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, 10 July 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), C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

District Councillors: S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), H Matthews (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (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 12 June 2019**	3 - 16
4	**Chairman's Announcements**	17 - 18
5	**United Lincolnshire Hospitals NHS Trust - Update on Care Quality Commission Inspection** *(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with an update on the Quality and Safety Improvement Programme. Michelle Rhodes, Director of Nursing ULHT will be in attendance for this item)*	19 - 34

Item	Title	Pages
6	**United Lincolnshire Hospitals NHS Trust - Children and Young Persons' Services Update** *(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with an update on Children and Young Persons' Services. Dr Neill Hepburn, Medical Director ULHT will be in attendance for this item)*	35 - 88
7	**Mental Health, Learning Disability and Autism Services - Case for Change and Emerging Options** *(To receive a report from the Lincolnshire Sustainability and Transformation Partnership, which presents the Case for Change in mental health, learning disability and autism community services and provides feedback from the Lincolnshire Healthy Conversation 2019. Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust will be in attendance for this item)*	89 - 102
LUNCH 1.00PM TO 2.00PM		
8	**General Practice Access and Demand** *(To receive a report from the Lincolnshire Local Medical Committee, which provides the Committee with information relating to GP access and demand. Dr Kieran Sharrock, Medical Director will be in attendance for this item)*	103 - 110
9	**Glebe Medical Practice Consultation on Proposal to Close Skellingthorpe Health Centre** *(To receive a report from the Lincolnshire West Clinical Commissioning Group, which provides the Committee with information on the consultation currently being undertaken regarding the proposed closure of the Skellingthorpe branch surgery of The Glebe Medical Practice. Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group will be in attendance for this item)*	111 - 122
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)*	123 - 130

Debbie Barnes OBE
Head of Paid Service
2 July 2019

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
12 JUNE 2019

Lincolnshire County Council

Councillors C J T H Brewis, M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), H Matthews (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council), L Hagues (North Kesteven District Council) and L Wootten (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Katrina Cope (Senior Democratic Services Officer), Dr Abdul Elmarimi (Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust), Simon Hallion (Managing Director Family Health, United Lincolnshire Hospitals NHS Trust), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Daniel Steel (Scrutiny Officer), Chris Weston (Consultant in Public Health (Wider Determinants)) and Dr Richard Andrews (Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust).

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

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2019/20.

COUNCILLOR C S MACEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2019/20.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S Barker-Milan (North Kesteven District Council) and R Kayberry-Brown (South Kesteven District Council).

The Committee was advised that Councillors Lucille Hagues (North Kesteven District Council) and L Wootten (South Kesteven District Council) had replaced Councillors S Barker-Milan (North Kesteven District Council) and R Kaberry-Brown (South Kesteven District Council) respectively, for this meeting only.

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

4 DECLARATIONS OF MEMBERS' INTEREST

Councillor S Woodliffe (Boston Borough Council) wished it to be noted that he was currently a patient receiving treatment from United Lincolnshire Hospitals NHS Trust.

5 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 15 MAY 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 15 May 2019 be agreed and signed by the Chairman as a correct record.

6 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:-

- Healthy Conversation 2019 Workshops – Grantham and Boston;
- Emergency and Urgent Care – Grantham and Louth; and
- DAISY Awards for Nurses and Midwives – United Lincolnshire Hospitals NHS Trust.

During discussion, members highlighted the following:-

- Some concern was expressed relating to proposals for urgent treatment centres appointments being made through NHS 111. The Committee was advised that this method was the preferred direction of travel going forward;
- Some concern was expressed that the proposed consultation would not be robust enough. The Chairman agreed to highlight concerns raised to John Turner, Senior Responsible Officer, Lincolnshire STP; and
- One member felt that more publicity of the Health Conversation 2019 needed to be undertaken to ensure that members of the public were aware of how important it was for them to express their views in shaping health services for Lincolnshire moving forward.

RESOLVED

1. That the Chairman's announcements presented as part of the agenda on pages 13 to 20; and the supplementary announcements circulated at the meeting be noted.

2. That a letter be written by the Chairman to John Turner, Senior Responsible Officer, Lincolnshire STP expressing the concerns raised.

7 WOMEN'S AND CHILDREN'S SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS

Consideration was given to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the Case for Change for Women's and Children's Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from Healthy Conversation 2019.

The Chairman welcomed to the meeting:-

- Tracy Pilcher, Director of Nursing, Allied Health Professionals and Operations. Lincolnshire Community Health Services NHS Trust; and
- Simon Hallion, Managing Director Family Health, United Lincolnshire NHS Hospitals Trust.

The report presented provided the Committee with background information relating to the Healthy Conversation 2019 engagement exercise; the case for change for Women's and Children's Services; and the reasons why there needed to be changes.

The Committee was reminded of the significant hospital staffing issues, particularly at the Pilgrim Hospital, Boston, which had an on-going problem of not being able to recruit middle grade doctors and nursing staff. It was highlighted that the shortage of medical and nursing staff had also meant there was reduced ability to support junior doctors; as the support and training required could not be provided. However, since August 2018, as a result of safety concerns, the following temporary changes had been introduced:-

- The closure of the paediatric in-patient beds; and the opening of a paediatric assessment ward at Pilgrim Hospital with any child requiring a non-elective

admission needing to stay 23 hours, or have planned elective care being treated at Lincoln Hospital; and
- Any babies' pre 24 weeks at Pilgrim Hospital being transferred to the Lincoln Hospital site, where staff were able to deal with their needs.

The Committee was advised of the two 'Emerging Options', details of which were shown on page 23 of the report. The Committee was advised further that the NHS's preferred emerging option was number one as it would provide the following services at the two hospital sites:-

Pilgrim Site
- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit;
- The Boston special care baby unit currently cares for babies born from 34 weeks, this is the interim position. Prior to August 2018, it cared for babies from 30 weeks;
- To have short stay paediatric assessment ward for children needing up to 23 hours of care;
- To have low acuity paediatric in-patient beds overnight; and
- To have paediatric day case surgery.

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;
- The wish to keep gynaecology services the same as now on both Lincoln and Pilgrim Hospital site with clinicians; and
- Working as one team across the two sites.

The Committee noted that the second emerging option was to have a consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital. It was noted further that in this option the hospitals would have midwifery-led units, at Lincoln, this would be co-located to the consultant unit, and at Pilgrim Hospital the unit would be a stand-alone midwifery-led unit. The Committee was advised that this was not the NHS's preferred option.

The report highlighted the key activities that were currently taking place across Lincolnshire to support the development and transformation of the services. These were shown on pages 24 and 25 of the report.

The Committee was advised that there was an understanding that women's maternity care should be personalised to meet their needs, and those of their baby and family. The Committee noted that integral to delivering this ambition across Lincolnshire was the development of community hubs, which enabled women and families to access

care closer to home. It was highlighted that there were now six community hubs operating across the county, with a further two hubs proposed. A list of services being delivered at the community hubs were shown on page 26 of the report.

The Committee was also advised that there was an ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. It was highlighted that the first Continuity of Carer Team had been launched on 30 April 2019 in Gainsborough.

A further ambition highlighted was to improve mental health services for women, as about half of all cases of perinatal depression and anxiety were currently undetected. It was noted further that the Lincolnshire Partnership Foundation Trust (LPFT) had been successful in obtaining Wave 2 National Perinatal Mental Health Funding which had enabled Lincolnshire to offer a service for women with high perinatal mental health needs, and that this had been launched in December 2018.

Reference was also made to improving new born care services, as evidence now suggested that separation of mother and baby so soon after birth interrupted the normal bonding process. The Committee noted that the Better Births Team together with the Neonatal Team at ULHT were looking into this particular work stream.

The Committee noted that as part of the development of different service models for caring for children with complex conditions, a new specialist service was being developed to support disabled children with respiratory conditions, which would help treat their needs. It was noted further that this service had started in February 2019, and it had helped reduced the number of hospital admissions for children with complex needs by managing them in the community and at home, with help from specialist equipment.

It was highlighted that to date there had been little direct feedback from the Healthy Conversation 2019 in relation to the emerging options for Women and Children's services.

During discussion, the Committee raised the following matters:-

- The need for more publicity for the Healthy Conversation 2019, as some people were still unaware that engagement events were taking place across the county. The Committee was advised that a lot of publicity had been undertaken, and that the concerns raised would be considered further. It was also highlighted that there needed to be on-going connection and engagement with local groups in Boston to ensure that the views of the local community were being taken into consideration with regard to the emerging options and the changes to paediatric services. Reassurance was given that more would be done to get feedback on the emerging options;
- Some support was expressed for the need to provide continuity of care, as this was particularly important for first-time mothers. A request was made for the Committee to be provided with infromation relating to re-admission rates;
- Some concern was expressed to the fact that the emerging option two was still being considered, due to the amount of travelling time from Boston to Lincoln;

and to the fact there was the potential for reduced staffing. Reassurance was given that there was no suggestion of a reduction in staffing; and that there was still further conversation to take place with regard to this matter;

- Recruitment – The Committee was advised further that there had been more interest in the recent jobs advertised. The Committee was advised that at the moment the Trust had not looked into applying a retention premium;
- Some concern was expressed that services were being lost from the Grantham area. Reference was made to demise of the midwifery unit; the lack of choice for mothers; and the lack of continuity of care. Reassurance was given that the proposals would give women choice, continuity of care; and the provision of community hubs. It was noted that the Sustainability Transformation Partnership was also considering border configuration;
- Support was expressed for community hubs; and the Committee welcomed the proposal for two further hubs;
- Transitions – The need to ensure that health care was available to children when they transitioned into adults. A request was made for a further update regarding this issue;
- Role of the Health Visitor – Confirmation was given that health visitors would provide care at one of the children's hubs or at home;
- The need to publicise good news stories more;
- The need to promote the health service as a career to young people. Confirmation was given that this was already being done;
- Support was expressed for the mental health services for women with high perinatal mental health needs;
- Some concern was expressed regarding the risks associated with implementing the preferred option, particularly with the on-going recruitment issues. The Committee was advised that recruitment was a national issue and that work was taking place to improve the situation. The Committee were reminded that the Trust was currently looking at seven candidates for interview; and that this was more of a positive picture than it had been. One member felt that workforce needed to be looked at as a separate item. Reassurance was given that risk registers were in place and that these were updated monthly, so that any issues were soon identified;
- One member enquired whether capital funding would be required to establish a co-located midwife-led maternity unit in Lincoln and Pilgrim. The Committee was advised that capital funding would be required, and that at the moment the amount required was unknown;
- Where would the additional hubs be located – The Committee was advised that there would be collaboration with the local authority to identify the most suitable locations for the proposed two new sites;
- Clarity was sought regarding the lack of information regarding the provision of transport for those who needed to be transported to Lincoln. The Committee was advised that this issue would be looked at further. The Committee felt that this matter needed to be included in the Healthy Conversation 2019; and
- One member requested a list of the dates and locations for the paediatric sessions. The Committee was advised that a list would be provided.

RESOLVED

1. That the Women's and Children's Services – Case for Change and Emerging Options be noted.

2. That the Chairman be authorised to make a written response to the Lincolnshire Sustainability and Transformation Partnership on the case for change and emerging options for Women's and Children's Services.

3. That the Committee be provided with a list of dates and locations for the paediatric sessions; and information regarding re-admission rates after birth; transitions to adulthood; and additional information regarding the Risk Register.

8 BREAST SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS

Consideration was given to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the Case for Change for Breast Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Health Conversation 2019.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group and Simon Hallion, Managing Director, Family Health, United Lincolnshire NHS Hospitals Trust.

The Committee was advised that United Lincolnshire NHS Hospital Trust (ULHT) was one of the largest breast services in the UK in terms of the total number of breast cancers treated by the service per year. The Committee was advised that breast services were currently spread across ULHT sites with the majority of activity being serviced at Lincoln. The Committee noted the performance as detailed on page 35 showed that for November 2018 to January 2019, performance against the two week wait standard had deteriorated. It was noted further that patients diagnosed with breast cancer were being treated within the national 62 and 31 day waiting times standard, however, patients who were being referred into the service were having to wait too long to be seen; and receive their diagnosis. It was highlighted that the milestones in the NHS Long Term Plan would have an impact on breast cancers. It was highlighted further that the strategy for Lincolnshire breast services had been developed using clinical guidelines for breast screening, diagnosing and treating breast cancer, together with the recommendations put forward in the NHS Long Term plan.

Page 38 of the report provided the Committee with details of the current service provision across the county. The Committee was advised that there was a strong case for changing the way breast services were delivered in Lincolnshire, as a result of the number of patients being seen had increased; and that the model of care across ULHT hospital sites was inconsistent and did not always comply with clinical guidelines. It was highlighted that the primary reason for this was because of the lack of breast radiologists and wider workforce issues. It was highlighted further that there was a shortage of breast radiologist nationally.

Details of the two emerging options were shown on page 39 of the report. As was details of the preferred NHS option, which was as follows:

- Lincoln hospital to become a centre of excellence providing all first outpatient appointments (including the triple assessment appointment – consultation/imaging/biopsy) and day case and elective surgical procedures;
- Screening mammography, follow-up outpatients and community support will stay the same and continue to be provided locally. Mobile screening would also continue as it currently does; and
- For those patients requiring a call back for further assessment, the assessment would take place at the centre of excellence at the Lincoln Hospital.

The Committee noted that oncological treatment for breast cancer i.e. chemotherapy and radiotherapy would continue as was currently provided. The Committee noted further that the preferred option would establish a centre of excellence; improve multidisciplinary team assessment models and services to align delivery with the National Institute for Health and Care Excellence (NICE) guidelines regarding implementing a one stop shop diagnostic service; and also improve workforce sustainability.

It was reported that investment would be required to expand the breast unit at Lincoln Hospital. The Committee noted that the capital funding required was estimated at £4.7m. The Committee noted further that the funding source was still to be identified.

During discussion, the Committee raised the following points:-

- The reduction of services at Grantham Hospital and the implications of the preferred option. The Committee was advised that the preferred option still needed facilities in the local community which would continue to be provided. Confirmation was given that any donations received, conversations would take place with the benefactor as to their specific request;
- Some support was expressed to the Lincoln Hospital Site becoming a Centre of Excellence and to maintaining locally provided services for screening mammography, follow-up outpatients and community support services;
- Some concern was expressed in relation to the financial investment required to expand the breast unit at Lincoln Hospital as a major risk, due the lack of identified funding, which was estimated as being £4.7m. The Committee was advised that the current position was that £52m was required to make the changes necessary through the Acute Services Review. However, steps were being taken to review the capital strategy; review NHS property and estates and their usage; and that this work would be on-going throughout the summer. Alternative funding routes were also being explored;
- Clarification was sought regarding the impact to patients as a result of the preferred option. It was reported modelling of patients who would be displaced to an alternative provider of breast services closer to where the patient lived, had indicated that 1,151 patients per annum would be displaced

from the current ULHT Breast Service. It was reported further that this equated to 22.7% of the current referrals into ULHT for suspected breast cancer and symptomatic breast issues. Information was sought on the possible financial impact of patients who would be displaced to an alternative provider of breast services;

- Due to the fragility of breast services as a consequence of wider workforce issues, some members felt that consultation on breast services should be brought forward;
- The need to ensure that the issue of transport was highlighted when considering the proposed changes. A request was made for the joint transport strategy to be shared with the members of the Committee once it had been completed;
- A suggestion was made for further consideration on how Lincolnshire would access capital funding as part of the Sustainability and Transformation Partnership; and
- A further suggestion was made for the Committee to consider workforce model as a future agenda item.

RESOLVED

1. That the Breast Services – Case for Change and Emerging Option report be noted.

2. That the Chairman be authorised to make a written response to the Lincolnshire Sustainability and Transformation Partnership regarding the case for change and emerging options for Breast Services.

3. That the following information be requested by the Committee:

    - A copy of the Joint Transport Plan when completed;
    - Protocol on Patient Choice; and
    - Additional information on the possible financial impact of displaced patients to an alternative provider (as per 5:1 of the report).

9 STROKE SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the Case for Change for Stroke Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

The Chairman welcomed to the meeting Dr Abdul Elmarimi, Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust and Dr Richard Andrews, Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust.

The Committee was provided with some background information, which made reference to the fact that there were over 100,000 people who suffered a stroke in the UK each year. The Committee was advised of the long-term problems caused by

strokes and the different types of strokes, details of which were shown on pages 44 and 45 of the report.

The report made reference to the milestones for stroke care as set out in the NHS Long Term Plan, details of which were shown on page 47 of the report. It was noted that the national drive was to form larger Stroke Centres.

Details relating to the current model of Stroke Care in Lincolnshire; and the current position of the workforce were shown on pages 48 and 49 of the report. The Committee was advised that clinical standards and performance standards were not consistently being met, and that there were significant workforce gaps against clinical guidelines for staffing levels, and that this had been the case for a number of years.

The Committee was advised that there were two emerging options, which were:

1. Centre of Excellence – Stroke services at Lincoln Hospital;
2. Strokes services continuing at both hospitals with a combined stroke rota.

The Committee was advised further that option one was the preferred option, as this option had been developed based on the national clinical guidelines for stroke published by the Royal College of Physicians. This option also reflected the key messages and recommendations for stroke care as set out in the NHS Long Term Plan.

It was highlighted that the second option was less likely to be successful at delivering stroke services that met the national standards and guidelines for stroke services; and the delivery of seven day stroke services.

Reference was also made to the impact for patients of the preferred option. Particular reference was made to concerns raised during the Healthy Conversation 2019 relating to the impact on travelling times to the Lincoln Hospital site for all patients across the county. The Committee was advised that this had been considered and detailed information had been provided within the report presented regarding this matter.

The Committee was also advised of the new Stroke Service Framework and to the fact that by March 2020, it was expected that the average length of stay in hospital would have reduced from approximately 14 days to 10 days, with an aspiration that an average length of stay of seven days would be achieved in line with best practice.

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

- Some members welcomed the report and the proposals contained within it, but expressed some concern regarding travelling time for patients;
- One member expressed concern with regard to a patient who lived in Boston being seen within the 'golden hour' period at Lincoln. The Committee was advised that the 'golden hour' referred to a 60 minute period from door to needle for the 15% of all stroke patients who required thrombolysis (this treatment option was only for acute ischemic stroke). It was noted that out of

this 20% of stroke patients that received thrombolysis, one third of them would benefit from the treatment (5%). The Committee was advised further that the preferred option would improve care and outcomes for the majority of stroke patients. It was noted that with the preferred option, any patient who used the county's stroke service would benefit from a fully staffed centre of excellence that was able to deliver exceptional care for improved outcomes and better aftercare. It was noted further that having a Centre of Excellence would also help to ensure better training opportunities which would promote Lincolnshire better in the recruitment market;

- Another concern raised was the impact on displaced patients from Pilgrim Hospital to North West Anglia NHS Foundation Trust. Information relating to the impact to patients regarding the preferred option was shown on page 51 at 6.1.3 and 6.1.4 of the report. The Committee was advised that the number displaced would be minimal;
- Concern was also expressed to the waiting time at A & E; and how this would affect stroke patients. The Committee was advised that in Lincoln there was a direct phone line, which pre-alerted the Stroke Team of the estimated time of arrival of a patient. The team would then take the patient direct from the ambulance which prevented any waiting time; and
- One member enquired as to whether Lincoln would be able to cope with the additional patients. Reassurance was given that Lincoln would be able to cope with the increased numbers.

The Chairman on behalf of the Committee thanked the representatives for their very open presentation.

RESOLVED

1. That the Stroke Services – Case for Change and Emerging Options report presented be noted.

2. That the Chairman be authorised to make a written response to the Lincolnshire Sustainability and Transformation Partnership on the case for change and emerging options for Stroke Services.

The Committee adjourned at 1.13pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, L Hagues (North Kesteven District Council) and A White (West Lindsey District Council).

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

10 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE

The Committee gave consideration to a report from the NHS Lincolnshire West Clinical Commissioning Group, which provided the Committee with an update on the Non-Emergency Patient Transport Service.

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

The Committee was advised that since the previous update provided to the Committee at its March 2019 meeting; and following representations by Thames Ambulance Service Limited (TASL) to the Care Quality Commission (CQC) following the publication of their report in October 2018, the CQC had started a programme of further inspection visits to TASL, the results of which were expected to be published in the late summer of 2019.

It was reported that there had been some month on month improvement in the achievement of Key Performance Indicators (KPIs), however, performance remained below acceptable levels, as too many journeys had been subject to being unacceptably late; and some transport not arriving at all to collect patients for their appointments;

Detailed at Appendix A to the report was a summary of activity and KPI performance position for the period to April 2019. It was highlighted that for April 2019, TASL had achieved the contracted level of performance for 1 out of 12 KPIs (call handling) and had delivered month on month improvement for 7 KPIs. It was highlighted further that fast track journeys were much improved in April at 81.8%, following unacceptable performance in March of 50.0% against the target of 100%.

The Committee noted that TASL had also used a number of third party providers who had been sub-contracted by TASL to supplement employed crew capacity for journeys, which including renal and out of county journeys. The report highlighted that third party resources were expected to continue to be engaged by TASL, as the additional capacity provided flexibility to respond to fluctuations in demand and in-house capacity.

The Committee was also advised that the CCG continued to commission third party capacity outside of the TASL contract to support discharges at Lincoln and Boston hospitals.

In conclusion, the Committee was advised that the CCG would continue to closely monitor the delivery of the contract. The Committee was advised further that the CCG was not intending to give notice to exit the contract at this time.

A discussion ensued, from which the Committee highlighted the following points:-

- Confirmation was given that good working relationships were continuing with voluntary car drivers;
- Some concern was expressed to the lack of improvement across the performance indicators, and how much longer the CCG was prepared to continue with the contract. It was reported that the assessment of risk of termination of the contract remained as previously reported;

- Cost of TASL to the service of missed appointments – The Committee was advised that modelling had been done to identify the cost to the patient and also to the cost of the service delivery. Reassurance was given that all risks were being looked at in an integrated way;
- Concerns were expressed regarding the inconsistency of the service and the impact on patients;
- The additional cost to the CCG for funding the third parties. The Committee was advised that information relating to the percentage put in by the CCG would be made available to them after the meeting;
- Were adequate governance arrangements in place? The Committee was advised that there had been changes to the governance team and that the CCG had confidence in the governance managers currently in place;
- Type of Contract – The Committee noted that the contract was a block contract; and that the contract provided for penalties when performance had not reached the required standard. Confirmation was also given that TASL had received penalties;
- With regard to KPIs, what the reasons were behind cancelled journeys; and what monitoring was being done. It was reported that monitoring was happening on a daily basis, and that when journeys were cancelled as a result of no capacity, then mitigation was put in where this was happening. It was noted that the situation was improving; and
- Initial feedback - CQC report – The Committee was advised that there had been some improvement, but the required level had not yet been reached.

RESOLVED

1. That the Non-Emergency Patient Transport update report be noted.

2. That the Committee's frustration be recorded that there had been insufficient service improvement from Thames Ambulance Service Ltd.

3. That a further report be received from the Lincolnshire West CCG in three months' time.

4. That the Committee's view that the Lincolnshire West CCG should strategically exit the contract with Thames Ambulance Service Limited be noted.

11 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 64 to 66 of the report presented.

RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minutes number 10(3).

The meeting closed at 2.27 p.m.

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**10 July 2019**
Subject:	**Chairman's Announcements**

1. Lincolnshire County Council Children's Social Care Services - Outstanding

On 11 June 2019, Ofsted gave Lincolnshire County Council's Children's Social Care Services an 'outstanding' rating. This rating followed an inspection by Ofsted between 29 April and 3 May 2019.

The report praised many aspects of the County Council's Children's Social Care Services, including an integrated model of delivery with early help, children's health and children's social care. This report states that this results in effective multi-agency partnerships co-ordinating and delivering services that make a positive difference to children's lives. The full report is available at the following link:

https://reports.ofsted.gov.uk/provider/44/80484

2. Local Mental Health and Dementia Services for Older Adults – 'Big Conversation'

Lincolnshire Partnership NHS Foundation Trust (LPFT) has been engaging with service users, carers and other partners about its local mental health and dementia services for older adults. LPFT is hosting a series of workshops, which will provide an update on:

- home treatment
- out of hours support
- support for carers

The first two workshops took place on 1 and 2 July in Grantham and Skegness. Workshops are also planned on the following dates:

- 30 July 2019 Louth - 10.00am - midday, Windsor House, LN11 0LF

- 31 July 2019 Lincoln 10.00am - midday, Witham Court, Fen Lane, LN6 9UZ
- 8 August 2019 Boston 10.00am - midday, Department of Psychiatry, Pilgrim Hospital, Sibsey Road, PE21 9QS
- 14 August 2019 Spalding 10.00am – midday, Johnson Community Hospital, Mental Health Department, Spalding, PE11 3DT

For more information on bookings please contact: Laura Suffield laura.suffield@lpft.nhs.uk or call 01529 222333.

