



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
12 SEPTEMBER 2018**

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

Lincolnshire County Council

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

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Mike Casey (General Manager, TASL), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Mike Naylor (Director of Finance, East Midlands Ambulance Service NHS Trust), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Sue Cousland (Lincolnshire Divisional Manager, EMAS), Andy Hill (Contract Manager Lincolnshire, TASL), Jeff Worrall (Delivery and Improvement Director, NHS Improvement), Suzi Glover (Deputy Head of Nursing, University Hospitals of Leicester NHS Trust), Lisa Jeffs (Service Manager, Renal and Transplants, University Hospitals of Leicester NHS Trust) and Siobhan Sodiwala (Matron (Lincoln Renal Unit)).

County Councillors Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) and Alison Marriott (member of the public) attended the meeting as observers.

**29 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

An apology for absence was received from Councillor C Burke (City of Lincoln Council).

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

#### 30 DECLARATIONS OF MEMBERS' INTEREST

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

#### 31 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 11 JULY 2018

#### RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 11 July 2018 be agreed and signed by the Chairman as a correct record.

#### 32 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. Particular reference was made to the announcement made in relation to Grantham A & E and the letter received from Steve Barclay, MP, Minister of State for Health. Some members of the Committee welcomed the letter.

During a short discussion, some members expressed concern relating to Louth County Hospital – Inpatient Services. The Chairman advised that the matter of Louth County Hospital would be considered later in the agenda as part of the Health Scrutiny Committee for Lincolnshire – Work Programme item.

#### RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 to 29; and the supplementary announcements circulated at the meeting be noted.

#### 33 CHILDREN AND YOUNG PERSONS SERVICES AT ULHT UPDATE PAPER

The Chairman welcomed to the meeting the following representatives from United Lincolnshire Hospitals NHS Trust:-

- Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust;
- Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust;
- Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust; and
- Jeff Worrall, Delivery and Improvement Director, NHS Improvement.

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The Chairman also welcomed Alison Marriott, (member of the public) to the Committee. The Chairman invited Alison to speak for up to three minutes to the Committee.

The Committee was advised that Alison Marriott represented SoS Pilgrim Hospital, a community group of approximately 10,000 people, which had been started in 2016 to help save services at Pilgrim Hospital, Boston.

It was highlighted that the SoS for Pilgrim Hospital's particular focus was maternity, neonatal and children's services. The Committee was advised by the representative of SoS for Pilgrim Hospital that the current "interim model" for children's and neonatal services at Pilgrim Hospital was unacceptable and avoidable. The Committee was advised further that the downgrades were a precursor to permanent removal or diminishing of services under the Sustainability and Transformation Partnership (STP). It was highlighted that the STP in its current form had been rejected by Lincolnshire County Council in December 2016. It was stated that the current downgrades to Pilgrim paediatrics and neonatal services all echoed the 2016 STP.

Concerns were also expressed to the lack of consultation undertaken; the impact the changes were having on children and families; and the potential safety impacts if services were to be removed.

The Chairman invited the representatives from United Lincolnshire Hospitals NHS Trust to make their presentation to the Committee.

The Committee received an update report on the Trust's response to address the difficulties and challenging situations caused in the children's and young person's services at Pilgrim Hospital, Boston, as a result of the shortage of doctors and nurses. Clarification was given that the report was not a Sustainable Transformation Partnership item.

It was highlighted that the model of care as described in the report presented to the Health Scrutiny Committee for Lincolnshire on 11 July 2018, had been implemented on 6 August 2018. The Committee noted that the model of care comprised of:-

- An enhanced paediatric presence in the Pilgrim Hospital Emergency Department, an acute assessment unit with a 12 hour length of stay; and confirmation was given that outpatient clinics and surgery were continuing at Pilgrim Hospital;
- The commissioning of two private, paramedic crewed ambulances to transfer any patients who needed longer admission; and
- The increased gestational age for delivery from 30 to 34 weeks.

The Committee was advised that in the first five weeks 50 patients had been transferred; and that there had been no issues with transfers; and that the paramedics had also undertaken duties in the emergency department. Overall, the Trust was confident that the model was working well; and that the risks were being monitored carefully.

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It was highlighted that the recruitment position remained as it had been in previous months; and that the Clinical Directorate continued to work with medical agencies, irrespective of financial costs, to find agency and locum medical staff to support the rota at Pilgrim Hospital, Boston to keep services running safely.

