



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
20 MARCH 2019**

**PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, R Wootten and L Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), C L Burke (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.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Tim Fowler (Director of Commissioning and Contracting, Lincolnshire West CCG), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Kevin Turner (Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust), Carole Pitcher (Primary Care Senior Contract Manager, NHS England – Midlands & East (Central Midlands)), Caroline Walker (Chief Executive, North West Anglia NHS Foundation Trust) and Jason Wong (Local Dental Network Chair, NHS England, Central Midlands).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement) attended the meeting as an observer.

**86     APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors C Matthews, M A Whittington and Mrs P F Watson (East Lindsey District Council).

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor M A Whittington to replace Councillor Mrs R H Trollope-Bellew on the Committee until further notice; and Councillor L Wootten had replaced Councillor M A Whittington for this meeting only.

An apology for absence was also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison & Community Engagement).

**87      DECLARATIONS OF MEMBERS' INTEREST**

Councillor Mrs K Cook advised the Committee that she was a patient; and on the governing body of Lincolnshire Partnership NHS Foundation Trust.

**88      MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 20 FEBRUARY 2019****RESOLVED**

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held of 20 February 2019 be agreed and signed by the Chairman as a correct record.

**89      CHAIRMAN'S ANNOUNCEMENTS**

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to amendments to the Healthy Conversation 2019. The amendment headings were: Women's and Children Services, Engagement Events, Video Library, and Grantham A & E – Urgent Treatment Centre Proposal.

The Chairman invited the Committee to consider the establishment of a working group to look into item 4 (Proposed Changes to Legislation). The Committee agreed to consider this matter further at agenda item 12, Health Scrutiny Committee for Lincolnshire – Work Programme.

The Chairman confirmed that following the previous meeting, he had on behalf of the Committee written to the Rt Hon Theresa May, the Prime Minister, the Secretary of State for Health and Social Care, and to all Lincolnshire MP's expressing the Committees concerns. The Committee was advised that to-date an acknowledgment letter had been received from the Rt Hon Theresa May, the Prime Minister advising that a response would be received in due course.

**RESOLVED**

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

That the Chairman's Announcements presented as part of the agenda on pages 15 to 20; and the supplementary announcements circulated at the meeting be noted.

90     UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE ON CARE  
QUALITY COMMISSION INSPECTION

The Chairman welcomed to the meeting the following presenters from United Lincolnshire Hospitals NHS Trust:-

- Kevin Turner, Deputy Chief Executive;
- Dr Neill Hepburn, Medical Director; and
- Michelle Rhodes, Director of Nursing.

The Director of Nursing provided an update on United Lincolnshire Hospitals NHS Trust progress in response to the Care Quality Commission inspection.

The Committee was advised that the Trust had a Quality and Safety Improvement Plan (QSIP) in place which included twelve work programmes, with individual Executive Directors being responsible for each of the work programmes. It was noted that the QSIP was scrutinised on a weekly basis and was presented to the Quality Safety Improvement Board bi-weekly; and to the Quality Governance Committee (QGC) monthly, with escalations of issues being referred to the Trust Board via the QGC.

Detailed at Appendix A to the report was a Glossary of Terms; and Appendix B provided the Committee with an overview of progress made up to the end of January 2019.

It was reported that since the inspection in February 2018 measurable progress had been made in response to the CQC's immediate concerns, and that all twelve programmes were on track to deliver what had been agreed.

The Committee was advised that there were still some risks attached to the programmes and that everything was being done to mitigate those risks. The Committee noted that some significant work had been done relating to Children and Young People. The Committee was advised further that a senior nurse had been on secondment from Leicestershire to identify any gaps relating to provisions for children. It was reported that from the analysis of the data captured, a plan would be created which the Trust would be happy to share with the Committee (in approximately two months' time).

It was reported that all the posts had been filled within the Children and Young People Directorate; and that the new structure would take forward the work programme.

The Trust was pleased to advise the Committee that its hospital mortality rates had reduced significantly.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

It was highlighted to the Committee that governance was still not as strong as it could be; and that governance procedures had been developing over the last year. The Committee was advised that when the new structure came in to force from start of April 2019, more governance arrangements would then come into place.