3. Healthwatch Lincolnshire Annual Report 2018-2019

On 26 June 2019, Healthwatch Lincolnshire published its annual report for 2018-19. The full report is available at the following link: -

https://www.healthwatchlincolnshire.co.uk/report/2019-06-30/hwl19-our-annual-report-201819

The annual report includes the following message from Sarah Fletcher, Healthwatch Lincolnshire's Chief Executive:

> "*Looking Back*
> *"Due to the Healthwatch Lincolnshire contract expiring in September 2018, 2018/19 resulted in us reflecting on both our organisation and its priorities. This reflection enabled us to spend more time planning our future and most importantly getting out and about to promote Healthwatch Lincolnshire at over 80 different events.*
>
> *"This year was our first year inviting the public to vote for which health and care services were most important to them. From this work we formed the first of our project activities looking at stroke services. This work will continue for the next year providing much needed insight into the impact of stroke and how local stroke services are supporting both the patient and their family or carer.*
>
> ***"**Looking Ahead*
> *"Our new financial year will see our employees, trustees and volunteers:*
> - *Continue with our project activities such as stroke, mental health and care support services;*
> - *Respond to emerging health and care concerns such as fragility or closure of services; and*
> - *Restructure our charity to help with financial future proofing and open up more opportunities to support Lincolnshire people."*

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:	**10 July 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 Quality & Safety Improvement Programme.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is invited to:

1) Consider the progress on the Quality & Safety Improvement Programme and review the areas of escalation
2) Consider how it wishes to monitor progress going forward

1. Background

1.1 Introduction

The Care Quality Commission (CQC) inspected 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 and 18 December 2018.

The Trust developed and submitted an improvement plan to the CQC at the end of July 2018 containing 12 work programmes. The Trust's process for delivering and monitoring progress against the Quality and Safety Improvement Plan (QSIP) remains the same as 2017/18. The Director of

Nursing is the Senior Responsible Officer for Quality with individual Executive Directors holding 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.

A further core service visit has taken place during June 2019 with 5 pathways being inspected over the Pilgrim and Lincoln hospital sites, they are urgent and emergency care, medicine, children & young people, maternity services and critical care. Although unannounced visits to these areas are expected over the next few weeks no further pathway inspections are expected this year. Initial feedback has been given and the letters will be presented in the public trust board on 2 July 2019. A verbal update will be given to Health Scrutiny Committee on the 10 July 2019.

1.2 Trust Progress

The Trust is making positive progress against the 12 current work programmes with some areas achieving significant improvements. Appendix 1 details areas of success and areas for escalation.

1.3 Identified Challenges

Safety Culture: Significant improvements have been made with regard to the safety culture, the next milestone is to ensure that an embedded system of learning from mistakes is implemented across the Trust.

The Deteriorating Patient: The Trust remains below our 90% trajectory for screening for sepsis and delivering IV antibiotics to patients within an hour. The current plan is being refreshed.

ED Pilgrim. Progress has been made in the ED department at Pilgrim and the milestone plan will be refreshed to reflect that, the Trust will also add ED Lincoln into the Quality & Safety Plan going forward as this department requires support to improve patient experience and staff morale.

1.4 Next steps

The QSIP will continue to be monitored on a weekly basis and issues escalated up to the Trust Board via the appropriate committee.

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 current position of the 12 work plans is attached at Appendix 2, areas of success and areas for escalation are attached at Appendix 1.

Trust Board and System oversight from NHS Improvement is in place through monthly system improvement boards.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Highlight Report: Improving Quality & Safety (May 2019)
Appendix B	Quality Safety Progress Overview Report (May 2019)
Appendix C	Quality and Safety Improvement Plan
Appendix D	Divisional Leads and Trust Board members July 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 Michelle Rhodes, who can be contacted on 01522 307320 or michelle.rhodes@ulh.nhs.uk

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Highlight Report: Improving Quality & Safety (May 2019)

Overall RAG rating **A**

Achievements/Successes

QS01 Safety Culture: From mid April within Datix the Trust is now able to capture data around feedback is given to staff who have reported an incident. This will be a Key Performance Indicator (KPI) within the Quality & Safety Dashboard for 2019/20.
QS03 Deteriorating Patient: Sepsis 'lift skins' have been applied to lift doors at Lincoln County to aid in the communication of recognising sepsis symptoms. Significant improvement in the recognition and treatment of sepsis in children.
QS05 Paediatric Services: Monkey Wellbeing posters are now being embedded into clinical areas where a child may visit.

Risks / Issues

1. **QS05 Paediatric Services:** The secondment for the role of Children's Improvement Lead Nurse comes to an end beginning of June and there is concern as to who has the expertise to continue delivering this project.
2. **QS10 Data Quality:** The secondment for the role Project Manager comes to an end in May and there is concern as to who has the expertise to continue delivering this project.
3. **QS11 Hospital@Night:** Risk in delivery of project due to monies that is required to support the business case.

Escalations

QS01 Safety Culture: Good progress continues, but mechanisms for dissemination of learning are being reviewed including how patient safety bulletins can be used more consistently. As a Trust we are still not where we need to be to ensure lessons learnt processes are embedded for our staff.

QS03 Deteriorating Patient: Overall good progress has and continues to be made, but there is concern around sepsis. The concerns are around the Trust is still not achieving the standards for sepsis screening and timely treatment of sepsis with IV antibiotics.

QS04 Pilgrim ED: There is concern around this project due to lack of evidence being submitted once actions/milestones have been completed and also lack of engagement. The Pilgrim ED Improvement Plan is currently being revised and will include Lincoln ED going forward.

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Improving Quality and Safety; Overview Progress Report - May 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 (April 2019)	**RAG**	A	**Planned Activity next period (May 2019)**	**RAG**	A

Progress:

QS01: Analysis of staff survey data. Three members of staff to complete QSIR Classroom Assessments.
QS02: TOM structure to be launched under new governance framework. Launch of basic incident management training.
QS03: Policies to be approved at CESC.
QS04: Evidence to be collated for completed milestones around GP streaming, fractured neck of femur pathway etc.
QS05: Benchmarking of W&C Services. Benchmarking of Outpatient Services to commence. Pants and Tops to be launched in ED Trust Wide.
QS06: Roll out of Safe Care work streams following Time Out Session in Sleaford on 03/04/2019. Continuous monitoring of PPID Datix themes and offers of targeted support areas where needed.
QS07: Increase in comms around importance of attending Clinical Holding and Restraint Training.
QS08: Communication on allergies to be distributed. Web page to go live.
QS09: Review the Clinical Coding Masterclass function. Review the funding for MES to have 5/7 services.
QS10: Existing KPIs to have kite mark attached.
QS11: Continue to explore thematic incidences. Business case approval/non-approval will determine actions for April.
QS12: MDSG decision on MEMS software to be ratified by Patient Safety Group. The development of user-training packages on MEMS for partners.

Planned activity:

QS01: Discuss with Communication team on best mechanisms to disseminate lessons learnt to the wider clinical and non clinical audience within the Trust. Development of posters for new TOM Governance Structure.
QS02: Continued recruitment to vacant posts in new Clinical Governance structure. Continued support to embedding new reporting processes.
QS03: Meet with all of the Medical Examiners regarding Harm reviews and how to collect the information. Meet with the ICU leads regarding Harm reviews and how to collect the information.
QS04: Continued development of SOPs . Review of RAT and flow in the Department. Four Hour breach analysis. Conversion rate review.
QS07: Definitive statement required from HR re: process for DBS checks on external/agency/contract staff. Rapid Tranquilisation Checklist Sticker to be ratified and introduced.
QS08: SOP for review of medication incidents to be ratified by Pharmacy Governance group. Communications to be developed on completing drug charts. Submit business case to CRIG for discharge team. Communication to Nursing staff to stop using returns book.
QS09: Continuous of sustaining management processes.
QS12: MDSG to decide a Trust wide risk assessment of medical devices from a user-training perspective. Develop the current guideline on training into a procedural document for the Trust. Start working on training packages on MEMS for stakeholders. Review the current progress on TNA and receive feedback from MDSG.

Project Overview	**Current Period RAG**	**Forecast Next Period RAG**	**Comments**
QS01: Developing the Safety Culture	A/G	A/G	Commenced staff survey on patient safety culture relating to how lessons learned are distributed and how staff would like to receive the information. Analysing and learning from Patient Safety Incidents, Complaints, Claims and Coroners Inquest Policy drafter and out for consultation.
QS02 Governance	A/G	A/G	The automatic feedback mechanism in Datix has been activated and will now provide feedback to all incident reporters. Development underway of risk reporting to the new Trust Management Group.

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS03 Deteriorating Patient	A/G	A/G	Roll out commenced for train the trainer sessions. Sepsis Practitioners to attend all Specialty Governance Meetings to increase medical engagement.
QS04 Pilgrim Emergency Department	A	A	Information analyst is now in post and progressing the work on trajectories and quality dashboard. Continue to attend and contribute to system wide ambulance handover meetings. Continuation of work with LCHS and attend weekly operational meetings to support continued improvement of GP streaming.
QS05 Children & Young People	A/G	A/G	The development of the benchmarking tool for Outpatient Department completed. The work on the patient tracking lists has now been incorporated into paediatric surgical pathways work. There have been two meetings in March to discuss the formation of work streams and work packages. Project leads to be identified. An escalation document has been written for review by the DON. HEE have commenced work on the paediatric training for C&YP attending Emergency departments within the Trust, triage and assessment processes have been reviewed and adapted. Tops and Pants is now implemented. Monkey Wellbeing posters are now being embedded into clinical areas where a child may visit.
QS06 Safe Care	G	G	Trust wide communications have commenced on Positive Patient Identification, NG Tube safety, Safety Huddles and Intentional rounding; they have been included in Team Brief and Weekly round-up to raise awareness. A new Quality Matron has commenced in post and is providing support to the team to drive the Safe Care projects forward.
QS07 Safeguarding	G	A/G	Draft policies on conscious sedation and Rapid Tranquilisation circulated for comments.
QS08 Medicines Management	A/G	A/G	Allocation of team leaders is now in place to each speciality governance meetings. Datix reporting for medication incidents is now in place. Summary care record for medicines reconciliation is being fully utilised by all staff within Pharmacy. Clinical pharmacy ward cover at a safe level is now in place. Full time pharmacy cover for acute admissions unit is now embedded. Medicines are now stored in accordance to Trust Policy.

Project Overview	Current Period RAG	Forecast Next Period RAG	Comments
QS09 Mortality Outliers	A/G	A/G	Audits completed to assess compliance with: PMRT, staff giving brief advice to women who smoke, offered nicotine replacement therapy and carbon monoxide testing is happening. A case note audit has also been completed on small for gestational age. Improvement plans are being developed on the findings of these audits.
QS10 Data Quality	A/G	A/G	IPR agreed by Board and for immediate implementation. SOP's for Best Practice Tariff (BPT) nearing completion. JD's for InPhase Project Manager and set-up/build completed to go through next recruitment phase. All KPIs sourced from datix are now completed. Presentation on IPR introducing SPC to Senior Leadership Forum has been completed.
QS11 Hospital at Night	A/G	A/G	Phase one 24/7 H@N service (CCOT business case) approved by CRIG and Exec Teams. Demonstration of handover module of Nerve Centre. Communication plan Todays work Today commenced.
QS12 Medical Devices	A/G	A/G	Medical Devices Safety Group have agreed that a single database of recording equipment should be used Trust Wide and work has now commenced to pull an action plan together to implement this process.

Risks to Delivery (moderate and above):

1) QS05 Paediatric Services: The secondment for the role of Children's Improvement Lead Nurse ended beginning of June and there is concern as to who has the expertise to continue delivering this project.
2) QS10 Data Quality: The secondment for the Project Manager role ended in May and there is concern as to who has the expertise to continue delivering this project.
3) QS11 Hospital@Night: Risk in delivery of project due to monies that is required to support the business case.

Assurance Methods:

1) Weekly Quality and Safety Implementation Group.
2) Fortnightly Quality and Safety Improvement Board.
3) Monthly Oversight; 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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NHS
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Quality and Safety Improvement Plan – Work Programmes

QS01 - Developing the Safety Culture.
Building a consistent safety culture through the delivery of the range of projects within the overall Quality and Safety Improvement Programme. To ensure that learning from events and SIs is embedded in our governance systems. To ensure that a consistent Quality Improvement Methodology is embedded across all parts of the Trust. To maximise the learning opportunities from the buddying arrangements with Northumbria.

QS02 - Governance
Trust Wide review and update to the governance and well led structure, processes, monitoring and assurance. Ensuring that the Trust and its staff are able to meet local, statutory and contractual requirements; independently identifying areas of concern and outstanding practice. Delivery of improvements to governance processes across clinical specialties. Greater transparency and openness with patients following identification of harm through improvements to duty of candour. Improvements to the well led capabilities of senior leaders across the Trust. Improvements to the trusts meeting and assurance structure and processes. Better recognition, monitoring and mitigation of risk at all levels.

QS03 - The Deteriorating Patient
Trust Wide review and update to policy, education, and practice and performance management to better recognise and rescue the deteriorating patient. Further improvements in sepsis early recognition and treatment. Identification of patient with AKI and the care required. Maintaining fluid balance. Lessons learned from failure to escalate. Effective communications using SBAR. Recognising failure to escalate deteriorating patients. Implementation of national ReSPECT programme.

QS04 - Pilgrim ED
Delivery of an Emergency Department wide improvement plan to ensure that the Department delivers consistent high quality care and meets key national performance indicators. Patient care is delivered within Royal College of Emergency Medicine 'Initial Assessment of Emergency Patients' guidelines. The Department consistently achieves 95% plus four hour target. Patients are cared for by appropriately trained and caring staff. Quality and experience of patient is consistently positive and measured against agreed parameters.

QS05 - Paediatric Services - Developing and Improving care of the Hidden Child
The programme looks to identify the 'hidden child' across all services within the Trust and then ensure that we are delivering safe care that identifies and measures the quality of the experience for both the child and their parent or next of kin and how we can further improve. Identify those pathways, services and departments beyond children services that provide care for children and young people. Identify markers of safe care within these environments. Identify mechanisms within these environments to measure the experiences of children, young people and their families or carers.

QS06 - Safe Care
Trust Wide implementation and embedding of Safe Care with five individual projects to enable the Trust to robustly demonstrate a consistent approach to SI's and Never Events ensuring learning and quality improvement. Reduction in SI's and Never Events and the ability to demonstrate learning. Consistent approach across all sites, all departments in the delivery of evidenced based processes:-

- Positive patient ID
- Intentional rounding
- Safety Huddles
- Handover
- Nasogastric tubes
- Responding to Never Events

QS07 - Safeguarding
Delivery of the Safeguarding Improvement Plan to ensure that the Trust is fulfilling its duties and statutory responsibilities to safeguard and promote the welfare of children, young people and adults who come into contact with our services. Conscious sedation is used appropriately and safely when required. Patient care is delivered in line with the following policies: Chemical Restraint in the Management of Agitated Patients on General Adult Wards & in A&E; and Clinical Holding & Restraint. All adults are offered a chaperone for all intimate examinations and children and young people are provided with chaperones. The Trust is fully compliance with Savile and Bradbury report recommendations. Pathway is seamless for patients with LD who require access to ULHT services, including those without a ULHT Consultant. The Trust is compliant with Child Protection Information Sharing (CP-IS) requirements.

QS08 - Medicines Management
Pharmacy, nursing and medical staff to improve Medicines Management; in order to improve patient safety and reduce harm from medication. Maintain and develop education and training resources relating to Medicines Management for all those undertaking medication related tasks. Improved culture of medicines safety and learning from incidents. Pharmacy providing a sustainable clinical service. Readily accessible pharmaceutical support for clinical services. Staff knowledge and competence in Medicines Management increased through access to education and training – pharmacy staff, nursing staff and junior doctors. Safer medication supply and administration processes from admission through to discharge. Improved medicines security and safer storage of medicines.

QS09 - Mortality Outliers
Focused improvement actions in those areas where the Trust is identified as a mortality outlier. Initial work focuses on Trust Wide review of Perinatal Mortality to identify:-

- Reasons why perinatal mortality is alerting
- What actions are required
- Systematic improvement and embedding changes

QS10 - Data Quality
Delivery of improvements and standardisation to the sources, triangulation, validity and timeliness of data used to support the Trust governance processes. Clarity regarding sources of data used for Trust Wide information ensuring reliability. Improved validity process including appropriate triangulation. Ward to Board processes uses the same information to analyses and provide improved governance. Improvements to the trusts analytics capabilities.

QS11 - Hospital at Night
To review the delivery of ULHT's Hospital at Night structure to ensure that it provides an effective and safe structure to manage patient safety in the out of hours period. To ensure there is an appropriate governance structure in place. To ensure robust rota management and oversight for nursing and medical staff. To seek areas of good practice and adopt them. Learning from external organisations and national recommendations. To explore the development of a single service, including the ways of working and supporting informatics systems, delivered across multiple sites with clear lines of communication, leadership and management thereby reducing unwarranted variation.

QS12 - Medical Devices
To provide assurance regarding the safety of medical equipment and devices and their use throughout the Trust. Ensuring that there is a comprehensive up to date register of medical equipment in use across the Trust, which is clear about the equipment owner; the Trust's 'standard' risk rating for each device; and the maintenance status of each device. Reviewing annually the standard risk rating assigned to each medical device. Reviewing medical equipment risks on the risk register, providing assurance about how risks are monitored and mitigated. Giving assurance about actions taken in response to:-

- Incidents involving the use of medical equipment.
- Medical device safety alerts.
- Patient safety alerts as relevant.

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NHS
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Meet the team

Divisional Leads

Surgery

Catherine ODwyer
Divisional Clinical Director

Mark Lacey
Divisional Managing Director

Roz Howie
Divisional Nurse

Surgery
General Surgery
Vascular
Urology
Head and Neck

T&O and Ophthalmology
Orthopaedics
Ophthalmology
Orthoptics

Theatres and Critical Care
Theatres
Critical Care

Medicine

Donal ODonoghue
Divisional Clinical Advisor (Interim)

Jan Potts
Divisional Managing Director (Interim)

David Cleave
Divisional Nurse

Urgent and Emergency Care
A&E
Acute Medicine

Cardiovascular
Cardiology (including Cardiac Physiology)
Stroke
Endocrinology
Diabetes
Renal

Specialty Medicine
Dermatology
Rheumatology
Neurology
Gastroenterology
Respiratory
Health Care of the Older Person

Family Health

Suganthi Joachim
Divisional Clinical Director

Simon Hallion
Divisional Managing Director

Penny Snowden
Divisional Head of Nursing and Midwifery

Women's Health and Breast Services
Breast
Maternity
Gynaecology

Children and Young Person's
Paediatrics
Community Paediatrics
Neonatology

Clinical Support

Ciro Rinaldi
Divisional Clinical Director

Yaves Lalloo
Divisional Managing Director

Carl Ratcliff
Lead Clinician

Cancer
Haematology
Oncology/Radiotherapy
Palliative Care

Diagnostics
Endoscopy
Respiratory Physiology
Neurophysiology
Audiology
Radiology
Nuclear Medicine
Clinical Engineering
Radiation Protection and Radiation Physics
Screening Services

Outpatients
Access, Booking and Choice
Health Records
Outpatients

Therapies and Rehabilitation
Rehabilitation Medicine
Occupational Therapy
Orthotics
Dietetics
Physiotherapy

Pharmacy

2021
A different Lincolnshire
A great ULHT

Excellence in rural healthcare

5.6.19

Who's who — United Lincolnshire Hospitals NHS Trust

Andrew Morgan
Chief Executive

Kevin Turner
Deputy Chief Executive

Dr Neill Hepburn
Medical Director

Paul Matthew
Director of Finance and Procurement

Michelle Rhodes
Director of Nursing

Paul Boocock
Director of Estates and Facilities

Martin Rayson
Director of HR and Organisational Development

Mark Brassington
Chief Operating Officer

Elaine Baylis
Chair

Liz Libiszewski
Non-executive Director

Gill Ponder
Non-executive Director

Geoff Hayward
Non-executive Director

Sarah Dunnett
Non-executive Director

Dr Christopher Gibson
Non-executive Director

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:	**10 July 2019**
Subject:	**United Lincolnshire Hospitals NHS Trust - Children and Young Persons' Services Update**

Summary:

This paper is an update on previous paper presented to the Health Scrutiny Committee in 19 March 2019. The report is in five parts:

1. An introduction to the interim paediatric service model in place at Pilgrim Hospital, Boston and updates on the continuing work to address the significant challenges faced by the Children & Young Persons' Services (C&YP), which also have clinical interdependencies within Neonatal and Maternity Services at United Lincolnshire Hospitals NHS Trust (ULHT).

   a. The interim service model has delivered a safe service for the children's population of Lincolnshire. However, recruiting children's doctors and nurses remains a constraint and an area of concern for the service and the Trust.

   b. Next steps: The interim service model is now at the stage where it can be incorporated into a larger children's programme of work to ensure it develops as part of an integrated service for children for the whole population of Lincolnshire.

2. The Royal College of Paediatrics and Child Health Report (October 2018).

3. The 6-month review of the interim Paediatric service model in place at the Pilgrim hospital.

4. The risk register for the Children and Young Persons' service.

5. The contingency in place to manage any possible inability to maintain the interim service model.

Actions Required:

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

1. Introduction and Updates

The inpatient paediatric service at Pilgrim Hospital, Boston was suspended from August 2018 and replaced by an interim service model which included a Paediatric Assessment Unit (PAU). The case for this change was presented to the Health Scrutiny Committee in June 2018 and has been the subject of updates since that date.

At its core, the decision was made in response to concerns expressed by senior medical staffing relating to an inability to recruit middle grade doctors at Pilgrim Hospital and therefore, difficulty in maintaining the 3 tier rota to staff the ward and the neonatal units required for consultant led obstetrics. This was compounded by Health Education East Midlands relocating trainees from Pilgrim Hospital to the Lincoln site, although trainees have been able to continue day time work at Pilgrim Monday to Friday.

This model was supported with an increased Consultant presence (on-site until 10pm weekdays) and the provision of an on-site dedicated ambulance to transfer children (or pregnant women) with a second ambulance available as needed.

Alongside the switch to a PAU, it was agreed to only provide special care to babies of 34 weeks gestation or above.

The RCPCH undertook a review and was in support of a Paediatric Assessment Unit at Pilgrim Hospital, Boston to limit the impact on children, young people and their families of the withdrawal of inpatient beds.

The development and implementation of the interim service model was developed by a task and finish group involving health system partners and overseen by the Trust Board and also a Health System Board chaired by the NHSI Medical Director. Now the Interim model is established and operating well, oversight has been passed from the System Improvement Board to the Trust and progress is reported to the Trust Board quarterly.

<u>Updates</u>

There are six main areas for updates: the PAU Model, the Emergency Department, Neonatal Services, Workforce Issues, Postcode Analysis and Readmission Rates.

PAU Model:

- Initial model was for a 12-hour maximum length of stay Paediatric Assessment Unit (PAU).

- Principle of a PAU is to ensure early appropriate assessment by a senior clinician to direct diagnostics and treatment plans. Nationally, PAUs deliver fewer hospital admissions and usually lead to reductions in the length of stay for anyone admitted to hospital. It is an integral element of the best practice model for acute paediatrics promoted by the RCPCH.

- At Pilgrim Hospital the new model has seen the average paediatric length of stay reduce from 43 hours to 8 hours. This reflects rapid assessment, prompt investigation and management as well as better coordination of care with other agencies. This model is now being developed at Lincoln County Hospital.

- The Trust actively monitors the numbers of children staying over 12 hours (Datix reporting) but the model has flexibility. Consultants can keep any child beyond 12 hours if this is clinically required (usually to stabilise the clinical condition), or deemed in the best interest of the child and their family, (where it is expected that the child will be discharged to a timescale that does not justify the transfer). Any decision to breach the 12-hour standard needs Consultant support and a risk assessment.

- There are facilities on the Pilgrim PAU unit to care for children who have higher dependency needs (up to 2 beds). These are usually utilised for patients needing stabilisation with respiratory needs or newly diagnosed diabetic ketoacidosis (DKA), these account for a number of stays exceeding 24 hours.

