



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
23 JANUARY 2019**

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

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), C L Burke (City of Lincoln 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)) and Mrs R Kaberry-Brown (South Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Tim Fowler (Director of Commissioning and Contracting, Lincolnshire West CCG), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust) and Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust).

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

**68      APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

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

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

69 DECLARATIONS OF MEMBERS' INTEREST

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

70 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 12 DECEMBER 2018

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 12 December 2018 be agreed and signed by the Chairman as a correct record.

71 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to:

- Lincolnshire Partnership NHS Foundation Trust – Care Quality Commission Rating; and
- Rural Health Care – A Rapid Review of the Impact of Rurality on the Costs of Delivering Health Care.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 15 to 20; and the supplementary announcements circulated at the meeting be noted.

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

The Chairman welcomed to the meeting:-

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

In guiding the Committee through the report, representatives from ULHT provided the Committee with an update on the progress made with the response to the Care Quality Commission (CQC) inspection. It was noted that details for each of the work programmes were shown in Appendix A. It was noted further that the Trust was

making positive progress against the work programme with some areas making some significant improvements; these specific areas included were Safety Culture; Governance and The Deteriorating Patient.

It was noted further that the CQC inspection report had identified a number of 'must do's' and 'should do's' all of which had been mapped to individual work programmes. The Committee noted that good progress was being made on all of these.

It was highlighted that some challenges had been identified, details of which were contained on page 23 of the report presented.

The Committee was advised that due to the fragility of the service, the performance of Pilgrim Hospital Emergency Department would continue to be monitored daily by ULHT's Executive Directors and Senior Leadership Team.

The Committee were taken through each of the Quality and Safety Improvement Plan – Work Programmes as detailed in Appendix A to the report. The Committee noted that Appendix B provided key milestones reported at the weekly Quality and Safety Implementation Group, fortnightly at the Quality and Safety Improvement Board and monthly to the 2021 Programme Board, and the Quality Governance Assurance Committee and Trust Board.

During discussion, the Committee raised the following issues:-

- The positives gained from learning and sharing information and dialogue with other health trusts;
- The problems encountered from having a long term shortage of specialist staff. It was reported that it was difficult embedding learning and culture, when staff were only present for short periods of time. The Committee noted that there was a vigorous assessment process in place when an incident occurred. It was noted further that induction and follow up processes were being embedded to reduce or prevent mistakes;
- How staff were trained to check for the 'basic things'. It was reported that when nurses were trained 'basic things' formed an integral part of the training, for example making sure that the correct patient was being treated through "positive patient identification". Further clarification was sought concerning a "never event". The Committee was advised that there were lots of near misses; and reassurance was given that lessons were learnt from near misses. It was noted that staff were encouraged to come forward early in a situation, so that the matter could be dealt with promptly. It was highlighted that this was being embedded as part of the learning culture;
- Resource concerns – It was highlighted that out of all the programmes, Pilgrim Hospital, Boston ED was the biggest risk, due to the number of temporary staff. It was highlighted further that £100,000 had been spent on agency nurses from just one agency. The Committee noted that the Trust was trying to integrate the temporary staff into the team, by getting the same agency nurses when possible, this then made for safer working, ensuring the staff were inducted, and were able to access further training. It was highlighted that temporary staff were costly, and that as a result the deficit figure was

increasing. The Committee noted that staff recruitment was a national issue. It was noted that the Trust was in the process of up-skilling existing staff, to reach the required skill mix; and that more was being done to get the required skill mix across the whole of the hospital;

