



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
17 SEPTEMBER 2014**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors A M Austin, R C Kirk, Miss E L Ransome, Mrs S Ransome, T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), C Macey (East Lindsey District Council), C Burke (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), B Russell (South Kesteven District Council) and M G Leaning (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors B W Keimach (Executive Support Councillor NHS Liaison and Community Engagement) and Mrs J M Renshaw and District Councillor G Wiseman (West Lindsey District Council) attended the meeting as observers.

Also in attendance

Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Andy Hill (General Manager, Lincolnshire Division, East Midlands Ambulance Service), Tony McGinty (Consultant Public Health Children's), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Sue Noyes (Chief Executive, East Midlands Ambulance Service NHS Trust), Judy Patrick (Contracts Manager Medical and Pharmacy) and David Sharp (Director, NHS England Leicestershire and Lincolnshire Area Team).

32 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor C E H Marfleet.

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

It was noted that the Chief Executive, having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had

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appointed Councillor A M Austin, as a replacement member of the Committee in place of Councillor S L W Palmer.

It was also noted that Councillor B Russell (South Kesteven District Council) was attending on behalf of Councillor Mrs R Kaberry-Brown, for this meeting only.

Although notification had been received to the effect that Councillor T Boston (North Kesteven District Council) would be attending on behalf of Councillor Miss J Frost, for this meeting only, Councillor T Boston was not present.

33 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of Members' Interests at this stage in the proceedings.

34 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

i) Peterborough and Stamford Hospitals NHS Foundation Trust - Project Orange

On 4 August 2014, Monitor had confirmed a 'pause' of nine months in the 'Project Orange' procurement exercise for the management of Peterborough and Stamford Hospitals NHS Foundation Trust. Monitor had stated that the reason for the pause was the need for clarity in the Cambridgeshire and Peterborough health economy. In the meantime, the Trust would continue with its Cost Improvement Programme of 4.8% and meet other requirements from Monitor. The Trust had stated that the pause would not impact on the proposals for the redevelopment of Stamford Hospital.

ii) Palliative and End of Life Care in Lincolnshire – New Inpatient Facilities

Since the meeting of the Committee on 23 July 2014, two new inpatient palliative and end of life care facilities had opened in Lincolnshire: on 11 August 2014, the six-bed inpatient unit at the Butterfly Hospice in Boston was opened to receive patients; and on 8 September 2014, the six-bed inpatient 'Hospice in a Hospital' in Grantham was also opened to receive patients.

The Butterfly Hospice had opened as a result of a partnership between Lincolnshire Community Health Services NHS Trust and the Hospice itself, and had been commissioned by Lincolnshire East Clinical Commissioning Group. It had been a very long journey to see the Butterfly Hospice open - three and a half years since Her Royal Highness the Princess Royal had officially opened the Hospice on 11 April 2011, so the Chairman was pleased that the facility was finally being used for its intended purpose.

The 'Hospice in a Hospital' in Grantham was a partnership between St Barnabas Hospice and United Lincolnshire Hospitals NHS Trust. This had been commissioned by South West Lincolnshire Clinical Commissioning Group. The Chairman was pleased to attend an open day event at the Hospice on 4 September 2014.

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It was suggested that a small number of Committee Members visited the Hospice in a Hospital, now that it had opened.

iii) Care Quality Commission – GP Inspection Arrangements

On 14 August 2014, the Care Quality Commission (CQC) had announced proposals for a 'tougher' regime for GP inspections. From October 2014, GP practices would be rated as: 'outstanding'; 'good'; 'requires improvement' or 'inadequate'. Under those proposals, where a GP practice was rated as 'inadequate', it would have six months to improve. If it failed to improve it would be put into 'special measures' and if after a maximum of a further six months it was still rated as inadequate, it could have its registration with CQC cancelled and/or its contract terminated by NHS England.

The CQC had stressed that its pilot inspections for the new regime had confirmed that most GP practices were providing high quality care, but a small number were very poor, in some instances they had been providing poor care for a long time. The CQC had also stated that it was also looking for examples of good and outstanding care to share and celebrate with other providers.