- As reported to the System Improvement Board, 72% of admissions at Pilgrim are for less than 12 hours and 89% are for less than 24 hours – so 11% of children currently stay above 24 hours.

- The on-site ambulance is available 24/7. If the dedicated ambulance undertakes a transfer, the contract ensures a second crew is immediately available to support the service.

- For the period to 30 April 2019, 2,790 children attended the Pilgrim PAU (average of 75 per week). 272 of these patients were transferred to other hospitals, of which 190 were taken to Lincoln, 36 to tertiary units (predominately Nottingham) and 46 were transferred to other hospitals, usually reflecting availability of beds.

- The Acute Services Review process as part of the Lincolnshire Sustainability and Transformation Partnership (STP) has proposed that the model of a PAU at Pilgrim Hospital should continue and, subject to planning, that a PAU also be created at Lincoln County Hospital. This is a key element of the ongoing ‘Healthy Conversation 2019’ process.

Emergency Department:

- Health Education England Fellows (all senior nurses from specialist children’s units) have been working to introduce the Paediatric Observation Priority

Score (POPs) assessment model to the Trust's Emergency Departments, with competency training for all clinical staff. This tool directs clinicians in a structured assessment of children in the ED environment and provides a clear clinical priority rating as the assessment output. Work on this is now completed.

- Paediatric nursing staff from the hospital wards have supported colleagues in ED at peak periods.

- Plans are being finalised to recruit to specific rotational children's nursing roles between ED and paediatric areas. Experience elsewhere suggests that such roles can attract specific candidates.

- Further work is planned to develop the pathways from ED to PAUs to maximise opportunities to get children to specialist opinions as appropriate.

Neonatal Services:

- Currently the service is delivering a level 2 neonatal service at Lincoln County Hospital (29-week gestation) and a special care baby unit at Pilgrim Hospital (34-week gestation).

- Work plans are established to ensure that the ULHT services meet the recently revised national criteria for full accreditation which will ensure the Trust is providing the appropriate level of care. This would move to 27-week gestation at Lincoln and 32-week gestation at Pilgrim Hospital, leading to fewer transfers out of the local hospitals.

Workforce Issues:

<u>Nursing</u>

- The current band 5 nursing vacancies across Rainforest Ward, Safari Unit (Lincoln) and Ward 4A (Boston) are running at around 50% of establishment. This is mitigated by the use of additional hours and long-term agency nursing appointments.

- The Trust's senior HR team have worked with the service and a specialist recruitment company to develop a specialised national recruitment campaign to attract registered children's nurses (RNCs) to Lincolnshire – this will include the recruitment of the Lead Nurse for Children.

- In discussion with current staff, it has been suggested that the service may previously have seen staff leave to secure more flexible working opportunities. The family health division has agreed to introduce more flexible opportunities to attract staff back to the Trust/attract new staff.

- Development of specialist nursing roles across the service, to include advanced nurse practitioners.

- University of Lincoln will commence a degree programme for Children's Nursing in September 2019. This will have significant positive benefit to the local hospitals as first graduates emerge.

Medical

Paediatric medical staffing numbers as at 25/6/19					
	Establishment WTE's	**In post WTE's**	**Locum cover (Agency staff only)**	**Establishment Totals**	**Updates from 25th June 2019**
Consultants					
Lincoln	8	5	3	8	Lincoln consultant leaves August 2019, will reduce to 4 in post and 4 locums. 2 substantive consultants recruited – start dates TBC
Pilgrim	8	4.5	2	6.5	0.5 consultant Safeguarding Lead. Consultant August, will reduce to 3.5 in post and 3 locums. 1 substantive consultant recruited – start date TBC
Specialty Doctors					**Tier 2 Rota**
Lincoln	3	3	0	3	
Pilgrim	7	8	3	11*	4 currently covering the Tier 1 s at Pilgrim until they are accredited for Tier 2 duties.
Specialist Trainees ST2 and above (from Deanery)					**Tier 2 Rota**
Lincoln	7	4	3	7	
Pilgrim (no trainees)	0	0	0	0	
Specialist Trainees ST1/GPVTS/F2 (From Deanery)					**Tier 1 Rota**
Lincoln	16	10	0	16	Running a 10 person rota
Pilgrim (non-Deanery trainees)	7	6	2	8	*1 on mat leave. Includes 4 Spec Drs as above

- Advertisements for 8 WTE Consultant Paediatricians posts attracted 8 applicants, interview on 24 June 2019 with 3 offered appointments (2 LCH and 1 PHB).

- Further advertisements to be placed in September. HR are also working on a bespoke recruitment campaign (UK and international).

Postcode Analysis:

A postcode analysis was conducted which shows where patients are coming from.

In March 2018, the total paediatric admissions to Pilgrim from Lincoln postcodes was 10. In March 2019, the total paediatric admissions to Pilgrim from Lincoln postcodes was 9.

The top five postcodes for Lincoln admissions are:

1. Lincoln.
2. Sleaford and North Hykeham
3. Gainsborough
4. Grantham and Stamford
5. Louth and Horncastle

The top five postcodes for Boston admissions:

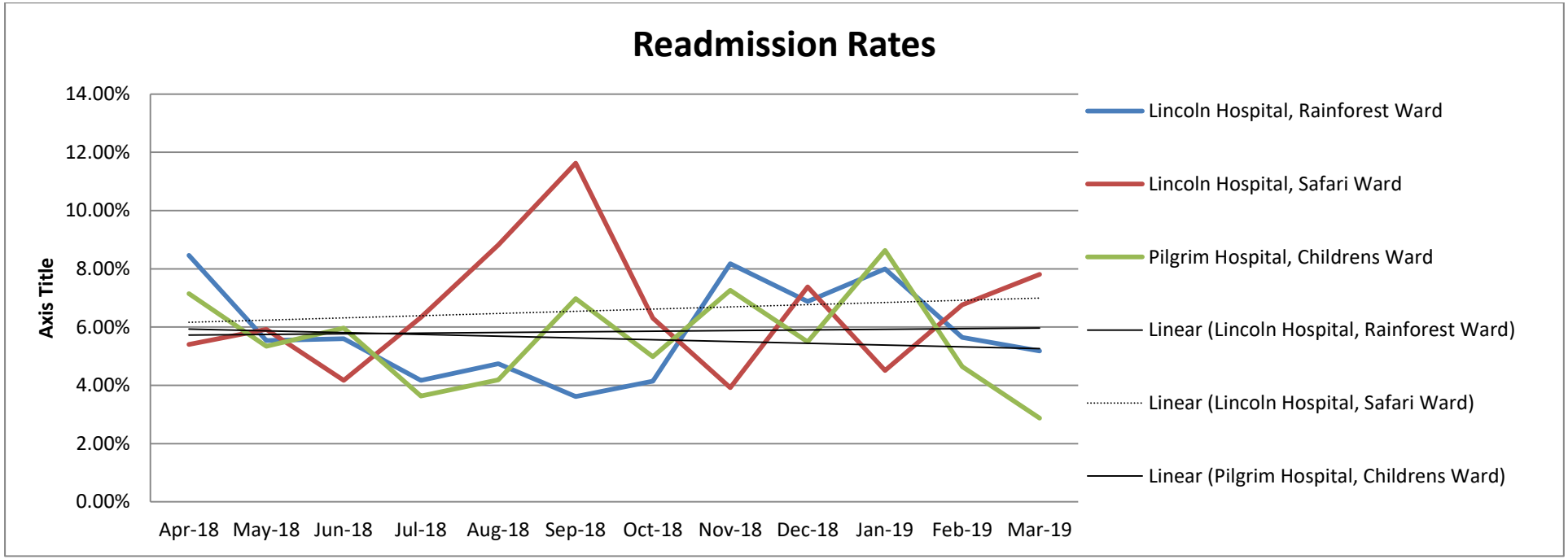
1. Boston and Skegness.
2. South Holland and The Deepings
3. Louth and Horncastle
4. Sleaford and North Hykeham
5. Grantham and Stamford

Additional information on the postcode analysis can be found in Appendix A.

Readmission Rates:

Readmission rates have remained relatively consistent, with the exception of Safari Ward which appears to be trending upwards. However, there was a notable spike in September 2018.

Ward	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Lincoln Hospital, Rainforest Ward	8.46%	5.54%	5.60%	4.17%	4.75%	3.61%	4.14%	8.17%	6.88%	8.00%	5.64%	5.18%
Lincoln Hospital, Safari Ward	5.41%	5.92%	4.17%	6.33%	8.82%	11.63%	6.31%	3.92%	7.38%	4.51%	6.77%	7.81%
Pilgrim Hospital, Children's Ward	7.14%	5.34%	5.96%	3.63%	4.19%	6.98%	4.98%	7.27%	5.49%	8.63%	4.64%	2.88%



Additional information on readmission rates can be found in Appendix B.

Planned Actions

- Continued consultation with service users, including specific events for Children and Young Persons' services in the "Healthy Conversation 2019" and ULHT's own regular paediatric listening events

- Work with hospital staff to ensure that the PAU models are described (via guidelines) and opportunities for further developments are identified.

- Recruitment initiatives as described above.

- Review the dedicated ambulance model to ensure it is aligned to service need.

- Continue to develop pathways between the Emergency Departments and Paediatric hospital services.

- Work with system partners to deliver the opportunities within the Lincolnshire Children and Young Persons' Strategy for hospital admission avoidance, local delivery of care and earlier discharge schemes.

- Discussion with Health Education East Midlands to understand what actions are required to fully return training grade doctors to Pilgrim Hospital.

Conclusions

The interim service model has delivered a safe service for the children of Lincolnshire. However, recruiting children's doctors and nurses remains a constraint and an area of concern for the service and the Trust.

The interim service model is now at the stage where it can be incorporated into a larger children's programme of work to ensure it develops as part of an integrated service for children for the whole population of Lincolnshire.

2. Royal College Of Paediatrics And Child Health Report (October 2018)

The RCPCH, on invitation from the Trust, conducted a review into paediatric services at ULHT. The Recommendations section from the Executive Summary has been reproduced verbatim.

Recommendations

The following recommendations combine short term enabling actions with a longer-term vision of the future of the service, to retain obstetric and paediatric services across both Lincolnshire sites.

Immediate

Identify an experienced Project Manager/Clinical Director to continue to work with the Clinical Leaders to lead and shape the vision and drive implementation and innovation for the maternity and paediatric teams going forward (5.8.7)

Develop a model and plan for a 'low acuity' overnight service at Pilgrim through development of hybrid Tier 2 working and explore with the medical and nursing teams a migration towards this arrangement (6.3.5)

Appoint a 'Project Board' from stakeholders or use the Clinical Services Transformation Board to monitor progress with the vision and plan and provide external scrutiny (6.3.11)

Actively promote a positive vision backed with a robust communications plan that drives forward change and develops confidence and commitment to a whole-county solution that embeds a sustainable service at Pilgrim (6.3.11)

Introduce a monitoring and outcome analysis process to review admissions transfers and outcomes to demonstrate the model is working safely at the current time and through transition to new ways of working (6.3.10)

Enabling actions

Adopt the RCPCH standards for PAUs at both sites as an approach to managing ambulatory patients not requiring long term stays, with pathways of care and SoPs that focus on discharge and decision making in the ED and PAU and monitor length of stay and outcomes. (6.4.2)

Continue to support and audit use of the dedicated ambulance vehicle for safe transport of sick children and maternity patents who require transfer from Pilgrim (5.6.6)

Actively involve local user groups as well as children young people, parents and those from minority communities to "change the narrative" and improve engagement with the public, including development of written, web based and social media resources. (5.11.9)

Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach (5.8.5).

Focus on retention and development of existing staff through genuine involvement and listening and acting on their concerns (5.8.6)

Nursing

Recruit a Head of Nursing/ADN with experience of developing and modernising nursing services, to develop the children's nursing service at ULHT to meet the needs of children across Lincolnshire (5.3.2)

Strengthen paediatric nursing competencies in ED and neonatal life support through advanced nursing roles to improve patient care and reduce the demand for medical intervention (5.3.6)

Develop a strategy for children's community nursing to reduce hospital attendance and increase engagement with the NHS through (5.3.12):

- Expanding the CCN Team
- Enabling a seven-day service across the county
- Enable early discharge from the Emergency Department and PAUs.
- Review referral process to enable direct GP access to community nursing

Consider recruiting specialist nurses for long term health disorders such as asthma and epilepsy to support the medical team and promote self-management of conditions from an early age. (5.3.13)

Ensure the practice development nurse role is clear to promote an effective impact on recruitment and retention of nurses and good working relationships between the clinical areas and the university. (5.3.6)

Develop nurse led clinics to manage children attending the ward following discharge and to support medical colleagues in managing children with long term conditions (5.3.13)

Medical Staffing

Continue to support MTI recruitment for a steady supply of Tier 2 paediatricians. (5.4.12)

Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach. (5.8.5)

Explore the benefits of developing advanced practice children's nurses and review how these operate in other services, with a view to establishing the role at both sites to support the medical rotas. (5.4.14)

Conduct an audit review of the quality and implications of the locum provision including incident analysis and risk assessment. (5.4.10)

Work closely with HEEM to Increase the profile for training and compliance with requirements to enable continuing rotation of Tier 1 doctors through Pilgrim (5.4.21)

Rethink the ‘offer’ for trainees, increase the profile of training through websites and promotional materials to attract more trainees to Lincolnshire’s hospitals (6.4.6)

Other recommendations

A focus on Quality Improvement, including working differently, learning from findings and shared whole-team goals should be implemented as soon as possible (5.7.4)

Work with the CCGs to reconsider the future of Pilgrim and opportunities to expand rather than contract the service within the STP. (6.1.1)

Retain and develop a day surgery service at the Pilgrim site with a catchment across the Trust’s footprint. (6.4.14)

3. Six Month Review

A six month review of the interim paediatric model has been conducted. The full report is attached at Appendix C. The Key Findings section from the Executive Summary has been reproduced verbatim.

Key Findings

There has been strong clinician, nursing and executive leadership.

RCPCH recommendations have been addressed, actioned or completed with future proofing work to continue.

There are ongoing recruitment issues and thus the model, while developing well, will require continued recruitment to full clinician and nursing establishment.

It is essential to retain a Paediatric Assessment Unit (PAU) at Pilgrim.

The model has proved safe for children at Pilgrim but remains fragile.

The Pilgrim PAU has delivered good quality of care and has the potential to be replicated in Lincoln.

Availability of experienced medical and nursing staff is important, and there is more to be done on getting the balance right with potential to develop new roles.

The balance of access, workforce, quality and finance played out differently for some patients as there were different levels of risk and complexity. There is a financial risk as the model is costly.

Proposals required strong clinician, public and regulator engagement and there is evidence of this.

4. Risk Register for the Children and Young Persons' Service

There are currently thirteen items on the risk register. A list of titles with associated risk is includes. The full risk register is attached.

Title	Risk Level (Current)
Access to essential areas of the estate (Children & Young Persons CBU)	Very low risk
Availability of essential information (Children & Young Persons CBU)	Very low risk
Delayed patient discharge or transfer of care (Children & Young Persons CBU)	Low risk
Exceeding annual budget (Children & Young Persons CBU)	Low risk
Confidentiality & integrity of personal information (Children & Young Persons CBU)	Low risk
Delayed patient diagnosis or treatment (Children & Young Persons CBU)	Moderate risk
Availability of essential equipment & supplies (Children & Young Persons CBU)	Moderate risk
Quality of patient experience (Children & Young Persons CBU)	Moderate risk
Workforce capacity & capability (Children & Young Persons CBU)	High risk
Sustainable paediatric services at Pilgrim Hospital, Boston (Children & YP CBU)	High risk
Safety & effectiveness of patient care (Children & Young Persons CBU)	High risk
Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	High risk
Compliance with regulations & standards (Children & Young Persons CBU)	High risk

The full risk register is attached at Appendix D.

5. Paediatric Contingency Plans

The contingency plan presented to the Trust Board on 26 October 2018 remains operational and have been / will be implemented if required.

The contingency plan is to centralise paediatric services from the Pilgrim site onto the Lincoln County Hospital site if services cannot be maintained at the Pilgrim site.

The extensive reconfiguration and building update managed through estates build programme dictates the timeline for which any contingency area is available for use in extremis.

Over the next six months, there are three, incremental, plans dependent on build.

1. Immediate capability – the following areas can be available should they be required:

    a. An increased bed capacity on Rainforest ward from 19 to 24 beds,
    b. Side rooms available on Nettleham ward to use as birthing rooms to accommodate any displacement of birthing rooms at Pilgrim,
    c. Nettleham ward can accommodate 8 x maternity beds displaced from Pilgrim,

2. Short term capability:

    a. An additional 5 x Neonatal cots from Pilgrim to Neonatal unit at Lincoln (space exists currently for the additional cots),
    b. 12 x Paediatric beds to be available on 1st Floor Maternity tower block (resulting in the total Paediatric bed base at Lincoln site to be 36 beds)

3. Long term capability - The enabling works commenced in November 2018 and are now at an advanced stage resulting in further space being made available:

    a. Relocate Breast services from 4th floor tower block to refurbished old microbiology block in order to create additional space / potentially create space for a Midwifery led unit,
    b. Vacated maternity wing on 4th floor, tower block, the space on this floor will be configured with ward facilities, but not designated as additional beds to allow for a fluid designation to be undertaken dependent on the needs of the service at the point when contingency plan needs to be invoked.

Daily ward safety huddles continue three times each day at both Pilgrim and Lincoln hospitals where capacity and bed status are discussed. Each site ward lead contact each other and identify demand, capacity and any resourcing issues. A daily capacity plan is decided upon and communicated.

Consideration has been given to the existing winter capacity plan, in order to create the best fit for the changes needed should the contingency plan be required, whilst enabling the Trust to concurrently manage winter bed pressures.

6. Consultation

This is not a consultation item.

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

N/A

8. Conclusion

To address the significant difficulties and challenges caused by a 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.

This paper provides a further update on recent developments.

9. Appendices

These are listed below and attached at the back of the report	
Appendix A	Postcode Analysis
Appendix B	Readmission Rates
Appendix C	Paediatric Six Month Review A review of the Paediatric Assessment Unit – Pilgrim (March 2019)
Appendix D	Risk Register for the Children and Young Persons' Service

10. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Document title	Where the document can be viewed.
United Lincolnshire Hospitals NHS Trust – Paediatrics Service/design review The Royal College of Paediatrics and Child Health	Democratic Services DemocraticServices@lincolnshire.gov.uk

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Inpatient admissions to

Lincoln Hospital, Rainforest Ward

Row Labels	2018 Mar	2019 Mar	Difference
Lincolnshire	**250**	**317**	67
Lincoln	92	115	23
Sleaford and North Hykeham	64	80	16
Gainsborough	42	62	20
Grantham and Stamford	21	27	6
Louth and Horncastle	16	19	3
Boston and Skegness	10	9	-1
South Holland and The Deepings	3	3	0
Great Grimsby	1	2	1
Cleethorpes	1		-1
Nottinghamshire	**5**	**6**	1
Newark	5	5	0
Bassetlaw		1	1
UNKNOWN		**3**	3
Leicestershire	**1**		-1
Rutland and Melton	1		-1
Northamptonshire		**1**	1
Corby		1	1
Greater Manchester		**1**	1
Leigh		1	1
West Yorkshire	**1**		-1
Leeds North East	1		-1
Buckinghamshire	**1**		-1
Aylesbury	1		-1
Norfolk		**1**	1
Mid Norfolk		1	1
Grand Total	**258**	**329**	71

Pilgrim Hospital, Childrens Ward

Row Labels	2018 Mar	2019 Mar	Difference
Lincolnshire	**159**	**308**	149
Boston and Skegness	103	174	71
South Holland and The Deepings	19	52	33
Louth and Horncastle	21	47	26
Sleaford and North Hykeham	7	26	19
Grantham and Stamford	7	6	-1
Gainsborough	1	1	0
Lincoln		2	2
Great Grimsby	1		-1
South Yorkshire	**1**	**2**	1
Doncaster Central		1	1
Wentworth and Dearne	1		-1
Sheffield; Heeley		1	1
UNKNOWN		**3**	3
Nottinghamshire		**2**	2
Nottingham South		1	1
Bassetlaw		1	1
Leicestershire	**1**	**1**	0
Leicester West	1		-1
Harborough		1	1
Cambridgeshire		**2**	2
Peterborough		1	1
North East Cambridgeshire		1	1
West Midlands	**1**	**1**	0
Coventry North East		1	1
Birmingham; Perry Barr	1		-1
Lancashire	**1**		-1
Pendle	1		-1
Warwickshire	**1**		-1
Rugby	1		-1
Northamptonshire		**1**	1
Daventry		1	1
Derbyshire	**1**		-1
North East Derbyshire	1		-1
Buckinghamshire	**1**		-1
Buckingham	1		-1
Norfolk		**1**	1
South West Norfolk		1	1
Grand Total	**166**	**321**	155

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Source: Information Services

United Lincolnshire Hospitals NHS Trust
Readmission Rates for Childrens Wards
01/06/2018 to 31/05/2019
Lincoln and Pilgrim

Readmissions Key:
N = Wasn't later readmitted within 7 days of discharge.
Y = Was later readmitted within 7 days of discharge.

Discharge Month	(Multiple Items)

	Readmissions Values					
	N		Y		Total Count	Total %
Ward at End	Count	%	Count	%		
Lincoln Hospital, Rainforest Ward	3684	94.34%	221	5.66%	3905	100.00%
Lincoln Hospital, Safari Ward	1471	93.22%	107	6.78%	1578	100.00%
Pilgrim Hospital, Childrens Ward	3336	94.29%	202	5.71%	3538	100.00%
Grand Total	8491	94.12%	530	5.88%	9021	100.00%

Created By: Matthew Bull
Information Analyst
Source: Information Services
Pilgrim Hospital. Ext. 446163

Extracted: 27/06/2019

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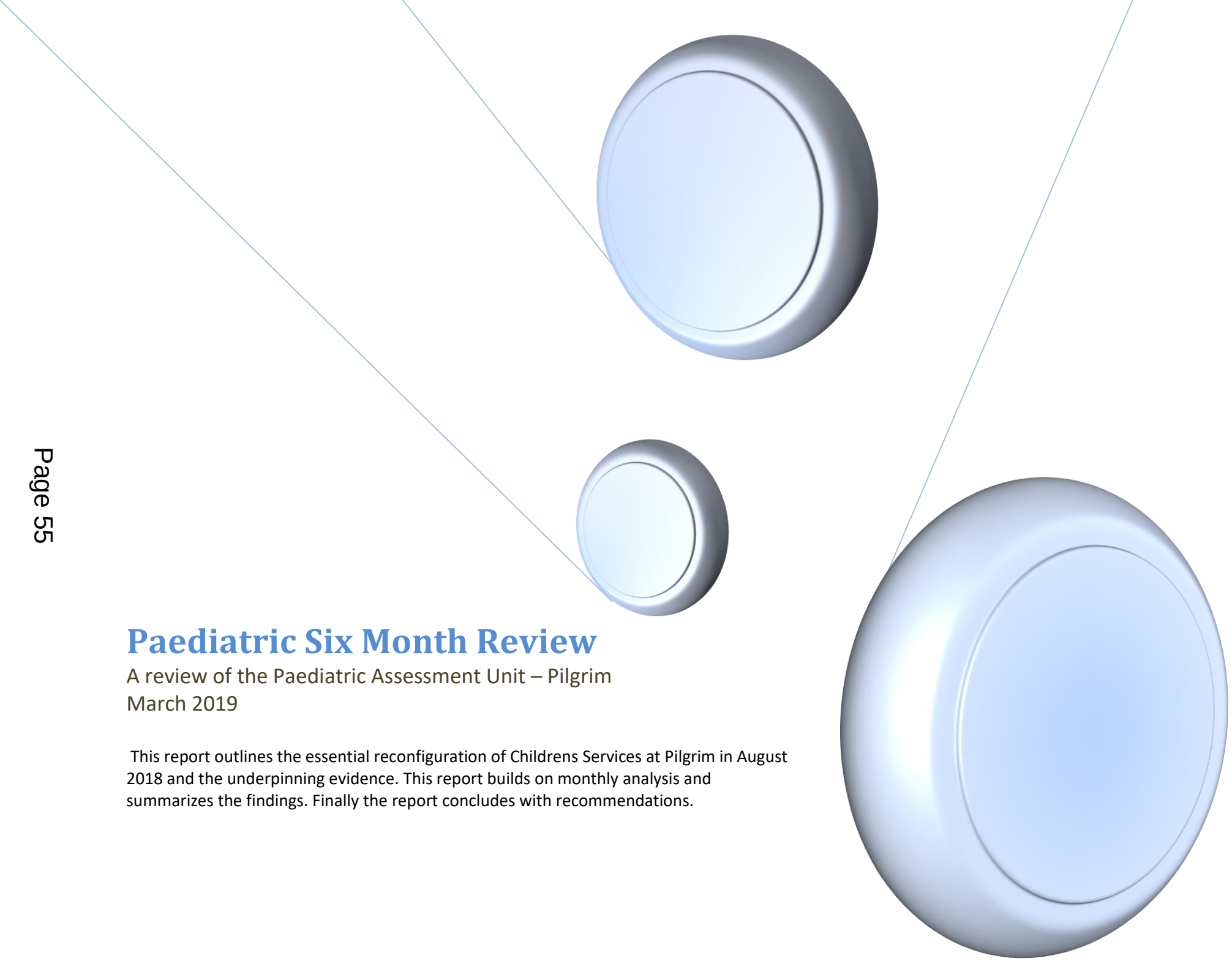


Paediatric Six Month Review

A review of the Paediatric Assessment Unit – Pilgrim
March 2019

This report outlines the essential reconfiguration of Childrens Services at Pilgrim in August 2018 and the underpinning evidence. This report builds on monthly analysis and summarizes the findings. Finally the report concludes with recommendations.

