



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
13 DECEMBER 2017**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, R J Kendrick, Dr M E Thompson, R B Parker, R H Trollope-Bellew 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), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Lynne Bucknell (County Manager, Special Projects and Hospital Services), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Graham Briggs (Director of Corporate Services and Workshop, Thames Ambulance Service Limited), Sue Flintham (North Regional Director, Thames Ambulance Service Limited), Tim Fowler (Director of Commissioning and Contracting, Lincolnshire West CCG), Tracy Hodgkiss (Improvement Director, Thames Ambulance Service Limited), Blanche Lentz (Acting Chief Operating Officer, Thames Ambulance Service Limited), Samantha Milbank (Accountable Officer, Lincolnshire East CCG) and Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG).

County Councillor Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) attended the meeting as an observer.

44 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor T Boston (North Kesteven District Council).

45 DECLARATIONS OF MEMBERS' INTEREST

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

46 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE
FOR LINCOLNSHIRE HELD ON 8 NOVEMBER 2017

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 8 November 2017, be approved and signed by the Chairman as a correct record.

47 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that further to the announcements circulated as part of the agenda, the following supplementary information was circulated at the meeting for the Committees consideration:-

United Lincolnshire Hospitals NHS Trust Grantham and District A & E Department –
Additional Information

That the United Lincolnshire Hospitals NHS Trust (ULHT) Board was meeting on 15 December 2017 to consider a report on the opening hours of Grantham and District Hospital's A & E Department, which was currently closed each night between 6.30pm and 8.00am. The Committee was advised that further information had been published on 12 December 2017, which included reference to the details as shown below:-

Decision of ULHT Board on 7 November 2017

On 7 November 2017, the ULHT Board had agreed that it wanted to re-open Grantham and District Hospital A & E Department overnight, pending an independent review of staffing by NHS Improvement, the national regulator of provider trusts. NHS Improvement asked the East of England Clinical Senate¹ to undertake a safety review for all ULHT's A & E Departments and to see whether the opening hours of Grantham and District Hospital A & E Department could be extended.

Recommendations of the East of England Clinical Senate

In order to undertake the review, the East of England Clinical Senate had appointed a Clinical Review Panel, whose report had been published and contained the following five recommendations:

¹ The East of England Clinical Senate was requested to undertake the independent review by NHS Improvement to avoid a conflict of interest, as the East Midlands Clinical Senate is chaired by the Medical Director of ULHT.

Recommendation 1

- The Panel does not support the reopening of the 24/7 A & E department at Grantham Hospital on the grounds of potential adverse impact on patient safety at A & E Departments at all three United Lincolnshire NHS Trust Hospitals.
- The Panel strongly recommends, on the grounds of patient safety, United Lincolnshire Hospitals NHS Trust Board reconsider its proposal to extend the current A & E service opening hours at Grantham and District Hospital.
- The Panel recommends that the Trust should continue to provide an A&E service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed.

Recommendation 2

The Panel recommends that in order to make it clear for patients and the public the type of service available at Grantham and District Hospital A & E Department, the Trust look to re-labelling or re-naming the department, and ensure that it communicates that widely. The panel further recommended that the terminology 'A & E Centre' is not applied to Grantham and District Hospital in any further model.

Recommendation 3

The Panel recommends that the Trust should move to a single A & E team with a focus on standardised clinical pathways and processes across the three sites, removing any unnecessary variation and providing enhanced training opportunities.

Recommendation 4

The Panel recommends that the Trust and CCG have clear alignment with the Lincolnshire STP, developing a system approach to urgent and emergency care, and planned care for patient and the public. The Trust and STP should move to public consultation on an agreed future model as quickly as possible

Recommendation 5

- The Panel recommends that United Lincolnshire Hospitals NHS Trust works with the local the CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, the public, patients and local elected representatives have an opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites, and not only for the Grantham site.
- The Panel recommends that the communication and engagement strategy develop plans to ensure that any changes to the designation, opening times and pathways related to emergency care provision are clearly communicated

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with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

Advice of NHS Improvement

In a letter dated 5 December 2017, NHS Improvement had strongly advised the ULHT Board to follow the recommendations in the Clinical Senate's report.

Recommendation to the Trust Board

The recommendation to the Trust Board on 15 December 2017 is that it accepts the conclusions reached by the East of England Clinical Senate and follows their recommendations, which have been supported by NHS Improvement.

