Lincolnshire COUNTY COUNCIL
Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
20 JULY 2016

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs J M Renshaw, Mrs S M Wray and R L Foulkes

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Liz Ball (Executive Nurse – South Lincolnshire CCG), Dr John Brewin (Chief Executive - Lincolnshire Partnership NHS Foundation Trust), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Stephen Graves (Chief Executive - Peterborough and Stamford Hospitals NHS Foundation Trust), Ian Hall (Senior Delivery and Development Manager - NHS Improvement), Mr Jim Heys (NHS England (Leicestershire and Lincolnshire Area)), Ian Jerams (Director of Operations - Lincolnshire Partnership NHS Foundation Trust), Tracy Johnson (Senior Scrutiny Officer), Sam Norton (Service User - Congenital Heart Centre), Anne-Maria Olphert (Director of Nursing and Quality - Lincolnshire Partnership NHS Foundation Trust), Caroline Walker (Deputy Chief Executive and Director of Finance - Peterborough and Stamford Hospitals NHS Foundation Trust) and Nigel West (Head of Democratic Services and Statutory Scrutiny Officer)

County Councillor B W Keimach attended the meeting as an observer.

9 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor T M Trollope-Bellew.

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor R L Foulkes to the Committee in place of Councillor T M Trollope-Bellew for this meeting only.

Apologies for absence were also received from Gary James, Accountable Officer – Lincolnshire East Clinical Commissioning Group.

10 DECLARATIONS OF MEMBERS' INTERESTS

The Chairman declared that, due to personal health reasons, she continued to be a private patient with Circle Nottingham, Nottingham NHS Treatment Centre in Nottingham and had also become a private patient with BMI Healthcare at The Park Hospital in Nottingham since the last meeting.

There were no other Declarations of Members' Interests at this stage of the proceedings.

11 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee and made the following announcements:-

i) Agenda Item 5 – Congenital Heart Disease Services – East Midlands Congenital Heart Centre

On 8 July 2016, NHS England made an announcement on the East Midlands Congenital Heart Centre. As a result of this, a report was prepared for inclusion on the Committee's agenda at short notice. This item was not on the Committee's work programme but a report had been prepared for the agenda and would be considered at Item 5 of the agenda.

ii) Item 8 – East Midlands Ambulance Service – Response to the Care Quality Commission (CQC) Comprehensive Inspection Report

The Chairman reported that a decision had been made to withdraw item 8 (East Midlands Ambulance Service – Response to the Care Quality Commission (CQC) Comprehensive Inspection Report) from the agenda. Mike Naylor (Finance Director – EMAS) and Steve Kennedy (Assistant Divisional Manager – EMAS), had been expected but, following the decision to withdraw the item, Richard Henderson (Acting Chief Executive – EMAS) and Blanche Lentz (newly appointed Lincolnshire Divisional Manager – EMAS) would attend the afternoon session of the Committee meeting scheduled for Wednesday 21 September 2016.

It was agreed, therefore, to consider item 9 immediately following the recess for lunch.

iii) Lincolnshire Health and Care – Case for Change Document

On 29 June 2016, Lincolnshire Health and Care published the *Case for Change* document, which identified the main challenges faced by the Lincolnshire Health and Care system, and led to the conclusion that the current system was not sustainable either clinically or financially.

The *Case for Change* committed to a full consultation on any reconfiguration of services but did not include any firm date for consultation. This would largely be dependent on the outcomes of the Sustainability and Transformation Plan submitted

to NHS England on 30 June 2016. A copy of the document would be circulated to the Committee with the Chairman's Announcements.

iv) Community Pharmacy 2016/17 and Beyond

As agreed at the last meeting, the Chairman wrote to the Rt Hon Alistair Burt MP, the Minister of State for Community and Social Care, on 21 June 2016 outlining the concerns about the absence of consultation with health overview and scrutiny committees. The Chairman reported that a reply had been received, dated 13 July 2016, in which Mr Burt reiterated the vision for a more efficient modern pharmacy system. The comments regarding consultation had also been noted although Mr Burt stated that many stakeholders had been consulted including patient groups and the Local Government Association.

v) Peterborough and Stamford Hospitals NHS Foundation Trust – Annual Public Meeting

The Chairman had received an invitation to attend the Annual Public Meeting of Peterborough and Stamford Hospitals NHS Foundation Trust, which would take place at Peterborough City Hospital between 5.15pm and 7.00pm on Thursday 28 July 2016. The Chairman was unable to attend the meeting and asked if any members could attend on behalf of the Committee. Councillor R L Foulkes advised that he would discuss this with Councillor D Brailsford and Councillor T M Trollope-Bellew, as divisional members for that area, to agree attendance. Councillor Foulkes would confirm the decision with the Health Scrutiny Officer once agreed.

vi) Lincolnshire East Clinical Commissioning Group Listening Event Report

A report had been received from Lincolnshire East Clinical Commissioning Group following a Listening Event held on 4 February 2016. A total of 85 people attended the event and the report made reference to several themes including access to services; communications between health professionals; and patient discharge from hospital. A copy of the report would be circulated to the Committee.

vii) Lincolnshire Special Care Dentistry Procurement Outcome

NHS England (Central Midlands) had issued a briefing paper on the outcome of the procurement exercise for the special care dentistry service. The Chairman explained that special care dentistry was dental care for those people with a physical, sensory, intellectual, mental, medical or emotional impairment or disability who required support beyond that available from the general dentist.

