


Public Document Pack

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 22 January 2020 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln Lincs LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

District Councillors: S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interest	
3	Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 October 2019	5 - 18
4	Chairman's Announcements	19 - 26
5	United Lincolnshire Hospitals NHS Trust - Update on Care Quality Commission Inspection <i>(To receive a report from United Lincolnshire Hospitals NHS Trust, which provides the Committee with an update on the Care Quality Commission Inspection at United Lincolnshire Hospitals NHS Trust. Senior representatives from United Lincolnshire Hospitals NHS Trust will be in attendance for this item)</i>	27 - 56

Item	Title	Pages
6	<p>Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services (CAMHS) <i>(To receive a report from Lincolnshire Partnership NHS Foundation Trust, which invites the Committee to comment on the pilot Intensive Home Treatment Service which commenced operating on 4 November 2019. Senior representatives from the Lincolnshire Partnership NHS Foundation Trust will be in attendance for this item)</i></p>	57 - 62
7	<p>Lincolnshire Partnership NHS Foundation Trust: Older Adults Mental Health Home Treatment Team <i>(To receive a report from the Lincolnshire Partnership NHS Foundation Trust, which invites the Committee to comment on the proposal to continue the Older Adult Home Treatment Team service as well a re-opening the refurbished Brant Ward in Lincoln. Senior representatives from the Lincolnshire Partnership NHS Foundation Trust will be in attendance for this item)</i></p>	63 - 66
8	<p>Community Pain Management Service <i>(To receive a report from Lincolnshire West Clinical Commissioning Group (LWCCG), which provides the Committee with an update regarding the mobilisation of the new Community Pain Management service and the actions taken to address feedback from patients and colleagues. Sarah-Jane Mills, Chief Operating Officer LWCCG and other senior representatives from the LWCCG will be in attendance for this item)</i></p>	67 - 84
LUNCH 1.00PM TO 2.00PM		
9	<p>NHS Dental Services Overview for Lincolnshire <i>(To receive a report from NHS England and NHS Improvement – Midlands, which provides an overview of the NHS dental services commissioned in Lincolnshire and an update on the current challenges and commissioning intentions to improve NHS dental services and oral health across Lincolnshire. Carole Pitcher, Primary Care Senior Contract Manager, NHS England and NHS Improvement – Midlands, Jane Green, Primary Care Senior Contract Manager, NHS England and NHS Improvement – Midlands and Jason Wong, Chair of the Lincolnshire Local Dental Network will be in attendance for this item)</i></p>	85 - 92
10	<p>Workshop - Annual Report of the Director of Public Health 2019: The Burden of Disease in Lincolnshire <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which provides the Committee with a summary of the main elements of the workshop held on 18 December 2019 and for consideration to be given to whether any topics should be included in the Committee's work programme)</i></p>	93 - 96

Item	Title	Pages
11	Health Scrutiny Committee for Lincolnshire - Work Programme <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)</i>	97 - 104

Debbie Barnes OBE
Chief Executive
14 January 2020

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**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
16 OCTOBER 2019**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Mark Brassington (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Katrina Cope (Senior Democratic Services Officer), Sue Cousland (General Manager, Lincolnshire Division, EMAS), Simon Evans (Director of Operations, United Lincolnshire Hospitals NHS Trust), Sarah Furley (Programme Director, Lincolnshire Sustainability and Transformation Partnership), Louise Jeanes (Cancer Care Programme Manager, Lincolnshire West Clinical Commissioning Group), Chris Weston (Consultant in Public Health (Wider Determinants)), Dr Carl Deaney (Marsh Medical Practice, North Somercotes), Dr John Parkin (Executive GP, Lincolnshire West Clinical Commissioning Group) and Dr Aurora Sanz-Torres (Consultant Clinical Oncologist and Clinical Director (Oncology and Haematology), United Lincolnshire Hospitals NHS Trust).

County Councillors Dr M E Thompson and Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement) attended the meeting as observers.

32 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor H Matthews (East Lindsey District Council).

33 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interest were received at this stage of the proceedings.

34 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 18 SEPTEMBER 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 18 September 2019 be agreed and signed by the Chairman as a correct record, subject to the word '*Health*' at the bottom of page 6 and bottom of page 7 being amended to read '*Healthy*'.

35 CHAIRMAN'S ANNOUNCEMENTS

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

The Supplementary Chairman's announcements made reference to:-

- Trauma and Orthopaedics; and General Surgery – Information requested by the Committee at the 18 September 2019 meeting;
- Cancer Performance – Information requested by the Committee at the 18 September 2019 meeting; and
- Urgent Treatment Centres – Louth and Skegness.

The Executive Support Councillor for NHS Liaison and Community Engagement updated the Committee with regard to transport arrangements for patients in Skellingthorpe to the Glebe Medical Practice in Saxilby. The Committee was advised that unless provision was subsidised by the County Council, a bus service between Skellingthorpe and Saxilby was not a viable option. The Chairman advised the Committee that discussions would need to take place with the County Council's Transport Manager.

RESOLVED

That the Chairman's announcements presented as part of the agenda on pages 19 to 26; and the supplementary announcements circulated at the meeting be noted.

36 EAST MIDLANDS AMBULANCE SERVICE NHS TRUST - LINCOLNSHIRE
DIVISION UPDATE

Consideration was given to a report from the East Midlands Ambulance Service (EMAS) NHS Trust Lincolnshire Division, which provided the Committee with an update on the progress made within the Lincolnshire Division of the East Midlands Ambulance Service.

The Chairman welcomed to the meeting Sue Cousland, Lincolnshire Division Manager, EMAS NHS Trust.

The presentation to the Committee made reference to key improvement elements that were being focussed on, which included culture change, leadership, workforce and recruitment, performance, collaborative working and the Divisional Work Plan. It was highlighted that the Care Quality Commission Inspection - Final Report had indicated a rating for the whole service of 'Good' and a rating of 'Outstanding' for caring. It was highlighted further that a new Executive Lead Officer had been appointed for Lincolnshire. The Committee was advised that the Clinical Senior Leadership Team were all working within the area; and that all Senior Leaders had been encouraged to attend a Leadership Programme. It was highlighted that the area operation management role was being undertaken in the locality, with conversations with staff, for example, taking place in hospital café's. The Committee noted further that the appraisal process had been reviewed; and that staff were being promoted based on a full assessment of their abilities.

The Committee was advised that the Strategy and Clinical Model had been approved and it was highlighted that a system approach to pre-hospital care was being developed to ensure that alternative pathways were available.

The presentation indicated that for 2018/19, 116 staff had been recruited. It was noted that staff turnover rate was between 8% and 10%. The Committee was advised that for 2019/20 the forecast was for 124 staff being recruited; and that more emphasis was being made on the east of the county. It was highlighted that there was funding for 2 additional Resource Managers. The Committee noted that there was also 6 Military Paramedics operating on an honorary contract basis providing more flexibility along the east of the county.

Some reference was made to the Ambulance Response Programme; and the Lincolnshire Trajectories for 2019/20. It was highlighted that there had been a 12% increase in activity so far during the year. The presentation also made reference to conveyance information to Emergency Departments by CCG. The Committee noted that the Lincolnshire West CCG had a number of robust pathways in place, and that work was on-going with the other CCG areas to increase the number of pathways available. Details of the hospital handover impact on performance were shared with the Committee; and it was highlighted that there had been a loss of 700 hours per week during the July peak, details of which were shown on the slide presented.

The Committee was advised that collaborative working with the Acute Hospitals was on-going; and it was highlighted that a Rapid Handover Protocol had been agreed, which was due to start from 4 November 2019. Reference was also made to a further co-responder team operating from Wainfleet; and that joint working arrangements with Lincolnshire Integrated Voluntary Emergency Service (LIVES) were going from strength to strength. The Committee was advised that various practices had been put in place to help maintain productivity; reference was made to PIN reporting, that better management and leadership focus was being put into the Call Centre; and more emphasis was being placed on ensuring the right response happened first time, which would help improve hospital turnaround.

In conclusion, the Committee was advised that transformation of the service was continuing, and that the Divisional Work Programme for 2019/20 would help the service move forward.

During discussion, the Committee raised the following issues:-

- The need for a written report, rather than a presentation, showing the progress made by EMAS for future meetings;
- The optimistic picture of the service;
- Information relating to the effect LIVES had on the EMAS targets. It was agreed this information would be forwarded to members of the Committee;
- One member enquired whether there was a central list of where Automated External Defibrillators (AED's) were located for the public to use. The Committee was advised that a list was held centrally at the Emergency Centre. It was noted that the service was automated; on request a member of the public would be provided with directions to find the AED, along with a code and instructions to unlock the AED;
- The education of other road users to assist response vehicle drivers. Reassurance was given that ambulance drivers were trained to deal with unpredicted situations. It was agreed that media awareness would be considered;
- The effects of trauma on staff. The Committee was advised that it was difficult to spot someone who was in need of help. Reassurance was given that any member of staff who had faced a traumatic experience would be stood down; and would receive either a telephone or face to face de-brief. The individual would then be referred for appropriate professional support;
- The effect problems with handovers at hospitals were having, and the potential risk as winter approached. Reassurance was given that a Seasonal and Divisional Escalation Plans were in place;
- Some concern was expressed regarding the number of patients under the 'See and Treat' heading for Quarter 1 and 2, on page 32 of the report. The Committee was advised that a lot of these patients were elderly, with no transport; some of whom did not require further treatment; and others needing further clinical assessment;
- The number of ambulance crews units available – The Committee was advised that during the summer there were extra crews. Confirmation was given that there was out of county drift, but where drift occurred, Lincolnshire usually received backfill. Clarification was given that patients had to be transported to where the need was required;
- Video recording – The Committee was advised that a third of the ambulances had 24/7 CCTV coverage inside and outside of the vehicle. Confirmation was also given that each ambulance was fitted with a Global Positioning System (GPS); and that staff were also tracked by their radios;
- Ambulance standing time. Confirmation was given that ambulances did not take 10 minutes to warm up. It was however highlighted that ambulances could be on 'run lock', but this was something that was avoided if possible. It

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
16 OCTOBER 2019

was highlighted that when an ambulance was connected to an electrical socket, the connection point's design allowed for a quick release; and

- Sharing of good practice – The Committee was advised that good practices were shared. It was noted that the service had excellent Area Managers who looked to see what worked elsewhere and whether the same service could be replicated in Lincolnshire.

The Chairman on behalf of the Committee extended thanks to the Lincolnshire Division Manager for an excellent update and for her open and frank presentation.

RESOLVED

1. That a further update report be received from the East Midlands Ambulance Service NHS Trust – Lincolnshire Division in six months' time.
2. That information be provided regarding concerning the role of LIVES.

37 HEALTHY CONVERSATION 2019 - HAEMATOLOGY AND ONCOLOGY, AND THE CANCER STRATEGY FOR LINCOLNSHIRE

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group, Louise Jeanes, Cancer Care Programme Manager, Lincolnshire West Clinical Commissioning Group, Dr Carl Deaney, Marsh Medical Practice, North Somercotes, and Dr Aurura Sanz-Torres, Consultant Clinical Oncologist and Clinical Director (Oncology and Haematology), United Lincolnshire Hospitals NHS Trust.

The report provided the Committee with an update on Cancer Lincolnshire's Long Term Plan 2019/24, and the vision and strategy for delivering effective and accessible haematology and oncology services for patients in Lincolnshire; it also provided details of the emerging option for oncology and haematology as part of the Lincolnshire Acute Services Review.

It was highlighted in Lincolnshire there were currently 27,500 people living with cancer and that this figure was expected to rise to 45,400 by 2030. It was highlighted further that cancer prevalence was across the four locality areas and ranged from 2.7% to 3.2% (national average being 2.6%). The Committee was advised that the most common cancers were Breast, Lung, Colorectal & Prostate and of these, colorectal was the most common cancer in Lincolnshire. It was highlighted that although survival rate had improved for most cancers, the difference between survival rates for the most survivable cancers and the less survival cancers was significant at 55%. It was highlighted that the strategy aimed to improve survival rates, and improve early diagnosis and prevention.

The Committee noted that over the next five years the Lincolnshire Sustainability and Transformation Partnership would be working with the East Midland Cancer Alliance provider trusts and McMillan towards building on progress and improvements already made on the Cancer Programme. Details of the ambitions for survival, screening,

early diagnosis, treatment, personalised care and workforce were detailed within the report.

Reference was also made to interventions to be implemented from 2021 onwards, which included the Lung Health Check Programme, and Rapid Diagnostic Pathways.

The key areas of focus for transformation were detailed on pages 45 and 46 of the report and included improvements to screening, diagnosing cancers earlier and faster, and ensuring that there was universal access to optimal treatment and adopting faster, safer and more precise treatments; and offering personalised care for all patients.

During discussion, the Committee raised the following issues:-

- One member enquired why there was a predicted rise in the number of patients with cancer to 45,000 by 2030. The Committee was advised that this figure was influenced by three factors: the ageing population; earlier diagnosis; and lifestyle choices which included obesity, smoking and alcohol consumption. Confirmation was given that work was on-going with the public to tackle a number of these long term issues. It was noted that all the measures to help improve the service would also increase the number of patients. Details of the benefits of the Case for Change were shown in Section 3 of the report. An example given to the Committee of smarter working was prostate triage, which involved looking at everyone connected to the process, to ensure that all efficiencies were being explored;
- Presentation of patients at accident and emergency departments. The Committee was advised that patients were often diagnosed at stages three and four, after presenting at an accident and emergency department; and that Lincolnshire was higher than the national average in this regard. It was highlighted that changes to pathways and providing GPs with new tools would help to reduce these instances;
- The role of the East Midlands Cancer Alliance. The Committee was advised that the Alliance had a facilitating role to improve outcomes for cancer patients across the East Midlands area;
- Children's cancer – It was noted that the responsibility for children's cancers was with the specialised commissioning team. It was noted further that GPs would always refer children to specialist centres;
- Workforce – A question was asked as to whether there was sufficient staff with the right skill set to deliver the improved outcomes. The Committee noted that GP international recruitment was going well, with 80 GPs having been recruited into England, with a further round expected. It was highlighted that staff would be developed to ensure there was an integrated approach from acute care to community services;
- Patient data. The need to promote to patients the benefits of sharing data across health services;
- Cancer diagnosis at stages one and two (page 48) a question was asked whether Lincolnshire would meet its target of diagnosing 75% of cancers at stage one and two by 2023. It was agreed that patients needed to be

encouraged to take part in screening programmes; this was a challenge, but with more collective working to encourage patients to take responsibility for their health, the target could be achieved;

- The location of the eleven radiotherapy networks. The Committee was advised that this was part of a national programme; and the boundaries of the radiotherapy networks had not been finalised; and
- Locations the mobile chemotherapy unit would be attending; and how patients would be made aware of this option. The Committee was advised that there was one mobile unit and eligible patients were made aware of the service, which was not suitable for all patients. The Committee noted that the service would be available at Grantham, Skegness, Louth, Spalding and that it was hoped to expand the service further.

In the second part of the presentation, the Committee was advised of the clinical speciality for haematology and oncology; and that at the Clinical Summit held in February 2018, the key concern highlighted had been the impact of workforce challenges limiting the ability to provide adequate cover across the county, which had resulted in the failure to meet performance against national waiting times standards for cancer and non-cancer. The report presented provided details of current performance and provision; and also provided details of the Case for Change for Lincolnshire, with an emerging option for sustaining haematology and oncology services in Lincolnshire, details of which were shown on page 52 of the report.

It was noted that consolidating haematology and oncology inpatient care at Lincoln County Hospital would provide the opportunity for a more consistent achievement of clinical standards, as well as supporting the ability to manage immunosuppressed patients in an appropriate setting; and addressing the concerns raised by the Care Quality Commission in April 2017. The Committee noted further that it would also provide the opportunity to improve facilities as part of the wider change on the Lincoln Hospital site, thus meeting the NICE guidelines for the management of neutropenic sepsis patients; as well as providing an opportunity to accommodate the increase in outpatient activity.

It was also highlighted that in consolidating the services at Lincoln County Hospital would also help to attract and retain talented and substantive staff through the building of a successful service, which offered the opportunity to work in a centre of excellence model.

During discussion, the Committee raised the following points:-

- A question was raised on the key challenges for the service and to the centralisation of the service. Reassurance was given that the preferred emerging option would mean that outpatient facilities would be increased and Lincoln County Hospital would restore its specialist provision. The Committee noted that the issue of transportation was currently being reviewed with the County Council, as to how family members and carers were to move around the county. It was noted that if the service provided was efficient and effective, it would result in shorter lengths of stay in hospital;

- Financial Resource - The Committee noted that capital investment would be required to increase the number of beds at Lincoln Hospital site; and
- Patient Choice agenda – Reassurance was given that if patient choice was exercised for initial diagnosis by, patients opting to go out of county, they invariably remained with that provider throughout their treatment. It was highlighted that where patients opted to go out of county, the funding would follow the patient. It was highlighted further that the main thrust of the change was to make services in Lincolnshire the best they could be.

The Chairman extended thanks to the representatives for their informative presentation.

RESOLVED

That the Chairman be authorised to provide feedback on behalf of the Committee as part of the Healthy Conversation 2019 engagement exercise on the emerging option for haematology and oncology.

38 COMMUNITY PAIN MANAGEMENT SERVICE

The Chairman advised that Mrs Sandra Harrison, an East Lindsey District Councillor had made a written request to address the Committee concerning the community pain management service. The Chairman advised further that in accordance with usual practice he had invited Mrs Harrison to speak for a period of 3 minutes to address the issues set out in the report.

In her short statement to the meeting, Mrs Harrison expressed concerns relating to the fact that patients and stakeholders had been misled about the service contracted by the Lincolnshire West CCG to Connect Health. The Committee was advised there had been poor communication with patients; and some spinal injections were no longer available from the Community Pain Management Service.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group and Dr John Parkin, Executive GP, Lincolnshire West Clinical Commissioning Group to respond to the issues raised.

The Committee was advised that best practice as defined by the National Institute for Health and Care Excellence (NICE) and the British Pain Society had reduced the number of recommended interventions; this included the withdrawal of facet joint injections and acupuncture. It was highlighted that some epidural type injections were still available for painful conditions such as sciatica. It was highlighted that the most appropriate care would be informed by clinical need, national guidelines, and shared decision making. It was highlighted further that the new service brought many additional options for people living with pain, in addition to those treatment currently available.

The report presented provided details of the procurement process, the transition of patients; new referrals; locations; activity; and the challenges of introducing the new service.

The Committee noted that there had been some problems during the transition period, details of which were shown at paragraph 4 of the report.

The Committee was advised that Connect Health had established a Community Pain Management hub in Lincoln and were running 13 clinics across Lincolnshire. It was highlighted that Connect Health had made repeated attempts to establish premises for a pain service in Stamford, but to no avail. This had caused some problems with appointments, as staff in the Referral Management Centre were unaware of the geography and infrastructure of Lincolnshire and the challenges the local population faced with regard to transport.

The Committee noted that feedback on the service provided by Connect Health had been variable, details of complaints and compliments were shown on pages 62 and 63 of the report presented.

Reassurance was given that the new service was being proactively managed, with fortnightly operational and monthly contract meetings taking place with Connect Health; support was being provided to patients who were having difficulties with transition to the new provider; and regular contact was being made with Connect Health, to ensure that individual patient concerns are being managed or resolved.

