Lincolnshire COUNTY COUNCIL
Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 SEPTEMBER 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, T M Trollope-Bellew, Mrs S M Wray and K Cook

Lincolnshire District Councils

Councillors Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council) and Mrs R Kaberry-Brown (South Kesteven District Council)

Healthwatch Lincolnshire

Mr P Keeling

Also in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Neil Ellis (Deputy Director of Operational Performance, United Lincolnshire Hospitals NHS Trust), Simon Evans (Health Scrutiny Officer), Gary James (Accountable Officer, Lincolnshire East CCG), Dr Suneil Kapadia (Medical Director, United Lincolnshire Hospitals NHS Trust), Sarah-Jane Mills (Director of Development and Service Delivery, Lincolnshire West CCG) and Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust)

County Councillors R G Fairman, D C Morgan and Mrs H N J Powell attended the meeting as observers.

19 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors C J T H Brewis, Gregory, Mrs L A Rollings and T Boston.

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor Mrs K Cook to the Committee in place of Councillor T Boston for this meeting only.

Apologies for absence were also received from Dr B Wookey, Healthwatch, who was replaced by Mr P Keeling.

Liz Ball (Executive Nurse, South Lincolnshire CCG) and Councillor B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) also submitted apologies for absence.

In the absence of the Vice-Chairman, Councillor C J T H Brewis, the Chairman requested volunteers for the role of Vice-Chairman for this meeting only.

RESOLVED

That Councillor T M Trollope-Bellew be appointed as Vice-Chairman for this meeting only.

20 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs P F Watson advised that she was a patient receiving cancer services but would remain for the discussion at Item 7 – *Cancer Services in Lincolnshire.*

In relation to Item 8 – *East Midlands Ambulance Service Response to the Care Quality Commission Inspection Report*, Councillor S L W Palmer advised that he was a first responder and coordinator of the LIVES Sutton on Sea Group. When called out, he was responding on behalf of EMAS.

The Chairman declared, in relation to Item 7 – *Cancer Services in Lincolnshire*, that due to personal health reasons, she had been a private patient at Park Hospital in Nottingham but was now undergoing treatment as an NHS patient at Queens Medical Centre in Nottingham.

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

21 CHAIRMAN'S ANNOUNCEMENTS

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

i) Agenda Items

Two of the items on this agenda were not expected at the last meeting of the Committee, on 20 July 2016.

Firstly, on 11 August 2016, United Lincolnshire Hospitals NHS Trust announced that Grantham A&E Department would be temporarily closed overnight. As a result, the Chairman had urgently sought their attendance at this meeting, which would be considered at Item 5 of the agenda.

Secondly, Lincolnshire West Clinical Commissioning Group announced, on 21 July 2016, that the four surgeries in its area would be under new management from 1 August 2016. A short paper would be considered at Item 10 of the agenda.

ii) Congenital Heart Disease Services – East Midlands Congenital Heart Centre

On 20 July 2016, the Committee authorised the Chairman to write to NHS England in relation to the East Midlands Congenital Heart Centre. The letter dated 22 July 2016 and the response from NHS England dated 9 August 2016 were circulated to the Committee for consideration at Item 9 of the agenda.

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

Following the July meeting of the Health Scrutiny Committee for Lincolnshire, Councillor D Brailsford attended the Annual Public Meeting of Peterborough and Stamford Hospitals NHS Foundation Trust on 28 July 2016. Councillor Brailsford provided a short report in which he highlighted progress with the MRI scanner at Stamford and Rutland Hospital, where electrical infrastructure and generator works were being undertaken along with redevelopment of the eastern end of the site due to commence during the Autumn.

iv) Proposed Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust – Full Business Case for Merger

On 20 September 2016, the full business case for the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust was published. At its meeting on 20 July 2016, the Committee reserved the right to make a response on this full business case. The Chairman proposed to consider the options for responding to the full business case as part of the work programme item.

Several public engagement events were also taking place in the coming weeks on this topic and events local to Lincolnshire included:-

- 6 October 2016, 5.45pm – Stamford Hospital;
- 10 October 2016, 7.00pm –Deepings Community Centre, Market Deeping;
- 11 October 2016, 5.45pm – Peterborough City Hospital; and
- 20 October 2016, 2.00pm – Bourne Corn Exchange, Bourne.

v) Annual Public Meetings

The Chairman confirmed that this period was where most annual meetings of NHS bodies took place. On 15 September 2016, Lincolnshire Partnership NHS Foundation Trust held its annual public meeting and Lincolnshire Community Health Services NHS Trust was holding its annual meeting in Boston on 21 September 2016. The Committee was advised of the forthcoming meetings and volunteers were asked to indicate their attendance to Simon Evans, Health Scrutiny Officer, for South West Lincolnshire CCG, Lincolnshire West CCG and South Lincolnshire CCG:-

* 22 September 2016 – Lincolnshire East CCG, Golf Hotel, Woodhall Spa (Councillor S L W Palmer to attend);
* 26 September 2016 – United Lincolnshire Hospitals NHS Trust, Bishop Grosseteste University, Lincoln (Councillor C J T H Brewis to attend);
* 27 September 2016 – South West Lincolnshire CCG, New Life Centre Sleaford (attendee requested);

- 28 September 2016 – Lincolnshire West CCG, The Showroom, Tritton Road, Lincoln (attendee requested); and
- 29 September 2016 – South Lincolnshire CCG, Springfield Event Centre, Spalding (attendee requested).

vi) Care Quality Commission – Acute Inspection Programme

The Care Quality Commission (CQC) had announced its inspection programme for acute hospital trusts for the autumn which would affect two hospitals in the area. In the week beginning 10 October 2016 the CQC would be inspecting United Lincolnshire Hospitals NHS Trust; and in the week beginning 22 November 2016 they would be inspecting North Lincolnshire and Goole NHS Foundation Trust. Each trust was currently rated as "requires improvement".