The contract was awarded to Community Dental Services and would begin on 1 December 2016 with services transferring from Lincolnshire Community Health Services NHS Trust. Community Dental Services was an employee-owned social enterprise and community interest company which had been in existence since 2011.

The briefing paper would be circulated to the Committee.

viii) Rural Services Network – Health Scrutiny Project

The Rural Services Network, which had a wide range of membership including local authorities, had initiated a project whereby it intended to gather evidence via local

authority health overview and scrutiny committees on health services in rural areas. The Committee had been asked to scrutinise its local clinical commissioning group to obtain answers to twelve questions, however as there were four clinical commissioning groups in Lincolnshire and the work programme was busy towards the end of the year, the Chairman proposed that this request be declined. The Committee agreed with this proposal for the reasons given by the Chairman.

ix) Meeting with Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT)

On 21 June 2016 the Chairman met with Jan Sobieraj (Chief Executive – United Lincolnshire Hospitals NHS Trust (ULHT) where discussion focussed on the impact of the junior doctor dispute on patient care; recruitment and retention at the Trust; and the Trust's overall financial position.

x) Adults Scrutiny Committee – Delayed Transfers of Care

At the last meeting of the Committee it was reported that the County Council's Adults Scrutiny Committee would be considering a paper on delayed transfers of care at its meeting on 7 September 2016. To enable Healthwatch Lincolnshire sufficient time to provide their input in to this topic, the Chairman advised that this item had now been rescheduled to be considered at the meeting of the Adults Scrutiny Committee on 19 October 2016.

The Committee expressed disappointment at the length of time taken for this item to be considered by the Adults Scrutiny Committee. It was explained, and acknowledged, that the reason for the delay was to enable a full report to be prepared for the Committee's consideration.

xi) Healthwatch Lincolnshire Annual Report

On 6 July 2016, Healthwatch Lincolnshire published its annual report for 2015/16, a copy of which would be circulated to the Committee.

xii) Training on Mental Health – 15 June 2016

The Chairman noted the Committee's thanks to Dr John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust, for delivering a mental health training session to the Committee on 15 June 2016. Twelve members of the Committee had attended and the informal feedback received was that most members had found the session to be fascinating and helpful for the Committees future consideration of mental health topics. It was agreed to arrange a follow-up session in the Autumn.

12 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD ON 15 JUNE 2016

It was noted that Liz Ball (Executive Nurse – South Lincolnshire CCG) had been in attendance at the last meeting but omitted from the attendance list.

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 15 June 2016, with the addition noted above, be approved and signed by the Chairman as a correct record.

13 CONGENITAL HEART SERVICES - EAST MIDLANDS CONGENITAL HEART CENTRE

A report by Richard Wills, the Director responsible for Democratic Services, was considered by the Committee which provided information following the announcement, on 8 July 2016 by NHS England, that *"subject to consultation with relevant Trusts and, if appropriate, the wider public"*, congenital heart disease surgery (Level 1 services) would be decommissioned from the East Midlands Congenital Heart Centre (formerly known as Glenfield Hospital).

The Chairman introduced the report which provided the historical background of the reviews undertaken of this service over the last eight years including two full public consultations, the most recent of which was held in September 2013. This review listed the following aims:-

- Securing the best outcomes for all patients;
- Tackling variation; and
- Improving patient experience.

The review also referred to three levels of service:-

- Level 1 – Specialist Surgical Centres;
- Level 2 – Specialist Cardiology Centres; and
- Level 3 – Local Cardiology Centre

In response to the consultation, on 14 December 2014, the Health Scrutiny Committee for Lincolnshire had provided three particular issues for consideration:-

- The number of surgeons at each centre – whether a one-in-three or a one-in-four was appropriate;
- The minimum number of operations undertaken by each surgeon each year, with 125 operations proposed in the consultation averaged over a three year period; and
- The co-location of congenital heart services with other paediatric services, which would mean Glenfield Hospital having to move its heart surgery services from Glenfield Hospital to Leicester Royal Infirmary.

The NHS England Board received the report from the review on 23 July 2015, where approximately two hundred new standards and service specifications were approved, which providers were expected to meet from April 2016, with a five-year trajectory to full compliance. The following excerpt was taken from the announcement issued by NHS England on 8 July 2016, pertinent to the University Hospitals of Leicester NHS Trust:-

"Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with University Hospitals of Leicester NHS Trust and Royal Brompton & Harefield NHS Foundation Trust to safely transfer CHD surgical and interventional cardiology services to appropriate alternative hospitals. Neither University Hospitals Leicester or the Royal Brompton Trusts meet the standards and are extremely unlikely to be able to do so. Specialist medical services may be retained in Leicester."