The Next Steps

The Committee was advised that it was planned to programme an item for the Committee's next meeting on 17 January 2018, which looked at the implications of the Clinical Senate's report and the ULHT decision. In addition to representation from ULHT at that meeting, representatives from the CCGs and NHS Improvement would also be invited to attend.

The Chairman invited the Committee to comment and raise any issues. The following issues were raised:-

- Some members expressed their disappointment at the decision of the East of England Clinical Senate appointed Clinical Review Panel; and welcomed that the Committee would be considering the matter further at the 17 January 2018 meeting;
- Some concern was expressed to the distance being travelled by patients to Lincoln, and whether the decision makers had taken into consideration the rurality of Lincolnshire;
- One member expressed disappointment that the Secretary of State had referred the matter for local determination;
- The impact of the uncertainty surrounding Grantham and District Hospital A & E Department was having on the recruitment of medical staff;
- One member suggested that a response should be made to United Lincolnshire Hospitals NHS Trust asking them not to make a decision on 15 December 2017, but to defer the item to their next meeting to give the Health Scrutiny Committee for Lincolnshire the opportunity to scrutinise the item at the 17 January 2018 meeting. A suggestion was also made for representatives from NHS Improvement, United Lincolnshire Hospitals NHS Trust, the Clinical Commissioning Group and the East of England Clinical Senate being invited to attend the 17 January 2018 meeting;
- A question was asked as to whether there was a substantial variation; and if there was could the matter be re-considered by the Secretary of State; and as a result would that stop the matter from progressing. The Health Scrutiny Officer advised that there had been no change except for an additional

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opening hour, which the Committee were aware of. It was therefore felt that this would not stop the matter from progressing;

- Concern was expressed to the changes to the establishment numbers required, in that the number of middle grade staff required had increased from 28 to 38; and
- Some concern was expressed to the fact that if the Committee agreed to the East of England Clinical Senate recommendation 1 that this would prejudice any future consultation on A & E Services at Grantham and District Hospital; and to the fact that the current restricted opening hours would in effect be made permanent; and that the consultation exercise would be based on these opening hours as the status quo, rather than the previous 24/7 service.

RESOLVED

1. That the Health Scrutiny Committee's disappointment with the recommendations of the East of England Clinical Senate report (*Review of Accident and Emergency Services at Grantham and District Hospital – Report of the Independent Clinical Review Panel – 22 November 2017*) be recorded.
2. That the Health Scrutiny Committee's opposition to the first recommendation in the East of England Clinical Senate report (*Review of Accident and Emergency Services at Grantham and District Hospital – report of the Independent Clinical review panel – 22 November 2017*) be recorded, on the basis that acceptance of the first recommendation would prejudice any future consultation on A & E Services at Grantham and District Hospital and the current restricted opening hours would in effect be made permanent; and the consultation exercise would be based on these opening hours as the status quo, rather than the previous 24/7 service.
3. That the Board of United Lincolnshire Hospitals NHS Trust be requested to defer its planned decision on 15 December 2017 in relation to the East of England Clinical Senate report to its next meeting on 26 January 2018, as this would enable the Health Scrutiny Committee to give detailed consideration to the Clinical Senate's report and recommendations at its next Committee meeting on 17 January 2018.
4. That representatives from NHS Improvement, United Lincolnshire Hospitals NHS Trust, the Clinical Commissioning Group and the East of England Clinical Senate be invited to the next meeting of the Committee scheduled for the 17 January 2018.

48 ALTERNATIVE PROVISIONS TO THE LINCOLN WALK-IN CENTRE

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

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The Chief Clinical Officer, LWCCG advised the Committee that a Push Doctor App had been promoting its online 'walk-in centre' services to patients in the Lincoln area. Confirmation was given that this was not a service that had been commissioned by LWCCG; and that LWCCG had had no interaction or conversations with the company behind the App. The Committee noted that a statement to this effect had been released.