vii) Government Funding for Mental Health Projects in Lincolnshire

On 23 August 2016, the Government announced that it had awarded Lincolnshire Partnership NHS Foundation Trust the sum of £405,895 to fund health-based alternative places of safety to support those in mental health crisis. LPFT had stated that the money would fund a new psychiatric decision-making unit within Lincoln County Hospital; a new section 136 suite for children and young people based at the Ash Villa Child and Adolescent Mental Health Service; and rapid response vehicles providing street triage services across the county. The intention was to provide health and community-based places of safety for people suffering a mental health crisis who had committed no crime and to stop them from being placed in a police cell.

viii) Lincoln University Health Centre

The Chairman advised that Item 10 of the agenda (*APMS [Alternative Provider of Medical Services] GP Surgeries*) would consider four of the five APMS GP Surgeries in Lincolnshire. In relation to the fifth, Lincoln University Health Centre, the Chairman announced that a five year contract to provide GP services at this health centre had been awarded by Lincolnshire West Clinical Commissioning Group to the University of Nottingham Health Service. The previous contract had ended unexpectedly in March 2016 and Lincolnshire West CCG made temporary arrangements with Lincolnshire Community Health Services to provide services for patients until 30 September 2016.

ix) Engaging Local People - A Guide for Local Areas Developing Sustainability and Transformation Plans

On 15 September 2016, a document entitled *Engaging Local People – A Guide for Local Areas Developing Sustainability and Transformation Plans* was published by NHS England and five other national NHS Organisations*. This guidance was aimed at local teams developing Sustainability and Transformation Plans (STPs) and stated that STPs should include engagement plans for both ongoing dialogue with stakeholders and for any formal public consultations required for major service changes. A copy of the document would be circulated to the Committee.

On 21 September 2016, the Centre of Public Scrutiny was holding a one day event entitled *Sustainability and Transformation Plans – Championing the Role of Scrutiny*, with speakers from the King's Fund and NHS England. Members were asked to note that this event coincided with the meeting of the Committee.

On 18 May 2016, the Committee received a briefing on the STP process and was looking forward to engagement on the STP, in accordance with the guidance.

* The following organisations were listed in the guidance as authors – NHS England; NHS Improvement; Health Education England; The National Institute for Health and Care Excellence; Public Health England; and the Care Quality Commission.

22 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 20 JULY 2016

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 20 July 2016 be approved and signed by the Chairman as a correct record.

23 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST: EMERGENCY CARE SERVICE

Prior to the consideration of this item, the Chairman welcomed Councillor D C Morgan and asked her to confirm her request to address the Committee as a Local member for Grantham. Councillor Morgan indicated that she did not want to speak but had expected a paper which she had prepared to be made available to the Committee. The Committee indicated that they were not in receipt of the document and, in order to clarify the best way forward, the Chairman adjourned the meeting at 10.25am whilst legal advice was sought.

At 10.35am, the meeting was reconvened where the following statement was made by the Chairman:-

"I would like to remind everyone here that the purpose of this Committee is to scrutinise NHS Healthcare; and the Health and Wellbeing Board and their services and outcomes.

It is essential that we respect this remit. It is not for this Committee to criticise individuals or stray into matters that are the proper remit of other organisations, such as employment issues.

Our job is to consider NHS healthcare services and their outcomes. To that end we have invited a number of people to attend this morning's meeting to report on matters that are relevant to our work.

It is not the convention of this Committee to allow members of the public to address this Committee unless they have been specifically invited to do so in advance.

We have a very long agenda and it is important that Committee members have sufficient time to contribute to the discussion and take into account the comments of those people reporting to the Committee this morning. I shall therefore not allow members of the public to speak.

In accordance with Part 4 of the Council's Constitution, local Councillors have a right to speak at any Committee on a matter affecting their division and adjoining divisions. I shall allow three minutes for a local member to speak. This duration is consistent with the time allowed for councillors to speak in Full Council and for those who address the Planning Committee. Statements will, therefore, need to be succinct and relevant."

Having sought legal advice during the adjournment, the Chairman invited Councillor D C Morgan to speak for three minutes to address the Committee on this item.

Councillor D C Morgan thanked the Chairman and indicated that she had not prepared an address but would highlight the main issues for Grantham residents, as noted below:-

- Up until 14 August 2016, a patient in need of resuscitation was able to present at Grantham A&E at any time during a 24 hour period;
- In the Grantham area, it was reported that there were 40 villages and 120k people, all of whom would no longer have access to emergency care overnight at Grantham A&E;
- The situation had been monitored locally and it was alleged that at least three people had died in transit to other hospitals. Although it was acknowledged that these patients may have died anyway, the Committee was advised that these patients were close to Grantham Hospital;
- Further detail on these patients was provided to the Committee for context – a very elderly lady who had fallen and hit her head; and a gentleman who had suffered a heart attack and had a further heart attack in the ambulance in transit to Lincoln Hospital. The concern was that lives were being held in the balance as a result of this decision;
- Having analysed the papers presented, Councillor Morgan also alleged that, although these may be unintentional, some facts were misleading;
- Councillor Morgan urged that the unit be reopened immediately.

The Chairman thanked Councillor Morgan for her address and referred the Committee to the report. She expressed disappointment that the report presented appeared to replicate the Board papers of United Lincolnshire Hospitals NHS Trust. The Committee was advised that the agenda pack presented for this item was larger than anticipated due to the number of embedded documents within the report from the Trust and this was to ensure that members of the Committee were in receipt of all information.

Consideration was then given to the report from Dr Suneil Kapadia (Medical Director – United Lincolnshire Hospitals NHS Trust) which provided an update in relation to the provision of emergency care at United Lincolnshire Hospitals NHS Trust and the next steps to ensure continued patient safety and public engagement.

The Chairman welcomed Jan Sobieraj (Chief Executive of United Lincolnshire Hospitals NHS Trust) and Dr Suneil Kapadia (Medical Director – United Lincolnshire Hospitals NHS Trust) and invited them to present the report which included:-

- A timeline of actions leading up to and following the temporary closure of Grantham A&E;
- The full collection of documentation associated with the change;
- An early indication on the impact of this change; and
- The next steps.