It was reported that a full financial assessment for the project had been completed; and the total impact of the new service model until December 2018 was £1.75m, with loss in income accounting for 21%; pay accounting for 53%; and non-pay accounting for 26% of the projected costs.

It was reported further that contingency plans continued to be developed; as was the communications plan.

Attached to the report for the Committee's consideration were the following Appendices:-

- Appendix A - Report to United Lincolnshire NHS Trust Board of Directors (30 August 2018), which comprised of the following:-
- Appendix 1 – Financial Impact Assessment of the Interim Paediatric Service Model at Pilgrim Hospital;
- Appendix 2 – Project Risk Register;
- Appendix 3 - Contingency Plans;
- Appendix 4 - Responses to Questions raised by Health Scrutiny Committee in July 2018; and
- Appendix 5 – Rotas.

During discussion, the Committee raised the following points:-

- Recruitment of middle grade doctors from overseas – The Committee was advised that recruitment was a national issue and confirmation was given that the Trust had worked with international agencies, but with limited success; and that the Trust was exploring other models to recruit to fill vacancies. One member also raised the need to ensure that Lincoln Hospital remained a main hospital to support the university; which would then encourage doctors to work at Lincoln and help Lincoln Hospital become a centre of excellence. The Committee was advised that all hospitals had to maintained to a standard; and that Lincolnshire had three significant hospitals, each having areas of expertise. The Committee was also advised that staff leaving the Trust did receive exit interviews; and confirmation was given that some of the training for middle grade doctors was not available in Lincolnshire, and as a result doctors moved elsewhere to complete their professional training;
- Whether children were moved following a 12 hour period of stay. The Committee was advised that 12 hours was only a guideline and the length of stay would be applied clinically and would be assessed dependent on the patient's needs;
- One member asked for confirmation that there were two ambulances. The Committee was advised that one ambulance was 24/7; the other ambulance worked 12 hours to cover busy periods. A question asked was of the 46 children who had gone to other hospitals, how long had the children had spent

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in other hospitals? A further question raised was out of the 50 patients transferred had there been any waiting time? The Trust advised that this information would need to be gathered. The Committee was reminded that two ambulances had been specially commissioned;

- Some concern was expressed as to the effectiveness of the interim arrangements and to the recruitment issues. Reassurance was given that the Trust would not compromise patient care; and that work continued in relation to other working models;
- One member requested a revised list of acronyms;
- One member also highlighted that communication was improving, particularly in GP surgeries and that sometimes there was an overload as to the number of notices put out. The Trust confirmed that they had no responsibility for GP surgeries;
- The need to communicate better with the Boston community. The Trust confirmed that the event held at the Boston West Golf Club had not been a Trust event;
- Project Risk Register – Why the two ambulances for children and pregnant women might be reduced. It was reported that the risk register at Appendix 2 was now out of date and circumstances over the last few weeks had identified that the ambulances had not been required as much as initially thought. Confirmation was given that the private ambulances were additional and EMAS ambulances were still available if needed. The Committee noted that the new ambulances were specifically equipped and were manned by paramedics; and if there was serious medical need, a consultant would travel with the patient in the ambulance.

Whether there had been an increase in the number of young people between the ages of 14 – 16 being cared for on adult wards. The Committee was advised that this information was not available at the moment.

Whether the 111 service were signposting paediatric patients to Lincoln and Peterborough. Confirmation was given that the 111 service had not been instructed to change their original brief.

Whether Lincoln and Peterborough had been full during the last few weeks, as this gave rise to concerns with winter approaching. Confirmation was given that the Rain Forest Ward had been full for a couple of hours only, which had not been caused any operational issues;

- The role of NHS Improvement in the development of both the interim service model and the contingency plan; It was noted that NHS Improvement had offered support and guidance to the development of the service model and the contingency plan;
- Whether any risks were anticipated with the interim model over the coming months. The Committee was advised that there were risks associated with workforce issues; and that these would be dealt with as and when they occurred;
- What the mid to long term plan was to ensure that enough middle grade Doctors and Paediatric Nurses were recruited and whether any long term

changes would be subject to full consultation with the Committee and the public. The Committee was advised that as mentioned previously the Trust had been out to the international market; and if the applicants were committed then assessments would be made on their language skills and support would be given to help them upskill. It was noted that the UK required a very high standard for clinicians;