Prior to this statement, NHS England had written to the Chief Executive of University Hospitals of Leicester NHS Trust advising that the East Midlands Congenital Heart Centre did not meet all the April 2016 requirements and was unlikely to do so. As a result, NHS England were minded to cease commissioning of Level 1 (Specialist Surgical Services - congenital heart disease) from the Trust. The Trust responded to NHS England on 5 July 2016, setting out the excellent progress made during the previous 18 months.

The Chairman further explained that there had been some developments since the agenda pack had been published and asked the Committee to note the following:-

- On 15 July 2016, NHS England published a series of documents on its website including the commissioning standards and specifications. A key document for consideration was entitled *"Paediatric Cardiac and Adult Congenital Heart Disease Standards Compliance Assessment: Report of the National Panel"* which provided NHS England's assessment of all surgical centres, including services provided at Leicester;
- In the *"What Happens Next?"* section of the document, it stated that *"The Specialised Services Commissioning Committee has determined that subject to appropriate public involvement and/or consultation, a change in service provision is appropriate and we expect that any such changes will be of a managed process and that continuity of care for patients will be a high priority"* however it remained unclear whether there would be a full public consultation;
- A number of examples were provided of those who had formally recorded their opposition to the proposals. These included the Chairman of the Leicester City Council Health and Wellbeing Board; the East Midlands Congenital Heart Centre Stakeholder Meeting; East Midlands Councils; and the Cabinet of Leicestershire County Council who requested that the Leicestershire Health Overview and Scrutiny Committee give consideration to the matter.

The Chairman went on to explain that whilst NHS England might argue that there had been a previous consultation in 2014, this consultation was limited to the standards and specifications and did not excuse NHS England from full consultation on the application of those standards and specifications to particular centres. Furthermore, Health Overview and Scrutiny Committees were in a unique position of having powers under the *Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013* including the ability to make a referral to the Secretary of State.

The amended actions were circulated to the Committee.

Members were given the opportunity to ask questions, during which the following points were noted:-

- It was reported that Leicestershire MPs had met with the Secretary of State to raise their concerns and that no MPs from Lincolnshire had attended. It was further noted that Parliament was now in Recess until September which would, potentially, be too late to act if waited until it reconvened;
- It was confirmed that local mediation was required before the Committee was able to approach the Secretary of State directly;
- The Committee was concerned about the additional expenditure for parents in attending the proposed centre in Birmingham and the impact on siblings;
- It was asked how this closure would affect Level 2 and Level 3 services and an additional concern raised that this may increase severity of illnesses and mortality due to the inability of parents to travel such distances for treatment;
- Dr B Wookey clarified the position of Healthwatch Lincolnshire and advised that the actions proposed for the Committee's approval were fully supported;
- Dr Wookey expressed disappointment that the views of Healthwatch Lincolnshire in relation to supporting the one-in-four rota for consultant surgeons had not been incorporated within the response of the Committee, at Appendix A of the report, found on page 18. Healthwatch Lincolnshire were also concerned that the report did not indicate when this position would be met or why it had not yet been met;

At this point of the proceedings, Councillor Mrs L A Rollings asked the Committee to note that her daughter was employed as a Junior Doctor at Birmingham.

At 10.45am, Councillor Mrs R Kaberry-Brown joined the meeting.

- It was confirmed that should NHS England respond advising that the proposals were not a substantial variation, it would be for the Committee to prove otherwise to therefore enforce a full consultation;
- An e-petition had been started by parents who had, or were using, the East Midlands Congenital Heart Centre and this had received over 20,000 signatures. This could be found at https://www.change.org/p/jeremy-hunt-mp-save-the-east-midlands-congenital-heart-centre-at-the-glenfield-hospital;

RESOLVED

1. That the view to decommission Level 1 Paediatric Cardiac and Adult Congenital Heart Disease Surgery Services from the East Midlands Congenital Heart Centre constituted a substantial variation, as defined by Regulation 23 of the *Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013,* which imposed on NHS England a duty to consult as the responsible commissioner of congenital heart disease services, be unanimously agreed;
2. That the request to authorise the Chairman to write to NHS England outlining the Committee's resolution in (1) above, seeking NHS England's commitment to full public consultation, be unanimously agreed;
3. That, in the event that NHS England decline to undertake consultation, the invoking of the procedures set out in Regulation 23 of the *Local Authority*

(Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, including the initiation of discussions with NHS England, be unanimously agreed; and

4. That delegation to the Chairman, should a simultaneous response be required, be unanimously agreed.

14 PROPOSED MERGER OF PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST WITH HINCHINGBROOKE HEALTH CARE NHS TRUST

Consideration was given to a report from Stephen Graves (Chief Executive – Peterborough and Stamford Hospitals NHS Foundation Trust) which provided information on the proposed merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust. The report included the engagement phase of the proposed merger programme as well as an update on the redevelopment work at Stamford and Rutland Hospital.

Stephen Graves (Chief Executive – Peterborough and Stamford Hospitals NHS Foundation Trust) and Caroline Walker (Deputy Chief Executive and Finance Officer – Peterborough and Stamford Hospitals NHS Foundation Trust) were in attendance for this item of business.

The Committee was advised that Councillor R L Foulkes was electronically recording the presentation and subsequent discussion. Councillor Foulkes confirmed that this was for his use only and would act as an aide memoir to brief fellow division members.