- Page 25 – QS04 – Pilgrim ED – One member highlighted that it was good to see that the department wished to consistently achieved 95% plus 4hr target, however, it was felt that this was optimistic target, based on the identified challenges highlighted in paragraph 1.3 of the report. The Committee was advised that action was being taken and that over the last two years, a senior management leadership programme had helped the Trust attain a level of management skills; that the introduction of the staff charter had provided clear expectations; and that contracts now clearly defined personal responsibilities. The Committee was advised that all staff were encouraged to advise management of issues that were not working, or needed looking at further. The Committee noted further that the Trust was also bringing people in from other well performing ED Departments to share their knowledge and expertise. So far, this exercise had proven to be very helpful. Clarification was given that the QS04 on page 25 was the target the Trust was aiming to achieve;
- Ambulance waiting times – The Committee was advised that waiting times had improved over the summer, but there was more that could be done;
- Staff recruitment – The Committee was advised that some additional staff had been recruited with the necessary skill set;
- Some members welcomed the inclusion of the Improvement Plan;
- Page 58 – Emergency Department at Pilgrim Hospital – Some concern was expressed that the milestone columns within the document had not contained any deadline dates. It was felt that as a public document, dates should have been included. The Committee was advised that the document was just a progress report which provided information of what was being done;
- A question was raised concerning the cancellation of leave for some staff working on the Stroke Ward at Pilgrim Hospital, Boston. The Committee was advised that this was not an issue any of the Trust representatives had knowledge of, and that this matter would be looked into outside of the meeting;
- A question was asked whether the Trust was aware how extensive the next CQC inspection would be in the spring of 2019. The Committee was advised that there was an assumption that there was the likelihood that it would be core services plus a review;
- How the CQC rating had affected recruitment and retention of staff; and how maintaining staff morale was being addressed. The Committee was advised that the Trust being in special measures had affected staff recruitment and staff morale; and that the situation was not likely to improve until the outcomes of the Lincolnshire Sustainability Transformation Plan had been agreed. It was also noted that staff were working very hard to help the Pilgrim Hospital ratings;
- Some members thanked Trust representatives for the progress being made, for their honesty in answering questions raised and for the confident way services were being improved. One area highlighted as needing more work was communicating better with the general public. One member extended thanks to staff at Pilgrim Hospital, Boston for the level of care they had

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received. The Committee was advised that from comments received from friends and families of patients, there was support that the level of care provided was getting better; and

- One member enquired whether staff had access to the Datex IT system. Confirmation was given that staff had access to Datex; and that any members of staff having problems, a Datex Team was available to help with any issues.

The Chairman, on behalf of the Committee extended thanks to the representatives for the on-going work of the Trust.

**RESOLVED**

1. That the Care Quality Commission's findings as detailed in the report be noted and that a further update be received on the ULHT's progress in response to the CQC inspection at the 20 March 2019 meeting.
2. That the progress made by Lincolnshire Hospitals NHS Trust in improving quality and safety since the inspections in February and April 2018 and the update to the Committee in September 2018 be noted.

**73      CHILDREN AND YOUNG PERSONS SERVICES AT UNITED  
LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE**

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust which provided an update on the provision of children and young people's services.

Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust and Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals Trust were in attendance for this item.

The Committee was reminded of the temporary model of care that had been implemented on 6 August 2018, details of which were shown on page 106 of the report presented.

The Committee was updated on the performance of the interim model over the first four months of operation, the number of transfers completed, the activity taken place on each site; the issues encountered; and the actions undertaken to resolve those issues; and the importance of the Royal College of Paediatrics and Child Health (RCPCH) Independent Review Report. It was highlighted that the Royal College had been supportive of the work that had been done and of the measures proposed.

The following Appendices supported the report:

- Appendix A – A copy of the United Lincolnshire Hospitals NHS Trust – Paediatrics (Service Design review by the Royal College of Paediatrics and Child Health – 9 October 2018); and
- Appendix B – A copy of United Lincolnshire Hospitals NHS Trust – RCPCH Action Plan.

Note: Councillor Mrs K Cook advised the Committee that she was a patient; and on the governing body of Lincolnshire Partnership NHS Foundation Trust.