During discussion, the Committee raised the following issues:-

- One member enquired as to when appointments would be available in Louth. The Committee was advised that appointments would be made available shortly;
- On the poor communication with patients and the lack of clarity regarding the new service, which was illustrated by some personal experiences, the representatives agreed to look at these outside of the meeting. Some members felt that communication with patients could have been better, so that patients had a realistic expectation of the new service from Connect Health; and
- Lack of public engagement in the process, and lack of knowledge by some patients that the service actually existed. The Committee was advised that the service had been in operation for over 10 years with access to the service being via the GP. Clarification was given that this was not a new pain service, just a transformation of an existing service, in line with guidance received.

On behalf of the Committee the Chairman extended thanks to the representatives for their update; and expressed concern at the unawareness of the additional 1,200 patients that United Lincolnshire Hospitals Trust moved over in July; and to the mobilisation phase of the new contract. The Chairman also requested that an update on the key performance indicators should be received by the Committee in three months' time.

RESOLVED

That a further update on the Community Pain Management Service be received in three months' time, which should include information of key performance indicators.

39 INTEGRATED COMMUNITY CARE

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group and Dr John Parkin, Executive GP, Lincolnshire West Clinical Commissioning Group.

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership, which provided an update on the implementation of the Integrated Community Care portfolio; and the progress made in four of the key programme areas, details of which were shown on pages 66 to 69 of the report presented.

Attached at Appendix A to the report was a copy of a Briefing Document: Understanding Primary Care Networks for the Committee to consider:-

- Neighbourhood Working;
- Introduction of Primary Care Networks;
- Use of Technology; and
- Development of Specialist Community Services.

The Committee noted that feedback received from Healthy Conversation 2019 had confirmed that local people were asking for care closer to home; for access to services to be a simpler process; and to be able to receive a high standard of care from compassionate professionals.

The Committee was advised that an Integrated Community Care programme was the key enabler to delivering sustainable modern health care. That alongside the development of Primary Care Networks, neighbourhood working and the upgrading of service models, work was on-going to explore how technology could help enhance local service provision that would enable clinicians to better identify patients who would benefit from proactive interventions.

In conclusion, the Committee was invited to submit comments to the Lincolnshire Sustainability and Transformation Partnership as part of the Healthy Conversation 2019 engagement exercise.

During discussion, the Committee raised the following comments:-

- Reference was made to the boundaries for Primary Care Networks (a national initiative) and locally-developed Neighbourhood Teams. The Committee was advised that there was much similarity, but also some variation, but it was hoped that Primary Care Networks would create greater integration and joint working both across General Practice and other agencies. Clarification was given that Primary Care Networks were a grouping of local general practices

that were able to collaboratively work, sharing staff and expertise, whilst maintaining the independence of individual practices. Further information relating to Primary Care Networks was contained in Appendix A to the report;

- Explanation as to the role of a new Clinical Pharmacist with a Primary Care Network, details of which were shown on page 68 of the report;
- Dates applicable for the phasing in of neighbourhood working. The Committee was advised that the establishment of neighbourhood teams had started in 2017 (Phase 1) and that Phase 2 had started at the end of 2018 start of 2019. It was highlighted that Primary Care Networks had been established in July 2019, and that their development was still a work in progress;
- Clarification was given that communities and clinicians were working together to design services; and
- The timescale for all neighbourhood teams to be fully functional. The Committee noted that neighbourhood teams were not all operational and that the phasing in of services was on-going. It was noted that over the last two years the teams had focussed on building the links with partners in their local communities; and that that the next phase of development was to be led by the Assistant Director, Adult Frailty and Long Term Conditions, Lincolnshire County Council, which would focus on addressing the barriers that prevent fully integrated patient care. The priorities for this phase were shown on page 67 of the report.

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

RESOLVED

1. That the Chairman be authorised to provide feedback on behalf of the Committee as part of the Healthy Conversation 2019 engagement exercise on Integrated Community Care.
2. That a copy of the completed Primary Care Network map be circulated to members of the Committee, when this was finalised.

The Committee adjourned at 1.45pm and re-convened at 2.15pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, M A Whittington, S Barker-Milan (North Kesteven District Council) and Dr B Wookey (Healthwatch Lincolnshire).

An apology was also received from Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison & Community Engagement).

40 IMPACT OF OVERNIGHT CLOSURE OF GRANTHAM AND DISTRICT A & E

Pursuant to minute number 30(1) from the meeting held on the 18 September 2019, the Committee gave consideration to a joint report from United Lincolnshire Hospitals NHS Trust and the Lincolnshire Sustainability and Transformation Partnership, which

provided the Committee with information on the impact of the overnight closure of Grantham A & E, in the first instance, on Peterborough City Hospital.

Additional information from North West Anglia NHS Foundation Trust had been circulated to members of the Committee for consideration, prior to meeting. The information circulated provided the Committee with answers to the four questions detailed on pages 94 and 95 of the report.

The Chairman welcomed to the meeting Mark Brassington, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust.

The Committee noted that there was still some ambiguity regarding the figures presented, as a result of differing data collection regimes.

The Chief Operating Officer responded to questions raised, which included the following issues:-

- The effect of proposed housing development in Grantham on Grantham & District Hospital. Some members contended that the potential growth of Grantham warranted the need for Grantham A & E to be open 24 hours. The Committee was reminded that as Grantham Hospital formed part of the Acute Services Review, no changes would happen until after the outcome of the public consultation on Grantham A & E was implemented. Reassurance was given that housing growth area was considered when looking at sustaining Grantham Hospital; and the Committee noted that work was on-going with the district council concerning future options ;
- One member reminded the Committee that the reason the Grantham A & E had been closed overnight was on the grounds of patient safety. The Committee was advised that some doctors had been recruited from overseas; however, as most did not have the required skill set, they were required to undertake a period of training for the General Medical Council as part of the CESR (Certificate of Eligibility for Specialist Registration) programme;
- A question was asked where patients would be taken if a major trauma incident happened on the A1. The Committee was advised that patients would be taken to the Queen's Medical Centre, Nottingham, which had been the region's major trauma centre since 2012;
- Developer contributions under planning legislation – There was some discussion on how the NHS submitted its responses to consultations on local authority planning applications; and
- A question was asked as to whether consideration would be given to making Grantham an A & E rather than an Urgent Treatment Centre. The Committee was advised that at present, there were no plans for Grantham to become an A & E. The Lincolnshire NHS's preferred option was for an Urgent Treatment Centre in Grantham.

On behalf of the Committee the Chairman extended thanks to the Chief Operating Officer for his update; and advised that the information presented would be noted; including the assurance that the impact of the overnight closure would be managed

until such time as the outcome of the public consultation was implemented. A request was also made for as much information as possible being included on the impact of the proposed changes for Grantham A & E in its published consultation material. The Chairman also advised that additional information would be requested from Nottingham University Hospitals NHS Trust, University Hospitals of Leicester NHS Trust to be considered alongside the information available for Pilgrim Hospital, Boston and Lincoln County Hospital.

RESOLVED

1. That the information presented concerning the Impact of Overnight Closure of Grantham and District A & E be noted, including the assurance from the NHS in Lincolnshire that the impact of the overnight closure of Grantham A & E had been and would continue to be managed until such time as the outcome of the public consultation on Grantham A & E was implemented.
2. That the Lincolnshire Sustainability and Transformation Partnership be urged to include as much information as possible on the impact of the proposed changes for Grantham A & E in its published consultation materials.
3. That the additional information on the impact of the overnight closure of Grantham A & E be requested from Nottingham University Hospitals NHS Trust, and University Hospitals of Leicester NHS Trust, to be considered alongside the information available for Pilgrim Hospital Boston and Lincoln County Hospital.

41 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 as detailed on pages 103 to 106 of the report presented.

The Committee put forward the following suggestions:-

- Out of Hours Services, including 111 (Integrated Urgent Care); and
- Louth Hospital Inpatient Services.


RESOLVED

That the work programme presented be agreed subject to the potential inclusion of the items referred to above and those requested at minute numbers 36 (1)(2), 38, 39(2), and 40(3).

The meeting closed at 2.55 pm

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Agenda Item 4

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	Chairman's Announcements

1. First Meeting of the Committee Since 16 October 2019

This is the first meeting of the Health Scrutiny Committee since 16 October 2019. The general election guidance from NHS England and NHS Improvement became effective on 6 November 2019 and continued until 13 December 2019; and applied to NHS foundation trusts, NHS trusts and clinical commissioning groups. The guidance is available at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2019/11/general-election-guidance-letter-001254.pdf>

As a result of this guidance the meetings for the Committee scheduled for 13 November and 18 December 2019 were cancelled. In the case of the December meeting, I would like to clarify that the meeting was cancelled owing to the fact that the agenda and papers would have been issued during the pre-election period; and the guidance would have applied in the case of any delay forming a government.

The business from these two meetings has been re-allocated to the January, February and March meetings.

2. County Council Funding for a Falls Service

In December 2018, the County Council pledged funds totalling £400,000 to develop a falls and urgent response service, which helps Lincolnshire residents who suffer a fall and, in turn, eases pressure on acute hospitals. Since December 2018, the service has helped over 700 people. Following its success, the County Council has decided to increase the funding, taking the total up to £700,000 to support the falls and urgent response service into 2020. The service is delivered through a partnership, which includes the East Midlands Ambulance Service NHS Trust (EMAS), LIVES, Lincolnshire County Council, Lincolnshire Community Health Services NHS Trust and Wellbeing Lincs.

A key benefit of the service is that it enables EMAS to prioritise the most life-threatening emergency calls. This provides benefit to the whole health and care system, with the result that unnecessary hospital admissions have been avoided, as fewer patients who ask for help because of a fall need to go to hospital and instead they can be helped in their own home. People who suffer a fall at home usually need care either at home or in the community, via their local medical practice.

3. National Funding for CT and MRI Scanners for Cancer Diagnosis

On 30 October 2019, it was announced that United Lincolnshire Hospitals NHS Trust would be one of 78 NHS trusts to receive a share of a national allocation of £200 million for new cancer screening machines.

The list also included other the following NHS trusts used by Lincolnshire residents:

- North West Anglia NHS Foundation Trust
- Nottingham University Hospitals NHS Trust

Each trust has been allocated funding for new machines based on an assessment of local infrastructure and local population need. The funding will be released over two years to replace, refurbish and upgrade:

- CT and MRI scanners, including ones with lower radiation levels; and
- breast screening imaging and assessment equipment.

The new machines will be easier to use; provide quicker scan and images; and should reduce the need to re-scan. This new equipment also brings new capability, with many machines enabled for artificial intelligence. As reported to the Committee on 16 October, the NHS Long Term Plan includes the aim of catching three-quarters of all cancers earlier when they are easier to treat. The new equipment will support this aim.

4. Non-Emergency Patient Transport - Northamptonshire

On 25 October 2019, it was announced that the East Midlands Ambulance Service NHS Trust (EMAS) would be providing the non-emergency patient service in Northamptonshire, with an anticipated start date of 1 December 2019. EMAS will be taking over from the existing provider, Thames Ambulance Service Ltd (TASL), and will fulfil the remainder of the contract term until 2022, which like the current contract in Lincolnshire, began on 1 July 2017. During this time, the Northamptonshire clinical commissioning groups will review the options for the future of the service. EMAS is already the provider of non-emergency patient transport in Derbyshire.

Once TASL cease as the provider in Northamptonshire, it will remain responsible for seven non-emergency patient contracts, including Lincolnshire. The other contracts are in Hull; Leicester, Leicestershire and Rutland; and North East Lincolnshire, as well as three further contracts in the south east of England (Basildon; Mid-Essex; and Sussex).

5. Lincolnshire Clinical Commissioning Groups – In-Principle Approval of Merger

On 18 October 2019, the four Lincolnshire CCGs advised their partners that NHS England had agreed in principle to the proposed merger of Lincolnshire West, Lincolnshire East, South Lincolnshire and South West Lincolnshire Clinical Commissioning Groups (CCGs). The new Lincolnshire CCG would be established with effect from 1 April 2020.

The CCGs have advised that they had received a strong level of support for their application to merge and create a new CCG from their member practices and partners across Lincolnshire. The outline structure is likely to include four localities, largely reflecting existing CCG boundaries.

For the avoidance of doubt, I stress that this merger relates to the commissioning and other functions undertaken by clinical commissioning groups, and does not affect the direct provision of NHS-funded services by NHS trusts or other providers.

6. Renal Dialysis Services – Boston

On 14 November 2019, it was announced by University Hospitals of Leicester NHS Trust that a new Renal Dialysis unit for patients in Boston and the surrounding area would be located in Fishtoft Road, Boston. This followed a procurement exercise, which had led to the award of the seven year contract to Renal Services Ltd.

The previous unit in Boston had been too small for the demand for spaces and had resulted in some Boston patients having to go to Skegness for dialysis. The increased size will also enable the unit to offer more daytime slots for those who wish to dialyse in the daytime, although evening dialysis sessions are still available on Monday, Wednesday and Friday.

7. Crossroads Medical Practice, North Hykeham

Interim Service

Since 15 November 2019, Lincolnshire Community Health Services NHS Trust (LCHS) has been providing primary care services on an interim basis at the Crossroads Medical Practice in North Hykeham, which has over 6,000 patients registered. Lincolnshire West Clinical Commissioning Group (LWCCG) has stated that patients at Crossroads are continuing to access their primary care services as normal.

The previous GP partners left the practice on 14 November 2019 following a notice of termination of their registration by the Care Quality Commission (CQC). The practice had been in 'special measures' for most of the last three years.

Long Term Plans

LWCCG has been in discussions with Richmond Medical Centre, also in North Hykeham, about the possibility of their taking over the management of Crossroads patients as a permanent solution. Richmond Medical Centre is a well-established and experienced provider of health services and rated 'good' by the CQC.

As part of the move, Richmond will employ all Crossroads staff and continue to use the current premises. Richmond is located approximately one mile away from Crossroads and covers a similar area. Richmond is working through a plan with the CCG and LCHS to enable the smooth transition of Crossroads patients to Richmond Medical Centre on 1 April 2020.

The Richmond Medical Centre will maintain the Crossroads site as a branch surgery which would mean that patients could access services on both sites. Patients registered with Crossroads Medical Practice received letters in the week of 16 December 2019 informing them of the changes and informing them that they can register with another practice if they do not wish to be registered at Richmond Medical Centre. Patients who are happy to be with Richmond Medical Centre do not need to do anything as they will automatically transfer on the 1 April. LWCCG has arranged a number of patient drop-in sessions during January where people can come and talk to staff from the CCG, LCHS or Richmond Medical Centre about any concerns or questions they may have. Details of the drop-in sessions are as follows:

- 2.00pm – 4.00pm, Tuesday 21 January 2020, The Ark, 141 Moor Lane, North Hykeham, Lincoln LN6 9AA
- 12.00pm – 2.00pm, Thursday 23 January 2020, The Ark, 141 Moor Lane, North Hykeham, Lincoln LN6 9AA
- 5.00pm – 7.00pm, Thursday 23 January 2020, The Ark, 141 Moor Lane, North Hykeham, Lincoln LN6 9AA

In the meantime patients registered with Crossroads Medical Practice are advised to continue accessing services as normal.

8. St Barnabas Hospice – Specialist Palliative Care Centre

On 7 November 2019, the Care Quality Commission (CQC) published its report on the St Barnabas Hospice Specialist Palliative Care Centre, following its inspection on 8 August 2019. The overall CQC rating for the hospice is 'outstanding'.

St Barnabas Hospice is a Specialist Palliative Care Unit which provides a wide range of services for adults who have advanced progressive illnesses and where the focus is on palliative and end of life care. The services are provided within four settings: an eleven-bed in-patient unit in Lincoln; day therapy centres; hospice at home services; and a palliative care co-ordination centre.

The CQC identified the following areas of outstanding practice:

- Staff cared for patients with compassion, empathy and respect. Feedback from all patients confirmed that staff treated them exceptionally well and with kindness and told us that staff went over and above what was expected of them. People were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The trust responded to people's individual needs and preferences which were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care.
- There was an embedded and extensive team of volunteers who helped support the service. There was a separate volunteer induction and training programme. Volunteers were valued members of the service who were provided with support and who felt part of the hospice team.

In addition to the above, the CQC found a further five areas of good practice.

9. United Lincolnshire Hospitals NHS Trust – Smoke Free Policy

On 6 January 2020, United Lincolnshire Hospitals NHS Trust (ULHT) implemented smoke-free policy. The move is part of the Trust's drive to provide a safer environment that promotes health and reduces harm from exposure to second-hand smoke. Smoking had been permitted within designated areas of sites at Lincoln, Boston, Grantham and Louth.

Patients are being supported to abstain from smoking during treatment by being offered nicotine replacement therapy (NRT) in the form of patches and inhalators and are offered a referral for support.

Those who insist on leaving the ward areas to smoke will not be obstructed, but will be advised of the smoke-free policy and asked not to smoke within the hospital grounds. E-cigarettes and vaping are still permitted in outdoor areas of the Trust as long as it is not done in close proximity to others.

10. North West Anglia NHS Foundation Trust – Care Quality Commission Inspection

On 20 December 2019, the Care Quality Commission published its inspection report on North West Anglia NHS Foundation Trust (NWAFT), following inspections between 30 July and 4 September 2019. NWAFT runs Peterborough City Hospital and Stamford and Rutland Hospital, as well as Hinchingsbrooke Hospital in Huntingdon.

The overall rating for NWAFT is 'requires improvement', which is the same as the previous rating in 2018. As for individual hospitals, Peterborough City Hospital is now rated as 'requires improvement', compared to its 'good' rating in 2018. Stamford and Rutland Hospital retains its 'good' rating.

NWAFT has stated that while the outcome of this report is disappointing, it will use the report as a source of information to continually improve. NWAFT has also stated that its staff continue to work incredibly hard under a huge amount of pressure to maintain a high standard of care for its patients and this is reflected in the areas rated as 'good' and 'outstanding' ratings for particular services. For example: medical care; surgery; services for children and young people; end of life care; outpatients; and diagnostic imaging at Peterborough City Hospital are all rated as 'good'.

A challenge for NWAFT is urgent and emergency care, where the CQC concluded:

"People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards."

11. Grantham A&E Overnight Closure – Impact on Other A&Es

At the Committee's meeting on 16 October 2019, consideration was given to information from North West Anglia NHS Foundation Trust (NWAFT) on the impact of the overnight closure of Grantham A&E, in effect the number of attendances from NG31, NG32 and NG33 postcodes. Further information was requested from two other non-Lincolnshire trusts:

- University Hospitals of Leicester NHS Trust (UHL)
- Nottingham University Hospitals NHS Trust (NUH)

University Hospitals of Leicester NHS Trust

The table below is based on the figures provided by University Hospitals of Leicester NHS Trust (UHL) and these figures relate to the full 24 hour period.

University Hospitals of Leicester NHS Trust								
Mode of Arrival	2015/16		2016/17		2017/18		2018/19	
	NG31 NG32 NG33	ALL	NG31 NG32 NG33	ALL	NG31 NG32 NG33	ALL	NG31 NG32 NG33	ALL
Ambulance	13	55,339	13	49,242	11	36,795	23	61,190
Walk In/Other	47	197,303	46	190,184	62	196,145	82	190,100
Total	60	252,642	59	239,426	73	232,940	105	251,290

In its response, UHL stresses that the Leicester Royal Infirmary A&E (one of the busiest A&Es in England) sees as many as 250,000 patient attendances a year, and has stated that the numbers coming from the Grantham area are 'not material'. For example, 105 attendances from Grantham in 2018/19 represent 0.04% of the 251,290 attendances at Leicester during last year.

Nottingham University Hospitals NHS Trust

The table below is based on figures provided by Nottingham University Hospitals NHS Trust. The figures for NG31, NG32 and NG33 postcodes provided by Nottingham University Hospitals NHS Trust relate to A&E attendances between 6pm and 8am by patients defined as 'minor' by the relevant triage categories. The figures in each of the three right hand columns relate to the full 24 hour period.

