



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
16 MAY 2018**

Lincolnshire County Council

Councillors Mrs K Cook, M T Fido, M A Whittington and R A Renshaw.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Mark Brassington (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Dr Sunil Hindocha (Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG)), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Michelle Rhodes (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Jan Sobieraj (Chief Executive, United Lincolnshire Hospitals NHS Trust), Sue Bennion (Head of Midwifery and Nursing - Women and Children's Services, United Lincolnshire Hospitals NHS Trust) and Dr Rao Kollipara (Consultant Paediatrician, United Lincolnshire Hospitals NHS Trust).

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

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16 MAY 2018

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2018/19.

COUNCILLOR C S MACEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2018/19.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R J Kendrick, R H Trollope-Bellew and P Gleeson (Boston Borough Council).

It was noted that Councillor S Woodliffe (Boston Borough Council) had attended the meeting on behalf of Councillor P Gleeson (Boston Borough) for this meeting only.

An apology for absence had also been received from Councillor Mrs S Woolley, Executive Councillor for NHS Liaison and Community Engagement.

4 DECLARATIONS OF MEMBERS' INTERESTS

Councillors Mrs P F Watson and S Woodliffe advised the Committee that they were currently patients of United Lincolnshire Hospitals NHS Trust.

5 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 18 APRIL 2018

The Committee extended their thanks to Simon Evans, Health Scrutiny Officer and Katrina Cope, Senior Democratic Services Officer for their continuing support to the Committee.

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire held on 18 April 2018 be agreed and signed by the Chairman as a correct record.

6 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman advised that it was proposed in relation to announcement 3, which related to Healthwatch Lincolnshire's report on GP Appointments (pages 18-19 of the agenda

pack) that this matter would be discussed as part of the work programme item later on in the agenda.

A paper copy of supplementary Chairman's announcements was circulated at the meeting.

The Chairman advised that Councillor J Kirk had been appointed to the Executive of the City of Lincoln Council, and as a result was now no longer able to be a member of the Committee. The Committee was advised that the City of Lincoln Council had appointed Councillor C Burke as their representative on the Committee, with Councillor B Bilton as their nominated replacement member.

The Committee was advised further that Councillor Dr M E Thompson had been appointed by the Leader of Lincolnshire County Council as the Executive Support Councillor to Councillor S Woolley, Executive Councillor for NHS Liaison and Community Engagement; and that going forward Councillor Thompson would be attending the Committee in that capacity.

The Supplementary announcements also made reference to:-

- Extended GP Opening Hours – Consultation by Lincolnshire West Clinical Commissioning Group;
- Joint Ambulance and Fire Station in Sleaford; and
- Chief Executive of North West Anglia NHS Foundation Trust.

RESOLVED

That the Chairman's Announcements presented as part of the agenda on pages 17 to 20; and the supplementary announcements circulated at the meeting be noted.

7 CHILDREN AND YOUNG PERSONS SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - RISK TO THE SAFETY OF THE SERVICE

The Chairman welcomed to the meeting:-

- Jan Sobieraj, Chief Executive, United Lincolnshire Hospitals NHS Trust;
- Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust;
- Michelle Rhodes, Director of Nursing, United Lincolnshire Hospitals NHS Trust;
- Sue Bennion, Head of Midwifery and Nursing – Women and Children's Services, United Lincolnshire Hospitals Trust; and
- Dr Rao Kollipara, Consultant Paediatrician, United Lincolnshire Hospitals NHS Trust.

The Chief Executive in his introduction advised that a series of circumstances had led to the challenging position currently faced by the children's and young

person's department specifically at Pilgrim Hospital, Boston. It was highlighted that at the moment services were safe, and that the Trust was actively working to recruit staff. It was reported that the children's services provided at Pilgrim Hospital could not be sustained in their current form beyond July 2018, unless additional middle grade doctors were recruited, in addition to the long standing nursing shortages.

The Medical Director advised that services provided by the children's and young person's department were complex and included:-

- Acute Children's Inpatient Service;
- Emergency Children's Assessment;
- Neonatology;
- Consultant Led Obstetric Service;
- Emergency Department;
- Outpatients Clinics and Procedures;
- Community Children's Services; and
- Children's Elective inpatient and Day Case Surgery.

The Committee was advised that the service had over the last three years experienced both medical and nursing staffing challenges, which had been mitigated by temporarily closing beds; increasing the skill mix of staff; and utilising both locum and agency medical staff. It was highlighted that the Clinical Directorate Team, supported by the Children's Multi-Disciplinary Team at Pilgrim Hospital, Boston had highlighted their concerns that the children's service at Pilgrim Hospital, Boston was currently safe, however, that moving forward the service might struggle to provide safe care if the staffing shortages remained the same.

