



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
18 SEPTEMBER 2019**

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

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors 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 A White (West Lindsey District Council) and L Wootten (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Dave Baker (GP Chair, South West Lincolnshire Clinical Commissioning Group), Liz Ball (Chief Nurse, Lincolnshire East Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Simon Evans (Health Scrutiny Officer), Simon Evans (Director of Operations, United Lincolnshire Hospitals NHS Trust), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Partnership), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Dr Yvonne Owen (Medical Director, Lincolnshire Community Health Services NHS Trust), Chris Weston (Consultant in Public Health (Wider Determinants)), Dr Catherine O'Dwyer (Consultant Anaesthetist and Clinical Director for Surgery, United Lincolnshire Hospitals NHS Trust) and Kalundaivel Sakthivel (Consultant and Clinical Lead Trauma and Orthopaedic Surgery, United Lincolnshire Hospitals NHS Trust).

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

**22     APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies from absence were received from Councillors Stephen Woodliffe (Boston Borough Council) and Councillor R Kaberry-Brown (South Kesteven District Council).

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The Committee was advised that Councillor L Wooten (South Kesteven District Council) had replaced Councillor R Kaberry-Brown (South Kesteven District Council), for this meeting only.

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

**23     DECLARATIONS OF MEMBERS' INTEREST**

No declarations of member's interest were received at this stage of the proceedings.

**24     MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 10 JULY 2019**

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 10 July 2019 be agreed and signed by the Chairman as a correct record.

**25     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:-

- Orthodontic Provision in Lincolnshire;
- Renal Dialysis Services;
- Mental Health Services for Children and Young People;
- Healthy Conversation Workshop Events; and
- Training for New District Councillor Members of the Committee.

Members of the Committee who had attended Clinical Commissioning Group (CCG) meetings, or were planning to attend future meetings were invited to advise the Health Scrutiny Officer of their attendance.

RESOLVED

That the Chairman's announcements presented as part of the agenda on pages 21 to 28; and the supplementary announcements circulated at the meeting be noted.

**26     UPDATE FOR HEALTHY CONVERSATION 2019, THE NHS LONG TERM  
PLAN AND NHS ESTATES**

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The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership (STP), which provided feedback from the Healthy Conversation 2019; advised of the national timetable and local plans to deliver a Long Term Plan for Lincolnshire and provided an update on the position of NHS estate.

The Chairman welcomed to the meeting Sarah Furley, Sustainability and Transformation Partnership Programme Director.

The Committee were reminded of the background behind Healthy Conversation 2019; the number engagement events held, details of which were shown on page 30 of the report.

It was reported that the online survey for the Acute Services Review had closed on 31 August 2019, to enable all data received to be analysed; and that locality road shows were continuing, as were locality workshops. It was reported further that the Healthy Conversation 2019 campaign would be ceasing at the end of October 2019, so that all the information gathered could be used to develop the Long Term Plan for Lincolnshire. Detailed at Appendix A to the report was a copy of Engagement Event Poster Distribution list; and Appendix B provided the Committee with information relating to engagement for Wave 2 and 3 of the Healthy Conversation 2019.

The Committee noted that there were other activities taking place, which comprised of the recruitment of a Citizen's Panel to help with virtual engagement with a representative sample of Lincolnshire's population; that work was continuing with Lincolnshire County Council to collectively address some of the public's concerns regarding transport; and that a local awareness campaign to promote NHS 111 would be starting in October 2019 to support winter resilience.

The Committee were reminded that the NHS Long Term Plan Implementation Framework, published in June had set out the requirements on sustainability and transformation partnerships and integrated care systems to create their five-year strategic plans. It was noted that the framework expected local systems to meet the end goals set out in the Long Term Plan, but also allowed the substantial freedom to respond to local needs and priorities. The expected principles of the system five-year plans were shown on page 32 of the report.