The Chairman stated that as a Committee, it would need to bear this in mind as it developed its work programme. It was also suggested that the CQC should be included as part of the Committee's forthcoming development session.

iv) New Review of Congenital Heart Services

On 15 September 2014, NHS England had launched its national public consultation on congenital heart disease services, which was entitled: 'Proposed Congenital Heart Disease Standards and Service Specification'. The closing date for responses was 8 December 2014. The Chairman stated that as predicted, the focus of the consultation was on the standards of service expected for all congenital heart patients, rather than focusing on particular surgery centres. In fact, none of the surgery centres, such as Glenfield Hospital, were named in the consultation document. The document had focused entirely on the standards and the specification for the service and how they would be applied.

The Chairman advised Members that the Committee would receive a presentation on the consultation at its meeting scheduled to be held on 19 November 2014, after which it would need to make arrangements for responding.

The Chairman also advised Members that she had been invited to attend a meeting aimed at local authority representatives in Birmingham on 9 October 2014. There were a series of public events, being organised by the Review Team, but at this stage none of those events were scheduled in the East Midlands.

The East Midlands Congenital Heart Centre in Leicester, which was based at Glenfield Hospital, had separately contacted the Chairman to highlight two of the standards that impacted on their service: surgical teams should include a minimum of 4 surgeons, each delivering a minimum of 125 cases per annum, making a total of 500 cases in all; and all paediatric services should be located on one site. The East

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Midlands Congenital Heart Centre was planning to collaborate with Birmingham Children's Hospital to reach the 500 case threshold, which the East Midlands catchment would not provide; and over five years to bring together all paediatric services on one site. The Chairman had been invited to attend a meeting at Glenfield Hospital on 24 September 2014, which would consider some of those issues.

v) United Lincolnshire Hospitals NHS Trust – Response to Care Quality Commission Report

The Chairman wished to draw the Committee's attention to the fact that the agenda did not include a paper from United Lincolnshire Hospitals NHS Trust (ULHT). The Committee's work programme had included an item that would cover ULHT's progress with their action plan in response to the recent CQC inspections, as well as cover financial and several other issues, such as breast cancer care. However, it was noted that owing to circumstances beyond the Chairman's control, the report was not ready for inclusion on the agenda. It was hoped that this item would be included on the Committee's agenda for 22 October 2014.

vi) Annual Public Meetings

The Chairman advised Members of the forthcoming annual public meetings dates, as follows: -

Lincolnshire West Clinical Commissioning Group – 17 September 2014 at the Showroom, Tritton Road, Lincoln, commencing at 4.30 pm.

Lincolnshire Community Health Services NHS Trust – 24 September 2014 at the Showroom, Tritton Road, Lincoln, commencing at 6.00 pm.

United Lincolnshire Hospitals NHS Trust – 7 October 2014 at the Lecture Theatre, Postgraduate Medical Education Centre, Pilgrim Hospital, Boston, commencing at 5.30 pm.

35 MINUTES OF THE MEETING HELD ON 23 JULY 2014

RESOLVED

That the minutes of the meeting held on 23 July 2014 be agreed as a correct record and signed by the Chairman, subject to a minor amendment being made on Page One, Minute 22.

36 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - IMPROVEMENTS AND PERFORMANCE

Consideration was given to a report by Sue Noyes (Chief Executive, East Midlands Ambulance Service NHS Trust), which outlined the key areas of performance within the East Midlands Ambulance Service and in particular within Lincolnshire. The report also included an update on the work and ongoing projects being carried out to enhance and support performance. Sue Noyes (Chief Executive) and Andy Hill

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(General Manager, Lincolnshire Division) of East Midlands Ambulance Service were in attendance.

The Committee received comprehensive updates on the following areas: -

- East Midlands Ambulance Service performance;
- East Midlands Ambulance Service Estates Programme; and
- Care Quality Commission Report.

East Midlands Ambulance Service – Performance

Members were reminded that national ambulance performance standards were related to timely responses to standards regarding attending a 999 call. Achieving those standards depended on prompt turnaround times within the hospital setting, both within wards and the Accident and Emergency department. Those targets are as follows: -

- a response to a 999 call within 8 minutes irrespective of location in 75% of cases: A8; and
- a response to a 999 call within 19 minutes where transport is required in 95% of the cases: A19.

Collectively the category A calls were split into Red 1 (Life threatening defibrillator required) and Red 2 (Life threatening but no defibrillator required.)