The Committee was advised that a task and finish group had been established to develop the work required to mitigate the current risks to ensure the safe and sustainable running of children's, obstetrics and neonatal service at United Lincolnshire Hospitals NHS Trust.

It was highlighted that nationally there was a 25% shortage of middle grade doctors for paediatric services.

The Committee was advised that a paper had been presented to the United Lincolnshire Hospitals NHS Trust Board on 27 April 2018, a copy of which was attached at Appendix A to the report presented. The Committee was advised further that the paper had outlined five options regarding temporary measures that might need to be taken to maintain safe paediatric services at Pilgrim Hospital, Boston. The United Lincolnshire Hospitals Trust Board had supported the further working up of four of the options; and had requested a further more comprehensive report being presented to the next United Lincolnshire Hospitals Trust Board meeting to be held on 25 May 2018.

In conclusion, the Committee was advised that the Trust felt that Option One was the option the Trust wanted to maintain; and that steps were being undertaken to put

together sufficient mitigation to maintain a safe service; but at the same time the Trust was being mindful of the associated risks. The Committee were invited to provide any feedback to the Trust Board for consideration at its 25 May 2018 meeting.

During discussion, the Committee raised the following issues:-

- Recruitment – The Committee was presented with extensive evidence surrounding the recruitment process to recruit middle grade paediatric doctors. The Committee was advised that the Trust was using a specialist recruitment consultant to assist overseas applicants with visa documentation. It was highlighted that the said consultant was well acquainted with relevant processes and procedures. Details relating to staffing were shown on pages 41 to 45 of the report presented. It was felt that if Option One was to be maintained, then efforts needed to be continued to recruit staff. One member highlighted that the recruitment issue had been a long standing issue, which had not been resolved which had resulted in the current recruitment situation. Confirmation was given that the Trust operated a whole range of incentives for the benefit of its staff. The Committee was advised there was a number of staff expected in October through the last round of international recruitment.

It was also highlighted to the Committee that nationally there were 50,000 nursing vacancies. It was reported that systems were in place to help with recruitment and that the Trust had managed to recruit 100 nurses since November 2017;

- The need for the involvement of all Lincolnshire MPs. The Committee was advised that Matt Warman (Member of Parliament for Boston and Skegness) had raised the matter with the Prime Minister who had been supportive of maintaining services at the Pilgrim Hospital, Boston. Matt Warman had also met some children's services staff; and was due to meet others at a meeting scheduled for Friday 18 May 2018;
- Whether help had been sought from other organisations. Confirmation was given that the Trust was seeking help from other areas;
- New starters and staff returning from maternity leave. The Committee was advised that there was an expectation that the new starters and those returning from maternity leave would not be going elsewhere. Confirmation was also given that the three paediatric nurses who had been assisting in the Emergency Department had now returned back to the wards; as Emergency staff had now completed the necessary training;
- A question was asked as to why the Trust was unable to retain middle grade doctors. The Committee was advised that all the Trust's medical staff received training and support to help them develop in their roles. Some medical staff had left for a variety of reasons, some of which were personal reasons, and some for better career development and promotion. The Committee noted that the Trust was not perfect and that the Trust did not tolerate bullying. The Trust was endeavouring to employ individuals who had the necessary skill sets and values to deliver the level of care required. It was further noted that to sustain rotas the Trust had a very active bank shift

programme. The Committee was advised that the Trust's retention rates were good, but that changes to working arrangements might have an impact on personal development and job satisfaction;

- Some members expressed concerns relating to the similarities surrounding the reduction of paediatric services at Pilgrim Hospital, Boston to the overnight closure of Grantham Hospital's A & E department overnight; and to the implications of the Sustainability and Transformation Partnership (STP). Reassurance was given that no decision had been made to withdraw any services on a permanent basis. The Trust advised that they had the patient's best interests at heart and providing a safe and sustainable service was paramount; and that they would continue to recruit to the vacant positions to mitigate the risks. One member highlighted that the uncertainty was as a result of members of the public in Boston being frightened by the impending changes to the services; as a result of the potential travelling distance to Lincoln Hospital. Some members of the Committee felt that as there was uncertainty, the need for better communication was paramount;
- Options - The Committee was advised that options two and three referred to between one and two children per day being transferred by ambulance from Pilgrim Hospital, Boston to Lincoln County for an in-patient bed. The Trust advised that further work was being done on the possibility of commissioning a separate ambulance service to make the inter-hospital transfers, as EMAS was unlikely to offer this service in every instance. One member suggested the use of an air ambulance in these circumstances. One member enquired as to why the five options that had been presented to the Trust Board had not been worked up properly. Details of the five options were shown on pages 56 to 62 of the report presented. The Committee was advised that the options had come from the clinical teams; and then discussed by the task and finish group and the wider health community. The Trust Board had at their meeting on 27 April looked at the options and requested that further work should be done on four of the options.