- Outcome of the engagement sessions in Boston; and whether any consideration had been given to holding such events in larger supermarkets in Boston. It was noted that engagement events had taken place which had targeted children's groups, of which there was a long list along the east coast. It was confirmed that events at supermarkets had not been very positive. It was noted that the main issues of concern raised so far relating to chronic conditions over the winter period;
- Concerns were still expressed regarding the contingency plan in the following areas:- how children and expectant mothers would be transported to the next nearest hospital within a safe level of time; how such patients will be returned home after displacement; and what arrangements would be made for parents or partners to travel with patients and then get home. It was confirmed that in situation when families were required to go out of Lincolnshire, the Trust was not able to find transport for families. It was highlighted that work was on going with Carers UK to see if they were able to offer any support. Confirmation was given that outpatient appointments were kept local. A further request was made for further information regarding the length of stay of children in Boston hospital; and also the length of stay children stayed in other hospitals;
- Reference to the closure of wards - Clarification was given that the wards were not closing, they were just being vacated to allow asbestos removal to be undertaken.

The Chairman extended thanks to the ULHT representatives.

#### RESOLVED

1. That the update report concerning the interim plan be noted.
2. That an update report be received from United Lincolnshire Hospitals NHS Trust at the November meeting, which should include a developed contingency plan, to include solutions to the points raised by the Health Scrutiny Committee for Lincolnshire.

#### 34 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE ON CARE QUALITY COMMISSION INSPECTION

The Committee gave consideration to a report from the United Lincolnshire Hospitals NHS Trust, which provided the Committee with an update on the Care Quality Commission (CQC) Inspection at United Lincolnshire Hospitals NHS Trust.

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The Chairman welcomed Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust.

Detailed at Appendix A to the report was a copy of the Quality and Safety Improvement Plan for the Committee's consideration. It was highlighted that the Trust was receiving peer support from Northumbria Healthcare NHS Foundation Trust.

The Committee was advised that the CQC had inspected the United Lincolnshire Hospitals NHS Trust between Thursday 15 February and Thursday 8 March 2018. This had then been followed by a separate 'well-led' assessment which had taken place between 10 April and 12 of April 2018.

It was noted that not all services had been inspected, but all sites had. The services inspected included:-

- Urgent and emergency care
- Medical care
- Surgery
- Outpatients at Lincoln and Pilgrim
- Children and young people's services inspected at Pilgrim
- Medical care and surgery at Grantham
- Surgery at Louth

Overall, the Trust was found to have improved its overall rating from 'inadequate' to 'requires improvement'. It was noted further that two of the four locations had been rated as 'good' overall, one as 'requires improvement' and one as 'inadequate'.

The Committee was advised that the Trust had developed and submitted an improvement plan to the CQC at the end of July 2018.

The report presented provided information on a number of areas that had been identified as requiring focus to improve. It was highlighted that these were all challenges known to the Trust and that the CQC report acknowledged that the Trust had already commenced improvement works in these areas. The three key areas identified were:

- Delivering urgent and emergency care on the Pilgrim site specifically the Emergency Department;
- Care of children and improving the responsiveness of services for children; and
- Developing and delivering robust governance from Board to ward to be effective, robust and effective.

The Committee was advised that the Quality and Safety Improvement Plan would be scrutinised on a weekly basis and would be presented to the Quality Safety Improvement Board bi-weekly and the Quality Governance Committee monthly. It

was noted that upward escalation of issues would then be to the Board via the Quality Governance Committee.