During their joint presentation, Officers from the Lincolnshire West Clinical Commissioning Group updated the Committee on the following issues:-

- Background – The Committee was reminded that on 12 June 2017, the Lincolnshire West Clinical Commissioning Group (LWCCG) had launched a public consultation on the future of the Walk-in Centre, this had concluded on 18 August 2017. Then, at the Governing Body meeting held on 27 September 2017, a decision had been taken to keep the Walk-in-Centre open over the winter period; and close only when the governing body was satisfied with the evidence based reviews. The first evidence based review had been presented to the Governing Body on 29 November 2017; and a further review was due to be presented to the Governing Body meeting on 24 January 2018. It was highlighted that the ten week public consultation had been extensive and had engaged patients, the general public; public bodies, key stakeholders including health care partners and the third sector;
- It was reported that attendance to the Walk-in-Centre had significantly reduced, and that October 2017 had seen a reduction of 26.8% from the previous year; and that the September attendances had been the lowest monthly attendances at the Walk-in-Centre for over two and a half years. The LWCCG had supported a targeted communications and engagement initiative by the University practice, during freshers' week to encourage students to register with a GP. As a result of the initiative, the Committee was advised that the University practice had seen a net increase in registrations of 3,150 students;
- Alternative provision – Page 22 of the report presented provided the Committee with a list of ongoing plans to strengthen alternative provisions in six key areas; and Appendix A to the report provided details of the status of the alternative provision plans. Other alternative provisions mentioned included GP same day access, arrangements for urgent need; skype access at the University practice; additional community pharmacists; GP Out of Hours; 111 supplemented by Lincolnshire Clinical Assessment Service; Neighbourhood Team implementation progression (Gainsborough and the South of Lincoln areas). The Committee was also advised that GP practices had confirmed that arrangements were in place to support any potential increase in demand. It was noted that on average there was approximately 3 - 10 additional appointments per practice per day. The Committee noted that as a result of concerns raised from the consultation, the LWCCG had a Communication Plan in place, a copy of which was detailed at Appendix C; and a Communications Initiatives Description was detailed at Appendix D for the Committees consideration; and Appendix E to the report provided the Committee with the LWCCGs Alternative Provisions Engagement Plan;

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- A & E Attendances – The Committee was advised that the attendances to A & E were being kept under review. It was highlighted that communication reiterates that patients should only present themselves to A & E when it was an emergency; and if they were unsure, they should contact 111;
- Children's Hubs – It was reported that to enhance care for new parents and children the first of eight children's hubs had opened in Birchwood in the Lincoln City area. The children's hubs would be another source of advice and guidance for parents with children under five; and would also include health visitor advice and other appointments; and
- Transition Planning – The Committee was advised that the LWCCG had been working in partnership with the Lincolnshire Community Health Service (LCHS) who provided the Walk-in-Centre Services, to ensure that there was an effective plan for transition. It was noted that the transition plan incorporated the introduction of triage as a method to direct members of the public to the appropriate provision for them and provide education as to the alternative provision available. Appendix B to the report provided the Committee with a description of the alternative provisions.

In conclusion, the Committee was advised that progress would be ongoing relating to alternative provision plans as approved by the governing body, details of which were shown on page 25 of the report.

The Committee was invited to make any comments on the progress made and to highlight any areas where the Committee felt further information was required; comment on whether the Committee considered the communication and engagement plan addressed the issues highlighted in the consultation; and whether the Committee wished to have a one-off meeting with the LWCCG to discuss matters in further detail.

During discussion, the following points were raised:-

- Same day access to GPs for children under 12 – The Committee noted that if a same day appointment was not available then the parent should ring 111, as additional advisors had had extensive training regarding NHS and clinical matters and that pathways were already in place;
- A question was asked as to whether the University practice was solely for students. The Committee was advised that the practice was primarily for the university; but that other people could register at the practice. It was highlighted that attendance at the practice was monitored, and the practice mainly focussed on the needs of young people, with input from the Student Union. Reference was made for the need for better communication in relation to the practice;
- City Centre Practice Provision – The Committee was advised that one GP practice had been identified as struggling to match local demand and service capacity; and as a result the LWCCG was currently working with the practice to support them, and exploring ways of increasing their capacity;
- Children's Hubs – Confirmation was given that a lot of parents with young children had been attending the Walk-in-Centre for help and advice. The provision of children's hubs would provide an alternative route for parents to

take when needing advice. The Committee was advised that the proposal was for eight children's hubs in total, which would be spread across Lincolnshire. LWCCG representatives agreed to let the Committee have details as to their localities;

