



## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 19 JULY 2017

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

#### Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, R A Renshaw, Dr M E Thompson and M A Whittington.

#### Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and Mrs R Kaberry-Brown (South Kesteven District Council).

#### Healthwatch Lincolnshire

Dr B Wookey.

#### Also in attendance

John Brewin (Chief Executive, Lincolnshire Partnership NHS Foundation Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Gary James (Accountable Officer, Lincolnshire East CCG), Ian Jerams (Director of Operations, Lincolnshire Partnership NHS Foundation Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Chris Weston (Consultant in Public Health (Wider Determinants)), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG) and Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust).

### 11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R H Woolley (Lincolnshire County Council) and P Howitt-Cowan (West Lindsey District Council).

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

12 DECLARATIONS OF MEMBERS' INTEREST

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

Councillor Mrs K Cook also advised the Committee that she was currently a patient of Lincolnshire Partnership NHS Foundation Trust.

13 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 14 JUNE 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 14 June 2017 be approved and signed by the Chairman as a correct record.

14 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the Committee, advisors Gary James, Accountable Lincolnshire East Clinical Commissioning Officer and Chris Weston, Consultant in Public Health (Wider Health Determinants).

The Chairman advised the Committee that there were no further updates to those already circulated. The Committee was however invited to consider whether they wished to respond to any of the proposed GP mergers (Items 2, 3 and 4 of the Chairman's Announcements documents circulated as part of the agenda).

Following a short discussion, it was agreed that a response should be made to Item 2 - The Proposed Merger of GP Surgeries in Coningsby, Louth and Tetford; and that a working group should be established to formulate a response.

Some reference was also made to the additional A & E funding for United Lincolnshire Hospitals NHS Trust. Confirmation was received that the funding was capital funding for buildings to NHS providers for the provision of Primary Care Streaming Services. The Committee was also advised that as Grantham Hospital already had primary care provision, they were not eligible for the funding.

RESOLVED

1. That the Chairman's Announcements presented be noted.
2. That a small working group be established to formulate a response to the formal consultation of the proposed merger of GP Surgeries in Coningsby, Louth and Tetford.

15     UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CARE QUALITY  
          COMMISSIONING REPORT APRIL 2017

The Committee gave consideration to a report from Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust, which advised on the progress made since the Care Quality Commission (CQC) had published their findings on 11 April 2017; following a partial inspection at Lincoln County Hospital, Pilgrim Hospital Boston and Grantham Hospital in October 2016; and an unannounced inspection in December 2016 at Pilgrim Hospital Boston.

Details of the CQC ratings for each site were detailed in Appendix A to the report.

The key concerns highlighted by the CQC had related to:-

- governance, which included serious incident management;
- medicines management;
- failure to meet national access standards for A & E; cancer and referral for treatment;
- identifying vulnerable adults and responding to their care needs;
- staff morale and managerial supervision; and
- board level oversight.

It was noted that the Trust had been asked to respond to a number of concerns in a prompt manner. It was noted further that substantial progress had been made against these issues; and as a result the issues had been incorporated into the Trust's forward plan. Details of the issues raised and progress made against each issue was contained within the report presented.

Trust representatives expressed their disappointment to the outcomes of the CQC report; but also recognised that the Trust could do better. It was highlighted that staff shortages within the Trust had resulted in some issues taking longer to resolve. Despite operational issues, the Trust was making good progress and reassurance was given that if CQC inspectors conducted an inspection now, they would be looking at a different organisation. Working with partners, the Trust would continue to make progress to improve quality and safety.

During discussion, members of the Committee raised the following points:-

- Some members felt that the Trust should promote its good working achievements more. Particular reference was made to 'Surgery', which had achieved good CQC ratings in each category. Good news stories reflected on Lincolnshire as a whole; and better promotion might help with recruitment going forward. One member stressed that there was a need to communicate in Plain English to the residents of Lincolnshire.