The background of the proposed merger was explained to the Committee. In October 2015 Monitor developed a strategic outline case which suggested that savings in the region of £10m may be achieved from closer collaboration between Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Trust. In November 2015, both Trusts agreed to explore four levels of collaboration:-

- Option 1 – do nothing for now;
- Option 2 – shared back office function – leading an integrated back office;
- Option 3 – as per option 2, plus two boards, one executive team and one operational organisation;
- Option 4 – merger in to one organisation

A project management board had been established with engagement between both trust boards followed by the development of an Outline Business Case for the proposed merger of the two trusts. The boards agreed to the recommendations set out within the Outline Business Case in order to sustain and improve clinical services for patients and value for money for the taxpayer in Huntingdonshire, Greater Peterborough and South Lincolnshire and benefit both trusts by working as one organisation in the future.

Preparation of a Full Business Case commenced in June 2016 to be considered by both boards in September 2016 and final approved planned for November 2016 in readiness for a full merger on 1 April 2017.

Engagement of staff and members of the public had commenced in May 2016 during board meetings and would continue throughout July, August and September as part of a dedicated engagement plan. Views of residents, GPs, commissioners and service providers in South Lincolnshire would also be sought as key stakeholders within the engagement plan.

A further period of engagement would be held following a review of the Full Business Case by both boards prior to the final approval in November 2016.

Doctors and clinicians across the local health and social care economy had been engaged as part of the Cambridgeshire and Peterborough Sustainability Transformation Plan.

The Outline Business Case included details on the populations served by each trust, turnover and surplus figures, number of sites and beds, staffing levels, overall rating of the CQC and national performance standards for the year to-date.

Services were provided to a combined population of approximately 700,000 people living predominantly in Cambridgeshire, Peterborough and South Lincolnshire. The combined income for the 2016 financial year was £372 million with a combined forecast deficit of £54.8 million. Although the main commissioner of services was Cambridgeshire and Peterborough Clinical Commissioning Group, almost a quarter of the activity of Peterborough and Stamford Hospitals NHS Foundation Trust was commissioned by South Lincolnshire Clinical Commissioning Group.

It was proposed that with larger combined clinical teams that there would be greater opportunities for the sustainability of services across both sites. Activity forecasts had shown that activity demand would continue to rise in future years and the decision to merge was thought to reduce or eliminate the most barriers to flexible management of elective capacity thereby best supporting delivery of the Sustainability and Transformation Plan. The strategy to provide a specialist 'frail medical specialist centre' would be better supported by larger clinical teams offering recruitment and retention opportunities for community and acute geriatricians.

As a result of the merger it was suggested that £9m estimated savings could be made which were associated with reductions in Board cost and corporate pay and with the total elimination of agency spend in back office areas. The costs associated with the merger and transition into a new organisation was provided in detail within the report.

The Committee had specifically requested more detail on the current position of the Private Finance Initiative (PFI) and the impact of this on finances. The Outline Business Case included the following statement which gave context on the PFI:-

"Since the move to the new Peterborough City Hospital site in FY2011, Peterborough and Stamford Hospitals NHS Foundation Trust has been operating at a financial deficit of around £40 million. This is due to reliance on locum and agency staff, below tariff payments, penalties associated with the rise in emergency activity, and the national tariff not covering the premium cost of PFI buildings. Achievement of above average cost improvement as failed to deliver a surplus position over the past four years.

Peterborough and Stamford Hospitals NHS Foundation Trust is anticipating a reduction in its deficit largely through deliver of above average CIP [Cost Improvement Programme], and sustainability and transformation funding. This will reduce the forecast deficit to £17.2 million by FY21. Previous reports including the National Audit Office (2012) have identified that Peterborough and Stamford Hospitals NHS Trust also require an additional £15 million Department of Health permanent subsidy to meet the recognised gap between the tariff and the cost of the PFI. The benefit of this additional funding is not included in the financial plan. Including it would bring the deficit to £2 million. The benefits of merger would move the trust into a financial surplus position."

In regard to Stamford and Rutland Hospital, it was confirmed that Peterborough and Stamford Hospitals NHS Trust remained committed to delivering services from the site in Stamford and dialogue had been maintained with South Kesteven District Council and Stamford Town Council. Work had commenced in June 2016 to improve the infrastructure on the Stamford Hospital site and an application for planning permission for a new, permanent MRI scanner had been submitted. The work to refurbish the 'east' end of the site was awaiting the release of capital which was national issue across the NHS.

The Trust continued to liaise with Lakeside Health Care which ran the three GP practices within Stamford regarding their future plans and developments with the aim to ensure coherent services for patients in South Lincolnshire. The Lincolnshire Health and Care Team would be engaged following the release of the Case for Change Document on 29 June 2016.

In summing up, the Committee was reminded of the next steps of the proposed merger:-

- September 2016 – completion of a Full Business Case for decision by both Boards;
- September to November 2016 (six weeks) – further public engagement on Full Business Case;
- November 2016 – implementation to commence, only if all the necessary approvals received; and
- 1 April 2017 – subject to all necessary approvals being received, the merger would formally take place.