It was highlighted that NHS England had asked each local Healthwatch to support public engagement on the long term plan; and to contribute to the development of a local plan in each area. The report highlighted that Healthwatch Lincolnshire had asked people 'What Would You Do?' to improve local services in Lincolnshire. The Committee noted that 400 people had responded and the common messages received were shown at the bottom of page 32 of the report.

It was reported that Lincolnshire's Long Term Plan would be underpinned by the feedback from Healthwatch and from the public and stakeholders. The plan would also include the work that had been undertaken on integrated community care and the recent development of Primary Care Networks, as well as plans for Mental Health Services; and prevention and reducing inequalities; and the work of the STP. It was

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highlighted Lincolnshire's Long Term Plan provided the opportunity to bring everything together in one vision. The Committee noted that the national timescale to produce a draft of the Long Term Plan was 27 September 2019, with the final version being submitted to NHS England on 15 November 2019. The Committee noted further that NHS England would then produce a composite report from all the local plans before Christmas, when it was hoped the Lincolnshire Long Term Plan would be published.

The report also highlighted that there were some outstanding services in Lincolnshire, delivered from well-designed buildings. There were also services that required improvement, in buildings not fit for purpose. It was hoped that the new approach to planning NHS estate in Lincolnshire would unlock innovation and new ways of working. The Committee was advised that feedback on the NHS Lincolnshire Estates Strategy which had been submitted to NHS England was anticipated in October 2019.

The Committee was advised that to deliver a Critical Energy Infrastructure and deliver Urgent Treatment Centre ambitions, a total of £102 million was required. Less the £21 million for the A & E Department at Pilgrim Hospital, Boston announced by the Prime Minister, still left a total of £81 million to find.

It was also highlighted that the back log of maintenance across the hospital sites was £236 million and was rising year on year. It was highlighted further that the backlog maintenance costs of £236million would not achieve all 'new' building standards.

In conclusion, it was highlighted that in order to obtain the necessary capital funding to deliver buildings fit for future health care, significant support was required across the system.

During discussion, the Committee raised the following points:-

- Some concern was expressed that there was a low number of people attending engagement events; and as a result the views obtained might not be representative of the wider population. Reassurance was given that although there had been small numbers attending some of the Healthy Conversation 2019 events, there was evidence that engagement was reaching a wider audience. The Committee was advised that there had been 40,000 hits on the website alone. Reassurance was also given that the petition on Grantham and District A&E had been received and would be included as part of the Healthy Conversation 2019; and that the petition had also been passed to the South West Lincolnshire Clinical Commissioning Group. One member advised that he had found attending a Healthy Conversation Event very interesting and worthwhile; and encouraged other members to attend an event in their area if they had not already done so. It was further highlighted that there needed to be better publicity of future events. The Committee noted that some of the events planned were going to be held in markets, supermarkets and other ad hoc places to ensure that everyone had the opportunity to have some input; and that meetings had been planned with voluntary organisations

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and other groups and stakeholders. One member also highlighted that there was a need to engage with the elderly population;