It was also highlighted that the Trust needed to keep residents aware of what was going on to improve the Trust's CQC ratings; and that this should be conveyed in Plain English also, this would then ensure community buy in. It was highlighted further that awareness of the CQC's rating evaluation method

needed to be defined and communicated better. Clarification was given that the CQC's 'N/A' in this context meant 'Not Available';

- The non-inclusion of Delayed Transfers of Care (DTC). It was reported that the CQC inspection did not focus on DTCs; in any event, overall DTCs were not an issue at the moment. The percentage was at 4.1%, but had been as low as 3.6%;
- An explanation of the CQC rating pertaining to 'Maternity and Gynaecology' in relation to Pilgrim Hospital Boston, when the Sustainability & Transformation Plan (STP) had included a reference to consideration of the discontinuation of such services on safety grounds, yet the CQC report had given Maternity and Gynaecology a good rating in the 'Safe' domain. The Director of Nursing United Lincolnshire Hospitals NHS Trust explained that this was due to a shortage of paediatric nurses at Pilgrim Hospital Boston, but that Pilgrim Hospital Boston had systems and processes in place to mitigate the situation, i.e. being able to close beds and cots down better than the Lincoln County Hospital site. The Director of Nursing advised that the Trust currently needed 375 nursing staff. Details of the Trust vacancies had been reported to the Trust Board in the previous month; and the Trust was happy to share this information with members of the Committee. Confirmation was given that there was not a shortage of midwives, it was a lack of paediatric nurses that was the issue. The Committee noted that the Trust worked closely with the University to help fill some of the vacancies. The Committee noted further that work was being carried out with regard to a 'talent academy' and that there were open days with schools encouraging young people to come into the health profession.

It was noted further that the Trust would be looking at the team around the patient, which would involve all disciplines providing care;

- One member expressed disappointed that the Trust was back in special measures; and felt for the Trust to improve it needed to be well led and operate in safe manner; a question was asked as to whether the management team would be able to succeed in this task; and when was it hoped the turnaround would be achieved. The Chief Executive explained that for the first time since his arrival in December 2015, he was now heading a team of substantive (rather than interim) Directors, who would be supporting him to reduce the overspend; improve the quality and safety of patient care; and improve support to staff. The Committee noted that a structural shift was planned to provide better care in the community; and the need for the STP to work effectively. With regard to when the Trust would be out of special measures, this was up to the CQC; and at the moment the Trust was unsure when this would be. An estimated timescale quoted was 2018 and beyond;
- Some concern was expressed as to whether the hospital was safe; due to the number of CQC ratings provided being 'Inadequate' or 'Requires Improvement'. It was highlighted that it was the level of detail behind the CQC rating; some were specific to a particular ward. These specifics were now being tracked. An example given was that as a piece of equipment was found to be out of date at Lincoln County Hospital, this had then resulted in a score of 'Inadequate' the Committee was advised that the Trust was working with

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**19 JULY 2017**

others outside of Lincolnshire; an example of Morecambe Bay was cited as they had achieved 'Outstanding Status' and the Trust was looking at their working practices, with a mind to introducing similar practices in Lincolnshire;

- Progress of the STP - It was noted that wider considerations for Lincolnshire were dependent on the STP. It was reported that health and social care staff were working closer together to reduce the need for patients to be admitted to hospital; and that a shift was being made to Neighbourhood Teams with more care being provided in the community. Reference was also made to the supported housing trials. The Trust had expressed support for the use of technology which would assist someone being looked after in their own home;
- Culture and Development – The Committee noted that work was in progress to improve staff culture and development; confirmation was given that any member of staff wishing to raise a concern was able to do it through the Freedom to Speak up Guardian (this was a neutral person outside of the management team). The Trust was also monitoring awareness and usage of this route;
- Some reference was made to fact that the Pilgrim Hospital Boston was struggling in relation to its 'Medical Care'. The Committee was advised that Boston Hospital Boston had the largest number of vacancies and most of them were in medicine. It was noted that since the CQC inspection there had been a lot of changes in these areas; and
- Walk-in-Centre Consultation – The Committee noted that the Trust was working together with Lincolnshire West Clinical Commissioning Group concerning the detail of what was involved, particularly with regard to A & E provision at Lincoln County Hospital. The Trust was still to make its response.

In conclusion, the Committee enquired as to how areas of improvement would be reviewed. The Trust agreed to send a copy of the full plan to all members of the Committee. The Committee agreed that an update report should be received twice a year where appropriate.

The Chairman extended thanks to the Chief Executive and the Director of Nursing for their report and attendance.