Some discussion was had as to the effect option three would have on maternity provision and patient choice. The Committee was advised that choices of a home-birth, midwifery led unit or consultant-led unit should be offered as a part of the principle of patient choice. It was noted that for 1,650 mothers the choice of consultant-led birth at their preferred local hospital might be removed if option three was adopted. It was also noted that with this option 1,650 mothers would now be expected to travel further to give birth. Confirmation was given that the midwifery- led model was a national model; and that women wanted choice and options. The most important factor was that the right service was delivered for women and children. One question was asked concerning the number of home births in the Polish community. The Committee was advised that this data would be circulated to members of the Committee. One member felt that offering so much choice to mothers in the current poor recruitment climate might put extra pressure on services provided; particular reference was made to provision for home births. The Committee was reassured that home births would be the better option for resources in this instance.

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It was highlighted that in addition to the patient transfer arrangements for options two and three, there would be further impacts on travelling time for parents and families. The Committee was advised that the Trust's preferred option was option one;

- The role of Health Education England and the General Medical Council – It was stated that the Trust was in discussion with Health Education England's regional deanery on ensuring tier 1 and tier 2 trainees would continue to receive training in Lincolnshire; as the General Medical Council was applying strict standards on the expected content of training;
- One member highlighted there was a need to build on existing partnerships to ensure that correct facts were circulated to all, to help alleviate the fears members of the public were having;
- Themes arising from engagement relating to the children's and young people's service, details of which were shown on page 101 of the report presented. It was noted that in relation to an emergency very few parents had called 111 and followed the process; or had tried to get an appointment with a GP. The Committee was advised that the process of streaming prior to the A & E would help to ensure that children could be seen by an appropriate professional; and
- The role of the Clinical Senate. The Committee was advised that the Clinical Senate had been commissioned by NHS England; and that the Clinical Senate was brought in to offer advice and assurance. Confirmation was given that the Trust was obliged to listen to the advice and guidance provided by the Clinical Senate. The Committee was advised further that there were 12 Clinical Senates across England, and that they were introduced as part of the Health and Social Care Act 2012. The Clinical Senate comprised of professionals as well as patients to look at clinical service issues independently. Confirmation was given that the Clinical Senate had no remit for finance related matters.

In conclusion, the Chairman expressed thanks on behalf of the Committee for the Trust representative's attendance and for their openness; and to the staff that had, and were still continuing to provide women's and children's services at Pilgrim Hospital, Boston. In view of the concerns raised by the Committee, it was agreed that a further update on children's services at Pilgrim Hospital, Boston should be presented to the 13 June 2018 Health Scrutiny Committee for Lincolnshire meeting; and that a letter should be sent from the Chairman, on behalf of the Committee to Jan Sobieraj, Chief Executive United Lincolnshire Hospitals NHS Trust detailing the Committee's comments so that they could be passed on to the Board of ULHT in readiness for them making their decision regarding the future options for children's services. The Committee highlighted the need to also write to all Lincolnshire MP's to ask for their support regarding this matter.

RESOLVED

1. That the report concerning Children and Young Persons Services at United Lincolnshire Hospitals NHS Trust – Risk to the Safety of the Service be received.
2. That a further update on Children's and Young People's Services be presented to the Health Scrutiny Committee for Lincolnshire at the 13 June

2018 meeting; at which the frequency of future updates going forward relating to children's and young people's services would be determined.

3. That a letter be sent from the Chairman of the Health Scrutiny Committee for Lincolnshire to United Lincolnshire Hospitals NHS Trust outlining the Committee's comments concerning the four options for the provision of children's and young people's services.
4. That the letter sent from the Chairman of the Health Scrutiny Committee for Lincolnshire to United Lincolnshire Hospitals NHS Trust be copied to all Lincolnshire MP's asking for their support concerning the provision of children's and young people's services.