Contents **Page**

Model Reviewed

Retaining, creating or closing stand-alone Paediatric Assessment Unit (PAU) Pilgrim

KEY DRIVERS FOR CHANGE

Workforce, cost and safety were the divers for this reconfiguration. The RCPCH was invited to review the paediatric services at the Pilgrim and Lincoln County Hospitals during a period of extreme challenge to the staffing of the service at the Pilgrim Hospital in Boston. A culmination of factors over several years had led to a high number of medical vacancies at Tier 2 level. Combined with difficulties in recruiting consultants, changes to Tier 1 (junior) doctor deployment and children's nursing vacancies, the Trust could, at the time, see no alternative to closing the inpatient service from 1st August 2018 on the grounds of safety as skilled overnight medical cover could not be guaranteed. A 12 hour PAU was implemented.

Context

The interim model for children's & young person's services was introduced on the 6th August 2018 due to safety concerns arising from a culmination of factors over several years which led to a high number of medical vacancies at Tier 2 level. Combined with difficulties in recruiting consultants, changes to Tier 1 doctor deployment and children's nursing vacancies.

The evidence for change

Paediatric units need to be staffed by paediatric consultants, other relevantly experienced doctors and the appropriate level of paediatric nursing. Constraints on the paediatric workforce were the key drivers for reconfiguration of the services at Pilgrim

Key Findings

There has been strong clinician, nursing and executive leadership.

RCPCH recommendations have been addressed, actioned or completed with future-proofing work to continue.

There are ongoing recruitment issues and thus the model, while developing well, will require continued recruitment to full clinician and nursing establishment.

It is essential to retain a Paediatric Assessment Unit (PAU) at Pilgrim.

The model has proved safe for children at Pilgrim but remains fragile.

The Pilgrim PAU has delivered good quality of care and has the potential to be replicated in Lincoln.

Availability of experienced medical and nursing staff is important, and there is more to be done on getting the balance right with potential to develop new roles.

The balance of access, workforce, quality and finance played out differently for some patients as there were different levels of risk and complexity. There is a financial risk as the model is costly.

Proposals required strong clinician, public and regulator engagement and there is evidence of this.

Evidence for Change

Quality

Failure to spot the severity of a child's illness because of lack of paediatric expertise and training is a key

cause of avoidable child death (Pearson 2008).

The interim model for children's & young person's services was introduced on the 6th August 2018 due to safety concerns rising from a culmination of factors over several years which led to a high number of medical vacancies at Tier 2 level. Combined with difficulties in recruiting consultants, changes to Tier 1 doctor deployment and children's nursing vacancies. The RCOP also did a full and extensive review.

It is important that the first part of this report addresses The Royal College of Paediatrics and Child Health (RCPCH) immediate and enabling recommendations (Appendix 1 - note numbers relate to RCPCH report). Our actions to address these are outlined below:

Identify an experienced Project Manager to continue to work with the Clinical Leaders to lead and shape the vision and drive implementation and innovation for the maternity and paediatric teams going forward (5.8.7)

The Trust reacted promptly to this and a project manager was put in place immediately to manage this work and work closely with the leads and partners.

Develop a model and plan for a 'low acuity' overnight service at Pilgrim through development of hybrid Tier 2 working and explore with the medical and nursing teams a migration towards this arrangement (6.3.5)

The model was reviewed and redesigned with support from NHSE subject matter experts and set up and running in August 2018.

Appoint a 'Project Board' from stakeholders or use the 'Transformation Board' to monitor progress with the vision and plan and provide external scrutiny (6.3.11)

A project board led by Dr Kathy McLean, supported by HEEM, CQC and other key partners, was hosted monthly. This was stood down in October 2018. The Trust continued to maintain a weekly task and finish group up to February 2018 after which it is moving to a Childrens and Young Persons Programme Board reporting to the CCG Transformation Board.

Actively promote a positive vision backed with a robust communications plan that drives forward change and develops confidence and commitment to a whole-county solution that embeds a sustainable service at Pilgrim (6.3.11)

A communication plan is in development, the recent launch of the programme board, coupled with the system-wide Healthy Conversations 2019, will support embedding the work to date.

Introduce a monitoring and outcome analysis process to review admissions transfers and outcomes to demonstrate the model is working safely at the current time and through transition to new ways of working (6.3.9)

The Trust has developed and launched a paediatric dashboard. This was shared with teams in February and will continue to be developed. The data from the dashboard has been used within parts of this document.

Enabling actions

Adopt the standards for PAUs at both sites as an approach for managing ambulatory patients not requiring long term stays, with pathways of care and SoPs that focus on discharge and decision making in the ED and PAU and monitor length of stay and outcomes (6.4.2)

There are SOPs in place for Pilgrim and the service has developed close working relationships with ED. At Lincoln relationships between teams have also been developed and the team are working towards developing a PAU model.

Continue to support and audit use of the dedicated ambulance vehicle for safe transport of sick children and maternity patents who require transfer from Pilgrim (5.6.6)

This is ongoing and is discussed within this report. We will continue to monitor safe transfer.

Actively involve local user groups as well as children young people, parents and those from minority communities to "change the narrative" and improve engagement with the public, including development of written, web based and social media resources. (5.11.9)

The service and the Trust have actively engaged with the public. This is covered within the narrative of this review.

Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach (5.8.5).

The Trust has invested in designing new and dynamic ways to recruit. The team have reviewed adverts to ensure they are not only fit for purpose but enticing. The HR department have employed more recently a subject matter expert on recruitment, the service are working closely with HR in order to capture a wider market.

Focus on retention and development of existing staff through genuine involvement and listening and acting on their concerns (5.8.6)

There is good engagement between the senior leaders and the staff within the service. Ideas have bene captured from them to improve the service. There is a questionnaire in circulation for staff to capture their experiences and drive further change as well as improve morale. This will be completed at the end of March and results will be available April 2019.

Nursing

Recruit a Head of Nursing/ADN with experience of developing and modernising nursing services, to develop the children's nursing service at ULHT to meet the needs of children across Lincoln county (5.3.2)

The Trust has had in place an interim children's lead. There is now support via NHSI from a lead children's nurse who is supporting work for the hidden child. More recently we have seconded a childrens lead nurse to work with the team. A new Trustwide operating model has been designed and this will go live on the 1st April. Recruitment for a substantive paediatric nurse is ongoing.

Strengthen paediatric nursing competencies in ED and neonatal life support through advanced nursing roles to improve patient care and reduce the demand for medical intervention (5.3.4)

The neonatal recruitment, training and competency has been very successful and we expect to be able to move from 29 week model to a 28 week model in March 2019, progressing to 27 weeks. The service has working with NHSE providing assurance on this. All neonatal nurses and staff complete a competency document.

The Trust has done much to support ED nursing competencies initially through the children's service improvement lead nurse for the hidden child and most recently in the secondment of a children's nurse who will work with ED and Paediatrics.

Develop a strategy for children's community nursing to reduce hospital attendance and increase engagement with the NHS through (5.3.13):

This work forms part of the children's and young person programme.

- **Expanding the CCN Team**
- **Enabling a seven-day service across the county**
- **Enable early discharge from the Emergency Department and PAUs.**

- **Review referral process to enable direct GP access to community nursing**

Consider recruiting specialist nurses for long term health disorders such as asthma and epilepsy to support the medical team and promote self-management of conditions from an early age. (5.3.9)

We have established that these posts are required in our operating model and business cases are underway for consideration.

Ensure the practice development nurse role is clear to promote an effective impact on recruitment and retention of nurses and good working relationships between the clinical areas and the university. (5.3.4)

Recently appointed clinical educator (PDN). The Trust has also received news that the university has been approved for Paediatric Childrens Nurse Course following a quality assurance visit.

Develop nurse led clinics to manage children attending the ward following discharge and to support medical colleagues in managing children with long term conditions (5.3.9)

This work to be addressed via the Paediatric Programme.

Medical Staffing

The recommendations below have been captured in the narrative of the review.

Continue to support MTI (overseas) recruitment for a steady supply of Tier 2 paediatricians. (5.4.12)

Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach. (5.8.5)

Explore the benefits of developing advanced practice children's nurses and review how these operate in other services, with a view to establishing the role at both sites to support the medical rotas. (5.4.15)

Conduct an audit review of the quality and implications of the locum provision including incident analysis and risk assessment. (5.4.10)

Work closely with HEEM to Increase the profile for training and compliance with requirements to enable continuing rotation of Tier 1 doctors through Pilgrim (5.4.21)

Rethink the 'offer' for trainees, increase the profile of training through websites and promotional materials to attract more trainees to Lincolnshire's hospitals (5.4.21)

(5.4.21)

Other recommendations

A focus on Quality Improvement, including working differently, learning from findings and shared whole-team goals should be implemented as soon as possible (5.7.4)

There is evidence within the narrative of this document of quality improvement and whole-team working. The new structure for the operating model will ensure greater grip, control and accountability around quality improvement.

Work with the CCGs to reconsider the future of Pilgrim and opportunities to expand rather than contract the service within the STP. (6.1.1)

The service will report via its Childrens and young person's programme group to the system Childrens and young Persons Transformation Group.

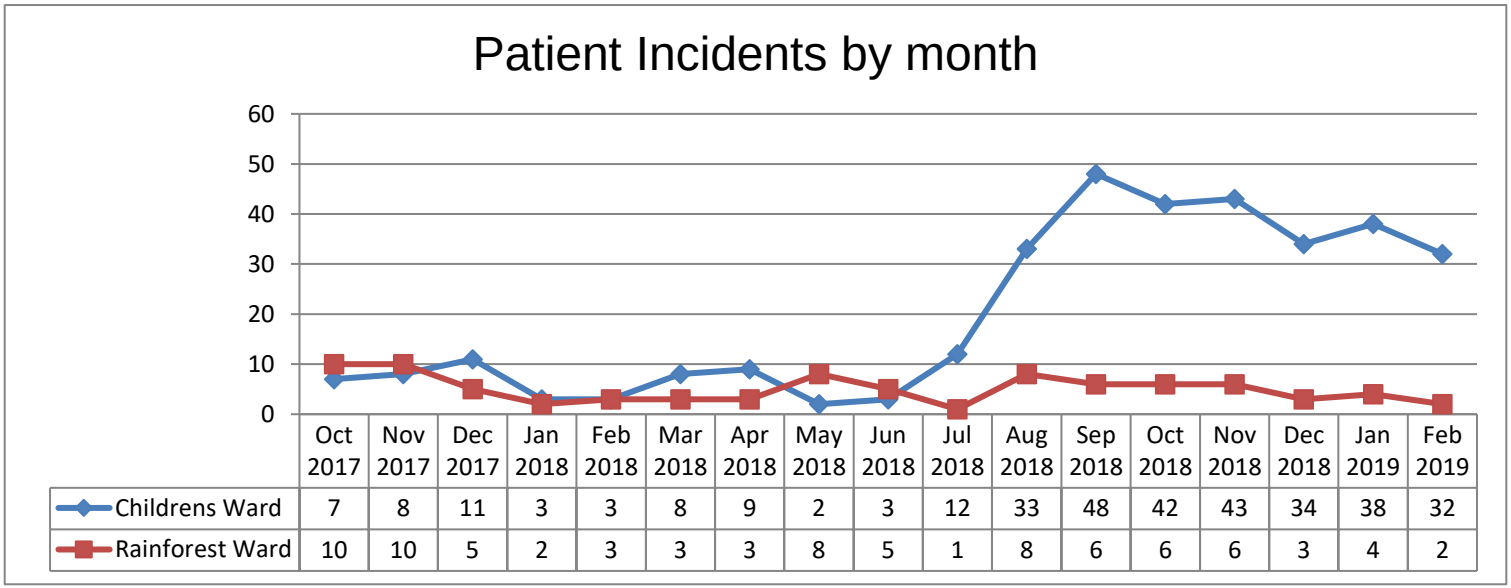
Retain and develop a day surgery service at the Pilgrim site with a catchment across the Trust's footprint. (6.4.14)

There is further work to be done with regard to surgical pathways and access. Pilgrim is reported through the GIRFT group and the Childrens and Young People Group. The Pilgrim PAU will consider hosting a paediatric preop basement clinic on the ward. This will support driving change and improving relations and understanding between paediatric and surgical teams of the needs of the child.

Learning from incidents

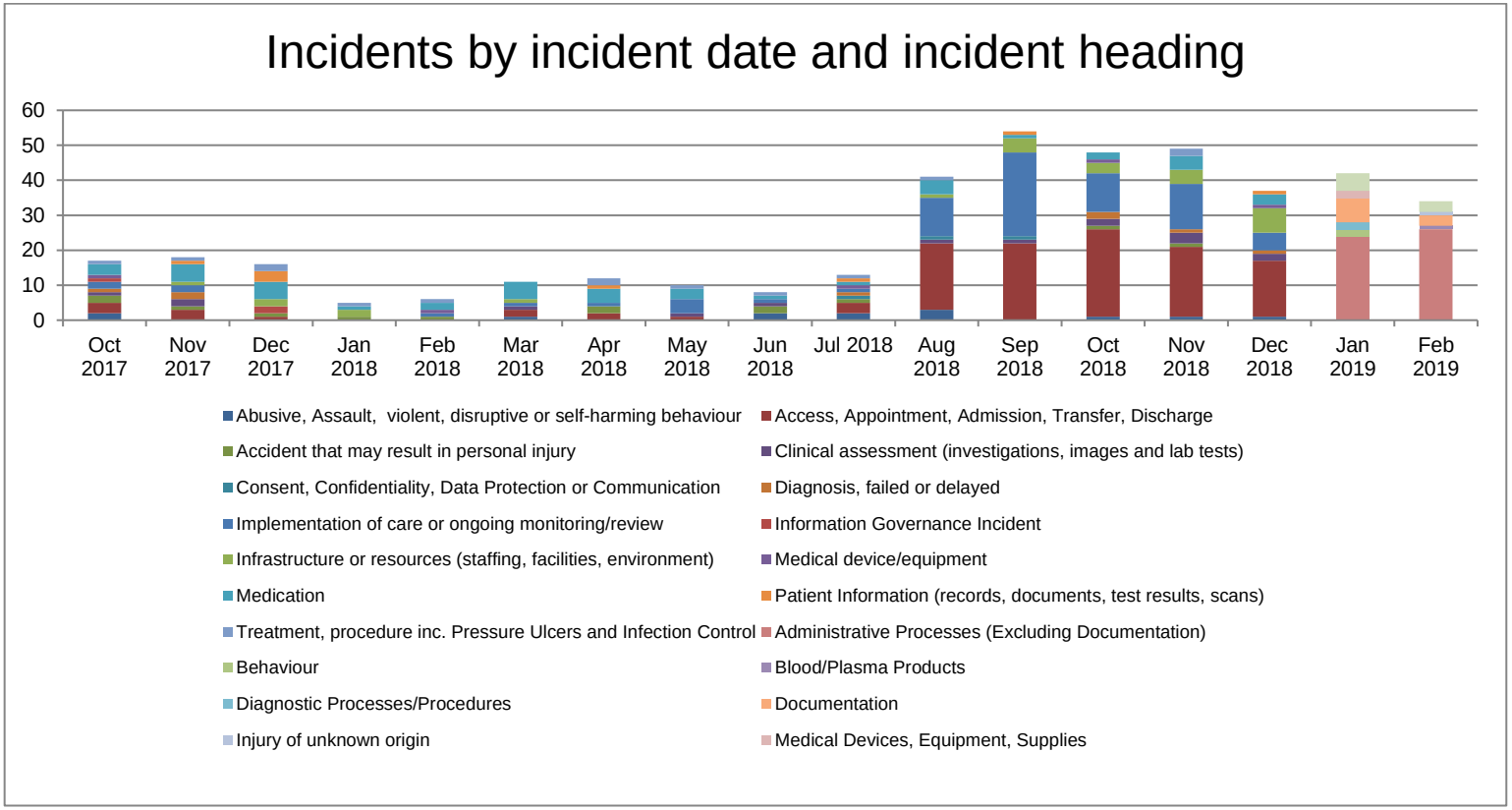
The Trust's Datix system has been configured to include a new mandatory field relating to the new service model. Each incident can be identified readily and managed appropriately. Incidents are being reviewed at the operational task and finish group. From August 2018 there is a marked increase in incidents on the Pilgrim site. The table below shows that the increase relates to patients who have had a length of stay beyond 12 hours, which is in line with our SOP. All incidents when a patient's stay on the PAU is over 12 hours are logged on the system for analysis and action. The numbers are also a good indication that incident reporting and addressing issues has become part of the culture of the PAU at Pilgrim. There are no significant changes in incident reporting at Lincoln. One conclusion to be reached, as the model has embedded, is that both sites have seen a minor fall in incidents since January.

Table 1: Patient Incidents by Month (Data Source Datix)



	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019
Childrens Ward	7	8	11	3	3	8	9	2	3	12	33	48	42	43	34	38	32
Rainforest Ward	10	10	5	2	3	3	3	8	5	1	8	6	6	6	3	4	2

Table 2 : Incidents by incident date and incident heading (Data source Datix)



Workforce

Progress to date

There has been strong clinical and nursing leadership and engagement in particular from the Pan Trust Head of Service for Paediatrics, Rao Kollipara and Head of Service for Paediatrics at Pilgrim, Ajay Reddy. The recruitment drive and activity continued at pace throughout the last six months., 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 middle grade workforce at Pilgrim remains heavily dependent on locum and agency doctors to provide weekend and evening shifts. To assist in the mitigation of this risk, an additional middle grade doctor to support the rota has been established. There is now one substantive middle grade doctor to complement the six agency locum middle grade doctors within the current rota. 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.

The international recruitment drive that commenced in November 2017 delivered and came to fruition for August 2018. Following an initial period of induction and supervision these doctors are playing an increasingly important part in the service. The division will continue to recruit through this process. The division has also offered other incentives around training and personal development. A recent successful outcome has resulted from discussions with HEEM to allow juniors to undertake additional locum work to fill some of the gaps in the medical rota.

Table 3: Consultant and Middle Grade Establishment (Data Source ESR)

	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

Nursing Staff

A robust highly-skilled staffing model was also required for nursing. In the last six months much as been done to improve the skill set of staff. The lead Childrens Matron Deborah Flatman recently stepped down from the acute matron cover and she requires special mention and commendation as she has held two roles (acute and community) across paediatrics. As a result of the high focus on strong recruitment and competency, there is newly revamped recruitment material and an in-house programme for Advanced Paediatric Nurse Practitioners. Recruitment continues for Advanced Nurse Practitioners, a clinical educator and band 5 registered children's nurses.

The Trust has strong paediatric ward manager leadership in Lincoln (Carol Hogg) and Pilgrim (Hayley Warner) who have worked hard to maintain good morale through this difficult period and ensure care is safe across the sites. The ward managers have engaged well with the changes and are dedicated to driving continuous improvement. The interim matron role held by Helen Lythgoe has been recruited to. The Childrens lead nurse role is a key part of delivery within the new operating model and this is expected to be filled in the new financial year. This will leave the nursing workforce in a more stable position to address continued challenges

Table 4: Nursing Establishment (Data Source ESR)

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**

RAINFOREST WARD 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	4.73wte (uplift to 5.48wte)	5.48 wte	0	0	0	5.48wte	0
5	25.68wte	11.14 wte	0	0.64wte (Maternity leave)	0.64wte (Maternity leave)	11.14wte	14.54wte
Agency			6.0wte			6.0wte	
Total	**31.16wte**	**16.62 wte**	**0**	**0.64wte**	**0.64wte**	**18.62wte (plus 6.0wte agency =24.62wte)**	**14.54wte**

SAFARI WARD 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	1.8wte	1.4wte	0	0	0		0.4wte
5	3.73wte	3.57wte	0	0	0		0.16wte
Agency			0				
Total	**5.53wte**	**4.97wte**					**0.56wte**

The Trust welcomes the news that the University of Lincoln has been given approval to deliver paediatric nurse training following a recent quality assurance visit to the Trust.

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.

Ongoing concerns

The Tier 2 rotation of doctors to Lincoln reduced in February 2019, putting additional pressure on the staff and service. As a result the service required additional agency staff. Whilst an active plan remains 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.

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An 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 in March 2019. This will be monitored for impact on staff and service.

While the recruitment drive for nursing continues to yield success it is imperative that the Trust recruit a Childrens Lead Nurse.

The staff morale will need to be continually monitored until the realisation of all posts and process are embedded. Following the recent receipt of the NHS Staff Survey, work is in train via the Trust Human Resources Business Partners to address priority issues with the locality data (WCYP), run focus groups with staff and set up a mini pulse survey to measure progress and feed back into the specialities.

Finance

There is evidence that the model has created a financial impact on the division and the Trust. The financial impact and cost pressures of the interim service model is summarised below for the period of April to February 2018/19.

The financial appraisal has been broken down into two main periods to represent the change in service provision over time;

- May 2018 to July 2018 the period prior to going live with the interim service model,
- August to February 2019, the introduction of the interim model,

	2018/19 Financial Appraisal								
Type	April to July 2018	August	September	October	November	December	January	February	**Total**
Income	0	13,498	13,498	13,498	13,498	13,498	13,498	13,498	**94,484**
Pay	326,675	139,268	95,676	138,238	128,731	149,451	98,139	158,175	**1,234,353**
Non Pay	0	119,591	114,881	98,288	115,825	112,208	103,527	94,620	**758,940**
Total Expenditure	**326,675**	**258,859**	**210,557**	**236,526**	**244,556**	**261,659**	**201,665**	**252,795**	**1,993,293**
Total Financial Impact (surplus)/ Cost pressure	326,675	272,357	224,055	250,023	258,053	275,157	215,163	266,293	2,087,777

The total impact of the interim service model for the financial year until February 2019 is £2.1m.

A further breakdown of the impact on income and cost pressures is illustrated further in figure 2 below;

		2018/19 Financial Appraisal								
Type	Description	April to July 2018	August	September	October	November	December	January	February	**Total**
Income	A&E	0	13,498	13,498	13,498	13,498	13,498	13,498	13,498	**94,484**
Income	Grand Total	0	13,498	13,498	13,498	13,498	13,498	13,498	13,498	**94,484**
Pay	Project Management	40,950	25,740	18,720	7,947	10,483	6,290	7,967	6,290	**124,386**
Pay	Consultants	192,400	30,600	1,400	54,596	46,106	37,211	-10,161	42,812	**394,964**
Pay	Medical staffing	56,754	54,295	48,112	53,338	47,078	75,860	73,452	76,730	**485,618**
Pay	Nursing and Midwifery	36,571	28,633	27,444	22,357	25,064	30,091	26,881	32,344	**229,385**
										0
Pay	Grand Total	326,675	139,268	95,676	138,238	128,731	149,451	98,139	158,175	**1,234,353**
		0					0			**0**
Non Pay	Ambulance	0	119,591	105,032	96,713	94,393	99,832	96,713	87,353	**699,628**
Non Pay	Travel & Incentive Accom payments	0	0	1,576	1,576	1,576	1,576	1,576	1,576	**9,454**
Non Pay	Recruitment Expenses	0	0	8,273	0	19,856	10,800	5,239	5,691	**49,858**
										0
Non Pay	Grand Total	**0**	**119,591**	**114,881**	**98,288**	**115,825**	**112,208**	**103,527**	94,620	758,940
Total Expenditure		326,675	258,859	210,557	236,526	244,556	261,659	201,665	252,795	**1,993,293**
Total Financial Impact (surplus)/ Cost pressure		326,675	272,357	224,055	250,023	258,053	275,157	215,163	266,293	**2,087,777**

Income

The assumption for income in A&E was that it would decrease by 12.26% based on the repatriation information as described in previous papers, the impact is centred around ambulance 999 and police attendances. N.B. The pathways in place for the interim model include an ambulance stop and stabilise process which will mitigate some of this loss of activity.