#### RESOLVED

1. That the findings of the Care Quality Commission in relation to United Lincolnshire Hospitals NHS Trust be noted.
2. That the Committee's assurance be recorded in relation to United Lincolnshire Hospitals NHS Trust and its progress since the inspection in October 2016, and its future plans for improving quality and safety.
3. That updates on the progress from United Lincolnshire Hospitals NHS Trust be presented to the Health Scrutiny Committee for Lincolnshire twice a year where appropriate.

16 LINCOLN WALK IN CENTRE - CONSULTATION BY LINCOLNSHIRE  
WEST CLINICAL COMMISSIONING GROUP

The Chairman on behalf of the Committee welcome to the meeting Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning (LWCCG) Group and Wendy Martin, Executive Lead Nurse and Midwife Quality and Governance, LWCCG.

The Committee received a short joint presentation from the Chief Clinical Officer LWCCG and the Executive Lead Nurse and Midwife Quality and Governance LWCCG, which provided some background information to the Walk-in-Centre; the alternative services available for urgent and routine primary care requirements; provided information of user groups of the Walk-in-Centre; and provided confirmation concerning the communications campaign.

During discussion, the Committee raised the following comments:-

- Contract expiry date – The Committee was advised that the contract had already been extended several times previously. The current contract was due to expire on 30 September 2017. From the feedback received so far, it had become apparent that very few people were aware of the alternative provision available. The Committee was advised that urgent access to health services was already available through GP surgeries and NHS 111. For less urgent health issues, these could be addressed by a routine appointment with a GP, or health advice from a Pharmacy. If assistance was needed 'Out of Hours' patients would be able to access urgent GP services through calling 111; it was also highlighted that many GP surgeries also ran minor illness clinics which were run by Advanced Nurse Practitioners. For parents with children, GPs would be providing a separate phone line for them to use.

It was also reported that 25 GPs had been recruited to Lincolnshire from GP International Recruitment Scheme; seven of whom were now based in practices in the Lincoln area;

- The financial viability of the proposal and the impact on A & E – Some concern was expressed as to the financial viability of the proposal, as it was suggested that the financial appraisal would follow the consultation. The Committee was advised if the Walk-in-Centre were to close, national survey data indicated that 20% - 30% of patients stated that in such circumstances they would present themselves to A & E; however evidence from elsewhere, where walk-in-centres had closed, suggested that the actual number presenting to A & E was much lower. It was highlighted that the LWCCG had realised that there was more to do to educate people not to attend to A & E unless it was an emergency. The Committee was advised further that actual figures of patients diverting to A & E were estimated as being between 2% – 3%. It was confirmed that a modelling exercise had been conducted;
- What happened following the consultation – It was reported that the consultation would now conclude on 18 August 2017. All comments received

would be reviewed and taken in to account for a final recommendation to the Governing Body. A final decision would be made in September 2017;

- What alternative provisions would be made if a decision was made to close the Walk-in-Centre – It was highlighted that promotional work of alternative provisions had already been included on BBC Radio Lincolnshire. Irrespective of the outcome of the Walk-in-Centre consultation, a campaign had already started to advise the public of the different routes to routine primary care, urgent primary care, emergency care and self-care. Also, educational information was being provided at GP practices and public places.

Some concern was expressed to patients seeking advice from pharmacists for minor ailments, as some pharmacists were under threat.

Reassurance was given that the CCG worked very closely with the pharmacists, and confirmation was given that clinical pharmacists were expected to support general practice in the future.

Further concern was expressed with regard to encouraging more self-care. Some members felt this was satisfactory for minor ailments, but for those patients with more serious conditions, patients should be given the time and care needed. The Committee was advised that self-care was available through a support network; in conjunction with information on the website. Some members felt that the use of any website offering health advice in some instances could cause patients more anguish.

Reassurance was sought from members of the Committee that if the Walk-in-Centre was to close, that alternative services would be able to cope with the extra workload, some of the points raised included:-

- That there needed to be improved access for patients having to explain their personal information to receptionists face to face. The Committee noted that all practices had a confidential area that patients could request to use to discuss matters of a personal nature;
- That a period of transition should be maintained to allow patients to become fully aware of the alternative options available;
- The Committee welcomed the installation of a children's line;
- Transferring patient's records. The Committee noted that most were now done electronically;
- Clarification was sought as to the arrangements for patient registration. It was reported that a patient would register once at their main GP practice; and that registration elsewhere would only be temporary;
- More awareness for service users of the alternative services available. Reassurance was given that support would be given to support people to meet their needs;
- Clarification was sought as to who the main user group was. The Committee was advised that students comprised the main user group of the Walk-in-Centre;

- The potential increased use of A & E;
- The lack of confidence in the NHS 111 option due to some members of the Committee's personal experiences; and
- Some concern was also expressed relating to the inadequacy of the consultation, due to the lack of information relating to models of alternatives; that no firm costs had been made available relating to the proposed changes. The Committee felt that it was very hard to make a measured decision on the information provided. It also felt that the whole process had not been planned sufficiently.