Members were advised that considerable effort had gone into trying to enhance the performance against those targets and requirements, including the introduction of additional resources agreed via contractual negotiations, a revision of staff/vehicle deployment and positioning, along with improving the ability to respond quicker. On page 19 of the report were three tables which provided performance at Clinical Commissioning Group level for Red 1; Red 2 and A19 Performance. There had been some improvements in performance in Lincolnshire, with the exception of the South Lincolnshire Clinical Commissioning Group's area, which had decreased for its Red 1 and Red 2 performance.

The improvements in the Lincolnshire were largely due to a number of key developments, such as the Mental Health Car Initiative; Mobile Incident Unit at Butlins in Skegness; Clinical Assessment Care Initiative; and the South Lincolnshire Investments/Initiatives.

The Committee was assured that the Trust was working proactively to address those issues within South Lincolnshire. The Mental Health Car Initiative would be introduced within the area, with a ring-fenced vehicle being allocated. This vehicle was manned by a paramedic and mental health nurse and had proved to be a huge success in other areas, with approximately 200 patients being seen per month, with only a 7% admission rate. It was noted that the Trust had experienced recruitment and retention issues within this area of the County, along with the east coast but it was hoped that those issues would be addressed.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- The issues causing the delay in handovers at Pilgrim Hospital in Boston were currently being addressed. Further to this, the turnaround times at each hospital within Lincolnshire would be looked at, as there was a national focus on turnaround times;
- Members were advised that the Trust had continued to use the Amvale Medical Transport Limited but this was at a minimum. It was anticipated that they would be used throughout the winter months to assist with winter pressures. It was requested that the Health Scrutiny Officer was provided with information on how many times Amvale Medical Transport Limited was used within 2013/14 and what the condition was of each patient;
- The Trust was currently addressing issues surrounding staffing, including making improvements to its career progression scheme;
- It was confirmed that LIVES contributed to the Trust's performance by approximately 7-8% for Category A8 (Red 1 Red 2) calls;;
- It was suggested that Healthwatch Lincolnshire also looked at those out of county hospitals which were accessed by Lincolnshire patients;
- It was suggested that the Committee received an update on the 'Paramedic Pathfinder' as part of the Trust's next scheduled update;
- The Trust's recruitment drive would be targeted at universities;
- It was requested that as part of the Trust's next scheduled update, that performance information without LIVES input should also be included for comparative purposes; and
- It was confirmed that an additional ambulance and rapid response vehicle would be allocated to South Lincolnshire to address its performance issues, it was hoped that they would be in place by the end of November 2014.

East Midlands Ambulance Service – Estates Programme

The Trust was currently taking forward an estate transformation to improve its ability to respond to patients, improve staff welfare and become more efficient.

The first changes the Trust was making were to introduce additional deployment facilities to allow staff to take breaks and standby between calls. Those facilities would be called Community Ambulance Stations. Members were advised that the accommodation would either be shared or purpose built modular buildings. A list of additional Community Ambulance Stations was included on page 21 of the report. It was requested whether a small group of Committee Members could visit one of the purpose built modular buildings and it was agreed that this would be arranged via the Health Scrutiny Officer. It was anticipated that the originally planned Twinning Programme would not continue as originally proposed. Members were assured that before any stations were closed; a Community Ambulance Station would be opened in the same location. With regards to: Stamford, the station would remain open until it relocated to the nearby Fire Station; Horncastle, a new station was scheduled to open on the industrial estate before Christmas; and Market Rasen, the station would remain where it was currently located and there were no plans for twinning.

Care Quality Commission Report

The Committee was advised that the Care Quality Commission (CQC) had carried out a routine annual inspection of the Trust in January and February 2014. The CQC had inspected six outcomes and four outcomes (Outcomes 4; 10; 13 and 14) were identified as requiring actions. The main areas of concern were reported as follows:

- response standards were not being met
- lack of staff resources
- coverage of shifts
- availability of vehicles
- equipment availability
- equipment checks on vehicles were not always carried out
- lack of performance appraisals in some areas
- low staff morale
- lack of time for management duties

Information was provided as part of the report, pages 23 and 24, which detailed what key actions were being undertaken to address Outcomes 4; 10; 13; and 14. It was requested that in-depth information on what actions were being taken was included in the Trust's next scheduled update to the Committee.