During July 2016, Lincoln and Pilgrim emergency departments expressed increasing concern as to their ability to fill their middle grade medical rotas. Due to the increasing reliance locally, and demand nationally for locum doctors the fill rate of A&E shifts was reducing, thereby leaving departments at Lincoln and Pilgrim significantly understaffed. The first week of August saw a further three middle grade doctors in Lincoln and 0.6wte at Pilgrim leaving the Trust which resulted in only 2.6wte middle grade doctors in Lincoln against an establishment of 11; and 4wte middle grade doctors at Pilgrim against an establishment of 11. Despite mitigation and planning the rota could not be safely staffed.

The Trust Board was appraised of the situation on 2 August 2016 and presented with potential options. The Trust Board was in agreement that the level of additional risk to patients as indicated by deterioration in ambulance handover times (particularly at Lincoln County Hospital); delays in first assessment; and a significant reduction in the number of patients assessed, treated and admitted or discharged within four hours (causing overcrowding within the emergency departments) was too great to continue without action. Approval was given, therefore, to implement a temporary service closure at Grantham in order to support staffing at Lincoln and Pilgrim A&E departments.

The impact of the changes could not be underestimated on patients, stakeholders and staff. It was stressed that the decision to reduce the opening hours at Grantham had not been taken lightly and was on the grounds of patient safety due to the lack of a viable alternative option.

An early monitoring process had been agreed and, between 17 August 2016 and 29 August 2016 indicated:-

- Daily average attendances at Grantham was approximately 60 which demonstrated a reduction of 20 attendance per day on the average attendance (80) seen between 1 August and 16 August 2016 and was less than the predicted reduction of 25. The daily peak in attendance was now being seen earlier in the afternoon which suggested a change in presenting behaviour. There had been no increase in attendance at Lincoln or Pilgrim during this period;
- Daily average admissions at Grantham were 12 in comparison to a previous average admission rate of 14 which suggested a daily reduction of 2 admissions per day. This was less than the prediction of 6. There had been no increase in admissions at Lincoln or Pilgrim during this period;

- There had been no material changes in Out-of-Hours presentations; and
- There had been no change in ambulance conveyance rates at Lincoln or Pilgrim although further data from EMAS was anticipated to analyse potential impact.

Early indications suggested that the expected impact was lower than originally thought although this would remain under scrutiny as it was acknowledged that the data only covered a 13 day period and was to be viewed with caution.

During these early stages releasing staff had provided 120 hours of middle grade support from Grantham to Lincoln A&E. This equated to 16.5% of the Lincoln middle grade rota and was expected to increase over the coming weeks as the rotas settled.

Significant recruitment activity had been ongoing for a considerable period of time to increase the numbers of middle grade staff and included:-

- All adverts had been reviewed and refreshed;
- A new agency had approached the Trust and suggested they would be able to assist with the recruitment of consultants and middle grade doctors across hard to recruit posts and this was being explored;
- The posts for Certificate of Eligibility for Specialist Registration (CESR) had been re-advertised;
- A&E speciality doctor posts had been advertised with up to two sessions per week, together with funding, to support the completion of an appropriate part-time MSc or PhD. This ULHT funded initiative had been developed in partnership with the Community and Health Research Unit based at the University of Lincoln;
- ULHT had arranged a stand at the Royal College of Emergency Medicine (RCEM) conference between 20-22 September 2016; and
- A launch of a Masters programme for middle grade doctors was planned.

The timeline for the future was reported to include the following:-

- Continue to review temporary arrangements with staff and partners;
- Continue the implementation of the public stakeholder engagement plan;
- Discuss at Member Locality Forums;
- Regular system calls would continue to monitor the impact of these temporary changes;
- Further quality assurance visits by NHS Improvement and the lead CCG would be completed;
- The Trust Board would be briefed in October and November;
- Suitable middle grade medical staff, in line with recruitment activities, would continue to be sought;
- Temporary arrangements for Grantham A&E would be reviewed at the Lincolnshire A&E Delivery Board on 11 October 2016; and
- NHS Improvement and NHS England to set a date, prior to the 17 November 2016, to review whether the temporary changes implemented at Grantham A&E could be lifted.

The Chairman stated that she had received legal advice on the powers of the Committee to refer the matter to the Secretary of State for Health in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The legal advice was complex but essentially stated that given the reasons for the Trust's decision on an urgent service reconfiguration on the grounds of patient safety, it would not be possible for the Committee reasonably to consider making a referral to the Secretary of State at this stage.

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

- Meetings had commenced with the people of Grantham and the SOS Grantham group to keep them up to date with developments;
- There was a clear need to ensure that the temporary partial closure worked as well as possible but it was stressed that all options would be given serious consideration as and when they were put forward;
- The balanced needs of Lincolnshire residents and the patient safety of service provision was the driving force for this decision;
- It was stressed that recruitment was ongoing but explained that even if appointments were made there was still a process to go through which was set out by the General Medical Council (GMC) which would include an English Language test for some applicants;
- Some recruitment had taken place through locum agencies but the same process must also be followed for those staff;
- It was suggested that the temporary closure may be extended after the three month period ended in November 2016 should recruitment efforts not enable a sustainable rota to be maintained;
- It was reported that to appoint one doctor from an agency could cost in the region of £10k and that the number of those who could be appointed in this way was limited;
- The retention rate was reportedly the best in the Midlands region but the Committee was asked to be mindful that this was an active market; The reasons for staff leaving had not identified a trend and was due to a variety of reasons;
- Staff morale at Grantham A&E was good and staff based there had indicated their feeling of increased pressure to deliver a service with the limited staff available. It was reported that morale at Lincoln County Hospital was low due to the stresses involved in continually attempting to fill shifts. The Committee was asked to note that Consultants based at Grantham had opted to continue to work there;
- The Trust maintained regular contact with the East Midlands Ambulance Service (EMAS) and the Chief Executive of EMAS had indicated there were no significant patient safety issues as a result of the partial closure;
- 30% of A&E attenders were purported to be discharged with no treatment;
- Service modelling had been done over a 24 hour period and it was apparent that patients were choosing to attend within the hours given;