- A question was asked relating to whether there was any evidence as to why there had been a reduction in attendance to the Walk-in-Centre. The Committee was advised that better provision at the University practice; and better clinical advice services had been instrumental in reducing the numbers visiting the Walk-in-Centre;
- Clarification was given that alongside the consultation, there had been extensive drop-in sessions, at which members of the public had had their say, the responses received had then informed the direction of travel going forward. Some concern was expressed as to whether the GP practices would have the capacity to meet the demand. Assurance was given that this matter was being reviewed on a monthly basis; but so far there had not been any adverse impact due to the increased lists for GPs. The Committee requested that an evidence based report detailing activity should be received at the February 2018 meeting;
- Homelessness provision – Confirmation was given that provision would stay as it was; and that this provision would be monitored closely; and
- Copies of leaflets concerning alternative provision. Some concern was raised that there was still a need to promote further; as not all residents had access to social media. A further suggestion was made that easy to follow picture based leaflets would help get the message of alternative provision out to the general public.

RESOLVED

1. That the Committee's satisfaction with the progress made regarding improved access to GPs, the development of alternative provisions and the communication and engagement plans of the Lincolnshire West Clinical Commissioning Group (LWCCG) be recorded.
2. That a request be made for further evidence to be presented to the 21 February 2018 meeting, to substantiate the progress made on all areas of activity, including an analysis of the usage of the Walk-in-Centre on an hourly basis.
3. That the Chairman be authorised to meet with the LWCCG to discuss the initiatives and communication plans in more detail.

Note:

Councillors J Kirk, P Gleeson, R B Parker and M A Whittington abstained from voting on the resolution set out in 1 above.

49 NON-EMERGENCY PATIENT TRANSPORT SERVICE FOR NHS
LINCOLNSHIRE CCG'S - THAMES AMBULANCE SERVICE LIMITED
(TASL)

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The Chairman welcomed to the meeting, firstly presenters from Thames Ambulance Service Limited (TASL):- Sue Flintham, North Regional Director, Graham Briggs, Director of Corporate Services and Workforce, Blanche Lentz, Acting Chief Operating Officer and Tracy Hodgkiss, Improvement Director and then secondly, the presenters from Lincolnshire West CCG, Sarah-Jane Mills, Chief Operating Officer and Tim Fowler, Director of Commissioning and Contracting.

The Committee had received a report from the Lincolnshire West Clinical Commissioning Group, which formed part of the agenda, which advised of the actions the LWCCG was taking to ensure that TASL were making the necessary improvements in the quality of services being provided to patients. A subsequent supplementary report from TASL had then been circulated to Committee by email, which advised of the actions TASL were under taking to make the necessary changes to deliver the contract performance, and to improve the patient experience of the service being provided.

In their presentation to the Committee, TASL advised that they had been awarded the NHS contract for delivery of Non-Emergency Patient Transport for the four CCGs following a competitive procurement process. The five year contract had commenced on 1 July 2017, (with the potential for an extension for a further two years). Details of the contract were shown on page two of the supplementary report.

The report highlighted that since the 'go live' date there had been issues relating to performance in line with the contract pertaining to journey planning, and significant delays in answering calls, which had resulted in patients not arriving on time, or not being collected in a timely manner on discharge. The Committee was advised that the service in Lincolnshire had been adversely affected by the distraction of management capacity to support the commencement of patient services in Leicestershire, and that the TASL Executive had agreed not to bid for any further work until performance in current TASL contracts were at a required level.

Following the issue of a formal Contract Performance Notice by the Lincolnshire CCGs on the 17 November 2017, the Committee was advised that in accordance with the contract TASL had submitted a Remedial Action Plan to the LWCCG. The Committee was advised further that work was ongoing with LWCCG to improve service provision. A list of the changes to enable TASL to work towards the Remedial Action Plan was shown on page three of the supplementary report.

As well as the changes detailed in the report, the Committee noted that TASL had implemented a new management structure which had commenced in August 2017, which had incorporated a regional devolution process, which would provide more control to the local team. The Committee was also advised that as a result of ill health, the Chief Executive Officer had recently resigned; and that the process of external recruitment for the post had commenced.

