concerns about an increased underlying deficit at Hinchingbrooke Hospital.

We remain committed to securing the £9m saving benefit of the merger over the four-year merger implementation programme. This is currently ahead of plan. This saving is in addition to the annual Cost Improvement savings required across the NHS. For this current year North West Anglia NHS Foundation Trust is required to make Cost Improvement Savings of £16m.

Other Service Changes

Whilst not related to the merger, the Trust has agreed a number of service changes to support the provision of services in agreement with the Cambridgeshire and Peterborough CCG:

- from 1 August 2017 the Trust took responsibility for the management of the pathology laboratory at Hinchingbrooke Hospital which has previously been part of tPP (the Pathology Partnership run by Cambridge University Hospitals NHS Foundation Trust). This has included the TUPE transfer of 36 staff to the Trust.
- from 4 September 2017 the Trust took responsibility for the delivery of the dermatology service at the City Care Centre, Peterborough, outpatient services at Doddington Hospital, the Princess of Wales Hospital in Ely and the radiology services at North Cambridgeshire Hospital in Wisbech. These services were previously provided by Cambridgeshire Community Services.

3. Conclusion

The Committee is asked to note the contents of the report.

4. Consultation

This is not a consultation item.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Mandy Ward, Head of Communications
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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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Open Report on behalf of Richard Wills,
Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 January 2018**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment 2018 – Response of the Health Scrutiny Committee**

Summary:

On 8 November 2017 the Committee considered a report on the process for developing the Lincolnshire Pharmaceutical Needs Assessment (PNA) and established a working group to respond to the consultation questions in the draft Lincolnshire PNA. The consultation draft of the PNA 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 in the PNA are attached at Appendix A for the Committee's consideration. The consultation closing date is 11 February 2018.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is requested to consider for approval the responses of the Committee's working group (Appendix A) to the questions in the consultation draft of the Lincolnshire PNA.

1. Background

As reported to the Committee in November 2017, the Pharmaceutical Needs Assessment (PNA) sets out the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. In accordance with the

Health and Social Care Act 2012, the responsibility for developing and updating PNAs rests with Health and Wellbeing Boards (HWBs).

The first PNA was completed on behalf of the Lincolnshire HWB and submitted to NHS England by April 1 2015. The final version of the next PNA is due by 1 April 2018.

The Committee established a working group on 8 November, comprising Councillors Car Macey, Chris Brewis, Jackie Kirk and Robert Parker. The working group met on 19 December and considered the detailed documentation of the PNA, and drafted a response to the consultation questions, which are set out in Appendix A.

2. Consultation

The consultation on the draft PNA was launched on 11 December 2017, and the closing date for responses is 11 February 2018. The Health Scrutiny Committee established a working group to draft a response to the questions in the draft PNA; and the draft response of the working group is set out at Appendix A.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Lincolnshire Joint Strategic Needs Assessment (JSNA). The JSNA, as well as defining the needs of the local population, also identifies a strategic direction of service delivery to meet those needs, and commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA.

The Joint Health and Wellbeing Strategy (JHWS) is guided by the JSNA and other relevant sources of information. The commissioning of services to address ill-health is informed by the JSNA. The PNA is informed by the JSNA.

4. Conclusion

The Committee is invited for consider for approval the draft response of the working group to the questions in response to the draft Lincolnshire PNA.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Response of the Health Scrutiny Committee for Lincolnshire to the Consultation Questions in the draft Lincolnshire Pharmaceutical Needs Assessment

6. Background Papers

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or Simon.Evans@lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL *Working for a better future*		**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

DRAFT RESPONSE TO THE CONSULTATION ON THE LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

Q1. The Lincolnshire draft PNA identifies that there are no gaps in the provision of pharmaceutical services. To what extent do you agree or disagree that there are no gaps in pharmaceutical services in Lincolnshire?

The Health Scrutiny Committee for Lincolnshire tends to agree that there are no gaps in service provision. The Committee would like to make reference to the extension of GP opening hours, as part of the national GP Forward View initiative, and how these extended hours would ideally be reflected in an extension of the opening hours of local pharmacies.

Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA regarding the provision of pharmaceutical services in Lincolnshire?

The Health Scrutiny Committee for Lincolnshire tends to agree with the other conclusions contained within the draft PNA regarding the provision of pharmaceutical services in Lincolnshire.

Q3. In your opinion, how accurately does the draft PNA reflect how pharmaceutical services are currently provided in Lincolnshire? (See Section 3, Section 4 and Section 7 of the draft PNA).