- Workforce modelling work continued as part of the Urgent Care work which was hoped to give a more practical solution, supported by GPs, for initial triage;
- In order to accurately capture the impact of the partial closure, daily communication was taking place with stakeholders and data collected. A full report would be presented to the Committee once collated;
- The Committee expressed concern at the mixed messages given to residents from various healthcare professionals. Although people are advised not to present to A&E or to their GP with minor ailments, advertising campaigns were encouraging people to seek advice no matter how minimal the symptoms were to enable early diagnosis of more serious conditions. It was suggested that the advice for patients needed to be consistent and the system as a whole be considered and agreed;
- Lincoln County A&E and Pilgrim Hospital A&E were similar in the services provided. However, Grantham A&E had a range of conditions which could not be dealt with and patients with those conditions were always taken to another hospital. This had been the case for a number of years. This had been a source of frustration since the temporary partial closure of the unit, as the residents of Grantham were not aware that the services at this A&E department were extremely limited;
- Clear criteria had been set out in a paper produced by Professor Sir Bruce Keogh, National Medical Director of NHS England, which suggested that any unit not meeting that criteria would be classed as an Urgent Care Centre rather than an A&E;
- Road signage in Grantham indicated that the unit was an A&E department and it was explained that signage was not the control of the Trust;
- A consultation with GPs had taken place prior to taking this action and the possibility of them working together to keep the unit open. However, it was found that the GP community was not in a position to sustain this due to the shortage of GPs in the area;
- All evidence of heart attacks showed that the chance of survival was increased if the patient was transferred to a specialist heart unit (Lincoln County) even if the patient was closer to another A&E department (Grantham). Additionally, passengers involved in a train crash at Grantham would be taken to a major trauma centre (Nottingham University Hospitals NHS Trust or Lincoln County Hospital) as the rate of survival at these centres was greater;
- It was stressed that the decision taken was an extreme measure in order to minimise the impact on patient safety but that the wider decision would absolutely take account of democratic processes;
- The Committee was advised that Grantham A&E had never been a full A&E department and that the call to open it at this level would require a great deal of funding, infrastructure changes and increased specialist staffing.

RESOLVED

1. That the Health Scrutiny Committee for Lincolnshire's support for the permanent reinstatement of overnight Accident and Emergency Services at Grantham and District Hospital be recorded;

2. That the Health Scrutiny Committee for Lincolnshire's conclusion that it was not reassured that overnight Accident and Emergency Services would be reinstated at Grantham and District Hospital by 17 November 2016 be recorded, owing to the difficulty of recruiting suitably qualified A&E staff and a further extension to this temporary closure be anticipated;
3. That senior managers from United Lincolnshire Hospitals NHS Trust be invited to attend the Health Scrutiny Committee on 23 November 2016 to provide a detailed report on:-
    a. The position with regard to the recruitment of Accident and Emergency staff across the Trust; and
    b. The impact of the temporary overnight closure of Accident and Emergency at Grantham and District Hospital on other NHS services.

24 URGENT CARE UPDATE

A report by Gary James (Accountable Officer – Lincolnshire East Clinical Commissioning Group (CCG)) was considered which provided an update on urgent care services within Lincolnshire.

Gary James (Accountable Officer – Lincolnshire East CCG) and Ruth Cumbers (Urgent Care Programme Director – Lincolnshire East CCG) were in attendance for this item.

At 12.07pm, the Chairman temporarily left the meeting and handed the Chair to the Vice-Chairman, Councillor T M Trollope-Bellew.

The NHS constitution set out that a minimum of 95% of patients attending an A&E department in England must be seen, treated and admitted or discharged in under four hours ("the four hour A&E standard"). The target was originally introduced at 98% in 2004. More recently all types of departments had seen the number of attendances increase.

The national context was further explained with the impact on winter performance showing an increase in older patients presenting at A&E who then were admitted as an emergency. These patients were found to wait longer in A&E than other patients due to their complex needs and multiple illnesses which increased the chance of the four hour target being breached.

Local context in relation to A&E attendances and performance in Lincolnshire noted that the four hour A&E standard had been falling since the winter of 2014/15 and that the overall performance delivered at the end of 2015/16 was 86.0% compared with 90.2% in 2014/15.

As part of the 2016/17 planning and contract round, local systems were expected, by NHS England and NHS Improvement, to agree sensible trajectories for the Q4 performance at year end (March 2017). This regulatory decision reflected the number of systems failing to meet the 95% target across the country.

In Lincolnshire the agreed Q4 position for 2016/17 was 89% and, of the nine systems within the Central Midlands locality, three had a trajectory which delivered 95%. Regulators were satisfied that 89% represented a sustainable position within the local system despite being 6% below the constitutional standard. The report provided the figures for each month and confirmed that the agreed trajectory was achieved overall in Q1.

Bed Occupancy rates for hospitals were context dependent and varied between organisations. In recent years, there had been a national increase in the intensity with which beds were being used (this was measured by bed occupancy). For the year to date, United Lincolnshire Hospitals NHS Trust bed occupancy rate was 91.7% compared with 92.5%. However, the number of weekly acute beds open had fallen from 1005 in 2015/16 to a current average of 994 which demonstrated an overall improved position.

In relation to Delayed Transfers of Care (DTOC), Lincolnshire DTOC rates had fallen over the first quarter of 2016/17 with performance in June delivering 3.6% of bed days lost. The system was on track to achieve the target of 3.2% by the required date of October 2016.