- The availability of a maintenance plan for NHS Estates. Confirmation was given that a maintenance plan did exist. It was highlighted to the Committee that the investment in building repairs and maintenance had declined, as a result of a lack of overall available funding to the NHS, with priority being on direct patient services rather than buildings. Some concerns were expressed regarding the funding required to recover the back log in maintenance, estimated at £236 million. It was highlighted that the £236 million would not achieve all 'new' building standards. The Committee was advised that an estimate £102 million was required to change some of the buildings, as part of the transformation project. The Committee was reminded that a lot of NHS buildings were over 100 years old. Reassurance was given that every building deemed not to be at a suitable standard was risk assessed; and that risk assessments were conducted on a building by building basis. It was highlighted that estimated maintenance costs were as a result of two decades of under investment in the maintenance budget. It was highlighted further that the solution was this would be addressed by the whole system;
- Joint transport working. The Committee was advised that joint transport work was in progress between the NHS and Lincolnshire County Council to try and address the public's concerns relating to transport. The Committee was advised further that an integrated transport strategy was expected by the end of the year;
- One member enquired how the effectiveness of the 111 system might be solved. The Committee was advised that there was a need to increase public perception; awareness and level of confidence in the service. The Committee noted that awareness would be raised through education campaigns with the public; through the NHS communication plan, and as part of the preparation for winter resilience. The Committee noted further that the communication plan was currently being re-written. Confirmation was also given that further engagement event dates would be shared with the Committee once finalised; as would the local awareness campaign on NHS 111;
- Further suggestions made by the Committee for Appendix B was the inclusion of the Health Scrutiny Committee for Lincolnshire; and Bishop Grosseteste University;
- One member enquired whether there was awareness as to which sites would be reduced (page 33 of the report). A further question asked was whether the Long Term Plan supported a new hospital building for Grantham. Confirmation was given that a new Grantham Hospital was part of feasibility activity, and the Committee noted that as yet no decision has been made with regard to a new Grantham Hospital;
- Citizen's Panel – The Committee was advised that a third party would be recruiting the Citizen's Panel once the Healthy Conversation 2019 had ceased. It was noted that the purpose of the panel was to allow for further engagement with hard to reach groups to occur. It was noted further that between 3,000 and 5,000 people were to be recruited to the panel; and that members of the panel would be approached two or three times a year to engage in the co-design of services moving forward. Confirmation was also given that the panel would be comprised of a mix of skills;

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- A question was asked whether a general election would affect the Healthy Conversation process. The Committee was advised that the final report was due to be published at the end of the year; and that it was understood that publication of the report on the engagement exercise would not be affected by the pre-election period. It was however highlighted that no consultation would commence during this period;
- One member asked what the £21 million capital announced for Pilgrim Hospital, Boston would be used for. The Committee was advised that the £21 million would be used to refurbish the A & E; up-grade the resuscitation room; and further support for Primary Care Streaming;
- A question was asked if the £81 million required was not available for capital expenditure, whether this would delay the consultation. It was highlighted that £50 million of the £81 million was required to support proposals in the Acute Services Review. It was therefore understood that consultation could be undertaken on those services, where capital funding had been identified, or where no capital funding was required;
- Emerging options from the Healthy Conversation 2019. Confirmation was given that no emerging options had been changed or refined, in the light of comments. The Committee noted that feedback would be reviewed at the end of Healthy Conversation 2019; and then feedback would be presented back to the Health Scrutiny Committee for Lincolnshire to consider; and
- One member asked as to how much involvement the local authority had with regard to the creation of the local plan. The Committee was advised that dialogue was happening between the NHS and Lincolnshire County Council; and for the system to work there needed to be partnership working.

The Chairman extended thanks on behalf of the Committee to the Programme Director, STP for her update.

**RESOLVED**

That the Chairman on behalf of the Committee be authorised to provide feedback on the Healthy Conversation 2019, the NHS Long Term Plan and NHS Estates; and that a further update be received at either the December 2019 or January 2020 meeting.

27 MEDICAL SERVICES AT GRANTHAM AND DISTRICT HOSPITAL - CASE FOR CHANGE AND EMERGING OPTIONS (HEALTHY CONVERSATION 2019)

Consideration was given to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the case for change for medical services at Grantham and District Hospital; 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 Sarah Furley, Programme Director Lincolnshire Sustainability and Transformation Partnership, Dr Yvonne Owen,

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Medical Director, Lincolnshire Community Health Services, Dr Dave Baker, GP Chair, South West Lincolnshire Clinical Commissioning Group, and Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust.

The GP Chair, South West Lincolnshire Clinical Commissioning Group presented the report and highlighted to the Committee that the report presented only considered the medical services at Grantham and District Hospital.