Members were given the opportunity to ask questions, during which the following points were noted:-

- It was reiterated that the PFI commitments of Peterborough and Stamford Hospitals NHS Foundation Trust were not financially viable;
- There was no expectation or intention to move services or patients to Huntingdon from Peterborough as part of the proposal;
- Hitchingbrooke Health Care NHS Trust were currently working to improve the CQC rating of "Requires Improvement" and feedback had been received that the trust had improved across the board;
- It was confirmed that acute services for the merged organisation would remain at all three sites;
- Further explanation was given about the deficit of both trusts. Peterborough and Stamford Hospitals NHS Foundation Trust had reduced a £40 million deficit to £20 million. Hinchingbrooke Health Care NHS Trust had a deficit of £10 million. It was expected that both deficits would be eliminated within five years;
- Subject to planning permission, it was expected that the planned refurbishment and installation of an MRI scanner at Stamford and Rutland Hospital would be completed within this financial year;
- Clarification was provided that, despite Lakeside Health Care being a private sector company, there was a requirement to offer the sale of excess land to public bodies in the first instance. Additionally, monies made from any sale made in Stamford by Lakeside Health Care should be put back in to the Stamford area;
- It was noted that other overview and scrutiny committees had noted the current position and agreed to consider the Full Business Case once prepared;
- At present there was representation on the Council of Governors from South Lincolnshire, however this was not a requirement. The Boards would be asking the view of relevant stakeholders during the process to formalise the appointment of governors in order to have representation proportionate to the populations served.

RESOLVED

1. That the report and comments, with particular focus on the following points be noted:-
    - Any impact of the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust on services to patients from Lincolnshire; and
    - The latest position with regard to developments at Stamford and Rutland Hospital
2. That the merger proposals be noted and that the Committee reserve the right to make a full and formal response once in receipt of the Full Business Case.

15 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - RESPONSE TO THE CARE QUALITY COMMISSION COMPREHENSIVE INSPECTION

Consideration was given to a report from Dr John Brewin (Chief Executive – Lincolnshire Partnership NHS Foundation Trust) which sought to provide assurance

to the Committee that Lincolnshire Partnership NHS Foundation Trust was making progress with the implementation of the action plan arising from the Care Quality Commission (CQC) Comprehensive Inspection which took place between 30 November and 4 December 2015.

Dr John Brewin (Chief Executive – Lincolnshire Partnership NHS Foundation Trust), Ian Jerams (Director of Operations – Lincolnshire Partnership NHS Foundation Trust) and Anne-Maria Olphert (Director of Nursing and Quality – Lincolnshire Partnership NHS Foundation Trust) were in attendance for this item.

The report provided background to the inspection by the Care Quality Commission (CQC) which looked at eleven service areas of Lincolnshire Partnership NHS Foundation Trust following which, on 23 April 2016, a detailed report was published giving the findings.

Overall the organisation had been rated as "Requires Improvement" with a "Good" rating for caring in all services inspected and an "Outstanding" rating for community based Child and Adolescent Mental Health Services (CAMHS). The rating for "safe" was "Inadequate" due to concerns raised about potential risk associated with Mixed Sex Accommodation and Points of Ligature.

It was reported that the vast majority of the findings were consistent with the Trust's own assessment of its areas for improvement, as presented to the CQC on the first day of the inspection. The Trust deemed that the concerns raised in relation to the "safe" key line of enquiry conflicted with the interpretation by the Trust regarding anti-ligature and same sex accommodation guidance. As such, the Trust had responded proactively to the assessment of the CQC in respect of these areas of risk and had also challenged the same sex accommodation assessment for the Ash Villa Child and Adolescent Mental Health inpatient unit to which a response was awaited.

Following the publication of the report, the Trust was required to submit an action plan covering the five CQC domains and to address the issues raised. This action plan was submitted to the CQC in early June 2016 in line with the deadline given. This was a key plan and could be found on the Trust's website at www.lpft.nhs.uk/get-involved/meeting-dates-and-minutes/board-of-directors-meetings/30-june-2016-bod-meeting-papers

The action plan was developed immediately following the inspection to address the initial feedback during the visit itself. This included the breaches in Mixed Sex Accommodation and Point of Ligature. A safety fence had been erected at the Ash Villa Unit to create a safe outside area due to the trees providing possible ligature points.

The action plan was updated further following the publication of the CQC report and included a list of the immediate actions identified. The action plan included approximately 100 actions and noted against each an accountable person along with the evidence of progress made and key milestones for each. This action plan formed part of the overall Quality Improvement Plan. Internal monitoring of the plan was led by the Director of Operations who liaised on a regular basis with Clinical Division

leaders and through the internal Operations Governance meetings. Factual evidence of progress was done through the Compliance Team and the Chief Executive had a further oversight of progress via regular updates to the Executive Team.

The following work was also being undertaken to strengthen the action plan further following feedback received from the Quality Summit and NHS Improvement:-

- Incorporation of the CQC Well Led key line of enquiry into the action plan (complete);
- Completion of the Assurance and Evidence columns (will be complete end of July 2016);
- Description of the monitoring process (complete); and
- Consideration, by the Board of Directors, of the Well Led Domain.