Nottingham University Hospitals NHS Trust								
Mode of Arrival	2015/16		2016/17		2017/18		2018/19	
	NG31 NG32 NG33	ALL	NG31 NG32 NG33	ALL	NG31 NG32 NG33	ALL	NG31 NG32 NG33	ALL
Ambulance	6	59,078	6	59,257	10	60,210	17	62,105
Walk In/Other	20	141,186	52	143,593	49	142,510	110	148,255
Total	26	200,264	58	202,850	59	202,720	127	210,360

In its response, Nottingham University Hospitals NHS Trust makes reference to the number of patients increasing, but the overall number of patients is still very small in the context of around 200,000 A&E attendances each year. The increase during 2018-19 was likely to be as a result of urgent and emergency care process changes, following the redesign of pathways as NUH's A&E expanded. The vast majority of Grantham postcode arrivals attend NUH's 'majors' department and are likely to be covered under the 'exclusion protocol' and should not be attending Grantham A&E in any event.

North West Anglia NHS Foundation Trust

The table below is based on the figures reported to the Committee on 16 October 2019 and in all cases cover the full 24 hour period.

North West Anglia NHS Foundation Trust								
Mode of Arrival	2015/16 (*)		2016/17 (*)		2017/18		2018/19	
	NG31 NG32 NG33	All	NG31 NG32 NG33	All	NG31 NG32 NG33	All	NG31 NG32 NG33	All
Ambulance	247	46,301	323	47,023	385	46,390	475	48,100
Walk In/Other	(#)	99,171	(#)	103,982	832	103,790	906	112,815
Total	(#)	145,472	(#)	151,005	1,217	150,180	1,381	160,915


(*) For 2015/16 and 2016/17, the trust-wide figures reported in the table are an aggregate of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Hospital NHS Trust, which merged with effect from 1 April 2017.

(#) Information on the number of walk in / other attendances at the two former trusts for 2015/16 and 2016/17 has been requested, but has not yet been provided.

Conclusion

I propose that this information will be used by the Committee when it considers its response to the consultation on the future of Grantham A&E, which is expected in 2020.

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to:	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	United Lincolnshire Hospitals NHS Trust – Update on Care Quality Commission Inspection

Summary:

This paper provides an update on the Care Quality Commission Inspection at United Lincolnshire Hospitals NHS Trust.

Actions Required:

The Health Scrutiny Committee is asked to:

- 1) note the Care Quality Commission’s findings on United Lincolnshire Hospitals NHS Trust;
- 2) note United Lincolnshire Hospitals NHS Trust's future plans for improving quality and safety; and
- 3) agree the frequency of updates on progress from United Lincolnshire Hospitals NHS Trust to the Committee.

1. Introduction

The Care Quality Commission (CQC) inspected the Trust during June 2019. A separate ‘well-led’ assessment took place during July 2019. The final inspection report was published in October 2019. This report is available on the CQC's website:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ4252.pdf

Not all services were inspected but all sites were. The services inspected included:

- urgent and emergency care at Lincoln and Pilgrim hospitals
- medical care at Lincoln and Pilgrim hospitals
- critical care at Lincoln and Pilgrim hospitals
- maternity services at Lincoln and Pilgrim hospitals
- children and young people's services inspected at Lincoln and Pilgrim hospitals

The CQC found the Trust to have remained with an overall rating of 'requires improvement'. Two of the four hospital locations are rated as 'good' overall and following an improvement in the ratings of Pilgrim Hospital two as 'requires improvement'. The CQC rates organisations on five domains as shown below. The four domains of safe, effective, responsive and well-led were rated as 'requires improvement', with caring rated as 'good'.

The CQC report details a mix of positive improvements and current challenges for the Trust, many of which were identified within the Trust prior to the inspection and formed part of the ongoing Quality and Safety Improvement Plan. Whilst improvements have been made in some areas the Trust has not made the improvements it wanted and were expected and will remain in special measures.

The Trust is in the process of developing an Integrated Improvement Plan and is reviewing the process and structure through which this plan is owned, delivered and assured. This plan will address those areas where both the Trust and external regulators have identified improvement is required. It will also ensure that the Trust achieve compliance against regulatory standards.

2. 2019 Care Quality Commission Ratings

The CQC identified the Trust ratings as following:

Overall rating for the Trust as Requires Improvement

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Oct 2019	Requires improvement →← Oct 2019	Good →← Oct 2019	Requires improvement →← Oct 2019	Requires improvement →← Oct 2019	Requires improvement →← Oct 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Individual ratings by hospital site are as detailed below:

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Lincoln County Hospital	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
Pilgrim Hospital	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019
Grantham and District Hospital	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
County Hospital, Louth	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall trust	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The CQC found the Trust to have remained with an overall rating of 'requires improvement'. Two of the four hospital locations are rated as 'good' overall and following an improvement in the rating of Pilgrim Hospital, two as 'requires improvement'. Our overall ratings for the Trust in each of the five domains have remained the same at this 2019 inspection.

Overall, our individual ratings for each hospital site are as follows:

- Lincoln County Hospital – requires improvement
- Pilgrim Hospital Boston – requires improvement
- Grantham and District Hospital – good
- County Hospital, Louth – good

Examples of Outstanding Practice

In their inspection report the CQC identified examples of outstanding practice and exemplary care across our services. This was recognised through the progress at Pilgrim hospital where the overall rating moved from 'Inadequate' to 'Requires Improvement' in addition the report overwhelmingly recognised how great Trust staff are positively identifying the care and compassion the inspectors witnessed during their visits. The report also recognised the significant improvements to reducing mortality within the Trust with the Hospital Standardised Mortality Rate (HSMR) being consistently below 100.

Concerns Recorded by the CQC

However, the CQC highlighted concerns related to structural issues including governance, staffing shortages, estates issues, lack of digital maturity and financial pressures. The Trust recognises there is additional a requirement to focus on recruitment, leadership, staff training and competencies, staff engagement and addressing workforce inequalities going forward.

3. Trust Progress

The CQC found a number of areas had significantly improved since their last visit and these were identified throughout the report with some specific aspects identified as 'outstanding'. Examples of these included:

- Critical care on at both Lincoln and Pilgrim Hospitals were identified as delivering exemplary care and teamwork. Bespoke care plans, patient follow up clinics and information for patients as areas where cited as example of how staff considered how they individualise and personalise care.
- The maternity services who were congratulated by inspectors for the bereavement care and support given to women and families.
- Older people's care praised for focus on dementia patients particularly the dignity campaign and the trusts development and utilization of dementia practitioners.
- Inspectors highlighted that most staff provided good care and treatment and worked well together for the benefit of patients.
- Most staff understood the vision and values and how to apply them in their work.

4. Identified Challenges

The CQC has told the trust to make a number of improvements. These were all challenges that were known to the Trust, and the CQC report acknowledges that the Trust had already commenced improvement work against these areas of challenge. Specific areas of concern included:

- Urgent and emergency care at both Pilgrim Hospital and Lincoln Hospital was of significant concern. The rating for whether services were safe at Pilgrim Hospital is now Inadequate, where previously it was Requires Improvement, and the ratings in urgent and emergency care at Lincoln County Hospital have also declined, with the department being rated Inadequate overall.
- Children and young people's services at Pilgrim Hospital remained Inadequate.

As a result of their findings from the hospital inspection, the CQC imposed further conditions on the Trust's registration in the form of a Section 31 with regard to the emergency departments at both Lincoln County and Pilgrim Hospital. They issued a 29A Warning Notice with regard to its children and young people's services. Finally, in their inspection report the CQC identified a number of 'must do's' and 'should do's'.

Improvement related to these areas has been ongoing through the Divisions and monitored through the Trust's governance processes. Further improvement actions were commenced at the time of the CQC visit, when concerns were raised, and significant improvements have already been made. This work will continue and be monitored through the Integrated Improvement Plan.

The ten section 31 conditions applied following the previous CQC visit have been monitored continuously since the point at which they were applied in February 2018. The Director of Nursing and Director of Operations continuously review the detail of improvement work being undertaken within the Emergency Department. Following improvements, six conditions were lifted with regular weekly reports being changed to monthly.

Three conditions were applied following the 2019 inspection. These included:

- Timely screening and treatment of patients attending the Emergency Department suspected of having sepsis (Lincoln and Pilgrim Hospitals)
- Timely triage of all patient attending the Emergency Department (Lincoln and Pilgrim Hospitals)
- Ensuring the environment in the Emergency Department in which Children and Young People are cared for meets the national 'Facing the Future standards' (Lincoln Hospital)

These have been monitored continuously since the point at which they were applied and have demonstrated significant improvement.

Evidence and an associated improvement action plan was submitted at the time the warning notice was issued. Improvements against the action plan have been monitored through the Trust's Quality Governance Committee.

There is a requirement, by the CQC, to ensure that the Trust address all the must do's and to submit a comprehensive action plan to demonstrate this. All the must do's have all been mapped into the either the Integrated Improvement Plan or to specific individual improvement work. These focused programmes demonstrates how care is being delivered in line with the Health and Social Care Act 2008, improvements are being monitored closely by the Executive team and reported to Trust Board through its assurance committees.

Whilst the 'should do's', do not form a regulatory requirement, they represent aspects of patient care which regulators believe should be improved as they affect the quality of patient care. For this reason, mapping and monitoring of the delivery of improvements against the 'should do's' is being undertaken in the same manner as the 'must do's'.

The document at Appendix A identifies all '*must do's*' and '*should do's*' that are identified within the CQC inspection report. Map these to programmes within the trusts Integrated Improvement Plan and give a progress update as of January 2020.

5. Next Steps

The Trust is finalising an Integrated Improvement Plan following the inspection. This is a new structure through which the Trust describes, delivers and monitors improvements. Once agreed through the Trust governance processes this will be shared more widely. This plan is being supported by the system and regulators.

The plan contains specific actions we are taking to improve the areas where we are not delivering safe, responsive, effective outcomes. It also includes, as described above, a detailed set of actions around required regulatory improvements in urgent and emergency care, Children and Young People services and addresses compliance concerns identified through the 'Must' and 'Should do's'.

The process by which the Integrated Improvement Plan is managed has been altered to align to existing governance structures giving greater scrutiny of delivery and assurance of improvements to the monthly Quality Governance Committee (QGC). Upward escalation of issues and oversight by Trust Board will happen via QGC. The changed structure gives greater ownership of both challenges and improvements to our frontline teams, managers and leaders through our new Trust Operating Model (TOM).

We have a programme of work to support the development of our leaders and further embed our new TOM across the organisation (not just in divisions) to improve leadership, develop competencies and improve staff engagement across the Trust.

To improve our staffing position, the Trust is currently undertaking an extensive domestic and international recruitment programme, for both medical and nursing posts. The Trust is working with the universities to support further recruitment into nursing posts and in the development of the Lincoln Medical School.

6. Consultation

This is not a direct consultation item, although the Committee is asked to consider how it wishes to monitor progress.

7. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Improving the quality and safety of care provided to patients at ULHT will help deliver the priorities in the Lincolnshire Joint Health and Wellbeing Strategy.

8. Conclusion

ULHT, supported by its partners, need to make continued progress to improve quality and safety across the Trust.

Since the inspection in July 2019 measurable progress has already been made to respond to the CQC's immediate concerns.

A full detailed plan will be shared once completed.

Trust Board and System oversight from NHSI is in place. A variety of support opportunities are being received by the Trust facilitated through NHSE/I.

9. Appendices

Appendix A	United Lincolnshire Hospitals NHS Trust Response to Care Quality Commission Must Do's and Should Do's – January 2020
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10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Victoria Bagshaw, the Director of Nursing, United Lincolnshire Hospitals NHS Trust, who can be contacted on 01522 573982 or via victoria.bagshaw@ulh.nhs.uk

CQC Must Do / Should Do

Executive Lead: Victoria Bagshaw, Director of Nursing
Progress Review Date: January 2020

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
1.	The Trust must ensure the executive leadership team have the capacity and capability to deliver current priorities and challenges	CEO	Must Do	Yes Objective- People Workstream – Well Led		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	1. DoF post filled substantively. 2. DoN recruitment process undertaken. Process paused in order to allow time for alternative solution to be found. 3. Director/Directorate/Portfolio changes proposed. This going to Remcom on 7/1/20 for sign off. 4. Senior leadership capacity and capability to be formally reviewed. Discussed with Remcom on 7/1/20.
2.	The Trust must ensure the leadership team have oversight of current priorities and challenges and are taking actions to address them.	CEO	Must Do	Yes Objective – People Workstream – Well Led		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	1. New leadership structures (ELT/TLT/LTF) being implemented to ensure improved focus and grip. Part of Improving ULHT proposals. 2. Revised ToR, agendas and reports for ELT and TLT will ensure better assurance, focus and grip. 3. Integrated Improvement Plan will have supporting PMO and progress reporting to ELT, Board assurance committees and the Board.

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
3.	The Trust must ensure leadership structures have a continued focus to ensure they embed across the organisation.	Deputy CEO	Must Do	Yes Objective – People Workstream – Well Led		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	Development programmes in place and underway for: - Divisional Triumvirates - General/Business Managers/Matrons - Clinical Leads OD support in place from for Divisional Triumvirates delivered by Be Effective. Supportive infrastructure reinforces organisational wide approach. Middle management forum met for the first time in December. Further meetings planned in February and March
4.	The Trust must ensure staff understand how their role contributes to achieving the strategy.	Deputy CEO)	Must Do	Yes Objective – People Workstream – Well Led		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	Organisational strategy has been refreshed. Trust Board to receive and adopt in February with launch in organisation in March. Revised strategy aligning annual planning for 2020/21.
5.	The Trust must ensure there is timely progress against delivery of the strategy and local plans continue to be monitored and reviewed.	Deputy CEO	Must Do	Yes Objective – People Workstream -Well Led		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	Work underway with KPMG to align their Operational Excellence model to align strategy to local delivery plans with robust oversight arrangements through to Trust Board.
6.	The Trust must ensure action is taken to ensure staff feel respected, supported and valued and are always focused on the needs of patients receiving care.	HRD	Must Do	Yes Objective- People Workstream – Making ULHT best place to work		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	Staff charter workshops continue – to date 1460 staff have attended Bullying and harassment (respect) project in place. 100 day challenge (“Building Respectful Teams”) to launch in February Review of Dignity at Work policy underway – review to reflect “Just Culture” approach. Small improvement in NSS scores in 2019 across majority of questions. Awaiting further analysis and index scores

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
7.	The Trust must work at pace to ensure sufficient numbers of suitably qualified, competent, skilled and experienced medical and nursing staff across all services.	HRD	Must Do	Yes Objective – People Workstream – Modern, Progressive Workforce		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD Committee	<p>Pipeline of medical staff remains strong.</p> <p>First appointments made under contract for international nurse recruitment. Actively pursuing HEE Global Learners Programme for nursing. Aiming for monthly minimum of 15 RNs (10 RN's already recruited in Jan20)</p> <p>DoN commenced a zero vacancy approach to HCA posts. Expected to have recruited to all outstanding posts by 17/1/20</p> <p>Potential to participate in Refugee Doctors Project with HEE funding to support.</p> <p>Small but steady improvements in vacancy and turnover rates over last six months, but "hot-spot" areas remain.</p>
8.	The Trust must ensure there are effective governance processes throughout the service and with partner organisations.	CEO	Must Do	Yes Objective – People Workstream – Well Led		Executive Team (monthly IIP oversight)	WOD Committee	<p>1. New leadership structures (ELT/TLT/LTF) being implemented to ensure improved focus and grip. Part of Improving ULHT proposals.</p> <p>2. Revised quality governance structure being put in place below QGC.</p> <p>3. LCB has agreed new system governance and assurance processes involving NEDs and lay members.</p> <p>4. JWEG and SET are agreeing the revised management governance and accountability arrangements prior to shadow ICS in April 2020. Next SET discussion is on 8/1/20.</p> <p>5. New SOP to be put in place for the operation of Divisions. Part of Improving ULHT proposals.</p>
9.	The Trust must ensure systems to manage performance are embedded across the organisation.	DoF	Must Do	Yes Objective – People Workstream – Well Led		Executive Team (monthly IIP oversight)	FPEC	Work underway with KPMG to align their Operational Excellence model to align strategy to local delivery plans with robust oversight arrangements through to Trust Board.

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10.	The Trust must ensure leaders and teams, across all services, always identify and escalate relevant risks and issues and identify actions to reduce their impact.	MD	Must Do	Yes Objective – People Workstream – Well Led		Executive Team (monthly IIP oversight) ↑ QSOG	QGC	This process is in place. The issues are consistency of reporting, the assessment of the appropriate level of risk and taking ownership to mitigate the risk, rather than simply recording it. Currently the risk team have concentrated on compiling the register and now will move on to the next phase of education and training of the Divisions.
11.	The Trust must ensure all staff are committed to continually learning and improving services.	HRD	Must Do	Yes Objective – People Workstream – Modern, progressive workforce		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD	Pilot of shared governance approach in place – 4 areas United Lincolnshire Hospitals NHS Trust, was awarded QSIR Faculty Status in June 2019 by NHS Improvement – 50 staff have attended QSIR training to date. Additionally, around 70 people have delivered QI projects in year and a number of them have show-cased their projects at a sharing event on 16 th December. 7 members of staff visited UCLH 07/01/20 to learn about their work on improving safety. Group will be set up to take work forward at ULHT. Accredited as first FAB Trust in November.
12.	The Trust must ensure systems or processes are established and operated effectively, across all services, in line with national guidance.	MD	Must Do	Yes Objective – Patients Workstream – Improve clinical outcomes		Executive Team (monthly IIP oversight)	QGC	Specific focus on clinical effectiveness and embedding this at a Divisional level with robust reporting through to QGC. Programme in place for National, specialty focused and local audits. Need to ensure that the learning from these are embedded at a speciality level. Overseen by Clinical Effectiveness group chaired by DMD Development of guidelines overseen by Clinical Effectiveness group chaired by DMD. Well-established process for managing GIRFT reviews.

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13.	The Trust must ensure premises across all services are suitable for the purpose for which they are being used and properly maintained.	Director of Estates	Must Do	Yes Objective – Services Workstream – fit for purpose environment		Executive Team (monthly IIP oversight)	FPEC	30k investment in car park surfaces across all three sites. 33k investment in spot repairs to paintwork in patient areas. 27k investment in floor and expansion joint repairs. PLACE Action Plan developed with nursing with oversight by DoN. Improving Aesthetics of Patient Environment paper presented to ET, which identifies budget costs to improve the aesthetics of all patient areas and cost for a Handyman service and admin support for series of 3 PLACE Lite visits per year. PLACE inspection has been completed for this year's PLACE assessments, which included a training /information session for patient representatives, volunteers and senior nursing staff.
14.	The Trust should ensure the causes of workforce inequality are sufficiently addressed to ensure staff from a BAME background are supported through their career development.	HRD	Should Do	Yes Objective – People Workstream – Making ULHT best place to work		Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD	Talent Management plan for the Trust drafted and will be considered by ET first in January. This incorporates developing the careers of under-represented groups and ensuring there is equality of opportunity for our diverse talent
15.	The Trust should ensure there is an increased awareness of the role of the Freedom to Speak Up Guardian role.	CEO	Should Do	No	Trust Wide IIP Objective – People, Workstream - Making ULHT best place to work	Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD	1. FTSU champions appointed x 12. 2. Staff awareness campaign was run in October 2019 as part of the national campaign. 3. FTSUG has put in place increased visits to sites and teams. 4. CEO has highlighted FTSUG role in Team Brief blog.
16.	The Trust should ensure there is a clear process for the GOSW report to the board and that issues raised through the GOSW are appropriately addressed.	MD	Should Do	No	Trust Wide IIP Objective – People, Workstream - Making ULHT best place to work	Executive Team (monthly IIP oversight) ↑ Workforce Strategy Group	WOD	There is a clear reporting framework and an interim guardian with admin support. Current issues relate to rota management and SOP now produced and disseminated.