During discussion, the Committee raised the following points:-

- The Trust was commended for its aspirations, but disappointment was expressed as to the lack of evidence supplied in the report. The Committee was reassured that there was evidence, which had to be signed off by the CQC. The Committee was advised that this information would be available once it had gone through the governance process;
- Some concern was expressed regarding safeguarding issues and to 14 to 16 year olds being placed on an Adult wards. The Committee was advised that the number of people trained in safeguarding was down by a couple of percent. However, a programme of work was ongoing to improve the training percentage; and confirmation was given that no issues had been raised regarding safeguarding practice. There was recognition that all staff needed to be trained to deal to with younger patients;
- Some concern was also expressed regarding the need to reduce the amount of violence and abuse received by staff. The Trust advised that it did not tolerate any abuse to its staff. It was highlighted that patient violence was on the increase; and the Trust offered full support to its staff. One member expressed concern regarding the morale of staff. The Committee noted that a lot of positive feedback was received and that there was a 'thankyou' recognition scheme. It was noted that 800 staff had been nominated in the previous year. The Trust had also introduced the 'Daisy Scheme' which was an international scheme, which four hospitals in the UK had adopted, where patients were able to acknowledge the care provided. The Trust also had a staff award scheme. There was a recognition that the Trust needed to promote 'positive things' more;
- A question was also asked as to how far behind waiting times were. The Committee was advised that the length of waiting times had been increasing, but some of this was by Clinical Commissioning Groups; and the level of paid activity set by the contract;
- The need to update patient medical records as recording information on paper was outdated. There was recognition that this was an area that needed improvement. The Committee noted that a capital bid had been made to address the issue of patient records. Some concern was also expressed that outpatient services still needed improvement particular reference was made to quality and safety. Reassurance was given that a plan was in place to tackle the issues raised; and
- Some concern was expressed to the fact that the A & E at Pilgrim Hospital, Boston had slipped back as much as it had; and to the issue of staffing levels. The Committee noted that some of the people that visited A & E could have been dealt with elsewhere in the system. It was highlighted that plans were in place to explore other recruitment projects. Confirmation was given that the Trust was managing to get staff to maintain the rotas. It was highlighted that when the CQC had visited the A & E at Pilgrim Hospital, Boston, it had been when the 'beast from the east' had descended on Lincolnshire; and members

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of the CQC team had helped on the wards and A & E. It was highlighted that the CQC had been impressed as to how staff had all pulled together a very busy time to provide a service.

The Committee acknowledged the improvements made by the Trust.

**RESOLVED**

1. That the Care Quality Commission's finding be noted.
2. That the progress made by United Lincolnshire Hospitals NHS Trust since the inspection in February and April 2018; and its future plans for improving quality and safety be received, with evidence to support improvement being forwarded to members of the Committee once the Trust had given its approval.
3. That going forward quarterly updates be received from United Lincolnshire Hospitals NHS Trust with regard to progress being made with the improvement plan; to include clear timescales and evidence.

**35     EAST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE**

Consideration was given to a presentation from the East Midlands Ambulance Service NHS Trust, which provided an update to the Committee.

The Chairman welcomed to the Committee Mike Naylor, Director of Finance and Deputy Chief Executive, EMAS and Sue Cousland, Lincolnshire Divisional Manager.

The presentation provided the Committee with an overview of progress and the highlights for 2017/18, which had included:-

- The implementation of urgent care transport, which had reduced response times;
- Progress of the Blue Light Collaboration in Lincolnshire;
- Introduction of the Pre-Hospital Sepsis Treatment;
- Clinical Assessment Service;
- That the EMAS team of paramedics had won a prestigious European Emergency Medical Services Competition in Copenhagen; and
- That the East Midland Ambulance Service had been the first service outside London to launch the GoodSam App to help save more lives.

The presentation highlighted the rural geography of greater Lincolnshire and the challenges it posed.

The Committee noted that Improvement Trajectories for Quarter 1 - 4 had seen Lincolnshire performing better than trajectory in quarter one in all areas and being slightly ahead of trajectory for Quarter 2 in categories 1, 3 and 4. Details of the new Ambulance Response Programme were shared with the Committee.

The improvement plans for Lincolnshire included a new contract which had been based on the re-modelling of the Ambulance Response Programme; that 80 additional staff had been recruited; the provision of private Ambulance support; collaboration with partners; and the provision of 36 new ambulances for Lincolnshire.

Further information was provided relating to recruitment. It was noted that there would be 80 new staff for 2018/19 and that a further 90 staff would be recruited in 2019/20. The staff recruited would have a mixture of skill sets; and that there would be additional specialist paramedic and advanced paramedic roles. It was noted that the service had gone through a culture change; resulting in an Inclusive Management approach, which had improved morale.

One area highlighted was – Turnaround Times at Emergency Departments. The Committee was advised that during 2017/18, EMAS had lost 72,132 hours to pre-hospital handover delays, which equated to the loss of 6,011 twelve-hour vehicle shifts. It was noted that initiatives had been put in place; and the situation was now improving slightly.

The presentation also made reference to:-

- Transformational Change;
- The Rotating Paramedic Pilot;
- Strategy and Vision; and Engagement Plan to help shape the 'Vision';
- Revised Values; and
- The Conclusion which included a summary of what had been achieved, which included:-
  - Performance Improvement; Culture Change; Inclusive Management Style; Enhanced Relationships across the system; Improved Communication and Collaboration; the implementation of an Innovative approach to service change; and recognition that Lincolnshire was 'Different'.