In conclusion, the Committee was not satisfied firstly with the inadequacy of the consultation, in terms of the overall information provided and its availability; secondly that there would not be suitable alternative arrangements in place, if the Walk-in-Centre were to close, as what was proposed currently would not create a back to back replacement of the service currently provided, or provide an enhanced service. The Committee also felt that the closure of the Walk-in-Centre would in all probability add pressure on to the A & E Department at Lincoln County Hospital.

At the conclusion of this item, two documents were circulated: *Lincoln Walk-in-Centre Data Summary for 2015-2017*; and a revised version of the *Frequently Asked Questions*.

#### RESOLVED

1. That the Committee's concern be recorded that the alternative arrangements suggested in the event of the Lincoln Walk-in-Centre's closure would not be acceptable as suitable alternative arrangements, as they would not provide a seamless replacement or alternative service; or an enhancement of the service currently provided.
2. That the Committee's concern with the adequacy of the Lincoln Walk-in-Centre Consultation be recorded; and that the Committee record the view that the matter might need to be referred to the Secretary of State for Health.
3. That a further meeting of the Working Group be arranged to formulate a response on behalf of the Committee to the Lincoln Walk-in-Centre Consultation.

#### 17 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - UPDATE

Consideration was given to a report from John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust, which provided the Committee with an overview of the current issues within the Trust, and an update on recent feedback from the Care Quality Commission (CQC) re-inspection. Ian Jerams, Director of Operations Lincolnshire Partnership NHS Foundation Trust and Jane Marshall, Director of Strategy & Performance Lincolnshire Partnership NHS Foundation Trust were also in attendance at the meeting.

The Committee was advised that the Trust had undergone a full CQC re-inspection in April 2017; and had been rated overall as 'good'. Details of the particular areas of progress since the initial inspection in 2015 were that:-

- Services in the 'safe' domain had improved from inadequate;
- The 'well led' domain had improved to good;
- The Community Children and Adolescent Services (CAMHS) had continued to be rated as outstanding; and
- The CQC had noted the transformation across the Trust in a short period of time; resulting in a positively engaged workforce; and good staff morale.

Further information relating to the achievements of the Trust and the measures that contributed to the Trust's improvement were contained in Appendix A to the report.

It was reported that the Service Developments going forward included:-

- Proposals to address the out of area bed use. The Committee noted that approximately 300 patients were receiving treatment out of county in 2015/16;
- That a Psychiatric Intensive Care Unit (PICU) unit had opened earlier in July. The facility provided ten beds for men with acute and severe illness. It was highlighted that an equivalent women's unit was proposed to be opened by the end of 2018; and
- Other developments included a Clinical Decisions Unit, investment in more intensive crisis and home treatment services; and the creation of a community based rehabilitation service.

The report also provided the Committee with details of the Five Year Forward View for Mental Health and Learning Disability, which was a national document that contained key objectives that needed to be in place by 2020/21. Particular reference was made to the expansion of psychological services, improving access to psychological therapies for both people with long term conditions and children and young people.

It was highlighted that for 2016/17 the Trust had met all its financial targets and the majority of the other performance and quality indicators. It was highlighted further that as the Trust had recorded a small surplus above the Control Total set by NHS Improvement of c£700k on a budget of £100m, the Trust would receive an additional bonus from the national Sustainability and Transformation Fund, and that this could be used to support on-going capital programmes.

The Committee was advised the most significant target that had not been met related to Delayed Transfers of Care. It was noted that these had reduced, but remain challenging in older adult services, due to a lack of appropriate placements.

The Chairman on behalf of the Committee congratulated the Trust on its achievements.