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17.	The Trust should ensure divisional leads are fully engaged in decisions about financial improvement and have oversight of their divisional budgets.	DoF	Should Do	Yes Objective – Services Workstream – Efficient use of resources		Executive Team (monthly IIP oversight)	FPEC	Divisions have clear oversight of their budget through the monthly reporting cycle, further work being undertaken to embed the ownership of this in division. 20/21 planning process engaging divisions in the design of CIP plans to ensure local ownership, target will be stretching based on evidence benchmarking.
18.	The Trust should ensure leaders and staff strive for continuous learning, improvement and innovation through participation in appropriate research projects.	MD	Should Do	Yes Objective – Partners Workstream- Become a University Teaching Hospital		Executive Team	QGC	A fundamental review of the Research and Innovation Department is planned for 2020. An external audit has been undertaken by the CRN and a financial audit by Grant Thompson (draft report only). The strategy prepared in 2019 will be re-written and an implementation plan developed in conjunction with CRN and other partners.
Urgent and Emergency Care								
19.	The Trust must ensure all patients who attend the department are admitted, transferred and discharged from the department within four hours.	COO	Must Do	Yes Objective – Services Workstream – Evidence based care pathways		Executive Team ↑ Performance Reviews	FPEC	The focus of improvement for ED is : Ambulance handover – a dedicated system wide project-working group reviewing opportunities to reduce conveyance and improve handover. This reports to UEC Delivery Board. UTC – GP streaming has formally been commissioned into an urgent treatment centre at Lincoln and Pilgrim and we have seen a sharp rise in patients seen by this service. As part of the reconfiguration the footprint of the UTC has been increased and this has contributed to their ability to be able to see and treat more patients. Triage – this has vastly improved at Pilgrim. The same model is being implemented at Lincoln through engagement with staff, which is starting to show signs of improvement. SDEC – Same day emergency care pathways have been implemented in addition to a new SDEC facility as part of the Lincoln reconfiguration. There are on average 20 patients per day currently being seen through this facility and this number is expected to rise.

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								<p>A frailty service has been implemented at the front door offering comprehensive geriatric assessment and triage for frail patients which is leading to improved pathways for patients.</p> <p>Seen within 60 minutes – this requires further work and clinical engagement</p> <p>Transfer of patients – capacity meetings have been redesigned to take account of the cross-site capacity opportunities. A 30-minute target has been established from decision to admit to a bed being identified and a patient moving. Extra transport resources have been commissioned to enhance resilience and flow.</p> <p>Medical and nursing staffing – a medical staffing ‘perfect week’ was held and as a result a business case is being developed to implement the staffing appropriate for the size of the department. Nurse staffing has been reconfigured to improve the level of seniority and experience on the floor with the additional posts being advertised wk. commencing 13/1/20</p> <p>Culture and Behaviour – staff have been engaged on cultures, behaviours and feelings. This is leading to a larger piece of work with medical and nurse staffing being brought together with external facilitation to identify solutions and improvements to the department that are led by the department.</p>

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20.	The Trust must ensure information is readily available for patients to take away that details what signs or symptoms they needed to look out for that would prompt a return to hospital or seeking further advice.	COO	Must Do	No	Medicine - Divisional IIP Objective - Services, Evidence based Care pathways (Urgent care improvement)	Performance Reviews ↑ Divisional Board	FPEC	<p>Planned Care / Surgery has been trialling EIDO leaflets – now rolled out across all 4 sites.</p> <p>Review of how other high performing Trusts in the region meet this aspect of care. Decision to adopt across all sites the process used at Sherwood Forest NHS Trust who do not give out any written advice to discharged patients but offer verbal “safety netting” advice. This will be as an adjunct to our current information leaflets. A further planned visit to Sherwood to observe their system in action.</p> <p>DoN leading a piece of work to ensure all C&YP are provided with wider health promotion and safety information when attending ED’s.</p>
21.	The Trust should ensure governance and performance monitoring and management are strengthened at operational level.	DoF	Should Do	Yes Objective – People Workstream – Well Led		Executive Team ↑ Performance Reviews/QSOG	FPEC/QGC	Operational Excellence work commissioned with work commencing on site on 13 th January. It will deliver a clear performance management system and provide coaching to all levels of staff to ensure the processes are run effectively.
22.	The Trust should ensure consistent arrangements for pain relief and nutrition are developed for patients who are in the emergency department.	DoN	Should Do	No	Medicine- Divisional IIP Objective - Patients	Performance Reviews/QSOG ↑ Divisional Board	QGC	<p>The ED accreditation process occurs monthly and gives oversight of all aspects of care and safety in the department.</p> <p>The DoN has reviewed the detailed improvement plans, developed by the Division. An amended process has been put in place to ensure actions are being implemented and have a sustained positive impact. With specific focus on regular rounding and improved documentation of actions taken in response to discussions with pts.</p> <p>Nutrition and Hydration group has supported the ED team to make a variety of foods are safely available in the ED.</p>

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23.	The Trust should review pathways and processes in the emergency department to ensure they are efficient and communicate processes to staff so that there is a consistent understanding.	COO	Should Do	Yes Objective – Services Workstream – Evidence based care pathways		Executive Team ↑ Performance Reviews	FPEC	<p>The Urgent and Emergency Care Improvement Programme (UEC) has 6 workstreams designed to improve the overall quality of care for patients and performance. The programme workstreams are as follows: ED processes and Systems, Site management, SDEC, Red2Green and SAFER, Discharge and Reconfiguration. The UEC Programme has a defined and embedded Governance structure reporting through A&E Delivery Board and Finance, Performance and Estates Committee, a sub-committee of Trust board.</p> <p>A large engagement piece taken place in ED with all levels of staff to understand the pressures and barriers to delivering the pathways that have been introduced which has highlighted the need for improvements to culture. This is being facilitated with external support as well as internal OD.</p> <p>Other of platforms for communicating improvements to staff, include improvement workshops specifically in terms of the reconfiguration, project pop-up shops, divisional and departmental meetings, huddles, project meetings, social media and 1:1s.</p> <p>A 'closing the loop' check-back process is being developed to ensure that communication is reaching all levels and that staff are able to confidently describe changes and their involvement in them.</p>

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24.	The Trust should consider training key staff in customer care skills.	HRD	Should Do	No	Trust wide IPP Objective – Patients Workstream- Improve patient experience	Executive Team	WOD	<p>“Customer First” training is in place. To date 465 staff have been trained. Review currently underway to assess impact (completion February 2020), exploring the following:</p> <ul style="list-style-type: none"> - Refreshing the Communication First training so that it dovetails with the OD work around staff charter, behavioural framework - Whilst keeping Communication First training open for anyone to attend, ensuring staff members who have had their communication skills questioned are required to attend - Exploring the option of having a mandatory customer care/communications module <p>Monitoring of effectiveness of staffs skills in customer care occurs PALS and formal complaints. The RCN leadership programme, which all ward /dept sisters and Charge Nurses are undertaking, includes work on frontline resolution of issues.</p>
25.	The Trust should formulate a formal clinical audit plan with identified roles and responsibilities and review dates.	MD	Should Do	No	Trust wide IIP Objective – Patients Workstream- Improve Clinical Outcomes	Executive Team QSOG	QGC	A current audit plan has been prepared, however there is a gap between National audits, Trust audits and local audits. This will be brought together into a single integrated plan and will align to Trust and Divisional improvement work.
26.	The Trust should consider how sound levels might be reduced in the department. (ED Pilgrim)	Director of Estates	Should Do	No	Medicine – Divisional IPP Objective – Services Workstream – Fit for purpose environment	Performance Reviews ↑ Divisional Board	FPEC	<p>The new £23.6m master plan, which is being developed for the Pilgrim ED, will incorporate a UTC designed to comply with current HTMs and HBNs building design standards. In respect of this patient flows through the ED will be improved, along with waiting and treatment spaces all of which will see a more highly considered spatial design. The Trust will also be utilising the DH design briefing HBNs (Health Building Note 00-01 General design guidance for healthcare buildings - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/316247/HBN_00-01-2.pdf) to support the specification of a high quality patient environment. This will offer improved patient privacy and dignity incorporating</p>

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								<p>measures to control sound levels within the department – key to this strategy will be</p> <p>i) Improved physical patient flows through the ED thereby creating a calm patient environment</p> <p>ii) Improved spatial standards and acoustic measures incorporated in between rooms and within doors.</p> <p>iii) The use of materials and sound deadening barriers within the environment to improve acoustics.</p> <p>iv) Waiting and circulation spaces, which support a movement strategy, aimed at introducing calming quiet environments.</p> <p>Improvements will also ensure alignment to 'Facing the Future- standards for children & young people in emergency care settings'.</p>
Medical Care (including Older Peoples Care)								
27.	The Trust must ensure patients receive timely review by specialist consultants when required, including speech and language therapy.	COO	Must Do	No	Medicine- Divisional IPP Objective – Patients Workstream – Improve clinical outcomes	Performance Reviews ↑ Divisional Board	FPEC	<p>SaLT provision to the Trust is through and SLA with LCHS.</p> <p>For ED, improving performance is linked to embedding a process of internal professional standards. This work has taken shape and is being supported by the Chief Operating Officer and the Medical Director.</p> <p>For the wards, SAFER and Red2Green is being rolled out. This is now supported by an electronic system that links into Red2Green to help monitor what actions are outstanding and what needs to happen to make a difference to the patient's stay. This includes 'waiting to be seen by Consultant' or 'awaiting SaLT review'. The improvement team are supporting with the embedding of this process. There is an embedding plan for Red2Green and a roll out plan for SAFER.</p> <p>SaLT recruitment is improving. Management of change process is being undertaken by LCHS currently to review skill mix.</p> <p>Meeting with ICU colleagues to progress business case for SaLT provision to the units.</p>

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28.	The Trust must ensure that processes are being followed related to proper and safe management of medicines.	MD	Must Do	Yes Objective – Patients Workstream- Deliver harm free care		Executive Team ↑ QSOG	QGC	<p>This is currently audited through pharmacy and results are shared with Divisions.</p> <p>The Medicines Quality Group has been designed to address the issues relating to medicine safety and administration, reconciliation etc.</p> <p>This is also audited through ward accreditation (WA). The WA 2020 programme has revised criteria with the medicines standard and has been amended – any ward/dept failing this standard will fail accreditation.</p>
29.	The Trust must ensure patients are treated with dignity and respect at all times.	DoN	Must Do	Yes Objective – Patients Workstream – Improve patient experience		Executive Team ↑ QSOG	QGC	<p>Improvement work (described in 19 & 23) is focussed on improving the patient flow through the ED to prevent patients being cared for in inappropriate areas. The ED accreditation process occurs monthly and gives oversight of all aspects of care and safety in the department. The DoN has reviewed the detailed improvement plans, developed by the Division. An amended process has been put in place to ensure actions are being implemented and have a sustained positive impact. With specific focus on regular rounding and ensuring care is delivered in appropriate areas.</p> <p>The DoN/Dep DoN have met and discussed with the Divisional and local ward team where the specific incident was highlighted by CQC, to share her expectations of patient care. This is being continuously monitored through the nursing quality processes including daily golden hour, ward accreditation and patient experience visits by the quality matrons.</p> <p>The revised WA 2020 standards includes expectation that information relating to dignity, respect and compassion is included in ward/department safety huddles.</p> <p>DoN has a weekly trust-wide meeting with ward/dept. Sisters and Charge Nurses and has discussed further actions. As a result, a trust-wide programme of work '<i>what matters to me most</i>' is being developed and rolled out.</p>

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30.	Ensure beds ring-fenced for non-invasive ventilation and for thrombolysis are available for these patients and have trained, competent staff always available.	COO	Must Do	Yes Objective – Patients Workstream – Improve clinical Outcomes		Performance Reviews ↑ Divisional Boards	FPEC	<p>The Trust has NIV and stroke ring-fenced beds on both the Pilgrim and Lincoln sites. A new process has been implemented whereby if a ring-fenced bed is used to outlie a patient due to capacity constraints, the capacity team work with the Consultants and business units to re-create alternative ring-fenced capacity within 2 hours.</p> <p>NIV bed availability have improved significantly over recent months and this can be demonstrated through the national data submission.</p> <p>Ring-fenced capacity availability is audited twice a day 0800 and 1200 as part of the national audit.</p> <p>To ensure that clinicians and managers are aware of the ring-fenced capacity position, an email is distributed daily outlining this information.</p> <p>These new processes are documented in the newly developed Clinical Operational Flow Policy which has recently been approved.</p>
31.	The Trust should ensure an up to date policy and training to staff in the cardiac catheter lab is implemented for the use of conscious sedation for patients.	DoN	Should Do	No	Medicine- Divisional IIP Objective – Patients Workstream – Improve clinical outcomes	Performance Reviews ↑ Divisional Boards	FPEC	Conscious sedation policy has been written and is in the final stages of the Trust agreed governance sign off process. Expected completion end March 2020.

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32.	The Trust should ensure that patient notes and confidential information are stored securely.	MD	Should Do	No	Medicine - Divisional IIP Objective – Services Workstream – Enhanced data and digital capability	Performance Reviews ↑ Divisional Boards	FPEC	<p>Patient records committee to oversee specific of incident that generated this situation and ensure the issues are resolved and that information regarding good practice is shared across the Trust.</p> <p>Accreditation process review safe storage of patient confidential information. Forensic analysis of this standard to be undertaken, themes and learning to be shared with ward and dept. teams through the DoN weekly meeting with Strs and ChNs.</p>
33.	The Trust should ensure that there is an inpatient adult pain team that is sufficiently staffed for patients to be referred to.	DoN	Should Do	No	Trust wide IIP Objective – Patients Workstream – Improve patient Experience	Executive Team ↑ QSOG	QGC	<p>Adult pain team is in place and visiting patients.</p> <p>DoN has met with nurses from the team to offer personal support and link them with high performing teams in other Trusts.</p> <p>Review of service at 6 and 12 months is scheduled to ensure appropriate service specification, capacity and capability of team to meet patient needs.</p>
34.	The Trust should ensure patients are appropriately assessed for self-administration of medicines and that their own medicines are in date.	MD	Should Do	Yes Objective – Patients Workstream – Harm free care		Executive Team ↑ QSOG	QGC	<p>All actions as action 28.</p> <p>The Medicines Quality Group has been designed to address and have oversight of the issues relating to medicine safety and administration, reconciliation.</p>
35.	The Trust should establish a process that identifies patients on MEAU that require a specialist consultant review.	COO	Should Do	No	Medicine - Divisional IIP Objective – Patients Workstream – Improve Clinical Outcomes	Performance Reviews ↑ Divisional Boards	FPEC	This is achieved through Red2Green, SAFER and ward/board rounds.

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36.	The Trust should consider reducing the amount of patient moves during the night.	COO	Should Do	Yes Objective-Services Workstream- Evidence Based care pathways		Executive Team	FPEC	This information is collected on WebV Trust system. Patients in an assessment area are transferred to base wards 24 hours a day, however transfers out of base ward areas, unless clinically determined, are minimised. The use of the information captured on WebV requires more development to ensure there is adequate monitoring. The process is described in the newly approved Clinical Operations Policy.
37.	The Trust should review arrangements for discharge to ensure that there are no delays due to transport or waits for to take away medications.	COO	Should Do	Yes Objective-Services Workstream- Evidence Based care pathways		Executive Team	FPEC	This is part of the Red2Green actions which are reviewed twice daily by the improvement workstream and fed back into capacity meetings. Early escalation means that issues can be dealt with promptly ensuring that patients are able to progress through their pathway as swiftly as possible. There has been an increase in the number of patients identified for discharge at 10am which can be attributed to the introduction of Red2Green. The plan over the next 8 weeks is to embed this practice within CBUs to ensure sustainability. MADE events have happened in January on the Lincoln and Pilgrim sites and are scheduled through to mid-year and have enhanced partnership working.
38.	The Trust should ensure robust communication and referral standards in the IAC are established so that senior staff understand who is responsible for each patient and to reduce delays in specialist review.	COO	Should Do	No	Medicine – Divisional Plan Objective – Services Workstream – Improve clinical outcomes	Performance Reviews ↑ Divisional Boards	FPEC	There is an IAC SOP in place. The review date for this is January 2020 and it is currently under review.
39.	The Trust should ensure the leadership team in the stroke service are supported to resolve the backlog of open incident reports.	MD	Should Do	No	Medicine- Divisional IIP Objective – People Workstream – Well Led	Performance Reviews ↑ Divisional Boards	QGC	There is a programme of work to reduce the back log of all incident reports, these are steadily reducing.

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40.	The Trust should consider implementing more robust medical handover processes for patients being cared for as inpatients on haematology or oncology wards.	MD	Should Do	No	Medicine – Divisional IIP Objective – Services Workstream – Evidence based care pathways	Performance Reviews ↑ Divisional Boards	FPEC	A paper based process for medical handover has been trialled a review is being undertaken to see how this could be implemented. An electronic tool is available as part of the electronic observation tool the Trust will be using and once in place this will be rolled out as a priority.
41.	The Trust should review medical staffing on the IAC so that junior doctors have appropriate support and can provide care safely within their abilities.	COO	Should Do	No	Medicine Divisional IIP Objective- People Workstream – Modern, progressive workforce	Performance Reviews ↑ Divisional Boards	FPEC	A workforce review is to be undertaken which will identify the requirements needing to be built into a training programme and clarity around competence.
Children and Young People's Services								
42.	The Trust must ensure there are suitable arrangements in place to support people who are in a transition phase between services and/or other providers.	DoN	Must Do	Yes Objective – Services Workstream – Evidence based care pathways		Executive Team ↑ QSOG	QGC	The Trust has been successful in its bid to be part of the 3 rd wave NHSE/I Improving Healthcare Transition Collaborative. The programme commences January 2020 with DoN as executive sponsor. <i>The ToR, membership, chair and functionality of the Trust-wide Children & Young Group were reviewed in October 2019 and the group re-established and includes membership from the CCG Chief Nurse.</i> The group works in close relationship with the system-wide children & young people transformation group, which is chaired by the CCG.