Risks to delivery were described and monitored as part of the Trust Board Assurance Framework on a monthly basis and would be included in the Clinical Divisional Risk Registers and escalated to the Operational Risk Register accordingly.

Assurance on progress was overseen by the Health Scrutiny Committee for Lincolnshire, NHS Improvement, NHS England and South West Lincolnshire Clinical Commissioning Group through regular contact and quarterly meetings.

The Committee was assured that this was not just a bureaucratic exercise for the Trust and had been given due attention and action.

Members were given the opportunity to ask questions, during which the following points were noted:-

- When asked why the standard health and safety assessments undertaken by the Trust had not picked up the concerns, it was explained that the Trust was aware of the guidance for same sex accommodation but was confident that they were compliant. The CQC had not noted these concerns during previous visits. Nevertheless the Trust was in disagreement with the CQC on the judgement of this issue as the interpretation of the guidance by the two organisations was clearly different. As a result, and with support from commissioners, a challenge to the CQC had been submitted;
- The Trust did undertake regular health and safety ligature assessments but, admittedly, one or two had been missed however the process for these assessments had been amended to ensure further robustness;
- In relation to Ash Villa, the ligatures highlighted were in the garden area and, as a children's facility, patients would not be in that area without supervision. However, all play facilities had been removed as a result of the report until a response to the challenge had been received;
- Each of the 97 actions had sub-actions therefore it was reported that 400-500 actions were required and these were currently being worked through successfully;
- Following feedback received at the last meeting of the Committee, it was reported that the bedding at Ash Villa had been reassessed and would be changed although would remain in line with stringent infection control guidelines. Young people in the facility had been consulted, via a focus group,

on what type of bedding they wanted and that feedback had also been taken on board. The Committee was thanked for their input;

- During a 12 month study, it had been found that of 105 ligature incidents, only six were to a fixed point. Of those six, only two were not to a collapsible fixed point. It was reported that the highest proportion of suicide attempts was by ligature;
- The cost to make the required changes, following the publication of the report, was in the region of £500k. The most expensive being the changes to bathrooms and to make the outer area of Ash Villa secure;
- In the event that the CQC did not accept the challenge, an estates business case was being prepared giving consideration on how to separate the areas in anticipation of the required changes;

At 12.30pm, Councillor Mrs S M Wray left the meeting and did not return.

- It would be difficult to turn each room at Ash Villa in to an ensuite facility without considerable expense. NHS England, as commissioners of this service, fully supported the challenge to the CQC for this decision;
- It was confirmed that no patients or families had raised any concerns regarding the same sex accommodation or the arrangements for use of facilities during the night;
- The Quality Network for Inpatient CAMHS (QNIC) (Royal College of Psychiatrists) had inspected the facility one week prior to the CQC and had given an "Outstanding" rating with no concerns raised. This report had also been referred to in the challenge submitted;
- It was thought that the amendments could be met within six months as this was not only physical changes but cultural changes. A programme for staff had been developed to incorporate the visions and values and was also included within the Trust's induction programme, 1:1s and appraisals;
- The Trust had developed a detailed plan which had overall actions required with evidence attached as and when completed. This was thought to be the most robust way of monitoring the requirements and was linked to the report from the CQC.

The Committee requested that this item be added to the work programme for the meeting on Wednesday 26 October 2016 but that more detailed and concise information be included. This was to assure the Committee of the progress made and to give a better understanding of the process.

The Committee was invited to visit Ash Villa in Sleaford and it was agreed to ask the Health Scrutiny Officer to liaise with the Director of Nursing & Quality – Lincolnshire Partnership NHS Foundation Trust.

The Chairman took the opportunity to reiterate the comments made during the Chairman's Announcements and thanked Dr Brewin for facilitating the mental health training session provided to the Committee on 15 June 2016.

RESOLVED

1. That the report and comments be noted;
2. That the assurance given to the Committee on the process by which the plan was monitored be accepted;
3. That a further update, including detailed and concise information on progress, be considered by the Committee on 26 October 2016

NOTE: At 12.55pm, the Committee adjourned for lunch and reconvened at 2.00pm. On return, the following Members and Officers were in attendance:-

County Councillors

Councillors Mrs C A Talbot (Chairman), R L Foulkes, R C Kirk, Mrs J M Renshaw and S L W Palmer

District Councillors

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

Officers in attendance

Liz Ball (Executive Nurse – South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health), Ian Hall (Senior Delivery and Development Manager – NHS Improvement), Jim Heys (Locality Director – Midlands and East (Central Midlands) NHS England) and Tracy Johnson (Senior Scrutiny Officer)

Apologies for Absence/Replacement Members (Councillors who attended the morning session)

Councillors Miss E L Ransome, Mrs S Ransome, Mrs S M Wray, T Boston (North Kesteven District Council), Mrs L A Rollings (West Lindsey District Council) and Healthwatch Lincolnshire representative, Dr B Wookey. The Executive Support Councillor for NHS Liaison and Community Engagement, Councillor B W Keimach, also submitted apologies.