8 PATIENT ACCESS TO PRIMARY CARE - LINCOLN AREA

Consideration was given to a report from the Lincolnshire West Clinical Commissioning Group, which provided the Committee with an update on the development of primary care services to meet the needs following the closure of the Lincoln Walk-in Centre.

Detailed to the report for the Committees consideration were the following Appendices:-

- Appendix 1 - Alternative Provision Plan;
- Appendix 1A - Alternative Provisions Description;
- Appendix 1B - Alternative Provision Engagement Plan;
- Appendix 1C - Alternative Provision Communications Review;
- Appendix 2 - GP Practice Impact Review;
- Appendix 3 – A & E Attendance Impact Review; and
- Appendix 4 – NHS 111 Lincolnshire Calls.

The Chairman welcomed to the meeting Dr Sunil Hindocha, Chief Clinical Officer, Lincolnshire West Clinical Commissioning Group (LWCCG), Sarah-Jane Mills, Chief Operating Officer, LWCCG; and Wendy Martin, Executive Lead Nurse and Midwife, Quality and Governance, LWCCG.

The Chief Clinical Officer introduced the report and advised that the LWCCG had as a result of the requests for information raised by the Committee at the February meeting had in the report been able to provide an update relating to the following issues:-

- Abbey Medical Practice – the Committee had requested further information regarding the impact on this practice following the closure of the Walk-in Centre;
- GP Practices List Sizes – a question had been raised as to whether there was capacity to meet the demand;
- GP Appointments/Primary Care Access; and
- Reception Staff Training.

The Chief Operating Officer, LWCCG advised the Committee that in relating to the Abbey Medical Practice, an additional GP, practice nurse and clinical pharmacist had been recruited to manage presenting demand following the closure of the Arboretum Surgery and the Walk-in Centre. It was also highlighted that a plan was being developed with a business case, for approval by the Primary Care Commissioning Committee to enable the practice to consolidate their services on to one site. The Committee was advised that the additional staffing had provided capacity to meet demand; and that work would continue to secure the development of services to one site.

It was reported that the majority of patients who had attended the Walk-in Centre over the last two years had been registered with GP practices located in the LWCCG. It was noted that only 3.3% of patients who had attended the Walk-in Centre had been unregistered.

The Committee was advised that the provision of additional resources and better use of existing resources at GP practices had enabled GPs to manage presenting demand. Appendix 2 to the report provided the Committee with responses from the eight GP practices.

Reference was also made to the fact that the Lincoln University GP practice had actively promoted registration to increase their GP list size to manage their demand, which had resulted in additional registrations and increased daily appointment demand.

In relation to access to pre-bookable and same day appointments, the Committee was advised that any impact had been managed through extended triage, clinics and additional resources or better use of existing resources. It was noted that a group of practices had come together to extend their evening surgery opening times and also provide Saturday access for patients; and that these would be operational from September 2018

The Committee was advised that making Every Contact Count training was currently being delivered across LWCCG. The Committee was advised further that 112 reception and administration staff had completed the training and that the rest would be completed by the end of May 2018.

It was highlighted that the implementation of the GP Forward view was increasing time for GPs to provide care.

Executive Lead Nurse and Midwife, Quality and Governance advised that the utilisation of NHS 111 and the Clinical Assessment Service had increased across Lincolnshire during the winter and spring period. Appendix 4 to the report provided details of the number of calls to NHS 111 for Lincolnshire.

It was highlighted that A & E data was continuing to be monitored and to ensure that any potential impact from the Walk-in Centre was quickly identified and that plans were put in place to mitigate the impact. Appendix 3 provided the Committee with

comparison information. It was highlighted further that preliminary data had suggested that there had been an increase in A & E attendance of on average 10 patients per day since the closure of the Walk-in Centre. Further analysis of the data had then suggested that of the attendances only five from this total were likely to be previous Walk-in Centre users, and that these cases could be accommodated through available Urgent Care Streaming.