It was reported that the biggest clinical risk was the lack of staff at Pilgrim Hospital, Boston. The Committee was advised that on 25 February 2019 an unannounced visit had been made by the CQC to the Emergency Department at Pilgrim Hospital, Boston. The Committee was advised that the inspection report was not available yet, and that when it was it would be shared with the Committee. The Committee noted that the CQC had seen improvements, which confirmed what the Trust was experiencing.

It was highlighted that the main issue at the Emergency Department at Pilgrim Hospital, Boston was overcrowding, this was an issue the Trust was encountering on a daily basis, and one the Trust at the moment was unable to resolve. The Committee was advised that the Trust would keep the Committee informed of progress and the outcome of the CQC inspection.

During discussion, the Committee raised the following issues:-

- How the hospital mortality rates in the United Kingdom compared with the rest of the world. The Committee was advised that the methodology for the two most common hospital mortality rates related to the United Kingdom. For both the SHMI (Summary Hospital-level Mortality Indicator) and the HSMR (Hospital Standardised Mortality Ratio), confirmation was given that the indicators were re-based every year at 100, therefore every year the Trust needed to improve;
- One member expressed appreciation of the work done so far by the Trust and the continued improvements;
- The representative from Healthwatch advised that patients were still expressing concerns about the waiting times at A & E at Pilgrim Hospital, Boston; that patients were experiencing problems with appointments being cancelled and then being given several appointments on the same day; and also it was highlighted that Healthwatch had received a few comments on the level of care received as patients. The Trust was disappointed that some negative comments had been received and agreed to seek more information from Healthwatch outside the meeting. The Committee was advised that changes to appointments might be as a result of having to maximise the numbers of patients in a clinic, for example having to change an appointment time by 15/20 minutes. Trust representatives agreed to look into the issue. The Committee was advised that longer waiting times in A & E were replicated throughout England and were not just in Lincolnshire. It was reported that other initiatives were being developed to reduce the pressures on A & E, such as using GPs, pharmacies and the use of primary care streaming at the front of A & E departments. It was highlighted that whatever systems were put in place, the Trust always ensured that their priority was to ensure that patients were kept safe;

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

- A question was asked whether there were any plans to use capital funding to extend the facilities at Pilgrim Hospital. The Committee was advised that plans had been submitted as part of a county-wide NHS Capital Bid, which had not secured any funding;
- One member enquired as to what Intentional Rounding was? The Committee was advised that Intentional Rounding referred to nurses checking patients on their rounds every hour; this was a way of making sure the patient was well; and that there had not been any deterioration. It was noted that a Safety Huddle was when doctors, nurses etc., got together to share intelligence on patients in their care. The Committee noted that the introduction of both pilots had made significant differences on the wards; and in A & E Pilgrim Hospital, Boston. It was noted further that the processes would be embedded across the Trust;
- One member enquired what effect A & E pressures were having on patients. The Committee was advised that governance had been strengthened; and systems were in place where there were identified hotspots. Doctors and nurses now had better knowledge about working with children in A & E. The Committee were reminded that the full plan presented to the Committee previously detailed all the measures that were being put in place to improve the patient experience;
- The need for more preventative measures;
- The need to ensure that good news stories were celebrated and communicated better to the general public;
- Attendance at conferences to share best practice. Confirmation was given that staff were supported to attend conferences to develop best practice. The Committee was advised that best practice was shared across Trusts, for example with North Cumbria (an outstanding trust), which had resulted in learning on both sides. It was also highlighted that best practice was shared when staff attended conferences;
- The need to get the message out better regarding alternative provisions to attending A & E. Reference was also made to better publicity of the Advice App. It was also highlighted that there needed to be a generational health care shift; and
- A suggestion was made for the inclusion of the Grantham A & E into the system to help alleviate the peaks at Lincoln and Boston.

In conclusion, the Chairman on behalf of the Committee extended thanks to the three presenters for the considerable amount of work that had been done and for to the improvements that had been made so far. Thanks were also extended to NHS Staff for the brilliant job they were performing.

#### RESOLVED

1. That the update and progress made in response to the CQC inspection report be noted.

2. That a further update on the United Lincolnshire Hospitals NHS Trust – Care Quality Commission Inspection be received by the Committee in three months' time, along with a copy of the updated RAG report.

91 CHILDREN AND YOUNG PERSONS SERVICES AT UNITED  
LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE

Consideration was given to a report from the United Lincolnshire Hospitals NHS Trust, which provided an update on Children and Young Peoples Services. The report also provided the status of the Royal College of Paediatric and Child Medicine report and its relevance to the interim model.