16 EAST MIDLANDS AMBULANCE SERVICE - RESPONSE TO CARE QUALITY COMMISSION COMPREHENSIVE INSPECTION REPORT

Further to the announcement made by the Chairman at the start of the meeting, it was confirmed that this item had been withdrawn from the agenda and would be considered at the meeting of the Health Scrutiny Committee for Lincolnshire scheduled for Wednesday 21 September 2016.

17 LINCOLNSHIRE RECOVERY PROGRAMME BOARD

Consideration was given to a joint report by NHS England and NHS Improvement which provided an update on the Lincolnshire Recovery Programme, the purpose of which was to oversee the delivery of the NHS Constitutional Standards; improvements in quality of care; and actions to address financial balance within the Lincolnshire health economy. The report included outcomes from the Programme over the last year.

Jim Heys (Locality Director – Midlands and East (Central Midlands) NHS England) and Ian Hall (Senior Delivery and Development Manager – NHS Improvement) were in attendance for this item.

The context of the Lincolnshire Recovery Board, jointly chaired by NHS England and NHS Improvement, was explained for the benefit of the Committee by providing the background. The Lincolnshire Recovery Programme (LRP) had been developed to provide a senior level coordinating programme structure which supported performance improvement and further development of a clinically safe and financially sustainable health and care model across Lincolnshire.

The aims of the Lincolnshire Recovery Programme were noted:-

- Improve United Lincolnshire Hospitals NHS Trust's (ULHT's) performance against the NHS Constitutional standards so that all required targets were achieved;
- Continue to improve quality within ULHT and across the health community;
- Develop a financial strategy and plan to deliver improvements to the financial position across Lincolnshire; and
- Design an underpinning workforce/organisational development strategy and plan.

It was reported that no regulatory action had been necessary over the last 12 months and that the relationship and dialogue between commissioners and providers was much improved. The group membership had also evolved and included only accountable officers and Chief Executives. Although it had been agreed that the Lincolnshire Recovery Board would oversee the Lincolnshire Health and Care (LHAC) plan, this had now expanded to include the Sustainability and Transformation Plan (STP).

The current view was to continue with the Lincolnshire Recovery Board and consider strategic operational progress in addition to financial performance.

NHS England led the National Health Service (NHS) in England, setting the priorities and direction including strategies such as the *Five Year Forward View*. NHS England was organised into four regional teams, each providing support to Clinical Commissioning Groups (CCGs) in areas such as healthcare commissioning and delivery. Additionally, they provided professional leadership on finance, specialised commissioning, human resources and organisational development and worked closely with local authorities, health and wellbeing boards and GP practices.

Since the last meeting it was explained that the Trust Development Agency and Monitor had integrated to become one operational model known as NHS Improvement. NHS Improvement also included Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams. NHS Improvement was responsible for overseeing foundation trusts, NHS trusts and independent providers.

Chief Executives from the seven NHS organisations had undergone a Lincolnshire Leadership Programme facilitated by an external body. The benefit of the programme was to gain a sense of joint ownership and understanding of the issues and had been successful in the cessation of silo working.

The purpose of the Lincolnshire Recovery Programme Board was noted:-

1. To oversee achievement of the programme aims for an initial period of twelve months from July 2015, after which time those responsible for health and care system delivery would be in a position to no longer require this level of intervention;
2. To agree a programme structure that holds senior leadership from all represented organisations to account and oversee high level intervention and support;
3. To ensure that the boards of each organisation represented were signed up to the LRP aims and programme structure;
4. To accept recommendations from the Operational Programme Group with regards to the scope and expected outcomes from the programme work streams;
5. To act upon exception reports and items for escalation from the Operational Programme Group, in order to ensure the programme aims were achieved;
6. To ensure that dependency issues between the LRP and the Lincolnshire Health and Care (LHAC) Programme were managed in a manner that avoids duplication between the programmes or adverse impacts on either programme; and
7. To identify the need for additional support to facilitate achievement of the Programme aims and agree approaches for securing support.

The outcomes for the programme to-date included:-

- Outcome 1 – Improved working relationships between the constituent NHS organisations, and a new focus on joint action, led by new Lincolnshire Leaders working group. Evidenced by prompt signature of the 2016/17 contract between ULHT and its lead commissioner;
- Outcome 2 – Consistent delivery of the Referral to Treatment (RTT) incomplete standard of 92%;
- Outcome 3 – Consistent delivery of the national target for diagnostic waiting times;
- Outcome 4 – ULHT was currently off track against the Quarter 1 trajectory for the 62 day cancer standard. Improvement progress was monitored on a weekly call between NHS Improvement, NHS England, ULHT and Lincolnshire CCGs and an improvement trajectory agreed;

- Outcome 5 – The A&E standard (95% within 4 hours) varied by site and was the subject of intense support from all parties. A revised trajectory for delivery had been agreed by NHS Improvement and NHS England. Performance in April 2016 was better than the agreed monthly trajectory and performance in May and June was likely to be on or around the trajectory agreed. Current year to date delivery was 81.4% (at 17 June 2016);
- Outcome 6 – ULHT delivered its revised deficit target for 2015/16, recording a year end deficit of £57 million, (original planned deficit was £40 million). The Trust's control total for 2016/17 was a deficit of £48 million. Year to date (April and May 2016), ULHT had delivered a deficit of £8 million, a position that was £0.4 million better than plan. The STP included a section on "closing the finance" and efficiency gap", describing in outline the approach being developed to address the current circa £60 million deficit and the financial gap forecast for 2020/21, if no remedial actions were taken;
- Outcome 7 – The Lincolnshire Health and Care (LHAC) Programme also reported on progress to the Lincolnshire Recover Programme Board, although LHAC was subject to a separate governance and decision making structure.