Lincolnshire Community Health Services (LCHS) NHS Trust had experienced significant DTOCs through the first quarter of 2016/17 although these had been historically below 4%. The main outliers which had influenced the increase were improved reporting by Rehabilitation Services of patients who required onward placements appropriate to their needs and an increased demand upon Older Adult Division where the primary reasons for delay were "awaiting residential or nursing home placement or availability". The average demand for residential care was 65% of the total DTOC.

Within the Older Adult inpatient areas it was reported that eleven patients were DTOC over 90+ days and four at 60+ days, prime pathology specific to dementia.

There had been a notable increase in the Adult Acute Inpatient area DTOC for ward 12a at Pilgrim Hospital with three patients attributing to 14% of the total increase in May and June. Within the Connolly Ward at Lincoln County, the male acute ward had consistent DTOC across the period with two patients at 90+ days and three patients at 60+ days with prime delay due to housing.

Over the past 12 months, 154,998 calls had been made to the Lincolnshire 111 service with 37,895 calls made during Q1 2016/17. 63% of calls had resulted in patients being signposted to attend a primary or community care facility and 10% of calls resulting in no recommendation for service provision.

The urgent care recover plan had focussed on two distinct areas:- a 30 day rolling programme of actions for Pilgrim Hospital; and five priority areas agreed with the Emergency Care Improvement Programme (ECIP). In February a concordat had been agreed by leaders from each part of the Lincolnshire system and the regional tripartite to demonstrate the overall commitment to the five priorities:-

1. Emergency Care Flow;
2. Safer Care Bundle & 'No Waits' process implemented on 5 wards per month (including community);
3. Therapy Review/Improvement;
4. Amalgamation of existing discharge portals into a home first/Discharge to Access model (Transitional Care); and
5. Perfect Week Programme.

Delivery of the trajectory and Recovery and Improvement Action Plan was managed via several multi-agency stakeholder groups. This included a weekly Urgent Care Delivery Group meeting with ULHT which reported in to their fortnightly Operations Group. Within LCHS, there was an Operational Delivery Group which delivered internal transformation change.

In addition, the Lincolnshire Urgent Care Working Group met fortnightly to agree four to six week actions to support the recovery of the four hour emergency department standard and also tracked recovery of the overarching Recover and Improvement Plan.

The introduction of A&E Delivery Boards had been made by NHS England, NHS Improvement and the Association of Directors of Adult Social Services (ADASS) which replaced local System Resilience Groups (SRGs) and were designed to focus primarily on A&E. The Board was mandated to oversee five improvement initiatives:-

1. Streaming at the front door to ambulatory and primary care;
2. NHS 111 – increasing clinical call handler capacity in advance of winter;
3. Ambulances – Dispatch on Disposition and code review pilots;
4. Improved flow – "must do's" which each Trust should implement to enhance patient flow; and
5. Discharge – mandating 'discharge to assess' and 'trusted assessor' type models.

In relation to Grantham A&E and the temporary partial closure, a monitoring process had been agreed and implemented. Early monitoring undertaken by ULHT suggested that:-

- Daily average attendances at Grantham were in the region of 60 and demonstrated a reduction of 20 attendances per day on average attendance (80) between 1 August 2016 and 16 August 2016 which was less than the 25 reduction predicted. The daily peak of attendances was now being seen earlier in the afternoon which suggested a change in presenting behaviour. There had been no increase in attendance at Lincoln or Pilgrim;
- Daily average admissions at Grantham were 12 compared to a previous average admission rate of 14. This suggested a daily reduction of two admissions per day and was less than the six predicted. There had been no increase in admissions at Lincoln or Pilgrim; and
- There had been no material change in Out-of-Hours presentations.

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

- It was acknowledged that some patients making up DTOC figures were delayed due to their care package but, on occasion, there was a requirement to adapt their own home to meet their needs and this could take between six and nine months;
- Patients referred to who were often in a difficult position with a package of care was due to mental health needs and their ability to cope and manage as an individual within their own home required particular attention in relation to housing and social needs. This was the element which prevented some patients being discharged;

At this point of the proceedings, Mr P Keeling, representative of Healthwatch, declared an interest on the grounds that he was the Chief Executive of The Respite Association.

- Concern was noted about Nursing Homes across the country deregistering and the news that three homes in Lincolnshire giving notice of their intention to deregister. It was confirmed that these homes were having difficulty with the recruitment and retention of nurses. Both the CCG and County Council had undertaken a review of financial packages available to nursing home. Although this had introduced a significant financial pressure to the CCG it was a pressure which was deemed necessary;

At 12.20pm, the Chairman returned to the meeting and resumed the Chair.

- A minimum of eight to nine beds were open across all three sites and were referred to as escalation beds, some of which were at full capacity. These figures were updated daily to reduce the number of open beds. A plan from ULHT for those escalation beds was also included in those figures. It was acknowledged that these were in permanent use and that point had been taken back to the Trust;
- In order to deal with unexpected surges in demand, daily resilience calls which brought all systems together had increased. There was extra capacity within LCHS which increased the number of clinical assessors in ambulance call taking sessions. GP practices were engaged also as part of the surge and escalation plan. Costs incurred would be due to the impact on the pressures of day-to-day working;
- To ensure that the required number of escalation beds were available at all times, hospitals either stopped or did less planned care over those pressure periods;
- The nationally agreed targets for the A&E standard, agreed with ULHT, was 89% and, as part of the package, ULHT had received extra financial support from NHS England and NHS Improvement in the region of £47m to help them meet this standard;
- The winter plans were due on 3 October 2016 and it was suggested that these could be presented to the Committee at its meeting on 26 October 2016;

- Part of a national project, of which EMAS had control, was to find out if giving ambulances an extra two minutes on targets would give a better outcome for patients. The results to-date was that this did improve patient outcomes as it gave ambulance staff slightly longer to make decisions about the best care for the patient;
- Although the Chairmanship of the Urgent Care Board was now Jan Sobieraj, Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT), the Chairman asked that Gary James (Accountable Officer – Lincolnshire East CCG) attend to present the update as Commissioner of these services.