Page 46 of the report provided information relating to the background of the Acute Service Review. It was noted that the case for change had been established at a Clinical Summit held in February 2018. It was noted further that the case for change had arisen as a result of significant workforce challenges being experienced by United Lincolnshire Hospitals NHS Trust (ULHT), which had impacted the Trust's ability to deliver safe, quality services. It was highlighted that a conclusion had been reached that ULHT was operationally unsustainable in its current form and that a current review of healthcare provision for the Lincolnshire population going forward was required. It was highlighted further that in Grantham there were two primary concerns; the first was the future for the A & E department; and the second, the stability of acute medical services.

Details of the case for change were shown on page 46 of the report. It was reported that at present there were six substantively employed acute care physicians; and that the remaining ten posts were filled by locum consultants. The Committee noted that the service was heavily reliant on locum medical staff.

Paragraph 1.3 of the report provided details of the number of non-planned admissions to the three hospital sites for the first four months of 2019; and a chart on page 47 provided the Committee with activity for the Grantham and District Hospital 'front door' for the period from 1 April 2018 to 31 March 2019.

Details of the two emerging options for Medical Services at Grantham Hospital were shown on page 48 of the report.

It was highlighted that the aim was to have integrated care delivered by the community services, hospital services alongside the recent development of Primary Care Networks. The Vision for 2021 was shown on page 49 of the report.

The Committee was advised that the response to Healthy Conversation 2019 had been significant; and that a review of the feedback provided by stakeholders had been undertaken which was informing the further refinement of the preferred NHS option for the future of not only Medical Services but also A & E services at Grantham. It was highlighted that the resounding feedback with regards to a preferred emerging option for Medical Beds was Option 1, to retain medical beds, but under a new community-focussed model. The table on page 50 provided a summary of the key themes received and the responses published on the Healthy Conversation website.

During discussion, the Committee raised the following issues:-

- Some concern was expressed relating to how much money the proposed option would cost. The Committee was advised that the preferred option had been developed by local senior clinicians; and it would involve a change of mind set and a different way of working by all staff. It was highlighted that the new model would be led by Community Health Services with hospital doctors and hospital services being part of an integrated service with GP services, community health and other local services. It was highlighted further that the preferred model was a patient focussed service, which would meet the needs of the patient, and would also provide a holistic approach to the care of a patient. The Committee was advised that the preferred model presented an exciting opportunity for Grantham and District Hospital. One member felt that it would be useful for the Committee to receive a paper on how the community model of care would work. One member enquired whether the preferred model at Grantham was a model that might be replicated elsewhere. Confirmation was given that Grantham was unique, and that all was being done to ensure that Grantham Hospital had a viable future being more community focussed. It was noted that the model, once trialled might be transferrable to other settings;
- Preferred Service Model –The Committee was advised that the bed cover was 24/7; and that services would be provided seven days a week; as they were already being provided. The Committee noted that it was the intention for staff to be working across urgent care and to be more integrated. Confirmation was given that resuscitation would be offered at Grantham;
- Staffing. The Committee was advised that staffing still remained a local; and a national problem, but the development of a multi-skilled workforce would help the situation;
- Confirmation was sort as to the content of Appendix A – Grantham and District Hospital - Exclusion Protocol – Emergency Care Centre A & E. The Committee was advised that the document as detailed at Appendix A outlined what currently happened at Grantham; and that this version of the protocol had been in place for three to four years;
- Role of Neighbourhood Teams – Confirmation was given that Neighbourhood Teams would be an extension of the hospital and part of the overall system with the integrated working arrangements;
- Step up/Step down – Confirmation was given that this would still happen; and that the provision would be more integrated to provide continuity of care to the patient;
- Page 50 – One member asked for further information relating to the following statement "Options for improved support for children and young people being considered". The Committee advised that this primarily related to the Urgent Care Centre; and that it was hoped that there would be greater scope for poorly children to be seen at Grantham; and
- Reference was made to paragraph 1.3 which listed current urgent care activity at Grantham over a four month period, which clearly showed lower activity at Grantham Hospital than Pilgrim Hospital Boston and Lincoln County Hospital. The Committee noted that the public were aware of the opening hours of the department; and that medical admissions were still taken 24/7. The Committee was advised that information providing details of activity for the

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twelve months prior to the overnight closure of the Grantham A & E would be made available to the Committee.