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

- The effect the closure of the Walk-in Centre was having on homeless people. The Committee was advised that the effect had been minimal as many were using GP practices. It was highlighted that work was ongoing with homeless organisations;
- Clarification was sought regarding the information at the top of page 108 relating to A & E. The Committee was advised that it was not possible to provide definitive data whether these patients who attended A & E would have previously attended the Walk-in Centre; as this had not been a question that had been asked of those attending A & E. The main focus had been on educating patients to contact their GP or Out of Hours provision;
- One member requested further information regarding GP Optimisation. The Committee was advised that GP Optimisation enabled GP practices to make the most effective use of primary care resources by transforming the way administrative tasks were carried out within general practice;
- A question was asked as to what improvements had been made to remedy the issues residents were experiencing accessing 111; and also the issues faced with differing services offered across the pharmacies. The Committee was advised that the 111 and Clinical Assessment Service in Lincolnshire were leading the way. It was noted that the 111 and the Clinical Assessment Service considered carefully the issues raised by patients, making sure that the advice given was appropriate. The Committee was also advised that urgent repeat prescriptions were now available through contacting 111. It was noted that a least 80 pharmacies had signed up to provide the service in Lincolnshire;
- The timescale for the services at the Abbey Surgery to be consolidated – The Committee was advised that this was still work in progress; and
- Whether there were any issues around the signposting to the correct service for the public's needs and issues with regard to quicker access to GPs and what was being done to improve this. The Committee was advised that there were four Clinical Pharmacists based in the Lincoln who would see patients and free up GP's appointment time where appropriate. Same day access for urgent need was available at all practices. It was noted that additional appointments were being provided at the University of Lincoln practice; and that a pilot to use Skype appointments was being explored.

In conclusion, it was agreed that a large amount of work had been carried out since the February 2018 meeting; and the Committee agreed that a progress report should be received by the Committee in six months' time.

The Chairman extended thanks on behalf of the Committee to the three LWCCG representatives for their update.

RESOLVED

1. That the report presented concerning Access to Primary Care – Lincoln Area be received.
2. That a progress report be received by the Health Scrutiny Committee for Lincolnshire in six months' time.

The Committee adjourned at 1.00pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillor M T Fido and Dr B Wookey (Healthwatch Lincolnshire).

9 WINTER RESILIENCE REVIEW 2017/18

The Chairman welcomed to the meeting Ruth Cumbers, Urgent Care Programme Director and Mark Brassington, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust.

The purpose of the report was to update the Committee on system resilience during the Winter 2017/18.

The Urgent Care Programme Director advised that the 2017/18 winter had been difficult, both locally and nationally. Causes of the pressures in Lincolnshire were as a result of a higher level of respiratory illness than expected; higher levels of flu than expected with more people having to be hospitalised; and the loss of bed capacity due to norovirus.

Details of the actions of the Winter Plan for Lincolnshire's health and care system were shown on page 149 of the report presented; along with details of the significant steps taken at national level to improve NHS resilience.

It was noted that despite the preparations there had been a number of continuing difficulties and pressures which had put pressure on the system's ability to cope. This had included the flu strain; funding pressures; lack of beds; workforce pressures and underlying performance pressures.

It was highlighted with the acute trusts seeing more people in both worse and frailer conditions, and the National Emergency Planning Panel had recommended to all acute trusts that non urgent operation should be cancelled during January 2018. It was highlighted that although this was enacted in Lincolnshire it was regularly reviewed; and not all operations were cancelled. The cancelled operations obviously resulted in less income for the trusts, which was an additional challenge for Lincolnshire which was already under significant pressure to deliver savings; and recover financial targets and assure their sustainability.

The Committee was advised that the normal operating for the Lincolnshire system was Operational Pressures Escalation Level (OPEL) 2; information provided on page 151 of the report showed Lincolnshire as being above average and operating at (OPEL) 3 for the duration of December and January. It was noted that Level 4 was reported on only 2 occasions (days) this winter during the severe weather conditions in February and March. The Committee was advised that when the systems were at Level 4, the system was able to manage the threshold and de-escalate.

It was reported that ambulance conveyances on all sites had remained consistent during the winter. The United Lincolnshire Hospitals NHS Trust had been among the top five poorest performers nationally for the percentage of ambulances delayed over the 30 minute arrival to clear target, in December 2017. It was noted that additional changes had been made to the patient cohort process.