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43.	The Trust must ensure all staff comply with good hand hygiene practice.	DoN	Must Do	Yes Objective – Patients Workstream- Harm free care		Executive Team ↑ QSOG	QGC	<p>A variety of communications have been used to remind all staff trust-wide of their responsibility to adhere to hand hygiene practice. This includes through the Divisional Cabinet meetings and the IPC group.</p> <p>Additional training and monitoring is in place through the IPC team. Non-compliance with hand hygiene practice is addressed at time. Repeated non-compliance is flagged to the individuals line manager and is managed through a clear escalation process which results in action taken by MD or DoN.</p> <p>Compliance with Hand hygiene audits is reviewed monthly at the IPC group chaired by DIPC.</p>
44.	The Trust should ensure that they have robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight with overall responsibility held by the board.	DoN	Must Do	Yes Objective- Patients Workstream – Harm free care		Executive Team ↑ QSOG	QGC	<p>The ToR, membership and functionality of the Trust-wide safeguarding group have been reviewed. This includes ensuring better information flow between the safeguarding group and frontline teams and frontline teams understanding their individual responsibilities.</p> <p>A revised comprehensive programme of work has been devised which is based on a gap analysis of where the Trust is against all aspects of safeguarding legislation and mandatory requirements.</p>
45.	The Trust should ensure children's safeguarding lead is in receipt of regular one to one safeguarding supervision.	DoN	Must Do	Yes Objective- Patients Workstream – Harm free care		Executive Team ↑ QSOG	QGC	Supervisor identified and in place. Frequency of Supervision being monitored by the safeguarding lead's line manager.
46.	The Trust should ensure staff are in receipt of regular group supervision.	DoN	Must Do	Yes Objective -Patients Workstream – Harm free care		Executive Team ↑ QSOG	QGC	<p>Safeguarding supervision is provided to nursing and medical staff through the children's safeguarding lead and team.</p> <p>Ensuring that there is appropriate uptake of supervision is being monitored through the safeguarding group.</p>

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47.	The Trust should ensure there is a medical lead for safeguarding.	MD	Must Do	Yes Objective – Patients Workstream – Harm free care		Executive Team ↑ QSOG	QGC	Completed. The lead for paediatric safeguarding is Dr Margaret Crawford who has allocated PA time for this role. There is a Trust wide non-medical lead who is responsible for all safeguarding issues and co-ordinates appropriate professional responses as required.
48.	The Trust should ensure plans are in place to assess staff adherence to infection prevention and control principles, in particular in relation to infection control high impact interventions.	DoN	Should Do	Yes Objective – Patients Workstream- Harm free care		Executive Team ↑ QSOG	QGC	Comprehensive plans for oversight of staff adherence to IPC requirements is through both the IPC team and nursing quality process eg golden hour, IPC audit, quality metrics (SQD). These are reported through to Divisional governance and IPC Group.
49.	The Trust should ensure it improves the separation of children and young people from adults in the operating recovery areas.	COO	Should Do	No	Surgical Division	Performance Reviews ↑ Divisional Boards	QGC	This is now fully compliant on both the Lincoln and Pilgrim sites. Unannounced audits undertaken by the Quality matron team to ensure compliance is maintained and reported through the Children and Young People's Group. Accreditation programme for operating theatres in development and will include this as a standard. Completion and pilot due in Q1/Q2 of 2020/21
50.	The Trust should review the provision of paediatric emergency drugs in the operating theatres.	MD	Should Do	No	Surgical – Divisional IIP Objective – Patients Workstream- Deliver harm free care	Performance Reviews ↑ QSOG	QGC	This review was undertaken by Dr Joachim following the CQC visit. The conclusion was the current arrangements are appropriate.
51.	The Trust should improve processes for the communication of learning from incidents to ensure they are robust.	MD	Should Do	Yes Objective – Patients Workstream – Harm free care		Executive Team ↑ QSOG	QGC	A variety of methods are currently used, this will be developed further as part of the Safety Culture workstream.

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
52.	The Trust should improve facilities for children and young people visiting adult outpatient areas.	Director of Estates and Facilities	Should Do	No	Family Health-Divisional IIP Objective – Services Workstream – Evidence based care pathways	Performance Reviews ↑ Divisional Boards	QGC	<p>A programme of improvement work related to the 'hidden child' i.e. those children who experience care outside Childrens Services, is in place led by the paediatric lead nurse. Where children will be attending for appointments, clinical areas will be checked to ensure they are age group appropriate for children and young people. This work is monitored through the Children and Young Peoples Group.</p> <p>The Trust will undertake an audit of outpatient physical environments to develop a strategy to comply with HBN12 Outpatients Departments. Focus will be on developing measures to deliver environments appropriate for children and young people who are visiting adult outpatient areas that address the best practice found in guidance such as 'Friendly healthcare environments for children and young people'(NHS Estates, 2003) and HBN 23, 'Hospital accommodation for children and young people'.</p> <p>The Trust recognises that children may accompany adults to an OPD and will seek to have suitable play and recreational equipment, provision of access to infant/baby feeding and access to nappy changing facilities for parents.</p>
53.	The Trust should improve systems for alerting staff to patients such as those with a learning disability, or autism, who may need adjustments to improve access to care and services.	DoN	Should Do	Yes Objective – Patients Workstream – Harm free care (vulnerable patients)		Executive Team ↑ QSOG	QGC	The Trust is reviewing through the patient experience committee how improvements can be made and embedded.
54.	The Trust should improve training of staff in the requirements of children and young people with learning disabilities and/or autism.	DoN	Should Do	Yes Trust wide IIP Objective – Patients Workstream – Harm free care (vulnerable patients)		Executive Team ↑ QSOG	QGC	Review of training to be undertaken and ensure this aligns to the 2 frameworks launched in Nov by HEE /Skills for Health. Continue to promote sign up to MENCAP 'treat me well' campaign.
Critical Care								
55.	The Trust should ensure there is adequate pharmacist cover for the critical care unit at Lincoln Hospital.	MD	Should Do	No	Surgical/CSS - Divisional IIP's Objective – Patients Workstream-	Performance Reviews ↑ Divisional Boards	FPEC	MD to agree with Chief Pharmacist how this will be achieved


Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
					Improve clinical outcomes			
56.	The Trust should ensure a pharmacist attends multidisciplinary ward handover meeting daily.	MD	Should Do	Yes Trust wide IIP Objective – Patients Workstream- Improve clinical outcomes		Executive Team ↑ QSOG	QGC	MD to agree with Chief Pharmacist how this will be achieved
57.	The Trust should ensure therapist cover includes dietetics, physiotherapists and speech and language therapists seven days a week.	COO	Should Do	No	CSS -Divisional IIP Objective – Services Workstream – Evidence based care pathways	Performance Reviews ↑ Divisional Boards	FPEC	7 day Physiotherapy provision in place on ICU SaLT recruitment improving. Meeting with ICU colleagues to progress business case for SaLT and Dietetic provision to the units. (As per comments in 27)
58.	The Trust should ensure the new senior leadership team has oversight of the critical care unit, as this level was not currently robust.	COO	Should Do	No	Surgical- Divisional IIP Objective- People Workstream- Well Led	Performance Reviews ↑ Divisional Boards	FPEC	Completed. Monthly CBU performance meetings in place. Monthly Divisional Clinical Governance meetings in place.
59.	The Trust should ensure finances for the ventilator replacement programme.	DoF	Should Do	No	Surgical- Divisional IIP Objective – Services Workstream- Efficient Use of resources	Performance Reviews ↑ Divisional Boards	FPEC	This will form part of the 20/21 budgeting process on a risk managed basis.
60.	The Trust should consider identifying support with staff moves to improve morale on the unit.(Lincoln ICU)	HRD	Should Do	No	Surgical Divisional IIP Objective- People Workstream- Make ULHT best place to work	Performance Reviews ↑ Divisional Boards	WOD	Issue has been raised with DoN who has visited the ICU to discuss with the nursing team. Process in place to ensure staff are only moved when necessary. Moving staff to ensure overall patient safety is an inevitability due to Trustwide staffing levels. We are looking at minimising the impact on staff skill levels to address a key issue affecting morale.
61.	The Trust should ensure staff record all patient care such as oral care and tissue viability assessments on the clinical information system to assure managers these have been carried out.	DoN	Should Do	No	Surgical – Divisional IIP Objective – Services Workstream- Enhance data and digital capability	Performance Reviews ↑ Divisional Boards	QGC	Accountability Handover process being rolled out through the Trust which ensures all actions from previous shift have been undertaken and documented Accreditation process for ICU in final stages of development, which will audit care and documentation processes.

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
62.	The Trust should ensure a pharmacist attends the Pilgrim Hospital critical care unit daily multidisciplinary handover meeting.	MD	Should Do	No	Surgical and CSS- Divisional IIP's Objective – Patients Workstream – Improve clinical outcomes	Performance Reviews ↑ Divisional Boards	QGC	MD to pick up with Chief Pharmacist
63.	The Trust should ensure a critical care pharmacist attends the Pilgrim Hospital critical care unit for an agreed time each week to review patient medicines.	MD	Should Do	No	Surgical and CSS - Divisional IIP's Objective -Patients Workstream- Improve clinical outcomes	Performance Reviews ↑ Divisional Boards	QGC	MD to pick up with Chief Pharmacist
64.	The Trust should ensure the on-call pharmacist is available to attend the Pilgrim Hospital critical care unit when necessary.	MD	Should Do	No	Surgical and CSS - Divisional IIP's Objective -Patients Workstream- Improve clinical outcomes	Performance Reviews ↑ Divisional Boards	FPEC	MD to pick up with Chief Pharmacist
65.	The Trust should ensure swallowing assessments are carried out to prevent delays with patient weaning.	DoN	Should Do	No	Surgical -Divisional IIP Objective – Patients Workstream- Improve clinical outcomes	Performance Reviews/QSOG ↑ Divisional Boards	QGC	Improvements to access of SaLT team being undertaken as per actions 27 & 57. Training and competency assessment programme for swallow assessments, undertaken by nursing staff, in place. Expectation to get to situation where all areas which may have patients who require swallow assessments will at least 1 member of staff, each shift, who has appropriate competency. Reviewing if this can be captured on the electronic Healthroster system to give transparency.
66.	The Trust should ensure policies and guidelines used by critical care staff are within review dates and dated to ensure they are in line with the most recent national guidance.	MD	Should Do	Yes Objective – People Workstream- Well Led		Executive Team (monthly IIP oversight)	QGC	A workstream is in place to review all clinical guidelines. These will be prioritised. As per action 12.
67.	The Trust should consider administrative support for risk and governance for the Pilgrim Hospital critical care service.	MD	Should Do	Yes Objective – People Workstream – Well Led		Performance Reviews ↑ Divisional Boards	QGC	The administrative support for risk and governance was recently reviewed, there are some vacant posts awaiting recruitment. The way this work is undertaken will be reviewed

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
Maternity								
68.	The Trust should ensure they continually review audits and implement measures to improve patient outcomes for low performance metrics.	MD	Should Do	Yes Objective – Patients Workstream – Improve clinical outcomes	Family Health- Divisional IIP	Executive Team ↑ QSOG	QGC	Audits are reviewed, action plans produced and tracked. As per action 12
69.	The Trust should ensure mandatory training is completed by medical staff in line with Trust policy, in particular mental capacity and deprivation of liberty safeguarding training.	MD	Should Do	Yes Objective – People Workstream- Modern, Progressive workforce		Performance Reviews ↑ Divisional Boards	WOD	Divisional team reviewing internal process to make sure that all staff are compliant with training.
70.	The Trust should ensure they implement systems to monitor waiting times in line with national standards.	COO	Should Do	No	Family Health- Divisional IIP Objective – Services Workstream- Enhance data and digital capability	Performance Reviews ↑ Divisional Boards	FPEC	The Trust audit waiting times in AAU and will undertake further audits. An audit of the admission time and time seen on the delivery suite will be undertaken to evidence service compliance with the specified time frames.
71.	The Trust should ensure risks are clearly identified and documented in an appropriate format.	MD	Should Do	Yes Objective – People Workstream -Well Led	*Family Health- Divisional IIP Ensure this is covered	Performance Reviews ↑ Divisional Boards	QGC	This is the same as all risks, maternity is part of the Trust wide plan of work
72.	The Trust should ensure they collect data relating to the percentage of women seen by a midwife within 30 minutes and if necessary by a consultant within 60 minutes during labour.	DoF (Data issue)	Should Do	No	Family Health- Divisional IIP Objective – Services Workstream – Enhance data and digital capability	Performance Reviews ↑ Divisional Boards	QGC	Data collected relating to admission and time seen in AAU, however most labouring women are seen on labour ward. Current situation is: The trust has considered implementing a triage system by using the traffic light system, however women are seen within the specified times frames so a triage system is not used and currently data is not collected. Should the timeframe to be seen by either midwife or consultant exceed the recommendations an incident report through datix would be completed and the incident reviewed and responded to. An audit review is being developed to demonstrate compliance.
73.	The Trust should ensure labour ward coordinators are supernumerary in line with national guidance.	DoN	Should Do	No	Family Health – Divisional IIP Objective – People Workstream – Modern, progressive workforce	Performance Reviews ↑ Divisional Boards	WOD	DoN reviewing staffing process with HoM to ensure supernumerary status of labour ward co-ordinators is maintained even in extreme staffing / service pressures.

Ref No	Action	Executive Lead	Must Do / Should Do	Is action covered by Integrated Improvement Plan? If Yes, which section?	If No- where should the action sit?	Reporting/ monitoring group	Assurance Committee	Progress January 2020
74.	The Trust should continually review audits and implement measures to improve patient outcomes for low performance metrics. This include still birth rates, proportion of women having induction of labour and proportion of blood loss (greater than 1500mls).	MD	Should Do	No	Family Health- Divisional IIP Objective – Patients Workstream- Improve clinical outcomes	Performance Reviews ↑ Divisional Boards	QGC	Audit plan to be checked to ensure all areas covered

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services (CAMHS)

Summary:

In partnership with people, staff, patients, carers and stakeholders, Lincolnshire Partnership NHS Foundation Trust (LPFT) aspires to meet the mental health needs of all people in Lincolnshire. This is both at home or close to home and in the least restrictive environment as possible, while ensuring a safe, timely response.

Demands for mental health services are increasing, so we have to innovate to ensure that we have the right balance in the configuration of the services provided to meet the needs of Lincolnshire people. This includes testing new models of care, supporting our clinical colleagues to develop their services and improve the quality of care provided.

This paper describes work underway to pilot a community Intensive Home Treatment service for young people (aged up to 18 years) Children and Adolescent Mental Health Services (CAMHS) in Lincolnshire and to test a new model of care. The investment for the new model of care pilot (including the clinical team running it) will come from an existing inpatient service (based at Ash Villa in Sleaford), which is temporarily closed. If the new care model is successful and there is an option to continue this into the future, this would be a significant service change and therefore be subject to public engagement and public consultation processes in line with statutory duties.

Actions Required:

To provide feedback to Lincolnshire Partnership NHS Foundation Trust on the pilot Intensive Home Treatment Service, which commenced operating on 4 November 2019.

1. Children and Adolescent Mental Health Service (CAMHS)

In line with national policy and working closely with colleagues at Lincolnshire County Council, NHS England and South West Lincolnshire Clinical Commissioning Group (CCG), we have been collaborating on a new model of care pilot design for Child and Adolescent Mental Health Services (CAMHS) in Lincolnshire.

This work resulted in a preferred option to move to an Intensive Home Treatment model of care, with a least restrictive, community based service with a reduced number of beds. The plan was to fund this pilot using the investment currently made into the inpatient CAMHS service (provided at Ash Villa in Sleaford (Rauceby) temporarily).

Under the new model of care pilot, the vast majority of treatment would be given at home with the family of the young person, improving quality of care. LPFT was working towards implementing this new care model on a trial basis from April 2020 to October 2020 and had reached agreement to do so.

However because of pressures on staffing at Ash Villa, particularly the availability of medical doctors to safely staff the unit, the difficult decision was taken (after exhausting all opportunities to secure doctors to work in the unit) to temporarily close the unit and bring forward the implementation of the new care model. Most of the staff working at Ash Villa commenced working the new care model on 4 November 2019, using their expertise to deliver the pilot at an earlier date than planned.

The end point of the interim pilot of the new care model remains the same – October 2020. After this and following evaluation of the new model impact, a decision will then be made as to whether to continue with the new care model.

This decision will include engagement and consultation with the public in line with statutory duties. Part of this is engagement with NHS England/NHS Improvement and CCG and Lincolnshire County Council colleagues on the process for refining the detail of engagement and consultation. This will include agreement of process and associated paperwork/pre-consultation documentation etc.

Equally, the Health Scrutiny Committee for Lincolnshire would provide direction on the process to be followed to ensure proper engagement and public consultation at a point to be decided by the Committee and in line with its statutory duties.

Background and explanation of the service

Historically inpatient services for Child and Adolescent Mental Health (CAMHS) care have been provided in Ash Villa, Sleaford, a 13 bedded unit for young people requiring inpatient care, commissioned by the NHS England Specialist Commissioning Team.

Young people in receipt of care at Ash Villa were aged 13 to 18 years with severe and/or complex mental disorders, including eating disorders. The unit provided support for both males and females with two male and eleven female beds, although the configuration was flexible to meet demand.

Ash Villa, located in the centre of Lincolnshire (Rauceby near Sleaford), provided care to Lincolnshire patients and generally had up to 50% beds occupied by non-Lincolnshire patients from elsewhere in the East Midlands at any one time.

The geographical location of Ash Villa provided a number of challenges. As a stand-alone facility that is not located with any other mental health services, there is not a critical mass of staff to ensure an adequate response team resource.

Additionally, being in the centre of a rural county, transport links are poor, making it difficult for families to visit and emergency response times can be high.

Furthermore following a national review of CAMHS services, a revised service specification was issued by NHS England for quality standards for this type of inpatient service. Ash Villa does not meet some of these new quality standards. This is because of the layout of the building, lack of existing facilities (the bedrooms do not have en-suite facilities for example) and lack of additional facilities that are now required in the new specification (for example a high dependency area for young people with extra care needs).

Lincolnshire County Council offers and provides education facilities to all of the young people admitted to the unit via the integrated Ash Villa School on the same site, which is co-located and provides Ofsted rated outstanding education. Consistent uninterrupted education is essential to the well-being of young people with emotional well-being and mental health problems.

Piloting the new model of care

The reason for piloting the new model of care is to improve the quality of care, including access closer to home. Quality of care is improved through intensive home treatment being provided by highly skilled clinical teams; closer to home with an additional 24/7 around the clock, crisis, response to young people requiring this.

Quality treatment and care will be delivered in the least restrictive setting as a safe and effective alternative treatment model to in-patient care for young people who would otherwise require admission. A focus on recovery rather than dependency will improve the longer term outcomes of the young people.

The service provided at Ash Villa was for patients identified as “General Acute” mental health patients up to the age of 18 years. There are other categories of young people with mental health problems whose care has never been provided at Ash Villa. These patients include those requiring Medium and High Secure care; Psychiatric Intensive Care; very specialist Eating Disorder care and care for people with Learning Disabilities. These patients have always had their service outside of Lincolnshire as these types of care are not provided in county. Nor are services for these services part of the new care model described here.

The aim of the new care model is to intervene early in the deterioration of a young person’s mental health and provide a rapid response with treatment at home in order to prevent admission to hospital. If a young person did require a “General Acute” inpatient bed, the young person would need to travel to a suitable unit outside of Lincolnshire in the East

Midlands provider network. The purpose of the Intensive Home Treatment Service is to prevent the need for admission and to provide intensive support to prevent admission. The table below shows the number of young people (including Lincolnshire patients, but patients from other counties too) who had “General Acute” admissions to Ash Villa since 2016: -

Primary Service	2016		2017		2018	
	No. of Admissions	Average Length of Stay (days)	No. of Admissions	Average Length of Stay (days)	No. of Admissions	Average Length of Stay (days)
General Acute (Ash Villa)	39	63.1	40	50.4	36	40.9

Whilst the staff always provided excellent clinical care, Ash Villa was identified as a “fragile” service for the following reasons: -

- Patient safety – this is a high risk group of vulnerable patients. The ability to recruit, retain and fill rotas: particularly for medical staff but also for qualified nursing staff and overnight was always very challenging. This impacted on patient safety and staff safety as Ash Villa is a standalone unit and over an hour away from any clinical support.
- High risk environment – the Ash Villa building does not meet single sex/privacy and dignity standards and does not meet the new specification required for inpatient CAMHS units. The Care Quality Commission has taken a close interest in the safety of the unit with interim protocols in place to address single sex accommodation concerns.
- Financial – the Lincolnshire Sustainability and Transformation Partnership remains significantly financially challenged and the Ash Villa unit contributes to this loss of £0.5 million per year caused by the additional staffing costs of keeping the unit safely staffed. Given the national constraints on capital funding there is no scope to re-build the facility elsewhere in the county.