RESOLVED

1. That the current position with regard to urgent care in Lincolnshire be noted; and
2. That a report on Winter Planning for 2016/17 be scheduled on the Work Programme for the Health Scrutiny Committee for Lincolnshire for consideration at its meeting on 26 October 2016.

25 CANCER SERVICES IN LINCOLNSHIRE

The Committee considered a report by Sarah-Jane Mills, the Director of Development and Service Delivery, at Lincolnshire West Clinical Commissioning Group, which was the lead Clinical Commissioning Group (CCG) in Lincolnshire for commissioning cancer services.

The report to the Committee made reference to the incidence of cancer across Lincolnshire, with the highest number of new cases recorded in the South Lincolnshire CCG and South West Lincolnshire CCG areas. Nationally, there had been a steady increase in the diagnosis of new cancers since 2009. The report also referred to the importance of early detection, and the role of screening as part of this, in particular screening for breast cancer; cervical cancer; and bowel cancer. In this regard, the support of the County Council's Public Health Department was emphasised in the presentation to the Committee. Overall, the early diagnosis of cancer was lower in comparison to the national averages.

The report referred to survival rates in relation to which it was reported that one-year survival rates for all cancers across Lincolnshire were comparable to the national average; only in the South Lincolnshire CCG area did one-year survival rates exceed the national average. However, one-year survival rates for lung cancer were much lower in Lincolnshire, ranging from 30.5% to 39.4%.

The Committee was advised in the report of the performance of four local hospital trusts in quarter 1 against two of the national cancer standards: (1) the two week wait – the percentage of patients seen by a specialist within 14 days of referral; and (2) the 62 day treatment measure – the percentage of patients receiving treatment within 62 days. In relation to (2), United Lincolnshire Hospitals treated 71.4% of patients within 62 days.

Progress with the Lincolnshire Cancer Improvement Plan was reported to the Committee, which had focused on United Lincolnshire Hospitals NHS Trust (ULHT). This was because towards the end of 2015, the trajectory for cancer performance at ULHT had been improving month on month. Performance at ULHT had dipped from January 2016 onwards, which had been expected. However, the Trust's performance had not returned to the 2015 levels. A review to explore the reasons for this had found that there were increased demand for diagnostic tests early in the cancer pathway; reporting issues relating to software; and most importantly workforce availability.

In relation to workforce, the Committee was advised that there had been vacancies in the Oncology Team at ULHT between January and July 2016, which had affected performance and all these vacancies had now been filled. Similarly, there had been issues with staff vacancies in Chemotherapy, and these had now been addressed. Over the last two months the two week wait performance had further deteriorated at ULHT, owing to reduced radiology capacity in the Breast Service. Workforce availability remained the greatest risk to the service.

Further mitigation measures had taken place at ULHT which included patient tracking to ensure the waiting time standards were met; and a bid for national funding to support capacity in CT.

The Committee was advised of other improvements actions since January 2016, when cancer services had last been considered by the Committee. These included a pilot of a triage service by a clinical nurse specialist of patients with lower gastrointestinal cancer; and work with the County Council's Public Health Department on developing an understanding of the issues of the local population.

The Committee sought clarification on the following points:

- A new software package had been implemented within the last four weeks, which would track patients through the cancer pathway;

NOTE: At this point in the proceedings, Councillor R Kirk re-entered the meeting at 1.15 pm.

- It was confirmed that a dedicated project manager had been appointed to lead the development of community based services. A separate project manager had also been appointed to lead the *Find Out Faster* initiative;
- The Committee was advised that a piece of work would be carried out to focus on the support arrangements for patients who were transitioning between acute and palliative care;
- A submission had been made for national funding. The funding would be used to install a second CT scanner, which would be located at the Pilgrim Hospital in Boston. This would increase capacity across United Lincolnshire Hospitals NHS Trust and allow for 7 day working at Lincoln County Hospital. Further to this, Members were referred to the challenges in relation to radiology staffing;

- Whilst treatment for patients was good at United Lincolnshire Hospitals NHS Trust, a significant issue was the availability of diagnostic results for oncologists, which ultimately led to patients having to rebook appointments with oncologists, who could not proceed without the results. The Director of Development and Service Delivery agreed to follow this up;
- In response to a question on bowel cancer screening, it was clarified that this screening was offered to people between the ages of 60 and 69 in accordance with national guidelines. It was possible that the people over the age of 69 could receive screening, but this relied on their own vigilance in seeking appointments;
- It was confirmed that a key focus of the work was on prevention and awareness.

RESOLVED

1. That progress with the Lincolnshire Cancer Improvement Plan be acknowledged, including the actions taken since the previous report to the Committee in January 2016; and
2. That a further report be requested on cancer services in Lincolnshire on 15 March 2017.

NOTE: At 1.45pm, the Committee adjourned for lunch and reconvened at 2.20pm. On return, the following Members and Officers were in attendance:-

County Councillors

Councillors Mrs C A Talbot (Chairman), T M Trollope-Bellew, R C Kirk, Mrs J M Renshaw, S L W Palmer, Mrs S Ransome and Mrs S M Wray

District Councillors

Councillors J Kirk (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), Mrs K Cook (North Kesteven District Council) and Mrs R Kaberry-Brown (South Kesteven District Council)

Officers in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Richard Henderson (Acting Chief Executive – East Midlands Ambulance Service (EMAS)), Gary James (Accountable Officer – Lincolnshire East CCG) and Blanche Lentz (Lincolnshire Divisional Manager – East Midlands Ambulance Service (EMAS))

Healthwatch

Mr P Keeling

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

Councillors Miss E L Ransome

26 EAST MIDLANDS AMBULANCE SERVICE RESPONSE TO THE CARE QUALITY COMMISSION INSPECTION REPORT

Consideration was given to a report from Richard Henderson (Acting Chief Executive – East Midlands Ambulance Service NHS Trust (EMAS)) which provided a copy of the Quality Improvement Plan produced in response to the inspection findings of the Care Quality Commission (CQC).