Kevin Turner, Deputy Chief Executive and Dr Neill Hepburn, Medical Director were in attendance for this item.

The Committee was advised that the interim paediatric service model currently in place at Pilgrim Hospital, Boston had been introduced on 6 August 2018 was working well to address the significant challenges faced by the Children and Young People's Services. The Committee was reminded that the interim service comprised of an enhanced paediatric presence in the Pilgrim Hospital Emergency Department and an acute paediatric assessment unit with a twelve-hour length of stay; and outpatient clinics and surgery continuing at Pilgrim Hospital, Boston.

The Committee was advised that since the introduction of the dedicated ambulance transfer service, there had not been any instances where an ambulance had not been available to meet the needs of the service. Details of the transfers were shown on pages 30 and 31 of the report.

It was reported that since the introduction of the interim model at Pilgrim Hospital, there had been a significant improvement in throughput, as well as there being an improvement to the patient experience. It was highlighted that during the first 26 weeks of operation of the interim model, 1,869 patients had been seen in the paediatric assessment unit. A breakdown of the source of referrals was shown on page 32 of the report.

The Committee was advised that since the introduction of the interim model, no patient safety incidents had been experienced, or reported as a result of the change.

The Committee was advised further that staffing was still an on-going problem. It was noted that there had been a successful outcome from discussions with Health Education East Midlands to allow junior doctors to undertake additional locum work to fill some of the gaps in the rota. It was noted further that the recruitment of children's trained nurses continued to be a challenge. It was reported that a staff survey was to be undertaken in March to obtain the views of staff on the interim arrangements.

It was reported that risks were managed through the project risk register, a copy of which was attached at Appendix A to the report. It was highlighted that no incidents of patient harm had been reported.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

Details relating to what had been learnt from complaints specific to the new paediatric model of care were shown on pages 36 to 38 of the report.

In conclusion, the Committee was advised that the interim model was addressing the difficulties and challenges caused by a shortage of doctors and nurses in the young people's services at Pilgrim Hospital, Boston; and that an update on the progress made on the recommendations following the Royal College of Paediatrics & Child Health report would be made available in due course.

During discussion, the Committee raised the following issues:-

- Some members were pleased that the international recruitment was seeing some results; and some improvements to the service;
- Concern was expressed to the distance some parents had to travel to visit their children. The Committee was advised that there had been a reduction in the number of children who had been admitted into hospital; and for those who were admitted, there was transport provision in place which was based on a set of criteria. It was highlighted that the Trust did not directly provide general transport support. The Committee noted that there was provision for families to stay with their children at the hospital. Reassurance was given that the number of referrals had reduced and those that were admitted were cared for in a safe environment;
- Clarification was sought with regard to the breakdown in the figures relating to the number of children who had been transferred; and whether more beds were needed to be made available at Lincoln County Hospital. Clarification was given to the figures detailed on page 31 of the report. The Committee was advised that if Lincoln did not have enough beds, on occasions patients had been transferred to Grimsby.
- Some concern was expressed relating to children being admitted on to an adult ward. The report advised the Committee that no children had been put on adult wards, against the child or parent/carer's wishes. Confirmation was also given that no children had been transferred to an adult ward from the assessment unit. The Committee was advised that the question would only be asked in respect of children 14, 16 and above, and with parental permission;
- One member enquired how the Trust was going to communicate to the people of Boston about the interim arrangements. The Committee was advised that the best promotion of the service was when the service worked for them. Acknowledgement was given that there was still some way to go, but it was an improving picture;
- Some concern was also expressed to the lack of public engagement. The Committee was advised that the Trust worked hard to engage with the local population. The Trust was advised that the public perception locally was that engagement was not happening. A suggestion was made that more publicity needed to be done regarding engagement events;
- One member expressed concern that the consultant paediatric medical staff remained concerned about maintaining the safety of the middle grade medical rota. The Committee was advised that steps were being taken to mitigate the situation as the Health Education East Midlands had agreed to allow juniors to undertake additional locum work to help fill some of the gaps in the rota;