There has been no material movement in the paediatric income to show any other loss in relation to the interim model.

Pay costs have included project management costs, consultant and medical staffing increases due to using agency premiums and extra duty to cover all rotas, this has been negated by current funding available for substantive vacancies.

The junior doctor rotas include three international recruitment posts that have been supernumery for three weeks and on the junior rota for maximum of six months, who will then move to the middle grade rota. The costs also include the agreement with the Deanery to operate junior posts based at Lincoln and transfer them daily into Boston. Agency cover has been calculated on top of substantive to cover this.

Nursing and midwifery costs illustrate the uplift from 19 to 24 beds on Rainforest Ward at Lincoln, based on agency premiums. Ward 4A at Boston retains the same staffing levels for the interim to allow for the transition and maintain quality of care, however this level of staffing will be reviewed for future staffing needs.

Non-pay includes the costs for a dedicated ambulance transport service, which initially was based on 2 x 24 hours a day, split over two 12hr shifts. It was later decreased, taking into consideration the safety of patients, to 1 x ambulance, 24 hours a day and then an additional ambulance for further a 6-hour period to cover peak times.

The forecast position for the end of March 2019 is a financial impact of £2.3m.

Access

The model implemented in August 2018 at Pilgrim is a 12 hour length of stay PAU model. Children admitted to the unit would be assessed, treated, stabilised and discharged. Children requiring care beyond 12 hours are transferred to the Lincoln hospital site or to another acute trust. A full and complete standard operating policy is in place.

Since the introduction of the PAU in August 2018 at Pilgrim hospital there has been a significant improvement in throughput, coupled with an improving patient experience. During the first twenty six weeks of operation of the new service model, 1,869 patients were seen in the PAU with 203 patients transferred to other units. This suggests there is not a requirement for an inpatient ward at Pilgrim but there is a requirement for a PAU due to rurality and distance between sites.

Detail of where patients are referred into the PAU from is below:

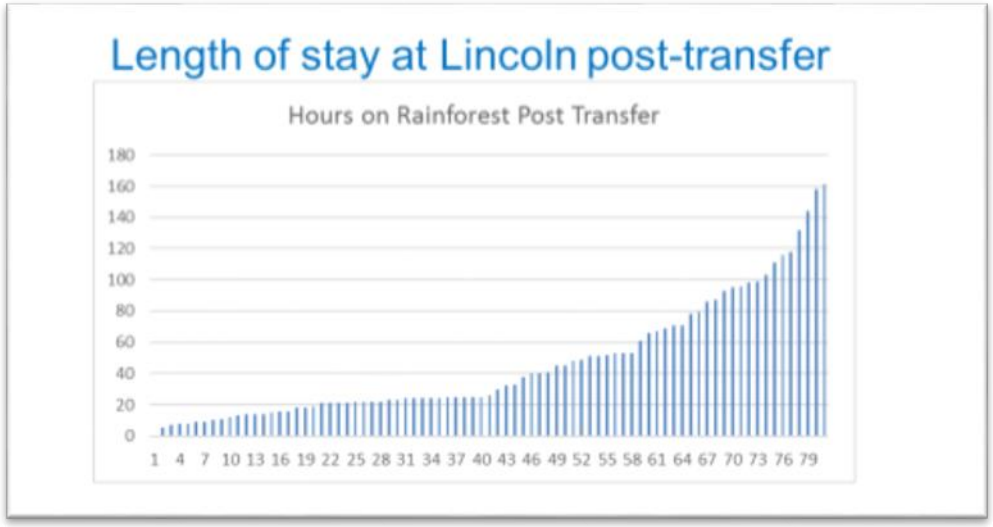
Table 5 : Referral Source (Data Source Paediatric Dashboard)

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

During the first six months, our review showed that there have been a number of occasions where children have stayed on the PAU beyond 12 hours. Any child staying beyond this time were assessed by the consultant andan agreement reached that it was safe to have the child remain on the ward in the best interest of the child. Consultant clinical judgement and international best practice have highlighted that a number of children do need to stay beyond 12 hours, such as those with high dependency needs such as high flow respiratory relief. The 12 hour standard appears appropriate for the acuity of the Trust's patients. 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.

Analysis of the length of stay of 80 patients on Rainforest Ward post-transfer from the PAU at Pilgrim hospital shows that over 85% of those patients had a further 10 hours or more as an inpatient, suggesting that referral and transfer is appropriate.

Table 6 : Length of stay at Lincoln post-transfer since implementation of model (Data Source Paediatric Dashboard)



Emergency Admissions

The service have implemented a new paediatric dashboard in ED, which will support driving improvement going forward. For now there has been little interrogation of the data due to embedding the model. It is recommended that data review and interrogation becomes business as usual.

The average conversion of attendances at Lincoln from October 2017 to the first week of March 2018 to inpatients is 17.5%

The average conversion of attendances at Pilgrim from October 2018 to the first week of March 2019 to inpatients is 25%

Pilgrim

For the winter period, October 2017 to first week in March 2018, the average admission were 18%,

ED attendances for this period where 2,996

For the winter period, October 2018 to the first week in March 2019, the average admissions were 37%,

ED attendances for this period where 2,200 (796 difference)

More work is required on understanding the cause of higher admissions to Pilgrim, considering the decrease in attendances and whether there is a greater pull from ED at Pilgrim due to the 12 hour model.

Lincoln

For the winter period, October 2017 to first week in March 2018, the average admission rate was 19%,

ED attendances for this period were 4,276

For the winter period, October 2018 to the first week in March 2019, the average admission rate was 18%,

ED attendances for this period were 5,301(1,025 difference)

A postcode review for attendees should be carried out to see if the change in model at Pilgrim has influenced an increase at Lincoln.

Length of Stay

The graphs below show the length of stay from October 2017 through to the first week of March 2019 for Pilgrim and Lincoln. While admissions to PAU Pilgrim are higher and this needs further review, the length of stay profile for PAU has significantly reduced as expected and there has been minimum impact at Lincoln. Where there is an increase, this is also mirrored at Pilgrim and will be predominantly due to winter pressures. This suggests that the model is working and both sites have seen a reduction in latter months in length of stay.

Table 7 : PAU average length of stay in hours (Data Source – Paediatric Dashboard)

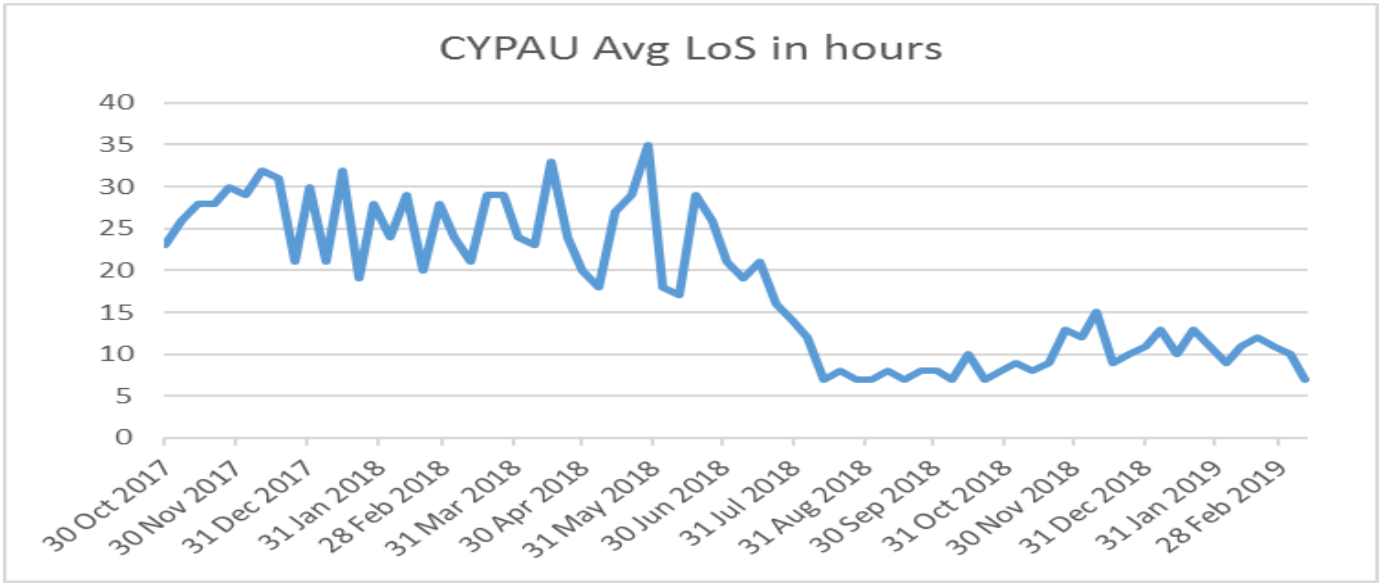
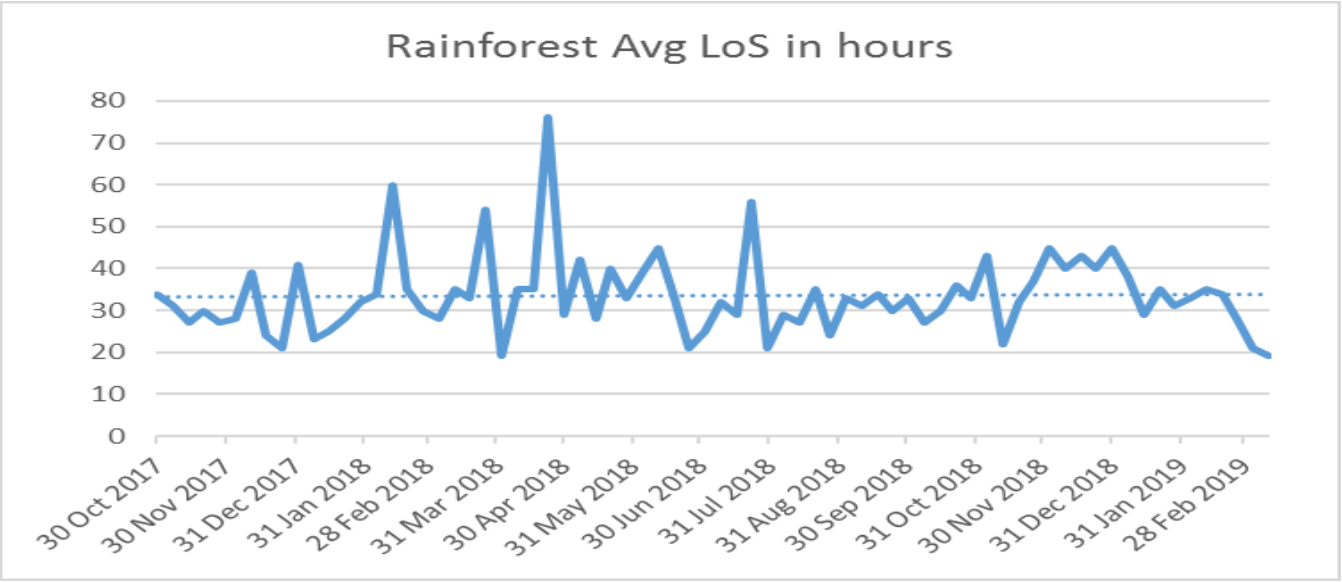


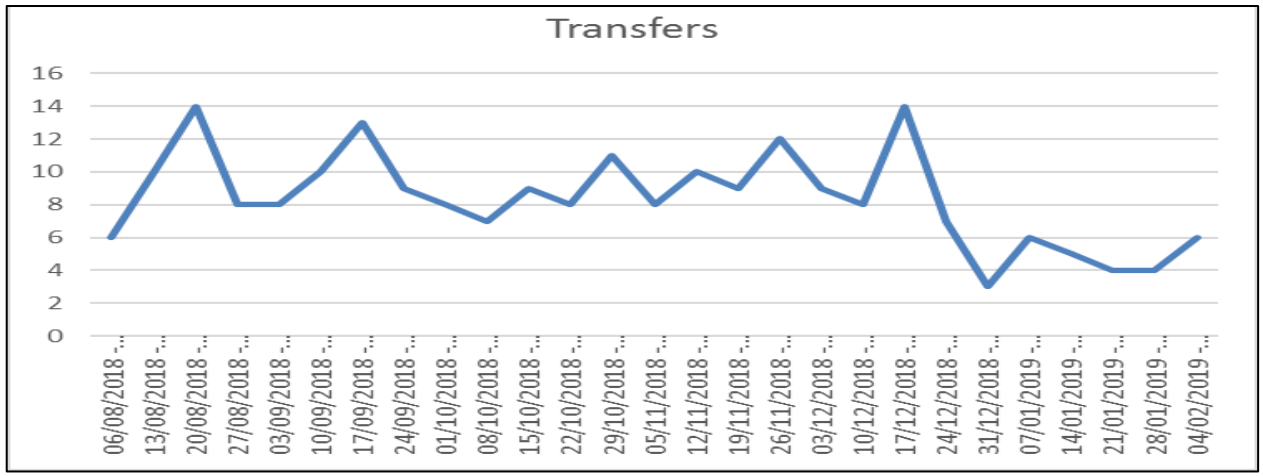
Table 8 : Rainforest Ward, Lincoln average length of stay in hours (Data Source – Paediatric Dashboard)



Transfer of Patients

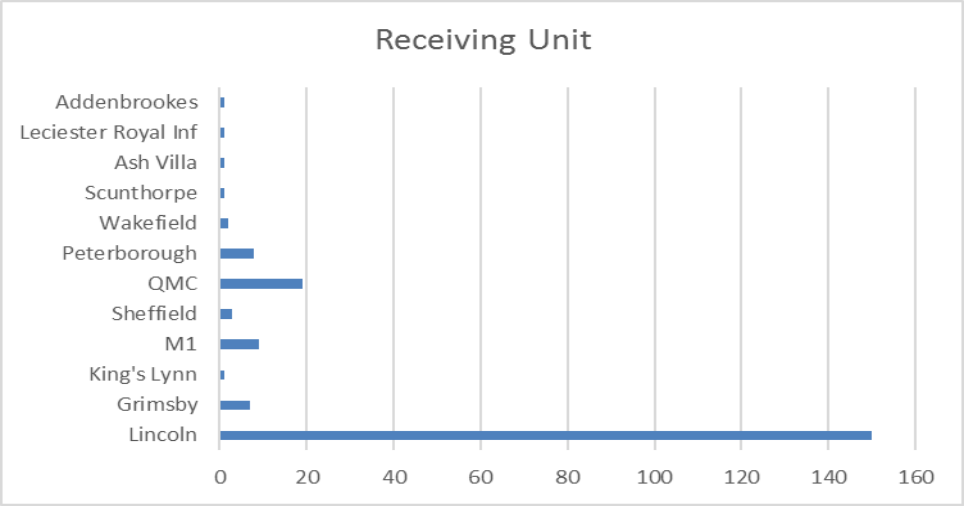
The Trust deployed a dedicated ambulance service to ensure that patients reaching the 12 hour standard or requiring urgent emergency care could be transferred quickly and safely. Since the introduction of the dedicated ambulance service there have been no instances where an ambulance has not been available 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. It is recommended that this remains in place.

Table 8 : PAU transfers (Data Source – Paediatric Dashboard)



53 children were transferred to other inpatient units rather than Rainforest Ward. 21 were to specialist centres for ongoing treatment (as per agreed protocols), 9 were transferred to ward M1 at Pilgrim, 21 because beds were not available at Lincoln and 2 were repatriated to home. The ambulance resource continues to provide the 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.

Table 9 : PAU receiving units (Data Source – Paediatric Dashboard)



It is recommended that the service continues to monitor activity and use the new paediatric dashboard to drive continuous improvement.

Patient and Public Engagement

Since the introduction of the interim model, the Trust and service have carried out extensive staff and public engagement. This helps to understand people's experiences of using the service, concerns, and helps to mitigate any concerns where possible, whilst using the findings to inform future service design.

A survey has been completed which attracted 805 responses, and since August 2018 the Trust and service have facilitated five public engagement events at Pilgrim hospital, attracting over 100 attendees in total.

The service has undertaken face to face engagement at 24 different groups in the Boston and Skegness areas, including parents and toddler groups and children's centres.

Findings and opinion on the provision of services vary widely according to geography, age and demographics of the patients. The general consensus has been that parents want assurance that emergency children's services will remain as close to home as possible, but acknowledge that they may sometimes have to travel for specialist/ outpatient services.

As a result of the findings from public engagement, the service leads and team have worked with our partners, staff and patients to look at specific issues including: open access families, transport for transfer of patients, clarity around service specifics including length of stay on the PAU and additional support for families whose children are transferred.

Conclusion

The interim model has delivered safer care for the children's population of Lincolnshire. However, recruiting nurses and clinicians remains a constraint and an area of concern for the service and the Trust.

The clinical leadership remains an important factor and leaders should be supported to continue to embed the model of one team two sites.

The acuity of patients that are admitted to the PAU are not consistent with a low acuity model, and this needs to have ongoing monitoring.

The model is at the stage where it needs to be incorporated into a larger children's programme, as the service could be at risk of hitting a 12 hour target but missing the point of a service for the whole population of Lincolnshire.

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Recommendations

- Continue to work on the one team two sites model, with focus on recruitment and retention.
- Rapid work on ambulance transfer is required, not only from a financial perspective but also to ensure patients who are high flow are transferred appropriately.
- The model works well and should be continued, with a view to how it could be financially more viable with regard to transfer of patients
- Continue to use the RCOP (Is it RCPCH?) recommendations as guide to safe practice
- Use metrics and the paediatric dashboard to drive continuous improvement
- Implement the rhythm of the children's programme board which will drive a Lincolnshire wide service with system partners
- Embed the 12 hour model, and review incidents and pressure points for winter 2019
- Implement a PAU 12 hour model at Lincoln.
- Move rapidly to a whole system wide programme approach.
- Plan for winter 2019 with immediate effect.
- Review progress through Trust Board on a quarterly basis.

Appendices

Title	Risk level (current)	Rating (current)	Rating (acceptable)	Review date	Weakness/Gap in Control	Description	Priority	Specialty	Responsibility ('To')	Due date	Progress	Done date
Access to essential areas of the estate (Children & Young Persons CBU)	Very low risk	3	3	30/06/2019								
Availability of essential information (Children & Young Persons CBU)	Very low risk	3	3	30/06/2019	Fragmentation between LCHS and ULHT of patient records at Lincoln and Grantham ADHD clinics with possible implications for missed information about patient care. This may impact on continuity and delivery of care and may compromise patient safety.	Development of a service level agreement between ULHT and LCHS that will enable one medical record and booking system to be utilised for all patients throughout their care within the community paediatric service.	2. High priority risk mitigation	Community Paediatrics	Gandhi, Sarala	31/03/2019	Now have access to Electronic Community Paediatric medical records(Systm1) and Child health (LCHS) have taken over the booking of ADHD patients.	22/03/2019
Delayed patient discharge or transfer of care (Children & Young Persons CBU)	Low risk	6	3	30/06/2019	There is no tertiary referral service for level 2 paediatric HDU care so unable to transfer most children for tertiary care until they are level 3 which usually means intubation. Most of the children that fulfil this criteria are children that are long term ventilated (home ventilation) and will not be accepted to a tertiary centre and therefore have to be accommodated at Lincoln or Pilgrim.	Separate junior grade rota in place for neonates and paediatrics. Carers accommodated to look after usual level of needs at home (parents and paid carers). Nursing staff aim to attend EPLS (advance paediatric resuscitation) and high dependency care module.	3. Medium priority risk mitigation	Paediatric Medicine	Hauton, Jane	31/03/2019		
Exceeding annual budget (Children & Young Persons CBU)	Low risk	6	3	30/06/2019	The service does not currently receive the correct tariff for Level 1 PHDU & there is no separate tariff available to a DGH providing Level 2.	Collection of data to present to CCG re: attracting the correct tariff for level 1 PHDU & appropriate tariff for level 2.	3. Medium priority risk mitigation	Paediatric Medicine	Edwards, Nick	31/03/2019		
Confidentiality & integrity of personal information (Children & Young Persons CBU)	Low risk	6	3	30/06/2019	There are several hundred DVDs containing safeguarding images, stored in locked cabinets in consultants' offices at LCH and Pilgrim, which would not be protected if there was a fire or flood; keys could go missing and then anyone could look at this information; if either of the consultants left the Trust other personnel may not know where this information was in order to retrieve it. The DVDs are also not logged anywhere (e.g. in a spreadsheet) so if any did go missing no one would know.	Plan to store all CD's in safe area in IT with restricted access; service is in the process of determining the full costs of an IT solution to provide secure storage and restricted access.	3. Medium priority risk mitigation	Paediatric Medicine	Hauton, Jane	31/03/2019		
					Archived school nurse medical notes and medication charts are being held down in the cupboard in the treatment room at St Francis School. Some of the notes they are holding are now over 13+ years old. The records need to be put in with the child's/ adult's medical record as although they are in a secured area they are now currently running out of space to store them at school but they have no admin support, do not have access to health records and do not have anywhere suitable on site at Lincoln to track notes to.	Issue of archived school nurse medical notes and medication charts being held down in the cupboard in the treatment room at St Francis School to be escalated to Medical Records to work together to identify a solution.	3. Medium priority risk mitigation	Children's Community Services	Flatman, Deborah	30/06/2019		
Delayed patient diagnosis or treatment (Children & Young Persons CBU)	Moderate risk	9	3	30/06/2019	Deteriorating patients on wards or that present to A&E that require level 3 PICU care have to be stabilised prior to transfer. On occasions delays occur either due to bed availability or transport availability. East Midlands is the only region in England without a dedicated retrieval team for paediatrics.	Staff training to include EPLS and high dependency care module as staff can be released and courses sourced. Agreement in place with anaesthetic team to jointly manage patient until retrieved. Retrieval service in place.	2. High priority risk mitigation	Paediatric Medicine	Hauton, Jane	31/03/2019		
					Demand on community paediatric service outweighs current staffing capacity, resulting in a significant number of patients waiting for follow up and new appointments. Shortage of administrative staff causing a delay in typing clinic reports and in patient referrals to other services and some treatment interventions. The risk associated with this is increasing.	Funding to be sought for extra administration staff for the longer term and additional overtime approved to try and clear current issues. ADHD Pathway to be refined. Recruitment to ADHD nurses.	2. High priority risk mitigation	Community Paediatrics	Gandhi, Sarala	30/06/2019	ADHD Pathway has been refined. Recruitment to ADHD nurses underway. ADHD clinic reports are being prioritised above other general community paediatric reports. Nurse led clinics to commence May 2019. Adhoc clinics to be set up . Plan needed for Boston overdue list, locum consultant in place in Boston while waiting for recruitment to vacant post in advert. Team in Boston to present a plan to Business manager to suggest how overdue PBWL can be effectively managed.	