During discussion, the Committee raised the following points:-

- A question was asked as to whether the Trust was confident in meeting the Lincolnshire Four Hour Standard Trajectory for 2018/19. It was reported that a realistic improvement trajectory for 18/19 had been developed and agreed across the urgent and emergency care systems. The plan was however dependent on a number of system wide actions to improve hospital flow and reduce Delayed Transfers of Care (DTOC). There were also historic factors such as recruitment which could have an influence on progress;
- What could be done further to help maintain low DTOC figures? The Committee noted that the DTOC standard was fewer than 3.5% of available beds days would be lost due to delays. The Table on page 155 of the report highlighted that the percentage had risen above 3.5% from October 2017 onwards. The Committee was advised that there was confidence that the percentage would improve for June/July 2018. Confirmation was also given that the County Council was fully engaged within the hospitals; and in the overall discharge process;
- Handover times - There was a recognition that the handover times were unacceptable and EMAS and Trust staff were working very hard to address the matter. It was felt that there would be improvement for June/July;
- Dedication of staff over the severe weather period. One member asked whether there was a rota for staff in circumstances such as severe weather conditions. The Committee was advised that the Trust was able to offer accommodation and meals etc. to meet staff needs. It was highlighted that the all Lincolnshire Community Health Service had completed all visits they undertook, which had been a major achievement. The support from the armed forces and volunteers with 4x4 vehicles had been fantastic. One of the biggest challenges had been for patients leaving hospital, the Committee was advised that the armed forces had done a wonderful job ferrying patients home. The Committee was advised further that the rotas for holidays were reviewed each year; and that consideration would now be taken to those staff with children, who had been unable to come in; due to school closures, as a result of the bad weather, which had then caused them problems with their child care arrangements. The Committee was advised that no charges were

imposed on staff who remained on the hospital site over the severe weather period;

- Confirmation was given that the 2017/18 flu vaccine had included immunisation against the flu strain that had caused patients issues. It was highlighted that the flu peaks for Lincolnshire had not been any higher than other areas;
- The effect of rising fuel costs. It was confirmed that inflationary rises did impact on health, but it was no different to any other sector. The main focus for the Trust would be concerning procurement;
- Patients accessing doctors surgeries – The Committee was advised that GP surgeries were as affected as the acute hospital. It was highlighted that the CCGs had continuity plans in place to cover these circumstances;
- Cost of damage to ambulances from potholes – No comments was able to be made with regard to the point raised as this was a matter for the East Midlands Ambulance Service;
- Rise in the number of ebola cases, a question was asked as to whether any lessons had been learnt from the previous ebola outbreak. Confirmation was given that following the last ebola outbreak, plans had been put in place;
- Some support was extended to the urgent care streaming currently been undertaken at the hospitals; and
- Confirmation was given that there was an Urgent Care Strategy which had all year round plans aligned to it which covered delivery.

The Committee was reminded that planning for winter resilience 2018/19 had already started and, that the Lincolnshire Health and Wellbeing Board would be considering a report at its meeting due to be held on 5 June 2018. The Committee were invited to highlight any issues they might have to the Lincolnshire Health and Wellbeing Board.

The Committee requested a progress report concerning winter resilience for 2018/19.

RESOLVED

1. That the Winter Resilience Review 2017/18 report be received.
2. That a further report concerning winter resilience plans for 2018/19 be received by the Health Scrutiny Committee for Lincolnshire later in the year.

10 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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

The Committee was also requested to note the activity of the Committee's Quality Accounts Works Group; and to consider a proposal to merge the Committee's STP

Operational Efficiency Working Group and the United Lincolnshire Hospitals Financial Special Measures Working Group and to adopt the following terms of reference:-

1. To consider the financial impacts of the Lincolnshire STP, with particular emphasis on the operational efficiency priority.
2. To consider financial special measures of United Lincolnshire Hospitals NHS Trust, and any impacts of these financial special measures on the quality of care provided by the Trust.
3. To submit reports to the Committee as required on its findings, including any recommendations for further activity by the Committee.

The Committee extended their support to the merger of the two working groups and to the adoption of the proposed terms of reference (as detailed above).

During a short discussion, the Committee raised the following items for inclusion on future agendas:-

- Childhood Obesity/Health Eating – The Committee was advised that these items would be looked at by the Adults and Community Wellbeing Scrutiny Committee; and
- Climate Change Resilience – The Committee was advised that this would be looked at by the Flood and Water Management Scrutiny Committee.

RESOLVED

1. That the work programme as presented be agreed subject to the inclusion of the items mentioned at minute numbers 7(2), 8(2), and 9(2).
2. That the activity of the Committee's Quality Accounts Working Group be noted.
3. That approval be given to the merger of the Committee's STP Operational Efficiency Working Group and the United Lincolnshire Hospitals Financial Special Measures Working Group; and that the terms of reference as detailed below be adopted:-
 - To consider the financial impacts of the Lincolnshire STP, with particular emphasis on the operational efficiency priority.
 - To consider financial special measures of United Lincolnshire Hospitals NHS Trust, and any impacts of these financial special measures on the quality of care provided by the Trust.
 - To submit reports to the Committee as required on its findings, including any recommendations for further activity by the Committee.

The meeting closed at 3.04 pm