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

- Healthy Conversation 2019 exercise – One member highlighted that a proposal had been included for an urgent treatment centre at Stamford Hospital. A question was asked as to whether this would be from 8am to 8pm, or be 24 hours. The Committee was advised that conversations were starting to happen to help shape provision and that an acuity based model would be provided to support the engagement process;
- One member enquired when the Committee would receive an update on the progress with the action plan arising from the report by the Royal College of Paediatrics and Child Health. The Committee noted that the report was being compiled and would be available to view shortly;
- A question was asked with recruitment remaining a major issue; had anything been done to help prospective employees for example directing them to housing, community and ethnic support groups and information about the area; and had the Trust considered offering more flexible working. Confirmation was given that HR had all the policies in place and that working flexibly was constantly being developed; and
- A further question asked was when an applicant declined a job offer, was feedback offered to identify the reasons why and was there any trends in those reasons. The Committee was advised that this data was captured. Normally, a declined application was because the applicant had received a better offer elsewhere.

The Chairman on behalf of the Committee extended thanks to the presenters for their attendance.

**RESOLVED**

1. That a copy of the updated report from the Royal College of Paediatrics and Child Health be received by the Committee at a future meeting.
2. That an update on Children and Young People's Services at United Lincolnshire Hospitals NHS Trust be received by the Committee in three months' time.

**92     ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2018-2019**

The Committee gave consideration to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider its approach to the Quality Accounts for 2019 and to identify its preferred option for responding to the draft Quality Accounts.

Details of the options for handling Quality Accounts were shown on pages 127 to 129 of the report presented.

During a short discussion, the Committee agreed to pursue option 3A – Lincolnshire Based Provider with Quality Challenges and to include East Midlands Ambulance Service with United Lincolnshire Hospitals NHS Trust.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**20 MARCH 2019**

The Committee also agreed that a working group should be established and that the Health Scrutiny Officer would be contacting members of the Committee after the meeting asking for volunteers.

**RESOLVED**

1. That option 3A from Section 4 of the report be adopted as the Committees approach to Quality Accounts 2019 and that East Midlands Ambulance Service be added to that option.
2. That a working group be established for the Quality Accounts process for 2019; and that the Health Scrutiny Officer would be seeking volunteers from members of the Committee after the meeting.

**93      UPDATE ON DEVELOPMENTS AT NORTH WEST ANGLIA NHS**  
**FOUNDATION TRUST**

The Chairman welcomed to the meeting Caroline Walker, Chief Executive, North West Anglia NHS Foundation Trust, who provided a clinical and financial update for the North West Anglia NHS Foundation Trust.

The Committee was advised that the North West Anglia NHS Foundation Trust oversaw the running of Stamford and Rutland Hospital, Peterborough City Hospital and Hinchingsbrooke Hospital in Huntingdon. The Trust also ran outpatient and radiology services at Doddington Hospital, Princess of Wales Hospital, Ely and North Cambs Hospital, Wisbech. The Committee was advised that the last two years had been challenging, as the Trust had only formed on 1 April 2017 and was then inspected by the Care Quality Commission in June/July 2018.

Details of the Care Quality Commission inspection at the Hinchingsbrooke Hospital and Peterborough City Hospital were shown on pages 46 to 49 of the report presented. The published report from CQC in October 2018 gave the Trust the overall rating of 'Requires Improvement.' The Trust had been very disappointed with the rating. Prior to the report's publication, the Trust had responded to the draft CQC report with more than 100 pages of factual accuracy amendments, only to find that many of the inaccuracies were still published in the final report.

The Committee was advised that since the inspection, the Trust had resolved the 'must improve' actions; and the lessons learned from the recommendations were being applied across all the Trust's hospital sites. The Committee was advised further that work continued against a detailed action plan of remaining improvements against the said plan and that the plan was reviewed monthly. It was highlighted to the Committee that the plan had been submitted to the CQC on 3 December 2018 to show the Trusts compliance against key areas highlighted in their report.

It was reported that the Trust was continuing with its own CQC-style inspections of ward areas across all three acute sites to maintain assurance that services were consistently being run to a high standard of care. The Committee noted that the said in-house inspections were called CREWS (Caring, Responsive, Effective Well-led

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

and Safe). The Trust also had senior-level walkabouts across the hospitals to see first-hand improvements, and that these were led by the Chief Nurse.

The Committee was advised that the Trust was anticipating a re-inspection of services in the next few months.

It was reported that for 2017/18, the Trust had achieved its control total of £39.9m; and as a result had received a System Transformation Funding Budget of £5.7m. However, due to increasing cost pressures in 2018/19; at the end of the first quarter of the financial year 2018/19 the monthly spending rate was on course to be £10m higher than the control total set of £46.5m. It was highlighted that some of the increased spending had been the result of greater activity and additional staffing costs through agency and staffing banks. The Committee was advised that the Trust had seen increased activity from Lincolnshire which had resulted in extra bed capacity being needed. The Committee was advised further that by the end of the financial year the Trust would have a £15m overspend.

The Trust had also struggled with recruitment and currently had 100 doctor vacancies and 200 nurse vacancies. The Committee was advised along with other NHS organisations, the Trust had been taking note of national guidance and preparing for any potential impact of a 'no deal' exit from the European Union. The Trust had been working with its 500 highly valued EU staff on supporting their plans to settle in the United Kingdom and continue working for the NHS.

It was reported that the Trust had plans in place to meet the ambitions set out in the NHS Long Term Plan. The Trust was looking forward to working with partners, to turn the NHS Long Term Plan ambitions into real improvements in services for local people.

During discussion, the Committee raised the following points:-

- Page 48 - That Out Patients had not been rated. The Committee was advised this was because this was a Vanguard operation. It was noted that Vanguards had been introduced by the NHS to help develop better models of patient care;
- Private Finance Initiative (PFI) – One member asked how the Trust had been compensated for being a PFI hospital. The Committee was advised that the Trust received an element of support to cover its PFI costs. In addition, part of the deficit was as a result of late payments from other Trusts. The Committee was advised that the Trust engaged with the Department of Health and social Care regarding this issue. The Committee was advised that ambulances were bringing more patients from Lincolnshire to Peterborough City Hospital's A & E. Although this might only be one extra patient a day, these patients were often complex cases and as a result at about one patient a week, and often there was a strong possibility that the patient would be admitted. The Committee was advised further that the Trust received fantastic support from Lincolnshire Adult Care when patients were discharged. The Committee was surprised that more patients were being taken to Peterborough A & E, as this contradicted what the Committee

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**20 MARCH 2019**

had previously been advised. The Committee was reminded that the patient had choice. When ambulances arrived with patients from Lincolnshire the handover was good. It was noted that sometimes it was the ambulance driver's choice, which at peak time caused an escalation. The Chairman advised the Trust that the Committee would be interested to see the numbers of patients coming from Lincolnshire. It was highlighted that the acute trusts needed to work together to plan and re-negotiate the contract for more activity going forward;

- Impact of TASL – The Committee was advised that TASL had caused the Trust to have some extra costs, however, these had improved. The Trust had spent several hundred thousand pounds on private ambulances. This had been caused by the way the NHS discharged. This had now been changed;
- One member asked whether the Trust had any views on the proposal for an urgent treatment centre at Stamford (part of the Healthy Conversation 2019). The Committee was advised that the Trust had been consulted on the proposal and that the Trust were fully in support of it as it supported other services already being provided at the Stamford Hospital. The Trust was unsure whether the provision would be 24 hours, or 8am – 8pm, and also whether it would be seven days a week or only Monday to Friday;
- A question was asked what impact the additional NHS funding would have on improving the Trust's deficit and improving services further. It was felt that the funding would not improve the Trust's deficit, but would have a positive impact on patients;
- The Committee was advised that the Trust was in deficit and was being charged interest on the money borrowed from the Government. The new money allocated should help reduce the deficit to £5m. It was being able cope with the cost of recruitment to meet need and investing in Neighbourhood Teams that was important going forward;
- In response to a question on whether the Children and Young People Services at Pilgrim Hospital, Boston was having on the Trust, the Committee was assured that this was not having a negative impact on the Trust; and
- It was also confirmed in response to a question that the Trust was spending a significant sum supporting non-emergency patient transport, as a result of the performance of the Thames Ambulance Service in Lincolnshire.

The Chairman extended thanks on behalf of the Committee to the Chief Executive of North West Anglia NHS Foundation Trust for her frankness and for the excellent report; and for the steps being taken to make the improvements raised by the CQC; and that the Committee requested a copy of the detailed recovery plan once it becomes available.

#### RESOLVED

1. That the Committee receives a copy of the detailed recovery plan in response to the Care Quality Commission's report, once it becomes available.

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

2. That the update report on the developments at North West Anglia NHS Foundation Trust be noted.
3. That the Committee receives details of the number of patients from Lincolnshire attending Peterborough City Hospital A & E, together with the number of admissions.

The Committee adjourned at 12.35pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, R J Kendrick, P Howitt-Cowan (West Lindsey District Council) and Mrs R Kayberry-Brown (South Kesteven District Council) from 2.30pm.

A further apology was also received from Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement).

**94     NHS DENTAL SERVICES OVERVIEW FOR LINCOLNSHIRE**

The Chairman welcomed to the meeting Carole Pitcher, Primary Care Senior Contract Manger, NHS England – Midlands and East (Central Midlands) and Jason Wong, Local Dental Network Chair, NHS England, Central Midlands.

In guiding the Committee through the report, reference was made to the local context with regard to commissioning and dental care services. It was reported that there were 71 contracts providing dental services in Lincolnshire, a breakdown of how these services were provided was shown on page 54 of the report.

It was highlighted that following the outcomes of the Oral Health Needs Assessment, agreement had been made for the commissioning of new contracts as part of the dental procurement programme to improve access to general dental services in priority areas. These were highlighted as being Boston, Lincoln, Sleaford and Spalding. Details of the Dental Procurement across Lincolnshire and Leicestershire were shown on page 60 of the report; and results of the procurement process were shown on page 61. It was highlighted that preferred bidders had not been identified for Louth and the Skegness/Spilsby areas as the bids evaluated had not met the financial sustainability requirements.

It was also highlighted that the new services identified for Boston, Spalding and Johnson Community Hospital had not commenced in January 2019, as originally planned. The Committee was advised that NHS England were disappointed not to have the new services in place for January 2019. It highlighted that the preferred bidders had been unable to find the workforce required to operate these services safely. The Committee was advised further that local providers in Spalding had confirmed that they were able to continue to provide urgent dental services as an interim measure; and two dental sessions a week were being provided from the Johnson Community Hospital Dental practice; and that this arrangement would run until January 2020. The Committee was advised that care taking options were currently being reviewed for the provision of NHS dental services in the Mablethorpe area.

It was reported that the NHS England Local Office had offered Lincolnshire dental providers the opportunity to bid for additional non-recurrent activity to improve access to NHS dental services, whilst longer term commissioning plans were considered. It was noted that the outcome had been the award of non-recurrent activity equating to an additional capacity for approximately 5,000 patients in Gainsborough, Skegness, Spilsby, Lincoln, Boston and Spalding. The Committee was advised that following the results of previous procurement, the Local Office was planning to re-procure the NHS dental services for Spalding, Boston, Louth, Spilsby/Skegness and Mablethorpe in 2019.

The Committee was advised that Lincolnshire did not have the number of dentists it required; and as a result steps were being taken to up skill the existing workforce. Details of dental foundation training were shown on page 57 of the report.

The Committee was advised that all dentists' delivering services as part of an NHS contract were required to be registered with the General Dental Council, and needed to be included onto the national performer list to ensure they were suitably qualified and trained to deliver NHS dental services.

The Committee was advised further that dental recruitment and retention nationally was an increasing pressure; and that NHS England and Local Dental Network (LDN) were exploring a number of options to develop a workforce strategy to improve recruitment and retention of the dental workforce in Lincolnshire. This work included flexible commissioning; peer mentoring schemes; increasing the number of foundation dentists, dental core trainees and leadership fellows in Lincolnshire; as well as considering whether a Dental School in Lincolnshire would assist in developing the local workforce.

During discussion, the Committee raised the following issues:-

- The difficulties residents were having in finding a dentist;
- The problems of the contracts from 2006; and the time constraints these imposed on dentists. The Committee was advised that the Contract reform focussed on activity delivery, and was not focussed on maintaining care. This had caused issues for the profession, but it was hoped that from 2020 once the core offer had been agreed, provision for Lincolnshire would improve;
- The problems of access to a dentist with Lincolnshire being such a rural County;
- Clarification was sort regarding current provision. Confirmation was given that Mablethorpe, Louth, and Boston had no routine dental provision, but there were practices in Boston accepting new patients, but there was no extra provision in Mablethorpe and Louth. It was also noted that some practices in Skegness were accepting patients;
- Contracts – Some concern was expressed to the fact that bidders were able to bid for a contract they were unable to provide; and that there was no period of notice. Confirmation was given that this was the case with some of the contracts. It was noted that some existing contracts from 2006 there was a requirement for three months' notice, which was not a long time to manage a