Members were advised that the Trust had appointed a new Executive team and Non-Executive Directors and the appointment of a new Chairman was scheduled shortly.

It was suggested that as part of the Committee's forthcoming development programme, a session on the East Midlands Ambulance Service was included. It was agreed that the Committee's Health Scrutiny Officer would take this forward.

The Chief Executive and General Manager, Lincolnshire Division were thanked for their update.

RESOLVED

- (1) That the content of the report and comments made be noted.
- (2) That a further update be provided to the Committee at its meeting scheduled to be held on 14 January 2015.
- (3) That a session on the East Midlands Ambulance Service be included as part of the Committee's forthcoming development programme.

37 BURTON ROAD SURGERY, LINCOLN

Consideration was given to a report by David Sharp (Director of the NHS England Leicestershire and Lincolnshire Area Team) which invited the Committee to consider and comment on the update on the future arrangements for the Burton Road Surgery and the current state of progress in relation to the options. David Sharp (Director of

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the NHS England Leicestershire and Lincolnshire Area Team), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust) and Judy Patrick (Contracts Manager Medical and Pharmacy) were in attendance.

Members were advised that the NHS England Area Team was consulting on two options for the future provision of longer term services at the Burton Road Surgery and those were: -

- 'Option 1 – To see who might be interested in the opportunity to provide a service to Burton Road patients: this means that the service may remain the same; could be delivered from different premises, by different staff; or may not continue;
- Option 2 – To close the surgery: we would then help patients to choose another practice in the area.'

The Committee expressed its disappointment with 'Option 1 - To see who might be interested in the opportunity to provide a service to Burton Road patients: this means that the service may remain the same; could be delivered from different premises, by different staff; or may not continue', as it was felt that it combined three options ((i) the service may remain the same; (ii) could be delivered from different premises, by different staff; (iii) or may not continue) within that one option.

Members were advised that the Area Team had been successful in negotiating a further extension to the current Alternative Provider of Medical Services (APMS) contract at Burton Road with the current provider Lincolnshire Community Health Services NHS Trust. This contract would now end on 30 June 2015, giving sufficient time to re-procure the contract should this be the final decision by the Area Team. The Chairman thanked Lincolnshire Community Health Services NHS Trust for the work they had carried out in accepting the extension of the contract.

A letter was sent to all registered patients informing them of the contract extension, together with a further consultation document for patients to complete. The consultation gave registered patients the opportunity to comment on the available options, as detailed above. The consultation period would end at 5.00 pm on 17 September 2014. A copy of the patient consultation was attached at Appendix A to the Committee's report. To date, 427 out of 2301 forms had been completed and returned.

The Committee was advised that a final decision on the future of services at Burton Road Surgery would be made on 1 October 2014. The Area Team would write to registered patients on 7/8 October 2014 explaining the decision, the potential implications of that decision and offering further drop in sessions for patients. Members of staff would be advised prior to patients so that they could respond to any queries once the patients had been informed. Stakeholders would also be advised at this stage but the decision would be embargoed until the patients had been made aware. The full consultation report would be made available on 13 October 2014.

It was noted that the rate at which patients had been leaving the practice had slowed considerable. The list size at 1 September 2014 stood at 2270.

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Members were provided with an opportunity to ask questions, where the following points were noted: -

- The Committee felt that there should be a consistent message to provide clarity to patients, staff and stakeholders;
- There was an expectation that the number of registered patients would increase in the coming months when the new university students had registered with the surgery. Based on previous years, it was expected that the list size would increase by approximately 100-200;
- At the previous meeting of the Committee, Members had requested that the consultation document was issued to those patients who had left the Surgery. However, this had not been possible because when those patients had left the surgery, the consent for the surgery to contact them was automatically withdrawn;
- Members were assured that the strength of feeling from patients would have a material impact on revisiting previously made decisions; and
- Members raised significant concerns regarding the way in which the Area Team's decision would be shared with patients, staff, stakeholders and the general public, as it was felt that there was a high risk that the information would be leaked to the press and general public prior to patients being notified. It was therefore suggested that each patient should receive a notification letter at the same time as the outcomes and details of the consultation exercise being made public and a statement being released to the local media.