The Chairman extended thanks on behalf of the Committee to the representatives in attendance.

**RESOLVED**

That the Chairman be authorised to provide feedback on behalf of the Committee as part of the Healthy Conversation 2019 engagement exercise on the emerging options for medical beds at Grantham and District Hospital.

**28     TRAUMA AND ORTHOPAEDIC SERVICES - CASE FOR CHANGE AND EMERGING OPTION (HEALTHY CONVERSATION 2019)**

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership, which provided the national and local context regarding the vision and strategy to deliver an effective and accessible trauma and orthopaedic service for patients in Lincolnshire.

The Chairman welcomed to the meeting Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust, Mr Kalundaivel Sakthivel, Consultant and Clinical Lead Trauma and Orthopaedic Surgery, United Lincolnshire Hospitals NHS Trust; and Catherine O'Dwyer, Consultant Anaesthetist and Clinical Director for Surgery, United Lincolnshire Hospitals NHS Trust.

The Committee were reminded that the Lincolnshire Acute Services Review had been undertaken to ensure that clinical services at the acute hospitals would be sustainable going forward.

The Committee was advised about a national pilot for trauma and orthopaedics entitled 'Getting it Right First Time' (GIRFT) which was a programme led by a consultant orthopaedic surgeon. It was highlighted that the programme aimed to improve quality of medical and clinical care within the NHS through deeper insight of performance. It was noted that ULHT had volunteered to be involved with the GIRFT pilot due to the high level of patient benefits that could be achieved. The Committee noted further that ULHT had been part of Phase 2, which had included three other hospital trusts (King's College London, East Kent and Cornwall). Details of the orthopaedic pilot arrangements commenced on 20 August 2018 were shown on page 56 of the report. Appendix A to the report provided the Committee with a report of the Getting it Right First Time Pilot trial as at February 2019.

Page 57 of the report provided the Committee with details of elective admissions to the hospital sites for the first four months of 2018, prior to the start of the trauma and orthopaedic pilot. It was highlighted that before the trial, ULHT had experienced extremely high cancellation rates, with up to 43 patients cancelling each month. It was highlighted further that since the orthopaedic project commenced in August 2018, the Trust wide cancellation rate for non-clinical reasons had reduced to 19 cases for the month of February 2019. The Committee was advised that the

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performance against the 18 week combined Referral to Treatment standard for all providers, for August 2019, the figure was 88.5%, compared to June 2018 when the performance was 85.8%. It was also highlighted that the inpatient waiting list had also reduced to 2,758 at the end of July 2019, compared to 3,197 in June 2018.

The Committee noted that evidence so far had identified a strong case for change to the way in which Trauma and Orthopaedic services were delivered in Lincolnshire. Paragraph eight of the report provided more details to this effect.

It was highlighted to the Committee that there was one emerging option for sustaining general surgery services in Lincolnshire, details of which were shown at paragraph 9 of the report. It was highlighted further that investment was not required to support the proposed option as theatre capacity was sufficient to absorb the proposed changes between hospital sites. The Committee noted that the success of the pilot was down to the dedicated staff at Grantham and District Hospital who had been willing to embrace change.

A summary of the key themes received from the Healthy Conversation 2019 were shown on page 60 of the report for the Committee to consider.