During discussion, the Committee raised the following issues:-

- The up-skilling of doctors recruited from overseas. The Committee was advised that doctors recruited from overseas tended to come into post at a junior level; training would then be given to help develop them to function at a middle grade doctor level. It was noted that unfortunately, due to differing practices and procedures abroad, some doctors did not meet the necessary competences required;
- Some concerns were expressed relating to the public perception of services; particular reference was made to the fears amongst expectant women having babies at Boston, including a reference to the impending night closure of the paediatric assessment unit. Confirmation was given to the Committee that there was no plan for the overnight closure of the paediatric assessment unit. The unit was open 24/7; and that feedback received from families had indicated that the service was now operating better. There was an understanding from the Trust representatives present that communicating the message to the public concerning the interim model could have been better;
- One member expressed concern to the risks associated with an increase in home birth rates to 10% and midwife led care to 40%. The Committee was advised that the national drive for mid-wifery-led care was all about giving expectant women choice; and that in Lincolnshire it was about creating the right choice for them and their baby. Confirmation was given that in Lincolnshire there was an ambition to increase the rate of home births from 2.5% to 5%. It was noted that a home birth would only be offered in situations when it was safe to do so;
- Confirmation was sought as to whether the vacant Clinical Director post had been filled. The Committee was advised that the Clinical Director post had been filled; and that that work was on-going to develop and up-skill the workforce;
- Members welcomed the progress made at Appendix B – United Lincolnshire NHS Trust - RCPCH Report Action Plan. A request was made for the Committee to be able to view the questions received from service users. A question was also asked whether trade unions were asked to input in to the Communication Strategy. Confirmation was given that views were sought from trade unions and other organisations;
- Page 155 – Paragraph 6.3.5 A request was made to ensure that recommendations were clear and concise;
- Page 107 – A question was asked in relation to Impact on Patients whether there were any comparison figures. Confirmation was given that since the introduction of the interim model, no patient safety incidents had been experienced or reported. It was highlighted that unfortunately, there was no available data to say what had happen previously;
- A question was asked whether CCGs and the Lincolnshire Sustainability and Transformation Partnership were likely to take on board the recommendation from the Royal College of Paediatrics and Child Health which urged working

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with CCGs to look at opportunities to expand children's services at Pilgrim Hospital, Boston rather than contracting them. The Committee was advised that representatives present had not received a formal response; and the Lincolnshire Sustainability and Transformation Partnership was in particular focusing on the sustainability of services;

- Whether the interim model for children and young people services at Pilgrim Hospital, Boston ED would be able to continue. The Committee was advised that the interim model would continue;
- What the dates and locations were for the meetings in Spalding and Skegness. It was agreed that these would be made available to the Committee;
- What action had been taken to minimise the disruption to families having to attend Lincoln. The Committee was advised that some engagement with families had taken place which had resulted in some support actions. Also, feedback from other voluntary organisations had helped the Trust develop their required skill sets; and
- One member asked if some details could be provided around the on-going complaint referred to in the report. The Committee was advised that this information would be shared with the Committee.

The Chairman on behalf of the Committee thanked the ULHT representatives for their update on children and young people services.

**RESOLVED**

1. That the report of the Royal College of Paediatrics and Child Health, and the action of ULHT in response be noted.
2. That a further update from ULHT on Children and Young People Services be received by the Committee at the 20 March 2019 meeting, to include risk analysis.

**74      GRANTHAM ACCIDENT AND EMERGENCY DEPARTMENT - REFERRAL TO THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE**

The Chairman advised the Committee that the Health Scrutiny Officer understood that South West Lincolnshire CCG and United Lincolnshire Hospitals NHS Trust had submitted their report to the Minister of State for Health before 31 December 2018. The Committee was advised further that the Minister of State had not yet released the report to the Committee. Confirmation had also been received that South West Lincolnshire CCG and United Lincolnshire Hospitals NHS Trust did not feel it appropriate to unilaterally release the report submitted to the Secretary of State, as the release of the report was a matter for him.

The Chairman reported that he was proposing to write on behalf of the Committee to the South West Lincolnshire CCG and United Lincolnshire Hospitals (ULHT) NHS Trust to request release of the above said report to the Committee.

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Also, the Chairman advised that he would write to the Secretary of State for Health urging him to give urgent consideration and make a determination on the January 2018 referral.

Local Division Members recorded their frustration at the reluctance of the CCG and ULHT to release the report; and at the non-determination by the Secretary State for Health of the January 2018 referral; and to the fact that there was still no resolution for the people of Grantham and surrounding area on the absence of overnight emergency care.

Detailed at Appendix A was a record (since August 2016) relating to the Health Scrutiny Committee for Lincolnshire and the Grantham and District A&E.

The Health Scrutiny Officer highlighted to the Committee that a second reading of a Private Members Bill relating to Local Authority Health Scrutiny, which included a provision to require the Secretary of State for Health to reply to referrals within 45 days.