Title	Risk level (current)	Rating (current)	Rating (acceptable)	Review date	Weakness/Gap in Control	Description	Priority	Specialty	Responsibility ('To')	Due date	Progress	Done date
					Poor facilities in some peripheral clinics at LCH. Poor patient experience, higher chance of medical errors. Unable to initiate ADHD medication in peripheral clinics due to lack of scales and BP machines and therefore delay.	Audit of clinic facilities against required standard with the aim of improving facilities in peripheral clinics. Escalation to Business Unit.	3. Medium priority risk mitigation	Community Paediatrics	Gandhi, Sarala	30/09/2019	Escalated to BU. No internet connection, need dongle for Dr Gandhi. Clare Frank doing project on community clinics.	
Availability of essential equipment & supplies (Children & Young Persons CBU)	Moderate risk	9	3	30/06/2019	Lack of availability of on-site EEG facility at Pilgrim Hospital. Patients must be transferred to LCH; nursing escort provided where required for safety reasons (may deplete ward staffing); identification of bed at LCH in case of delays.	Review of options for long-term provision of EEG service at PHB & associated equipment requirements.	3. Medium priority risk mitigation	Paediatric Medicine	Bolton, Mrs Beverley	30/06/2019		
					4x Incubators Pan-Trust are over 13 years old. A new Trust Standard is required. All 16 other incubators are more than 8 years old. The GE Giraffe incubators at Lincoln are particularly unreliable and require a lot of maintenance. There are three models of incubator being used Pan Trust, which is not best practice according to Department of Health guidelines and National Audit Office recommendations.	Requirements for replacement incubators to be referred to Medical Devices Group for funding.	3. Medium priority risk mitigation	Neonatology	Edwards, Nick	30/06/2019	Incubators replaced. Action complete.	15/04/2019
					Physiological monitors are beyond their life expectancy of 10 years and will be out of support within 2 years. This make/model of monitor is already being replaced in anaesthetics. Like-for-like replacements can no longer be purchased so a new Trust Standard is required. ECG recording for internal transfers / interdepartmental moves (e.g. to Radiology and return) is required.	Requirements for physiological monitors to be referred to Medical Devices Group for funding.	3. Medium priority risk mitigation	Neonatology	Edwards, Nick	30/06/2019	Monitors replace. Action complete.	15/04/2019
Quality of patient experience (Children & Young Persons CBU)	Moderate risk	9	3	30/06/2019	Nurse staffing levels in Children's Services areas do not meet the standards for nursing to patient ratios in children's areas set by the Royal College of Nursing; this can impact on staff morale.	Paediatrics included in Trust-wide nursing establishment review.	2. High priority risk mitigation	Paediatric Medicine	Bennion, Sue	30/06/2019		
					Peripheral clinic space at LCH not fit for purpose, and lack of equipment, resulting in poor patient experience and potential for higher chance of medical errors.	Audit of clinic facilities against required standard with the aim of improving facilities in peripheral clinics.	2. High priority risk mitigation	Community Paediatrics	Gandhi, Sarala	30/09/2019	Escalated to Business Unit. Clare Frank doing project on community clinics.	
Workforce capacity & capability (Children & Young Persons CBU)	High risk	12	6	30/06/2019	The level of medical staff has not matched increasing service demands; lack of skill mix (Nurse led clinics) and MDT team to free up paediatrician time. The risk associated with this is increasing.	Recruitment to consultant and ADHD nurse posts; process change taking place to increase additional appointments.	2. High priority risk mitigation	Community Paediatrics	Gandhi, Sarala	30/06/2019	Actions complete. Can be closed.	13/03/2019
					Ward establishments for Registered Nurses on Ward 4A (PHB); Safari / Rainforest (LCH) and Clinics do not enable the service to meet the standards set out by the Royal College of Nursing for nursing to patient ratios in Children's Services areas day and night.	Ward establishments for Registered Nurses on Ward 4A (PHB); Safari / Rainforest (LCH) and Clinics have been included in the establishment review (HR recruitment plan).	2. High priority risk mitigation	Paediatric Medicine	Bennion, Sue	30/06/2019	The risk is being mitigated with Agency staff and overtime for substantive staff.	
					Difficulties in recruiting medical staff (especially middle grade doctors) means that there are frequent occasions where the medical rota cannot be fully compliant for first and middle grade tier.	Use of locum staff for cover; use of locums who have worked in the unit previously so they are familiar with the wards; on-going recruitment to substantive posts.	2. High priority risk mitigation	Paediatric Medicine	Kollipara Sitarama, Narasimha (Inactive User)	30/06/2019	Still a shortfall in middle grade doctors. Recruitment on-going. Step approach taken to ensure compliance. Work on-going on a plan for every post. Recruiting to 4 consultant posts at the moment. There is a plan for when doctors are joining the rota. Dr's have been recruited to PHB but are not yet able to work at registrar level on the rota. There is a 6 month plan.	
					Issues with recruiting and retaining sufficient numbers of middle grade doctors to safely maintain paediatric services at PHB.	Interim paediatrics service model in place; dependent upon locum staffing and therefore vulnerable and not cost effective or sustainable.	2. High priority risk mitigation	Paediatric Medicine	Bolton, Mrs Beverley	30/03/2020		

Title	Risk level (current)	Rating (current)	Rating (acceptable)	Review date	Weakness/Gap in Control	Description	Priority	Specialty	Responsibility ('To')	Due date	Progress	Done date
Sustainable paediatric services at Pilgrim Hospital, Boston (Children & YP CBU)	High risk	12	4	30/06/2019	Concerns about limited supervisory resource for trainee doctors at PHB could result in withdrawal of trainees by HEE.	Interim arrangements in place to provide sufficient supervision in order to maintain supply of trainee doctors. Sustainable position is dependent upon agreement and resourcing of long-term service model.	2. High priority risk mitigation	Paediatric Medicine	Bolton, Mrs Beverley	31/03/2020		
					Long term service model not yet agreed; until this is agreed and in place the service remains vulnerable to staffing and demand management issues. Current demand is lower than expected (for reasons unknown).	Development of sustainable long-term model for paediatrics at PHB, through the STP.	2. High priority risk mitigation	Paediatric Medicine	Bolton, Mrs Beverley	31/03/2020		
Safety & effectiveness of patient care (Children & Young Persons CBU)	High risk	12	3	30/06/2019	Children under 16 that require specialist or a higher level of care or that are a time critical transfer have to be transferred with escort provided by nursing and medical staff from the ward which depletes the staffing; staff do not practice transfer skills regularly enough to fully maintain competencies.	Any uplift in nurse staffing needs to take potential transfers into account. EMAS and NSL have confirmed that they are a transfer platform only and cannot always provide paramedic crews. Private ambulances are used as an alternative method.	2. High priority risk mitigation	Paediatric Medicine	Lythgoe, Mrs Helen	31/03/2019		
					The service currently provides level 1 paediatric HDU activity; potentially 2 HDU areas for paediatrics and neonates at LCH are covered out of hours by the same registrar and consultant but are situated a distance from each other.	Staff attend EPLS (advanced paediatric resuscitation) as course availability and releasing staff allows. Staff identified on training needs analysis to attend high dependency modules.	3. Medium priority risk mitigation	Paediatric Medicine	Flatman, Deborah	31/03/2019	Controls now in place. Action can be closed.	13/03/2019
					A critically sick child may be transferred from the ED to the Children's ward 4a whilst waiting for transfer to a tertiary PICU/CICU; nurses on ward 4a are not ITU trained and do not have the correct skills and training to care for an intubated and ventilated child; the area is not commissioned for this level of care & does not have the necessary equipment.	Policy to be agreed for safe transfer of children and young people to clarify the process.	2. High priority risk mitigation	Paediatric Medicine	Hauton, Jane	30/06/2019		
					There is no medicines management policy for delivering intravenous medicines in the home / community setting & it is out of date for joint agencies within school setting; limited guidance for HCSWs administering medicine to children & young people in the home.	Updates to medicines management policy & guidance to cover delivery of IV medicines in home / community settings; joint agencies within school setting; and unregistered staff (HCSWs) administering medicine in the home.	2. High priority risk mitigation	Children's Community Services	Flatman, Deborah	31/03/2019	St Francis School reviewing draft policy.	
					As there is currently no local multi-agency autism team in Lincolnshire community paediatricians continue to assess & diagnose autism as a sole agency; increased potential for over- or under-diagnosis.	Discussions between ULHT and Commissioners regarding an autism pathway for the longer term.	2. High priority risk mitigation	Community Paediatrics	Gandhi, Sarala	30/06/2019	Interim Autism pathway in place with joint assessment with SALT but significant delay with ADOS. Escalated to the commissioners.	
Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	High risk	12	3	30/06/2019	Nurse staffing levels in Children's Services areas do not meet the standards for nursing to patient ratios in children's areas set by the Royal College of Nursing; this can result in an increase in stress amongst staff.	Paediatrics included in Trust-wide nursing establishment review.	2. High priority risk mitigation	Paediatric Medicine	Bolton, Mrs Beverley	30/06/2019		
					Additional pressure on staff due to insufficient capacity increases the likelihood of staff sickness / absence.	Recruitment to consultant and ADHD nurse posts, Grantham secs, SUDIC admin staff.	2. High priority risk mitigation	Community Paediatrics	Gandhi, Sarala	30/06/2019	Consultant post in Boston remains vacant, no candidate, end of April 2019. Neurodevelopmental nurses to commence nurse led clinics, autism pathway coordination and scoring GARS.	
					Potential for spillage / contamination to staff / parent associated with the transport and storage of cytotoxic chemotherapy agents.	To develop a chemotherapy policy to provide clear instruction on the transport and storage of cytotoxic agents.	3. Medium priority risk mitigation	Children's Community Services	Flatman, Deborah	30/06/2019	Action is complete.	13/03/2019

Title	Risk level (current)	Rating (current)	Rating (acceptable)	Review date	Weakness/Gap in Control	Description	Priority	Specialty	Responsibility ('To')	Due date	Progress	Done date
					Difficulties in managing children & young people exhibiting behaviours that challenge, if admitted to a general children's ward whilst awaiting mental health assessment; insufficient staffing to always provide 1:1 supervision; staff lack training in conflict management & use of restraint. Long standing issue with availability of Tier 4 beds locally.	Working party set up with CAMHs and medical directors of LPFT and ULHT to look at solution to finding safe environments for children exhibiting behaviours that challenge. Risk Assessment to be undertaken to identify need for one to one nursing with escalation of issues pathway in place to identify support as required.	2. High priority risk mitigation	Paediatric Medicine	Lythgoe, Mrs Helen	30/06/2019		
Compliance with regulations & standards (Children & Young Persons CBU)	High risk	12	3	30/06/2019	Large volume of expired guidelines	Maintain monthly Guideline meetings Administrative support to be sourced	2. High priority risk mitigation	Paediatric Medicine	Kumar, Munish	31/07/2019		

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 Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**10 July 2019**
Subject:	**Mental Health, Learning Disability and Autism Services – Case for Change and Emerging Options**

Summary:

This report presents the drivers for change in mental health, learning disability and autism community services and links this to the feedback received from the first round of the Lincolnshire Healthy Conversations 2019 (HC 2019) with the public. It gives feedback received at the events that relates to mental health, learning disability and autism services, care and treatment. The appendices attached give the full feedback and responses.

The feedback was generally positive and people were open about good experiences of services.

The suggestions that were made in feedback from the public and which are receiving further attention/responded to on the website are: -

- Access and responsiveness of services including availability of services for carers, people and families living with autism, Child and Adolescent Mental Health services, Dementia and Crisis Care;
- Professionals sharing information or professionals knowing what services are available for people with mental health problems;
- Transitions from children's services to adult services;
- Access to information and support including information on-line.

Actions Required:

Committee members are asked to note and comment on the report.

1. Background

Drivers for change in mental health, learning disability and autism services

Lincolnshire people who require mental health and learning disability services benefit from having good services in place, but there is more to do. The ambition is to ensure that the vision of "enabling people to live well in their communities" is delivered.

The drivers are to deliver the objectives of the NHS Long Term Plan (2019) and the Mental Health Five Year Forward View (2016) as well as drive forward the collective ambition for improving mental health in social care and primary care in partnership. This is as we move to be an Integrated Care System. There are four main dimensions to LPFT services as follows: -

Dimension	Examples and how we are doing currently
1. Prevention and support in neighbourhoods / communities	• The activities in the Lincolnshire Managed Care Network – for example social events for people living with dementia and their carers – which help people to stay well and live well with their physical and mental health.
	• We do some of this, but we need to partner together to **scale this up**.
2. Early intervention and responding quickly	• A person with a learning disability who we have supported in the past but who may be experiencing a change that affects their mental health and who needs a prompt response by an expert clinical team. If this is done quickly (and there is a quick response to that person's needs) it can prevent admission and deterioration.
	• We have some good examples of where we do this – for example the community learning disability 24/7 team. We are continuing to transform all of our services to provide access in communities and **consistency** across our geography.
3. Care and treatment for people with serious mental health problems	• A person who is so poorly with their mental health that they are in crisis, need crisis team support immediately and may need to be admitted to a bed, for example at Peter Hodgkinson Centre, Lincoln or the Department of Psychiatry at Boston Pilgrim Hospital.
	• We do this well, but the teams are stretched with lots of patients needing care. There needs to be more investment in crisis services (through the crisis care concordat); community mental health services to improve access and wards (some of these are not fit for purpose and need urgent **capital** investment or change to configuration).

4. Highly specialist services for the most complex mental health problems	• A person who is so ill they need admission to or treatment from a highly specialist team or service such as a forensic team or low secure admission (to Ash Villa, Sleaford, the Francis Willis Unit, Lincoln, or the Psychiatric Intensive Care Unit, Lincoln).
	• We have some new services but still have Lincolnshire people travelling out of county for their care who we need to bring closer to home. Some of these services may be on a **geographical footprint** such as East Midlands because of the specialist nature of them, for example beds for young people with complex eating disorders.

Mental health, learning disability and autism services, care and treatment has been presented to the Committee as separate items three times in the last eighteen months. Therefore this paper whilst covering all four dimensions, focuses on the first dimension of the table above – prevention and support in neighbourhoods and communities – exploring some of the drivers and opportunities for change over the next two years. This dimension has not previously been covered in detail.

Prevention and support in neighbourhoods/communities

This is where we need to do more if we are to transform what we do as an integrated care system. Some of it is happening now, for example the Neighbourhood Team work, but there is more to do.

Part of developing integrated care (and communities that have the resources to successfully see, treat and support their own health and well-being) in a rural county with significant health needs and a growing, ageing population will require changes. This includes changes in how we work and more: -

- Co-planning and co-delivery with patients and staff;
- Collaborative working, using the expertise of the voluntary community sector, primary care and social care providers
- Partnerships and alliances between people
- Focus on population need and inequalities in health
- Transfer of resources into primary care networks – populations of 50-70k
- Focus on preventative activity and a philosophy of “no waiting”
- Early Intervention (into schools, for people living with dementia or long term conditions
- Digital technology to support staff and patients to work differently or to self-care

The types of services that LPFT wants to partner with others to develop and deliver are: -

An integrated, place-based mental health workforce: located in neighbourhood teams and Primary Care Networks (PCNs). This will not be a separate service or team, but instead it will be a new part of existing neighbourhood teams which already

includes GPs, social care, emergency services, substance misuse workers and voluntary, community and social enterprise (VCSE) providers.

Building community capacity and resources: creating a better understanding and awareness of mental health in the local community. This could include for example creating or supporting a network of volunteer 'trained listeners' to increase community resources to support people to self-manage their own care and expanding education and support for recovery (through the Recovery College). In addition LPFT wants to partner to train people in local communities in Mental Health First Aid and to use our skilled professionals expertise to train experts in mental health in care homes and local communities. We see that there is the need for social schemes such as befriending and supporting people with social isolation, bereavement and advocacy including supporting people with housing, employment and benefits.

Enhance social prescribing opportunities and networks: building on existing opportunities provided by VCSE and scaling up our work to date on the Lincolnshire Managed Care Network, bringing serious investment into this sector to deliver meaningful activities and well-being in support of mental and physical health. We will support people make full use of existing services and community assets such as the recently expanded Individual Placement Service (supporting people to employment), volunteering opportunities, community centres, leisure centres, libraries and recovery colleges.

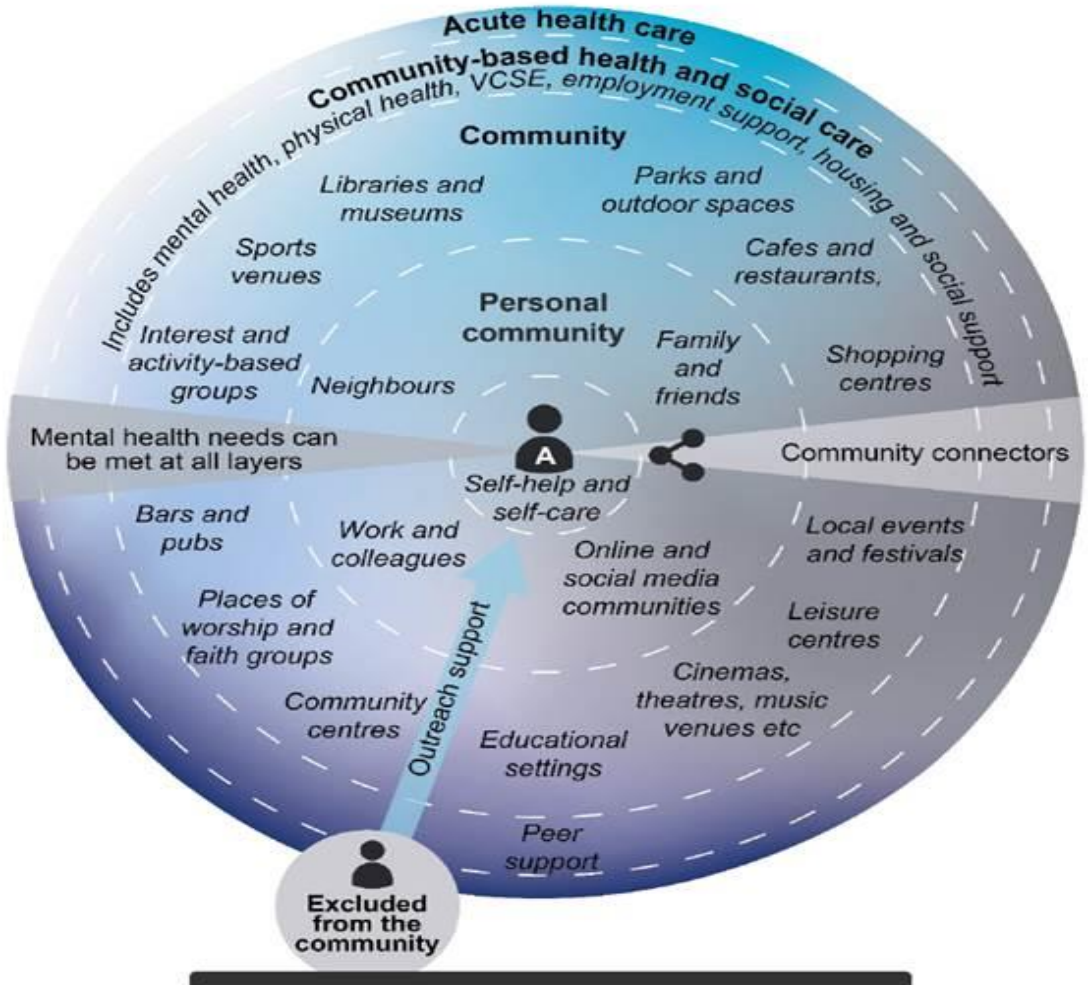
'Digital first' offers using the Vitrucare digital platform which is integrated with GP systems and Lincolnshire STP Clinical Portal. There is a massive offer that we can make in terms of working with partners, patients and families to look at;

- information that is available on-line or via mobile devices (Apps. etc.) to help to share information, support, advice to people so they are informed about what is happening to their mental health;
- information and guidance about keeping safe and well;
- information to support them whilst they await a specialist appointment or information about support groups that are available in local communities;
- the Support2Connect initiative developed by Lincolnshire County Council.

Work done with the Managed Care Network to date and work on improving and developing the Lincolnshire and the LPFT digital offers will be driven as part of this thinking.
The creation of the Lincolnshire STP Clinical Portal and work that has been done to improve connectivity (for example the Community of Interest Network (COIN)) offer the platforms on which to build the digital offer.

High intensity support element to this model with the aim of step-up and step down care for patients with Personality Disorder (PD) and Autism, which are big gaps in the services currently available to the people of Lincolnshire.

LPFT is committed to working with all partners to increase the capacity in neighbourhood teams to support people to stay safe and well, with services locally based and focused on responding quickly to the needs of the individual person. Our staff currently link with neighbourhood teams and support the work of the teams. In the future this neighbourhood team capacity is vital to making a success of integrated care.



The above diagram is published by NHS England and demonstrates the importance of community capacity building and of community in supporting people to stay well. It puts emphasis on wrapping support around the individual person, with community connectors linking community responses together. Mental health is integral to the community response.

Early intervention and responding quickly

LPFT has presented in the past to the Lincolnshire Health Scrutiny Committee about our ambitions to improve access to services in communities and to respond quickly to people when they need access to mental health professionals. Examples of this are our work on the following: -

- Moving to a community Learning Disability service that offers improved access, reduced waiting times, a community based response and a 24/7 service for people and families who are experiencing difficulties;

- Piloting and evaluating a community facing Home Treatment Team model for older adults (as described to the Committee in the last update from LPFT; and
- Strengthening the pathways for Children and Young People's mental health services including the creation of the Healthy Minds service (which provides emotional well-being into schools in Lincolnshire to support children and young people) and the work to transform the community Child and Adolescent Mental Health Services (CAMHS) including children and young people's IAPT (Improving Access to Psychological Therapies) and crisis services. This has included investment to move to a maximum waiting time of 4 weeks for CAMHS, supported by Lincolnshire County Council.

LPFT will continue the programme of work to transform our services and respond to patient feedback and commissioner requirements. This includes liaison with primary care colleagues who refer children and young people with mental health problems and work we do to support people who are homeless or rough sleeping (working with our colleagues and partners in other agencies).

Of concern to LPFT (and recognised in the Healthy Conversation feedback) is to continue to be responsive in terms of waiting times for all services and there is a specific concern that we are addressing for gaps in services for people with autism and the waiting time for assessments. LPFT does not currently provide ongoing care and treatment for people with autism but does provide assessment and diagnostic service for these clients.

Care and treatment for people with serious mental health problems

Crisis care

The NHS Plan has a 10 year commitment to "increase alternative forms of provision for those people in (mental health) crisis". This is a call for change and improvement. There is excellent work going on in Lincolnshire via the Crisis Care Concordat, which is a multi-agency initiative. Community services like crisis cafes provide a more suitable option to accident and emergency departments for many people who are experiencing a mental health crisis. For those people who need accident and emergency care, for example someone who has taken an overdose, then accident and emergency departments are the right place for this type of emergency. Specialist mental health liaison staff teams working alongside colleagues in accident and emergency departments in Lincolnshire support people who attend with these types of emergencies.

For a person who may be experiencing intense suicidal thoughts, who are in crisis, and need immediate support to ensure they are safe, crisis cafes and similar services offer that support. Lincolnshire is committed to expand this type of option and to improve signposting so that people get the right care when they need it. The future model is that anyone in crisis can call a helpline and be directed to immediate mental health support that meets their needs, round the clock. This may be a place of safety or a community hub with the right support, be that emotional support for bereavement or relationship break-up or practical help with issues such as housing.

Additional capacity is needed to enable the Lincolnshire system generally and the crisis teams, community mental health teams specifically to respond to increasing demand of Lincolnshire people. There is a need for a community service for people with personality disorder and currently no service in place.

Drug and alcohol services

Substance misuse and mental health disorders such as depression and anxiety are closely linked, and while some substance misuse can cause prolonged psychotic reactions, one does not directly cause the other. However for some people: -

Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. People often abuse alcohol or drugs to ease the symptoms of an undiagnosed mental illness, to cope with difficult emotions, or to temporarily change their mood. Unfortunately, abusing substances causes side effects and in the long run often worsens the symptoms they initially helped to relieve.

Alcohol and drug abuse can increase the underlying risk for mental illness. If you are at risk of mental illness, abusing alcohol or illegal or prescription drugs may exacerbate the illness. There is some evidence, for example, that some people using marijuana have an increased risk of psychosis while those who misuse opioid painkillers are at greater risk of depression.

Alcohol and drug abuse can make symptoms of a mental health problem worse. Substance abuse may sharply increase symptoms of mental illness or even trigger new symptoms. Abuse of alcohol or drugs can also interact with medications such as antidepressants, anti-anxiety pills, and mood stabilizers, making them less effective at managing symptoms.

Suicide prevention strategy

Every suicide is both an individual tragedy and terrible loss to society. Suicides are not inevitable and central to any prevention work is the maintenance of hope for potentially vulnerable individuals.

Lincolnshire Partnership NHS Foundation Trust responded to the Five Year Forward View for Mental Health (2016) and launched a Suicide Prevention Strategy in 2016, which covers the period to 2019. The Trust is mindful of the need for collaborative working with other statutory bodies; the voluntary, community and social enterprise sector; service users/patients and friends and families to ensure that the LPFT Suicide Prevention Strategy aligns with the wider Lincolnshire Strategy.