Richard Henderson (Acting Chief Executive – East Midlands Ambulance Service (EMAS)) and Blanche Lentz (Lincolnshire Divisional Manager – East Midlands Ambulance Service NHS Trust (EMAS)) were in attendance for this item.

The Committee received a presentation which highlighted relevant areas for consideration from the report of the CQC. These included:-

1. CQC rating following November 2015 inspection;
2. Key themes from the inspection report – frontline staffing support, leadership and training; vehicles and equipment; medicines management and record keeping; serious incident reporting and learning; complaints reporting and learning; and hospital handover delays;
3. Progress and action going forward – 2016/17 contract settlement;
4. Progress and action going forward – frontline staff, support, leadership and training;
5. Progress and action going forward – vehicles and equipment;
6. Progress and action going forward – learning from serious incidents and complaints;
7. Turnaround – Total Lost Hours;
8. Working together to improve patient safety – Health Education England (HEE), workforce development; Hospital handover delays; and improved system-wide demand management;
9. Summary – action taken and improvements made were being delivered with support from commissioners and regulators.

Three core services had been inspected by the CQC which included the Emergency Operations Centre; Urgent and Emergency Care including the Hazardous Area Response Team (HART) and the air ambulance; and Patient Transport Services.

Overall the Trust had been rated as 'requires improvement'.

The EMAS Board considered its response to the CQC Inspection on 5 July 2016 and developed an action plan to respond to the issues identified in the CQCs report. This action plan formed part of the Trust's overall Quality Improvement Plan. A key element in the action plan was the commissioning of a Strategic Demand, Capacity and Price Review, which was also supported by the commissioners.

A Regional Scrutiny Briefing had been held on 5 July 2016 which representatives from all eleven health overview and scrutiny committees in the EMAS region had been invited. A number of points were raised during that meeting but, due to the absence of a requirement for EMAS to deliver national response time standards as part of its contract for 2016/17 (including the absence of any requirement for EMAS to deliver these standards at Clinical Commissioning Group level) the Committee was requested to consider how best to scrutinise the response time performance of EMAS at future meetings. For example, the provision of response time information at Divisional for CCG level would be indicative.

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

- It was noted that community defibrillators were fit for purpose and suitable for communities but defibrillators used on ambulance vehicles were more advanced and gave the paramedic more relevant information to enable suitable treatment of the patient;
- Although disappointing to receive an 'inadequate' rating for safety, it had proved helpful as the service were able to revisit the issue of ambulance 'drift'. It had reaffirmed the need to ensure that other health systems could be adapted to ensure the release of ambulances on arrival at hospital;
- The contract for the exiting Toughbooks had ended but negotiations for an extension to that contract were ongoing. Consideration was being given to a replacement for the Toughbook to ensure that the latest product was available to staff and the Trust was confident that this would be rolled out during 2017;
- Although it was helpful to have an EMAS Clinician in hospitals to receive patients in order to release crews, the challenge was that these members of staff were trained paramedics and should be out in the community;
- As part of the enforcement action, there was a requirement to ensure that systems were implemented to address issues of significant concern. As a result an independent body had evaluated all the activity and demand levels to ensure the contract was fit for purpose to deliver services for those demands. That charge was to be apportioned to commissioners to ensure that the contract met those needs;

At 2.57pm Councillor R C Kirk joined the meeting.

- Although it was a requirement to ensure that all staff received statutory and mandatory training, the Trust also needed to ensure that there were enough emergency vehicles to meeting demand. There was not currently sufficient resource to meet demand and therefore the Trust were unable to remove staff from frontline service for training such as Information Governance;
- An independent review of the Strategic Demand, Capacity and Price Review was ongoing to ensure that there were sufficient levels of units in the community. Staffing levels remained low and it was difficult to recruit;
- The line management model for undertaking appraisals had been changed to ensure there was more access to frontline managers. Staff had regular

contact with managers and team leaders which was giving more opportunities for managers to support staff;

- Over 300 staff had been recruited, the Trust estates programme had been reorganised and £5m savings as a result of that had been invested in frontline vehicles;
- Staff retention had been an issue and third party providers had been used to support some of the low level support. Despite continued recruitment, the numbers needed were still too low;
- The cost of the independent review was insignificant and had been jointly funded by EMAS and lead commissioners (Hardwick CCG representing 22 CCGs across the region). The lead local commissioner for Lincolnshire was Lincolnshire West CCG;
- It was confirmed that EMAS continued to contract third party companies for patient transport but it was suggested that a certain company utilised unequipped vehicles and/or untrained staff to transport patients. This was strongly refuted and the Committee assured that EMAS do not use unqualified staff. All third party staff were also trained to the level expected of EMAS contracted staff. The Chairman requested a briefing paper to explain the detail of the contract and also the training and equipment required to fulfil that contract;
- It was further clarified that all companies who provide ambulances had to be CQC inspected and registered;
- In relation to the NHS 111 service, it was confirmed that once a call was passed to EMAS it then became a 999 emergency. Work was ongoing with the NHS 111 provider to ensure that inappropriate calls were not received and there has been a high volume of these calls recently;
- Although there was a clause in staff contracts that training costs would have to be paid back should they leave service within a specified timeframe but this had proved difficult to enforce;

At 3.30pm, Councillor Mrs S Ransome left and did not return.

- In relation to Slide 4 of the presentation, the Committee requested a full breakdown of the total lost hours for Lincolnshire by hospital as a result of turnaround delays;
- Full detail on third party contracts and the training those staff receive and the equipment used be provided to the Committee.
- The Chairman took the opportunity to congratulate EMAS on the success of the Joint Conveyancing Project and also the first responder service and the work undertaken by LIVES in relation to response times.

RESOLVED

1. That assurance on the response of the East Midlands Ambulance Service NHS Trust (EMAS) to the Care Quality Commission's Inspection Report including consideration of the Trust's Quality Improvement Plan be agreed;
2. That the additional information, as noted above, be formally requested by the Health Scrutiny Officer.