The Committee supported the action proposed by the Chairman.

**RESOLVED**

1. That the Committee wished to put on record its serious concerns that thirty months after Grantham A & E was closed 'temporarily' overnight on the grounds of patient safety there was still no resolution for the people of Grantham and the surrounding area on the absence of overnight emergency care.
2. That the Chairman writes to South West Lincolnshire CCG and United Lincolnshire NHS Trust to request that they release the report they have submitted to the Minister of State for Health.
3. That the Chairman writes to the Secretary of State for Health again seeking a determination on the 2018 referral by the Health Scrutiny Committee for Lincolnshire.

**75     NHS LONG TERM PLAN**

The Committee gave consideration to a report from Simon Evans, Health Scrutiny Officer, which provided an overview of the NHS Long Term Plan.

The Committee was advised that on 7 January 2019, the NHS had published the NHS Long Term Plan, which covered a ten year period. A summary of each chapter of the Plan was detailed within the report presented.

The Committee agreed that the next steps on the NHS Long Term Plan would include:



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- Consideration of the Lincolnshire Sustainability and Transformation Partnership's engagement on their plans to implement NHS Local Plan (to begin in the next few weeks, possibly to be an agenda item for 20 February 2019);
- Consideration of proposals for the development of urgent treatment centres in Lincolnshire;
- Consideration of the consultation on the STP's formal proposals;
- A workshop for the Committee on the NHS Long Term Plan; and
- Identification of aspects in the Long Term Plan, for example cancer care and mental health, to be given more detailed consideration.

The Committee also agreed that the next steps should not include:

- Consideration of items in detail relating to the County Council's public health and adult social care functions, as these are within the remit of the Adults and Community Wellbeing Scrutiny Committee, although Health Scrutiny Committee could take an overview; and
- Over-detailed consideration of organisational and related issues, which draw the Committee's attention away from patient-facing services.

**RESOLVED**

1. That the publication of the NHS Long Term Plan be noted.
2. That the next steps for the Committee relating to the NHS Long Term Plan should include:
  - Consideration of the Lincolnshire STP's engagement on their plans to implement NHS Local Plan (to begin in the next few weeks, possibly to be an agenda item for 20 February 2019);
  - Consideration of proposals for the development of urgent treatment centres in Lincolnshire;
  - Consideration of the consultation on the STP's formal proposals;
  - A workshop for the Committee on the NHS Long Term Plan; and
  - Identification of aspects in the Long Term Plan, for example cancer care and mental health, to be given more detailed consideration.

**76      NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE**

Pursuant to Minute number 66(3) from the meeting held on 12 December 2018, the Committee gave consideration to a report from the Lincolnshire West Clinical Commissioning Group (CCG), which provided an update concerning the Non-Emergency Patient Transport Service.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West CCG and Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG.

Attached at Appendix A to the report were details of Activity and Performance against Key Performance Indicators – July 2017 to November 2018 for the Committee to consider. It was highlighted to the Committee that call handling information had been very low in November, with no month on month improvement and that cancelled journey performance had been worse in November than it had been in October. It was noted that all other KPIs had shown month on month improvement.

The Committee was advised that Thames Ambulance Service Limited (TASL) had recently put forward a revised trajectory for performance improvement and that this was being considered by the CCG. It was also highlighted that the CCG was also in discussion with TASL to drive forward quality improvements relating to the on-going programme of CCG quality visits. It was highlighted further that the Care Quality Commission was expected to publish their final report following their October 2018 inspection visits to TASL sites.

The Committee was reassured that the Lincolnshire West CCG would continue to work to address the concerns raised regarding TASL's continued unacceptable performance. However, it was currently the view of the CCG that there was an unacceptable level of risk of giving notice to exit the contract and moving to a new provider during the winter. It was reported that the CCG would update its assessment of risk associated with the TASL contract in light of changing circumstances and new information and in the absence of significant improvement might give notice at a future date.