The six action areas that were the focus of the LPFT strategy (2016 to 2019) were: -

1. Reducing the risk of suicide in key high-risk groups
2. Tailoring approaches to improve mental health in specific groups
3. Reducing access to the means of suicide
4. Providing better information and support to those bereaved or affected by suicide
5. Supporting the media in delivering sensitive approaches to suicide and suicidal behavior
6. Supporting research, data collection and monitoring.

LPFT has a zero suicide ambition which carries a fundamental belief that deaths of individuals within mental health services are preventable. It presents a bold goal and aspirational challenge and the strategy is one of the ways of focusing attention to achieve this challenge.

Highly specialist services for the most complex mental health problems
For these services, for example CAMHS inpatient bed based care for young adults with complex eating disorders, there is work commencing at regional East Midlands level to look at the optimum configuration of services. LPFT is engaging with this work and will provide an update at a future date.

Feedback from the Healthy Conversation 2019

Comments on services were either posted on line (Appendix A below summarises this feedback) or via direct/questionnaire feedback at the events (Appendix B summaries this feedback).

Responses to any questions have been (and continue to be) posted online. These are included in Appendix A below.

The themed feedback is grouped as follows with the most frequent feedback being about how people get access to services and how long they wait for appointments or referrals: -

Theme	
Access to services and the **responsiveness** of services/**gaps** in services	12 comments
Professionals **sharing information** or professionals knowing what services are available for people with mental health problems;	3 comments
Access to information and support including information **on-line**.	3 comments
Transitions from children's services to adult services;	2 comments

We are using this feedback in our planning as we develop plans and will be engaging with people, patients, staff, partners on an on-going basis to listen to feedback and act on it.

The feedback received has informed the priorities that LPFT will be paying attention to additional developments in community capacity building; waiting times for service and responsiveness; the lack of services for people with autism and personality disorder and generally capacity in crisis and community mental health services.

The length of time that people wait for assessment and treatment at LPFT is an area that we are constantly working hard to address.

We have seen improvements in overall waiting times and we are working hard to make sure that support and information is available whilst people are waiting.

For people living with autism (autistic disorders and ADHD), following assessment at LPFT, there is no ongoing service provided by the LPFT and this is a gap in services currently in the community for which there is a Lincolnshire wide strategy.

2. Conclusion

Important feedback has been received as part of the Healthy Conversation 2019 and LPFT has benefitted from being part of this engagement exercise. We will continue to participate in future events and look forward to receiving additional feedback. This is an important part of the debate about services including those for people with mental health, learning disability and autism needs in our county.

3. Consultation

There are no issues for consultation arising from this report.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	You Said We Did responses on mental health posted on the website
Appendix B	Healthy Conversation 2019 feedback

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 Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via Jane.Marshall@lpft.nhs.uk

APPENDIX A

You said, we did – Mental Health feedback and response on website

You said...

- Really good care and support
- Impossible to get appointment with CAMHS
- Support for community based services, enabling patients to stay at home with family
- Fantastic work with autism

Suggestions included:

- More information required for parents about what services are available, especially online
- Improve links from children to adult services
- Improve flexibility of CBT appointments for those who work

We did...

- We are working on a mental health hub in Lincolnshire which will provide more information, including online, for parents about the services available and will also improve links from child to adult services. This hub is a partnership project with charities, voluntary sector and other relevant parties collectively developing it.

- We have asked for improved flexibility of CBT appointments and will keep the public updated as this progresses.

FAQ developed after feedback at event:

Concern about Manthorpe centre and use of ambulances going to A+E - will patients be accepted between trusts?

If people are waiting for crisis service will they still be seen in relation to the changes to A+E services. How will it all link and work together?

Mental health crisis services will not be affected by changes to urgent care services in the county. Lincolnshire Partnership NHS Foundation Trust will continue to provide county wide mental health crisis support and is working with local commissioners and NHS England to look at new ways of further improving crisis care in Lincolnshire.

The mental health services at the Manthorpe Centre in Grantham will also remain unaffected by wider system changes and will continue to be supported by East Midland Ambulance Service when patients need emergency physical health care.

The NHS organisations in Lincolnshire will continue to work closely together to make sure their plans take each other's services into account and complement each other wherever possible.

How is the NHS supporting adults and children with learning disabilities in Lincolnshire?

Lincolnshire Partnership NHS Foundation Trust offers specialist health support to people with learning disabilities who require assessment and/or treatment for their physical or mental health, including support with behaviours of concern.

- A single point of access (SPA) for all referrals
- Four community hubs - a multi-disciplinary team which provides the whole range of specialist learning disability professions
- Autism diagnosis and liaison - providing a liaison service which supports access to mainstream health services and ensures reasonable adjustments are made
- County-wide community home assessment and treatment team

APPENDIX B

Healthy Conversation 2019 event feedback

Event location	Number of attendees	TOTAL Number of feedback forms received
Boston	67	28
Louth	17	6
Skegness	20	16
Grantham	129	100
Online		54
Sleaford	25	8
Gainsborough	13	10
Lincoln	30	15

Feedback from Boston event 13th March 2019

Theme	Feedback and suggestions
Mental Health	Have always had really good support including Crisis Team. Confident in asking for support should I require the services again.
	Crisis Team in local area RE. Old Leake needs to be assessed
	CAMHS - impossible to get appointments

Feedback from Louth event 14th March 2019

Feedback from Skegness event 19th March 2019

Theme	Feedback and suggestions
Mental Health	Pleased to hear you are working with LCC and going into schools to work with staff. **Suggestion:** Need more information going to parents about what services are available especially online services.
	Have used LPFT services over many years, and now well as a result. I know where you are if I need you - thank you.
	Son is a veteran and uses a USA based counsellor for his PTSD. Would prefer him to use a UK counsellor but son prefers to keep with the person he knows. Pleased to hear that Lincolnshire has a veteran service.
	Really support the greater support for Mental health, needs same level of investment as physical health. Mental health issues can be behind many physical health conditions and takes people long to recover.
	Service user of LPFT mental health services both community and inpatient. Staff really helped me in my recovery. Support community based services as enabled me to stay at home in my familiar surroundings and with my family. Two weeks in Pilgrim, but preferred home services.

Feedback from Grantham event 20th March 2019

Theme	Feedback and suggestions
UTC/ Mental Health	Grantham needs 24/7 walk in access. As a parent with an anxiety disorder I know how a simple child's minor illness can trigger a mental health crisis. **Suggestion:** Due to the lack of this, we need resuscitation and stabilisation facilities to ensure no needless deaths occur during transport. We need mental health care for those in crisis.
Mental Health	Carry on fantastic work with autism. **Suggestion:** Better links from children to adults.
	Suggestion: Improve waiting times in CBT. Improve flexibility around appointments for those who work. Improve response from LPFT when messages are left.
	Since we have been allocated a family support worker the support has been good.
	Will patients be accepted between trusts?
	Suggestion: There needs to be an easier way to access community Paediatrics before childrens' academics are affected.
	Would like information on the systems dementia strategy - including information for families in support.
Community Care/ ASR/ Mental Health	Support for my family member following a suicide attempt was good but unfortunately could not access the same people when they became unwell again.

Feedback from the general feedback form on HC2019 website

Theme	Feedback and suggestions
Mental Health	They need improving vastly in Mablethorpe and the local vicinity

Feedback from the Gainsborough event 21st May 2019

Themes	Feedback and suggestions
Mental Health- Brant ward	Patients report great things about the home treatment service, hope this continues once the improvements to the Brant ward are complete.
Mental Health - Learning disabilities and Steps2Change	Steps2change attended our focus group recently and it was really useful.
Mental Health - LPFT	**Suggestion:** It would be ideal if health services could share updates on mental health patients, so when arrested or/come into contact with said patients they can have an understanding of how to deal with individuals.

Feedback from the Lincoln event 22nd May 2019

Themes	Feedback and suggestions
Mental Health - CAMHS	Local ADHD support lacking following diagnosis.
Mental Health - Dementia Services	Would like more information on how to deal with dementia and the care plans put in place by social care services.
Lack of joined up care/ Mental Health	Interface between GPs and other services need improving - patients need to tell their stories multiple times. LPFT in a hard place because some services may not be commissioned at all. Ongoing support for autism - nothing available - gap in commissioning.
Mental Health - Crisis Care	Ops director and other EMAS staff would like more information on what support is available in times of mental health crisis More support needed when ambulances pick up patients who have mental health problems but are intoxicated.

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 Lincolnshire Local Medical Committee (LMC)

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**10 July 2019**
Subject:	**General Practice Access and Demand**

Summary:

The Health Scrutiny Committee for Lincolnshire requested that Lincolnshire Local Medical Committee provide a report on GP access and demand. GP services in Lincolnshire face the same significant pressure as elsewhere in the country as a result of high demand and workforce shortages, which introduces challenges in providing the appointments and access which patients demand.

GP practices and the Lincolnshire system are employing a number of strategies to counter these issues, however these are long term solutions, rather than immediate.

Actions Required:

The Committee are invited to review the work being undertaken to support the system.

1. Background

There are 86 GP practices in Lincolnshire. All health services have been facing increasing demand, with attendances at GP surgeries, hospitals, and community escalating over the last decade. At the same time the complexity of medical needs has also changed; increasingly frail and older population, more patients with multiple long term medical conditions.

The workforce crisis in general practice and the wider NHS has been well publicised. Nationally there was a drop of 600 GPs from January to December 2018, with 230 less GP partners. There are 41,000 nurse vacancies across the NHS in England, up from 20,000 in 2014.

General practices try to provide appointments for patients on basis of need. Practices have to balance the demand for; “urgent” on–the-day, non-urgent, and follow-up appointments. Each practice has a different method for doing this, some have sit and wait clinics, and others use a duty-doctor system. Whichever method is used clearly cannot satisfy every individual’s needs. This demand and access conundrum is faced by all sectors of the NHS.

There are a number of possible solutions to this demand and access conundrum:

- Reduce demand by improving patient education about self-care, negating the need for an appointment
- Reduce demand by improving health by public health interventions, again focusing upon the prevention and self-care elements of the process
- Reduce demand by using “care navigators” to direct patients to more suitable services, ensuring that patients are seen by suitably qualified professionals in a timely manner
- Reduce demand by social prescribing, providing an alternative to the traditional GP route, and freeing up these specialist appointments
- Increase workforce
    - Train more GPs- incentivised GP training in Lincolnshire, and Lincoln Medical School
    - Train more nurses
    - Use alternative practitioners such as; First Contact Physio, Clinical Pharmacists, Mental Health Practitioners, Physicians Associates
- Use technology to modernise appointment booking and consultation types, so that patients can access appropriate care quickly
- Use technology to monitor patients remotely, avoiding the need for them to travel and freeing up face to face appointments for those with a specific need
- Integrated working between health, social care, third sector and other agencies, to support frailest and “at risk” patients to prevent them becoming unwell and reaching the stage they need specialist care urgently
- Work “at scale” across Primary Care Networks to improve consistency of provision
- Primary care is an integral part of our Integrated Community Care programme. Ambition within this includes a 15% reduction in hospital outpatient appointments, 10% less outpatient activity and 17% fewer A&E attendances. Whilst joined up care in the community is the focus of this programme, it also targets a 30% reduction in primary care appointments. This is because GPs will be refocused upon the most complex patients in the community setting with lower level needs being seen by an Advanced Nurse Practitioner or suitably qualified professional, enabling the county’s GPs to spend more time with a smaller cohort of patients.

The Lincolnshire health system is adopting all of these approaches and we believe over time, these will reap the reward of better health outcomes for patients. However, none of these solutions can provide a short term solution. Improvement will be incremental as each solution takes effect. A summary of initiatives and results can be found below:

Workforce initiatives

- Have commissioned workforce planning and modelling work to inform Primary Care Networks and Neighbourhood Teams of future workforce needs, both numbers and skills
- International GP recruitments, 26 posts secured as part of the national pilot. Another cohort will be recruited to in September with the aim to bring in an additional 39 over the next 2 years
- National pilot for 10 general practice nurses on a fundamentals programme
- Developing a proposal for trainee nursing assistants in primary care
- Commissioning a practice manager development programme, managed through the Lincolnshire Training Hub, funding for 3 cohorts of 16 people
- Resilience initiative to unify administrative practices in a PCN
- National pilot for rotating specialist paramedics
- Development of 'Home First' which bring together providers across the health and care system, and includes root cause analysis of people attending acute hospital
- National pilot for 'Service Finder', digital enablement for mobile clinicians to identify pathways
- Appreciative inquiry into primary care to identify issues for clinicians and administrative staff (publication June 2019)
- Resilience initiative for care home visiting service using paramedics
- Medicines optimisation in care homes (MOCH) pharmacists
- Time for Care team has partnered Lincolnshire practices in supporting primary care through action learning sets and Productive General Practice Quick Start and General Practice Improvement Leadership Programme
- Development of practice based learning

Workforce modelling and planning has utilised WSP's Strategic Workforce Integrated Planning & Evaluation Framework (*SWiPe®,)*, which takes a strategic approach to transformation, incorporating population needs, the future vision for meeting these needs and workforce requirements (Appendix 1) .

SWiPe® utilises 4 levels of clinical skills;

- Foundation (e.g. healthcare assistant)
- Core (e.g. practice nurse)
- Specialist (e.g. specialist nurse)
- Autonomous (e.g. GP Advanced Nurse Practitioner)

Table 1 shows the level of workforce Lincolnshire needs in 2018 and 2025 by *SWiPe* clinical levels. This demonstrates that Lincolnshire requires an additional 137 wte from December 2018 over the following 5 years, based on current primary care services (adjusted for growth).

Whole workforce:	wte 2018	wte 2025	Change
Autonomous	433.0	478.6	45.6
Enhanced	29.0	70.0	41.0
Core	291.0	235.3	-55.7
Foundation	651.0	757.0	106.0
TOTAL	1404.0	1540.9	136.9

Autonomous skill level:	wte 2018	% autonomous	Future split:	2025	Change:
GP Partners	268.0	61.9%	55%	263.5	-4.5
Salaried GPs	85.0	19.6%	20%	111.4	26.4
ANP/ACP	79.0	18.2%	25%	103.6	24.6
					46.6

Table 1 Source Whole System Partnership 2018. Workforce Modelling 2018 to 2025.

Technology initiatives

- 8 pilot sites for GP on-line consultation. These include both rural and urban sites and are testing out 3 different systems.
    - The evaluation of the pilots is presented below
    - The available funding, circa £750k (including 2020/21 funding) will be managed through Primary Care Networks to ensure local consistency and interoperability. The aim would be for Lincolnshire to have one system, although this may not be achievable in the first instance.
    - Roll out is planned for July/August/September
    - Target set for 50% of practices to be offering online consultation options by end of October 2019
    - Target set for further 5% of practices online each month reaching 75% by March 2020 with 100% coverage by end of August 2020
- Lincolnshire has provided Q-Doctor software licences, fully funded for three years, to deliver an online face to face to consultation solution that will be made available to all practices in Lincolnshire in early July. This system is being distributed and implemented across the Lincolnshire Health system and will offer scope for collaborative online consultations with primary and secondary care providers.
- A Federation (also a recommended PCN) is trailing Whzan (a Disease and condition agnostic digital assessment tool that is tailored for each patient and uses a cloud based digital platform to allow GPs and health care providers to access patient information and make informed decisions on a remote system).
- Whzan is also being opened up to the ambulance trust
- Virtucare (an on-line service for patients and care teams) is being made available to primary care. This system puts patients and carers in control of their health and provides support at any stage of life when the patient needs
    - To manage long term conditions
    - Help themselves prevent the onset of long term conditions
    - Prepare for surgery and recovery
    - Receive help during chemotherapy and ‘live beyond cancer’
    - To co-ordinate their care for frailty and complex conditions
    - To go through rehabilitation after injury

- Lincolnshire has been the 'First of Type' (FOT) with NHSD for testing the import or download data on a patient's medicines and allergies with Access Record Structured within the GP Connect service
- GP Connect allows practices and authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently. This will make sure patient medical information is available to clinicians when and where they need it, improving patient care) will be rolled out to all practices in July/August
- We are due to appoint a GP Fellow on a 0.4 WTE to work with the STP specifically on Digital Primary Care

Summary of GP on-line consultation: (NB. not all sites have reported back yet)

AskMy GP

- Source of people using AskMy GP
    - 69% on-line
    - 31% via telephone
- Patients preferred method of contact;
    - Face to face – 13%
    - Phone 56.5%
    - Message 31.5%
    - 88% managed remotely
- Resolution of consultation, by:
    - Face to face 18%
    - Phone 55%
    - Message 37%
    - Abandoned .1%
- Feedback
    - Better 87%
    - Same 9%
    - Worse 4%
- 31% consultations were completed in under 5 minutes
- Comments received back from patients and staff
    - Significant improvement in patient access
    - Patient feedback and engagement predominantly very good
    - Demand modelling is very accurate and predictable
    - Significant change to fundamental ways of working. Not for everyone (patient and staff)
    - Preparation is key, differing experience of implementing at different sites
    - Workforce benefits have not been fully realised yet at all sites

In addition to the above solutions;

- We have care navigation in place across the county, serving to direct patients at the point of first contact with their GP (reception) to the most appropriate professional for their care. This may not always be a GP, but potentially a pharmacist or Advanced Nurse Practitioner for example.
- Lincolnshire Community and Voluntary Service & Voluntary Centre Services have been working with neighbourhood teams for a number of months. There will be a

social prescribing event 23 July for Primary Care Networks (PCNs) and Neighbourhood Teams (NHTs). LMC are involved in this
We are seeing an increase in alternative practitioners, we have 2 pilots in Lincs with specialist paramedics working with primary care to support home visits and care home visits. In addition we have 10 paramedics employed by practices, along with Clinical Pharmacists

2. Consultation

This is not a consultation item.

3. Conclusion

Lincolnshire general practice is under pressure of workload and workforce shortages. This has led to a mismatch between demand and access to GP services. A number of solutions are being enacted by the Lincolnshire system, but this will take some time to take effect.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	WSP's Strategic Workforce Integrated Planning & Evaluation Framework (*SWiPe®,*)

5. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

What is the root cause of the GP workforce crisis?
Chantal Simon et al British Journal of General Practice 2018; 68 (677): 589-590.
DOI: https://doi.org/10.3399/bjgp18X700145

This report was written by Dr Kieran Sharrock, who can be contacted on 01522 576659 or kieran.sharrock@lpft.nhs.uk

The Strategic Workforce integrated Planning & evaluation (*SWiPe*®) Framework

What is *SWiPe*?

SWiPe is a methodology that takes a strategic approach to transformation, incorporating population needs, the future vision for meeting these needs and workforce requirements. The approach works well for cross-organisational, place based planning. It uses high-level classifications for activity and workforce that allows strategic thinking and planning across organisations and agencies.

The language of care functions, or *high level groupings of tasks and activities designed to achieve an outcome for patients and clients*, provides the back-bone of the approach and the ability to translate between activity, workforce and finance. Workforce requirements for effective delivery of these care functions are then assessed at four defined skill levels, i.e. foundation, core, enhanced and advanced.

SWiPe is both a strategic and an integrated approach that complements local operational planning for service redesign and workforce transformation as it combines:

- Population health needs for a particular group of people, for example those who are frail or who have complex needs;
- Strategic service transformation and redesign, for example increased out-of-hospital care; and
- The opportunities and constraints when these are applied to the size and shape of the future workforce.

SWiPe can be linked to more dynamic System Dynamics modelling allowing planners to ask 'what if' questions of activity, workforce and financial assumptions.

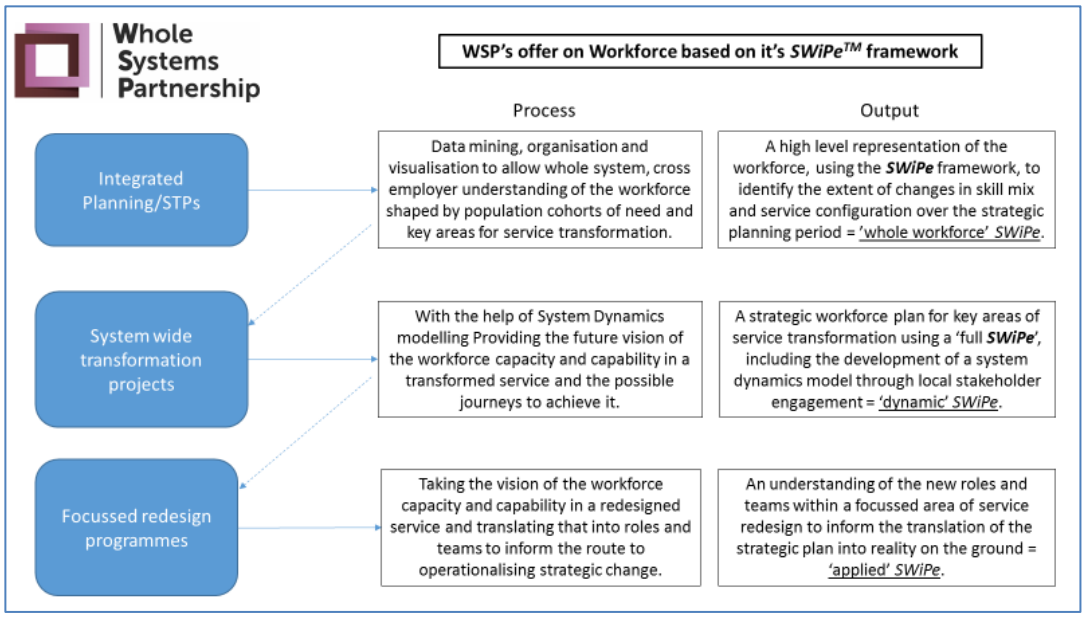
Benefits of using the *SWiPe* approach

The framework is consistent with health and social care planning processes such as Sustainable Transformation Plans (STP) and is also being used to describe the workforce requirements around place based care. It is an approach which works well across agencies and organisations by providing a common framework to help with engagement. The modular approach enables a high-level consensus, and is capable of extension to increasingly sophisticated, integrated and detailed planning coherent with overall strategy.

There is an increasing bank of knowledge and application which continues to inform our work with clients. By integrating strategic planning for the service and workforce into a coherent framework the inter-dependencies between them become much clearer. By its nature, *SWiPe* can integrate activity, workforce and financial planning coherently and can inform the scale and timing of key service redesign objectives.

Application

The framework can be applied at different levels, as in the following diagram:



A range of tools can be applied at the different levels including population cohort analysis, spreadsheets and systems dynamics models, all within the overall *SWiPe* framework. Other tools for workforce data interrogation and preliminary analysis can also harnessed to support the *SWiPe* approach.

The *SWiPe* structure

SWiPe works on a number of dimensions:

- The delivery of care functions, or groupings of activities, that achieve a particular outcome for the population cohort, for example comprehensive assessment, on-going support or crisis response.
- The scaling of these care functions based on local needs, i.e. how many episodes or spells will be needed and where will they be delivered?
- The weighting of these care functions, i.e. how much human resource in relative terms is required to deliver each care function?
- The ideal capability necessary to achieve positive outcomes for clients, i.e. with what are these service functions most effectively delivered? This allows for assessment in the light of new ways of working and the potential for new roles.

These dimensions are combined to determine the future shape of the workforce that is commensurate with local needs and the future shape of services.

Using *SWiPe*:

SWiPe requires active engagement of local partners to ensure the benefits of working within the same framework. It also requires commitment to gather and validate the information and data used to populate the modelling tools. The following provides a list of the core information that has been used to inform existing *SWiP*e applications:

- Local demographic profiles and projections for population cohorts, alongside indicators of levels of need such as deprivation or health life expectancy;
- Population level targets for service transformation e.g. rates of unscheduled hospital admissions;
- The existing shape of the workforce across local health and care providers at an aggregated skill level.

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of Lincolnshire West Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**10 July 2019**
Subject:	**Glebe Medical Practice Consultation on Proposal to Close Skellingthorpe Health Centre**

Summary:

This report is to give the Health Scrutiny Committee information on the consultation currently being undertaken regarding the proposed closure of the Skellingthorpe branch surgery of The Glebe Medical Practice.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to consider the contents of the report and authorise the Chairman to make a response to the consultation.

1. Background

On 26 April 2019 the Practice submitted a formal application to NHS England to close its branch at Skellingthorpe.

The Glebe Practice is a rural practice with a list size of 8,157 registered patients. It operates from two premises; the main surgery is situated in Saxilby, the branch operates from Skellingthorpe, which is located 4.6 miles away, closer to the city centre of Lincoln.

The practice serves the whole of Saxilby as well as its surrounding villages, providing primary medical services. The team includes four GPs, three practice nurses, a clinical pharmacist and two healthcare assistants as well as reception, administration, secretarial and dispensing staff.