In September 2019, the fragile service at Ash Villa became unsustainable when it became clear that LPFT could not recruit doctors to staff the unit. This was doctors at all levels – Consultant medical staff as well as Junior Doctors.

The difficult decision was taken, in September 2019, to temporarily close the unit on the grounds of patient safety. This was because the recruitment of medical staff was not possible.

NHS England approved bringing forward the pilot of the new model of care, the Intensive Home Treatment Service, which began on 4 November, with the experienced staff from Ash Villa running the Intensive Home Treatment service.

The Intensive Home Treatment model has been developed by clinicians locally with the full engagement of commissioners and those people who worked at Ash Villa.

The new care model includes a small number of places (up to four) for patient assessment – these could be provided at a new unit in Boston, based on the Pilgrim Hospital site.

The funding for the service is through realignment of funding currently invested by regional commissioners in the bed based specialised commissioning service to local commissioning

arrangements (in this case to Lincolnshire County Council via South West Lincolnshire CCG who commission community based CAMHS services).

The timetable for the pilot new care model is shown here: -

Timetable	Action
4 November 2019 to March 2020	Intensive Home Treatment Service pilot service running due to temporary closure of Ash Villa
April 2020 to October 2020	NHS England approved pilot of new care model runs to completion
October 2020 onwards	Decision on the future model of care following a rigorous service evaluation of the pilot Engagement and public consultation on the service change in line with statutory duties

Whatever the outcome of the service evaluation of the new care model pilot in October 2020, the Ash Villa Unit will not reopen on the current site in the current building. This is because the building is not fit for purpose and does not meet the new specification quality standards for such services prescribed by national policy.

2. Conclusion

Lincolnshire Partnership NHS Foundation Trust (LPFT) is committed to a vision of providing care as close as possible to people's homes. For people living with mental health problems, their carers', friends and families we are keen to explore new ways of working to build capacity in community teams and offer 24/7 community services. There is also a need to improve the quality of the care provided to young people, including improving the physical environment for the wards that LPFT operates in order to protect patient dignity and privacy as they receive inpatient care and treatment.

There are some challenging decisions to be made on the balance of inpatient and community facing services for both of these care groups. This paper sets out the direction being followed for both. Information and updates will be shared with the Committee in line with the Committee's recommendation.

3. Consultation

There are issues for consultation arising from this report.


4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via jane.marshall3@nhs.net

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Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	Lincolnshire Partnership NHS Foundation Trust: Older Adults Mental Health Home Treatment Team

Summary:

Over the past two years there have been important improvements to mental health services for older people (generally termed for people aged over 65 years) provided by Lincolnshire Partnership NHS Foundation Trust.

Good progress has been made with the engagement and support of stakeholders, patients, carers and staff, working together. This paper sets out some further proposals for consideration by the Committee.

Demand for older adult mental health services is increasing as the population ages. There are some gaps in services plus some wards that have dormitory sleeping areas that do not support good care. The ambition is increase community support; offer care close to home; deliver 7 day a week services and have hospital care available to the best standard only when needed.

The Older Adults Mental Health team piloted a Home Treatment Team (HTT) model whilst upgrading an existing Older Adult Ward to meet modern standards (Brant Ward, Lincoln). The HTT model proved successful and evaluated well. LPFT is committed to making continuous improvements in these services and the next phase of these is described.

Actions Required:

To provide feedback to Lincolnshire Partnership NHS Foundation Trust on its proposal to continue the Older Adult Home Treatment Team service as well as re-opening the refurbished Brant Ward in Lincoln, to be funded by the temporary closure of the Rochford Ward at the Pilgrim Hospital site, Boston.

1. Older Adult Services

In April 2019, representatives from Lincolnshire Partnership NHS Foundation Trust presented to the Health Scrutiny Committee for Lincolnshire and updated on the Older Adult Home Treatment Team (HTT). The HTT was set up in October 2018 to provide a community facing service to support patients with functional mental illness, who would otherwise have been admitted to Brant Ward, Lincoln. The Trust set up the HTT service as a pilot service whilst estates work was undertaken to upgrade Brant Ward to meet modern NHS privacy and dignity standards. The HTT covers the entire county of Lincolnshire.

The older adult Home Treatment Team (HTT) was set up to service the temporary loss of Brant Ward, a functional mental health inpatient unit with 20 beds, in order that a full refurbishment of the ward could take place. Functional mental health conditions include, for example, people who are living with depression. This refurbishment is to improve the patient experience, providing single en-suite rooms to improve privacy and dignity.

The HTT is a community based service focussing on admission avoidance and supporting early discharge from hospital. The HTT became operational in October 2018; its operational hours are 8:00am-8:00pm Monday to Friday and 10:00am-6:00pm at weekends and public holidays.

The April 2019 report to the Health Scrutiny Committee for Lincolnshire was a five month report on the HTT (October 2018 to March 2019) and summarised a very successful pilot, where the HTT was achieving excellent quality and financial outcomes. This has continued over the period since April 2019 to the current date. In the first five months of operation, the Home Treatment Team demonstrated significant positive outcomes across the three areas of clinical effectiveness (fewer admissions and reduced length of stay); patient and carer experience (100% patient satisfaction with the service) and patient safety (fewer clinical incidents such as patient falls and improved medication optimisation).

The upgrade to Brant Ward at Witham Court in Lincoln, to create single en-suite bedrooms and improve the ward living spaces, is now complete and the ward is ready to reopen.

In April 2019, LPFT colleagues indicated to the Health Scrutiny Committee for Lincolnshire that the re-opening of Brant Ward would allow us to think about future configuration of Older Adult Services, including the balance of service between inpatient and community services.

Lincolnshire Partnership NHS Foundation Trust is proposing to continue the current service model with one functional older adult mental health ward (Brant Ward, Lincoln) and a county-wide HTT.

The Trust is therefore proposing to transfer the in-patient ward from Rochford Ward in Boston, on the Pilgrim Hospital site to the newly refurbished Brant Ward in Lincoln when it re-opens in the early New Year of 2020.

Rochford Ward is not fit for purpose, it is on the first floor, which restricts patients access to fresh air; it is also has beds in dormitories, which is not conducive to mental health recovery and does not meet Care Quality Commission standards for care environments. Re-provision of Rochford Ward would require capital investment and a move to a ward on the ground floor.

This change will mean that patients that need an inpatient bed will need to travel to Lincoln instead of traveling to Boston but the HTT will mean that fewer people need to be admitted. Admitting fewer people is one of the known impacts of introducing the HTT.

This change will involve travel for (fewer) patients requiring admission, however this is currently the case as people travel now for a bed (for example patients travel from Boston to Lincoln for admission as well as from Lincoln to Boston depending on bed availability) – and there will be the HTT in place to support people at home. This community service will enhance access for patients and responsiveness as the service operates on a 7 day a week basis.

Rochford Ward, Boston, will be temporarily closed with the staff working into the HTT model or in other services. There will be an additional HTT hub created in Boston to accommodate the community HTT team.

LPFT recognises that this is a difficult decision to take and will work in partnership with Clinical Commissioning Group colleagues to evaluate the impact of this change if made.

There would then be a full report and evaluation to the Health Scrutiny Committee for Lincolnshire at a time to be decided by the Committee. Direction on further engagement and public consultation requirements would be taken at this time.

2. Conclusion

Lincolnshire Partnership NHS Foundation Trust (LPFT) is committed to a vision of providing care as close as possible to people's homes. For people living with mental health problems, their carers', friends and families we are keen to explore new ways of working to build capacity in communities. There is also a need to improve the quality of the physical environment for the wards that LPFT operates in order to protect patient dignity and privacy as they receive inpatient care and treatment.

There are some challenging decisions to be made on the balance of inpatient and community facing services. This paper sets out the proposed direction. Information and updates will be shared with the Committee in line with the Committee's recommendations on this proposal.

Throughout the development of this proposal there has been on-going engagement and involvement of patients and carers. This engagement work will continue as we co-develop thinking and plans on future service shape for this care group.

3. Consultation


There are issues for consultation arising from this report.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via jane.marshall3@nhs.net

Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire West Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	Community Pain Management Service

Summary:

The four Clinical Commissioning Groups (CCGs) across Lincolnshire have commissioned a new Community Pain Management Service. Following a robust and thorough procurement the contract was awarded to Connect Health in November 2018, with the service going live on the 1 April 2019. Lincolnshire West CCG is the lead commissioner of the service on behalf of the four Lincolnshire CCGs.

The specification for the new service aligns with best practice and has been based upon the recommendations of the British Pain Society and the relevant NICE guidelines.

This report provides an update to the Health Scrutiny Committee with regards the mobilisation of the new service and the actions taken to address feedback from patients and colleagues.

The CCG and Connect Health are in constant dialogue to ensure that patient queries and operational issues are addressed in a timely manner. Formal contract review meetings are held on a monthly basis.

There were two discrete patient groups considered as part of the mobilisation plan. The first patients who were receiving treatment (described as transition patients) and new referrals. The majority of concerns raised with the CCG and Connect Health directly were with regards patients who were transitioned to the new service. Connect Health have worked hard and diligently to address the mobilisation issues they have had to overcome during the complex transition of 6,000 patients as well as receiving an estimated 6,000 / 7,500 new referrals.

Further details of the actions taken are provided in the body of the report.

Learning

The procurement of the Pain service was a significant transformation programme that encompassed the establishment of best practice clinical models, addressed the feedback from patients and clinicians regarding the inadequacy of the previous services and data that demonstrated that Lincolnshire was an outlier with regards Musculoskeletal and Neurological services in particular pain management. The comprehensive assessment suggested that Lincolnshire was an outlier with regards being one of the highest prescribers of opioids and interventional medicines and had a gap in terms of providing good practice e.g. psychological support. The new service provided by Connect Health addresses all these areas.

The procurement and mobilisation of the Community Pain Management Service has been a steep learning curve for both Connect and the CCGs. The learning from this process will inform future planning and programmes to facilitate transformation of services. The key observations are :

- Long term work required to develop public understanding the “Best Practice” Model of care for patients with long term pain, this is part of the “Pain – Do you Get It” campaign.
- The need to better understand the level of support for the patient’s carers and their families.
- Managing the transition process / expectation of patients who have been receiving treatments that are not recommended by the British Pain Society or NICE.
- Strengthening stakeholder engagement for patients, providers and public representatives

Actions Required:

- To note and consider the contents of this report

1. Background

Introduction

This report provides details of the ongoing work by Connect Health and the CCG to establish the Lincolnshire Pain Service. Information is provided with regards actions and progress to address issues highlighted at the Health Scrutiny Committee meeting on 16 October 2019.

Previous Treatment Model

Lincolnshire pain services were previously provided across various acute trust and independent provider locations. Treatment was Consultant led and based on a medical model of intervention that largely relied on pharmaceutical interventions. This model did not comply with best practice as it failed to provide access to the current evidence-base which involves an approach that combines physical and psychological treatment as recommended by NICE and the British Pain Society Pain Management Programmes.

Clinical Ethos

The Community Pain Management Service (CPMS) that has been commissioned is designed to empower patients to better manage their long-term (chronic) and persistent pain condition recognising that pain can have a significant impact on a person's quality of life physically, emotionally and socially.

The multi-disciplinary pain management team includes Pain Consultants, GPs, Clinical Psychologists, Psychotherapists, Physiotherapists, Occupational Therapists, Nurses and Pharmacists. The treatment available utilises a holistic approach in line with the recommended bio-psychosocial model and is tailored to the individual needs of each patient. We recognise that this holistic approach is different to the bio-medical model adopted by most hospital pain providers in the Lincolnshire region previously. As a result some patients who have accessed the new CPMS after transitioning from an alternative hospital provider have commented that the service looks and feels very different to what they had been used to. This reflects the newly commissioned service meeting the current evidence recommendations in pain management.

Service Performance

Lincolnshire CCGs closely monitor the performance of the CPMS run by Connect Health in terms of both access and quality. Formal contract review meetings are held monthly. Within these contract review meetings activity reports and key milestones of the mobilisation plan are scrutinised. Meeting minutes and action logs are captured these provide evidence that there is a continual improvement cycle that is responsiveness to feedback from patients, public and Health Care Professionals, this ensures that the service remains fit for purpose and flexible to future changes in healthcare needs of the population.

Rather than relying on traditional performance indicators, that provided limited assurance with regards the effectiveness of the service and particularly outcomes for patients, Connect Health & CCGs are jointly developing outcome measures that will be meaningful to patients. Patients will have the opportunity to shape this work so that this method of contract monitoring will be in place at the start of the new financial year when the mobilisation plan has been completed.

Clinic Availability

One of the key objectives of the new service was to improve access for patients bringing care closer to home. To date, Connect Health have mobilised 14 clinic locations across the County. These community clinic locations have been chosen to ensure good coverage with some locations being mobilised as a direct result of patient feedback / request.



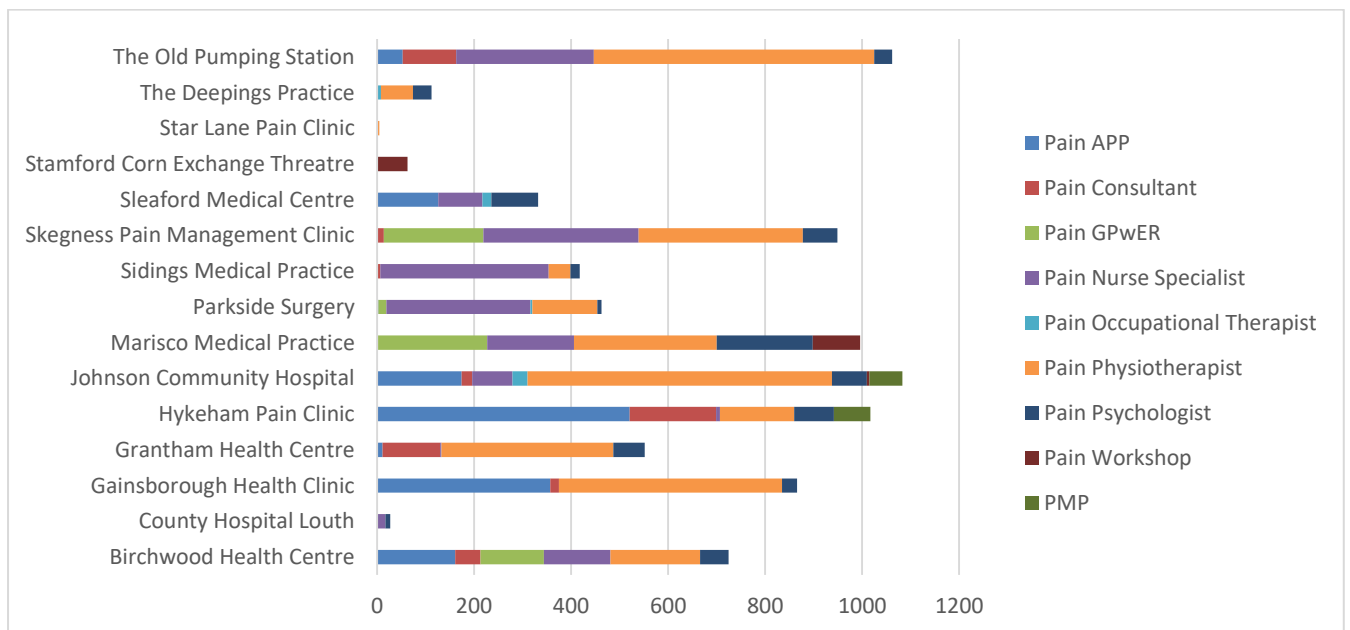
Location Comparison by CCG

	Pre-Connect Health	Connect Health
Lincolnshire West	<ul style="list-style-type: none"> Lincoln County Hospital 	<ul style="list-style-type: none"> Old Pumping Station, Lincoln Birchwood Health Medical Centre Hykeham Pain Clinic BMI Lincoln North Hykeham Health Centre Gainsborough Medical Centre

	Pre-Connect Health	Connect Health
Lincolnshire East	<ul style="list-style-type: none"> • Pilgrim Hospital, Boston • Louth County Hospital • Boston West Hospital 	<ul style="list-style-type: none"> • Parkside Medical Centre, Boston • Marisco Medical Centre • Skegness Pain Clinic • Louth County Hospital • Sidings Medical Centre, Boston
South West Lincolnshire	<ul style="list-style-type: none"> • Grantham Hospital 	<ul style="list-style-type: none"> • Grantham Medical Centre • Sleaford Medical Centre
South Lincolnshire	<ul style="list-style-type: none"> • Stamford Hospital • Spalding Community Hospital 	<ul style="list-style-type: none"> • Deepings Medical Practice • Spalding Community Hospital • Star Lane Clinic, Stamford
Out of Area	<ul style="list-style-type: none"> • Ramsay Health Care, Peterborough • St Hughs Hospital, Grimsby • Goole Hospital • Queen Elizabeth Hospital, King's Lynn 	-

Connect Health are providing timely access to pain management treatment within Lincolnshire. The average waiting time from referral to first appointment offered is 22 working days with 100% of all patients initiating their second phase of treatment within 40 working days.

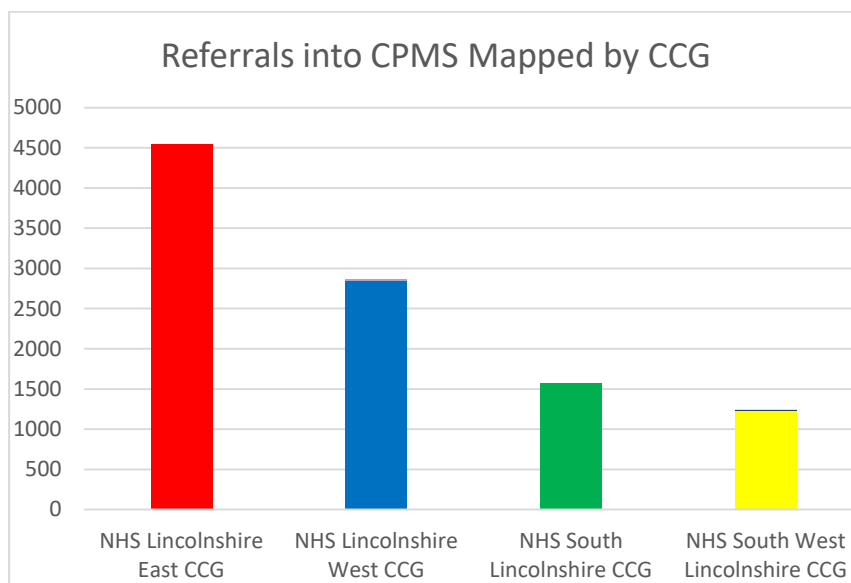
The graph below illustrates the skill mix of multi-disciplinary pain management team clinicians working across Lincolnshire:-



NB. County Hospital Louth and Star Lane Pain Clinic, Stamford are relatively new locations. Clinics started here 31 October and 28 November 2019 respectively.

Demand

In seeking to establish a community based service, Connect Health have mapped referrals into CPMS by CCG. The graph below illustrates that largest proportion of referrals into the CPMS have been from the Lincolnshire East region. Connect Health are currently reviewing their clinic capacity and availability to ensure that this is representative of and in line with the current demand. The team will continue to review referral activity in order to identify any changes in the pattern of referrals that might necessitate future review of clinic capacity.



Waiting Times

The CPMS provides improved access to a range of clinicians who work together to provide access to a range of treatments as recommended by NICE and the British Pain Society. The waiting time for each specialist is closely monitored and capacity reviewed to reflect patient need.