During discussion, the Committee raised the following points:

- That the graphs included at Appendix A did not provide meaningful information. Representatives agreed that some of the KPIs could be more meaningful and that this would be looked at as part of any re-negotiation. It was agreed that for the next meeting the graphs would be refined and that additional information would be included, for example information on the patient experience. It was noted that the information on the current KPIs provided was the whole picture, and was in accordance with the contract requirements;
- Voluntary Car Drivers – It was highlighted that voluntary drivers were vital to the non-emergency transport service. It was noted that the number of voluntary car driver vacancies were at the same level as when TASL first took over the contract. It was noted further that although the situation had recovered, there was no way of quantifying the impact of TASL's earlier decision on voluntary car drivers;
- Some concern was expressed relating to the due diligence process taken prior to the contract being awarded. Reassurance was given to the Committee that all elements of the due diligence process had been followed; and what was apparent now was that the company appointed was not able to meet performance requirements, as TASL had not realised the magnitude of the task and the specific challenges of Lincolnshire. There had been some resource gaps at the start of the contract for example not having enough crewed vehicles. It was highlighted that TASL bid for the contract at a set

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value; and that it was up to TASL to put in the required capacity to meet the contract and protect patients in Lincolnshire. One member highlighted that the cheapest option was not always the best option;

- Concern was also expressed that it was costing some Trusts money to meet the shortfall created by TASL. The Committee was advised that the CCG was supporting Trusts to ensure that any outlay was reimbursed;
- One member enquired whether penalties had been imposed on TASL. Confirmation was given that penalties had been imposed. Reassurance was given that the CCG was taking the situation very seriously; and was reviewing the situation on the ground on a daily basis; and that the CCG was having regular conversations with TASL; and was providing them with direction when necessary, as it was not just performance indicators, it was the quality of the service and the patient experience that was important;
- One member enquired whether there was a contingency plan in place if TASL decided to leave the contract. The Committee was advised that the CCG would try to avoid that happening; however, if it was to happen conversations had already been had with another provider who would help provide the service. It was however, the view of the CCG that the TASL workforce was very committed to their work; that frontline line staff had stepped up; and were aiming to provide a good service. It was thought that the way the company was structured was not helping the overall situation;
- A question was asked as to what was the tipping point. The Committee was advised that there was not a tipping point. Performance would continue to be managed on a day to day basis;
- Some concern was expressed that the fast track journey target had not been met; and a question was asked as to how many people had been affected by it. The Committee was advised that transport for any patient was determined by need and the level of support required, and that this was done by the hospital. Most patients in an end of life situation would go home in an EMAS ambulance and that the whole process would be managed very sensitively. It was noted that there was an estimated 150 fast track patients a month; and if any patient had to go home immediately, support would always be given;
- Some members agreed that exiting from the contract now was not the right course of action. The Healthwatch representative offered assistance to the CCG to help with visits. The CCG accepted Healthwatch's offer; and
- Confirmation was given to the Committee that the CCG did have conversations with neighbouring CCG colleagues on a weekly basis. It was noted that generally it was a requirement for the CCG to manage its own area, but because of the extent of the areas served by TASL, NHS England had become involved in performance monitoring.

**RESOLVED**

1. That the Non-Emergency Patient Transport Service Update report be received and that bi-monthly updates continue to be received from Thames Ambulance Service Limited, with the next update being on 20 February 2019.

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2. That bi-monthly updates be received from the Lincolnshire West CCG at alternate monthly meetings, the next one being on 20 March 2019.
3. That consideration be given to the CQC report on Thames Ambulance Service as soon as it becomes available.

**77 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 203/204 of the report presented.

The Committee was also asked to consider the role of the Committees working group on the finances of the Lincolnshire Sustainability and Transformation Partnership.

The Committee requested further clarity regarding the purdah period for the forthcoming district council elections. The advice received was that it was possible for the Committee to continue to meet during the pre-election period and conduct its business as usual. However, it was acknowledged that the situation was complex.

The Chairman advised that a question had been received from Fighting 4 Life Lincolnshire, which enquired as to how the Health Scrutiny Committee for Lincolnshire was going to monitor the consultations of the most vulnerable people in Lincolnshire (under the Equality Act). The Chairman suggested that if the Committee wished to pursue how the NHS met its equality duties, then item could be included in the work programme for the next meeting.

**RESOLVED**

That the work programme presented be agreed, subject to the inclusion of the changes detailed above.

The meeting closed at 1.20 pm