The Health Scrutiny Committee for Lincolnshire believes that moderately accurately reflects how pharmaceutical services are provided in Lincolnshire.

Q4. In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of the people of Lincolnshire?

The Health Scrutiny Committee for Lincolnshire believes that the draft PNA 'moderately accurately' reflects how pharmaceutical services are provided in Lincolnshire.

The Committee is aware of that the scope of the Pharmaceutical Needs Assessment is limited to essential services provided by community pharmacists, and services such as the provision of advice to patients on minor ailments falls outside its scope. The Committee would like to emphasise the importance of advice provided by pharmacists on minor ailments, as a means of preventing pressure on GP surgeries and accident and emergency departments.

Q5. In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of the people of Lincolnshire over the next three years?

The Health Scrutiny Committee for Lincolnshire believes that the draft PNA 'moderately accurately' reflects the future pharmaceutical needs of the people in Lincolnshire.

The Committee would like to reiterate its statement in response to question 4, emphasising the importance of advice provided by pharmacists on minor ailments, as a means of preventing pressure on GP surgeries and accident and emergency departments.

The Committee has been assured that the development of the PNA reflects future housing developments.

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**17 January 2018**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary:

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee so that its content is relevant and will add value to the work of the Council and its partners in the NHS. Members are encouraged to highlight items that could be included for consideration in the work programme.

Actions Required:

The Health Scrutiny Committee is invited to:

(1) review, consider and comment on the work programme set out in the report; and

(2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

1. Work Programme

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

17 January 2018 – 10 am	
Item	*Contributor*
Lincolnshire Sustainability and Transformation Partnership - Update	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Andrew Morgan, Chief Executive, Lincolnshire Community Health Services NHS Trust Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership
Grantham A&E, Report of East of England Clinical Senate	Jeffrey Worrall, Delivery and Improvement Director – Central and South Midlands NHS Improvement Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership
Dental Services in Lincolnshire	Jane Green, Assistant Contract Manager, Dental and Optometry NHS England – Midlands and East (Central Midlands) Jason Wong, Chair of Local Dental Network
North West Anglia Foundation Trust – Update on Peterborough City Hospital and Stamford and Rutland Hospital	Caroline Walker, Deputy Chief Executive, North West Anglia NHS Foundation Trust
Lincolnshire Pharmaceutical Needs Assessment – Finalisation of the Committee's Response to the Consultation	Simon Evans, Health Scrutiny Officer

21 February 2018 – 10 am	
Item	*Contributor*
Lincoln Walk-in-Centre	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group

21 February 2018 – 10 am	
Item	*Contributor*
Lincolnshire Sustainability and Transformation Partnership: Priority – Mental Health	*Contributors to be confirmed*
East Midlands Ambulance Service NHS Trust Update	Contributors from East Midlands Ambulance Services NHS Trust
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG
Joint Health and Wellbeing Strategy Update	David Stacey, Programme Manager (Strategy and Performance) Adult Care and Community Wellbeing, Lincolnshire County Council

21 March 2018 – 10 am	
Item	*Contributor*
Lincolnshire Sustainability and Transformation Partnership: Priority – Operational Efficiencies	*Contributors to be confirmed*
Annual Report of the Director of Public Health	Director of Public Health, Lincolnshire County Council
Arrangements for the Quality Accounts 2018-19	Simon Evans, Health Scrutiny Officer
Pharmaceutical Needs Assessment – Final Approved Document	Simon Evans, Health Scrutiny Officer
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG

18 April 2018 – 10 am	
Item	*Contributor*
Lincolnshire Sustainability and Transformation Partnership - Update	John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership Sarah Furley, Programme Director, Lincolnshire Sustainability and Transformation Partnership
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG

16 May 2018 – 10 am	
Item	*Contributor*

Items to be Programmed

- Lincolnshire Sustainability and Transformation Partnership: Priority – Neighbourhood Teams
- Lincolnshire Sustainability and Transformation Partnership: Priority – GP Forward View
- Lincolnshire Sustainability and Transformation Plan Consultation Elements:
  - Women's and Children's Services
  - Emergency and Urgent Care
  - Stroke Services
  - Cancer Care
- Specialised Commissioning
- Lincolnshire East Clinical Commissioning Group Update
- Lincolnshire West Clinical Commissioning Group Update
- South Lincolnshire Clinical Commissioning Group Update
- South West Lincolnshire Clinical Commissioning Group Update
- Commissioning of Continuing Health Care
- Adult Immunisations

2. Conclusion

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

3. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk