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, 20 March 2019 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, C Matthews, R A Renshaw, R H Trollope-Bellew and R Wootten

District Councillors: P Gleeson (Boston Borough Council), C L Burke (City of Lincoln Council), Mrs P F Watson (East Lindsey District 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
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interest**	
3	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 20 February 2019**	5 - 14
4	**Chairman's Announcements**	15 - 20
5	**United Lincolnshire Hospitals NHS Trust - Update on Care Quality Commission Inspection** *(To receive a report from United Lincolnshire Hospitals NHS Trust, which provides the Committee with an update on progress with the response to the Care Quality Commission inspection. Senior Managers from United Lincolnshire Hospitals NHS Trust, will be in attendance for this item)*	21 - 28

Item	Title	Pages
6	**Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust - Update** *(To receive a report from United Lincolnshire Hospitals NHS Trust, which provides the Committee with an update on the current position regarding children and young persons services. Senior Managers from United Lincolnshire Hospitals NHS Trust, will be in attendance for this item)*	29 - 44
7	**Update on Developments at North West Anglia NHS Foundation Trust** *(To receive a report from North West Anglia NHS Foundation Trust, which provides the Committee with a clinical and financial update. Caroline Walker, Chief Executive of North West Anglia NHS Foundation Trust, will be attendance for this item)*	45 - 52
LUNCH 1.00PM - 2.00PM		
8	**NHS Dental Services Overview for Lincolnshire** *(To receive a report from NHS Dental Services, which provides the Committee with an overview of Dental Services in Lincolnshire. Carol Pitcher, Primary Care Senior Contract Manager, NHS England and Jason Wong, Local Dental Network Chair for NHS England Central Midlands, will be in attendance for this item)*	53 - 64
9	**Non-Emergency Patient Transport Service - Update** *(To receive a report from NHS Lincolnshire West Clinical Commissioning Group (CCG), which provides the Committee with an update on the Non-Emergency Patient Transport Service. Sarah-Jane Mills, Chief Officer, Lincolnshire West CCG and Tim Fowler, Director of Commissioning & Contracting Lincolnshire West, will be in attendance for this item)*	65 - 70
10	**Healthy Conversation 2019 - Listening and Engagement Exercise** *(To receive a report from Simon Evans, Health Scrutiny Officer, which provides an overview of the Healthy Conversation 2019 listening and engagement exercise)*	71 - 124
11	**Arrangements for the Quality Accounts 2018-2019** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites 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, which will be shared with the Committee, by local providers of NHS-funded services)*	125 - 130

Item	Title	Pages
12	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comments on its work programme)*	131 - 136

Debbie Barnes OBE
Head of Paid Service
12 March 2019

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
20 FEBRUARY 2019

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors M T Fido, R J Kendrick, C Matthews, R A Renshaw, R H Trollope-Bellew and R Wootten.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), C L Burke (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), P Howitt-Cowan (West Lindsey District Council) and L Wootten (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Mike Casey (General Manager, TASL), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Andy Hill (Contract Manager Lincolnshire, TASL), Daniel Steel (Scrutiny Officer) and John Turner (Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership).

County Councillors Dr M E Thompson and Mrs S Woolley (Executive Councillor for NHS Liaison & Community Engagement) attended the meeting as observers.

78 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs K Cook and Mrs R Kaberry-Brown (South Kesteven District Council).

It was noted that Councillor L Wootten (South Kesteven District Council) had replaced Councillor Mrs R Kaberry-Brown (South Kesteven District Council) for this meeting only.

79 DECLARATIONS OF MEMBERS' INTEREST

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

80 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 23 JANUARY 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 23 January 2019 be agreed and signed by the Chairman as a correct record.

81 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:

- Update from United Lincolnshire Hospitals NHS Trust on Trauma and Orthopaedic Services; and
- 2019 Local Government Elections.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 15 to 18; and the supplementary announcements circulated at the meeting be noted.

82 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: ENGAGEMENT AND THE NHS LONG TERM PLAN

The Chairman welcomed to the meeting John Turner, Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP), who reminded the Committee that at the 23 January 2019 meeting, consideration had been given to a summary of the NHS Long Term Plan. At the said meeting, the Committee had agreed that the next steps for the NHS Long Term Plan included consideration of the engagement by the Lincolnshire Sustainability and Transformation Partnership (STP) on its plan to implement the NHS Local Plan; the Committee also indicated that it would like to consider proposals for the development of urgent treatment centres in Lincolnshire.

It was noted that the Long Term Plan (LTP) promoted that an integrated care system should be developed with NHS partners, public sector and third sector partners. It was noted that since the publication of the LTP, there had also been further changes to GP Contract arrangements.

It was highlighted that the LTP set out requirements for the next five years and in certain instances for ten years; and that its objectives were consistent with the approach being undertaken in Lincolnshire, which would as a result help to accelerate the process. It was highlighted further that there was a requirement for a local LTP to be developed by the autumn, which would be the subject of wide and open engagement with partners and the public.

The Committee was advised that the local LTP was in its final stages; and that public engagement would be starting shortly. Confirmation was given that the engagement would be a comprehensive exercise across the county. It was highlighted that engagement would involve healthy conversations taking place where there would be sharing of NHS thinking; and the NHS listening to the views of partners and the public. It was noted that the engagement exercise would continue for the rest of the calendar year; and would cover areas such as: general health issues; self-care; mental health and learning disabilities; integrated care; hospital services including proposed reconfigurations; and urgent care. It was reported that there would be a number of engagement events across the county and suggestions were welcomed from county council and district council colleagues as to how this could be developed. The Committee was advised that there would also be material available on the website for people to view.

It was noted that proposals reflected work that had been done internally with senior clinicians; and that the proposals were a good reflection of the thinking of senior staff locally.

In conclusion, it was emphasised that the next stage was not a formal consultation exercise; it was open engagement; and that feedback from the said engagement would help shape the proposals going forward, prior to the public consultation, which would commence in due course.

During discussion, the Committee raised the following points:-

- The need for more emphasis on public health and preventative measures, rather than provision just being responsive. The Committee was advised that over the last few years, the focus had not been on public health and prevention. It was highlighted that public health was a complex area as it influenced a range of issues such as environment, employment, housing etc. It was hoped the exercise "Prevention better than Cure" would help the local population keep healthy. It was confirmed that conversations were moving forward between the County Council's public health service and partners to further move towards a healthier population in Lincolnshire. It was highlighted further that there was a vast amount of work still to be done concerning type 2 diabetes and obesity to develop an approach for Lincolnshire;
- Promotion of self-care; and encouraging people to be responsible for their own health;
- The need to reduce the number of missed appointments. The Committee was advised that this was a sensitive issue, which GPs were looking into. One member highlighted that the number of missed appointments quoted was not

always as accurate as initially thought, as cancelled/rescheduled appointments were not always taken of the data base;

- The confusion caused as a result in the continual morphing of proposals (from a Health and Care Plan, to a STP; then to a LTP);
- It was highlighted that some districts had already taken on board the public health issues and were already encouraging people to get healthy and fit, and that this area was largely for the County Council's public health function to take forward; and that the Committee needed to be focusing on aspects of the LTP relating to NHS-funded health care. It was highlighted that residents just wanted to see some progress being made, rather than continual changes to plans;

  Councillor Mrs P F Watson wished it to be noted that she was a representative of Magna Vitae.

- One member highlighted that mental health issues for young people under 25 years of age needed attention;
- The impact of increasing housing development on health services, particular reference was made for the need for a new hospital in Grantham. The Committee was advised that the issue of additional housing across the county was an issue; and that these factors were taken into consideration as part of the proposals. The Committee was advised that residents would have the opportunity to judge and assess if the local views had been listened to;
- One member welcomed the open engagement but queried what would the public have engagement on? The Committee was advised that it would be what had been done in the LTP, better prevention and self-care; and also the challenge and choice of how things were done in Lincolnshire;
- One member highlighted that the Boston Golf Course was not a good venue for an engagement event due to its distance from the town centre;
- A question was asked as to whether Lincolnshire would be adequately funded, to address the issues of rurality etc.; and whether Lincolnshire was being over ambitious. The Committee was advised that this would be part of the positive engagement. It was highlighted that there were significant issues to address in Lincolnshire. It was highlighted further that details relating to funding were still being received. The Committee noted that the four CCGs currently received £1.1bn for NHS services; and that this amount would be increased each year. It was confirmed that by the end of the five years the amount would be increased to £1.4bn. The Committee was advised further that details of the funding allocations were still to be received. It was highlighted that there was still a requirement to make efficiencies; and there was an acceptance that more could be done in Lincolnshire, i.e. the Trusts and the CCGs working more closely together. The Committee was advised that once financial allocation details had been received, these would be shared with members of the Committee. It was confirmed that early indications were that Lincolnshire would gain more than the average uplift. The Committee noted that one change had been that there was recognition of the needs of coastal communities;

- It was highlighted that any proposals were dependent on increasing the numbers in the NHS workforce; changes in health education; and Lincolnshire being able to attract people to live and work in Lincolnshire;
- Clarification was sought as to when consultation would be commencing. The Committee was advised that no definite date for formal consultation could be stated at this stage;
- Concern was expressed that continued delays in going out to consultation had led to a fear factor amongst some residents; as some people were scared of getting ill; as a result of changes to service provision; and to the lack of staffing. One member felt that the engagement and consultation process needed momentum, as local people were getting very frustrated at not knowing what was going on;
- One member highlighted that prevention was key to everything that was being done in the NHS;
- One member enquired whether staff would be having any input. Clarification was given that all staff would be included in the process;
- That better digital communication was needed, particularly with the proposed integrated care system. Confirmation was given that better digital communication was necessary to help move any proposals forward; and
- Support was extended to the invitation to the Committee for a workshop concerning the NHS Long Term Plan.

In conclusion, the Chairman on behalf of the Committee welcomed the proposed open engagement events. Reassurance was sought as to whether timescales proposed would be adhered to, and whether any engagement would commence within the current year. Some indication was given to the Committee that engagement would be starting in a matter of weeks rather than months.

The Chairman extended thanks to the Senior Responsible Officer, Lincolnshire Sustainability and Transformation Partnership (STP) for his update.

RESOLVED

1. That the update concerning the Lincolnshire Sustainability and Transformation Partnership; Engagement and the Long Term Plan be received; and that the local element of the plan be added to the work programme of the Health Scrutiny Committee for Lincolnshire for consideration at a future meeting.

2. That once the calendar of events has been compiled, a copy of the said document be circulated to all members of the Committee.

3. That the Health Scrutiny Officer makes arrangements for a workshop to be held during May 2019 to allow the Committee to consider the Long Term Plan further.

83 NON-EMERGENCY PATIENT TRANSPORT

The Chairman welcomed to the meeting Mike Casey, General Manager, Thames Ambulance Service Limited and Andy Hill, Contract Manager, Thames Ambulance Service Limited.

The Chairman invited the Committee to give consideration to the two reports circulated to members of the Committee before the meeting. It was highlighted that item 6a provided the Committee with an update from Thames Ambulance Service on their current status and service performance; and 6b provided the Committee with the findings of the Care Quality Commission report following its inspection of the Thames Ambulance Service Limited on 23 October 2018.

In an introductory update from the General Manager (TASL), the Committee was advised that TASL had now moved its Head Office to the Old Danwood Building, Lincoln.

Reassurance was given to the Committee that the data issues reported at the December 2018 meeting had now been resolved; and that the report (6a) that had been circulated previously provided the latest position in terms of Service Delivery Performance and organisational changes. It was noted that there had been significant improvements in all but two areas; these were renal patients and collection of renal patients.

In guiding the Committee through the Care Quality Inspection findings (6b), the Contract Manager made reference to the following points:-

- Completion of safeguarding/mandatory training. The Committee was advised that a programme was now in place; and 80% of staff had now received training;
- Meeting the needs of bariatric patients. Confirmation was given that 30% of staff had been trained;
- Cleanliness of ambulance stations/access to equipment. The Committee was advised that since the CQC inspection a private cleaning company had been contracted to complete the necessary cleaning. It was also highlighted new arrangements had been made with regard to oxygen bottles; these were now being stored at the hospital; to prevent staff having to carrying them. It was highlighted further that steps were being taken to make arrangements to have some staff moved;
- The non-availability of personal digital assistants (PDA). It was reported that a risk register was now available, which was now complete and up to date;
- Access to equipment for transporting children. The Committee was advised that every station now had car seats available to them; and 100% of training for fitting car seats had been completed;
- Completion of appraisals. The Committee was advised that now station managers were in place, a programme of work based training had been implemented; and there was now adequate resources available to deliver appraisals;
- Managers and ambulance staff not using performance data. It was highlighted that as the data was now accurate, staff now had access to view KPI data;

- Leadership not being embedded throughout the service. The Committee was advised that now the new structure was in place, some signs of empowerment were already being seen; and
- Complaints – It was noted that the number of complaints had reduced, as a result of there now being corporate ownership.

During discussion, the Committee raised the following issues:-

- Some concern was expressed relating to the lack of sustainable improvement across all areas. The Committee was advised that shared reporting had been introduced in the previous month; and that staff now had access to view performance data. Due to changes in working practices; and better training of staff, it was hoped that performance going forward would now be more sustainable. A further concern was raised as to whether TASL was doing its own inspections, to ensure that things were being done as they should have been. Reassurance was given to the Committee that a full system was now in place and that everything would be done to ensure there were no outstanding issues. Representatives from TASL took on board comments raised with regard to external quality assurance;
- Staff feeling disconnected – The Committee was advised that the new structure was now in place; and that feedback received from staff had shown that Managers were more visible;
- Reassurance was given that TASL was working closely with the Lincolnshire West CCG; and that since the CQC report a lot of work had been done to ensure that going forward the level of service would be sustainable;
- Financial Sustainability of TASL. The Committee was advised that lots of investment had been made to provide the service in Lincolnshire. It was reported that no profit was currently being made from the contract;
- The importance of sharing feedback with the Committee – The Committee was advised that TASL was happy to share patient's feedback data, staff survey information and details of union engagement with members of the Committee. It was highlighted that once received, re-inspection data would also be shared with the Committee;
- Involvement of unions in the process – Reassurance was given that a union representative was on the joint committee; and that there were quarterly meetings of the joint committee;
- Staff recognition scheme – The Committee was advised that there were some reward schemes for staff i.e. attendance;
- Voluntary Car Drivers – Confirmation was given that in total, only five staff had been lost in the first instance. The Committee noted that a further 20 new members of staff had been recruited. It was highlighted that the voluntary car drivers contributions were greatly valued, as they provided flexibility in the system; and
- Eligibility criteria. The Committee noted that the eligibility criteria had been set by the commissioners. Some concern was expressed as to whether governance checks were in place. Reassurance was given that governance checks were in place.

In conclusion, the Chairman thanked TASL representatives for their openness; and on behalf of the Committee expressed disappointment at the results of the CQC report. Going forward, the Committee agreed that monthly updates on the KPI's should be received; and that details should also be received concerning the improvement tracker; and that data relating to the staff survey, patients complaints data should also be made available to the Committee. The Committee also agreed that going forward TASL should attend future meetings on a quarterly basis.

RESOLVED

1. That the CQC report be noted.

2. That the disappointed of the Committee concerning the results of the CQC findings be recorded.

3. That monthly KPI performance information from TASL be received; and that this data be reported to the Committee by way of the Chairman's Announcements.

4. That details of the TASL improvement tracker, outcomes from the staff survey and patients complaints be made available to members of the Committee.

5. That TASL be invited to attend future meetings of the Committee on a quarterly basis (The next meeting being 15 May 2019).

84 GRANTHAM ACCIDENT AND EMERGENCY DEPARTMENT - REFERRAL TO THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which provided the Committee with a holding report with regard to the Grantham Accident and Emergency Department – Referral to the Secretary of State for Health and Social Care.

Daniel Steel, Scrutiny Officer introduced the report and invited the Committee to consider what steps it wished to take concerning the January 2018 referral to the Secretary of State for Health and Social Care.

A local member advised the Committee that South Kesteven District Council had sent a letter to the Secretary of State for Health and Social Care concerning the matter.

The Chairman expressed frustration to the fact that no response had yet been received from the Secretary of State for Health and Social Care.

RESOLVED

1. That the Committees frustration be recorded that some 31 months later, the Grantham A & E still remained closed overnight; and as no response

has been received from the letter sent in January 2019 to the Secretary of State for Health and Social Care.

2. That the Chairman on behalf of the Committee should write directly to the Rt Hon Theresa May, the Prime Minister, with copies of the said letter being sent to the Secretary of State for Health and Social Care, and to all Lincolnshire MP's expressing the Committees concerns and the frustration for the people of Grantham.

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

The Committee gave consideration to the work programme as detailed on pages 28/39 of the report presented.

Items suggested for future meetings included:-

- Local element of the Long Term Plan;
- Quality Accounts;
- Prostate Cancer diagnosis/treatment; and
- Workforce and Education.

RESOLVED

That the work programme presented be agreed, subject to the inclusion of the suggested changes as detailed above.

The meeting closed at 12.30 pm

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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
Subject:	**Chairman's Announcements**

1. Grantham A&E Overnight Closure - Correspondence with Prime Minister

On 1 March 2019, I received an email from the Correspondence Officer in the Prime Minister's Direct Communications Unit, which acknowledged receipt of the letter I sent to the Rt Hon Theresa May, the Prime Minister, following the Committee's last meeting on 20 February 2019.

If a substantive response is received by 20 March 2019, it will be reported to the Committee.

2. Healthy Conversation 2019 – Listening and Engagement Exercise

On 5 March 2019, the NHS in Lincolnshire launched the *Healthy Conversation 2019* listening and engagement exercise. Since the publication of the Lincolnshire Sustainability and Transformation Plan in December 2016, the Health Scrutiny Committee has recorded its frustration on several occasions over the lack of detail on how plans for acute service reconfiguration have been developing. So the launch of *Healthy Conversation 2019* provides an opportunity for as many residents as possible, as well as the Health Scrutiny Committee, to engage and put forward their views on how a range of NHS services should be delivered in Lincolnshire.

There is a full report on this at item 10 of this agenda. This will enable the Committee to have an initial discussion and identify the priority topics from *Healthy Conversation 2019* that it would like to consider from May 2019 onwards.

3. Community Pain Management Service

On 1 March 2019, I received a briefing on the Community Pain Management Service from Lincolnshire West Clinical Commissioning Group (CCG), which is the lead CCG for commissioning this service in Lincolnshire.

Around 6,000 patients in Lincolnshire have been diagnosed with chronic pain, in most cases as a result of fibromyalgia, arthritis or back pain. These patients generate approximately 20,000 clinic and day case appointments across the county, where they are provided with injections and medication to alleviate chronic pain. These services are usually delivered in an acute setting.

On 28 March 2019, a new service will be formally launched, with Connect Health beginning a five year contract to deliver the service. This will see a new model of service delivery, with care delivered closer to home and predominantly in the community. The new model will also see the development of patient groups and outreach events in local venues. There will be three hub sites in Boston, Lincoln and Skegness, with smaller spoke sites at Gainsborough, Grantham, Louth and Spalding.

The clinical pathway will see a single point of access, with clinical triage by a team including consultants, GPs, advanced practitioners, occupational therapists, psychologists, pharmacists and nurses.

4. Implementing the NHS Long Term Plan - Proposals for Possible Changes to Legislation

On 28 February 2019, NHS England launched 'a call for views' on how targeted amendments to the law could help local and national health organisations work together more effectively to improve services for patients. The document containing the proposals is entitled: *Implementing the NHS Long Term Plan - Proposals for Possible Changes to Legislation* and is available at the following link:

https://www.longtermplan.nhs.uk/publication/implementing-the-nhs-long-term-plan/

NHS England states that it is possible to implement the NHS Long Term Plan without primary legislation, but legislative change could make implementation easier and faster. Local NHS bodies need to be better able to work together to redesign care around patients, and the same is also true for the national bodies. NHS England states that the rules and processes for procurement, pricing and mergers create unnecessary bureaucracy that gets in the way of enabling the integration of care.

In relation to health overview and scrutiny committees, paragraph 69 of *Implementing the NHS Long Term Plan - Proposals for Possible Changes to Legislation* makes reference to local authorities continuing to have the right to review and scrutinise the health service in their area and, where there is a substantial development or variation, there would continue to be an obligation on NHS bodies or heath service providers to consult with the local authority. This

means none of the proposals would affect the role of this Committee.

There are nine questions in the call for views document, and the closing date for the submission of responses is 25 April 2019. The questions are set out in Appendix A to the announcements, together with a brief explanation of the proposal.

5. Lincolnshire Partnership NHS Foundation Trust

On 4 March, 2019, Paul Devlin, the Chair of Lincolnshire Partnership NHS Foundation Trust (LPFT) announced the appointment of Brendan Hayes as the new Chief Executive of LPFT. This followed an assessment and interview process involving more than 50 staff, governors and other stakeholders.

Brendan Hayes's current role is as the chief operating officer and deputy chief executive of Birmingham and Solihull Mental Health NHS Foundation Trust, a post he has held for over five years, and he has over 16 years' of senior NHS management experience overall. He remains registered as a mental health nurse.

The new chief executive is due to join LPFT in the summer and will take over from the interim Chief Executive, Anne-Maria Newham MBE.

APPENDIX A

Implementing the NHS Long Term Plan
Proposals for Possible Changes to Legislation

On 28 February 2019, NHS England launched 'a call for views' on *Implementing the NHS Long Term Plan Proposals for Possible Changes to Legislation.* The nine questions in the consultation document are set out below. For each question respondents are asked to strongly agree; agree; neutral; disagree; or strongly disagree. There is also an opportunity to provide 'free text' for each question and a general comment section at the end of the survey.

1. Promoting Collaboration

- Do you agree with our proposals to remove the Competition and Markets Authority's functions to review mergers involving NHS foundation trusts?
- Do you agree with our proposals to remove NHS Improvement's powers to enforce competition?
- Do you agree with our proposals to remove the need for contested national tariff provisions or licence conditions to be referred to the Competition and Markets Authority?

2. Getting Better Value for the NHS

This includes the following proposals: -

a. Revoke regulations made under section 75 of the Health and Social Care Act 2012 and repeal powers in primary legislation under which they are made, subject to a new best value test
b. Remove arrangements between NHS commissioners and NHS providers from the scope of the Public Contracts Regulations, subject to a new best value test

- Do you agree with our proposals to free up procurement rules including revoking section 75 of the Health and Social Care Act 2012 and giving NHS commissioners more freedom to determine when a procurement process is needed, subject to a new best value test?

3. Increasing the Flexibility of National Payment Systems

This includes the following proposals:

a. Remove the power to apply to NHS Improvement to make local modifications to tariff prices, once integrated care systems are fully developed
b. Enable the national tariff to include prices for 'section 7A' public health services
c. Enable national prices to be set as a formula rather than a fixed value, so prices can reflect local factors
d. Enable national prices to be applied only in specified circumstances
e. Enable selected adjustments to tariff provisions to be made within a tariff period (subject to consultation)

- Do you agree with our proposals to increase the flexibility of the national NHS payments system?

4. **Integrating Care Provision**

This proposal includes enabling the Secretary of State to set up new NHS trusts to provide integrated care.

- Do you agree that it should be possible to establish new NHS trusts to deliver integrated care?

5. **Managing the NHS's Resources Better**

This includes the following proposals:

a. Give NHS Improvement targeted powers to direct mergers involving NHS foundation trusts, in specific circumstances only, where there are clear patient benefits
b. Give NHS Improvement powers to set annual capital spending limits for NHS foundation trusts

- Do you agree that there should be targeted powers to direct mergers or acquisitions involving NHS foundation trusts in specific circumstances where there is clear patient benefit?
- Do you agree that it should be possible to set annual capital spending limits for NHS foundation trusts?

6. **Every Part of the NHS Working Together**

This includes the following proposals:

a. Enable CCGs and NHS providers to create joint committees
b. Give NHS England powers to set guidance on the formation and governance of joint committees and the decisions that could appropriately be delegated to them
c. Allow the designated nurse and secondary care doctor appointed to CCG governing bodies to be clinicians who work for local providers
d. Enable CCGs and NHS providers to make joint appointments

- Do you agree that CCGs and NHS providers be able to create joint decision-making committees to support integrated care systems (ICSs)?
- Do you agree that the nurse and secondary care doctor on CCG governing bodies be able to come from local providers?
- Do you agree that there should be greater flexibility for CCGs and NHS providers to make joint appointments?

7. **Shared responsibility for the NHS**

This proposal would create a new shared duty for all NHS organisations to promote the 'triple aim' of better health for everyone, better care for all patients, and efficient use of NHS resources, both for their local system and for the wider NHS

- Do you agree that NHS commissioners and providers should have a shared duty to promote the 'triple aim' of better health for everyone, better care for all patients and to use NHS resources efficiently?

8. Planning Our Services Together

This includes the following proposals:

a. Enable groups of CCGs to collaborate to arrange services for their combined populations
b. Allow CCGs to carry out delegated functions, as if they were their own, to avoid the issue of 'double delegation'
c. Enable groups of CCGs to use joint and lead commissioner arrangements to make decisions and pool funds across all their functions
d. Enable NHS England to jointly commission with CCGs the specific services currently commissioned under the section 7A agreement, or to delegate the commissioning of these services to groups of CCGs
e. Enable NHS England to enter into formal joint commissioning arrangements with CCGs for specialised services

- Do you agree that it should be easier for NHS England and CCGs to work together to commission care?

9. Joined-up National Leadership

This includes the following proposals:

a. Bring NHS England and NHS Improvement together more closely, either by combining the organisations or providing more flexibility for them to work closely together
b. Enable wider collaboration between arm's length bodies

- Which of these options to join up national leadership do you prefer?
  a) combine NHS England and NHS Improvement
  b) provide flexibility for NHS England and NHS Improvement to work more closely together
  c) neither of the above

- Do you agree that the Secretary of State should have power to transfer, or require delegation of, arm's length body functions to other arm's length bodies, and create new functions of arm's length bodies, with appropriate safeguards?

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Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
Subject:	**United Lincolnshire Hospitals NHS Trust – Update on Care Quality Commission Inspection**

Summary:
This paper provides an update on United Lincolnshire Hospitals NHS Trust (ULHT) progress with the response to the Care Quality Commission inspection.

Actions Required:

The Health Scrutiny Committee is asked to:

1) Note the Care Quality Commission's findings.
2) Note the progress from United Lincolnshire Hospitals NHS Trust has made in improving quality and safety since the inspection in February and April 2018 and in year updates to the committee during 2018/19.

1. Background

1.1 Introduction

The Care Quality Commission (CQC) inspected the United Lincolnshire Hospitals NHS Trust (ULHT) between Thursday 15 February and Thursday 8 March 2018. A further separate 'well-led' assessment took place between Tuesday 10 April and Thursday 12 April 2018. Subsequent visits to Pilgrim Hospital Emergency Department occurred on 30 November 2018, 18 December 2018 and February 2019.

The Trust's has a Quality and Safety Improvement Plan (QSIP) in place which includes twelve work programmes. Individual Executive Directors hold responsibility for each of the work programmes. The Quality and Safety Improvement Plan is scrutinised on a weekly basis and presented to the Quality Safety Improvement Board bi-weekly and to the Quality Governance Committee (QGC) monthly. Upward escalation of issues to Trust Board happens via QGC.

1.2 Trust Progress

The *Improving Quality and Safety - Overview Progress Report - January 2019* is set out at Appendix B, with a glossary of terms at Appendix A. This progress report maps directly to the Quality and Safety Improvement Plan which has previously been shared. It details the work undertaken in the previous month and the focus in month together with an overview of the risk.

The Committee has expressed specific interest regarding programme of work undertaken to improve safety and quality of care and treatment within the Emergency Department at Pilgrim Hospital, Boston. The detailed current progress report for this work programme will be shared during the meeting as this has not been through the trust's ratified reporting process outlined above.

1.4 Next steps

Progress continues to be made against each work stream and is monitored as identified above.

2. Consultation

This is not a direct consultation item although the committee is asked to consider how it wishes to monitor progress.

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

Improve the quality and safety of care provided to patients in ULHT.

4. Conclusion

Since the inspection in February 2018 measurable progress has already been made to respond to the CQC's immediate concerns.

Details of the progress against individual work programmes within the plan are included at Appendix. A glossary of terms is provided at Appendix B.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Glossary of Terms
Appendix B	Improving Quality and Safety - Overview Progress Report - January 2019

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 Victoria Bagshaw, who can be contacted on 01522 307320 or victoria.bagshaw@ulh.nhs.uk

APPENDIX A

NHS
United Lincolnshire Hospitals
NHS Trust

Quality and Safety Improvement Work - Glossary of Terms

CP-IS	Name of Safeguarding computer system used being trialled across the County
CESC	Clinical Effectiveness Steering Committee
C&YP	Children and Young People
CQC	Care Quality Commission
DKA	Diabetic Ketoacidosis
ED	Emergency Department
H@N	Hospital at Night
ID	Identification
IPR	Individual Performance review
KPI	Key Performance Indicator
NHCT	Northumbria Healthcare Community Trust
NHSI	NHS Improvement
QI	Quality Improvement
QIA	Quality Impact Assessment
QSIB	Quality and Safety Improvement Board
QSIG	Quality and Safety Improvement Group
QSIR	Quality, Service improvement and redesign
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
SRO	Senior Reporting Officer
TOM	Trust Operating Model

Improving Quality and Safety; Overview Progress Report - January 2019

Programme Title:	**Programme Executive Lead:**
Improving Quality and Safety	Michelle Rhodes, Director of Nursing

Programme Overview:

Overall progress is being made in delivering key milestones/milestones, although there are challenges which have slowed down delivery. Where there are challenges which have caused slippage in delivery, plans are in place to ensure we achieve milestones and are closely monitored through the weekly Quality & Safety Implementation Group and escalated accordingly into the Quality & Safety Improvement Board.

Activity this period (January 2019)	**RAG**	A	**Planned Activity next period (February 2019)**	**RAG**	A

Progress:

QS01: In line with QI Programme first meeting with ULHT staff to take place to commence projects/improvements from NHCT. Three QSIR Practitioners sit exam on 15th January as part as progressing to QSIR Associate. Deep dive discussion taking place at QSIB on 24th January.

QS02: Deep dive discussion taking place at QSIB on 24th January. Work underway in updating the Trust's QIA Policy and first draft will be available by end of January for comments.

QS03: Patient information leaflets for sepsis have been ordered. Escalated to QSIB in relation to no clinical lead for DKA identified.

QS04: Aligning of the master Q&S Improvement Plan with the recent CQC unannounced visit action log and Urgent, Emergency Care Improvement Plan. Ensuring we have one plan.

QS05: Focus on the paediatric element of the plan at both Pilgrim and Lincoln Hospital sites.

QS06: Positive Patient ID Policy distributed for comments and ratification.

QS07: Arranging a stakeholders meeting to ensure delivery of plan.

QS08: Arranging a stakeholders meeting to ensure delivery of plan.

QS09: Continuation of support for consultants to attend the Clinical Coding Masterclass.

QS10: Kite mark to be agreed at QSIB for the Trust.

QS11: Gap analysis to be undertaken around the H@N model comparing current practice to original business case of 2013/14. New Clinical Lead has commenced.

QS12: First Medical Devices Safety Meeting to take place. ToR have been compiled and agreed at QSIB.

Planned activity:

QS01: Project Leads to be assigned to lessons learnt for each action. Deep dive discussion taking place at QSIB in February 2019.

QS02: Deep dive to take place into Clinical and Corporate Policies. Mitigation plans put in place re the new Governance Structure. Risk Appetite to be discussed at the Board Development session in February 2019.

QS03: Exploring short and long term options for data collection in relation to Sepsis. DKA clinical lead to be identified, looking at both internal and external options.

QS04: Review and alignment of Standard Operation Procedures for Urgent & Emergency Care. Continued implementation of QS05 Improvement Plan for Paediatrics in the Emergency Department.

QS05: Work continues utilising the NHS Improvement and Assessment Framework for C&YP Services. Continue implementation of localised improvement plans within Emergency Departments.

QS06: Policies to be approved at CESC. Preparations are being made to roll out Intentional Rounding across the Trust.

QS07: Completion of Chemical Sedation audits. Allegations Policy to be approved at EPF.

QS08: New Project Lead appointed and due to commence post in February 2019.

QS09: Improvement Plan to be amended following analysis of audit results.

QS10: Kite mark was endorsed at QSIB. Definitive list of KPI's to be aligned to Assurance Process and Divisional Structure, both to be agreed at Trust Board.

QS11: Review of Improvement Plan and Trust decision required on what H@N Service is to look like.

QS12: Medical Devices Safety Group ToR agreed in principle but with minor adjustments. Revised Improvement Plan to be agreed at next Medical Devices Safety Group.

Project Overview	**Current Period RAG**	**Forecast Next Period RAG**	**Comments**
QS01: Developing the Safety Culture	**A**	**A/G**	Three members of staff have completed and passed the QSIR Associate exam and will be undertaking classroom assessments in April 2019.

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS02 Governance	G	G	Further development of the Incident Management Policy. Trust Board to approve the Risk Appetite and reflect this within the Risk Management Strategy & Policy. Additional resources made available to complete work on Clinical and Corporate policies. Agreement has been reached with the Audit Committee that the work on Cornerstone documents for the interim structure will be refocused to concentrate on the permanent documentation for the new TOM structure. Therefore the milestones relating to the interim structure will not be achieved.
QS03 Deteriorating Patient	A/G	A/G	Sepsis Survivors Group held its first meeting in January 2019 and had very positive media coverage both internal and local. All relevant Trust Patient information leaflets will incorporate information on Sepsis. It has been highlighted that data analysis is labour intensive therefore the Trust is exploring short and long term solutions to this issue. To release the staff for more patient facing care. ReSPECT has been launched, all media and comms been widely shared within the Trust.
QS04 Pilgrim Emergency Department	R	A/R	Comprehensive Improvement Plans have been written and agreed by SRO's responsible for each work stream. Additional support has been provided by NHSI. Medicine's Directorate have appointed a Project Manager for the Urgent and Emergency Improvement Plan. The post commenced mid January 2019.
QS05 Children & Young People	A	A	Clinical leads for Paediatric Surgery will be contacted to ensure their continued and increased engagement with the surgical aspects of this plan. Divisional Project Leads are to be appointed to increase the engagement and accountability for this plan. Benchmarking assessments continue to be implemented and additional resource has been identified to help with the documentation of pathways etc. All staff working in ED with paediatric skills now identified by a child friendly tabard. Children areas within ED are now established.
QS06 Safe Care	A	A	Intentional Rounding has been piloted successfully at Grantham Hospital. A roll-out programme is being devised to implement this across the Trust. Safety Huddles across the Trust continues to be embedded and monitored. Positive Patient ID Policy completed distributed for comments and ratification.

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS07 Safeguarding	G	G	CP-IS User Guide and Pathway has been adapted for use in non-A&E areas and this has been successfully implemented at Grantham so now full rollout will be embedded. Draft Conscious Sedation Policy has been sent to associated departments to advise on specialty guidelines. DBS checks; further work undertaken on the risk assessment, circulated to Safeguarding Committee members for comments. Following this plan will then be discussed at Executive Team for final approval.
QS08 Medicines Management	A/R	A	A new Project Lead has been appointed and briefed on the plan. A Stakeholders meeting is to be convened.
QS09 Mortality Outliers	A/R	A	The milestones in QS05 relating to Paediatric Mortality have been imbedded into QS09. Audits have been completed to develop baseline and outcomes from this audit have been inputted into the Improvement Plan.
QS10 Data Quality	A/R	A	Progress has been made in developing a draft list of Key Performance Indicators which will feed the Divisonal Performance Review Meetings, through to the committees and Board. A draft IPR layout has been agreed with Data Quality Group and is now with Executive Team for discussion.
QS11 Hospital at Night	A/G	A/G	A meeting to be arranged with Key stakeholders to align the plan to the findings of the gap analysis. To progress this piece of work a new SRO and Clinical Lead have been appointed.
QS12 Medical Devices	A	A/G	The Medical Safety Devices Group first meeting has taken place. The action plan has been reviewed and incorporated into the Improvement Plan. Agreement has been reached on how to take this plan forward.

Risks to Delivery (moderate and above):

1) Recruitment and start date of leads impacting on delivery of projects within identified timescales.
2) Challenges of annual leave reducing capacity/staff resource to lead on projects.
3) Lack of staffing resource within Pilgrim Emergency Department.

Assurance Methods:

1) Weekly Quality and Safety Implementation Group.
2) Fortnightly Quality and Safety Improvement Board.
3) Monthly Oversight; Trust Board, Quality Governance Committee and System Improvement Board

BLUE	Milestone successfully achieved
GREEN	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
AMBER / GREEN	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
AMBER	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not cause the project to overrun.
AMBER / RED	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
RED	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

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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
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
Subject:	**Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust - Update**

Summary:

This paper is an update on previous the papers presented to the Health Scrutiny Committee.

It describes the current position regarding the interim paediatric service model in place at the Pilgrim hospital and also the continuing work to address the significant challenges faced by the Children & Young Peoples Services (C&YP), which also have clinical interdependencies within Neonatal and Maternity Services at United Lincolnshire Hospitals NHS Trust (ULHT).

The interim service model described in previous papers is in place and remains operational. The medical Trust wide rota continues to operate the interim model at Pilgrim and is being developed to integrate the site based teams.

In addition, the paper informs the Health Scrutiny Committee for Lincolnshire on the status of the Royal College of Paediatric and Child Medicine report and its relevance to the interim model.

Actions Required:

To note the information presented by United Lincolnshire Hospitals NHS Trust on Children and Young Persons Services.

1. Interim Model

Background

To address the severe difficulties and challenges caused by a severe shortage of doctors and nurses faced by the Children and Young Persons Services at Pilgrim Hospital, Boston, the Trust set up a task and finish group, including representatives from the wider NHS system, as described in the papers presented previously to the Health Scrutiny Committee.

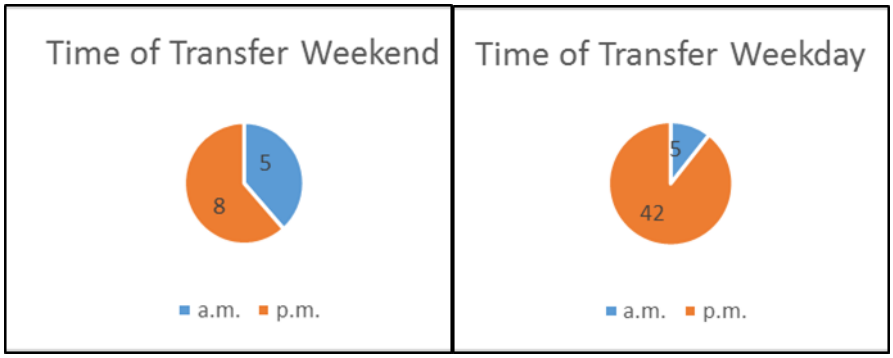
The temporary service model described at the June meeting of the Health Scrutiny Committee is in place and became operational on 6 August 2018. This consists of an enhanced paediatric presence in the Pilgrim Hospital Emergency Department and an acute paediatric assessment unit with a twelve-hour length of stay. Outpatient clinics and surgery continue at Pilgrim hospital.

This matter has been considered at each monthly Board of Directors meeting of United Lincolnshire Hospitals NHS Trust (ULHT) since April 2018.

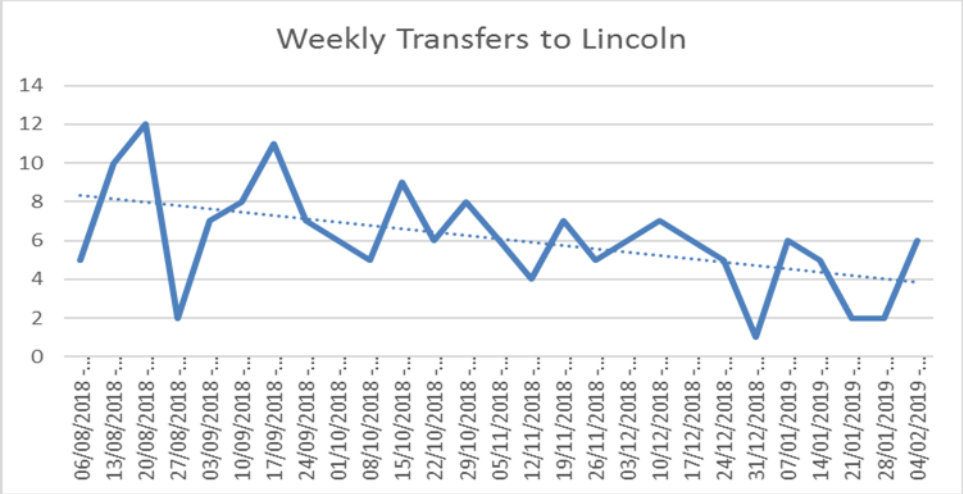
Dedicated Transport Arrangements

Since the introduction of the dedicated ambulance transfer service there have been no instances where an ambulance has not been available to meet the needs of the service. The maximum number of children transferred to Lincoln on any single day has been three. The original contract was to provide two ambulances on site at Pilgrim hospital with a third on standby. This was subsequently reduced to one ambulance on permanent standby and a second for peak periods.

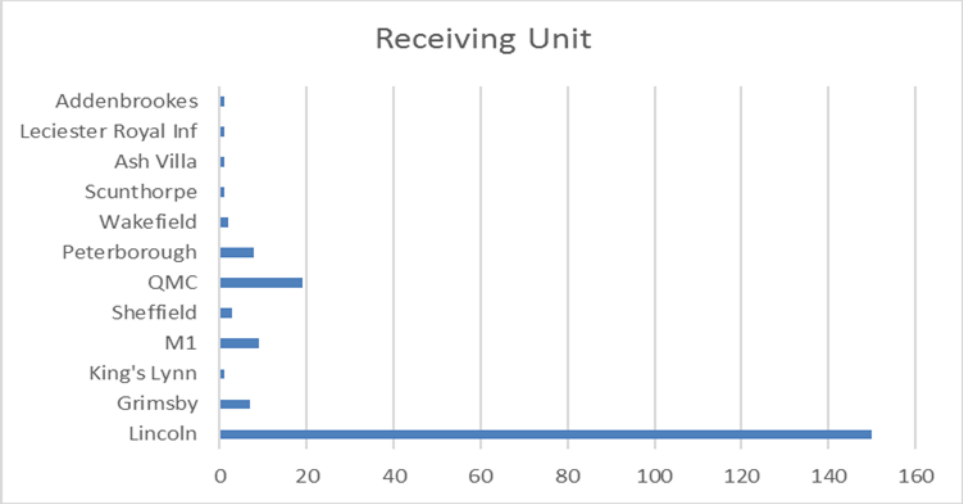
Analysis of the time of transfer over a twelve week period supports the planning assumption on journey times.



During the first twenty six weeks of operation of the interim service model 203 patients transferred to other units. Ten mothers have been transferred with babies in utero.



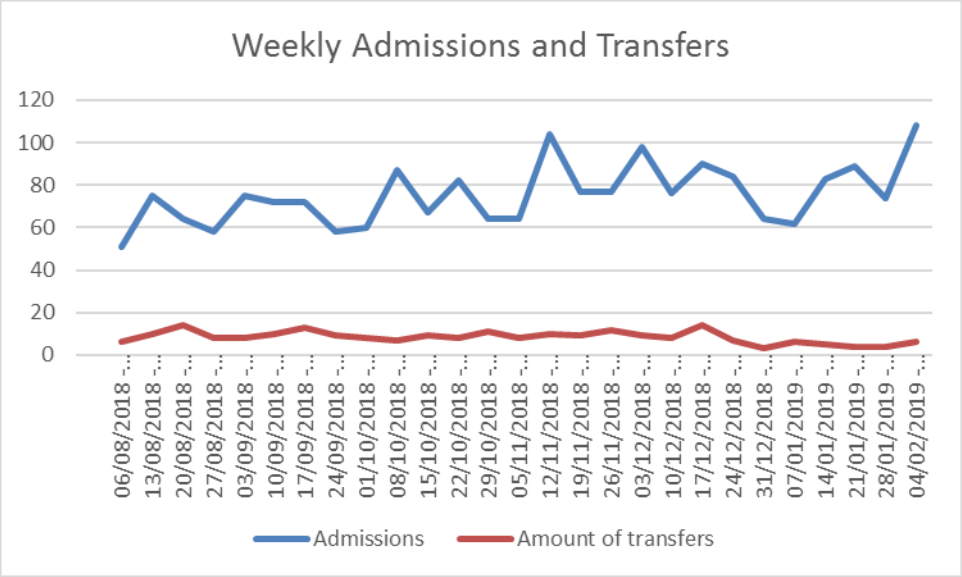
53 children were transferred to other inpatient units rather than Rainforest Ward at Lincoln County Hospital. 21 were to specialist centres for ongoing treatment (as per agreed protocols), nine were transferred internally to ward M1 at Pilgrim, 21 because beds were not available at Lincoln and 2 were repatriated closer to home. The ambulance resource continues to provide an ultra-safe provision for patients, whereby transfers required can be completed in the shortest possible timeframe. No incidents have been reported as a result of delays in the transfer of patients under these arrangements.



Patient Activity

Since the introduction of the interim model at Pilgrim hospital there has been a significant improvement in throughput at the same time as improving the patient experience.

During the first twenty six weeks of operation of the new service model, 1,869 patients have been seen in the paediatric assessment unit



A breakdown of source of referral is given below.

Referral Source	Number of Referrals
Emergency Department	479
Direct from General Practitioner	572
Direct Access (those with long term direct access)	64
Midwife (mainly babies with prolonged jaundice)	31
Community Children's Nurses	1
Out of Hours Primary Care	43
Direct from the Urgent Care Centre	19

The other attendances to the Paediatric Assessment Unit are day patients e.g. surgery and MRI.

Emergency department referrals-
A system of 2 hourly calls has been introduced between Emergency Department and the wards which is helping to reduce delays in patients being transferred from Emergency Department and to help anticipate high volume activity in the Department.

Direct from GP-
In order to reduce delays in the GP referral system, dedicated phones have recently been provided allowing direct access for the GP to a senior decision maker in the paediatric service.

Direct access (those with long term direct access)-
The system of open access for some children with ongoing health needs has continued at Pilgrim hospital under the interim service model. Whilst it has been necessary for some patients to be transferred to Lincoln hospital if they require a prolonged length of stay, access to the staff and support remains freely available through the pre-existing channels.

SoS Pilgrim have been instrumental in helping identify issues being faced by families with direct access. Families have now been contacted directly by a consultant to clarify the position and improved patient information has been issued.

Impact on Patients

Since the introduction of the interim model, no patient safety incidents have been experienced or reported as a result of the change.

During the first six months of the new way of working, there have been a number of occasions when children have stayed longer on the unit than the agreed 12 hour guideline. Decisions have been made to allow children to exceed the specified time limit on an individual basis only when it is safe to do so and in the best interests of the child. The 12 hour guideline is also used flexibly when the transfer would be for a short time period required to complete observations or tests.

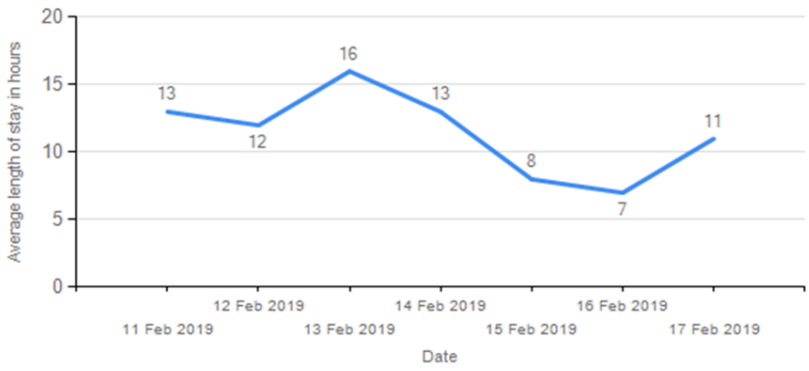
Practical experience and international best practice have highlighted a number of conditions and circumstances where it would be sensible for children to stay longer than 12 hours. This has included cases of children who have high dependency needs and require more lengthy periods of hospitalisation for stabilisation, such as patients requiring high flow oxygen therapy for respiratory relief and newly diagnosed diabetics. The 12 hour guideline is still appropriate for the majority of our children and feedback from parents has been very positive. Individual condition specific clinical guidelines will be added to the Standard Operating Procedure for the unit as evidence dictates.

The impact of additional guidelines is shown in this snap short of length of stay.

Date	Min LoS in hours	Avg LoS in hours	Max LoS in hours	Number of discharges
11 Feb 2019	7	13	18	5
12 Feb 2019	1	12	26	14
13 Feb 2019	0	16	53	11
14 Feb 2019	1	13	30	13
15 Feb 2019	1	8	20	10
16 Feb 2019	1	7	18	9
17 Feb 2019	2	11	23	5

Whilst these figures show significant variation in length of stay the average remains below 12 hours.

CYPAU Average Length of Stay in Hours



Children on Adult Wards

The Trust can also report that no children have been put on adult wards, against the child or parent/carer's wishes. No children were transferred to an adult ward from the assessment unit.

Staffing

Medical

The recruitment activity continued at pace, the requirement for a full complement of consultants at Pilgrim for paediatrics has not changed and remains at 8 x whole time equivalents. The service currently has 4 x full time consultants and 2 x agency locums, making a complement of 6 x whole time equivalents.

The medical staff rota, with named doctors on each shift, is in place and under constant review regarding fill rates as the proportion of locum and agency staff required to sustain the service remains high. The rota remains as in previous months with Tier 1 doctors on a 1:16 and Tier 2 (middle grade) doctors on a on a 1:10 on call.

	Establishment		Substantive in post		Locums in place	
	LCH	PHB	LCH	PHB	LCH	PHB
Consultants	8.0	8.0	6.0	4.0	0	2.0
Middle Grade	10	6.0	9	1.0	1	6.0

The international recruitment has been successful and after an initial period of induction and supervision these doctors are playing an increasingly important part in the service. We will continue to recruit through this process and are also offering other incentives around training and personal development. There has been a successful outcome from discussions with Health Education East Midlands to allow juniors to undertake additional locum work to fill some of the gaps in the rota.

The Tier 2 rotation of doctors to Lincoln reduced in February putting additional pressure on recruitment and require additional agency staff. Whilst an active plan is in place the consultants remain very concerned over the impact on the service.

The consultant paediatric medical team remains concerned about maintaining the safety of the middle grade medical rota including the current level of locum / agency doctors.

Agreement has been reached to increase the consultant establishment by two to facilitate the introduction of "one team – two sites" in paediatrics commencing with the new arrangements for "hot weeks" (consultant on take) in March 2019.

Nursing

The recruitment of children's trained nurses continues to be a challenge. The latest HR scorecard for child health shows an improvement of a full 1% in vacancy rate and turnover. There has also been a reduction in both the overall and short term sickness rates. A staff survey is to be undertaken in March to obtain their views on the impact of the interim arrangements.

A number of initiatives to improve nurse recruitment are underway;

- Revamped recruitment material
- Recruitment of existing Advanced Paediatric Nurse Practitioners
- In-house programme for trainee Advanced Nurse Practitioners
- Clinical Educator has been appointed and taking up post shortly
- A further RSCN has been appointed at Lincoln following a recruitment drive.
- Case being finalised for range of specialist nurses

CYPAU NURSING STAFF SUMMARY							
Band	Registered Nursing Establishment	RN In post	Block Agency	RN In Post But Unavailable to work on ward (includes sickness / absence)	WTE Long-Term Sickness / Absence	Current WTE Available to Work minus sickness/ Absence	Current Vacancies
6	5.2 (INC uplift)	4.5wte	0	1.0wte	0.0wte	3.5 wte	0.9wte
5	28.71wte (inc HDU)	RN(C) 11.04 wte	2.0 wte	1.6wte	1.4wte	RNC 8.04wte	13.43 wte
		RN(A) 4.24 wte	0	1.64 wte	0	RN 2.6 wte	
Total	33.91	19.78wte	2.0wte	4.24wte	1.4wte	16.14 wte incl agency	14.33wte

No incidents of patient harm have been reported.

Risk Management

Risks continue to be managed through the project risk register (Appendix A), which has been presented to the stakeholder oversight group. Incidents are being tracked through the Trusts incident reporting system, Datix. No incidents of patient harm have been reported

In addition all risks were reviewed at the Children and Young Persons Steering Group on the 26th February. A revised risk register is attached at Appendix A.

Feedback from Engagement Events and Communications Plan

Communication around the current service model, ongoing engagement activity and addressing any public concerns continues through the execution of the communications and engagement plan. The latest public engagement event held on 17th January 2019 was well attended and in a break from previous events SoS Pilgrim were invited to provide an update which highlighted a number of good reports on maternity services as well as giving the opportunity for first hand feedback.

The Trust is increasing its efforts to ensure a clear and consistent narrative is shared with all stakeholders to minimise the risk of confusion and of messages and proposals being misinterpreted. This is supported by providing regular written briefings and the use of agreed campaign materials, including a power point presentation.

Following the successful meeting at Boston the programme director met with members of SoS Pilgrim, interested parents, local people and councillors in Skegness on Tuesday 19 February, which was very positive. A further meeting will be held in the Spalding area.

In addition, engagement activity continues as per the plan. This includes public engagement sessions, regular staff engagement meetings, newsletters and a planned patient survey.

The next engagement session is planned for April 2019.

Lessons Learned From Complaints Specific to the New Paediatric Model of Care

The summary of lessons learned has been broken down in to a number of themes.

12 Hour Maximum Length of Stay

Decisions have been made to allow children to exceed the specified time limit on an individual basis when it is safe to do so and in the best interests of the child. The 12 hour guideline is also used flexibly when the transfer would be for a short time period required to complete observations or tests.

The Trust has learnt from practical experience and international best practice of a number of conditions and circumstances that indicate it would be sensible for children to stay longer than 12 hours. This has included cases of children who have high dependency needs and require more lengthy periods of hospitalisation for stabilisation, such as patients requiring high flow oxygen therapy for respiratory relief and newly diagnosed diabetics. Individual condition specific clinical guidelines will be added to the Standard Operating Procedure for the unit as evidence dictates.

The 12 hour guideline is still appropriate for the majority of our children and feedback from parents has been very positive.

Open Access Pathways:

The pathway has been clarified to incorporate the continuation of open access arrangements to Pilgrim for patients transferred to Lincoln for extended inpatient care.

The Open Access register has been crossed check for accuracy and completeness.

Paediatric Nursing Shortages:

- A number of initiatives to improve nurse recruitment are underway;
- Revamped recruitment material;
- Recruitment of existing Advanced Paediatric Nurse Practitioners;
- In-house programme for trainee Advanced Nurse Practitioners;
- Clinical Educator has been appointed and taking up post shortly;
- A further RSCN has been appointed at Lincoln following a recruitment drive;
- Case being finalised for range of specialist nurses.

Transfer Arrangements

- Information to parents:
    - Parent information literature has been reviewed and updated.

- Car Parking and Travel Arrangements:
    - Parents who have to leave their car at Pilgrim when child is transferred to another hospital will not be charged.
    - Taxis are provided for families who are unable to organise transport to return from Lincoln to Boston.

- Facilities for Parents on Rainforest Ward:
    - Provision is now available for parents of children transferred from Pilgrim.

Communication & Engagement

- Improved engagement:
    - The Trust has increased its efforts to ensure a clear and consistent narrative is shared with all stakeholders to minimise the risk of confusion and of messages and proposals being misinterpreted. Additional public engagement sessions have be held with SoS Pilgrim in Boston and Skegness.

- Mixed messages from other agencies:
    - CCG and Trust have reissued advice to other providers about services available at Pilgrim.

Neonatal Service

- Reassurance that babies are repatriated back to Pilgrim when possible, if transferred away in the first place.

- Babies return to Pilgrim, following birth at Lincoln, where this is clinically appropriate.

Improved Community Services

- Rapid Response Children's Respiratory Service
    - The CCG has commissioned a new service to provide specialist assessment, treatment and management of children with complex physical disabilities with additional respiratory problems in the community.

2. Royal College of Paediatrics & Child Health Independent Review Report

An update on the considerable progress on the recommendations following the Royal College of Paediatrics & Child Health report is being included in the six month review of the interim service which will be made available to the Health Scrutiny Committee when completed.

3. Consultation

This is not a consultation item.

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

N/A

5. Conclusion

To address the significant difficulties and challenges caused by a severe shortage of doctors and nurses in the children's and young person's services at Pilgrim Hospital, a temporary service model became operational on 6 August 2018.

The paper describes the performance of the interim model over the first four months of operation, the number of transfers completed, activity on each site, the issues encountered, and actions undertaken to resolve those issues and the importance of the Royal College of Paediatrics & Child Health independent review.

5. Appendices

Appendix A	Paediatric Project Risk Log

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 Dr N Hepburn, Medical Director United Lincolnshire Hospital NHS Trust who can be contacted at neill.hepburn@ulh.nhs.uk

Appendix A: Paediatric Project - Risk Log

Updated 5th July 2018 | **Version - 2.0**

Key		
	L	Likelihood
	I	Impact
	RR	Risk Rating

Maximum mitigated score

UID	Risk		Risk	Risk Assessment			Mitigation	Due Date	Lead	Mitigated Risk			Mitigation	Mitigated Risk		
				L	I	RR				L	I	RR		L	I	RR
Clinical																
1	Paediatric medical workforce has a high proportion of Locum staff	1.1	High percentage of workforce are locum or agency who may opt to leave service with no notice period	5	5	25	1) Consultants continue to "act down" or increase level of remote on call in order to provide cover if required. 2) Recruitment of substantive staff.	11 July 2018	Rao Kollipara / Ajay Reddy	4	3	12	1) Percentage of Locums within workforce to be reduced to manageable levels. No prospect however of all vacancies being filled with substantive workforce due to continuing national shortage of Paediatricians	3	2	6
		1.2	Supervision of Tier 1 & 2 Drs potentially compromised as Locums can not provide required standard and HEEM may not endorse trainees on site.	3	5	15	1) Rotas to be created and populated to provide assurance to HEEM that appropriate levels of supervision and training are provided to all trainees 2) Once assurance provided, HEEM to endorse trainees on the PHB rotation. 3) NHSI to provide oversight and agreement to rotas	11 July 2018	Rao Kollipara / Ajay Reddy	4	3	12	1) Rotas continue to mitigate against lack of supervision and training	2	2	4
		1.3	There will only be one middle grade doctor available out of hours and at weekends to support the neonate / sick child / young person / Women within the Emergency Department, Maternity Services, Special Care Baby Unit and Children's Assessment Unit from 1st -10th August 2018	5	5	25	1) There will only be one middle grade doctor available out of hours and at weekends which is insufficient medical cover for all specialities. 2) There is potential that there is a delay in the medical assessment of children which will mean treatment is not commenced in a timely manner which may impact upon recovery and length of stay. 3) There is a potential risk that there will be no timely medical support following escalation of a deteriorating child due to only one doctor being available for all specialities as the doctor could be dealing with another sick patient . 4) There could be a delay in the timely response of medical support to emergency call-outs for cardiopulmonary resuscitation and other emergencies. This will result in delays in commencing advanced life support, history taking, medical examination and prescribing of emergency drugs 5) Attendance at unplanned high risk deliveries may be compromised 6) The nurses and unregistered workforce will feel vulnerable and unsupported which will impact on morale and staff retention	23 July 2018	Ajay Reddy / Debbie Flatman	4	4	16	1) Consultant Paediatrician on call from home – Consutant stepping down but not sustainable. 2) Nurses are able to recognise and escalate the sick child to the medical team. 3) In utero transfers			0
		1.4	Referral pathways may not be clear to clinicians due to any change of service	5	5	25	1) Pathways to be analysed to ascertain if any changes to existing pathways are required as a result in change to service. 2) PHB will need to demonstrate that they have implemented and communicated pathways and referral protocols across all sites. 3) Confirm MDT scheduling ensures attendance at all MDTs by Consultants to sign off any changes to pathways.	06 July 2018	Paul Hinchliffe / Sue Bennion	3	2	6	1) Complete patient pathways which reflect safe and sustainable service provision, 2) MDT agreement that pathways are safe and sustainable	2	2	4
2	Service will not be safe or responsive	2.1	Risk to sustainability of a safe service at PHB.	4	5	20	Trust to confirm service arrangements to ensure a safe and sustainable service	02 June 2018	Neill Hepburn	2	2	4	No further mitigations identified	2	2	4
		2.2	EDs patient who become acutely unwell would not have access to review and advice from a Paediatrician 24/7 365	3	3	9	1) Need to provide further details of proposed pathway for patients who become unwell. 2) PHB ED to confirm the support they need from Paediatricians to ensure a safe service	06 June 2018	Rao Kollipara / Ajay Reddy	2	2	4	No further mitigations identified	2	2	4
		2.3	ED experiences unplanned attendances which require an overnight bed which results in capacity issues and performance breaches	4	4	16	1) PHB to confirm that they have plans in place to prevent increased unplanned A&E attendances which require an overnight bed due to the implementation of the increased assessment area. 2) Confirmed and agreed escalation processes and action cards	06 July 2018	Nick Edwards / Helen Lythgoe	2	3	6	1) Inclusion in Trust capacity operational plan 2) Winter plan to reflect changes in demand at both PHB and LCH due to change in model (no inpatient peadiatric beds at PHB).	2	2	4

Appendix A: Paediatric Project - Risk Log

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Key		
	L	Likelihood
	I	Impact
	RR	Risk Rating

Maximum mitigated score

UID	Risk		Risk	Risk Assessment			Mitigation	Due Date	Lead	Mitigated Risk			Mitigation	Mitigated Risk		
				L	I	RR				L	I	RR		L	I	RR
3	Future viability of service	3.1	Paediatric service at PHB will no longer be viable	3	5	15	Trust to confirm future arrangements for a safe and sustainable service.	11 July 2018	Neill Hepburn	4	4	16	Long term STP plan to ensure that service at PHB is maintained and planned for.	2	3	6
4	Timescales	4.1	Insufficient time to safely implement new service configuration	3	5	15	Ensure that medical and nursing rotas and pathways are agreed by 11/06/18	11 July 2018	Rao Kollipara / Ajay Reddy	4	4	16	Ensure that rotas and pathways are sustainable and future proof.	2	2	4
5	Unclear and inconsistent referral pathways	5.1	Patients pathways not clear from 1st August	3	4	12	Definition of pathways and agreement with all specialities in relation to patients to be discussed and agreed at pathway meeting on 6th July at Sleaford.	06 July 2018	Rao Kollipara / Ajay Reddy	2	2	4	Changed pathways in place and working	1	2	2
		5.2	Change / increased complexity of transfer of care from PHB to LCH may lead to confusion for staff and patients.	3	2	6	Need to confirm that adequately defined and agreed process for both sites has been implemented	18 July 2018	Nick Edwards / Helen Lythgoe	2	2	4	Operational with both sites working to the defined safe standard across all specialites for all patients	1	2	2
		5.3	Lack of clinical criteria for transport of patients from PHB to LCH	2	5	10	Clinical criteria to be developed and agreed during pathway meeting.	06 July 2018	Rao Kollipara / Ajay Reddy	2	2	4	Pathways and clinical criteria agreed and in place	1	2	2
		5.4	Lack of transport solution in relation to transition of patients from PHB to LCH	3	4	12	Transport solution to be developed and implemented before 01/08/18	11 July 2018	Nick Edwards	2	4	8	Patient transport solution in place and active from go live	1	2	2
6	Clinical relationships	6.1	Poor relationships between PHB and LCH could impact on service delivery	3	2	6	Oversight group facilitates and monitors effective collaboration between sites	25 July 2018	Rao Kollipara / Ajay Reddy	2	2	4	Oversight group ceases and management of operation reverts to business as usual.	1	2	2
Operational																
7	Risk that standards could deteriorate	7.1	Change in service provision and practice could have a detrimental short term effect on maintaining standards.	3	4	12	Oversight group to monitor compliance with standards and oversee the development and implement of any RAPs	01 August 2018	Nick Edwards/Helen Lythgoe	2	2	4	Oversight group ceases and management of operation reverts to business as usual.	1	2	2
8	Communication of Information	8.1	Lack of IT communication integration between sites could impact on patient discussions / decision making.	4	4	16	Mitigation to be identified	01 August 2018	Nick Edwaeds/Helen Lythgoe			0	IT integration across all sites is in place and operational			0
9	PHB / LCH does not have adequate staffing levels to mobilise the contingency plan	9.1	Nursing staff	2	5	10	Off duty produced until November. Some risk exists in being able to open all beds at Lincoln site due to ability to obtain an increased number of nursing staff - Lincoln site currently have beds closd due to staff sickness / unavailability.	11 July 2018	Nick Edwards/Helen Lythgoe	2	3	6	Off duty in pace with no gaps and any sickness covered, business as usual stance	1	2	2
		9.2	CNS	2	5	10	LCH to confirm adequate staffing levels or recruitment plans			2	3	6	No further mitigations	2	3	6
		9.3	Health Care Assistant	2	5	10	LCH to confirm adequate staffing levels or recruitment plans			2	3	6	No further mitigations	2	3	6
		9.4	Consultants and other grades of medical staff	2	5	10	Recruitment of medical satff at all grades continues.			2	5	10	Full compliment of medical staff is unlikely given national staffing levels and national recruitment issues.	2	3	6
		9.5	Administrative	2	5	10	LCH to confirm adequate staffing levels or recruitment plans			2	3	6				0
10	Physical Space	10.1	Capacity to accommodate demand resulting from change in service configuration at PHB	2	4	8	Demand and capacity model data being validated	11 July 2018	Clive Brookes/Nick edwaeds/Helen Lythgoe	2	3	6	Demand and capaity managed as business as usual	1	2	2
		10.2	Capacity to accommodate demand resulting from change in service configuration at LCH	2	4	8	Demand and capacity model data being validated, indications that sufficient beds are avaialble at the LCH site to accommodate patients.	11 July 2018	Rob Game / Paul Hinchliffe / Sue Bennion	2	2	4		1	2	2
		10.3	There is the risk that 19 beds may not be an adequate number of inpatient beds for sick children requiring treatment / inpatient care	4	4	16	Management of demand by Matron through regular staff huddles and ward round discharge activity.	03 August 2018	Debbie Flatman	3	4	12	Proactive bed management and balancing of capacity across the network.	2	3	6
		10.4	A reduction in staffing levels due to staff sickness or a loss of agency nurses.	4	4	16	1) Capping of beds to below 19 for patient safety. 2) Local children from Lincoln, Pilgrim and Grantham sites being transferred out of county to another hospital to receive care.	03 August 2018	Debbie Flatman	3	4	12	1) Dedicated private transport / transfer team required to facilitate and support transfers to ensure ward staffing is not compromised on either site. 2) Immediate temporary uplift of nurse staffing by increasing agency nurses to open additional beds on Rainforest to 20 - 24 beds. 3) Ongoing recruitment plans in place to increase substantive posts to support a further increase in bed numbers.	2	3	6

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		10.5	There are times when the service is likely to require more than 19 inpatient beds for the population of children in the county.	4	4	16	There are currently insufficient Childrens nurses to staff above 20 beds on the Lincoln site on every shift. Occasional 24 beds but needs close monitoring as would need to flex back down due to staffing levels.	03 August 2018	Debbie Flatman	3	4	12	Regular review of all inpatients to identify discharges and facilitate flow by Hot week Consultant, including Fast Track pharmacy for TTO's – supported by Ward Manager, Deputy Matron and Matron.	2	3	6
11	Patients will have difficulty accessing the LCH service if resident in Boston	11.1	Some patients will have to travel further to LCH	5	2	10	If the child requires a nurse to accompany them on this transfer, this will further impact on nurse staffing levels at the Lincoln and Pilgrim	18 July 2018	Clive Brookes/Nick edwaeds/Helen Lythgoe	2	2	4	No further mitigations	1	2	2
		11.2	Patient Journey to PHB is more difficult due to transport links.	4	4	16	1) Patients and families with low incomes may have to reply on charitable means of transport to get to LCH. 2) Patient choice may indicate preference, due to transport, of patients being referred to neighbouring Trusts.	18 July 2018	Clive Brookes/Nick edwaeds/Helen Lythgoe	3	3	9	No further mitigations	3	3	9
12	Recruitment and retention of nursing staff at PHB	12.1	Retention of Nursing staff to continue to work at PHB if service becomes unattractive	3	3	9	Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	11 July 2018	Nick Edwards/Helen Lythgoe	3	3	9	No further mitigations	3	3	9
		12.2	Recruitment of new staff to work at PHB given no inpatient beds.	3	3	9	Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	11 July 2018	Nick Edwards/Helen Lythgoe	3	3	9	No further mitigations	3	3	9
13	Contingency Plan	13.1	Emergency relocation of service enacted under emergency powers.	5	5	25	1) Trust required to enact emergency powers to relocate service in extremis within an extreme timescale 2) Trust to escalate to Department of Health, Regulator, Commissioners, HEEM, GMC, RCP and other key stakeholders.	09 July 2018	Clive Brookes/Nick edwaeds/Helen Lythgoe	5	5	25	Short term change to provision of service to ensure safe service for patients in place and operating.	3	3	9
		13.2	Estates work in place to ensure service can be consolidated at LCH with appropriate beds, assessment areas and outpatient facilites	5	5	25	1) Provision of sufficient clinical and bedded space at LCH 2) Enabling works for Breast patients to move to Digby ward with minimal estates work required to enable paediatrics to move to 4th floor maternity block, this in extremis and in contingency. 3) Enabling works for Neonates and Maternity is 6 months 4) Configuration for split services to operate required	06 July 2018	Clive Brookes / Richard Mather / Paul Boocock	3	3	9	1) Digby ward hosting Breast patients in the short term. 2) Digby forms part of the winter plan to house increase in demand of patients across the Trust, risk that breast patients may have to be decanted to a.n.other area before peak demand in the run up to winter.	2	3	6
		13.2	Staffing rotas for both medical and nursing staff created to enable service provision post 1st August	5	5	25	1) Moving medical and nursing staff to a consolidated site at LCH requires a re-write of rotas and on call arrangements.	29 June 2018	Rao Kollipara / Ajay Reddy	5	5	25	"Two sites, one team" approach achieved in the medium and long term.	3	3	9
		13.3	Pathways and referral processes in place at consolidated site	5	5	25	1) Pathways meeting scheduled for 6th July at Sleaford involving all specialities 2) Pathways to be analysed to ascertain if any changes to existing pathways are required as a result in change to service. 3) Requirement to demonstrate that pathways and processes can be implemented and communicated.	09 July 2018	Rao Kollipara / Ajay Reddy / Paul Hinchliffe / Sue Bennion	3	3	9	Pathways agreed and in place	2	2	4
		13.4	Communications plan reflecting emergency	5	5	25	1) New communications strategy and plan to be devised and implemented 2) Key stakeholders, both internal and external, to be engaged 3) Media strategy to patients, families and general public to be initaiated	16 July 2018	Anna Richards	3	3	9	1) Comms strategy deployed 2) Patient and staff survey report positive results.	2	2	4
		14.1	Retention of Consultants to continue to work at PHB if service becomes unattractive	5	5	25	1) Potential of creating a site operating with less pressure than LCH which could facilitate an environment that is conducive to consolidation of learning. 2) Link with ties with Medical school in 2019/20. 3) Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	01 August 2018	Rao Kollipara / Ajay Reddy / Nick Edwards/Helen Lythgoe	4	4	16	1) HEEM formally agreeing that the training provided at PHB meets or exceeds training requirement for trainees. 2) Medical school involvement positively incorporated to training.	2	2	4

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Key	
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I	Impact
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Maximum mitigated score

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				L	I	RR				L	I	RR		L	I	RR
14	Recruitment and retention of medical staff PHB	14.2	Recruitment of new staff to PHB may become problematic	4	4	16	Positive recruitment campaign to assure quality training and care provision in non in-patient setting.	09 July 2018	Rao Kollipara / Ajay Reddy / Nick Edwards/Helen Lythgoe	4	4	16	1) Positive feedback from HEEM 2) Trainees continue to be allocated to both sites for each new rotation.	2	2	4
		14.3	HEEM unable to identify trainees who are willing to be placed at PHB, trainees may not wish to select or accept places due to type of service on offer at PHB.	5	5	25	1) HEEM to continue to promote training viability at PHB and assure trainees of viability of the service at PHB in the medium and long term. 2) Potential to reverse the negative view of the placement as being able to experience a "blended" workforce solution to Paediatrics (which is a potential long term outcome of the speciality given continuing decline in numbers of Paediatricians nationally). 3) Resulting service provision could become a vanguard type offering.	11 July 2018	Rao Kollipara / Ajay Reddy / Nick Edwards/Helen Lythgoe	3	4	12	1) Positive feedback from HEEM 2) Trainees continue to be allocated to both sites for each new rotation.	2	2	4
15	Transfer of children and young people from the new (Temporary) Children's Assessment Unit (CAU) at Pilgrim Hospital Boston to Rainforest Ward, Lincoln County Hospital / an Inpatient Ward	15.1	Transfer of children and young people from the new (Temporary) Children's Assessment Unit (CAU) at Pilgrim Hospital Boston to Rainforest Ward, Lincoln County Hospital / an Inpatient Ward	5	5	25	1) Children will not be able to receive care Inpatient care at Pilgrim Hospital as there are no inpatient beds.	03 August 2018	Debbie Flatman / Sue Bennion	5	3	15	1) Children with PEWS 5 or less may, following assessment, meet level 1 criteria to be transferred in parents own vehicle as documented within the Safe Transfer of Children and Young People from Emergency Departments and Children's Services- CESC/2014/126 Version 3	2	3	6
		15.2	There may not be a transport service in place by 01/08/2018 to transfer the children to an inpatient bed which would impact upon patient flow from ED to the assessment unit resulting in extended waits / breaches and the unit remaining as an inpatient ward .	5	5	25	1) Extended waits within the Emergency Department and on the assessment unit over 12 hours if patients have to wait for return ambulances.	01 August 2018	Rob Game / Paul Hinchliffe / Sue Bennion / Debbie Flatman	5	3	15	1) EMAS will transport children 2) Standard Operating Procedure for Children's Assessment Unit (Draft)	2	3	6
		15.3	The two proposed dedicated ambulances are for all of Women and Childrens Services i.e.) to transfer pregnant women and children, therefore the demand for transport is currently unknown and there is a risk a vehicle may not be available for a sick child when required.	5	5	25	1) The child may face a longer journey and may deteriorate whilst travelling 2) The family will have to endure longer journeys and may have increased periods of separation from their child.	01 August 2018	Rob Game / Paul Hinchliffe / Sue Bennion / Debbie Flatman	5	3	15	1) Comet will retrieve children requiring level 2 and 3 dependent upon criteria. 2) Standard Operating Procedure for Children's Assessment Unit (Draft)	2	3	6
		15.4	The private ambulance crew may not be trained in the paediatric equipment e.g. Infusion pumps and therefore children will not be able to receive intravenous fluids / drugs throughout the journey from Pilgrim Hospital to Lincoln County Hospital resulting in treatment potentially being stopped prior to the journey resulting in a delay in treatment	5	5	25	1) Treatment being stopped / delayed due to lack of training of private ambulance crew in equipment such as infusion pumps could result in deterioration of child's condition	01 August 2018	Rob Game / Paul Hinchliffe / Nick Edwards/Helen Lythgoe	5	3	15	1) Training of Paramedic team in infusion pumps if required. 2) Standard Operating Procedure for Children's Assessment Unit (Draft)	2	3	6
		15.5	The private ambulance may not be equipped with all of the equipment required to treat children during the transfer if their condition should deteriorate on the journey	5	5	25	Paediatric Equipment (Paediatric grab bag) provided to transport team.	01 August 2018	Clive Brookes/Nick Edwards/Helen Lythgoe / Debbie Flatman	5	3	15	Standard Operating Procedure for Children's Assessment Unit (Draft)	2	3	6
		15.6	The turnaround time for the transport travelling from Pilgrim Hospital to Lincoln County Hospital is likely to be longer than 3 hours due to poor road networks and vast geographical area and unknown delays on arrival at the destination.	5	5	25	1) Telematic vehicle tracking to enable acute staff to identify optimum transfer time and turnaround. 2) Double up on ambulances availability during first six weeks of the interim model to ascertain actual future demand.	01 August 2018	Clive Brookes/Nick Edwards/Helen Lythgoe / Debbie Flatman	5	3	15	Policy and Procedure for Patient Transfer Trust Wide CESC/2011/040 Version 4.0.	2	3	6
		16.1	The organisation is undergoing a restructure impacting on the existing specialty designation in the directorate.	3	3	9	1) Part of the organisation wide restructure but will come into full effect in the new year by which time, the service model will have been operational for 6 months.	01 June 2019	General Manager	2	2	4	No further mitiagtions	2	2	4

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16	Change in Directorate Leadership	16.2	Appointment of a Directorate Managing Director and Paediatric Lead Nurse	3	3	9	1) Provision of a strengthened leadership team 2) Ability to focus on the converting the temporary model to a business as usual status. 3) Ensure performance of the unit is incorporated into the assurance and governance process for the Directorate	10 September 2018	Directorate Managing Director	2	2	4	No further mitigations	2	2	4
		16.3	The General Manager has left the organisation	5	4	20	1) Interim Geeral Maager appointed 2) Interim is internal and has a good level of experience and knowledge in Paediatrics and the Directorate	10 September 2018	Directorate Managing Director	3	3	9	The General Manager post is filled on an interim basis.	2	3	6
Financial																
17	New service may be an unaffordable financial pressure for commissioners	17.1	Change in tariff of assessment based model with no in-patient beds at PHB	4	3	12	Financial model to be delivered and agreed with commissioners to ensure that service remains financially viable.	16 July 2018	Clive Brookes / Vanessa Treasure	2	2	4	Commissioners agree and commission service with acceptable financial outcome for Trust.	1	1	1
		17.2	Potentially funding travel costs for patients	3	3	9	1) Transport solution to be designed and delivered which remains financially viable.	16 July 2018	Cive Brookes/ Vanessa Treasure	3	3	9	Transport contract / provision in place and operational.	2	2	4
		17.3	Any funding of travel costs for patients could set a precedence which Commissioners are unlikely to create.	4	3	12	1) Locally agreed tariff which incorporates private transport facility. 2) Work with charitable organisations to create a partially funded service.	16 July 2018	Clive Brookes / Vanessa Treasure	3	3	9	Transport contract / provision in place and operational.	2	2	4
		17.4	ULHT may request funding beyond tariff to implement contingency plan	4	3	12	1) Contingency plan build element is underway and due for completion in November 18. 2) No funding arrangements are in place.	16 July 2018	Clive Brookes/ Vanessa Treasure	3	3	9	Commissing intentions to include contingency elements	3	3	9
		17.5	Cost of communication to patients and staff in relation to the transfer	5	3	15	Costs being met by Trust. Provision accurul in financial plan.	16 July 2018	Clive Brookes / Vanessa Treasure	3	3	9	No further mitigations identified	3	3	9
		17.6	Request to underwrite consultant recruitment costs (International)	5	3	15	Costs being met by Trust. Provision accurul in financial plan.	16 July 2018	Clive Brookes / Vanessa Treasure	3	3	9	Job planning against new model to be undertaken to mitigate overspend in future.	3	2	6
		17.7	Implementation of the contingency plan results in stranded costs at PHB	5	5	25	1) Reworking of income based on assessment based model and no in-patient beds for Paediatrics. 2) Potential increased outpatient income 3) Potential for "One stop" approach to some parts of the service via Outpatient clinics.	16 July 2018	Clive Brookes/ Vanessa Treasure	3	3	9	1) If needed, Contingency in place and working providing safe care for patients and staff.	2	2	4
Commercial																
18	Negative impact on the viability of PHB		Transfer of this service may not align with the long term STP plan	4	4	16	STP plan to be taken to Clinical Senate in September 18. Temporary model potentially in line with overall plan to reduce aquity of patients at the PHB site.	01 August 2018	Neill Hepburn	3	2	6	New service model developed in line with the STP plan and implemented in line with commissioning intentions.	2	2	4
Patients and Stakeholder																
19	Access		Patients will have inconvenience/change of travelling to a different site.	5	3	15	Situation unlikely to change / improve	31 July 2018	Neill Hepburn	5	3	15	No further mitigations identified	5	3	15
20	Risk to reputation of NHS bodies	20.1	Reputational as Trust, NHSI have previously stated they would not move the service from PHB to LCH	4	3	12	Trust intention may remain, however STP plan from comissioners could change service proposition.	31 July 2018	Neill Hepburn	4	3	12	Draft STP plan indicates that services will be provided on both sites, but likely to be with different service model.	3	3	9
		20.2	Reputational if the service is not returned to previous model at PHB in 12 months	4	5	20	Continual communicatons, enagagement sessions, press releases and staff engagement to ensure that any changes are communicated with efficacy.	31 July 2018	Neill Hepburn	3	3	9	Time sensitive communications to be undertaken when long term plan is agreed.	2	2	4
21	Lack of support from Patient and Public voice	21.1	Patients will not want to see service move from their local hospitals	4	4	16	Communications plan to explain rationale for change	31 July 2018	Neill Hepburn	4	4	16	Communicaton strategy deployed and in place	2	2	4
		21.2	Lack of patient/public engagement about this issue	5	3	15	Develop evidence of case for change and engage with local stakeholders	31 July 2018	Neill Hepburn	3	3	9	Communicaton strategy deployed and in place	2	2	4

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22	Increase in young people aged between 14-16 years being cared for within adult wards due to the new temporary Childrens Assessment Unit (CAU) service model on the Pilgrim Hospital Site.	22.1	Due to the change of ward 4A, Pilgrim Hospital, to an Childrens Assessment Unit (CAU) there will be a potential increase in young people aged between 14-16 years being cared for on Adult Wards at Pilgrim Hospital.	5	4	20	1) Children and young people will not be cared for by the appropriately trained nursing staff as Registered Adult Nurses on Adult Wards have not received competency based training in the nursing care of children and young people aged 14-16 years and therefore will not have the knowledge, specialist skills and competencies to care for adolescents including level 3 safeguarding children. 2) Adult nurses have not completed competency assessments and workbooks in Paediatric Early Warning Score (PEWS) or Children's Sepsis 6 and parameters for the recognition of the deteriorating child are different to that of the early warning score for adults (NEWS) 3) Children will also receive treatment in line with Adult guidelines and policies which may be detrimental to their treatment and recovery. 4) Patient experience could potentially be poor due to children and young people being nursed next to sick adults and exposing them to potentially traumatising scenes. 5) RNA's may feel vulnerable and undervalued and this has the potential to eventually impact on morale and staff retention	03 August 2018	Clive Brookes/Nick Edwards/Helen Lythgoe/ Debbie Flatman	4	3	12	1) All staff who work within adult areas who may care for young people aged 14-16 will have received some safeguarding training 2) Policy for the Admission of Young People Aged 14- 18 years into Adult In-Patient Areas- CESC/2011/058 3) Adolescent Admission Risk Assessment Screening Tool completed for all admissions of 14-16 year olds to adult areas 4) Urgent Identification of adolescent area / ward to ensure right staff provide right care in the right area. 5) Communication / notification of when young person admitted to adult areas. 6) Datix completion to help monitor admission rates to adult areas 7) Competency based training could be offered to RNA's	3	2	6
		22.2	As Rainforest Ward will be the only inpatient Childrens ward, there may also be an increase in young people aged between 14-16 years being cared for on Adult Wards at Lincoln County Hospital.	5	4	20		03 August 2018	Clive Brookes/Nick Edwards/Helen Lythgoe/ Debbie Flatman	4	3	12		2	3	6

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:	**20 March 2019**
Subject:	**Update on Developments at North West Anglia NHS Foundation Trust**

Summary:

The purpose of this report is to provide a clinical and financial update for North West Anglia NHS Foundation Trust to the Health Scrutiny Committee for Lincolnshire.

Actions Required:

To consider and comment on the information in the report.

1. Background

The purpose of this report is to provide an updated position to the Health Scrutiny Committee for Lincolnshire on the recent clinical and financial developments at North West Anglia NHS Foundation Trust, which oversees the running of Stamford and Rutland Hospital, Peterborough City Hospital and Hinchingbrooke Hospital in Huntingdon. The Trust also runs outpatient and radiology services at Doddington Hospital, Princess of Wales Hospital, Ely and North Cambs Hospital, Wisbech.

2. Update on Clinical Developments

Care Quality Commission Inspection

North West Anglia NHS Foundation Trust was inspected by the Care Quality Commission over a period of five days in June and July 2018. This was the first inspection of the Trust since it was formed on 1 April 2017, as a result of the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust. Prior to the merger, Peterborough and Stamford Hospitals was inspected in 2014 and was rated as 'Good', Hinchingbrooke Health Care NHS Trust was also rated 'Good' when it was re-inspected in 2016.

Inspectors reviewed our services to ensure they are Safe, Effective, Caring, Responsive and Well-Led (which are the CQC's five key lines of enquiry). Inspectors reviewed the following core services at the Peterborough and Hinchingbrooke sites (Stamford Hospital was not inspected):

Hinchingbrooke Hospital	**Peterborough City Hospital**
Urgent and Emergency Care Medical Care Surgery Critical Care Maternity Services End of Life Care Outpatients	Urgent and Emergency Care Medical Care

All core services at Hinchingbrooke Hospital were inspected because its previous ratings were dissolved at the point of the merger. This meant that Hinchingbrooke Hospital did not have a rating for any of its core services prior to the inspection taking place. We were particularly disappointed that our services at Stamford Hospital and Peterborough City Hospital that were previously rated as 'good', were not inspected and given the opportunity to show progress towards achieving an 'outstanding' rating.

In addition, inspectors carried out a Well-Led inspection to test the link between the overall management of the Trust and the quality of its services, and a Use of Resources inspection which was led by our regulator, NHS Improvement – these are new components to the inspection regime, which were introduced in 2017.

Inspectors provided high level verbal and written feedback at the time of the inspection, which enabled us to implement immediate actions, where necessary, plus develop, and subsequently work to, an action plan ahead of the report publication.

Following the inspection, in September, the Trust received a draft report for the purpose of factual accuracy checking prior to publication. We responded with more than 100 pages of factual accuracy amendments, but were disappointed to see that many of these inaccuracies were still published in the final report.

Inspection outcome

The CQC published its report on our Trust inspection in October 2018. The CQC gave the Trust the overall rating of 'Requires Improvement'. The Trust did not receive a rating for its Use of Resources inspection.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hinchingbrooke Hospital	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Stamford and Rutland Hospital	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Peterborough City Hospital	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Overall trust	Requires improvement ↓ Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

The summary of ratings for each of our two main hospital sites showed Peterborough City Hospital was rated overall as 'Good' although it identified four of the five key lines of enquiry for our Urgent and Emergency Care Service 'Required Improvement'.

Hinchingbrooke Hospital received the overall rating of 'Requires Improvement' – although it also achieved an 'Outstanding' for the Caring aspect of the End of Life Care service provided to patients.

The tables overleaf set out the ratings for each core service at each site:

Peterborough City Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good → ← Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Medical care (including older people's care)	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good → ← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Surgery	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Critical care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Maternity	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Services for children and young people	Good May 2014	Good May 2014	Good May 2014	Good Jul	Good May 2014	Good May 2014
End of life care	Good May 2014	Good Jul 2015	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Overall*	Good → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018

Hinchingbrooke Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Medical care (including older people's care)	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Surgery	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Critical care	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Aug 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
End of life care	Good Sept 2018	Requires improvement Sept 2018	Outstanding Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Outpatients	Good Sept 2018	N/A	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement Sept 2018	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018

The inspection report detailed specific areas where each of the core services inspected must improve. The following improvements were listed for Urgent and Emergency Care at Peterborough City Hospital:

- The Trust must ensure that mandatory training attendance improves to ensure

that all staff are aware of current practices
- The Trust must ensure that systems are put in place to ensure the oversight of checking equipment
- The Trust must ensure patient records are complete, contemporaneous and inclusive of completed risk assessments relevant to patient care
- The Trust must ensure fridge temperatures and the temperature of the room where medicines are stored are routinely monitored and action taken to minimise any risks to patients
- The Trust must ensure that effective systems and processes are in place to safeguard patients from abuse and improper treatment.

In addition, the inspection report listed 27 'must improve' items for the seven core services at Hinchingbrooke Hospital.

The report also listed areas where it recommended the Trust should make improvements. This included three 'should improve' items for the Urgent and Emergency Care service at the Peterborough City Hospital site:

The report also listed 28 'should improve' items for the seven core services at Hinchingbrooke Hospital.

Post Report Actions

Since the publication of the inspection report, we have resolved the 'must improve' actions. The lessons learned from the recommendations are being applied across all our hospital sites and we are using this approach to ensure we make positive improvements consistently across all our core service areas.

We continue to work to a detailed action plan of remaining improvements. Progress against this plan is reviewed at our monthly CQC Steering Group meetings, which are chaired by our Chief Executive. Our plan was submitted to the CQC on 3 December 2018 to show our compliance against key areas highlighted in its report.

The Trust is continuing with its own CQC-style internal inspections of ward areas across all three acute hospital sites to maintain assurance that services are consistently run to high standards of care. These in-house inspections are called CREWS inspections – and rate our wards against the CQC's five key lines of enquiry (Caring, Responsive, Effective, Well-led and Safe). John Van Geest Ward was inspected under this initiative in August 2018 and was rated 'outstanding'.

Our Chief Nurse, Jo Bennis, also leads senior-level walkabouts across our hospitals to see first-hand the improvements in action. Plus, we regularly welcome colleagues from other external organisations to conduct their own assurance visits.

The Trust has since fed back to the CQC on aspects of the inspection that caused concern among our senior management team. These aspects included:

- We submitted more than 100 pages of feedback on the draft report with factual accuracies, most of which were not corrected before the report was published
- Inspectors did not acknowledge the work still in progress as a result of our merger or that we are still in the early days of progressing on integration and our

clinical strategy – in fact there were no inspectors on the inspection team that had previous experience of reviewing recently-merged trusts, which was a request made by the Trust ahead of the inspection
- Looking at the areas of good within the report, it is hard to see how the overall aggregated rating of 'Requires Improvement' for the Trust was made.

The CQC has taken our feedback on board and we hope to receive some formal feedback. Trust Chairman Rob Hughes and Chief Executive Caroline Walker met with Ted Baker, Chief Inspector of Hospitals to discuss the Trust's CQC inspection experience.

Next Inspection

We are anticipating a re-inspection of services in the next few months so that CQC inspectors can see the progress we have made against the areas identified. We also expect that inspectors may visit Stamford Hospital at their next opportunity, given that the site was last inspected in 2014.

We are engaging with our staff across all hospitals to remind them of the likelihood of a re-inspection to ensure they continue to maintain our high standards of quality care.

Financial Update 2018/19

The Trust achieved its control total of £38.9m, set by our regulator NHS Improvement, for our first year of operation as a merged organisation in 2017-18. As a result of this, we received a System Transformation Funding bonus of £5.7m.#

However increasing cost pressures in 2018/19 – linked to greater activity and additional staffing costs through agency and staffing bank – have resulted in a more challenging year for Trust finances. At the end of the first quarter of the financial year 2018-19 we had already identified that our monthly spending rate was on course to be £10m higher than our control total of £46.5m set for 2018/19 by our regulator.

A financial recovery plan was drawn up to identify and implement key actions for reducing spend and increasing efficiencies for the remainder of the financial year. Continued higher staff and activity costs impacted upon the progress of the recovery plan.

In January 2019, the Trust board of directors held an extraordinary meeting to discuss the Trust's financial position as we entered the final quarter of the year. Due to continued high levels of monthly spend, plus substantial under-performance against our 2018-19 savings plan, the board concluded we would notify our regulator that we would not be able to meet the control total of £46.5m deficit that was agreed for the year.

We are working with our senior teams across all clinical divisions within the Trust to urgently refocus the implementation of cost controls to improve our financial performance. This includes suspending all discretionary non-pay expenditure until the new financial year

As usual, our priority is patient safety and quality. We will not affect the quality of patient care, and all necessary patient-related spending is being maintained. We are also committed to the ongoing costs of training for staff.

A verbal update on the latest financial position will be provided to the committee at the meeting.

EU Exit Preparations

Along with all other NHS organisations, we have been taking note of national guidance and preparing for any potential impact of a 'no deal' exit from the European Union. This includes planning for any potential concerns, such as medication shortages, supplies of consumables, staff retention and staffing of external support services.

We have been working with our teams across all hospital sites to test their Business Continuity Plans and are meeting regularly with our local health system partners to review any updated national guidance and apply it locally.

We hugely value our 500 EU staff and have been working with them for some time on supporting their plans to settle in this country and continue working for the NHS.

NHS Long Term Plan

The NHS Long Term Plan was launched on Monday 7 January 2019, and sets out the way the NHS wants to improve care for patients over the next 10 years. It describes three main ambitions that NHS provider organisations, such as ours, will work on with their local health, community and social care partners to deliver improvements.

These ambitions are:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

We look forward to working with our partners across South Lincolnshire, Cambridgeshire and Peterborough, in integrated care systems, as well as patients and staff, over the coming months, to turn the NHS Long Term Plan ambitions into real improvements in services for local people for the longer term.

We are pleased that the plan has committed to providing high quality care and better health outcomes for patients and their families, through every stage of life. Our aim is to keep people healthy so that they do not become so unwell that they need hospital care.

An example of how this is already developing in the area we serve can be demonstrated in our collaboration with local health partners, which has resulted in a Neighbourhood Team being based in the former Hurst Ward area at Stamford Hospital. The team comprises a range of professionals and organisations, including mental health workers, GPs, community nurses and therapists, social care services and voluntary organisations. By supporting individuals to self-care and self-manage, they prevent ill health and help keep people out of hospital. In many cases, thanks to support from

neighbourhood teams, patients can also be discharged from the hospital without unnecessary delays.

Paediatric Services Expansion at Stamford Hospital

Earlier this year we announced that a greater number of paediatric dietary, respiratory and allergy clinics are now being offered at Stamford Hospital to help more children attend consultant appointments closer to home.

Over 150 children will benefit from this much-needed addition to children's services in South Lincolnshire – which was put in place as part of our Trust's Clinical Strategy implementation. It means our younger patients no longer have to visit Peterborough City Hospital, as they would have previously been required to do.

Our outpatient areas at Stamford Hospital were made more child-friendly as part of the hospital redevelopment work that was completed in 2016. This is great news for families with children.

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
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:	**20 March 2019**
Subject:	**NHS Dental Services Overview for Lincolnshire**

Summary:

This report will provide 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.

Actions Required:

The Health Scrutiny Committee for Lincolnshire are:

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 has been responsible for commissioning primary, community 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

NHS England's 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 71 contracts providing NHS dental services:

- 44 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. From January 2019 there are now two Practices in Lincoln and Sleaford that provide access to urgent and routine care from 8am to 8pm and 365 days a year.

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.	21.60
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.	59.10
Band 3	This covers everything listed in Bands 1 and 2, plus crowns, dentures, bridges and other laboratory work.	256.50

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 ONHA 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.

The ONHA identified that the following local authority 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 local authority 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 29 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 specialities. 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 work closely with the Managed Clinical Networks (MCN), the Regional Dental Public Health Consultants and Local Dental Network (LDN) 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.

NHS England's Guides for Commissioning Dental Specialities relate to the commissioning of NHS dental care in England. This series has been collaboratively produced by the dental profession and commissioners overseen by Chief Dental Officer England. NHS England has worked with Health Education England (HEE), Public Health England (PHE), specialist societies, patients and the public:-.

- Special Care Dentistry (Adults)
- Orthodontics
- Oral Surgery and Oral Medicine
- Service standards for Conscious Sedation in a primary care setting
- Paediatric Dentistry

Commissioning Standards for Restorative Services is in development and publication is awaited.

Local Dental Network (LDN)

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

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

The 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, Dental Public Health, Healthwatch and Local Authorities; however, Clinical Commissioning Groups engagement has been a challenge. The LDN chair aim is to ensure that the Oral Health agenda is reflected in the wider Primary Care Strategy being developed for the Lincolnshire STP (Sustainability and Transformation Partnership).

The 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 provision of training to support the upskilling of Dental Nurses to Oral Health Educators has recently been completed in Lincolnshire.

The LDN has continued to support the provision of interpretation services to dental practices across the whole of the Leicestershire and Lincolnshire area with non-recurrent funding support 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 - Whilst there has been no progress to introduce a restorative service to ULHT the LDN has advocated the introduction of a pilot of Tier 2 restorative services to Lincolnshire in the near future which would provide improved access to these services in the local area. Accreditation of Performers and Providers of Level 2 Complexity Care national guidance is available and the introduction of a local process is in development which will provide the workforce to enable the services to be delivered under the pilot.
- Gerodontology MCN has developed a business case which has been presented to NHS England for consideration; this would develop a link between local dental practices and nursing and care homes to support the oral health care for the ageing population.
- Delivering prevention to families who have experienced extraction with General Anaesthetic (GA) for tooth decay - A pathway has been developed that will deliver prevention to those families where children have experienced extraction under GA and for those siblings in higher risk families which will also benefit from targeted prevention interventions.
- Workforce, one of the biggest challenges for Lincolnshire, to work in conjunction with Health Education England to develop the workforce.
- Encourage the increase in foundation training practices in Lincolnshire.

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

The LDN chair is supervising a number of leadership fellows in the NHS Central Midlands area and there is one in Lincolnshire who is placed clinically with the Special Care Dentistry service in Lincolnshire for two days and three days developing their leadership skills and supporting a project. The project being undertaken by the Lincolnshire fellow is focusing on the ageing population with particular emphasis on Mouth Care matters and its potential implementation in Lincolnshire hospitals.

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 Smile4Life Initiative

SMILE4LIFE is a programme of initiatives to improve dental access and oral health in England, complemented by communication and engagement activities to raise awareness of oral health issues and promote healthy dental habits.

Starting Well is a general dental practice based initiative designed to promote early-years dental access and preventive care in England. The initiative is made up of two complementary parts:

Starting Well 13 – This programme has been launched in 13 high priority areas. These areas were chosen on the basis of decay experience at a local authority level, existing oral health improvement plans and trends in oral health, the Local Office has launched the Starting Well programme in Leicester and Luton. This programme of dental practice-based initiatives aims to reduce oral health inequalities and improve oral health in children under the age of five years. It is hoped that the learning from the Starting Well 13 programme will feed into other areas in the future.

Starting Well Core is a commissioning approach which aims to reduce oral health inequalities and improve oral health for children aged 0-2 years through:

- Increasing dental access and attendance for children aged 0-2 years.
- Delivering evidence-based preventive care in practice (e.g. preventive advice, fluoride interventions, support for behaviour change).
- Raising public and professional awareness to promote early-years dental attendance, and support the British Society of Paediatric Dentistry's campaign for a Dental Check by One.

The LDN continues to progress the Starting Well Core initiative across NHS England Central Midlands geography. Five events have been organised and held across the five STP areas of NHS Central Midlands. The event for Lincolnshire will be held on 7 March 2019 at Boston Pilgrim Hospital and will feature how we can work across the wider health and social care sectors, local authority and dental teams in Lincolnshire.

Dental Procurement

The local office completed a procurement process to commission new NHS dental contracts across Lincolnshire and Leicester City; this included the following services:-

8 to 8 Service Model:

The 8 to 8 practices will provide services between 8am to 8pm, 7 days a week, 365 days per year. The 8 to 8 service model of care is designed to offer routine as well as urgent care for patients not linked to a dental practice. The services are expected to encourage patients into routine care, either at the site(s) or with other local dental practices; for Lincolnshire this was in the following areas.

- Lincoln
- Sleaford
- Spalding

Extended Access

Extended access services will provide routine and urgent care between Monday and Friday, 9am to 5pm, with additional extended access sessions, e.g. a minimum of two 1.5 hour sessions per week either early morning or evening and a Saturday morning 3.5 hours per session per week. Contract procurement has been undertaken for extended access services commissioned in the following Lincolnshire areas:

- Boston
- Louth
- Skegness or Spilsby

In addition to the above extended access, it had been agreed to recommission the closed Spalding contract at Johnson Community Hospital site. This contract will operate the same opening hours. This will provide extended access in the early mornings/evenings across the week, a Saturday morning session per week, alternate Sunday morning sessions and will operate the same opening hours for the day the Bank Holiday falls except on falls except on Christmas Day, New Year's Day and Easter Sunday.

The new contracts would have a contracting term of 7 years with the option to extend for a further 3 years.

After completion of the procurement process for the NHS dental contracts described above, this resulted in the following contract awards:-

8 to 8 Service:
Lincoln
Sleaford
Spalding
Preferred Provider – JDSP Dental Ltd

Extended Access:
Spalding (Johnson Community Hospital)
Preferred Provider – Community Dental Services CiC

Boston
Preferred Provider – JDSP Dental Ltd

Preferred bidders were not identified for Louth and the Skegness/Spilsby areas as the bids evaluated did not meet financial sustainability requirements.

Following notification of the procurement outcome to the preferred providers and the required standstill period, JDSP Dental Ltd and Community Dental Services CiC moved forward with mobilising the new services in readiness for the agreed start date of 7 January 2019.

JDSP Dental Limited (known as Treeline Dental) opened two new NHS dental practices delivering services between 8am to 8pm, 365 days a year in January 2019 at two new dental practices in Lincoln and Sleaford.

However, owing to the difficulties experienced by both JDSP Dental Ltd and Community Dental Services CiC in recruiting qualified dentists, the new services identified for Boston, Spalding and Johnson Community Hospital, Spalding have not commenced in January 2019 as originally planned.

NHS England was disappointed not to have these new services mobilised in January so that patients can access NHS dental services in these areas. We had frequent meetings with both preferred providers during the mobilisation period and supported them where appropriate. However, despite the preferred providers exploring a number of options, they were not able to find the workforce required to operate these services safely from January 2019.

Community Dental Services CiC and other local providers in Spalding confirmed they were able to continue with the interim urgent dental service that was already in place. This means patients are able to access urgent dental care if needed, although we do acknowledge the importance of ensuring patients are also able to access routine dental care.

The 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 January 2020. The Local Office will review the urgent care arrangements beyond January 2020 in light of the approval of further commissioning intentions detailed below.

Mablethorpe

During 2018/19 unfortunately we were informed that Bupa Dental Care had decided to withdraw from provision of NHS dental services in Mablethorpe and gave us the required three-month notice period to end their contract in February 2019. NHS England was disappointed with Bupa Dental Care's decision, which they attributed to their difficulty in recruiting and retaining qualified dentists.

NHS England met with the Provider to discuss the termination and to understand if there was any support that NHS England could provide that would have enabled them to continue providing an NHS dental service. Unfortunately, because of the long standing difficulties in retaining dentists which impacted on their ability to deliver their contractual responsibilities, they were not able to reconsider their decision. We fully appreciate the impact this has had on the local population and are working hard to address this issue.

We are currently reviewing caretaking options for the provision of NHS dental services in the Mablethorpe area and as a minimum for patients to access urgent dental care in the local area of Mablethorpe. This will include exploring a similar interim option to that which we have put in place in Spalding whilst we commence the longer-term solution and procurement of NHS dental services in Mablethorpe.

NHS England remains fully committed to ensuring patients have access to NHS dental services in the Mablethorpe area and we are continuing to work to secure future NHS dental services provision for both routine and urgent dental care in this area.

Non-Recurrent Activity

The Local Office have offered Lincolnshire dental providers the opportunity to bid for additional non-recurrent activity to improve access to NHS dental services in 2018/2019 financial year, whilst longer term commissioning plans are considered. The Local Office received six 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 5,000 patients in the following areas: Gainsborough, Skegness, Spilsby, Lincoln, Boston and Spalding.

Commissioning Intentions to Improve Access to NHS Dentistry Services

Following on from the outcome of the previous procurement which concluded in 2018, the Local Office has recently reviewed the dental commissioning intentions and is planning to re-procure the NHS dental services contracts for Spalding, Boston, Louth, Spilsby/Skegness and Mablethorpe in 2019. Plans for the procurement are being finalised, a notice has been shared with the market with an aim to commence the general dental services procurement process in May 2019.

The procurement process would conclude with award of contracts currently estimated to be by the end of September 2019 to enable the preferred bidders a realistic mobilisation period to enable new services to commence in early May 2020.

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 has become an increasing pressure and it has been identified as a significant local issue particularly across Lincolnshire.

The LDN chairs have presented at a national workshop and a multi-agency group has been established to understand and to tackle the issues.

NHS England and the LDN are exploring a number of options in order to develop a strategy that will improve the recruitment and retention of the dental workforce in Lincolnshire. These include exploring the learning and success from the Lincolnshire GP international recruitment exercise and whether it could be applied to dentistry, increasing the attractiveness of NHS dentistry in Lincolnshire by the use of flexible commissioning to support the development of skill mix with dental therapists, and peer mentoring schemes. There is also a focus to increase 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 a local workforce.

Already implemented locally in conjunction with HEE is the Performers List by Validation of Experience (PLVE) process. 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 enables providers across the NHS England Central Midlands to access a PLVE scheme to support with recruiting dentists outside the European Union area.

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

Due to the increasing dental workforce issue and the impact on delivering NHS dental services and access for patients, NHS England requested that the LDN Chair form a Dental Workforce with the following terms of reference:-

- The primary focus of the group is to review information received as regards the dental workforce;
- the group will lead on the development of initiatives to support a suitable workforce to deliver NHS dentistry;
- the group will focus on information from the whole of Central Midlands but will also have particular focus in the Lincolnshire area;

- the group will provide local leadership within the dental community and promote best practice in this area;
- the group will support the utilisation of skill mix in the dental workforce;
- the group will review the implementation of Performers List by validation of experience (PLVE) and;
- The group will make recommendations to NHS England and report into NHS England Central Midlands PCCP.

The Dental Workforce group have met a number of times over 2018 and a further meeting is taking place in March to consider a number of initiatives that have been explored and develop a dental workforce strategy proposal for NHS England.

The aim of the proposal will be to deliver short-term as well as longer-term solutions to address the current difficulties in recruitment and retention in Lincolnshire, and to be able to have a workforce solution in place in readiness for the mobilisation of the new NHS dental contracts to be awarded and delivering services in 2020.

NHS England can provide an update report on the dental workforce strategy to the Health Scrutiny committee or attend a future meeting if required to discuss the developments being made.

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 Carole Pitcher, who can be contacted on 0113 824 8182 or email carole.pitcher@nhs.net and Jason Wong who can be contacted on 07977408890 or 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 NHS Lincolnshire West Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
Subject:	**Non-Emergency Patient Transport Service – Update**

Summary:

This report provides an update from Lincolnshire West Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service. This report follows previous reports received by the Committee from the CCG and separate reports received by the Committee from Thames Ambulance Service Limited (TASL) who are the contracted provider for this service.

Since the date of the previous update provided to the Committee by the CCG, the Care Quality Commission (CQC) published their report in relation to their inspection of the TASL service in October 2018. The Committee discussed with TASL the CQC report at the February 2019 meeting of the Committee.

This report to the Committee provides an update on performance against contract activity and Key Performance Indicators (KPIs) for the period to January 2019 and commentary from the CCG in relation to the CQC report.

The Committee should note that the KPI information included in this report is in a simplified format to that previously included in reports from the CCG.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioner for non-emergency patient transport services (NEPTS) on behalf of the four Lincolnshire CCGs. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the Contract. The CCG and Committee have historically and continue to express concerns regarding the delivery of the service by TASL. The Committee passed a vote of 'no confidence' in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible.

During attendance at the Committee in January 2019 the CCG stated that they would continue to work to address the concerns raised by the Committee regarding TASL's unacceptable levels of performance and that it was the view of the CCG that there would be an unacceptable level of risk of giving notice to exit the contract and moving to a new provider at that time. The CCG further stated that it would continue to update its assessments of risk associated with potential exit of the TASL contract in light of changing circumstances and new information and in the absence of significant improvement may give notice at a future date.

TASL attended the February meeting of the Committee where there was discussion around the recently published CQC report following CQC inspection of the service in October 2018. The CQC report rated TASL as inadequate for Safe, Effective, Responsive and Well Led and rated TASL as good for Caring. TASL have requested the CQC to re-inspect the service and it is understood that this has been agreed by CQC to take place towards the summer of 2019.

2. LWCCG Commentary

The CCG is working with other CCGs that commission TASL and NHS England to co-ordinate oversight of TASL's response to the findings of the CQC report. TASL have produced and are implementing an action plan in order to address the concerns raised by the CQC. This included taking a number of immediate actions in relation to journeys for children, bariatric patients and patients with mental health issues.

Following publication of the CQC report, the CCG has issued to TASL a Contract Performance Notice for breach of Service Condition 1.1 of their contract in that TASL has failed to deliver the Fundamental Standards of Care.

CCG teams have recently undertaken quality visits to TASL sites in order to seek added assurance that the issues and requirements of the CQC report are being addressed. These visits have observed improvements in training compliance, use of equipment and some improvement in the visible cleanliness of vehicles, but concerns remain including journey planning, sharing of learning from complaints and incidents, reliability of PDA [Personal Digital Assistant] devices and engagement between staff and senior management. These concerns have been raised with TASL by the CCG with TASL developing actions to further address these issues.

A summary of the activity and KPI performance position for the contract for the period to January 2019 is included as Appendix A to this report. Call handling performance was recorded as 88% in January 2019, exceeding the contract requirement of 80% and achieving a significant improvement on the December position of 36%. No other KPIs were achieved in January 2019, although improvement on the December position was recorded for seven of the remaining elevent KPIs.

The Committee should note that NHS Hull CCG has given notice to TASL to terminate the NEPTS service that TASL provide to this CCG. The CCG has raised with TASL the issue of potential adverse impact of this service termination on the Lincolnshire service and TASL have stated that this will not cause any detriment to the service that is provided in Lincolnshire.

3. Conclusion

The CCG is continuing to work to address the concerns raised by the Committee regarding TASL's continued unacceptable performance and the concerns raised by the CQC report.

The CCG has updated its assessment of risk related to termination of the contract and remains of the view that there would be an unacceptable level of risk of giving notice to exit the contract and moving to a new provider at this time.

The CCG will continue to keep this position under review.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Activity and KPI summary

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 Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG, who can be contacted on: Tel 01522 513355 xtn 5534 or by email Tim.Fowler@lincolnshirewestccg.nhs.uk

Activity and Performance against Key Performance Indicators – July 2017 to January 2019

Table 1: Activity Summary

	Jul 17 to Sep 17	Oct 17 to Dec 17	Jan 18 to Mar 18	Apr 18 to Jun 18	Jul 18 to Sep 18	Oct 18 to Dec 18	Jan-19
Patients	34,105	32,949	31,339	34,144	33,136	32,843	11,090
Escorts Medical	2,274	2,425	2,221	2,552	2,296	2,755	849
Escorts Relative	4,163	3,694	2,783	3,167	3,503	2,833	1,034
Total	40,542	39,068	36,343	39,863	38,935	38,431	12,973
Plan	48,792	48,029	48,030	47,268	39,730	39,109	13,657
Variance	8,250	8,961	11,687	7,405	795	678	684
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	956
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	2,952
ECJs	1,145	1,181	1,116	1,459	1,546	898	61

Table 2: KPI Performance Summary

KPI	Description	Contract Target	Latest Performance (Jan 2019)	Number of Occasions KPI has been achieved since start of Contract (19 months)	Average Achievement Since Contract Start	Best Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	88.3%	2	60%	88%
KPI 2	Journeys cancelled by provider	0.50%	1.00%	5	0.96%	0.2%
KPI 3a	Same day journeys collected within 150 mins	95%	84.8%	0	82%	93%
KPI 3b	Same day journeys collected within 180mins	100%	88.3%	0	86%	95%
KPI 4a	Renal patients collected within 30 mins	95%	79.5%	0	70%	81%
KPI 4b	Non-Renal patients collected within 60 mins	95%	76.0%	0	75%	82%
KPI 4c	All patients collected within 80 mins	100%	84.6%	0	82%	89%
KPI 5	Fast track journeys collected within 60 mins	100%	77.5%	1	78%	100%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	60.1%	0	56%	71%
KPI 6b	Patients to arrive no more than 60 mins early	95%	68.0%	0	69%	75%
KPI 7	Journeys to arrive on time	85%	77.9%	0	77%	84%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	76.5%	0	72%	76%

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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
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of David Coleman, Chief Legal Officer

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
Subject:	**Healthy Conversation 2019 – Listening and Engagement Exercise**

Summary

On 5 March 2019, the NHS in Lincolnshire launched the *Healthy Conversation 2019* listening and engagement exercise, which will continue throughout 2019. The purpose of this report is to provide an overview of the *Healthy Conversation 2019* engagement materials and to invite the Committee, following an initial discussion, to consider which elements of *Healthy Conversation 2019* it would like to prioritise for more detailed consideration, prior to submitting any feedback to the NHS in Lincolnshire. The NHS in Lincolnshire has stated that formal consultation on substantial changes is expected in due course.

Actions Required:

(1) To note:
(a) the launch of *Healthy Conversation 2019* listening and engagement exercise by the NHS in Lincolnshire on 5 March 2019; and
(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) To assess the themes and topics in *Healthy Conversation 2019* with a view to identifying those priority areas which the Committee would like to look at in more detail in the coming months.

(3) To consider the engagement arrangements at a future meeting, with a view to seeking assurance that efforts are being made to engage and involve as many people as possible, including 'hard-to-reach' and vulnerable groups.

1. Background

Content of *Healthy Conversation 2019*

On 5 March 2019, the NHS in Lincolnshire launched the *Healthy Conversation 2019* listening and engagement exercise. All the documentation and video clips can be found at the following link:

http://lincolnshire.nhs.uk/healthy-conversation

Attached at Appendix A is a document containing the key documentation, as it stood at the date of the launch on 5 March 2019. The NHS in Lincolnshire has stressed that as part of the *Healthy Conversation 2019*, the information will be developed and updated throughout the engagement exercise, to reflect the comments received.

Appendix A contains information under the following headings: -

- What is the Healthy Conversation?
- The Future of Lincolnshire's Health Care
- The Healthcare Vision – Lincolnshire's Hospitals
  - Pilgrim Hospital Boston
  - Grantham and District Hospital
  - Lincoln County Hospital
  - Louth County Hospital
  - Lincolnshire's Community Hospitals
- About Preventing Ill Health
- Looking After Ourselves and Each Other
- Care Closer to Home
- Mental Health and Learning Disabilities
- Lincolnshire's Urgent and Emergency Care
- The Acute Services Review – Case for Change
- About Acute Hospital Services
  - Breast Services
  - Stroke Services
  - Women's and Children's Services
  - Medical Beds and Grantham Hospital
  - Trauma and Orthopaedics
  - General Surgery Services
  - Urgent and Emergency Care Services
  - Haematology and Oncology
- Plans over the Next Twelve Months
- Achievements over the Last Twelve Months

'Enablers'

The *Healthy Conversation 2019* webpages also includes a section on 'enablers', as follows:

- NHS Long Term Plan
- Workforce
- Travel and Transport
- Information Technology
- Estates

Video Library

The *Healthy Lincolnshire 2019* webpages also include a video library at the following link:

https://www.lincolnshire.nhs.uk/healthy-conversation/video-library

There are videos on the following topics:

- General
- Case for Change
- Estates
- Workforce
- Finance
- Breast Services
- Care Closer to Home
- Community Hospitals
- General Surgery
- GP Services
- Haematology and Oncology
- Learning Disability
- Medical Services at Grantham (Parts 1 and 2)
- Mental Health
- Stroke Services (Parts 1 and 2)
- Trauma and Orthopaedics
- Urgent and Emergency Care
- Women's and Children's Services

Engagement Events

The NHS has stated that there will be a wide range of engagement events and discussions across the county with the public, their representatives, their partners and staff. The initial series of engagement events will be held between **2pm and 7pm** on the following dates and venues:

- **BOSTON - Wednesday, 13th March** – The Len Medlock Voluntary Centre, St George's Road, Boston, PE21 8YB

- **LOUTH - Thursday, 14th March** – Louth Library, Northgate, Louth, LN11 0LY

- **SKEGNESS - Tuesday, 19th March** – The Storehouse, North Parade, Skegness, PE25 1BY

- **GRANTHAM - Wednesday, 20th Mar**ch – Jubilee Church Life Centre, London Road, Grantham, NG31 6EY

Further events are planned for **Lincoln**, **Gainsborough**, **Spalding**, **Sleaford**, and **Stamford** and will be announced by the NHS as soon as the arrangements are finalised.

2. Activity for the Committee

As district council elections will be taking place on 2 May 2019, there may be some changes to the district council membership of the Committee. For this reason, detailed activity on *Healthy Conversation 2019* is planned from 15 May onwards, to enable the newly established Committee to fully participate.

Committee Consideration

The Committee is invited to consider which topics it would like to consider at forthcoming meetings: -

- 15 May
- 12 June
- 10 July
- 18 September

The Committee is also invited to consider whether to would like to adopt a working group approach for any items to be considered in greater detail. The Committee could then submit its feedback to the NHS on elements of the *Healthy Conversation 2019*, without prejudicing its response to full public consultation, which will take place on any substantial changes at a later date.

Informal Workshop Activity

On 20 February 2019, the Committee agreed to an informal workshop and it is planned to arrange this for late May / early June.

3. Links with National and Local Strategies

NHS Long Term Plan

The NHS Long Term Plan was published by NHS England in January of this year, and is cited in *Healthy Conversation 2019* as an 'enabler'. The Committee will need to seek confirmation of the elements of *Healthy Conversation 2019*, where there is a national requirement to implement change and those elements where there is local discretion.

For example, the NHS Long Term Plan states that: -

"**We will fully implement the urgent treatment centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.** Urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital." *(Paragraph 1.26 of the NHS Long Term Plan)*

This clearly means that a network of urgent treatment centres is a national imperative, (as has been reported to the Committee previously). However, for the county of Lincolnshire there are local decisions to be made on where the urgent treatment centres are to be located and what hours they are to open and be accessible on a 'walk-in' basis.

Lincolnshire Joint Health and Wellbeing Strategy

As more detailed consideration of topics is undertaken, the Committee is recommended to consider the links to the Lincolnshire Joint Health and Wellbeing Strategy, and the supporting evidence base provided by the Joint Strategic Needs Assessment.

4. Consultation

The NHS in Lincolnshire has stated that the *Healthy Conversation 2019* is a listening and engagement exercise, which will last throughout 2019. This will be followed by full public consultation.

The *Healthy Conversation 2019* website includes the following guidance:

"What is engagement?

"Engagement is the formal term used within the NHS to describe the on-going 'two-way conversation' in which all stakeholders are invited to help shape the future of their NHS. It is vital to engage our public, their representatives, our partners and staff in how services are designed and improved to ensure a vibrant and effective healthcare service is delivered to meet the needs of a changing population. The NHS is having to make some tough decisions about how care is provided so a period of engagement allows everyone to provide thoughts and feedback for full consideration before public consultation. Engagement takes place through a variety of activities including community events, surveys, telephone calls and emails.

"What is consultation?

"Public consultation is a legal requirement and refers to the formal process of gathering our public, their representatives, our partners and

staff's views to contribute to informing upon significant service change. It usually lasts at least 12 weeks, and ordinarily follows a period of engagement. The views gathered during the exercise must be analysed and any decisions taken must take these views into account, as well as many other factors such as clinical opinion. A final report is widely publicised explaining these decisions, before the outcome is implemented."

5. Conclusion

The Committee is invited to note the launch of *Healthy Conversation 2019* listening and engagement exercise by the NHS in Lincolnshire on 5 March 2019; and that full public consultation will be undertaken by the NHS in Lincolnshire 'in due course' on any permanent substantial changes to health services.

The Committee is recommended to assess the themes and topics in *Healthy Conversation 2019* with a view to identifying those priority areas which the Committee would like to look at in more detail in the coming months.

The Committee is also invited to consider the engagement arrangements at a future meeting, with a view to seeking assurance that efforts are being made to engage and involve as many people as possible, including 'hard-to-reach' and vulnerable groups.

6. Appendices

These are listed below and attached to the report: -

Appendix A	A *Healthy Conversation 2019* – Key Documentation from Website (as at launch date of 5 March 2019)

7. Background Papers - None

This report was written by Simon Evans, Health Scrutiny Officer,
Lincolnshire County Council, 01522 553607
Simon.Evans@lincolnshire.gov.uk

A message to Lincolnshire's public

As the most senior doctors, nurses, and health professionals working in our hospitals, GP practices and throughout the community in Lincolnshire, we are passionate about delivering the highest standards of care to you, the patients we serve.

Over the past few years, we have heard from some of our patients that the quality of care received is variable and it can be difficult to access. Many patients would like the choice to receive care in their own homes, or much closer to home, rather than in hospitals. This feedback is a reflection of the changing needs of our population and we are determined to address it.

To do this, we have been meeting on a regular basis over the last year to consider evidence and best practice in health care, not just from this country but from around the world. Employing this strong clinical evidence base, combined with our knowledge of our own health system, and the valuable feedback we have from patients, staff and colleagues, we are recommending a series of changes to the way we deliver care to you.

We are determined that any changes will retain the compassion and caring attitude which you tell us is so well demonstrated by all of our staff. Providing the highest levels of care is what, as NHS staff, we strive for. Healthcare will focus on your needs, on keeping you well and treating your illness, and is better provided in or near to your home. Our priority is to increase the breadth and depth of care you can access outside of hospital. Going to hospital will be only happen when there is a real need to do so.

Our hospitals will change so that you will spend the least time possible in there, and the expertise we have there will be able to focus on getting you well and back home without unnecessary delay when you are ready to leave hospital. The hospital care that you receive will be timely and delivered by the right people who have the knowledge, skills and ability to access all the tests that you need in one place. Our community teams will link with the hospitals so they can arrange any on-going care that you need at home. That community team will be familiar to you, people who you will know and have met in the past, for example, members of your GP practice will deliver this care.

As the most senior doctors, nurses, and health professionals in Lincolnshire, we believe that these changes are right and necessary and will improve the standard of care and outcomes for our patients, now and in the future.

We recommend all of these changes to our public and patients.

Dr Sunil Hindocha
GP
Clinical Accountable Officer, NHS Lincolnshire West CCG

Dr David Baker
GP
Chair, NHS South West Lincolnshire CCG

Dr Adam Wolverson
Clinical Director Critical Care and Anaesthetics (Lincoln and Grantham)
United Lincolnshire Hospitals NHS Trust

Tracy Pilcher
Chief Nurse
NHS Lincolnshire East CCG

Mr Jayarama Mohan
Consultant Surgeon General/ Vascular
United Lincolnshire Hospitals Trust

Dr John Elder
GP
NHS South West Lincolnshire CCG

Mr Sunil Panjwani
Consultant Intensive Care Medicine
United Lincolnshire Hospitals NHS Trust

Dr John Parkin
GP
NHS Lincolnshire West CCG

Dr Ian Lacy
General Practice Clinical Advisor
NHS Lincolnshire West CCG

Dr Will Vessey
GP Partner
NHS Lincolnshire West CCG

Dr Syed Nazar Imam
GP
NHS Lincolnshire West CCG

Mr Prabhakar Motkur
Clinical Director Trauma & Orthopaedics
United Lincolnshire Hospitals NHS Trust

Mr Suresh Pillai
Consultant Colorectal & General Surgeon
United Lincolnshire Hospitals Trust

Dr Neill Hepburn
Medical Director
United Lincolnshire Hospitals NHS Trust

Dr Yvonne Owen
GP and Medical Director
Lincolnshire Community Health Services NHS Trust

Dr Kevin Hill
GP
Chair, NHS South Lincolnshire CCG

Dr Neal Parkes
GP and Deputy Clinical Chair
NHS Lincolnshire East CCG

Dr Richard Andrews
Consultant Cardiologist
United Lincolnshire Hospitals NHS Trust

Dr Jaz Phull
Consultant Forensic Psychiatrist and Medical Director
Lincolnshire Partnership NHS Foundation Trust

Dr Martin Latham
GP
NHS Lincolnshire West CCG

Mr Chandra Gosavi
Consultant in Anaesthetics and Pain Management
United Lincolnshire Hospitals NHS Trust

Dr David Mangion
Consultant Physician
United Lincolnshire Hospitals NHS Trust

Dr Glenn Spencer
Consultant Gastroenterology
United Lincolnshire Hospitals NHS Trust

Dr Akintayo Falayajo
Consultant in Acute Medicine
United Lincolnshire Hospitals NHS Trust

Mr Paul Dunning
Consultant Surgeon
United Lincolnshire Hospitals NHS Trust

Mrs Suganthi Joachim
Clinical Director, Theatres, Anaesthesia and Pan-Trust Chronic Pain
United Lincolnshire Hospital NHS Trust

Mr Paul Tesha
Consultant Ophthalmic Surgeon
United Lincolnshire Hospitals NHS Trust

Mr Mohit Gupta
Consultant Ophthalmology
United Lincolnshire Hospitals NHS Trust

Mr Dillip Mathur
Consultant & Clinical Director, Grantham
United Lincolnshire Hospitals NHS Trust

Dr Megan Kelly
A & E Consultant
United Lincolnshire Hospital Trust

Dr Abdul Elmarimi
Consultant – Stroke Unit
United Lincolnshire Hospitals Trust

Dr Zara Pogson
Consultant Respiratory Physician
United Lincolnshire Hospitals NHS Trust

Dr David O'Brien
Consultant Cardiologist
United Lincolnshire Hospitals NHS Trust

Mr Gurdip Samra
Consultant: Intensive Care Medicine & Anaesthesia
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Dr AuroraAlmudena SanzTorres
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Wendy Martin
Executive Nurse/ Midwife & Quality
NHS Lincolnshire West CCG

Michelle Rhodes
Director of Nursing
United Lincolnshire Hospitals NHS Trust

Anita Cooper
Clinical Lead – Therapies and Rehabilitation Medicine
United Lincolnshire Hospitals NHS Trust

Mr Andrew Simpson
Consultant Urologist
United Lincolnshire Hospitals NHS Trust

Mr Anil Tore
Consultant Anaesthetist
United Lincolnshire Hospitals NHS Trust

Mr Haradikar Varadaraj
Consultant Urologist
United Lincolnshire Hospitals NHS Trust

Dr Vinod Venugopal
Consultant Cardiology
United Lincolnshire Hospitals NHS Trust

Dr Gary Wilbourn
Consultant Anaesthetics
United Lincolnshire Hospitals NHS Trust

Dr Miles Langden
GP
NHS South Lincolnshire CCG

Elizabeth Ball
Executive Nurse / Director of Quality
NHS South Lincolnshire CCG

Pamela Palmer
Chief Nurse
NHS South West Lincolnshire CCG

Anita Lewin
Interim Director of Nursing
Lincolnshire Partnership NHS Foundation Trust

Susan Ombler
Director of Nursing, AHP & Operations (interim)
Lincolnshire Community Health Services NHS Trust

Angela Shimada
Co-Chair Lincolnshire Clinical Cabinet; Chair Lincolnshire AHP Strategic Forum.
Lincolnshire Community Health Services NHS Trust

March 5, 2019

Healthy Conversation 2019 - Senior Medical Staff outline ambitious future for Lincolnshire's NHS

Lincolnshire's NHS has today begun a listening exercise giving residents the chance to get involved in the transformation of the county's health and care services.

The 'Healthy Conversation 2019' is a way for Lincolnshire's public to share their views on NHS services and for them to be heard and considered as these services are developed for the future.

Senior clinicians in the county say the NHS needs to change to improve the quality of care offered to patients, to attract more healthcare staff to Lincolnshire and ensure the health service is fit to meet the needs of the population long term.

They have called on patients, the public, their representatives, our partners and staff to get involved with 'Healthy Conversation 2019' to help make these changes together.

Dr Sunil Hindocha, GP and clinical accountable officer for NHS Lincolnshire West Clinical Commissioning Group said: "Healthy Conversation 2019 is a discussion about what – and how – we need to change to ensure that our health service is fit for the future.

"We all want an NHS that helps us to look after ourselves and offering a service to be proud of that provides safety, compassion and accessibility every single day.

"There is lots we are proud of, but know there are areas where we need to change.

"We want to hear from patients, the public, their representatives, our partners and staff so that they can help to shape future plans.

"We want to explain the need for change and the challenges we all face."

'Healthy Conversation 2019' will cover a number of different areas of health and care, including sharing information and updates with the public about:

- **Looking after ourselves and each other** – getting this right is the best way to be healthy and reduce the strain on the NHS. You might hear this referred to as '**prevention'** and '**self-care'**
- **Joined up care close to home** – services delivered in the community or your own home
- **Mental health and learning disabilities** – one quarter of us will be affected by mental health at some point in our lifetime so getting these services right is paramount

- **Hospital services** – this year we will be talking with you about these services and the emerging options for their future sustainability
- **Enabling factors** – this is how we refer to such things as **travel and transport, IT and digital opportunities, recruitment** and **estates and buildings** – not the services themselves, but big influencers on our ability to deliver them well
- **The national NHS Long Term Plan** – and how we can make this work best for Lincolnshire

Dr Yvonne Owen, GP and medical director of Lincolnshire Community Health Services NHS Trust, added: "This is a conversation between the NHS and you, the Lincolnshire public, about what is important to you, what feedback and experiences you want to share and above all, how you would like to see our health service continue to improve.

"We will be open about the challenges our NHS faces – such as quality, recruitment and money, and what we can and can't do.

"We will share our thinking as early as possible and be clear about the reasons for it. We will consider all of your feedback and report back on what we did or why we couldn't act upon it."

The initial series of engagement events will be held throughout March. They will take place between 2pm and 7pm on the following dates:

- Wednesday, 13th March – The Len Medlock Voluntary Centre, St Georges Road, Boston, PE21 8YB
- Thursday, 14th March – Louth Library, Northgate, Louth, LN11 0LY
- Tuesday, 19th March – The Storehouse, North Parade, Skegness, PE25 1BY
- Wednesday, 20th March – Jubilee Church Life Centre, London Road, Grantham, NG31 6EY

Further events in Lincoln, Gainsborough, Spalding, Sleaford, and Stamford will be confirmed and promoted in the coming days and weeks. Our Healthy Conversation 2019 offers a number of other ways to get involved:

- More events for public and staff will happen throughout the year that you can attend to share your views – full details will be published on our engagement calendar on our website
- Responding to our survey, which will be available at all events, as well as on our website
- We will also be attending as many of our partners' events as possible – all of these dates will also be shared on our engagement calendar
- Our website and social media pages will be sharing the latest information on the topics above and you will always be able to contact us through them, or via phone or email, to feed back.
- We will be sharing information through our hospital sites, GP practices, and other places to ensure you remain fully up-to-date

You can contact the ‘Healthy Conversation 2019’ team in a number of ways. You can email lnht.hc2019@nhs.net, call 01522 307307 or write to us at Healthy Conversation 2019, Room 2, Wyvern House, Kesteven Street, Lincoln, LN5 7LH.

For more information, visit our website at https://www.lincolnshire.nhs.uk

ENDS

NOTES TO EDITORS

- Healthy Conversation 2019 is an engagement process involving colleagues from across Lincolnshire’s NHS.
- Healthy Conversation 2019 will continue throughout the year. It is not a formal consultation and is an extensive programme of engagement events.
- You can contact us via email on lhnt.hc2019@nhs.net, by calling 01522 307307, or for more information visit our website: https://www.lincolnshire.nhs.uk/.

Healthy Conversation 2019 is a discussion about what, and how, we need to change to ensure that our health, and health service is fit for the future. It will continue throughout the year. Formally, this is referred to as 'engagement' but in practice it's simply a conversation between the NHS and you, the Lincolnshire public, about what is important to you, what feedback and experiences you want to share, and above all, how you would like to see our health service continue to improve. This is where you come in.

In 2019 we're asking for your help. We all support the NHS and want to see it improve. A recent Healthwatch Lincolnshire survey highlighted that the public's top health care concerns included self-care and prevention, cancer and mental health. We want you to continue to tell us what's important to you so that you can access the right support, take the lead in your own care, and look after those around you.

We will be open about the challenges our NHS faces - such as quality, recruitment and money, and what we can and can't do. We will share our thinking as early as possible, and be clear about the reasons for it. We will consider all of your feedback and report back on what we did or why we couldn't act upon it.

Why is this important?

We all want an NHS that helps us to look after ourselves and is fit for purpose, offering a service to be proud of that provides safety, compassion and accessibility every single day.

In Lincolnshire, we have many things to feel proud of about our NHS. We have highly qualified and committed people working hard across our services to provide great care to patients every day. We are open 24 hours a day, 365 days of the year. Our GP practices provide 15,000 appointments every day, every week. 500 people attend our A&E departments, and our mental health teams deliver over 800 community contacts every day of the year. This is just a fraction of what we do.

Our community health services trust is rated by the Care Quality Commission (CQC) as 'outstanding' and our mental health and learning disabilities trust as 'good'.

Our Clinical Assessment Service is leading the way in helping patients to access GPs through the telephone or internet, and its clinical leaders sit on the national steering group, advising others how to follow suit. Our successful international GP recruitment scheme has been adopted as a national model, and over 40% more patients coming to the Lincolnshire Heart Centre after a cardiac arrest survive compared to national rates.

We are very proud of all of this and so much more, but like many parts of the country, we have problems too. It is often difficult to get a GP appointment quickly. We cannot recruit enough staff and we are overspent. Our hospitals cancel planned operations every day because their beds are already full, and we fail to hit many important national targets, including those for A&E, cancer and paediatrics. It is simply not good enough for patients, nor for staff.

Without change in the way we use and structure our NHS, our services cannot improve and could be at risk for future generations. We are determined to address these problems to create

an NHS that we all want and is fit for the 21st Century. Decisions need to be made which won't please everyone, but together we will make the difference we need.

Who are we?

We are colleagues from Lincolnshire's NHS. We work across the whole of our NHS, from general practice and mental health, to community services and hospitals. We work with partners across the health and care sector, charities and voluntary organisations, delivering these services to Lincolnshire's community.

We also want to work with you. Continuing to improve our health services so that they are the best they can be for today and for future generations, is going to need your help. Together, we will make the difference we need.

We can be contacted at;

- Email – lhnt.hc2019@nhs.net
- Telephone – 01522 307307
- Address – Healthy Conversation 2019, Room 2, Wyvern House, Kesteven Street, Lincoln LN5 7LH
- Website - https://www.lincolnshire.nhs.uk/healthy-conversation

HEALTHY CONVERSATION 2019

www.lincolnshire.nhs.uk

What do you think services should look like?

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It starts with all of us. It's our health after all. It's us, our children, our parents, our friends and family, our communities, who use the NHS. We all benefit from having better health and better health services.

The NHS has been changing and adapting ever since it began in 1948. As a nation, we live longer, often with more complex health needs, and so it is vital that our NHS continues to improve to support our changing needs. It is just as important that we play our part. We all know prevention is better than cure, and it is common sense for us to focus together on making this responsibility part of everyday life in Lincolnshire. We all want to live a longer, healthier life.

Another important part of the Lincolnshire vision is often referred to as 'self-care'; looking after ourselves and each other when something does go wrong and it is safe to do so. This means we are more able to stay at home, where we want to be.

A big factor in our local NHS' future is the choices we all make when we need to use it. Knowing the right service to use when, and being open to new ways of getting our health care, such as receiving appointments over the internet, going to our pharmacy first or calling 111 will help us receive the right care, quickly.

All of these things will help us work to a principle of preserving our most specialist care for those who really need it. The NHS belongs to us all and so we must all take responsibility for using it in the best way for everyone.

Today, 15,000 people in Lincolnshire see their GP practice team each day. By being clear about the availability of alternatives, such as pharmacists and other community resources, we can still get great care, and improve access to GP appointments when they are really needed.

Although most NHS care is already delivered locally, much more still can be provided in local communities. Our community services are already starting to work differently so that they become our first port of call when we need support. Our community hospitals will play a big part in this care, continuing to develop and evolve as we need them to. Our lead programme, Integrated Community Care (ICC), will deliver joined up care in all our communities across the county.

When we do need to go to hospital, our aim will be to provide your hospital treatment to you without you having to stay as an in-patient wherever possible. When you are ready to leave, we will make that happen without unnecessary delay. This will help us to use our hospital beds and specialist staff more responsibly.

In Lincolnshire, an average of 524 calls are made to NHS111 services every day. We will continue to use NHS111 as a modern, 24/7 access into health care.

Urgent Treatment Centres (UTCs) will be introduced to provide more urgent care services locally and to ensure our A&E and the specialist staff and resources within them are available for when people are in serious need.

As we focus more on prevention, self-care and joined up local care, our acute hospitals will become more specialised. The NHS in Lincolnshire has been reviewing how some of our hospital services could be better organised in the future to provide improved quality of care and outcomes for patients and address our staffing difficulties. We are sharing our current thinking on this as part of our Healthy Conversation 2019. We want to ensure that our specialist staff working in our hospitals will only see those people with the most complex needs and improve their care.

In the NHS we often refer to this principle as the 'right care, in the right place, at the right time'. This is common sense, but to achieve this we must all work together and make the right choices.

HEALTHY CONVERSATION 2019

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The health care vision
Lincolnshire's Hospitals

We want thriving acute hospitals in Lincolnshire; focussed on delivering high quality specialist hospital care, when that care cannot be provided in local community health settings. There is a strong future for our acute hospitals at Lincoln, Pilgrim and Grantham, as well as our community hospitals at Louth, Gainsborough, Skegness, Spalding and Stamford.

Our acute hospitals will be there to support excellent, integrated community-focused services delivered by the NHS, social care and our partners in the care sector. Some acute hospital specialists will also be providing more services in local communities as part of our drive to provide more and integrated care, locally.

The configuration of these acute hospital services will be determined in due course by the outcome of a formal public consultation exercise about them. For illustrative purposes we have described below what our current vision for this strong future would be for each of our hospitals incorporating the NHS's current preferred emerging options.

What do you think services should look like?
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HEALTHY CONVERSATION 2019
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The vision for Pilgrim Hospital, Boston

"A modern general hospital with a focus on emergency care and more complex surgical services"

Pilgrim Hospital is a vitally important asset and will continue to provide a wide range of hospital services to the people of Boston and the surrounding area in the future.

Pilgrim Hospital will continue to provide urgent and emergency care services. The current A&E service will be boosted by the addition of an Urgent Treatment Centre. This will help care for those patients who require urgent care or advice, but who don't need the emergency support of an A&E, meaning those who do will be able to access it more quickly. This will help with the problems of long waiting times that Pilgrim Hospital's A&E is currently experiencing.

Our emerging option for Women and Children's Services at Pilgrim Hospital improves upon the service model which has been working well since August 2018. It will be enhanced by:

- Increasing the unplanned admission length of stay to 23 hours from 12 hours
- A children's day case surgery service
- Adding low acuity overnight beds for children
- Adding a midwife-led unit.

Consultant-led obstetrics, neonatal and gynaecology services will continue, along with the consultant-led paediatric assessment and outpatient service, which will be supported by immediate access to a paediatric inpatient service at Lincoln County Hospital for high acuity patients. This means that children who need acute care quickly, get it safely from the right people.

Surgical services (for example general surgery, trauma & orthopaedics) will also continue to be provided at Pilgrim Hospital, providing unplanned surgical care, complex elective (planned) surgery and day case care for patients with complex health conditions.

We know that Pilgrim Hospital is currently challenged, due to staffing issues and service quality. Confirming a positive future vision for the hospital and clarifying future service provision will provide certainty for local people and staff, as well as help to attract new staff and further stimulate innovation.

The vision for Grantham and District Hospital

"High quality, local urgent care and medical services with an "Elective Surgery Centre of Excellence"

Grantham and District Hospital will continue to provide a range of services to the local population and our emerging option is to develop a Centre of Excellence for Elective Surgery serving the county and surrounding areas. Our vision for Grantham hospital is, therefore, provision of high quality, local urgent care and medical services, and a Centre of Excellence for Elective Surgery for the county.

In becoming Lincolnshire's elective surgery centre, Grantham will see the majority of planned operations, ensuring that people from across the county can have their operation without the risk of cancellation. In 2017/18, 33% of all planned orthopaedic operations and 15% of all general surgery operations in the county were cancelled – this is because planned surgery, unplanned surgery and medical services are currently situated together, and staff and resources are often redirected to emergency surgery and medical services. The Centre of Excellence for Elective Surgery will be run by ULHT and give certainty to patients that their operation will not be cancelled. The current pilot in orthopaedic services at Grantham has almost eliminated cancelled operations.

As has been widely discussed in the public domain, Grantham's A&E Department has had restricted opening hours since August 2016, due to significant medical staffing issues across the county's A&E services.

Our emerging option is to develop an Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent care services locally. This would replace the current restricted A&E service and reinstate 24/7 urgent care, meaning that the vast majority of local patients who need care quickly would receive it in Grantham. To ensure that the local population receive the right urgent and emergency care, overnight, access to this Urgent Treatment Centre will be supported by NHS111, to ensure patients are sent to the right place, first time. NHS111 will serve as the entry point to the Urgent Treatment Centre during this 'out of hours' period. Critically injured and ill patients will be cared for at their nearest specialist hospital and treated safely and quickly by staff who have the right training and experience to give the best outcome.

This emerging option would also see the Urgent Treatment Centre provided by Community Health Services rather than ULHT, with ULHT clinicians being available to provide specialist support and advice where this is required for patients.
We also envisage maintaining medical services at Grantham Hospital by adopting a new model of care whereby the hospital services are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team. This new model would be led by Community Health Services (not ULHT) with hospital doctors and the hospital service being part of an integrated service with GP services, community health and other local services. This would also mean that medical staff would in future be able to provide care in people's homes and local community settings as part of a local integrated service, as well as to patients in the hospital.

The vision for Lincoln County Hospital

"A modern general hospital with a focus on urgent care, complex surgery, cardiac and cancer care"

Lincoln will provide some of our most complex hospital care. It will remain home to an A&E, supported by an additional Urgent Treatment Centre (UTC) which will treat those patients with urgent care needs.

It will continue to provide inpatient and outpatient acute medicine plus all specialisms within emergency surgery.

We will continue to build on the success of our high performing Lincolnshire Heart Centre; this centre saves 40% more patients who arrive after a cardiac arrest than its national counterparts.

Our preferred emerging option envisages consolidating our stroke services at Lincoln Hospital to improve outcomes for patients and shorten the amount of time people need to spend in hospital following a stroke.

This hospital will continue to provide the most complex cancer treatment. We envisage that Lincoln Hospital will be our 'one-stop' destination for all diagnostic and surgical breast treatment. The county's specialised rehabilitation medicine will continue to be delivered at Lincoln County Hospital.

Our Women and Children's services will be consultant-led obstetrics and gynaecology, and consultant-led paediatric and neonatal services. We will establish a new midwife-led unit too, offering better birth choices to mothers in line with national guidelines.
Lincoln Hospital will become a high performing hospital which will offer specialised care to all of Lincolnshire's residents, reducing the number of cancelled appointments and the length of wait for treatment. Hospital services will consistently meet national best practice standards.

A strong future for County Hospital, Louth

"County Hospital, Louth will continue to operate as a centre for day-case surgery and diagnostics and provide a wide range of community hospital and care services to support local people into the future"

County Hospital, Louth has both acute and community services operating on the site. It remains an integral part of our plans for the future and will continue to provide vital services.

It will continue to provide day-case surgery for urology, ophthalmology and gynaecology, with outpatient clinics and diagnostic services also provided for selected specialities. These services will continue to be provided by ULHT.

Louth Hospital currently has an Urgent Care Centre which operates on a 24/7 basis. Our emerging option is for Louth to have an Urgent Treatment Centre, which would also operate 24/7.

As well as continuing to provide these acute services described above, community services will continue to evolve on the site with the aim of keeping local people as close to home as possible. These services are provided by Lincolnshire Community Health Services NHS Trust.

A strong future for Lincolnshire's community hospitals

"We are committed to our local community hospitals and developing local services there"

We have five community hospitals within Lincolnshire. In addition to County Hospital, Louth we have John Coupland Hospital in Gainsborough; Johnson Community Hospital in Spalding; Skegness Hospital; and Stamford and Rutland Hospital. We envisage that all of our community hospitals will have a strong future.

We know that our community hospitals are highly valued by the local community and receive excellent feedback from patients. The role of a community hospital is pivotal to delivering integrated care closer to home and protecting patients' independence.

Community hospitals provide a wide range of services, including in-patient rehabilitation, end of life care, outpatient consultations in major specialities such as surgery, Oncology, therapy and rehabilitation services, minor procedures, urgent care services including minor injuries, minor illness, and GP out of hours services, diagnostics such as x-ray and phlebotomy, and sexual health clinics. Services vary from hospital to hospital and no two hospitals are exactly the same because of the history, geography and needs of the local population.

Our community hospitals already have many different NHS services and providers working together on hospital sites. This works well for patients and makes best use of NHS buildings. We intend to encourage this further in coming years. By NHS services working more closely with those provided by county and district councils and the third sector, our clinicians believe people can be cared for more successfully at home or in local community hospitals.

By supporting people to return home as soon as it is safe to do so, we can support them to maintain their independence, share more time with family and friends, provide opportunities for self-care and reduce the risk of infection.

We already have a number of great examples of the positive work taking place in our community hospitals. Staff at John Coupland Hospital in Gainsborough have worked with the local community to raise more than £56,000 to refurbish two palliative care suites on Scotter Ward. In Skegness, the teams developed one of the first 'dementia friendly' wards in the country. The team at Skegness was also recognised for its outstanding practice in reducing falls with a 'Slippers for Trippers' scheme by the Care Quality Commission (CQC).

Staff at Johnson Hospital at Spalding hold an annual Johnson Community Hospital Ball to raise money. The event has previously raised approximately £35,000 for a range of services at the hospital, including equipment to support cataract surgery, special mattresses and cushions for Welland ward, educational equipment for diabetic patients and palliative care training courses for staff.

There has been an investment programme to improve Lincolnshire community hospital buildings. This was part of a major programme of fire protection works and includes improvements to the patient environment. This fire safety work began at County Hospital, Louth, with further fire protection improvements being made at John Coupland Hospital, Gainsborough, and Skegness Hospital. A redevelopment project at Stamford Hospital completed in 2017 has resulted in a number of improved clinics and facilities.

A project to redevelop Stamford Hospital completed in July 2017. This enabled us to improve our clinical areas, modernise our facilities and expand our services to accommodate the increased numbers of patients who now come here for their treatment.
The project delivered the following improvements:
an expanded imaging department

- a brand new state-of-the-art MRI Scanner
- a completely refurbished health clinic - known as Clinic A
- an enlarged purpose-built Phlebotomy (blood test) area
- a new Pain Management department
- a new Chemotherapy and Lymphoedema suite
- a new outpatients department with additional rooms for adults and children
- a second ultrasound room awaiting the arrival of a new ultrasound machine
- an improved physiotherapy gym
- a new administration suite
- imaging booking office
- decoration of our corridors
- refurbishment of our reception area

In addition, our emerging options for Urgent Treatment Centres (UTC) in our community hospitals are;

- UTCs at Louth and Skegness Hospitals with 24/7 access maintained
- UTC at Stamford, open for a minimum of 12 hours a day
- We also want to explore whether the current Minor Injury Units at Spalding and Gainsborough should be maintained as they are currently, or developed further into UTCs.

There is a vibrant future for all of our community hospitals, and their role will continue to evolve to support the needs of our communities into the future. We want you to work with us to help us shape that future.

HEALTHY CONVERSATION 2019

www.lincolnshire.nhs.uk

What do you think services should look like?

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Let's start a healthy conversation about preventing ill health

We are living longer, which is a wonderful thing - even better if we are healthy throughout these extra years. We need to do everything we can to look after our own health and wellbeing.

We all know prevention is better than cure. It is common sense for us to look after own health as much as we possibly can. The lifestyle choices we make can either reduce or increase our chances of getting conditions such as cancer, dementia, heart disease, depression and lung problems. These choices are the best way to live a longer, healthier life and prevent us getting ill in the first place.

Like the rest of the country, Lincolnshire has an ageing population and people are living longer with more long term conditions, such as diabetes.

- Today, across Lincolnshire we already have the number of people living with diabetes that we expected to be looking after in 2027.
- Nearly seven out of ten adults are not a healthy weight. One in three children leaving primary school are carrying excess weight.
- In the east of the county people become frail ten years before individuals in other parts of the county.
- Today in Gainsborough, a man's 'healthy life expectancy' (that's years of good health) is 56.9 years, which is almost 6.5 years below the national average, and 10 years before the national pension age.

Knowing how to live a healthier life by changing habits and lifestyle choices is the first step. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in influencing our health. Nevertheless, every day the NHS comes into contact with people at moments in their lives that bring home the personal impact of ill health. New evidence-based prevention programmes, include those to cut smoking, to achieve a healthy weight, prevent type 2 diabetes and to limit alcohol-related A&E admissions are all examples of ways in which we are trying to help us all live longer, healthier lifestyles.

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We want to work with you to understand how we help people to maintain good health and prevent illness wherever possible. Doing this is not only best for our own health, it will also help manage the growing demand on our NHS services. Many of us are doing this every day; we want to know what you find most helpful so that we can share those tips and routes to support with others.

We want to talk with you about how the NHS can help you live a healthier life, prevent ill health, and of course improve health when we do become ill. For example, did you know that type 2 diabetes can be reversed with significant changes in diet and exercise for some people? And even if this isn't possible, we want to understand how we can help you manage your own conditions better.

We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

Let us know by visiting https://www.lincolnshire.nhs.uk/healthy-conversation to see more detail on these suggestions and get involved in a #HealthyConversation.

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HEALTHY CONVERSATION 2019

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Let's start a healthy conversation about looking after ourselves and each other

We all know prevention is better than cure, and it is common sense for us to focus together on making this responsibility part of everyday life for Lincolnshire. Prevention, or knowing how to live a healthier life by changing habits and lifestyle choices is the first step.

The second step is looking after ourselves and each other when something does go wrong and it is safe to do so. This is often referred to as self-care.

Many people in Lincolnshire have a long term condition such as diabetes, asthma, or heart disease which will affect them for the rest of their lives. These conditions can affect children and young people as much as the elderly.

There is much that the NHS can do to help people manage their conditions safely and proactively. This may include better information and advice, training and guidance, use of web resources, self-monitoring and digital support to encourage people to self-care, or free flu jabs for those with respiratory conditions. In addition, the NHS can help people understand what minor ailments you can safely treat yourself, and to keep a well-stocked medicine cabinet or first aid kit at home to treat any minor illnesses and injuries.

We have all heard stories about people visiting A&E with a paper cut, or a headache. In Lincolnshire, one third of people who visit A&E each year leave with no need for medication or professional care. This is not the best way to use our NHS, but it can be confusing to know where the right place is to go.

We want to work with you to understand how we can help you to look after yourself. Doing this will best manage the growing demand on our NHS services. Many of us are doing this every day; we want to know what you find most helpful so that we can share those self-care tips and routes to support with others.

We've already got a number of services in place to help with this, for example;

- there is lots of information available on the NHS website to help people look after themselves when suffering from more minor conditions

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- the Self Care Forum also offers a wealth of further help and advice on self-care
- ASAPLincs - https://www.asaplincs.nhs.uk/ helps you to identify your symptoms, get self-care advice and find relevant services.

We want to talk with you about how the NHS can help you live a healthier life.

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HEALTHY CONVERSATION 2019

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Let's have a healthy conversation about care closer to home

Joined up care closer to home will support you to stay well, look after you at home or in the community, and help keep you at home and out of hospital wherever possible. It will also ensure that if you go to hospital you are able to return home sooner, by providing community support as required.

This means that the services in your local community will work together and with you to receive the support and care you need in familiar surroundings close to family and friends. The services working together include GPs, community services, community mental health services, adult social care, care homes, home care services and the third sector and voluntary organisations; but you are the most important partner in this.

As an NHS programme of work, you might hear this referred to as Home First or Integrated Community Care (ICC). This is a high priority for us and in Lincolnshire, we are already committing lots of resource to improving this joined up care closer to home, working with patients and health and care partners across the county to agree common goals and how to achieve them.

We know people do better mentally and physically if they can be cared for in or close to home by health and care staff based in the community and the evidence supports this. Evidence suggests that older people can lose their independence and can find it harder to return back home when admitted to hospital. They may also develop further health issues as a result of changing their regular routine.

Our Neighbourhood Teams

We already have 12 Neighbourhood Teams across Lincolnshire. These Neighbourhood Teams include GPs, community and mental health services, social care and the third and independent sector to provide joined-up care that is responsive and expert. The premise is simple; professionals working closely together to put the person at the centre of their care, removing the boundaries that buildings or professional disciplines can sometimes create.

HEALTHY CONVERSATION 2019

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What do you think services should look like?
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Our GP Services

Continued improvements in Lincolnshire's NHS will only be delivered if they are underpinned by sustainable GP services. We currently have 85 GP practices in the county with GPs and their staff working hard every day to provide the best care they can to patients. We intend to invest more in GP services as well as to boost their links with other local services. However, our GP services also face significant workforce and capacity challenges and so it is important that we embrace new models of care to ensure we can all access that care when we need to.

Increasingly, GP practices will be collaborating locally in partnership with community services, care services and other providers of health and care services. This increases the breadth of expertise available to patients, and decreases the pressure on GPs within the team. Neighbourhood Teams are part of these primary care networks.

We have started Social prescribing

'Social prescribing' is an initiative that will see more of us being helped to seek support and care from community groups. In our county, our neighbourhood teams are building links so that you might find yourself joining a group, or exercising to help with your health, instead of relying solely on medication or other clinical interventions.

How might all of this help?

Patients should experience:

- Joined up services, where everyone understands their previous and ongoing contact with services
- Access to a wide range of professionals and diagnostics in the community, so they can get access to the people and the services they need in a single appointment
- Different ways of getting advice and treatment including digital, telephone based and face to face services, matched to their individual needs
- Shorter waiting times, with appointments at a time that works around their life
- Greater involvement when they want it in decisions about their care
- An increased focus on preventing ill health, enabling people to take great control of their own health

These are our emerging thoughts on joined up care closer to home. Now we need your input to help get these services right. Your feedback will make a difference in how future services are designed to improve patient care in Lincolnshire.

What do you think these services should look like? We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

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Let's start a healthy conversation about mental health and learning disabilities services

It's now estimated that one quarter of the population will suffer from a mental health issue during their lifetime, so we must make sure our local services are able to cope with the demand. Our mental health is treated with the same importance as our physical health, often referred to as parity of esteem.

In Lincolnshire, our key priorities over the last few years have been:

- Ensuring as many local people as possible can receive their hospital-based, inpatient mental health care in Lincolnshire, without needing to travel outside of the county.
- The transformation of community mental health teams and learning disability teams to enable more patients to receive the care they need at home, without being admitted into hospital.

There has been some excellent progress towards these priorities, all of which are aligned with the direction of the recently published NHS Long Term Plan. Our successes include:

- A 10-bed, male psychiatric intensive care unit (PICU) opened in Lincoln in July 2017. Since then, men needing this intensive level of care have been able to receive it closer to home.
- Developed 'places of safety' at both Lincoln and Pilgrim Hospitals' A&E departments, improving access to mental health services, alongside other support around housing, homelessness, debt management and drug and alcohol services.
- Halved the number of patients being cared for out of county by opening a psychiatric clinical decisions unit (PCDU), extending our home treatment service and by introducing enhanced bed manager roles.
- Following a targeted engagement exercise our community learning disabilities service became permanent, providing care for people in their homes, without the need for an overnight stay.
- A new emotional wellbeing service for children and young people, offering support for young people, parents and carers as well as training for professionals in education and children's services.
- Successfully bidding for NHS England funding means we have significantly expanded perinatal mental health services in Lincolnshire, supporting new mothers and their families.
- Continuing to increase our dementia diagnosis

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rate across Lincolnshire. This will be helped by our Dementia Strategy, launched in February 2019, as well the new Admiral Nurse service that we are launching in April 2019 to help support the families of people with dementia. This is in partnership with St Barnabas Hospice and Dementia UK, and will be integrated into neighbourhood working.

- We are also improving our child and adolescent mental health services.

We need to continue to improve all of our services in a way which is affordable and linked with our wellbeing services, particularly how they are delivered and accessed within our local communities. We are currently doing some important work with our service users and partners in the voluntary and charity sectors to make it easier for patients in crisis to access support first time.

We are committed to valuing mental health as equally as physical health which would result in those with mental health problems benefitting from:

- equal access to the most effective and safest care and treatment
- equal efforts to improve the quality of care
- the allocation of time, effort and resources on a basis commensurate with need
- equal status within healthcare education and practice
- equally high aspirations for service users
- equal status in the measurement of health outcomes.

What do you think services should look like? We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019.

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HEALTHY CONVERSATION 2019

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Let's start a healthy conversation about Lincolnshire's urgent and emergency care

The vast majority of urgent care services are delivered by GPs and their practice teams. In addition, currently in Lincolnshire, we have;

- A&E Departments in Lincoln, Pilgrim and Grantham (restricted opening times and admission criteria)
- Urgent Care Centres in Louth and Skegness (each 24/7)
- Minor Injury Units in Gainsborough, Spalding, Stamford and Sleaford.

All of these services are supported by the NHS 111 service (backed up locally by the Lincolnshire Clinical Assessment Service known as CAS) and GP out of hours services across the county. In Lincolnshire, an average of 524 calls are made to NHS111 every day.

The development of these services over the last 30 years has sometimes resulted in confusion for the public about which service is best for their needs. In order to improve services and tackle this confusion Lincolnshire, like the rest of England, is required to simplify urgent and emergency care by introducing Urgent Treatment Centres and GP Extended Access Hubs.

What is an Urgent Treatment Centre?

Urgent Treatment Centres (UTCs) will be new in Lincolnshire, and will play a central role in providing urgent care to people, and protect A&E services for those patients who need specialist emergency care. UTCs are a facility you can go to if you need urgent medical attention but it's not a life-threatening situation. They are staffed by multi-disciplinary teams of doctors, nurses, therapists, and other professionals with at least one person trained in advanced life support for adults and children.

UTCs are GP-led and are required to be open for at least 12 hours a day, 7 days a week (including bank holidays). You can walk into UTCs during some opening hours, and you may be referred to an urgent treatment centre by NHS 111 or by your GP at any time.

Conditions that can be treated at an UTC include:

- sprains and strains
- suspected broken limbs
- minor head injuries
- cuts and grazes
- bites and stings
- minor scalds and burns
- ear and throat infections
- skin infections and rashes
- eye problems
- coughs and colds
- feverish illness in adults
- feverish illness in children
- abdominal pain
- vomiting and diarrhoea
- emergency contraception

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What is a GP Extended Access Hub?

GP Extended Access Hub offers increased access to GP services, including at evenings and weekends. These are community-based facilities providing booked urgent appointments for illnesses typically managed in GP practices.

The main differences between an UTC and a GP Extended Access Hub are:

- A GP Extended Access Hub does not offer X-ray and diagnostics
- A GP Extended Access Hub does not have a walk-in facility for appointments, these need to be pre-booked via NHS 111/CAS

Our emerging options for UTCs are;

- New UTCs at both Lincoln and Pilgrim Hospitals supporting the A & E departments
- A new UTC at Grantham Hospital to provide 24 hours / 7 day a week access to urgent care services locally. This would replace the current restricted A & E service and reinstate local 24/7 urgent care
- UTCs at Louth and Skegness Hospitals with 24/7 access maintained
- UTC at Stamford, open for a minimum of 12 hours a day
- We also want to explore whether the current Minor Injuries Units at Spalding and Gainsborough should be maintained as they are currently, or developed further into UTCs
- To maintain the current GP Extended Access Hub at Sleaford

Through the addition of UTCs in Lincolnshire, we will simplify access into urgent and emergency care for all users, and provide local care for the majority of patients. We want to hear from you about what is important to you from your local urgent and emergency care services, and how you would like us to best spend the money we have on it in the county to deliver:

- better support for people to self-care;
- the right advice and treatment in the right place, first time to people with urgent care needs;
- highly responsive local urgent care services so people no longer choose to queue in our specialist A&E departments;
- people with more serious or life threatening urgent care needs receive their treatment in A&E departments with the right facilities and expertise, in order to maximise chances of survival and a good recovery; and
- urgent and emergency services working together so people receive a better experience and better health outcomes.
-

What do you think services should look like? We would like to hear what is important to you as we plan the implementation of Urgent Treatment Centres.

We would welcome your feedback and thoughts on this as part of our Healthy Conversation 2019. Let us know by visiting https://www.lincolnshire.nhs.uk/healthy-conversation to see more detail on these suggestions and get involved in a #HealthyConversation.

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THE ACUTE SERVICES REVIEW 'CASE FOR CHANGE'

To simplify the challenges facing our acute hospitals in Lincolnshire, we have summarised this into three key areas.

Quality of care for patients:

- We are not meeting quality standards in many services
- We are not meeting national performance standards for A&E, cancer or the 18-week wait for hospital treatment. This means that patients are waiting too long for treatment which is just not good enough

We cancel many planned hospital appointments and procedures because staff must prioritise urgent patients. This causes stress, worry and great inconvenience for patients and their families.

- Patients stay in hospital longer than they need to which affects the quality of care for them and other patients
- Lincolnshire's hospital trust (ULHT) is rated as 'requires improvement' by the Care Quality Commission (CQC) and is in quality and financial 'special measures'
- With services delivered across four acute hospital sites, some of our clinicians do not see enough complex cases to retain and/or improve their skills

Workforce:

- Quality problems make it more difficult to attract, motivate and retain staff in some services. We have a 13% vacancy rate in our hospitals; the equivalent to approximately 840 posts
- In the NHS nationally there are 100,000 vacant posts so we have to work hard to recruit and retain great staff
- Our geography and location adds another challenge to attracting staff from outside the county

Finance:

- Lincolnshire's healthcare is currently costing approximately 8% more than the county is allocated and in 2018/19, we will overspend by approximately £100million.
- Staff shortages mean we have to use temporary locum and agency staff. This is currently costing us an extra £4million every month.
- Our geography means that it costs us more to run services across multiple hospital sites, compared to big city hospitals who care for many more people on one site
- Many of our buildings are in poor condition and maintenance costs are high
- Unless these issues are addressed, Lincolnshire's NHS will be £200million in debt by 2022/23

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LET'S HAVE A HEALTHY CONVERSATION ABOUT OUR ACUTE HOSPITAL SERVICES

Acute hospital services treat patients for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and for surgery.

Some people living in Lincolnshire use acute hospitals in Peterborough, Grimsby, Scunthorpe, Kings Lynn and Nottingham as their nearest hospital. Within Lincolnshire, our acute hospital services are provided at Lincoln, Pilgrim and Grantham Hospitals plus day case surgery is provided at Louth Hospital. The future of these hospitals and our community hospitals in the county is strong. Whether receiving care in the county or elsewhere, you will continue to choose where you receive your care.

We need your help to improve services in Lincolnshire because our hospital services are amongst those most under pressure. Over the last year, our county's senior specialist doctors, nurses and healthcare professionals, supported by external clinical colleagues, have led the review of eight acute hospital services most in need of improvement. These are:

- Breast services
- Stroke services
- Women's and Children's services
- Medical services
- Trauma and Orthopaedic services
- General Surgery services
- Haematology and Oncology services
- Urgent and Emergency Care services.

At the same time over the last year, we were listening to patients, public and other stakeholders in Lincolnshire, to understand what is important to people about these hospital services. All of these discussions have informed our review work and as part of the Healthy Conversation 2019, we now want to hear more, so this next period of public engagement with you is important. We have some emerging options to discuss. Nothing has been decided, this is simply an open conversation about what's important to you. We don't have all the answers so we need your help.

It's important to remember that this stage is not a public consultation – these conversations will help shape the options for a full public consultation, without which no permanent changes can be made to services.

Our emerging options are designed to address the problems within these services and ensure a vibrant future for our three main hospitals - Lincoln, Pilgrim and Grantham, and do not propose any change to our acute services at Louth or our community hospitals. In addition,

- The majority of outpatients appointments will remain the same as they currently are at all three sites
- The majority of urgent and emergency care needs will continue to be available locally
- For hospital medical services, the majority of patients will continue to be able to access the same services at the same sites
- Maternity, obstetrics and neonatal services will remain available at both Lincoln and Pilgrim sites

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BREAST SERVICES

What are Breast Services: A range of services for screening, diagnosis and treatment of breast problems, including cancer. Currently these services are delivered in Lincoln, Pilgrim and Grantham Hospitals with a small number of patients seen in Louth Hospital. There is also a mobile breast screening mammography service that travels across the county. Lincolnshire's is the third biggest cancer service in the UK.

Why we need to change: Our hospitals are currently not able to deliver breast services as efficiently as they would like to because of the challenges in recruiting clinical staff resulting in guidelines not always being achieved and patients waiting longer for an appointment than they should. The care and treatment patients receive is good but patients are waiting too long to receive it.

There has been a significant increase in referrals recently and our breast surgeons have 700 new patient cases each year. For the 5,200 appointments we are able to offer each year, we currently have 6,100 people needing them. We have had to set up some weekend clinics at Lincoln and Pilgrim Hospitals to cope with demand. We cannot keep doing this in the long term as our staff cannot continue to work extra hours.

We do not have enough breast radiologists and have tried to recruit for many years; we are competing with other hospitals in the country who are in the same position. We need 27 radiologists for the current service model and we only have half this number. We also need more clinical nurse specialists who are hard to recruit.

Our senior clinicians tell us that best practise is to provide diagnostic and surgical treatment in a 'centre of excellence', supported by local outpatient and follow up clinics. This model of care achieves the best results for patients.

What are the 'emerging options'?

We think that a centre of excellence approach would work well in Lincolnshire as has already proven so in rural Cornwall – visit our website to see a case study. We think this will help us address the quality of care issues and shortage of specialist staff.

In practice, this emerging option would mean that all follow-up outpatient appointments and routine breast mammography screening services would continue to be available across the county as they are now. These appointments are where most patients receive their care. First outpatient appointments and all surgery would be provided at the centre of excellence. This would enable specialist staff to fully cover rotas, see more patients and retain and develop their skills. Together, this means patients will be seen more quickly and receive a better standard of care.

Our emerging options indicate that this centre of excellence could be at Lincoln Hospital or Grantham Hospital. The NHS's current preferred emerging option is Lincoln Hospital for this centre of excellence as it requires the least amount of capital funding. If located at Grantham, any complex breast surgery would be done at Lincoln.

The benefits of this could include:

- Reduced waiting time due to a better staffed service, meaning we can see more people more quickly
- Standardised models of care so that all patients get the same, high quality of service
- Improved ability to deliver to national guidelines (all diagnostic tests are done in the first outpatient appointment)
- Increasing staff numbers by improving recruitment and bringing together resources as staff are attracted to working in specialist environments

STROKE SERVICES

What are Stroke Services? A range of services for the diagnosis of stroke, acute treatment, rehabilitation and follow-up after discharge from hospital. Currently these services are delivered at Lincoln and Pilgrim Hospitals. Diagnostic services start in our emergency departments and then patients have treatment on the acute stroke units in these two hospitals. There is also a stroke rehabilitation service in the community that cares for people after they have been discharged from hospital.

Why we need to change: Current hospital services are delivered by two separate teams, one at each hospital and are heavily dependent on temporary staff. Our hospital stroke services are not achieving all performance standards and we have significant staffing vacancies.
The number of patients we treat at Lincoln and Pilgrim Hospitals is relatively low and as a result staff at each hospital are only just seeing enough patients to maintain their expertise.

The service currently only achieves six out of the ten domains in the Sentinel Stroke National Audit Programme and only two out of the four priority standards for seven-day services. This means that the service is not achieving national care standards.

In the current service model, Lincoln and Pilgrim Hospitals should each have eight permanent consultants, but each only currently has one and we have been unable to recruit to these posts over the last three years. There is a serious shortage of stroke consultants nationally, with over 40% of posts remaining unfilled.

Clinical evidence is clear that concentrating services in a specialist unit will reduce the number of deaths from stroke, improve rehabilitation, will get patients home more quickly and increases our ability to recruit staff.
There is clear evidence that concentrating such expertise saves lives; the Lincolnshire Heart Centre is a good example of this.

What are the 'emerging options'?

Our first emerging option, similar to that for breast services, is to take a centre of excellence approach, providing **acute stroke care from the Lincoln Hospital site.** This is the NHS's current preferred emerging option because it will provide the best model to meet national care standards for patients, and to recruit and retain staff.

The second emerging option is to retain the current service at Lincoln and Pilgrim Hospitals but with an out of hours **combined on-call rota being based at Lincoln.**

In both emerging options, our intention would be to enhance rehabilitation in the community across Lincolnshire to reduce the length of stay in hospital from 14 days to 7 days in line with national best practice.

The benefits of the NHS's preferred emerging option could include:

- Ability to meet national standards of care
- Reduction in the number of deaths from strokes
- Reduction in the number of people living with continued disability
- Improved staff recruitment and retention

WOMEN'S AND CHILDREN'S SERVICES

What are Women and Children's Services:

This is a wide range of services across acute and community settings including obstetrics (maternity care), neonatal (care of premature or sick babies), paediatric (care of children) and gynaecology (care for women and girls, especially related to the reproductive system).

Currently all these hospital services are delivered in both Lincoln and Pilgrim Hospitals. We have a neonatology intensive care unit at Lincoln Hospital and a special care baby unit at Pilgrim Hospital. Babies born pre 29-weeks and children under five who require surgery are all treated out of county. Women in Lincolnshire have a choice of giving birth at home or in a consultant-led obstetrics unit at these two hospitals. Midwife services are available in the community and at home.

Why we need to change: As has been widely discussed in the public domain, we have significant hospital staffing issues, particularly at Pilgrim Hospital where we have a long-term issue recruiting middle grade doctors; we currently have one out of six in permanent employment and sometimes no temporary staff can be recruited.

A shortage of consultants also means a reduced ability to support junior doctors, because we are not able to provide the support and training that they need.

This has resulted in heavy reliance on agency staff, leaving the service fragile and subject to temporary changes. Agency staff need only give two hours' notice to not being available.

Since August 2018 because of these issues, we have introduced temporary changes for safety reasons which are;

- closure of the paediatric in-patient beds and the opening of a paediatric assessment ward at Pilgrim Hospital with any child requiring an unplanned admission needing to stay over 12 hours
- any babies born pre 34-weeks at Pilgrim Hospital being transferred to our Lincoln Hospital site, where we have more staff equipped to handle their needs.

What are the 'emerging options'?

There are two emerging options.

The first emerging option is to have the following services at the two hospital sites;

At Pilgrim Hospital

- to continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- to continue with a specialist care baby unit caring for babies born from 32 weeks
- to have a short stay paediatric assessment ward for children needing up to 23 hours of care
- to have low acuity paediatric in-patient beds overnight
- to have paediatric day case surgery.

At Lincoln Hospital

- to continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- to continue with a neonatal unit caring for babies born from 27 weeks
- to have a short stay paediatric assessment ward
- to have paediatric in-patient beds
- to have paediatric day case and planned surgery.

We would wish to keep the gynaecology services the same as now on both Lincoln and Pilgrim Hospital sites with our clinicians working as one team across these two sites.

This is currently the NHS's preferred emerging option.

- The second emerging option is to have consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital.

Both hospitals will have co-located midwifery-led units.

The benefits of the NHS's preferred emerging option could include:

- Fewer children, pregnant women and their families would need to travel for care

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MEDICAL BEDS AT GRANTHAM HOSPITAL

Current services: The medical services at Grantham Hospital support urgent and acute patients in the A&E Department, on the in-patient wards and in the out-patients department. There is currently a range of medical conditions which Grantham Hospital does not provide services for, meaning that the most acutely ill patients with life threatening illness and injuries go to a more specialist site, first time to receive treatment. Specialist doctors from Lincoln Hospital also remotely support Grantham Hospital staff and patients (using online technology) when required.

Why we need to change: across the county, there are not enough consultants to deliver medical services in all three hospitals and, like many areas of the country, the service is unable to recruit to these posts.
We need to get patients to the right specialists quickly, matching patient need to the appropriate expertise.
The current service at Grantham deals with a restricted range of cases and receives fewer patients than the other hospitals.

What are the 'emerging options'?

There are two emerging options.
The first emerging option is to maintain inpatient medical services at Grantham Hospital and adopt a new model whereby they are joined up with local primary and community services and managed as part of the local enhanced neighbourhood team. This new model would be led by Community Health Services (not ULHT) with hospital doctors and the hospital services being part of an integrated service with GP services, community health and other local services.

Local senior clinicians (hospital, GP, community and ambulance staff) have worked together to develop this emerging option. This is aimed at keeping people at home for as long as possible and when hospital care is required delivering that in Grantham Hospital and supporting patients to get back home safely, as quickly as possible. This integrated service model would also deliver more ambulatory care (which is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services). A small number of patients currently seen and treated on the Grantham site would be admitted to hospitals with more specialist services.
This is the NHS's preferred emerging option.

The second emerging option is to have no medical inpatient services at Grantham Hospital. Diagnostics and outpatients would continue.

The benefits of the NHS's preferred emerging option could include:

- Community and hospital teams will be working as one team to prevent hospital admissions, providing coordinated care when hospital is required, and where possible reduce the length of time patients stay in hospital, working to the principle of care closer to home
- Treating patients, especially older people, close to home makes more sense for them as well as the NHS and is often safer
- The majority of patients currently treated at Grantham Hospital will continue to be treated at Grantham Hospital
- The most acutely ill patients will get the right specialist care, first time.

TRAUMA AND ORTHOPAEDIC SERVICES

What are Trauma and Orthopaedic Services: These services diagnose and treat a wide range of conditions of the musculoskeletal system. This includes bones and joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves. Currently, both urgent and planned care is delivered in Lincoln, Pilgrim and Grantham Hospitals, with additional activity in our local community hospitals. These services are out-patients, minor procedures and operations.

Why we need to change: Our current service model is not sustainable. We have long waiting lists and planned operations are often cancelled. This is because planned surgery, unplanned surgery and urgent medical services are currently situated together, and staff and resources are often redirected to unplanned surgery and urgent medicine. 33% of planned orthopaedic operations were cancelled in 2017/18. This is often because hospital beds are being used by medical emergencies.

National clinical best practice evidence is that separating urgent work from planned work prevents operations being cancelled. Planned care sites have better outcomes for patients, lower rates of readmission, reduced lengths of stay and reduced risk of infections and injuries.

By developing a 'centre of excellence' for planned orthopaedic surgery, we would fix the problem of cancelled operations and give certainty to patients that their operation will go ahead as planned.

We have been testing this way of working since August 2018 at Grantham Hospital and this test is due to conclude in April 2019. This pilot has virtually eliminated cancelled operations. The evaluation will help decide whether the best practice model of care works in Lincolnshire, including the extent to which non-complex trauma could continue at the Grantham Hospital site. Outpatient services will remain at all sites.

What is the 'emerging option'?

Our emerging option is to make Grantham Hospital a 'centre of excellence' for planned and day case orthopaedic surgery.

Lincoln and Pilgrim Hospitals would provide some day case surgery and planned care for those patients with complex needs.

Outpatient services would remain at Lincoln, Pilgrim and Grantham Hospital as now.

The benefits of this emerging option could include:

- Far fewer cancelled operations
- Better clinical results for patients, lower rates of re-admission, reduced length of hospital stay and reduced risk of infections and injuries
- Trauma patients seen quicker by more specialised clinicians, with fewer unnecessary admissions
- Improved job satisfaction, morale and productivity for our staff
- Less patients having to travel to other counties for their treatment

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GENERAL SURGERY SERVICES

What are General Surgery Services: These services focus mainly on the abdominal organs; stomach, gall bladder, small bowel, colon, rectum and anus. Benign skin conditions and hernias are also included within general surgery. This surgery is currently carried out at Lincoln, Pilgrim and Grantham Hospitals, with more complex cases seen at Lincoln and Pilgrim Hospitals only.

Why we need to change: Our current service model is not sustainable. We have long waiting lists and planned operations are often cancelled to prioritise urgent cases or because medical patients need to use surgical beds. We are unable to recruit the permanent staff we need and we are not meeting national guidelines.

The service cannot always meet the demands of cancer related surgery, and this surgery is often cancelled because emergencies need theatres and medical cases need beds. 15% of planned and day case surgery was cancelled in 2017/18 and we currently only use our general surgery theatres 70% of the time available.

As with trauma and orthopaedic services, our senior clinicians tell us that separating their urgent work from their planned work prevents cancelled operations. Planned care sites have fewer cancellations of operations, better outcomes for patients, lower rates of readmission, reduced lengths of stay and reduced risk of infections and injuries.

What is the 'emerging option'?

Our emerging option is to consolidate most elective care and make Grantham Hospital a 'centre of excellence' for elective short stay and day case General Surgery. Lincoln and Pilgrim Hospitals will provide some day case/elective care for patients needing complex surgery, those with complex needs. Outpatients will remain at all three hospitals.

The benefits of this emerging option could include:

- Far fewer cancelled operations
- Better clinical results for patients, lower rates of re-admission, reduced length of hospital stay and reduced risk of infections and injuries
- Improved job satisfaction, morale and productivity for our staff

URGENT AND EMERGENCY CARE SERVICES

What are Urgent and Emergency Care Services:

Emergency care is when you have a serious or life threatening accident or illness and you would usually have to be treated in a major hospital. Urgent care relates to less serious health problems requiring attention which can be treated by services such as pharmacies, 111, GP practices, Urgent Treatment Centres, and GP Extended Access Hub. The vast majority of urgent care needs are met by our GPs and community health services.

Emergency care is provided in A&E departments and we currently have three A&E departments at Lincoln, Pilgrim and Grantham Hospitals. For the last five years, Grantham's A&E has had restrictions upon the conditions that can be treated at this site, for example, the ambulance service does not take patients with suspected stroke or certain types of heart attacks to Grantham. Since August 2016, Grantham's A&E has had restricted opening hours.

Why we need to change: Despite the efforts of our dedicated staff, the number of patients waiting longer than four hours in A&E has steadily risen over the last four years. Our A&E departments at Lincoln and Pilgrim Hospitals are consistently failing to meet the four hour standard (from arrival to discharge or admission) and our ongoing recruitment issues reflect the national shortage of A&E consultants. Currently, only 4 of our 19 consultant posts are filled by permanently staff. Equally, only 18 of our 44 middle grade posts are filled by permanent staff. Gaps are filled with expensive locum or agency staff or not filled at all.

The current wide range of urgent and emergency care services in Lincolnshire is confusing and needs to be simplified and made easier to use.

Grantham's A&E Department has had restricted opening hours since August 2016, due to significant medical staffing issues across the county's A&E services.

What is the 'emerging option'?

Our emerging option is to maintain A&E services at both Lincoln and Pilgrim Hospitals and to add an Urgent Treatment Centre at both sites.

We would introduce a new Urgent Treatment Centre at Grantham Hospital to provide 24 hour, 7 day a week access to urgent care services locally. This means that the vast majority of local patients who need care quickly will be supported in Grantham as they are now. To ensure the local population receive the right urgent and emergency care, overnight, access to this Urgent Treatment Centre will be supported by NHS111, to ensure patients are sent to the right place, first time. NHS111 will serve as the entry point to the Urgent Treatment Centre during the overnight period.

Grantham's UTC would still be able to receive patients by ambulance. Refinements to the current access criteria will ensure that critically injured and ill patients will be cared for at their nearest A&E; treated safely and quickly by staff who have the right training and experience to give the best outcome.

This emerging option would also see the 24/7 Grantham Hospital Urgent Treatment Centre provided by Community Health Services rather than ULHT, with hospital clinicians providing specialist advice where this is required for patients.

We would also like to develop Urgent Treatment Centre services at Louth, Stamford and Skegness Hospitals and explore options for Spalding and Gainsborough.

The benefits of this could include:

- People seen and treated more appropriately, allowing specialist staff in A&E departments to focus on critically ill and injured patients
- Offering urgent care for Grantham's community 24 hours a day, with the support of other A&Es for those who need specialist care
- Across the county Urgent Treatment Centres will be available to diagnose and treat most of the common minor illnesses and injuries that people attend A&E for
- Increasing the number of people receiving A&E services within four hours

HAEMATOLOGY AND ONCOLOGY SERVICES

What are Haematology and Oncology Services:

Haematology services diagnose and treat blood disorders for conditions such as haemophilia and leukaemia and provide treatments including blood transfusion services. Oncology deals with the treatment of cancer. These services are delivered in out-patient clinics and in-patient beds. We currently provide these services across Lincoln, Pilgrim and Grantham Hospitals (haematology out-patients only at Grantham), with the majority of care delivered at Lincoln Hospital.

Why we need to change: As in many services, we have a heavy reliance on agency staff for our medical workforce. For example, only eight of our twelve oncology consultant posts have permanent staff.

People are waiting too long to be seen and for treatment. Our performance is poor on the cancer 62 day referral to first treatment standard, which is rarely met. The 31 day wait for treatment is also not consistently achieved. These can be the most stressful periods of waiting for our patients.

We know that more people are being diagnosed with cancer every year and we want to be ready for this growing demand.

In summary, we are not achieving service standards, we struggle to recruit in this specialty and there is an anticipated growing demand in the next decade.

What is the 'emerging option'?

Our emerging option is to have all haematology and oncology inpatient services at Lincoln Hospital.

All other services stay the same. This means that haematology and oncology outpatients and day cases will continue to be provided from all three hospital sites, creating no additional travel for these most frequent appointments. Chemotherapy and radiotherapy will be provided at Lincoln Hospital as now. Chemotherapy day cases will continue to be provided locally at Pilgrim and Grantham Hospitals.

The benefits of this could include:

- People with the worry of a cancer diagnosis will see a specialist and receive treatment much sooner
- Improving our ability to attract and retain staff and maximise the efficiency of our consultants
- Reducing our reliance on temporary, high cost staff
- Services will be fit for the future and we will be more able to meet the anticipated growing number of people with cancer

Lincoln County Hospital

Hyper acute and acute stroke services
Breast services
Trauma and orthopaedics – day case, low acuity surgery and complex surgery both planned and unplanned
General Surgery - day case, low acuity surgery and complex surgery both planned and unplanned
Women and Children's Services; Obstetrics, Gynaecology, Paediatrics and neonatal services
Haematology and Oncology – outpatient and inpatient services
A&E

Now

Stroke – becomes a centre of excellence for the county or has a combined rota with Boston

Breast – no change and becomes a centre of excellence for the county or patients go to Grantham for services

Trauma and orthopaedics – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

General Surgery – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

Women and Children's Services – no change, has a new midwifery-led unit and has the paediatric inpatient beds for the county. OR is the consolidated site for all obstetric, paediatric and neonatal inpatient services for the county.

Haematology and Oncology – no change. Has the inpatient beds for the county.

A&E – no change. Has a new Urgent Treatment Centres

Changes as a result of emerging option

Pilgrim Hospital, Boston

Hyper acute and acute stroke services
Breast services
Trauma and orthopaedics – day case, low acuity surgery and complex surgery both planned and unplanned
General Surgery - day case, low acuity surgery and complex surgery both planned and unplanned
Women and Children's Services; Obstetrics, Gynaecology and neonatal services. Temporary closure of the paediatric beds and a 23 hour Paediatric Assessment Ward
Haematology and Oncology – outpatient and inpatient services
A&E

Now

Stroke – patients go to Lincoln or Peterborough Hospitals or there is a combined rota with Lincoln.

Breast – First outpatient appointments, daycase and elective procedures at Lincoln or Grantham Hospitals depending on which is the Centre of excellence. Follow up appointments, and screening mammography remain at Boston

Trauma and orthopaedics – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

General Surgery – planned and unplanned care / surgery for complex cases only. Day case and low acuity planned surgery go to Grantham

Women and Children's Services – Has consultant-led obstetric service with the addition of a co-located midwife-led unit, specialist care baby unit caring for babies born from 32 weeks, a short stay paediatric assessment ward for children needing up to 23 hours of care, low acuity paediatric in-patient beds overnight and paediatric day case surgery.

Haematology and Oncology – All inpatients beds at Lincoln Hospital. All other elements of the service remain as is

A&E – no change. Has a new Urgent Treatment Centres

Changes as a result of emerging option

HEALTHY CONVERSATION 2019

www.lincolnshire.nhs.uk

What do you think services should look like?

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or email **lhnt.hc2019@nhs.net**

Grantham and District Hospital

There are no acute stroke services
Breast services
Trauma and orthopaedics– day case and low acuity surgery both planned and unplanned
General Surgery - day case and low acuity surgery both planned and unplanned
Women and Children's Services; Obstetrics, and Gynaecology outpatients only
Haematology and Oncology – outpatients and simple chemotherapy
Acute Medical Services
A&E with restricted opening hours since August 2016

Now

Breast Services – becomes a centre of excellence for the county or patients go to Lincoln Hospital which becomes the centre of excellence. Follow up appointments, and screening mammography remain at Grantham

Trauma and orthopaedics - Becomes Centre of Excellence for day cases and low acuity patients for the county

General Surgery – Becomes Centre of Excellence for day case and low acuity patients for the county

Women and Children – no change

Haematology and Oncology – no change

Acute Medical Services - Community led service integrated with hospital consultants, assessment and ambulatory care unit and Frailty /Complex medical assessment unit. This is out preferred option. Or, no medical inpatient services at Grantham and patients go to other hospitals. Medical Outpatients services continue.

A&E - becomes Urgent Treatment Centre.

Changes as a result of emerging option

HEALTHY CONVERSATION 2019

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Stroke Services

Hyper acute and acute stroke service at Lincoln and Boston Hospitals

Now

There are two emerging options:

1. Centre of excellence – Stroke services at Lincoln Hospital. This is our preferred option. Or

2. Stroke services continue at both hospitals with a combined stroke rota

Emerging options

Breast Services

First outpatient appointments, daycase and elective procedures, follow up appointments, and screening mammography at Lincoln, Boston and Grantham Hospitals

Now

There are two emerging options:

1. Either a centre of excellence offering all services at Lincoln Hospital (This is our preferred option)
2. Or at Grantham Hospital. Follow up appointments, and screening mammography remain available locally

Emerging options

Trauma and Orthopaedics

Elective and non elective at Lincoln, Boston and Grantham Hospitals

Now

Centre of Excellence at Grantham for planned and day case orthopaedic surgery. Lincoln and Boston Hospitals provide non-elective care and some day case surgery and planned care for those patients with complex needs.

Emerging option

General Surgery

Elective care at Lincoln, Boston, Grantham and Louth Hospitals. Non elective care at Lincoln, Boston and Grantham

Now

Centre of Excellence at Grantham for planned and day case general surgery. Lincoln and Boston Hospitals provide non-elective care and some day case surgery and planned care for those patients with complex needs.

Emerging option

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Women's and Children's Services

All services offered at Lincoln and Boston Hospitals, with temporary closure of paediatric inpatients at Boston Hospital needing over 23 hours observation, and high risk births

Now

There are two emerging options:

1. Obstetrics, gynaecology services remain the same as now at both Lincoln and Boston Hospitals. These two hospitals will have co-located midwifery led units. This is our preferred option.

2. Consultant led care, paediatrics and neonatal inpatient services in Lincoln. New Midwifery led services at Boston and outpatient services remain at Boston.

Emerging options

Haematology and Oncology Services

Haematology services provided at Lincoln and Boston Hospitals. Oncology services provided at Lincoln, Boston, with a small service at Grantham

Now

All inpatients beds at Lincoln Hospital
All other elements of the service remain as it

Emerging options

Grantham Acute Medicine

Medical services support urgent and acute patients. A number of medical conditions are not treated at Grantham, meaning that the most acutely ill patients with life threatening illness and injuries go to a more specialist site, first time to receive treatment

Now

There are two emerging options:

1. Community led service integrated with hospital consultants, assessment and ambulatory care unit and Frailty /Complex medical assessment unit. This is our preferred option.

2. No medical services at Grantham hospital

Emerging options

Urgent and Emergency Care

A&E at Lincoln and Boston Hospitals. Temporary closure of A&E overnight (6.30pm-8am) and selective admissions throughout at Grantham

Now

A&E and UTC at Lincoln
A&E and UTC at Pilgrim
24 hours UTC at Grantham led by GPs and run by community services

Emerging options

Our plans over the next 12 months

We're going to continue to do great stuff in the next 12 months. Examples of our exciting plans are detailed below.

University of Lincoln opens the county's first Medical School

Central to Lincolnshire's 'grow your own' recruitment initiative, the University of Lincoln's Medical School is currently interviewing for it's first students who will start training in September 2019.

University of Lincoln commences Paediatric Nurse Training

One of our much needed staff groups, paediatric nurses will be trained here in the county from September 2019.

University of Lincoln commences Midwife Training

Another hugely valuable skill set to be training in Lincolnshire is midwifery. We will have our first cohort of students in the county from September 2019

Diabetes

Building on the great work already delivered, in the next year we aim to:

- Have fewer patients developing Type 2 diabetes.
- Deliver more diabetes care in the community.
- Ensure people are better able to manage their diabetes by ensuring access to a range of information & education, including the adoption of a 'Diabetes App' to support self-care.

Expanding the number of staff that can access information through the Care Portal

Launched in 2018, our care portal is an IT initiative which provides an integrated care record for patients, across providers. This means that we can understand a problem and solution far quicker and effectively than before. A third of all NHS staff currently have access to the care portal; we aim to increase this so that the majority of staff has access by end of 2019/20.

Expansion of the Clinical Assessment Service (CAS)

- In 2016, Lincolnshire led the way in being the first in the country to develop a CAS to run alongside the current NHS111 service.
- In doing so, it saves many unnecessary trips to A&E or hospital.
- Now, the service is set to expand with more pharmacists set to be deployed during peak times and the ability for clinicians to be able to book appointments for patients directly in urgent care settings or with GPs.

Another round of GP International Recruitment

Lincolnshire's model for international GP recruitment has been so successful that it has set the standard for the national model. Over the next 20 months, will aim to recruit an additional 39 GPs into the county, the first of which will be arriving in September 2019. This is vital in ensuring more of us can access GP appointments when we need them.

Further improve dementia diagnosis rates

We intend to improve dementia diagnosis rates in Lincolnshire so that they are above the national target of 66.7% and improve post diagnostic support by launching a brand new countywide Admiral Nurse service in April 2019. This will mean that people within the county suffering because of dementia will receive a swifter route to care.

The Integrated Lifestyles Service (ILS) will provide services across four main areas including smoking, weight management, exercise and alcohol.

This service is primarily for those with long term conditions and referrals can be taken from any health professional or self-referral for smoking.
The service is county wide and will provide care based on need across all eligible groups.
The service commences in July 2019

HEALTHY CONVERSATION 2019
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Our achievements over the last 12 months

We are proud of all the great things that have been done over last 12 months. Below are some examples of how we have improved our services.

The Orthopaedic Surgical trial based at Grantham Hospital

Our Grantham trial, separating the planned and unplanned procedures, has virtually eliminated cancelled operations

The Lincolnshire Heart Centre is saving lives by treating patients at the specialist centre rather than other hospital sites in the county.

Since its inception, our county's specialised heart centre is saving 250 additional lives every year at since moving them from other hospital sites in the county., outperforming all national targets

Lincolnshire's Care Portal is a secure computer system that provides health and care staff with a selected view of your personal information contained in different IT health and care systems.

This means health and care staff will be able to make sure your care is coordinated to support you as effectively as possible. It may also mean that any treatment you need could start sooner, and help to ensure that any tests are not repeated unnecessarily.

Lincolnshire's psychiatric intensive care unit (PICU) provides local inpatient care to Lincolnshire men in Mental Health distress.

Our PICU opened in 2017 and has increased the number of male patients receiving care locally so they and their families no longer have to travel long distances out of county.

Lincolnshire's psychiatric clinical decisions unit (PCDU) provides local assessment and care to Lincolnshire people in Mental Health crisis.

The unit is able to care for up to six adults at a time, for up to 36 hours, in a safe, purpose built environment away from A&E so that the team to spend more time with patients to better assess their needs

Lincolnshire's Clinical Assessment Service (CAS) is leading the way in helping patients get health information and advice over the phone.

In 2016, Lincolnshire led the way in being the first in the country to develop a CAS to run alongside the current NHS111 service, twice been recognised for it s innovation and quality of service by the national HSJ Awards.

This means a team of local GPs, senior nurses and pharmacists triage patients and provide clinical assessment and advice to patients in order to ensure that they receive the right care, quickly, saving many unnecessary trips to A&E or hospital. Lincolnshire's CAS takes an average of 112,000 calls a year and in most instances, patients are reassured with advice regarding self-care, or that they are able to go to alternative settings in urgent care or referred back to their GP.

Joint working between NHS and Social Care on "bed blocking"

Bed-blocking' is the term used to describe when patients remain in hospital beds when they don't need that level of care.

By working closer with our colleagues in social care in the county, Lincolnshire has delivered some of the lowest levels of this problem in the country over the pressurised winter period.

Neighbourhood working is joined up care closer to home

Neighbourhood working will support you to stay well, look after you at home or in the community, and help keep you at home and out of hospital wherever possible.

We have established 12 Neighbourhood areas across Lincolnshire, covering populations of between 30,000 to 70,000 people.

The Extended Access to GP services across the county

People across Lincolnshire are now able to access GP care outside of core GP hours, either in the early morning, evening or at weekends.

The launch of the NHS App and Lincolnshire NHS ASAP App

The introduction of a new website and app to give Lincolnshire's residents a quick, easy to use and reliable method of identifying the best place to go for treatment for their needs means that there is less need for patients to travel, sometimes unnecessarily, in order to understand what is wrong with them.

HEALTHY CONVERSATION 2019

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What do you think services should look like?

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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
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of David Coleman, Chief Legal Officer

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
Subject:	**Arrangements for the Quality Accounts 2018-2019**

Summary

The Health Scrutiny Committee for Lincolnshire is invited to consider its approach to the *Quality Accounts* for 2019 and to identify its preferred option for responding to the draft *Quality Accounts*, which will be shared with the Committee, by local providers of NHS-funded services.

Actions Required:

(1) To determine which option from those set out in Section 4 of the report, the Committee would like to adopt as its approach to *Quality Accounts* for 2019.

(2) Depending on the option selected in (1) above, to establish a working group for the *Quality Account* process for 2019.

1. Legal Framework for Quality Accounts

The legal framework for *Quality Accounts* became effective on 1 April 2010, and has been amended since that time to reflect changes in NHS organisational structures and to further prescribe the content of each *Quality Account*. Each significant provider of NHS-funded services is required to submit their draft *Quality Account* to*:*

- their local health overview and scrutiny committee;
- their local healthwatch organisation; and
- their relevant clinical commissioning group.

The definition of 'local' is the local authority area, in which the provider has their principal or registered office. Five providers of NHS–funded health care have

their registered office in Lincolnshire. Whilst there is a requirement for local providers to submit their draft Quality Account to their local health overview and scrutiny committee, there is no obligation for such a committee to respond.

Role of the Health and Wellbeing Board

The regulations do not include a formal role for health and wellbeing boards. However, providers may share their draft *Quality Account* with their local health and wellbeing board for comments, if they wish. NHS England emphasises that any involvement of health and wellbeing boards is discretionary.

2. What is a *Quality Account*?

The content of a *Quality Account* is prescribed by regulations. In addition there are additional elements prescribed by NHS Improvement for NHS bodies. It must include:

- three or more **priorities for improvement** for the coming year;
- an account of the progress with the **priorities for improvement** in the previous year; and
- details of:
    - the types of NHS funded services provided;
    - any Care Quality Commission inspections;
    - any national clinical audits;
    - any Commissioning for Quality and Innovation (CQUIN) activities;
    - general performance and the number of complaints; and
    - mortality-indicator information.

In addition foundation trusts are required by NHS Improvement to prepare a Quality Report, which in effect must incorporate all the required elements of a *Quality Account*, together with additional requirements set by NHS Improvement.

It should be noted that statements prepared need not be limited to a response to the content of the draft *Quality Account*, but could in addition reflect the views of the Committee on the quality of services provided during the course of the year by the provider.

No Financial Content

The term *Quality Account* has been used by the Department of Health since 2010 and has caused some confusion. For the purposes of clarity, a *Quality Account* does not focus on finances, but represents an account of the quality (as opposed to an account of the finances) of a particular organisation. Overall financial information on a particular trust is found in their annual report.

3. What Should a Statement on a *Quality Account* Cover?

The Department of Health has previously issued guidance to bodies making statement on *Quality Accounts,* which encourages these organisations to focus on the following questions: -

- Do the priorities included in the *Quality Account* reflect the priorities of the local population?
- Have any major issues been omitted from the *Quality Account?*
- Has the provider demonstrated that they have involved patients and the public in the production of the *Quality Account*?
- Is the *Quality Account* clearly presented for patients and the public?
- Are there any comments on specific local issues, which the Health Scrutiny Committee have been involved with?

The Health Scrutiny Committee is entitled to make a statement (up to 1,000 words) on the draft *Quality Account*, which has to be included in the final published version of the *Quality Account.*

4. Previous *Quality Account* Arrangements 2010 - 2018

Quality Accounts were first introduced in 2010, and over the last eight years the Health Scrutiny Committee has made statements on the *Quality Accounts* of most local providers of NHS-funded services.

In 2018, the Committee agreed to provide statements on the *quality accounts* for the providers:

- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

4. Options for Handling *Quality Accounts* in 2019

There are several options for the consideration of *Quality Accounts* for 2019, which are set out below:

<u>Option 1 – All Lincolnshire Based Providers of NHS-Funded Services</u>

- Boston West Hospital (Ramsay Healthcare)
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- St Barnabas Hospice
- United Lincolnshire Hospitals NHS Trust

Option 1A – All Lincolnshire Based Providers of NHS-Funded Services plus EMAS

- Boston West Hospital (Ramsay Healthcare)
- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- St Barnabas Hospice
- United Lincolnshire Hospitals NHS Trust

Option 2 – All Lincolnshire Based NHS Providers

- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

Option 2A – All Lincolnshire Based NHS Providers plus EMAS

- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

(Option 2A was selected as the preferred option for 2018)

Option 3 – Providers with Quality Challenges
(Rated as 'Requires Improvement' by Care Quality Commission)

- East Midlands Ambulance Service NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust

Option 3A – Lincolnshire Based Provider with Quality Challenges
(Rated as 'Requires Improvement' by Care Quality Commission)

- United Lincolnshire Hospitals NHS Trust

Option 4 – Significant Providers of NHS-Funded Services to Lincolnshire Residents

- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- East Midlands Ambulance Service NHS Trust
- North West Anglia NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust

Option 5 – All Local Providers

- Boston West Hospital (Ramsay Healthcare)
- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- North West Anglia NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- St Barnabas Hospice

Option 6

No participation in the Quality Account process.

The Health Scrutiny Committee is requested to consider which option it would like to adopt.

6. Healthwatch Activity

Prior to 2018, the Health Scrutiny Committee for Lincolnshire worked jointly with Healthwatch Lincolnshire, leading to the production of a single joint statement. However, in 2018 separate statements were prepared by Healthwatch Lincolnshire on the following eight providers:

- Boston West Hospital (Ramsay Healthcare)
- East Midlands Ambulance Service NHS Trust
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- North West Anglia NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- St Barnabas Hospice

7. Working Group Arrangements

If the Committee were to adopt a working group arrangement, it is requested that the Committee indicate whether it they would wish to volunteer for this activity. This would involve meeting three or four times in total during April, May and early June.

8. Conclusion

The Committee is invited to make arrangements for the *Quality Account* process for 2018-19.

9. Consultation

This is not a consultation item. However, as part of the annual *Quality Account* process, the Health Scrutiny Committee for Lincolnshire is entitled to make a statement up to 1,000 words on the content of each local provider's draft *Quality Account*. This process is detailed throughout this report.

10. 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 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

Open Report on behalf of David Coleman, Chief Legal Officer

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 March 2019**
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.

The Committee is requested in particular to consider the various topics and themes in *Healthy Conversation 2019*, as reported in an earlier item on the Committee's agenda. The Committee is requested firstly to identify the items it would wish to consider; and from that list, prioritise those items for consideration from the May meeting onwards. As set out in this report,

Actions Required:

To review, consider and comment on the work programme set out in the report and to highlight for discussion any additional scrutiny activity, in particular those items arising from the *Healthy Conversation 2019* engagement activity, which could be included for consideration in the work programme.

1. Work Programme

The items listed for today's meeting are set out below: -

20 March 2019 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust – Update on Care Quality Commission Inspection	Senior Management Representatives, United Lincolnshire Hospitals NHS Trust
Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust - Update	Senior Management Representatives, United Lincolnshire Hospitals NHS Trust
North West Anglia NHS Foundation Trust Update	Caroline Walker, Chief Executive, North West Anglia NHS Foundation Trust Update
Dental Services in Lincolnshire	Carole Pitcher, Contracts Manager Primary Care, NHS England – Midlands & East (Central Midlands)
Non-Emergency Patient Transport Service – Update	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG
A Healthy Conversation 2019	Simon Evans, Health Scrutiny Officer
Quality Accounts - Arrangements for 2019	Simon Evans, Health Scrutiny Officer

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

17 April 2019 – 10 am	
Item	*Contributor*
Older Adult Mental Health Services	Jane Marshall, Director of Strategy, and Chris Higgins, Deputy Director of Operations, Lincolnshire Partnership NHS Foundation Trust
East Midlands Ambulance Service Update	Sue Cousland, East Midlands Ambulance Service Divisional Manager, Lincolnshire
Implementing the NHS Long Term Plan: Proposals for Possible Changes to Legislation – Draft Response of Health Scrutiny Committee	Simon Evans, Health Scrutiny Officer

15 May 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Selected Items	To be advised
Non-Emergency Patient Transport	Mike Casey, Director of Operations, Thames Ambulance Service
Winter Resilience – Review of 2018-19	To be advised

12 June 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Selected Items	To be advised
Delivery of the NHS England National Cancer Strategy in Lincolnshire - Update	To be advised

10 July 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Selected Items	To be advised

18 September 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Selected Items	To be advised

16 October 2019 – 10 am	
Item	*Contributor*
Healthy Conversation 2019 – Selected Items	To be advised

<u>Items to be Programmed</u>

- Healthy Conversation 2019 (Items to be selected for detailed consideration)
- Workforce and Education
- Adult Immunisations
- Developer and Planning Contributions for NHS Provision

- Joint Health and Wellbeing Strategy Update
- CCG Role in Prevention
- Cancer Strategy Update, including Prostate Cancer Diagnosis and Treatment
- Lincolnshire Sustainability and Transformation Plan / Acute Services Review – Formal Consultation Elements:
    - Women's and Children's Services
    - Emergency and Urgent Care
    - Stroke Services

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

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.

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

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APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
AT-A-GLANCE WORK PROGRAMME

KEY ✓ = Substantive Item Considered ca = Chairman's Announcement = Planned Substantive Item	2017						2018											2019		
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	
Cancer Care																				
General Provision																✓				
Head and Neck Cancers														ca					ca	
Care Quality Commission																				
General																			ca	
Clinical Commissioning Groups																				
Annual Assessment														ca						
Lincolnshire East																✓				
Lincolnshire West															✓					
South Lincolnshire																	✓			
South West Lincolnshire																	✓			
Community Maternity Hubs								ca												
Community Pain Management												ca								ca
Dental Services							✓		ca								ca	ca		
GPs and Primary Care:																				
Extended GP Opening Hours								ca			ca				ca					
GP Recruitment			ca		ca															
Lincoln GP Surgeries		ca		ca																
Lincoln Walk-in Centre		✓	ca	✓		✓		✓			✓									
Louth GP Surgeries		ca	ca																	
Out of Hours Service														ca						
Sleaford Medical Group									ca											
Spalding GP Provision														ca						
Grantham Minor Injuries Service												ca	✓	ca						
Health and Wellbeing Board:																				
Annual Report												ca								
Joint Health and Wellbeing Strategy		✓						✓												
Pharmaceutical Needs Assessment					✓		✓													
Health Scrutiny Committee Role	✓																			
Healthwatch Lincolnshire											ca		ca		ca					
Lincolnshire Community Health Services NHS Trust																				
Care Quality Commission													ca		ca					
Learning Disability Specialist Care				✓									✓							
Lincolnshire Sustainability and Transformation Partnership																				
General / Acute Services Review				✓			✓				ca	✓	ca	✓			✓		✓	
GP Forward View										✓										
Integrated Community Care										✓						✓				
Mental Health								✓							✓	ca				
NHS Long Term Plan																ca	✓	✓	✓	ca
Operational Efficiency									✓											
Urgent and Emergency Care									✓							✓				
Lincolnshire Partnership NHS Foundation Trust:																				
General Update / CQC		✓																ca		
Psychiatric Clinical Decisions Unit							ca													
Lincolnshire Reablement & Assessment Service																	ca			

KEY ✓ = Substantive Item Considered ca = Chairman's Announcement = Planned Substantive Item	2017						2018											2019		
	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar
Local Government Elections																			ca	
Louth County Hospital														ca	✓		ca			
Northern Lincolnshire and Goole NHS Foundation Trust			ca												ca			ca		
North West Anglia NHS Foundation Trust							✓									ca				
Organisational Developments:																				
CCG Joint Working Arrangements													✓	ca				ca		
Integrated Care Provider Contract														ca	✓					
National Centre for Rural Care													ca					ca		
NHSE and NHSI Joint Working												ca						ca		
Lincoln Medical School			ca														ca			
Patient Transport:																				
Ambulance Commissioning			✓																	
East Midlands Ambulance Service			✓		ca					✓	ca	ca	ca	✓		ca	ca			
Non-Emergency Patient Transport						✓	ca	✓	✓	✓		✓	ca	✓	ca	ca	✓	✓	✓	
Sleaford Joint Ambulance & Fire Station											ca		ca							
Public Health:																				
Child Obesity													ca							
Director of Public Health Report												✓								
Immunisation					✓															
Influenza Vaccination Programme																	ca			
Pharmacy			ca																	
Renal Dialysis Services														✓						
Quality Accounts	✓								✓											
United Lincolnshire Hospitals NHS Trust:																				
A&E Funding		ca																		
Introduction	✓																			
Care Quality Commission		✓										ca	ca	✓				✓	ca	
Children/Young People Services											✓	✓	✓	✓		✓	ca	✓		
Financial Special Measures			ca		✓					✓										
Grantham A&E			✓				✓	ca						ca	ca	ca		✓	✓	
Orthopaedics and Trauma												ca		ca					ca	
Stroke Services																		ca		
Winter Resilience					ca	✓	ca	ca			✓				✓					