The Committee were invited to comment on the case for change and on the emerging options for Trauma and Orthopaedic Services. The Committee raised the following comments:-

- Cancellation rates – The Committee noted that before the trial, ULHT had extremely high cancellation rates with up to 43 patients cancelling each month. Since the trial, the cancellation rate for non-clinical reasons had reduced to 19 cases for the month of February. It was highlighted that the high cancellation rates had impacted on the cost of the general surgery and orthopaedic service provision. It was reported that for 2017/18, the service had made a loss of £15.67 million. The Committee was advised that the loss for the service for 2018/19 would be made available to the Committee;
- Current service provision – The Committee was advised that the current service delivery provision in operation for the trial provided for all appropriate elective cases to be undertaken at Grantham with dedicated ring fenced beds on Ward 2; all fractured neck of femurs managed by Lincoln and Pilgrim hospitals; and that trauma cases remained at Grantham Hospital for the duration of the trial;
- One member asked whether the success of the pilot would encourage more people to the service. The Committee was advised that the success of the pilot would help with publicity, as ULHT was being seen as a flagship trust; and the pilot was already helping with the recruitment of staff. One member enquired whether the success of the pilot would bring in any additional funding. The Committee was advised that any additional funding would have to be considered by NHS England;
- A question was asked as to what was the lowest realistic level of cancellation rate. The Committee was advised that the cancellation rate of 19 per month could be reduced further; and that all effort would be made to reduce the rate further;

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- The lessons learnt in getting the right level of information to staff concerning the changes and in terms of support needed. The Committee was advised that lots of workshop had taken place, but there was still more to be done, particular reference was made to more time being spent with theatre teams at Grantham Hospital; and that more would be done with the whole team;
- How ULHT was reviewing and monitoring the risks associated with the programme; and a request was made for the Committee to see the necessary documentation. Reassurance was given that robust monitoring was in place, as part of the normal routine business of ULHT. The Committee noted that the management team was now all in one place for all the sites and that monthly incidents and complaints were reviewed;
- Results of the surgical site infection rates – The Committee was advised that these were monitored closely, including by internal audit. The Committee noted that there had been two cases of 'deep infection', in the last six months. Confirmation was given that infection rates were monitored closely; and
- A question was asked as to whether Louth Hospital was now finding that their concerns around orthopaedics had now been addressed. The Committee was advised that it was an evolving process; each patient was assessed as to what was the best place for them to receive care. The Committee noted that more day care surgery was being planned at Louth.

The Chairman extended his thanks on behalf of the Committee to the representatives for their presentation and for their openness. The Chairman welcomed the news concerning the success of the pilot and the positive publicity for Lincolnshire.

#### RESOLVED

That the Chairman be authorised to provide feedback on behalf of the Committee as part of the Health Conversation 2019 engagement exercise on the emerging option for trauma and orthopaedic services.

#### 29 GENERAL SURGERY SERVICES - CASE FOR CHANGE AND EMERGING OPTION (HEALTHY CONVERSATION 2019)

Consideration was given by the Committee to a report from the Lincolnshire Sustainability and Transformation Partnership, which explained the national and local context regarding the vision and strategy to deliver an effective and accessible general surgery service for the patients of Lincolnshire.

The Chairman welcomed to the Committee Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust and Catherine O'Dwyer, Consultant Anaesthetist and Clinical Director for Surgery, United Lincolnshire Hospitals NHS Trust.

The report presented provided the Committee with background information relating to the clinical speciality for general surgery and what conditions/treatments that encompassed.

It was highlighted that for general surgery the main concern had been the impact of workforce challenges, which had limited the ability to provide adequate cover across the County; it was felt that ULHT was operationally unsustainable in its current form; and as a result a review of healthcare provision was required.

Details of the elective admissions, non-elective admissions and day cases for the hospital sites were shown on page 80 of the report. It was highlighted that performance against the 18 week Referral to Treatment (RTT) standard for all providers across the region for the month of June 2019 had shown that performance for general surgery was only being achieved by three private providers. This information was presented in a chart on page 81 of the report. Page 82 of the report detailed by provider the median waiting times for patients to access the general surgery outpatient clinics as at June 2019.

The Committee were also provided with details of Incidence and Prevalence of Bowel Cancer, this information was contained on pages 83 to 84 of the report. It was noted that ULHT currently provided general surgery theatre lists on three sites Lincoln County, Boston Pilgrim and Grantham and District (Non-elective surgical provision being much smaller at Grantham than at Lincoln or Boston). It was noted further that outpatient appointments were offered at the three main sites plus peripheral sites.