During discussion, the Committee raised the following points:-

- The Committee welcomed the report and the positive comments contained within;
- One member enquired as to why the male Psychiatric Intensive Care Unit (PICU) had been completed first. The Committee was advised that this was due to a higher number of men out of County requiring this secure facility compared to women and to the fact that the Trust only had limited resources available. It was hoped that the successful opening of the male unit would provide impetus for the development of the female unit;
- The Committee received a short explanation as to how the Trust had re-designed Ash Villa to comply with the 'same-sex' accommodation requirements;
- Staff issues at the new PICU. The Trust advised that staff had been employed in advance of the PICU opening were now working in other wards; however, a significant number of new qualified staff would be in place in August and that currently the unit was bridging the gap by using bank staff;
- Staff Morale, how did the Trust know that it was continually improving – The Committee noted that 60% of staff had responded to the staff survey; and the Trust had achieved the most improved Mental Health Trust rating;
- Support for Volunteers – The Trust advised that this area had been recently reviewed; and the previous Volunteer Manager post had been reviewed and bench marked against other Trusts;
- One member enquired as to whether the Council received income from out of Lincolnshire residents using Lincolnshire services. The Committee was advised that there were very few out of County patients in Lincolnshire. If there was an acute emergency admission required, this would be commissioned through NHS England on a regional basis. It was confirmed that Clinical Commissioning Groups bore the financial cost for out of County beds. It was confirmed that as Lincolnshire did not have some specialist services as there was not the volume of cases. An example given was a mother and baby unit, the Committee noted that there was good working relationship in place with Nottingham to use their facilities in these instances;
- Vacancy rates – The Trust confirmed that this was an issue in Lincolnshire, particularly with an ageing workforce. The Committee was advised that focus was being made on recruitment and retention;
- Provision of Supported Housing Outreach Workers – It was reported that the Trust would like to expand the service where there was a case; and that the Trust would only be able to do this if they got extra resources; and
- The Trust confirmed they worked very closely across the County with Neighbourhood Teams, the Community Trust; and GPs.

#### RESOLVED

That the Lincolnshire Partnership NHS Foundation Trust – Update be noted.

18     JOINT HEALTH AND WELLBEING STRATEGY PRIORITISATION

Consideration was given to a report from Simon Evans (Health Scrutiny Officer), which provided the Committee with a draft statement from the Working Group established at the 14 June 2017 meeting to select which themes merited prioritisation for the purposes of drafting the revised Joint Health and Wellbeing Strategy.

Attached at Appendix A to the report was a copy of the Working Groups Draft Statement of Prioritisation of the Themes in the Joint Strategic Needs Assessment for Inclusion in the Joint Health and Wellbeing Strategy for the Committee's consideration.

During a short discussion, the Committee agreed to a minor change being made to Appendix A under the heading of Road Traffic Collisions, last sentence being amended to read "They also highlighted the importance of maintenance of road signs to ensure all signage is clearly visible on rural roads in the County"

A request was also made from the Committee for the Joint Health and Wellbeing Strategy to be included in the Committee's future work programme.

RESOLVED

1. That the statement attached at Appendix A be approved subject to the last sentence under the heading Road Traffic Collisions being amended to read "They also highlighted the importance of maintenance of road signs to ensure all signage is clearly visible on rural roads in the county."
2. That the Joint Health and Wellbeing Strategy be included as a future item in the Committee's work programme.

19     HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans (Health Scrutiny Officer), which enabled the Committee to consider and comment on the content of its work programme to ensure that scrutiny activity was focussed where it could be of greatest benefit.

Appendix A to the report provided the work programme from July 2017 to April 2018 for the Committee's consideration.

The Committee was invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

Items suggested for inclusion by members of the Committee were as follows:-

- Grantham A & E Department – Overnight Closure – Outcome of Referral to the Secretary of State for Health;

- North West Anglia NHS Foundation Trust – Update on Peterborough City Hospital and Stamford & Rutland Hospital;
- Immunisation and Screening;
- Joint Strategic Needs Assessment;
- Lincoln Walk-in-Centre – Report on decision made by Lincolnshire West Clinical Commissioning Group;
- Update on the progress from Lincolnshire Hospitals NHS Trust to be presented to the Committee twice a year (Minute number 15(3) refers); and
- Update on the Joint Health and Wellbeing Strategy (Minute number 18(2) refers).

RESOLVED

1. That the items as detailed above be included as future items for consideration in the work programme.

The meeting closed at 1.45 p.m.