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

- Some members welcomed the encouraging and positive report;
- The provision of defibrillators; and the process for accessing them. A suggestion was made for the need for a national data base;
- The pre-hospital Sepsis treatment, with the administering of anti-biotics;
- Recognition of the work done by LIVES to help EMAS reach their targets;
- Whether Lincolnshire-based ambulances which had taken patients out of the county were returning to Lincolnshire for the rest of their shift. It was confirmed that the level of ambulances 'drifting' into other EMAS divisions was lower than it had been previously; and
- Whether the GoodSam App was promoted. It was noted that it was mainly used predominantly by ambulance personnel and nurses.

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The Chairman extended thanks to the representatives from EMAS for their excellent presentation; and wished it to be noted that the Committee welcomed the improvements.

RESOLVED

1. That the East Midlands Ambulance Service NHS Trust update report be noted.
2. That further update reports be received from East Midlands Ambulance NHS Trust on a six-monthly basis.

The Committee adjourned at 1.20pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillor M T Fido and R H Trollope-Bellew.

36      NON EMERGENCY PATIENT TRANSPORT FOR LINCOLNSHIRE -  
THAMES AMBULANCE SERVICE LIMITED

The Committee gave consideration to a report from the Thames Ambulance Service Ltd (TASL) as the provider for non-emergency patient transport for NHS Lincolnshire Clinical Commissioning Groups.

The Health Scrutiny Committee for Lincolnshire had requested a performance update in September 2018 at its June 2018 meeting.

A sheet showing the August key performance indicators for 17/18 was circulated at the meeting for the Committee's consideration.

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

The Committee was updated on the organisational restructure; staffing issues; the full fleet review; the implementation of fixed route planning; the increase in the number of voluntary car drivers; the implementation of a full patient reminder service; and the appointment of two HealthCAB System Trainers.

The Committee noted that TASL was continuing to work with the Care Quality Commission. It was noted further that performance KPI's remained a challenge; and that work was continuing with commissioners to agree a performance recovery trajectory.

Particular reference was made to the July performance which had dropped against most Contract Performance indicators. It was reported to the Committee that the reason for the drop in performance was that TASL had entered into a partnership with Lincolnshire 24/7, a single local authority transport provider and that existing working arrangements with third party and taxi providers had been removed. It was

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noted that this action had then enabled the fixed route planning pilot to commence, which had impacted of the performance for July. The Committee was advised that going forward there would be improvement.

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

- That the lateness of information provided was unacceptable. Some members also highlighted that the way information was presented could be improved. The General Manager TASL agreed to look at putting the information into an easier format;
- A question was asked as to when it was felt that the Committee might be able to see at least a third of the indicators at green. Recognition was given that a lot had been done, but there was still more to do;
- One member expressed concern regarding the number of managers; and to the fact that it would be useful to see a structure chart. The Committee was advised that a structure chart would be made available to members of the Committee. Confirmation was also given that managers were very much operational;
- Some members felt that there had been improvement, as lots of changes had been made; and particular reference was made to the fact that the number of voluntary car driver numbers had continued to increase. Other members felt that there were still significant improvements to be made. The Committee was advised that the voluntary car drivers were a very importance resource; and as such were a high priority for TASL; and
- One member asked whether the Committee was able to see any complaints received.

In conclusion, the Chairman confirmed that the position was an improving picture; that was moving in the right direction.

On behalf of the Committee, the Chairman extended his thanks to the representatives from TASL.

**RESOLVED**

1. That the Non-Emergency Patient Transport for Lincolnshire report presented be noted.
2. That TASL be requested to attend the Committee on a quarterly basis, but in the meantime monthly KPI & RAG data received from TASL be shared via the Chairman's announcements until such time as the Committee are satisfied that there has been sufficient improvement.

37 LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION  
PARTNERSHIP - ACUTE SERVICE REVIEW CONSULTATION PLAN

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Consideration was given to a report on behalf of the Lincolnshire Sustainability and Transformation Partnership (STP), which invited the Committee to consider an offer to contribute to and scrutinise the Acute Service Review Consultation Plan.

The Health Scrutiny Officer advised that if the Committee was happy to accept the offer, then a working group would be established which would report back to the next meeting of Health Scrutiny Committee for Lincolnshire on 17 October 2018.