The table below provides details of the current waiting time. This information has been split to show the position for patients who have transitioned into the service and new referrals.

Average wait - Referral to Appointment attended (Weeks)				
Pain Specialist	Backlog	Non-Transition	Transition	Overall Average wait
Pain APP	6	5	13	6
Pain Consultant	15	9	16	12
Pain GPwER	8	5	11	6
Pain Nurse Specialist	6	4	12	6
Pain Occupational Therapist	-	6	5	6
Pain Physiotherapist	7	5	13	6

Average wait - Referral to Appointment attended (Weeks)				
Pain Specialist	Backlog	Non-Transition	Transition	Overall Average wait
Pain PsyConnect Healthologist	0	5	4	3
Pain Workshop	6	7	9	9
Pain Management Program	-	4	21	12
Average waits	7	5	10	7

Access to a full multi-disciplinary team enables Connect Health to ensure that patients are directed to the most appropriate specialist and that capacity within the 14 clinics across Lincolnshire is utilised. The waits for transition patients have been longer than new referrals into the service due to the initial reduced capacity for induction and training alongside the phased process of recruitment. Review of information regarding waiting times has highlighted that for transition patients who were delayed in the time taken from referral for patients to respond to the invite from them to commence treatment within our service.

Currently the longest waiting times, which is causing concern, is for patients who have transitioned to the CPMS who require a Consultant appointment and whilst this is significantly better than previous performance which could have been up to 20 weeks, Connect health are mindful of the fact that for a number of these patients their appointment would have been scheduled as follow and not be aware of the length of waiting. This has caused some patients concern and both Connect Health and the CCG continue to ensure that patients receive a timely response if they contact us with concerns.

Having identified that there has been a higher than expected level of demand for Pain Consultant appointments, particularly from patients transitioning from the previous services additional Pain Consultant capacity has been sought and extra clinics added as a priority. Additionally, Connect Health are working collaboratively with existing sub-contractors to increase Consultant capacity as well as working hard to forge strong positive links with existing hospital pain service providers in neighbouring CCG regions.

The primary purpose of providing patients with Pain Consultant consultations was to assess the patient for suitability of pain interventions e.g. spinal injection. Audits completed by Connect Health indicate that on average 80% of the referrals for review by Pain Consultants by other specialists within the Connect Health multi-disciplinary team have resulted in listing for injection intervention.

The conclusion from this audit is that our pain specialist clinicians are making appropriate referrals and as such Connect Health have introduced a pro-forma that enable clinicians within our MDT to directly list onto the mobile injection unit clinics. This streamlines the pathway for patients, enabling those that are appropriate for injections to have quicker access and fewer appointments. This also enables Consultant assessment appointments to be prioritised for those patients that require a complex review or second opinion and as such will support a reduction in waiting times. The mobile unit location is flexible and will be placed to meet the demand majority vs the current process of the consultant clinics being fixed.

Pain consultants alongside the Connect Health Multi-Disciplinary Team (MDT) provide expertise within panels to review complex patients and plan suitable treatment including completing prior approval forms and individual funding requests.

Consultant Clinic Capacity

Connect Health operate a forward planning approach to ensure that they maximise capacity for Consultant appointments for those that need this. Diaries are scheduled 6-8 weeks in advance. Limiting scheduling within this time frame reduces cancellations and allows us to align demand to capacity and location where possible. Over the next 6 weeks Connect Health has 30 clinic sessions (am/pm) scheduled for 4 Pain Consultants across 5 locations in Lincolnshire (Grantham, Hykeham, Lincoln, Birchwood, Spalding). Analysis identifies there is a variation in demand on Consultant appointments between transition patients (13%) and new referrals (5%), based on this, it is anticipated that demand on Consultant appointments will reduce and waiting times will reduce further.

Pain Management Programme (PMP)

The British Pain Society guidelines and NICE guidelines identify PMPs are the treatment of choice for people with persistent pain which adversely affects quality of life and where there is significant impact on physical, psychological and social function.

PMPs consist of methods to promote behaviour change and promote well-being. They include education on pain physiology, pain psychology, general health and pain self-management. PMPs also contain guided practice on exercise and activity management, goal setting, identifying and changing unhelpful beliefs and ways of thinking, relaxation and changing habits which contribute to disability. Participants practice these skills in their home and other environments to become expert in their application and in integrating them into their daily routines. Methods to enhance acceptance, mindfulness and psychological flexibility are also recommended.

PMPs have commenced within the PMP service at locations including Hykeham Pain clinic, Spalding Community Hospital and Parkside Medical Centre with excellent results. Further programmes are scheduled including new locations at Grantham and Marisco Medical Centre in Mablethorpe.

Quality Assurance

Connect Health submit a quarterly Quality Report to the CCG. The Service Manager meets with the CCG Quality Team to discuss this submission in detail and a summary presentation of the key elements within the report are shared on a quarterly basis at the contract review meeting.

As part of our Governance and Quality Assurance Framework Connect Health have robust mechanisms for managing mandatory training, an audit plan that includes triage quality, notes audit and injection audit and a training program and supervision framework to support the development of staff.

Treatment Outcomes

The infographic demonstrates recent patient outcomes from a completed Pain Management Programme. This summarises the patient experience and improvement across the outcome measures that we utilise to demonstrate the effect of this programme on depression, anxiety and self-efficacy which Connect Health are all strongly related to persistent pain.

The CPMS also demonstrated a 0.32 +ve shift score in EQ5D (a nationally recognised Patient reported outcome measure – that enables patients to feedback on whether the interventions provided positive benefit) in Oct 2019. National benchmarking for this outcome measure within Musculoskeletal services is 0.16 so this data is highly encouraging and demonstrates that the service is having a significant positive impact on Patients' lives.



Pain Interventions / Injections

Shared decision making and personalised care are integral to the function of the service. Following a comprehensive assessment by a Pain Specialist Clinician, treatment options

are considered and discussed collaboratively with the patient in line with CCG policy and national guidance/best evidenced care. Pain interventions such as injections are offered as part of a package of care when this is clinically indicated and aligns to the evidence and best practice that this will to facilitate self-management and rehabilitation.

In line with NICE NG59 low back pain and sciatica in over 16s: assessment and management, lumbar facet joint injections and lumbar trigger point injections are considered procedures of low clinical value (PLCV) and are not routinely commissioned by the CCG. Access to PLCV treatments are subject to an individual funding request or prior approval from the CCG which health will only be approved in cases where clinical exceptionality is demonstrated. These procedures were regularly provided within pain services prior to the launch of the Lincolnshire Community Pain Management Service provided by Connect Health in 1 April 2019; this was not because they were clinically indicated but rather that providers did not adhere to the PLCV Policy, July 2018.

Connect Health and the CCG acknowledge that the adherence to national best practice has met that colleagues both within Connect Health and the CCG have had to explain this to patients who have been understandably concerned and confused about the changes to their treatment plan. For patients who have been referred as new referrals into the CPMS service no concerns have been raised as they had no prior experience or expectations with regards the treatment they would receive.

Connect Health are working in collaboration with two partner organisations to deliver the injection pathway; In-Health Pain Management (mobile injection facility) and BMI Lincoln (static hospital site). To date, the mobile injection facility has been sited at the following locations:-

- North Hykeham Health Centre, Lincoln
- Louth County Hospital
- Johnson Community Hospital, Spalding

Additional site locations across other parts of the county will be utilised in future as per demand.

Prior Approval / Individual Funding Requests

Since the launch of the Lincolnshire CPMS, Connect Health have submitted individual funding requests (IFRs) to the CCG for Patients who connect health consider that there is clinical justification to proceed with a procedure of low clinical value. One out of approximately 20 IFRs submitted by Connect Health has been approved and all other applications were declined. The CCG and Connect Health are working together to determine whether there is evidence that some patients may benefit from a fixed number of treatments to support the individual adjusting to the new treatment plan. These discussions are ongoing.

Medicine Management

Connect Health are working with the CCG's Medicines Management Optimisation Service and local prescribing forums to help address the issues in Lincolnshire in relation to high prescribing of pain management medications, particularly, Opioid based medication.

Referral Management Centre

One of the primary areas of concern raised by patients with regards the new service was with regards the Referral Management process, Connect Health have considered this feedback and made significant organisational changes that will provide improved services both for patients in Lincolnshire and in other areas of the country. The following provides feedback with regards the actions taken by Connect Health and is an extract from a letter received from the executive team within Connect Health to commissioners.

“During 2019 our Referral Management Centre faced some significant challenges. The impact of these challenges affected performance and resulted in incidents in Lincolnshire such as patients being offered appointments at the opposite side of the County and particular anxiety for transition patients who were at times mis-informed regarding the availability of Pain Consultant appointments.

These challenges were multi factorial, but in implementing several positive changes, Connect Health used some of its front-line resources to help design and deliver four future proofing projects which at times impacted on their ability to sustain and deliver the normal levels of performance. Furthermore, considering the expected improvements in efficiency and effectiveness resulting from the future proofing projects, Connect Health reduced the rate of back-filling leavers with a view to avoiding any risk of redundancy for colleagues. With the benefit of hindsight, this was not an effective strategy and put too much pressure on the function. Connect Health have since utilised temporary staff and employed more permanent staff in the RMC to bring performance closer to where it needs to be, but the impact of the gap in provision was significant and continues to be felt (although constantly improving).

However, Connect Health have continued to invest in their Transforming Care Coordination programme, which has allowed them to strengthen the operational team, streamline processes and create a better experience for patients. The four main projects within this programme are:

- System Standardisation
- Mitel System Integration
- Intelligent Robotic Automation
- Training and development

System Standardisation: Connect Health currently use two patient administration systems: EMIS Web; and SystmOne (S1). This project will standardise their use to one system (S1), whilst concurrently optimising their suite of clinical and administrative templates across services. This project has started and is due to end by the end of NHS Q4 2019/20. The purpose of standardisation is to improve the experience for colleagues & patients. Connect Health clinical & admin colleagues will benefit by having smarter templates, auto-populating letters & effective electronic-workflows that make care coordination vastly more efficient and safer.

Connect Health intention is to make it easier for colleagues to do the right thing, which will result in fewer errors, reduced risk of patient safety incidents, improved efficiencies to reduce administrative burden, and a system fit for purpose for the service delivery model – now and in the future.

Mitel System Integration: The Mitel telephony system has been upgraded to the latest version, with a fully managed support provision from Aspire, which allows Connect Health to configure the platform to be highly available and resilient, so outages are uncommon and avoidable.

The call queuing / waiting functionality will improve significantly following clear feedback from those contacting us of a need to do this. It will provide patients and healthcare professionals contacting Connect Health with clearer indications of the position of their call with a view to improving their initial contact experience. Connect Health will also be able to route calls more effectively, based on relevant skills within the team, and manage patients and healthcare professionals through the telephony system in a much more managed way.

The functionality within the system will allow improvements to observation and listening to calls, which Connect Health will use, to give feedback, coach and develop team members.

Intelligent Robotic Automation: In order to sustain performance, meet demand and continue to provide excellent patient care, Connect Health is working with the Thoughtonomy platform to enable certain high volume, low value, repetitive tasks to be automated and carried out by “virtual workers”. This results in streamlined processes which free up time for colleagues to focus on the patient, rather than on administrative tasks.

Thoughtonomy’s Intelligent Automation platform provides a foundation to further improve the efficiency of processes in order to deliver first class patient outcomes

The first phase of Connect Health’s ground-breaking Intelligent Automation programme is the integration of “virtual workers” into some Referral Management Centre processes, namely the registration of patients onto clinical systems. Receiving over 1000 patient referrals each day, Connect Health aim to register patients within 48 hours, so cutting this time will significantly speed up patient access to care. This in turn will create capacity, allowing colleagues to grow and develop their individual skills to make a real difference to the patient journey through enhance care coordination and a focus on value-add responsibilities.

The award winning Thoughtonomy platform was chosen since it gives organisations access to a pool of cloud-based intelligent digital workers that can perform the repetitive, time-intensive tasks that slow people down. A leader with more than 200 customers using its platform in 29 countries spread across four continents and beginning to get wider traction in the NHS to.

<https://www.business-live.co.uk/technology/connect-health-brings-virtual-workers-16967934>

Training and Development

In order to ensure Connect Health Patient Care Advisors are delivering the best care to patients they are strengthening their induction journey. This will ensure all colleagues have the right balance of system, soft skills and contract specific training to ensure they are capable and confident when they leave training.

Colleagues will then progress through a career pathway where they are able to build their skills and capability and be measured as competent before being trained on the next part of

their role, ensuring colleagues are trained to the highest of standards and they become experts in what they do.

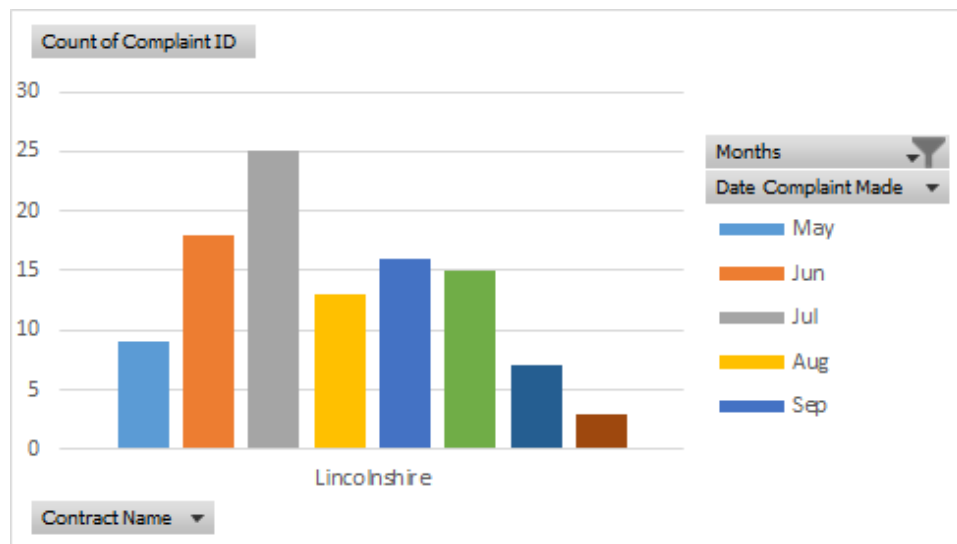
Connect Health is also undergoing a learning and development programme for their management team within the RMC. This has so far included a strong focus on managing staff performance including conduct, capability and absence.

The four projects highlighted above are essential to Connect Health's longer-term sustainability as a provider of NHS services and demonstrates our commitment to continue our investment in class-leading tools and infrastructure that will ultimately lead to significant improvements in the experience of our service users and stakeholders.

This provides visibility of the expected improvement in performance of our RMC which will in turn improve the experience / journey for all of our patients.

Learning from Complaints

Connect Health have demonstrated that they have an open and transparent reporting and investigation culture and provide regular updates to the CCG with regards to complaint themes and actions taken to prevent a recurrence. 107 formal complaints have been received by Connect Health in relation to the CPMS which accounts for approximately 2% of patient's accessing the service. The number of complaints received by month peaked in July (when an additional 1500 patients were identified by a previous provider) and the rate of complaints is decreasing. The main theme from recent complaints have been with regards the expectations of patients transitioning to the CPMS and have been with regards to the provision of repeated PLCV injections.



Reflecting on Transition Projects

Both Connect Health and the CCGs have reflected on the project to repatriate Patients care from hospital pain services to the Lincolnshire Community Pain Management Service. Since March 2019, approximately 6000 patient records were transferred to Connect Health.

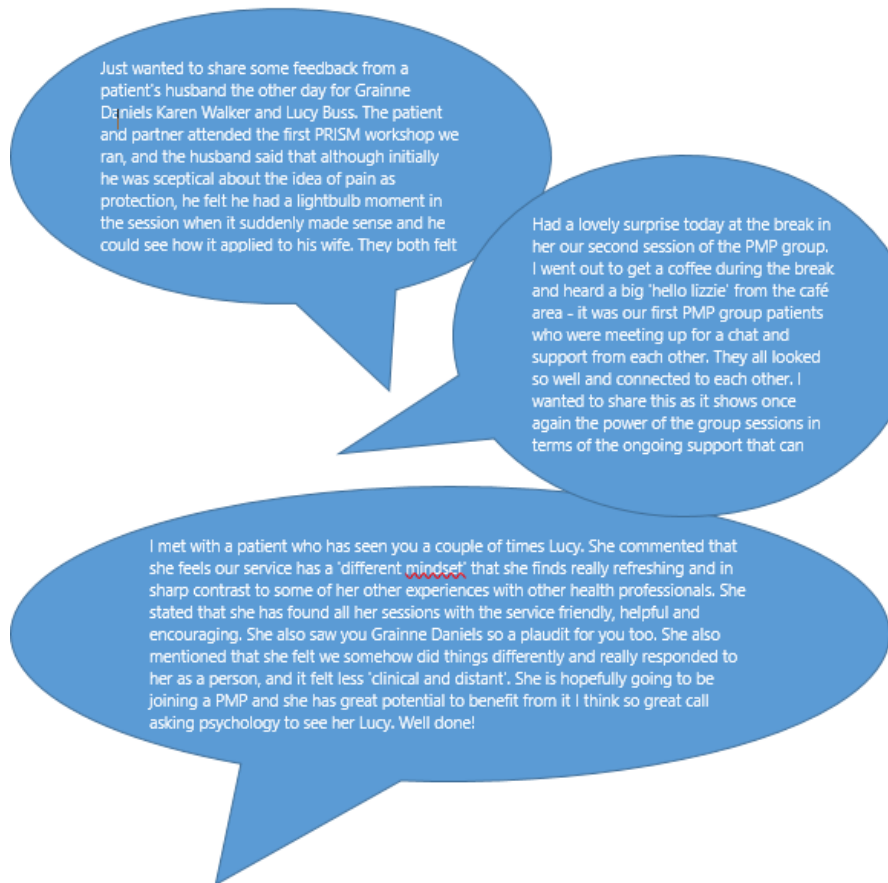
Connect Health have demonstrated that they are committed to being a learning organisation, they recognise that this was a complex and challenging project and acknowledge that with hindsight, some improvements could have been made to the project design.

While the CCG and Connect consider that patients were adequately informed and consulted in relation to the change in pain management provider, we all appreciate that the service specification and model of the revised CPMS is very different to the biomedical model that was previously available. Consequently, both parties have noted some key learning points:

- Public engagement events to introduce the new clinical ethos may have helped better prepare patients for the changes
 - Information for transition patients could have been made available on both Connect Health and CCG websites
 - The Commissioning Statement and Frequently Asked Questions document that were created could have been published and shared more widely
- Additional consultation and consideration could have been given to the level of support available for the cohort of patients who were previously receiving a procedure of low clinical value
- A phased approach to the transition of care may have helped manage demand and clinic capacity

Compliments

Our patients tell us:-



Friends and Family Feedback – Oct- Dec 2019

- Impressed with the support staff getting the appointment and the Consultant was great had all my records and was caring and told me exactly what next step would be. Keep up the good work.
- Very professional and friendly service, I was given immediate treatment as well as aftercare and ongoing pain management support.
- I felt my therapist is one of the most competent professional and caring people I've ever met. She is thorough and shows a kind of empathy towards patients that some lack. While I hope my pain gets better at some stage, I am not in a hurry to lose her as my support worker
- Very helpful and friendly and professional lady who I saw. She took her time to listen and understand and was genuinely interested in helping. I am very grateful indeed.
- The clinician listened carefully to what my problem was then explained clearly the cause of problem and how to improve my condition. Very helpful, and by following their directions my condition has improved.
- Very helpful and good alternative to manage pain independently
- Have found the help very professional and have helped me Immensely have hope for the future now
- Although I only had 3 appointments I found them to sympathetic helpful and conducted in a professional manner

Patient and Public Engagement

Connect Health have attended multiple patient and public participation groups, prescribing forums, Local Medical Council and GP forums to promote the service and answer questions. Connect Health have actively engaged with Lincolnshire Healthwatch, PALS, Optum, Social Prescribing

providers, Community Rehabilitation Teams and Addaction. An updated service information leaflet and a Summer edition of a Newsletter have been released.