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE  
20 MARCH 2019**

termination. It was highlighted that established practices in Mablethorpe had failed as they were unable to keep the workforce;

- One member enquired where residents could obtain information relating to the availability of dental services. The Committee was advised that information was contained on the NHS website;
- The need to promote dentistry as a profession more;
- The need to promote better with young children how important it was to look after their teeth;
- A question was asked how likely it was to have a Dentistry School in Lincolnshire. It was noted that in the East Midlands there was only one school in Birmingham. The Committee was advised that Private Dentistry Schools had been approached, a suggestion was made for the University of Lincoln to be approached; and
- The need for the Committee to highlight how ineffective the commissioning of Dental Services was across the country.

The Chairman on behalf of the Committee extended thanks to the two representatives and requested that an update should be received on the dental workforce strategy and plans for improving dental care in Spalding, Mablethorpe and County wide when available.

**RESOLVED**

1. That the NHS Dental Services Overview for Lincolnshire be received.
2. That the Committee receives an update when available on the dental workforce strategy; and plans for providing dental care in Spalding, Mablethorpe and County wide.

**95 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE**

The Chairman welcomed to the meeting Wendy Martin, Executive Lead Nurse & Midwife, Lincolnshire West Clinical Commissioning Group (CCG) and Tim Fowler, Head of Contracting, Lincolnshire West CCG.

The report presented provided the Committee with the background surrounding Thames Ambulance Service Limited (TASL). The Committee was reminded that at the January 2019 meeting the CCG had stated that they would continue to work with TASL to address the earlier concerns raised by the Committee regarding TASL's unacceptable levels of performance and to the fact that the CCG were of the view that there would be an unacceptable level of risk of giving notice to exit the contract and move to a new provider at that time.

Representatives from TASL had then attended the February meeting of the Committee, at which disappointment had been expressed concerning the CQC results and to the lack improvement.

The Head of Contracting Lincolnshire West CCG advised that the CCG was working with other CCGs that commissioned TASL and NHS England to co-ordinate oversight of TASL's response to the findings of the CQC report.

The Committee was advised that following the publication of the CQC report the CCG had issued to TASL a Contract Performance Notice for breach of Service Condition 1.1 of their contract in that TASL had failed to deliver the Fundamental Standards of Care.

The Committee was advised that the CCG teams had recently undertaken quality visits to TASL sites in order to seek assurance that issues and requirements of the CQC report were being addressed. It was highlighted that these visits had observed improvements in training compliance, the use of equipment and some improvement in the visible cleanliness of vehicles. It was highlighted that the CCG still had concerns relating to journey planning, sharing of learning from complaints and incidents, reliability of Personal Digital Assistant devices and engagement between staff and senior management. The Committee was advised that these concerns had been raised with TASL, and TASL were developing actions to alleviate these issues.

Detailed at Appendix A to the report was a summary of the activity and KPI performance for the contract for the period up to January 2019 for the Committee to consider. The Committee was advised that call handling performance had exceeded the contract requirement of 80% and had achieved significant improvement from the December 2018 figure of 36%. It was highlighted that no other KPIs had been achieved for January, although improvement had been seen on the December position for seven of the remaining KPIs.

The Committee was advised that the decision by NHS Hull CCG to give one year's notice to TASL of the termination of their contract with the CCG would not adversely impact the Lincolnshire service; and that reassurance had been received from TASL to that effect.

In conclusion, the CCG confirmed that it would continue to address the concerns raised by the Committee with regard to the unacceptable level of performance by TASL. The CCG also reiterated that it was still of the opinion that there would be an unacceptable level of risk of giving notice to exit the contract and moving to a new provider at this moment in time.