The Chairman expressed some reservations about the Committee being involved and contributing to the consultation plans, as the Committee had not seen the outcomes of the Acute Services Review, or the altered STP. It was therefore felt that if there were any major service changes, they would possibly affect some areas of Lincolnshire more than others, and in turn there may well be the need for additional consultation in these areas. It was further highlighted this might then possibly affect any challenges the Committee might wish to take in the future around these plans.

Some members felt that the Committee was in danger of being compromised and that there would be a conflict of interest, if it was to participate in the consultation on the consultation plan.

Other members felt that the Committee should look very carefully at the plans; and if there was any substantial variations, then these would need to be considered by the Secretary of State. Clarification was given by the Health Scrutiny Officer that the eventual consultation on the Acute Services review would be deemed as a substantial variation. There were other items in the STP, which would lead to changes that would not lead to consultation, as they were being driven nationally or were not substantial.

One member felt that accepting the offer would enable the Committee to have input into how the plans would be published for consultation, or whether the Committee felt that the consultation was robust enough. It was highlighted that it might make it difficult for the Committee to take a view on the adequacy of the consultation at a later date.

The Healthwatch representative also felt that independence was very important in this situation.

The representative for East Lindsey District Council advised that on 14 September 2018, she and her substitute member on the Health Scrutiny Committee were attending a Centre for Public Scrutiny event; whose programme included scrutiny of STPs; and members of the Committee were invited to email any issues they wished to raise.

**RESOLVED**

The Committee agreed to not accepting the offer of contributing to the Consultation Plan for the Lincolnshire Acute Service Review.

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Consideration was given to a report from the University Hospitals of Leicester NHS Trust, which advised the Committee on the process and service development to re-provide and expand renal dialysis services for the population of Lincolnshire.

The Chairman welcomed to the meeting Suzi Glover, Deputy Head of Nursing, University Hospitals of Leicester NHS Trust, Siobhan Sodiwala, Matron (Lincoln Renal Unit) and Lisa Jeffs, Service Manager, Renal and Transplants, University Hospitals of Leicester NHS Trust.

The Committee was advised that the contract with private providers for renal dialysis services in Boston, Grantham and Skegness were due for renewal and that a tendering process would be taking place. It was noted that renal dialysis services were also provided at Lincoln County Hospital, but this did not form part of the current tendering exercise.

Details for the future service were shown on pages 89/90 and 91 of the report pack.

During a short discussion, the Committee raised the following issues:-

- Confirmation was given that renal dialysis could be provided at home or in a unit;
- The number of people receiving renal dialysis. The Committee was advised of the following: \_

Lincoln	72
Boston	72
Skegness	30

It was also noted that there had been an increase in capacity of 3.5% per year; and that 40 people received dialysis at home;

- Some reference was also made to transport provision for renal patients;
- Confirmation was given that anyone living in Stamford requiring renal dialysis would go the most local unit, which in this case would be Peterborough. Likewise, patient in Louth would go to Grimsby.

**RESOLVED**

That support be given to support the Renal Dialysis Services in Lincolnshire development and tender process; and that the anticipated benefits for patients be noted.

**39**     HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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

The Committee gave consideration to the work programme as detailed on pages 100 and 101 of the report presented.

During consideration of the work programme the Committee raised the following items:-

- To receive monthly progress updates from Thames Ambulance Service Limited, as part of the Chairman's announcements;
- The fragility of A & E services at hospitals. The Committee was advised that it was likely that this matter would be covered in the report relating to Winter Resilience scheduled to be considered by the Committee at the 17 October 2018 meeting;

A suggestion was also made for the need for members of the Committee to be made aware of the services provided by each of the hospitals.

The Committee also agreed to respond to the following two consultations:-

- Inpatient Services - Louth County Hospital; and
- Integrated Care Provider Contract

The Committee was invited to participate in the two working groups looking at the above consultations. The following members put their names forward:

Inpatient Services – Louth County Hospital – Councillors P Howitt-Cowan, Mrs P F Watson, C S Macey and C Matthews.

Integrated Care Provider Contract – Councillors C S Macey, C J T H Brewis, R Wootten and R J Kendrick.

#### RESOLVED

1. That the work programme presented be agreed subject to the addition of the items as detailed above.
2. That membership of the two working groups looking at the following consultations be agreed:-

Inpatient Services – Louth County Hospital – Councillors P Howitt-Cowan, Mrs P F Watson, C S Macey and C Matthews.

Integrated Care Provider Contract – Councillors C S Macey, C J T H Brewis, R Wootten and R J Kendrick.

The meeting closed at 3.20 pm

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