Members were invited to ask questions, during which the following points were noted:-

- Outcome 4 (cancer standards) had not been met since January 2016 and there was a number of ways in which these concerns could be escalated. There had been a significant increase in referrals within recent months and the Trust had also reported significant referrals for spot check cancer. Further impact had been a significant turnover in consultant oncologists which had caused some disruption to clinics. The Cancer Committee was scheduled to meet where a trajectory would be agreed that the Trust was expected to meet over the next few months;
- Although it was acknowledged that 50% of people who presented at A&E did so inappropriately, it was reported that this was a national issue. There had been a significant decrease in performance in this area but those inappropriately presenting at A&E were generally found to be complex cases. Lincolnshire had significant gaps in the workforce and the inability to secure locum cover was a continued problem. Consideration was to be given to other options to fill the gaps as this was a mitigating factor in not meeting performance targets;
- The Ambulatory Care Clinic had improved performance in some areas but it was noted that unless the channels for release or transfer of patients from A&E improved, clinics such as ambulatory care were not the whole solution. National work was underway to discuss these areas;
- Presentation to A&E between April and June 2016 was greater than January to March 2016 and it was unclear as to why the "winter" period was quieter than subsequent months;
- Other Trusts across the country were also in a similar position in relation to Outcome 6 (financial sustainability). Commissioners and providers were developing an understanding of each other's position;
- In relation to Outcome 7 (workforce development), workforce was key to the working of the system and the Lincolnshire Recovery Programme was to

devise a workforce model which was fit for purpose. In doing so, a stocktake had been undertaken across all providers to understand the workforce including numbers, skills and experience. Services required were then considered and the competencies required for those services listed, following which an exercise was undertaken to see if the current workforce matched that;

- It was highlighted during the process that A&E did not have the required workforce and model to sufficiently support the service. Consideration was being given to patients being seen by other professionals rather than the requirement for doctors to treat everyone, for example nurses, pharmacists or paramedics;
- Although it had been anticipated that the workforce modelling would be completed by June 2016, it was accepted that the increased presentation to A&E between April and June had delayed this process and further identified the fragility of the service;
- The concept of Neighbourhood Teams had been changed slightly but had been rolled out with the associated workforce in place;
- The report indicated that the Lincolnshire Recovery Programme would continue beyond the initial twelve months, although this had not yet been agreed. It was anticipated this decision would be made on 12 August 2016;

At 2.37pm, Councillor C J T H Brewis, Vice-Chairman, left the meeting and did not return.

- A&E performance was monitored by the provider and based on the population however it was acknowledged that it was difficult to work out performance in each District Council area by population;
- Work was ongoing to understand why people presented to A&E as part of the workforce modelling as it may be found that by having a senior doctor on shift to undertake first triage, this would signpost people more quickly to the most appropriate care;
- In relation to Outcome 5 (A&E standards), it was noted that one of the main reasons for delays was the requirement for diagnostic work in other departments and waiting for results to be provided;
- Clarification was given that the £64 million deficit referred to in Outcome 6 incorporated £16 million allocated for the Sustainability and Transformation Plan (STP), and the actual deficit was £47.9 million;
- A suggestion was made to change road signs when services changed in hospitals as this may contribute to patients presenting inappropriately. This was acknowledged and would be given further consideration;
- Workforce modelling across Adult Social Care in addition to NHS partners was also underway as part of the stocktake. This included the extraction of data from Lincolnshire County Council (LCC) systems followed by individual providers;

The Committee was **not** reassured following the presentation of the report and requested that an update be presented in January 2017 when it was thought more progress would have been made.

RESOLVED

1. That the report and comments be noted; and
2. That a further update be presented to the Health Scrutiny Committee for Lincolnshire at its meeting in January 2017.

18 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

Tracy Johnson (Senior Scrutiny Officer) confirmed that there had been four changes to the work programme:-

1. 21 September 2016 – to add an item entitled *East Midlands Ambulance Service (EMAS) – Response to the Care Quality Commission (CQC) Report*
2. 26 October 2016 – to add an item entitled *Lincolnshire Partnership NHS Foundation Trust – Response to the Care Quality Commission (CQC) Comprehensive Inspection - Update*
3. 23 November 2016 – to add an item entitled *Joint Health and Wellbeing Strategy – Annual Assurance Report*
4. 18 January 2017 – to add an item entitled *Lincolnshire Recovery Programme - Update*

The Chairman urged the Committee to ensure that they allocate a full day in their calendars for these meetings. The work programme was particularly busy over the coming months and the Chairman stressed that full, regular, attendance was essential to ensure consistency of discussions.

RESOLVED

That the contents of the work programme, with the amendments noted above, be approved.

The meeting closed at 3.27 pm