A discussion ensued, from which the following points were raised:-

- The previous optimism the Committee expressed regarding the reinstatement of the voluntary car drivers;
- One member asked whether there were other providers available to be able to take on the service. The Committee was advised that what had to remain in mind was the service to patients; and that now was the wrong time to consider exiting the contract due to the unacceptable level of risk;
- Performance improvement – The Committee were reminded that TASL were not happy with the CQC report and had asked for the CQC to reassess them. It was highlighted that the CQC had agreed to reassess between now and the

summer; and the CCG was waiting to see that outcome. The CCG was continuing to work with other CCGs. The Committee was advised that the CCG at the time of the meeting had not received the February data. The CCG acknowledged that the performance was inadequate; and consideration was being taken if or when that exit should be implemented. One member asked whether there would be a point when that decision would be taken. The CCG advised that the concerns of the Committee were taken very seriously and that in the next two or three months a decision might be made;

- Procurement process - The CCG was asked whether during the procurement process due diligence had been taken, for example taking account of the CQC report on TASL's operations in Milton Keynes. The CCG advised that as soon as the CCG became aware of the report it had been shared with NHS England; and extensive monitoring had commenced; and
- Some concern was expressed as to how long the CCG should wait prior to any decision on the contract as the performance was not being achieved. The CCG appreciated the Committee's concerns and advised that there had to be a balance; as TASL might walk away from the contract; if that was the case the CCG would have to work with TASL on a planned exit and a contingency plan would have to come into operation. All things had to be considered, but ultimately, what was best for the patient was the primary motivation.

The Chairman on behalf of the Committee thanked the two presenters for their frankness; and again raised the Committee's disappointment in TASL's delivery of the NEPTS contract; and that the Committee wished it to be recorded that their recommendation was to end the contract as soon as possible; and that a further update should be received in three months' time.

#### RESOLVED

1. That the Non-Emergency Patient Transport Service update be noted.
2. That the disappointment of the Committee in TASL's delivery of the Non-Emergency Patient Transport Service contract be recorded.
3. That the Committee's recommendation to the CCG to give notice to terminate the contract as soon as strategically possible be recorded.
4. That a further update be received on the Non-Emergency Patient Transport Service in three months' time.

#### 96 HEALTHY CONVERSATION 2019 - LISTENING AND ENGAGEMENT EXERCISE

The Health Scrutiny Officer presented a report for the Committee to consider and comment on the launch of the Healthy Conversation 2019 listening and engagement exercise.

The Committee was invited to look at the details summarised in pages 115 to 118 and to decide which elements would warrant looking at in further detail.

During discussion, the Committee raised the following points:-

- The possibility of having an informal group to look at the differences between Types 1 and 3 A & Es and Urgent Treatment Centres;
- The need for an informal workshop following the election to help any newly elected representatives;
- Thanks were expressed from some members to officers for their help and advice; to the members of the Committee for mutual respect and to the Chairman for chairing a meeting which at times had contentious areas of debate;
- The need to incorporate a geographical overview of the area covered by the proposed service;
- The need to include Sleaford, Spalding and Gainsborough when discussing emergency and urgent care, to ensure that the whole County was covered;
- The need to look at the quality of the Healthy Conversation 2019 website;
- Ensure that comments raised by the Committee were fed back in to the engagement exercise, and
- The need for members of the Committee to feed back their comments on engagement events.

#### RESOLVED

1. That the Committee notes:
  - (a) The launch of Healthy Conversation 2019 listening and engagement exercise by the NHS in Lincolnshire on 5 March 2019;
  - (b) That full public consultation will be undertaken by the NHS in Lincolnshire 'in due course' on any permanent substantial changes to health services.
  
2. That the Committee considers the following themes and topics in Healthy Conversation 2019, in the coming months:-
  - 15 May 2019 - Emergency and Urgent Care and Stroke Services;
  - 12 June 2019 – Women's and Children Services and Breast Services;
  - 10 July 2019 – Mental Health and Trauma and Orthopaedics; and
  - 18 September 2019 – Integrated Community Care and Haematology and Oncology.
  
3. That consideration be given to engagement arrangements at a future meeting, with a view to seeking assurance that efforts were being made to engage and involve as many people as possible, including 'hard-to-reach' and vulnerable groups.

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 scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 132 to 133 of the report presented.

The Committee was invited to consider whether it wished to respond to item 4 – Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation; and whether an informal working group should be established. The Committee agreed that the Health Scrutiny Officer should draft a response on behalf of the Committee and circulate to all members of the Committee for their comments.

**RESOLVED**

1. That the work programme be agreed subject to the inclusion of the items highlighted in minute numbers: 90 (1), (2); 91 (1), (2); 93 (1), (3); 94 (2); 95 (4); and 96 (2) and (3).
2. That the Health Scrutiny Officer should draft a response to the Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation on behalf of the Committee and circulate to all members for their comments.

The meeting closed at 3.50 pm