There is no separate patient list attached to the branch site, all patients are registered at The Glebe practice.

The practice list size is 8,157 of which 2304 live in Skellingthorpe village. The patient demographics for Skellingthorpe are listed below:

- 0-59 -1532
- 60-79 - 605
- 80+ - 167

The branch premise is a converted bungalow owned by the GP Partners of the practice with a small car park to the front of the property. It is on the main road going out of Skellingthorpe towards the bypass. The building requires modernisation.

The current opening hours of the branch surgery are:

- Monday to Thursday 8am – 1pm
- Closed Friday

The services provided at the Skellingthorpe branch are:

- GP's - 4 sessions per week
- Nurse – 4 sessions per week
- Healthcare Support Worker – 5 sessions per week
- Reception cover Monday to Friday 8am – 1pm

The practice already provides home visits for patients who are housebound (this includes nursing visits as well as GP visits) and will continue to support and provide services to the nursing homes in Skellingthorpe.

The practice believes with all equipment and clinical teams working from one site, will improve access to both the GP's and the nursing team.

The GPs would have more time to invest in the vulnerable patients of the practice looking at ways to reduce unplanned admissions and allow time to provide comprehensive care plans.

2. Consultation

The consultation commenced on 3 June and ends 2 August 2019. The feedback will be analysed and included in a report for the Clinical Commissioning Group Primary Care Commissioning Committee to make an informed decision.

As part of the consultation each household of the patients registered received a letter, copy of questionnaire and a sheet of Frequently Asked Questions (enclosed in Appendix A)

The consultation period includes 5 drop in sessions for patients to ask questions and provide their feedback, these are being held on the below dates:

- Monday 24th June 6pm - 8pm Skellingthorpe Village Hall
- Thursday 27th June 12pm - 2pm Saxilby Church Hall
- Friday 28th June 10am -12pm Skellingthorpe Village Hall
- Monday 1st July 2pm - 4pm Skellingthorpe Village Hall
- Wednesday 3rd July 6pm - 8pm Saxilby Church Hall

Healthwatch are also holding two separate sessions, these are being held on:

- Thursday 20th June 2pm – 4pm – Skellingthorpe Youth Centre
- Tuesday 25th June 10.30am – 12.30pm – Skellingthorpe Youth Centre

Themes from the consultation to date:

At the time of writing this report there had been 651 responses submitted via the online survey and 3 of the consultation events have taken place, 40 people in total have attended these.

Analysis of the survey responses so far show:

- Individuals use of appointments was 47% at Saxilby and 36% at Skellingthorpe
- 74% of the 651 responses specified they travel to the appointments by car.
- In response to the question – In the event of Skellingthorpe closing, 72% said they would travel to Saxilby with 21% currently undecided.
- 60% of the responses stated they understand the practices reasons for the proposed closure.

Areas highlighted in the feedback both on the survey and at the consultation events are, concerns regarding transport and appointments being available.

The practice is working with the local parish council and Healthwatch to identify and look at all the options to address the transport concerns. There is an Age UK mini bus service within Skellingthorpe that is currently underutilised and the Dial a Ride service. The aim is to establish transport links for the village to encourage non-drivers to stay registered at the practice to receive continuity of care.

Working alongside this the practice is looking at the appointment schedules for example, block an afternoon clinic once/twice a week for Skellingthorpe patients.

Patients who choose not to remain with the practice have a choice of 3 other practices whose practice boundary covers Skellingthorpe (listed below). All of these practices are CQC registered ‘good’.

- Woodlands Medical Practice
- Birchwood Health Centre
- Brayford Medical Practice

Decision Process:

Once the consultation period is completed (2 August 2019), the results will be analysed. These will be included in a report which will also address concerns raised and the impact on patients, taking into account the patient demographic and their health needs.

The report will be presented to the Primary Care Commissioning Committee for a final decision. If the decision is to agree the closure, the closure would not be before 31 March 2020.

The CCGs focus is ensuring patients continue to access high quality services provided by a caring and dedicated team.

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

This consultation does not impact on the Joint Strategic Needs Assessment and the objectives identified in the Lincolnshire Joint Health and Wellbeing Strategy.

4. Conclusion

The consultation is on-going until 2 August 2019 and a further update can be provided if requested.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Consultation Letter, Frequently Asked Questions and copy of questionnaire

6. Background Papers

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

This report was written by Alex Newton, Lincolnshire West CCG Locality Delivery Manager, who can be contacted on alex.newton@lincolnshirewestccg.nhs.uk

glebe PRACTICE • SAXILBY

Partners: Dr C E Ash, Dr A Gopee

Associates: Dr R Cowling, Dr M McGowan, Dr K Broad, Dr N Bigwood

85 Sykes Lane, Saxilby, Lincoln, LN1 2NU
Telephone: 01522 305298 Fax: 01522 706918 Email: saxilby.glebe@nhs.net

Dear Household,

Proposed Closure of Skellingthorpe Surgery

I am are writing to advise you that after several months of discussion with NHS England and Lincolnshire West Clinical Commissioning Group, Dr Gopee and I are proposing to undertake a consultation process to close the branch surgery at Skellingthorpe.

We remain committed to keeping all that is best and most valued about General Practice whilst maximising the benefits to patients offered by delivering the services from one site. The proposed closure will provide patients with improved access to a wider range of services. We will continue to provide personalised care to meet the particular needs of the local community. This will help to sustain the future viability of the Practice within the changing NHS landscape.

All current clinical and reception staff will continue and be based at the main surgery at Saxilby. There are no plans for any cuts to existing staffing, indeed we hoping, that as we develop services we will be able to employ additional clinical staff to better meet the needs of the patient population.

The views and thoughts of our patients are very important to help make these changes as seamless as possible before we proceed with the proposed closure we would welcome your feedback and the opportunity to answer any concerns you may have. You can provide feedback by either:

- Completing the questionnaire online https://www.surveymonkey.co.uk/r/K7ML52V
- Drop off the completed form at either surgery and place in the box provided
- Attending one of our 'drop in' sessions which will be held at either the Skellingthorpe Community Centre or the Church Hall at Saxilby, where representatives of the Practice and Lincolnshire West Clinical Commissioning Group will be happy to discuss the proposal and answer any questions that you may have. Dates for these meetings are as follows:

➢ Monday 24th June 6pm – 8pm – Skellingthorpe Community Centre

glebe
PRACTICE • SAXILBY

Partners: Dr C E Ash, Dr A Gopee

Associates: Dr R Cowling, Dr M McGowan, Dr K Broad, Dr N Bigwood

85 Sykes Lane, Saxilby, Lincoln, LN1 2NU
Telephone: 01522 305298 Fax: 01522 706918 Email: saxilby.glebe@nhs.net

- Thursday 27th June 12pm – 2pm Saxilby Church Hall
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- Monday 1st July 2pm – 4pm Skellingthorpe Community Centre
- Wednesday 3rd July 6pm – 8pm Saxilby Church Hall

Alternatively, you can also speak with the Practice manager, Shirley Maddison, directly at the surgery or write to her with any questions or comments that you may have. We have also included with this letter information with regards frequently asked questions, we hope that find this useful.

We would be grateful if you could provide your feedback by no later than 2nd August 2019 so that we can consider the proposed closure further. The final decision regarding the proposal will be made by the Lincolnshire West Primary Care Commissioning Committee and will be published in due course.

Yours Sincerely,

UNSIGNED FOR SPEED DELIVERY

Dr Catherine Ash
Senior Partner

Enclosed:

Questionnaire

Frequently Asked Questions

Proposed Closure of Skellingthorpe Branch Surgery - Patient Frequently Asked Questions (FAQ)

The GP partners of The Glebe Practice have sought approval from NHS England and NHS Lincolnshire West CCG to undertake patient consultation on the proposal to close Skellingthorpe Branch Surgery.

Listed below are a number of FAQs that are provided to answer any potential queries patients may have. Any further queries should be directed to surgery staff.

1. **Why have you proposed to close Skellingthorpe?** Until recently, the practice had five GP partners, however three left the practice to pursue other roles, and despite our best efforts we have been unable to be replaced. This is a countrywide long term problem of GP shortages. This has had a significant impact on the working life of the two remaining partners, Dr Ash and Dr Gopee.

   Providing services across two sites has also become increasingly difficult with challenges such as appropriate staffing and lone working. The impact of this has already required a reduction in the opening times of the Skellingthorpe Branch Surgery.

   Having all staff based in Saxilby would help us to provide patients with improved access to appointments, clinical staff, and the potential to provide a wider range of services. This would also help to secure the long term future of the practice within the changing NHS landscape.

2. **Would the Glebe Surgery opening times remain as they are currently?** Yes, our opening times would remain the same.

3. **How would I make appointments?** We would continue to provide a full GP service from the Saxilby main surgery, providing daily appointments to see Doctors, Advanced Nurse Practitioners, Pharmacist, Nurses and Health Care Assistants. Indeed, we are hoping to be able to add to our current clinical team to include access to see other healthcare professionals. E.g. Physiotherapists, expanding family planning clinics and introduce Minor Surgery Clinics.

4. **Would I still be able to see my usual doctor or nurse?** Yes you would. All staff and partners (whether clinical or not) would be based at the main site at Saxilby. Just as you are able to come to Saxilby already, this would continue.

5. **Would the same number of appointments be available?** Yes, we would increase the number of appointments at the main site at Saxilby to cover those that were previously available at Skellingthorpe.

6. **What would happen to vulnerable patients?** All our patients currently registered with the practice will have the option of being able to stay on our practice list, whilst living at their existing address. The doctors would continue to provide home visits to our housebound patients as we currently do. Many vulnerable patients already attend the main site at Saxilby. We also work closely with our neighbourhood team lead who meets regularly with district and

community nurses, social workers, and therapists to discuss the ongoing needs our frail and vulnerable patients.

7. **Would the practice boundaries change?** No - we would continue to register and provide services for patients that fall into the catchment area.

8. **Would the services currently offered at the Skellingthorpe surgery be offered at Saxilby?** Yes - all services that we currently offer would be transferred to the main surgery. In fact we offer a wider range of services at Saxilby due to it being a purpose built building with the capacity to expand.

9. **Would any new services be introduced?** We certainly hope so. One of the main reasons for the proposed closure is for us to be able to grow and expand the services that we are able to provide locally from within the practice. We are still in the early stages of investigating what additional services could be delivered locally and are committed to working with local commissioners to provide access to additional services as and when they become available. We are pleased to now be able to offer ear syringing, 24hr BP checks and ECG's at our site in Saxilby, which means that all patients will be able to be seen much sooner than at the local hospitals. We would also look into offering new online video consultations if there was a demand for this.

10. **How would the closure benefit the medical staff at the practice?** Medical staff would have a wider pool of clinical knowledge and experience to draw upon and would have more opportunities to specialise; Annual and sick leave would be better covered leading to improved consistency of care that you receive. Doctors would be able to share the administrative work load required of them; working within a multi-disciplinary team makes clinicians work safer and more productivity to improve patient care and access.

11. **Would there be changes to the way I book appointments?** No - you would continue to be able to book appointments as you do now, either online or by the telephone or by attending the surgery personally. We would continue to recall those patients that require scheduled vaccinations, chronic disease reviews or for participation in routine screening programmes (smears, diabetic eye checks etc.)

12. **Would there be any changes to how I access the GP out of hour's service?** No, in order to access a GP when the practice is closed, you will still need to telephone the NHS 111 service and they will either signpost you to the most appropriate service or arrange for you to access a GP.

13. **Would I need to re-register to remain on the Practice list? Would my health records be transferred?** No, all patients would remain registered with The Glebe Practice and your health records will remain there. The only way your registration will change, will be if you choose to register yourself at a different practice.

14. **Would this affect any treatment or medication I am currently receiving either at the GP practice or any Hospital?** No – any patient's current treatments, medications or any investigations that they are receiving from any hospital or other healthcare provider would be unaffected, by the closure.

15. **Will the surgery/CCG be providing transport, i.e. taxis/minibuses for these patients?**
    The practice intends to work with the local parish council with the aim of establishing a Voluntary car service for the village to encourage non-drivers to stay registered with the practice. However the surgery/CCG is not obliged to provide transport for patients to attend appointments.

16. **Who owns the Skellingthorpe building?**
    The building is owned by Dr Ash and Dr Gopee.

17. **How many patients registered live in Skellingthorpe?**
    The practice list size is 8,157 of which 2304 live in Skellingthorpe village. The patient demographics are listed below:
    - 0-59 -1532
    - 60-79 - 605
    - 80+ - 167

18. **Why can't you invest more money in the surgery in Skellingthorpe to improve it?**
    The building in Skellingthorpe requires a lot of improvements making to it. Given the availability of funding from local housing development, the partners feel it would be wiser to invest this money into improving the surgery in Saxilby, including building additional clinical rooms so more appointments can be made available to patients.

19. **Why can't another GP practice run services from Skellingthorpe?**
    Other GP practices are facing similar challenges and would be reluctant to provide services across multiple sites.

20. **Why can't you recruit more staff?**
    Shortage of GPs in a national issue and not just isolated to Lincolnshire. The GP partners are also looking to recruit additional staff, including a physiotherapist and paramedic.

21. **What will happen to staff who currently work at Skellingthorpe?**
    Staff currently working at Skellingthorpe will be relocated to the surgery in Saxilby.

22. **What are the timescales for the decision of whether to close Skellingthorpe?** Following the consultation (ends 2nd August 2019) the feedback will be analysed and included in a report, for the CCG Primary Care Commissioning Committee to make an informed decision.

PROPOSED CLOSURE OF SKELLINGTHORPE BRANCH SURGERY

Consultation Survey

This survey is also available to complete online – please go to https://www.surveymonkey.co.uk/r/K7ML52V

Section 1:

1. What are the first 4 digits of your post code? (i.e. LN6 0)

_____

2. Which of the following best describes you: (tick one only)

☐ Patient at The Glebe Practice

☐ Relative/friend/carer of a patient at The Glebe Practice

☐ Healthcare staff

☐ Other (please specify) _____

If you are a patient or responding on behalf of a patient at The Glebe Practice, please move onto Section 2, otherwise please skip to Section 3.

Section 2:

3. Where do you normally go for appointments? (tick one only)

☐ Saxilby ☐ Skellingthorpe ☐ Both

4. How do you access appointments? (tick all that apply)

☐ Walk ☐ Cycle ☐ Car ☐ Public Transport

☐ Taxi ☐ Home visit ☐ Other (please specify) _____

5. When did you last visit the practice? (tick one only)

☐ In the last month ☐ 1-3 months ago ☐ 3-6 months ago

☐ 6-12 months ago ☐ More than 12 months

6. Thinking about the last 12 months, how often have you visited the practice? (tick one only)

☐ Not visited ☐ 1-3 times ☐ 3-6 times

☐ 6-12 times ☐ More than 12 times

7. Would you consider having either of the following consultations with a GP or other practice-based health professional? (tick one only)

☐ Telephone ☐ Online ☐ Both ☐ Neither

PROPOSED CLOSURE OF SKELLINGTHORPE BRANCH SURGERY

Consultation Survey

8. In the event of Skellingthorpe Branch Surgery closing, how do you think you would access GP services? (tick one only)

☐ Travel to Saxilby ☐ Register with another practice

☐ Not sure

Section 3:

9. Do you understand the practice's reason for the proposed closure of the branch surgery at Skellingthorpe? (tick one only)

☐ Yes ☐ No ☐ Not sure

10. We would welcome any other comments you may have:

- On the proposed closure
- What you like about services provided by The Glebe Practice
- What could be improved

PROPOSED CLOSURE OF SKELLINGTHORPE BRANCH SURGERY

Consultation Survey

Section 4:

These questions are optional, but help us ensure we reach a good cross-section of the local population. We would be very grateful if you could complete them.

11. Are you: (tick one only)

☐ Male ☐ Female

12. Your age range is: (tick one only)

☐ Under 18 ☐ 18 – 25 ☐ 26 – 35 ☐ 36 – 45

☐ 46 – 55 ☐ 56 – 65 ☐ 66 – 75 ☐ Over 75

13. Overall, how would you rate your health during the last 4 weeks? (tick one only)

☐ Excellent ☐ Very Good ☐ Good

☐ Fair ☐ Poor ☐ Very Poor

14. Do you consider yourself to have any of the following disabilities? (tick all that apply)

☐ Visual impairment ☐ Hearing impairment ☐ Physical disability

☐ Mental health problem ☐ Learning disability ☐ Long term condition

15. Do you look after, or give special help to anyone who is sick, has a disability, or is an older person, other than in a professional capacity? (tick one only)

☐ No, I don't care for another person ☐ Yes, I care for a person in my household

☐ Yes, I care for a person in another household

16. To which ethnic group would you say you belong? (tick one only)

☐ White ☐ Mixed ☐ Asian ☐ Black ☐ Chinese

☐ Other (please specify) _____

Thank you for taking the time to complete this survey.
Please return to:
The Practice Manager, The Glebe Surgery, 85 Sykes Lane, Saxilby LN1 2NU
by 5pm on Friday 2nd August 2019.

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 Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**10 July 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.

Since May 2019, the main focus for the Committee has been the consideration of cases for change and emerging options, published as part of the *Healthy Conversation 2019* engagement exercise. This was launched in March 2019 by the NHS in Lincolnshire and will continue into the autumn of this year. To date the Committee has considered the following elements: -

- Urgent and Emergency Care (15 May)
- Women's and Children's Services (12 June)
- Breast Services (12 June)
- Stroke Services (12 June)

This focus on *Healthy Conversation 2019* cases for change and emerging options was agreed by the Committee on 20 March 2019 and is expected to continue until the end of the engagement exercise.

Actions Required:

(1) To note the content of the work programme, with the focus on the cases for change and the emerging options, published as part of the *Healthy Conversation 2019* engagement exercise.

(2) To review, consider and comment on the work programme set out in the report.

1. Today's Work Programme

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

10 July 2019 – 10 am	
Item	*Contributor*
Mental Health: Case for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership
United Lincolnshire Hospitals NHS Trust: Women and Children's Services Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
United Lincolnshire Hospitals NHS Trust: Care Quality Commission Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
General Practice – Access and Demand	Dr Kieran Sharrock, Medical Director, Lincolnshire Local Medical Committee
Glebe Medical Practice: Consultation on Proposal to Close Skellingthorpe Health Centre	To be advised.

2. Future Work Programme

This item enables the Committee to consider and comment on the content of its future work programme, which is reviewed at each meeting of the Committee. The Committee is encouraged to highlight items that could be included for consideration in its work programme.

<u>Healthy Conversation 2019</u>

Since May 2019, the main focus for the Committee has been the consideration of cases for change and emerging options, published as part of the *Healthy Conversation 2019* engagement exercise.

This was launched in March 2019 by the NHS in Lincolnshire and will continue into the autumn of this year. To date the Committee has considered the following elements: -

- Urgent and Emergency Care (15 May)
- Women's and Children's Services (12 June)
- Breast Services (12 June)
- Stroke Services (12 June)

The NHS in Lincolnshire is keen that clinicians present these cases for change and emerging options to the Committee, together with senior NHS managers. As a result, some of the future items on cases for change and emerging options may be subject to change, depending on clinician availability.

The Committee is also due to receive general updates on the Healthy Conversation 2019, with the next one due in September.

Role of the Committee

The Committee's role at this stage is to provide initial comments on the emerging options, without prejudging its response to the formal consultation.

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

18 September 2019 – 10 am	
Item	*Contributor*
East Midlands Ambulance Service NHS Trust - Lincolnshire Division Update	Mike Naylor, Director of Finance, East Midlands Ambulance Service NHS Trust Sue Cousland, General Manager – Lincolnshire Division - East Midlands Ambulance Service NHS Trust
Healthy Conservation 2019: General Update	John Turner, Senior Responsible Officer Lincolnshire Sustainability and Transformation Partnership
General Surgery / Trauma and Orthopaedics / Grantham Acute Medicine: Cases for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Winter Resilience – Review of 2018-19 and Plans for 2019-20	Dr Yvonne Owen, Medical Director, Lincolnshire Community Health Services NHS Trust Ruth Cumbers, Urgent Care Programme Director, Lincolnshire Sustainability and Transformation Partnership

16 October 2019 – 10 am	
Item	*Contributor*
Integrated Community Care: Case for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Haematology and Oncology Case for Change and Emerging Options	Representatives from the Lincolnshire Sustainability and Transformation Partnership

16 October 2019 – 10 am	
Item	*Contributor*
Delivery of the NHS England National Cancer Strategy in Lincolnshire - Update	To be advised

13 November 2019 – 10 am	
Item	*Contributor*

18 December 2019 – 10 am	
Item	*Contributor*

Items to be Programmed

- NHS Long Term Plan – Local Delivery Plan
- Developer and Planning Contributions for NHS Provision
- CCG Role in Prevention
- Lincolnshire Sustainability and Transformation Plan / Acute Services Review – Formal Consultation Elements

3. Previous Committee Activity

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

4. 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.

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

APPENDIX A

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

	2017						2018										2019								
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130				
Cancer Care																										
General Provision																✓										
Head and Neck Cancers														α					α				α			
Care Quality Commission																										
General																			α							
Clinical Commissioning Groups																										
Annual Assessment														α												
Lincolnshire East																✓										
Lincolnshire West															✓											
South Lincolnshire																	✓									
South West Lincolnshire																	✓									
Community Maternity Hubs								α																		
Community Pain Management												α								α						
Dental Services							✓		α								α	α		✓						
GPs and Primary Care:																										
Boston – The Sidings																					α					
Cleveland Health Centre Gainsborough																							α			
Extended GP Opening Hours								α			α				α											
GP Provision Overall			α		α																					
Lincoln GP Surgeries		α		α																						
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓															
Louth GP Surgeries		α	α																							
Out of Hours Service														α												
Skellingthorpe Health Centre																						α	α			
Sleaford Medical Group									α																	
Spalding GP Provision														α												
Grantham Minor Injuries Service												α	✓	α												

	2017						2018											2019								
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
Health and Wellbeing Board:																										
Annual Report												α														
Joint Health and Wellbeing Strategy		✓						✓																		
Pharmaceutical Needs Assessment					✓		✓																			
Health Scrutiny Committee Role	✓																									
Healthwatch Lincolnshire											α		α		α											
Lincolnshire Community Health Services NHS Trust																										
Care Quality Commission													α		α											
Learning Disability Specialist Care				✓									✓													
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																										
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓			■	
Breast Services																							✓			
General Surgery																									■	
GP Forward View										✓																
Grantham Acute Medicine																									■	
Haematology																										■
Integrated Community Care										✓						✓										■
Mental Health								✓							✓	α								■		
NHS Long Term Plan																α	✓	✓	✓							
Oncology																										■
Operational Efficiency									✓																	
Stroke Services																							✓			
Trauma and Orthopaedics																									■	
Urgent and Emergency Care									✓							✓						✓		α		
Women and Children Services																							✓			
Lincolnshire Partnership NHS Foundation Trust:																										
General Update / CQC		✓																α								
Older Adults Services																					✓					
Psychiatric Clinical Decisions Unit							α																			
Lincolnshire Reablement & Assessment Service																	α									

KEY ✓ Substantive Item α Chairman's Announcement Planned 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	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
Local Government Elections																			α							
Louth County Hospital														α	✓		α									
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α								
North West Anglia NHS Foundation Trust							✓									α				✓						
Organisational Developments:																										
CCG Joint Working Arrangements													✓	α				α			α	✓				
Integrated Care Provider Contract														α	✓											
National Centre for Rural Care													α					α								
NHSE and NHSI Joint Working												α						α								
Lincoln Medical School			α														α									
Patient Transport:																										
Ambulance Commissioning			✓																		✓					
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓					
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓			
Sleaford Ambulance & Fire Station											α		α													
Public Health:																										
Child Obesity												α	α													
Director of Public Health Report												✓														
Immunisation					✓																					
Influenza Vaccination Programme																	α									
Pharmacy			α																							
Renal Dialysis Services														✓								α				
Quality Accounts	✓								✓											✓		α	α			

	2017						2018											2019								
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct
United Lincolnshire Hospitals NHS Trust:																										
A&E Funding		α																								
Introduction	✓																									
Care Quality Commission		✓										α	α	✓				✓	α	✓						
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓						
Financial Special Measures			α		✓					✓																
Five Year Strategy																						α				
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α					
Orthopaedics and Trauma												α		α					α							
Stroke Services																		α								
Winter Resilience					α	✓	α	α			✓				✓										✓	