It was highlighted that there was a strong case for changing the way in which general surgery services were delivered in Lincolnshire, as 15% of elective and day case surgical procedure were cancelled per annum due to bed pressures brought about by medical emergencies each year and the 18 week RTT and national cancer standards were not being met. It was also reported that the service had made a £15.67m loss in 2017/18. It was reported further that the reasons for the loss also covered the losses made for trauma and orthopaedics. The reasons for the loss being as a result of the high level of cancelled elective procedures.

It was highlighted further that there would need to be financial investment at the Grantham Hospital site as the emerging option had indicated that five theatres would be required; and Grantham currently only had four theatres.

The Committee was advised that there had not been any Healthy Conversation 2019 feedback relating to general surgery.

During discussion, the Committee raised the following comments:-

- Performance information relating to cancer standards; and how ULHT compared with other Trusts. The Committee was advised that a more detailed breakdown of information could be provided for the Committee;
- Cancellation Rates – The Committee was advised that once the preferred option was rolled out; cancellation rates would be expected to reduce;
- Day Surgery Unit – The Committee was advised that day surgery was being looked at and that Grantham Hospital would be considered for day surgery cases; as it was the ambition to increase the number of day care surgery facilities;

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- The Committee was advised that it was hoped to get new surgical facilities for Grantham Hospital, as the report indicated a fifth theatre to increase activity;
- How much of a factor were delayed discharges in the current cancellation rate of 15%. Confirmation was given that rate of delayed discharges was low; and
- How winter resilience effect planned operations in January and February. The Committee was advised that the new model worked well, as the elective centre was not impacted by large numbers of acute admissions. It was noted that operations at acute sites might be affected.

RESOLVED

That the Chairman be authorised to provide feedback on behalf of the Committee as part of the Healthy Conversation 2019 engagement exercise on the emerging option for general surgery.

30     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 as detailed on pages 98 to 100 of the report presented, and whether specific items as shown on page 97 of the report warranted inclusion on an agenda for a future meeting.

The Committee gave consideration to the merits of including the items listed below on to a future agenda:-

- Grantham A & E Overnight Closure – Impact on Peterborough City Hospital – The Committee agreed to consider this item at the 16 October 2019 meeting;
- Community Pharmacy Contractual Framework (2019/20 – 2023/24) – The Committee agreed that this item was not a matter for the consideration at this time; but would be included in the work programme for a future meeting; and
- Orthodontic Provision in Lincolnshire – That this item should be added to the list of items to be planned for inclusion for future meetings.

The Committee were also invited to consider whether they needed to be involved in discussion relating to the location of renal dialysis services in Boston. The Committee agreed that this was not an item for the Committee to consider at this stage and a suggestion was made that the Committee be advised of the progress with the location for renal services in Boston, with local councillors involved if there continued to be an issue.

The Committee was also advised that the Annual Report of the Director of Public Health was now planned for the November meeting.

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1. That the work programme presented be agreed subject to the inclusion of the item on Grantham A & E – Impact on Peterborough City Hospital at the meeting on 16 October 2019.
2. That items on Orthodontic Provision and Community Pharmacy be provisionally listed in the work programme for future meetings.

The Committee adjourned at 1.05pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, B Bilton (City of Lincoln Council) and Dr B Wookey (Healthwatch Lincolnshire).

**31 WINTER RESILIENCE**

The Committee gave consideration to a report from the Lincolnshire East Clinical Commissioning Group, which provided an update on Winter Planning across the Health and Care Economy in Lincolnshire.

The Chairman welcomed to the meeting Ruth Cumbers, Urgent Care Programme Director and Simon Evans, Director of Operations, United Lincolnshire Hospitals NHS Trust.

The Committee was made aware of the background to winter pressures, the national context, and the local picture for Lincolnshire. It was highlighted that in Lincolnshire there was continued progress to integrate services, with a number of projects being set up under the new care models programme that were starting to deliver prevention and improved care for patients closer to home. It was highlighted further that the development of integrated urgent care services was maintaining and building on this momentum.