The Chairman invited members of the Committee to pose questions to TASL. The following issues were raised:-

- Whether TASL had had experience of the rural nature of Lincolnshire. The Committee was advised that TASL was aware of the rural nature of Lincolnshire; as they had similar contracts with Essex, Sussex, North and North East Lincolnshire and Hull;
- Knowledge of the importance of the voluntary sector, by way of the Voluntary Care Scheme. TASL representatives admitted that they had not handled the changes it had implemented relating to voluntary care scheme very well; and as a result a number of volunteers had withdrawn their services; which had resulted in TASL being unable to deliver the required service. Some concerns were strongly expressed to the fact that TASL had managed to destroy the Voluntary Car Scheme in Lincolnshire; and leave residents of Lincolnshire with an appalling non-emergency patient transport service;
- Contract Penalties – The Committee was advised that if the contractor failed to meet the key performance indicators, the contract provided for financial penalties being imposed;
- Contingency arrangements – A representative from TASL confirmed that TASL was committed to the contract for its full duration; and TASL would be working alongside the LWCCG to rectify the situation; The Committee was advised that TASL wanted to make sure that the patient experience in Lincolnshire going forward was a better one;
- One member enquired as to the cost of missed appointments to the NHS. Lincolnshire West CCG representatives confirmed that they were working with TASL to help overcome the poor service; and confirmed that the contract did not cover the cost of missed appointment to the NHS;
- One member enquired as to whether TASL's performance was the same in other areas they covered. TASL advised that performance in other areas was not an issue. The factors that attributed to the poor performance was the commencement of the patient services in Leicestershire and Rutland, which had seen an increase in the number of calls taken, more than TASL had anticipated. The Committee was advised that generally there was a central pool handling all calls across the country except for Essex and Sussex. Another area that TASL had misjudged was the transaction of activity i.e., availability of vehicles and the correct planning of journeys were also factors as to why patients were late for appointments. It was reported that call handlers were now being trained in-house; and that calls and performance information was now being collated. TASL accepted the criticism expressed and agreed that their performance had not been acceptable. The Committee highlighted that they had no confidence or had received any reassurance that the November KPI's would be any better. The TASL representative advised the Committee that the start of the New Year would see an ongoing improvement of the service. The Committee agreed that performance information should be received by the Committee on a monthly basis so that performance could be closely monitored;
- One member expressed concerns received from users of the service and from voluntary car drivers. Particular reference was made to the fact that drivers only knew about some of the journeys in a day; and that drivers were expected to bear the cost of the first £500.00 if they were involved in an accident. TASL representatives advised that drivers now had hand held computers, and they

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were now able to see the whole day's jobs; which was helping with delays. The Committee was advised that in relation to insurance claims, if a driver was found to be negligent, the excess amount on the insurance would be their liability;

- Late payment to staff – TASL confirmed that all staff were paid on time; and that overtime was paid once it had been approved;
- Some concern was expressed to the KPI information detailed on page 63 of the report. A question was asked as to whether the CCG was aware of TASL's bad performance; and whether they had been the cheapest in the tendering process. Representatives from the LWCCG confirmed that the contract had gone through the procurement process, which had been governed by a legal framework. TASL had come through the whole process with a high score. Confirmation was given, that TASL had been the cheapest in some areas specified in the contract, but not in all areas;
- The Healthwatch representative advised that Healthwatch had had the opportunity to speak with TASL and had raised the concerns of patients in Lincolnshire. These included the lack of knowledge regarding the geography of Lincolnshire; eligibility issues; and to the fact that 50% of volunteers had left since TASL had taken over. The Committee was made aware of the fact that volunteers were not paid mileage from their home to pick up their patients; and that a volunteer would not be accepted, if their car was more than five years old. The Committee expressed their concerns and reiterated the importance of volunteers in Lincolnshire. The Committee was advised that TASL was in the process of changing some of the voluntary criteria; and would continue to review it based on information received; and
- Temporary closure of the Heckington base – The Committee was advised that there had been a review of base locations incorporating vehicle and staff requirements; and that a decision had been made to temporarily close the Heckington base and move staff to other bases. Staff had now been deployed at Grantham and Boston. It was highlighted that the aforementioned changes had been made in consultation with staff. One member suggested that it would be useful for members of the Committee to receive a map showing the location of bases in Lincolnshire.

RESOLVED

It was unanimously agreed:-

1. That a vote of no confidence be recorded by the Health Scrutiny Committee for Lincolnshire in relation to the non-emergency patient transport service provided by the Thames Ambulance Service Limited.
2. That performance reports be submitted to the Committee on a monthly basis, with such reports including any available comparative information on the service provided by Thames Ambulance Service Limited in other areas.

50 WINTER PLANNING

Consideration was given to a report from the Lincolnshire East Clinical Commissioning Group (LECCG), which provided an update on planning for winter pressures across the health and care economy in Lincolnshire. The Committee was also asked to give consideration to a report from the Council's Executive Director of Adult Care and Community Wellbeing, which provided the Committee with details relating to the performance on Delayed Transfers of Care.