27 CONGENITAL HEART SERVICES - EAST MIDLANDS CONGENITAL HEART CENTRE

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided the content of the Chairman's letter to NHS England, seeking a commitment to a full public consultation and the response received from NHS England.

The Committee was referred to page 175 of the report and an update provided on the outcome of other Health Scrutiny Committees in the region in relation to this item.

Nottingham City and Nottinghamshire Joint Health Scrutiny Committee had decided more information was required in order to consider whether the decommissioning of this service would be a substantial variation.

Derbyshire County Council's Health Scrutiny Committee had sought assurance for a consultation and also detail of the alternatives for Level 1 services.

The Committee was advised that the Joint Health Scrutiny Committee for Leicester, Leicestershire and Rutland was due to meet on 29 September 2016 and not 21 September as indicated in the report.

The Chairman expressed her disappointment at the response received and asked the Committee's views on writing again to Will Huxter, seeking details on what NHS England would be including in the consultation and making reference to the report of the Independent Reconfiguration Panel in 2013.

At 4.00pm, Mr P Keeling left the meeting and did not return.

RESOLVED

That the proposal that the Chairman write again to Will Huxter, Senior Officer, NHS England to ask what would be the focus of the consultation be unanimously agreed.

28 APMS [ALTERNATIVE PROVIDER OF MEDICAL SERVICES] GP SURGERIES

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided an update on the interim management arrangements introduced at four GP practices within Lincolnshire from 1 August 2016.

On 21 July 2016 it was announced by Lincolnshire West CCG that the interim management arrangements would be introduced in four APMS GP practices in Lincolnshire from 1 August 2016. It was announced that Lincolnshire Community Health Services NHS Trust (LCHS) would run the surgeries until at least 15 December 2016 on a caretaker basis. The CCG had undertaken a survey of patients which sought views on the services currently received and what they would like for the future.

A procurement exercise had been launched which would require any provider to operate both morning and afternoon sessions Monday to Friday but could not operate as a branch surgery to an existing GP practice. Interested providers were required to bid by 14 October 2016. Should no bids be received to run any, or all, of these surgeries, the CCG would need to consider dispersing the patient lists to alternative GP surgeries. The interim management arrangements could not continue on a permanent basis.

RESOLVED

That the report be noted and that a further update be presented to the Committee at its meeting in November 2016.

29 QUALITY ACCOUNTS 2015-16

Consideration was given to a report from Simon Evans (Health Scrutiny Officer) which provided an opportunity for the Committee to consider the annual Quality Accounts of local providers during 2015-16.

The Health Scrutiny Committee for Lincolnshire and Healthwatch Lincolnshire had prepared a joint statement on the following draft quality accounts for the following organisations:-

- Lincolnshire Community Health Services NHS Trust;
- Lincolnshire Partnership NSH Foundation Trust;
- United Lincolnshire Hospitals NHS Trust;
- Boston West Hospital;
- East Midlands Ambulance Service NHS Trust;
- Marie Curie;
- Northern Lincolnshire and Goole NHS Foundation Trust;
- Peterborough and Stamford Hospitals NHS Foundation Trust; and
- St Barnabas Hospital.

The Chairman asked that her personal thanks to the Quality Accounts Working Group be recorded for the contribution made to the preparation of the Quality Accounts.

Formal thanks were also offered, on behalf of the Quality Accounts Working Group, to Simon Evans (Health Scrutiny Officer) for his help and guidance throughout the process.

RESOLVED

That the report be noted.

30 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

Simon Evans (Health Scrutiny Officer) confirmed that, further to discussion at the meeting today, the following items would be added to the work programme:-

1. ULHT – Emergency Services Update – November 2016; and
2. Winter Planning – October 2016.

It was also agreed to add an update from LIVES as an item to be programmed.

RESOLVED

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

Merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust

On 20 September 2016, the full business case for the merger of Peterborough and Stamford Hospitals NHS Foundation Trust with Hinchingbrooke Health Care NHS Trust was published. This was to be considered by the Peterborough Board on 27 September 2016 followed by the Hinchingbrooke Board on 29 September 2016.

P&SHFT had offered to meet with the Committee or members of the Committee to go through the full business case although they were unable to attend the next meeting of the Committee in October. It was indicated that the November meeting would be too late.

There had also been an approach from Peterborough City Council and Cambridgeshire County Council, who planned to form a joint health scrutiny committee, to respond to the business case.

The options available to the Committee were:-

1. No formal response;
2. Nominate a member to participate in the joint committee as a non-voting member and feed into the joint committee's response;
3. Nominate a member to participate in the joint committee as a non-voting member and feed into the joint committee's response AND make a separate response on behalf of the Health Scrutiny Committee for Lincolnshire; or
4. Decide not to nominate a member for the joint committee and make own response to the business case.

RESOLVED

That Option 4 be agreed and a working group comprising Councillors T M Trollope-Bellew and Mrs S M Wray be established to draft and finalise a response to the Full Business Case, with Councillors D Brailsford, P M Dilks and R L Foulkes being invited to attend as the local members.

Annual Public Meetings

Attendance at the following Annual Public Meetings had been agreed and volunteers requested for those without representation:-

- 22 September – Lincolnshire East CCG (Golf Hotel, Woodhall Spa) – Councillor S L W Palmer to attend;
- 26 September – United Lincolnshire Hospitals NHS Trust (Bishop Grosseteste University, Lincoln) – Councillor C J T H Brewis to attend;
- 27 September – South West Lincolnshire CCG (New Life Centre, Sleaford) – Councillor K Cook to attend;
- 28 September – Lincolnshire West CCG (The Showroom, Lincoln) – Councillor J Kirk to attend;
- 29 September – South Lincolnshire CCG (Springfield Event Centre, Spalding) – volunteer required.

The meeting closed at 4.30 pm