Details of the six areas of winter planning were shown on pages 89 and 90 of the report. It was highlighted that despite early preparations, trusts were always concerned about winter pressures.

It was reported that for the winter of 2018/19, the demand for services had increased significantly through December, with the ambulance service having a particularly challenging time attempting to cope with the high level of demands from patients. The Committee noted that as the national situation deteriorated regulators had sought assurance from local systems as to how they were responding. It was reported that Lincolnshire teams were able to demonstrate that a more joined up approach by system leaders had translated into a more joined up system management and resilience.

However, despite the pressures the system had received praise from the regulators for its resilience, grip and management of issues and the ability to recover from periods of unprecedented demand.

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The Committee were made aware of who was responsible for the plan; the purpose of a winter plan, how the system aimed to manage the pressures; and who implemented and monitored the winter plan. The plan for Lincolnshire was for Health and Care colleagues from across the system to continue working together with a particular focus on learning and understanding reasons at a system level of what needed to be done to reduce avoidable attendances and admissions to hospital and ambulance conveyances.

Details of the Surge and Escalation Plan, Cold Weather Plan were shown on pages 92 to 93 of the report for the Committee to consider.

Other areas referenced were the Stay Well This Winter Campaign, Flu Prevention, Maximising Capacity some reference was made to the Christmas and New Year; Planned Care Activity over the Winter, Transitional Care; Local Authority Plans; Mental Health and Acute Services.

In conclusion, the Committee was advised that the system had learnt from 2018/19 and there was belief that the winter planning for 2019/20 was robust.

During discussion, the Committee raised the following issues:-

- The percentage of staff who had received a flu jab. The Committee was advised that all organisations had been above target at around 72% and that ULHT had been 83%;
- Black Alert – Clarification was given that the term 'black alert' had in effect been replaced by Operational Pressures Escalation Level 4 (OPEL 4). Reassurance was given that no provider was allowed to go above OPEL 3 without system involvement, with procedures and monitoring in place to provide support;
- The inappropriateness of patients with mental health issues using 111; and the availability of overnight beds for patients with mental health issues. The Committee was advised that there were patients with mental health needs in acute beds out of County;
- Reassurance was given that lots of work was on-going with regard to the provision of transport when patients were discharged. Clarification was given that there were clear processes in place surrounding the discharge of patients;
- Reference was made to GP receptionists, many of whom had received training;
- Reduced planned activity during January and February; and how this approach related to the emerging options for trauma and orthopaedics and general surgery, which aim to reduce operations. The Committee was advised that this year there would be better access this year, as a result of the pilot at Grantham Hospital, the system was less susceptible to the effect of winter pressures;
- The timescale for the wholesale reconfiguration of Lincoln County Hospital for additional physical capacity; and whether funding was in place. The Committee was advised that the reconfiguration would be completed the second week of December 2019; and that the additional capacity had been

designed to use efficiencies to create more capacity, with many patients able to return home on the same day;

- Details of the new care models programme – The Committee was advised that the new care models were part of the integration work of the STP; and that further information would be available from the Programme Director, Lincolnshire STP;
- Pressures on A & E and how they continued to grow year on year. A question was asked whether one way to alleviate the pressure would be to re-open Grantham A & E on a 24/7 basis as the need was clearly exhibited throughout section 1.1 of the report. The Committee was advised that the Acute Service Review was on-going; the outcome of which was still awaited; and
- The dedication of staff in an emergency situation. Confirmation was given that plans were in place to accommodate staff that remained on sites to help out in emergency situations such as the 'Beast from the East in 2018'.

The Chairman extended thanks to representatives for their presentation.

#### RESOLVED

1. That the Winter Resilience Report presented be received.
2. That an update report on Winter Resilience be received by the Committee in one year's time.

The meeting closed at 2.45 pm