The Chairman welcomed to the meeting Samantha Milbank, Accountable Officer, Lincolnshire East Clinical Commissioning Group and Lynne Bucknell, County Manager, Special Projects and Hospital Services.

In guiding the Committee through the report, the Accountable Officer, LECCG advised that it was essential that a 'whole system' approach was taken to anticipating how and where in the system increased demand was likely to present, and to the planning of appropriate inter-agency responses to ensure that no part of the system was overwhelmed or unable to function.

The Committee noted that the A & E Delivery Board had effective leadership and that the draft winter plan had been submitted to regulators for review and assurance prior to 7 August 2017. The Plan had been assured by the Regulators, NHS England and NHS Improvement, and had been signed off by the Lincolnshire A & E Delivery Board on 14 November 2017. A summary of the various areas involved in the plan was detailed within the report presented.

The County Manager, Special Projects and Hospitals Services provided on page six of the supplementary report, details relating to Delayed Transfer of Care (DTC) Targets.

A table on page seven provided data relating to all hospitals adult care delayed days over a six month rolling period. The graph demonstrated that there had been very low Adult Care delays over the last six months across the acute hospitals. It was reported that Adult Care had continued to meet local Better Care Fund Delayed Transfer of Care Targets.

During discussion, the Committee raised the following points:-

- Some of the members felt that the report should have been presented to the Committee earlier in the year. Officers noted the request and agreed to ensure that the Committee had sight of the report at an earlier stage of the process;
- Lack of beds – The Committee was advised that the flexible system approach was to avoid admission where possible by moving the patient to primary care;
- The need to include the provision of transport in future years plans;
- The reduction in elective work during the winter period, to give better capacity to the system as a whole;
- Promotional Campaigns – Encouraging people to 'Stay Well this Winter';
- That the majority of DTC's were as a result of NHS issues. It was highlighted that 79.35% of DTC's were achieved at Lincoln County Hospital,

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where as Grantham Hospital was achieving 96.13% of the four hourly wait figure. Officers advised that the A & E waiting at Boston and Lincoln Hospitals was different. There was streaming at Boston and Lincoln as there was a higher volume of patients. The Committee was advised further that Grantham A & E had a GP model and streaming was therefore embedded;

- Vulnerability of Patients – There were concerns raised that if there was a blockage in one area, it then had an effect elsewhere in the system; and
- Ward Closures – The Committee noted that wards were occasionally closed as a result of viruses. It was also highlighted that wards might be closed if there was insufficient staff to safely operate them.

RESOLVED

1. That the report on winter pressures be noted.
2. That the supplementary report concerning Delayed Transfers of Care be noted.

51 CONGENITAL HEART DISEASE SERVICES - DECISION BY NHS ENGLAND

The Committee gave consideration to a report from Simon Evans, Health Scrutiny Officer, which advised the Committee of the decision taken by NHS England on 20 November 2017 relating to the future of Congenital Heart Disease Services, in particular its decision to continue to commission Level 1 Congenital Heart Disease Services from the University Hospitals of Leicester NHS Trust (UHL), conditional upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

Pages 81/82 of the report provided the Committee with details of the milestones to be achieved by UHL.

During a short discussion, the Committee paid tribute to former Health Scrutiny Committee for Lincolnshire Chairman, Councillor Mrs C A Talbot, for all her hard work supporting the continuation of congenital heart surgery in Leicester.

RESOLVED

That the Committee note the decision of NHS England on 20 November 2017 relating to the future of Congenital Heart Disease services, in particular its decision to continue to commission Level 1 Congenital Heart Disease services from the University Hospitals of Leicester NHS Trust (UHL), conditional upon UHL achieving full compliance with the standards in line with UHL's own plan and demonstrating convincing progress along the way.

52 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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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 17 January 2018 to 16 May 2018.

The Committee was advised that Grantham A & E would be added to the agenda for the 17 January 2018 meeting, as would the Non-Emergency Transport Service for NHS Lincolnshire CCG's. The Committee agreed that the 17 January 2018 meeting should be an all-day meeting due to the number of items for consideration.

RESOLVED

That the work programme as detailed in Appendix A be received, subject to the inclusion of the items listed above.

The meeting closed at 1.50 pm.