It was suggested that rather than the Committee responding to the consultation document, as attached at Appendix A to the report, the Chairman was requested to write a letter to the Director of the NHS England Leicestershire and Lincolnshire Area Team expressing the Committee's disappointment and views on the whole consultation process. The letter should also strongly emphasise that the Committee would like services to continue from the Burton Road Surgery.

RESOLVED

- (1) That the update on the future arrangements for the Burton Road Surgery and the current state of progress in relation to the options, and comments made be noted.
- (2) That the Chairman be requested to write a letter, on behalf of the Committee, expressing the Committee's disappointment and views on the whole consultation process, and also emphasising that it would like services to continue from Burton Road Surgery.

(A copy of the letter which the Chairman sent to the Director of NHS England Leicestershire and Lincolnshire Area Team is attached at Appendix A to these Minutes)

38 HEALTHY LIVES, HEALTHY FUTURES CONSULTATION - RESPONSE TO CONSULTATION

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited Members to consider and approve the Committee's response to the Healthy Lives, Healthy Futures consultation on Hyper-Acute Stroke Services and Ear, Nose and Throat In-Patient Surgery in North and North East Lincolnshire.

On 23 July 2014, the Committee had established a working group to respond to the consultation. The Working Group had met on 10 September 2014 and its response was attached at Appendix A to the report.

The Chairman thanked County Councillor Mrs S Wray and District Councillor G Wiseman for taking part in the working group.

A concern was raised by a Member of the Committee as neither East Lindsey District Council nor West Lindsey District Council had been directly consulted on the proposed changes.

A discussion took place regarding the patient transport services provided NSL Care Services and it was suggested that it should be added to the work programme for consideration.

The Chairman advised that the North East Lincolnshire, North Lincolnshire and East Riding of Yorkshire Health Scrutiny Committees were arranging a joint event on 17 November 2014 in Grimsby, commencing at 1.30 pm. The Health Scrutiny Committee for Lincolnshire had also been invited to attend. Therefore, the Chairman stated that Member's attendance at this joint event would be discussed at the Committee's meeting scheduled to be held on 22 October 2014.

RESOLVED

That delegation be given to the Chairman, in consultation with the Vice-Chairman, to approve the Committee's final response to the Healthy Lives, Healthy Futures consultation on Hyper-Acute Stroke Services and Ear, Nose and Throat In-Patient Surgery in North and North East Lincolnshire.

(A copy of the Committee's final response to the Health Lives, Healthy Futures Consultation is attached at Appendix B to these Minutes)

39 OVERVIEW OF COMPLAINTS

A report by Simon Evans (Health Scrutiny Officer) was considered, which provided the Committee with an overview of the complaints received in the local NHS within the last 12 months. It also indicated how provider trusts were monitoring their complaints through their governance arrangements.

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The Health Scrutiny Officer went through each section of the report, making particular reference to the tables on page 39 of the report, which provided a break-down of complaints for 2013/14 for each provider and Clinical Commissioning Group.

Since March 2014, Healthwatch Lincolnshire had produced information on the number of complaints and compliments, which it had received and this information could be found on page 41 of the report. It was noticed that there were a high number of either complaints or compliments in relation to the access to GP appointments and it was therefore requested that, in future, Healthwatch Lincolnshire presented the number of complaints separately to compliments so that the Committee could ascertain if there were any potential issues to explore further.

The Chairman thanked the Health Scrutiny Officer for his detailed report.

RESOLVED

That the information on the overview of health-related complaints in Lincolnshire during the last year and comments made be noted.

40 WORK PROGRAMME

The Committee considered its work programme for the Committee's meetings over the coming months.

A discussion took place regarding the accessibility of dialysis services by Lincolnshire patients and this was added to the work programme.

It was queried whether the Committee could look at the number of missed GP appointments across Lincolnshire, where Members were advised that this was something that Healthwatch Lincolnshire was currently looking into. Once its findings had been published, it was suggested that it could then be considered whether this was something that the Committee would wish to look at further.

It was suggested that at the next scheduled meeting of the Committee on 22 October 2014 that the meeting run without the use of specific timings for each item, as a trial.

RESOLVED

That the work programme and changes made therein be noted.

The meeting closed at 1.45 pm.