Lincolnshire Community Pain Management Service website <http://lincs.connecthealth.co.uk/>
Video update on the Lincolnshire Community Pain Management Service <https://www.powtoon.com/c/doYy8NGIBRn/1/m>

Additionally, Connect Health have launched a series of public engagement events called 'Pain: Do you Get it?' which is linked to the Pain Revolution Australia movement led by Professor Lorrimer Moseley. To date, there have been two public engagement events 9/9/2019 in Boston and 9/12/19 in Grantham which have been well received. These events aim to improve public understanding and awareness of current research evidence and best practice in relation to pain neuroscience and managing persistent pain conditions.

Highlight video <https://www.youtube.com/watch?v=PrIAZwcTJc4>
Connect Health You Tube channel <https://www.youtube.com/channel/UCJxTRmBrEksa2G7E1jwJ9FA/videos>

Staff Development

- X2 Nurses undertaking the Independent Non-Medical Prescribing course
- X2 Physiotherapists undertaking the Independent Non-Medical Prescribing course
- Second Pain Accelerated Development Programme to start April 2020
- Connect Health staff invited to teach on the MSc Physiotherapy course at Lincoln University and support student placements

Future Developments

- Virtual consultations for hard to reach / socially isolated patient groups
- Virtual pain management programme
- PRISM group sessions – an information giving session on practical self-coping strategies
- Opioid reduction clinics / pain management programme

2. Consultation

This is not a consultation item.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The new CPMS will support and address a number of issues identified by the Joint Strategic Needs Assessment and/or the objectives of the Lincolnshire Joint Health & Wellbeing Strategy and issues highlighted in the Director of Public Health Annual Report discussed at the December meeting.

- Musculoskeletal (MSK) Conditions: Many patients suffering from an MSK condition will end up with a Connect chronic/Persistent pain diagnosis. The BPS and NICE recommend a Biopsychosocial model of care for the long term management of chronic/persistent pain. The CPMS has been commissioned to deliver this "Best Practice" model of care
- Obesity – is a key factor in MSK conditions and therefore pain – advise on life style choices.

- Physical Activity – is a key factor in MSK conditions and therefore pain – physical activity is a key component in supporting patients to manage their chronic/persistent pain.
- Anxiety & Depression – is often a consequence of a patient’s long term condition, the Biopsychosocial model of care places an equal emphasis on an holistic approach to a patients care.
- Self-Care & Self-Management: Health and social care need to transition from a passive service (patients / clients expect services to do everything for them) to a proactive service (patients / clients are encouraged to take control of their own health / circumstances and are supported by providers as their needs arise)

4. Conclusion

Connect Health have and are working extremely hard to mobilise a complex multi-faceted service based on “Best Practice” as recognised by the British Pain Society and NICE.

The evidence received by CCGs demonstrates that they are listening to patients and have embarked upon a significant programme of change for its Referral Management Service to address many of the issues. Connect Health should be given the opportunity to complete the service transformation and report back on its outcomes and how that has supported the patient pathway.

CCGs have commissioned a service which complies with NICE and Best Practice guidance for the treatment of chronic and persistent pain. This is the correct model of care for patients living in Lincolnshire who require pain management support.

The mobilisation of the new service has been challenging and has not provided a positive experience for some patients. The CCG and Connect health continue to work with together to address issues highlighted by patients who have transitioned from previous services.

The CCG has identified that planning and management of the model of delivery requiring additional support to be available for patients who will be receiving a service, that whilst being best practice, is not consistent with the treatment plan they were previously receiving.

The CCG and Connect Health continue to work together to ensure that all actions are completed and that new issues for patients transitioning are addressed. Going forward the CCG and Connect Health will continue to drive improvement in service provision by using data and patient feedback to support continuous improvement and inform any new developments.

5. Appendices

These are listed below and attached at the back of the report	
	None attached

6. Background Papers:

The following background papers were used in the preparation of this report:

- Health Scrutiny Committee – Community Pain Management Service – Oct 2019


This report was written by:

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Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS England and NHS Improvement - Midlands

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	NHS Dental Services Overview for Lincolnshire

Summary:

This report will provide an overview of the NHS dental services commissioned in Lincolnshire and update on the current challenges and commissioning intentions to improve NHS dental services and oral health across Lincolnshire.

Actions Required:

The Health Scrutiny Committee for Lincolnshire are:

- i) requested to note the contents of the report; and
- ii) invited to consider and comment on the report.

1. Background

National Context

NHS England has been responsible for commissioning primary, community and secondary care dental services since April 2013.

The Government has made a commitment to oral health and dentistry with a drive to:

- Improve the oral health of the population, particularly children
- Introduce a new NHS primary dental care contract
- Increase access to primary care dental services.

NHS England's clinical aim for each dental practice is to deliver high-quality NHS clinical services defined as:

“patient-centred and value for money primary care dental services, delivered in a safe and effective manner, through a learning environment, which includes the continuing professional development of dentists and other dental professionals”

NHS England and NHS Improvement has aligned to form seven new regional footprints. The new regional footprints were introduced on 1 April 2019 however the final phase 3 organisational change programme will be complete by 31 March 2020. During the transition period, an internal restructure process is being undertaken to align staff to the new structures to work across the new regional footprints with effect from 1 April 2020. The regional office covering Lincolnshire is the Midlands Region.

Local Context

The new Midlands region will have two localities which are West and East Midlands. The East Midlands locality covers Lincolnshire, Nottinghamshire, Derbyshire, Leicester City, Leicestershire, Rutland and Northamptonshire. The Primary Care Commissioning team structure includes a Primary Care Dental and Secondary Care/Intermediate Minor Oral Surgery & Community Services teams to cover the East Midlands locality.

NHS England and NHS Improvement – Midlands is responsible for commissioning NHS primary, community and secondary care dental services.

In Lincolnshire there are 70 contracts providing NHS dental services:

- 43 providing general dental services (9 are restricted contracts, for example children under the age of 18 years, 19 years if in full-time education and/or exempt patients)
- 1 pilot contract providing general dental services
- 15 providing general dental and orthodontic services
- 5 providers providing orthodontic services
- 5 providers providing minor oral surgery services
- 1 Special Care Dentistry Service provider.

One provider is piloting a new prototype dental contract, which is testing a new remuneration system that blends activity and capitation (patient registration) aligning to financial and clinical drivers with a focus on prevention and continuing care. There are six practices which provide access to urgent and routine care over extended hours, for example 8am to 8pm Monday to Friday, and extended access cover over weekends and Bank Holidays excluding Christmas Day, New Year's Day and Easter Sunday. In addition, there are two 8 to 8s practices based in Lincoln and Sleaford that provide access to urgent and routine care from 8am to 8pm and 365 days a year.

Secondary dental care services providing specialist services, for example orthodontics and maxillofacial services for Lincolnshire, is delivered by United Lincolnshire Hospitals NHS Trust (ULHT).

General Dental Services Procurement

A general dental services procurement process was undertaken in 2019 to commission 8 new Personal Dental Services (PDS) Plus Agreements across Lincolnshire and Leicestershire. Six out of the eight lots were to commission general dental services in Lincolnshire. The procurement process concluded at the beginning of September 2019 and moved to a 6 month mobilisation period to establish new services to commence on 1 March 2020.

The new PDS Plus Agreements have a contracting term of seven years with the option to extend for a further three years and the contract value was split into 70% activity and 30% dependant on delivery of seven key performance indicators relating to effective quality care, health promotion and patient experience. To support attracting entrants to the market, the service model was revised to enable flexibility with staggering implementation of the contracts with activity of 15,000 UDAs or above whilst the service is established in the first year of the contract to assist with recruitment and spreading capital investment costs.

The procurement process outcome is as follows:

Lot Details	No of Units of Dental Activity per annum	Preferred Bidder	Opening Hours model
Lot 3 Mablethorpe Marisco Medical Centre	18,800	No preferred bidder identified	Extended with defined opening hours
Lot 4 Boston	15,000	Burton Dental Lodge	Extended opening hours
Lot 5 Spalding A Johnson Community Hospital	21,000	No preferred bidder identified	Extended with defined opening hours
Lot 6 Spalding B	25,000	JDSP Dental Limited	8 to 8, 365 days a year
Lot 7 Louth	10,000	Smile Centre (Boston) Limited	Extended opening hours
Lot 8 Skegness/Spilsby	5,000	No preferred bidder identified	Extended opening hours

Extended opening hours will provide routine and urgent dental care services between Monday to Friday 8am to 5pm with additional extended access sessions e.g. minimum of two 1.5 hour sessions per week either early morning or evening and a Saturday morning 3.5 hours per session per week if available within the premises defined opening hours.

NHS England and NHS Improvement – Midlands is disappointed that no preferred bidders were identified for three lots in Lincolnshire, those being Mablethorpe, Spalding A (Johnson Community Hospital) and Skegness/Spilsby. Preferred bidders were not identified due to either the poor quality of the bid or they did not pass the required financial standing as part of the evaluation, and no market interest was received for Lot 8 Skegness/Spilsby.

The Midlands local dental team is working with the preferred bidders identified for the five awarded lots, to monitor the mobilisation of new practices to enable new NHS general dental services in Spalding, Boston and Louth to commence delivery on 1 March 2020.

Interim urgent dental care arrangements to enable patients in Spalding and surrounding areas to access urgent dental care have been extended until the end of March 2020 whilst the new general dental services to be delivered by the 8 to 8 practice is established.

Mablethorpe

In November 2018 Bupa Dental Care decided to withdraw from provision of NHS dental services in Mablethorpe and gave the required three-month termination notice period to end their contract in February 2019. The provider cited recruitment difficulties leading to their decision to serve notice to terminate the contract.

We fully appreciate the impact of this has had on the local population and are working hard to address this issue.

A review of interim options has been considered and we recently re-advertised for expressions of interest from existing providers to deliver urgent dental care sessions from the dental practice based in the Marsico Medical Centre, Mablethorpe for a twelve month period. Expressions of interest have been received and these are currently being considered and further dialogue is taking place with the interested parties. The aim is to commission urgent dental care sessions in Mablethorpe from mid to late February 2020 for a period of twelve months whilst the longer term option is finalised.

Future Commissioning Intentions to Improve Access to General Dental Services

NHS England and NHS Improvement – Midlands remains fully committed to ensuring patients have access to NHS dental services and continue to work to improve provision of dental services in Lincolnshire.

In light of the recent procurement outcome, longer term commissioning intentions are being reviewed to improve access to general dental services in Lincolnshire. To support developing commissioning intentions to procure new dental services in 2020/21, the local dental team are liaising with national colleagues to explore the possibility of commissioning dental services using one of the two dental prototype commissioning models. Recent feedback suggests that this would be attractive to new entrants into the market to deliver services. The dental prototype contract model comprises of activity and capitation, and as described above is a different approach to remuneration than a pure activity model. We are also exploring the options available under flexible commissioning approaches and whether these may enhance the service model and increase market interest in the local area.

A further dental market engagement event is being planned to seek feedback on any new service model(s) and to attract new entrants to the market. This will inform, and support proposed commissioning intentions to procure general dental services in the Spalding, Mablethorpe and Skegness/Spilsby areas in 2020/21.

Orthodontics Services

Orthodontics is the dental specialty concerned with facial growth, development of the dentition and occlusion, and the assessment, diagnosis, interception and treatment of malocclusions and facial irregularities.

Orthodontic treatment is undertaken in situations where it is believed to be in the patient's best interests in terms of their oral health and/ or psychosocial wellbeing. In all situations, the clinical advantages and long-term benefits of orthodontic treatment should justify such treatment and outweigh any detrimental effects.

In 2006, Department of Health guidance was issued to support the implementation of the new dental contract for specialist services and recommended that Primary Care Trusts, who were the commissioner at that time, award a time limited (five year) PDS Agreement for Orthodontic Services. This was followed by an extension of contracts until the Orthodontic Commissioning Guide was published in September 2015 and was followed by an extension to the existing contract arrangements to maintain access and continuity of care. These were ultimately extended as part of the nationally agreed extension of contracts to 31st March 2019, or beyond, depending on the Regional timeline for procurements. In Lincolnshire the current PDS orthodontic agreements are due to expire on 1 May 2020.

The regional teams across England have been working towards commissioning new orthodontic services since September 2015. The local teams have been undertaking a process of refreshing public health orthodontic needs assessments, strategic planning, setting out commissioning intentions, undertaking patient consultations, and then progressing with the procurement processes.

As part of this process and given a course of orthodontic treatment ranges from 18 months to 3 years in some cases, national contracting and payment arrangements have been established to support continuity of care for patients during this procurement period.

The service being commissioned and procured is to deliver orthodontic treatment to those patients up to the age of 18 years old who meet the eligibility criteria. The service is aimed at those patients who require orthodontic procedures outside the remit of general dental practitioners or hospital services. The overall aim is to provide equitable, accessible, high quality and cost effective specialist Orthodontic Service in line with the National Guide for Commissioning Orthodontics, 2015 and NHS Personal Dental Service Contracts (Regulations 2005) and any subsequent revisions.

Regions had phased procurements in stages, the Midlands and East Regions were the last region to commence a Pseudo Dynamic Purchasing System in 2018/19.

The procurement was progressing and moving to preferred provider status outcomes in areas of the former Midlands and East regions, however the Midlands and East Regions recently made the decision to abandon the procurement.

The reason for the abandonment of all batches was that having very carefully reviewed this process in detail and after receiving legal advice, NHS England decided that it was unable to make an assured, unequivocal award. Issues were identified in the scoring of the bids and how the process dealt with multiple bids from the same/similar providers. Existing incumbent providers will receive communications from NHS England and NHS Improvement – Midlands regarding extensions to current contracts within the next few weeks.

The new regional teams in the Midlands and East are currently considering the options to re-procure the services. The timescales for this are not yet agreed and any announcements concerning any future procurement process for the provision of these services will be made accessible to all potential suppliers.

The National team is planning an exercise exploring lessons to be learnt from the orthodontic procurement and intends to commence this process in the Midlands and East Region in early 2020. All key stakeholder views will be captured at that time.

Dental Recruitment and Retention

All dentists delivering services as part of an NHS contract are required to be registered with the General Dental Council and need to be included onto the national performer list to ensure they are suitably qualified and trained to deliver NHS dental services in NHS England.

It has been identified there is a significant local issue with recruiting dentists to work within the NHS across Lincolnshire and it is acknowledged that this is becoming an increasing pressure nationally.

The Local Dental Network (LDN) Chair for NHS England and NHS Improvement – Midlands has established a working group to review the recruitment and retention issues being experienced and to develop a strategy to improve the dental workforce in Lincolnshire. To inform the strategy, feedback has been sought from dental performers and providers on factors impacting on recruiting and retaining dental workforce. An options appraisal is being undertaken to develop the recruitment and retention strategy on a short-term and long-term basis. To support improving dentist recruitment, NHS England and NHS Improvement – Midlands is developing a business case to establish an international recruitment dentist pilot for Lincolnshire based on the successful GP international recruitment programme.

The LDN Chair has attended and presented at a national workshop on the recruitment and retention issues identified in the local area and an article has been published on the barriers to recruitment in a rural setting.

In November 2019, a careers event for school children was held in Lincoln to promote dental workforce pathways and the presentation will be circulated to schools in Lincolnshire. The presentation is available at:

<https://aallybocus.wixsite.com/thedentalfamily/careers-in-dentistry>

A presentation to promote working as a dental care professional in Lincolnshire has also been developed for circulation to all stakeholders including dental core trainees and foundation Dentists, this is available at:

<https://aallybocus.wixsite.com/thedentalfamily/practicing-in-lincolnshire>

The number of dental foundation training places in Lincolnshire has recently increased to four places and we continue to work closely with Health Education England to promote and to encourage NHS dental providers to apply to become foundation dentist's mentors in the local area.

Two fellows have been recruited to work in Lincolnshire to support delivering the Local Dental Network work programme. The fellows are supporting the Lincolnshire Special Care Dentistry Service and managing specific LDN work projects with supervision from the LDN Chair.

Two joint posts for dental core trainees, where the trainee will spend part of their week based in United Lincolnshire Hospitals NHS Trust and part of their week in general dental practice in Lincolnshire has been advertised. It is planned the two pilot posts will commence in September 2020.

A Performer List by Validation of Experience (PLVE) process has been established. The PLVE process is to enable non-EU qualified dentists to be assessed by Health Education England to determine that they have the knowledge and experience equivalent to that of a dental practitioner who has satisfactorily completed foundation training. This enables providers across the Midlands area to access a PLVE scheme to support with recruiting dentists outside the European Union (EU) area.

NHS England and NHS Improvement - Midlands continues to work closely with Health Education England to develop training programmes to support developing the dental workforce e.g. dental hygienists, therapists and dentists.

NHS England and NHS Improvement – Midlands can provide an update report on the dental workforce strategy to the Health Scrutiny committee or attend a future meeting if required to discuss the progress and developments being implemented.

2. Conclusion

The Health Scrutiny Committee for Lincolnshire is requested to note the contents of the report and to consider and comment on its content.

3. Consultation


This is not a direct consultation item.

4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Carole Pitcher, who can be contacted on 07918368403 or email carole.pitcher@nhs.net and Jason Wong who can be contacted on 07977408890 or email jason.wong4@nhs.net

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Agenda Item 10

 <p>Lincolnshire COUNTY COUNCIL <i>Working for a better future</i></p>		<p>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	Workshop – Annual Report of the Director of Public Health 2019: <i>The Burden of Disease in Lincolnshire</i>

Summary

On 18 December 2019, members of the Health Scrutiny Committee for Lincolnshire held an informal workshop meeting on the Director of Public Health's Annual Report for 2019, which is entitled the *Burden of Disease in Lincolnshire*.

This item records the main elements of the workshop and enables the Committee to consider whether to look at any aspects from the Director's Annual Report, which it can pursue as part of its work programme.

Actions Required

- (1) To note this report on the Committee's informal workshop meeting held on 18 December 2019 on the Director of Public Health's Annual Report on the *Burden of Disease in Lincolnshire*.
- (2) To note that the local implementation plan of the NHS Long Term Plan is due to be considered by the Committee, following its publication.
- (3) To consider whether any other topics from the Annual Report can be taken forward as part of the Committee's work programme, given its remit focusing on NHS-funded health services.

1. Annual Report by the Director of Public Health

The annual report by the Director of Public Health for 2019, entitled the *Burden of Disease in Lincolnshire*, is available on the County Council's website:

<https://www.lincolnshire.gov.uk/directory-record/63956/director-of-public-health-annual-report-2019>

2. Workshop Meeting

Attendance

Twelve members of the Health Scrutiny Committee attended an informal workshop meeting on 18 December 2019 on the Director of Public Health's Annual Report 2019: *The Burden of Disease in Lincolnshire*. Also present at the workshop were:

- the Executive Support Councillor for NHS Liaison and Community Engagement
- the Director of Public Health
- the Medical Director, United Lincolnshire Hospitals NHS Trust
- the Chief Operating Officer, Lincolnshire West Clinical Commissioning Group
- the Assistant Director of Adult Frailty and Long Term Conditions, Lincolnshire County Council
- Public Health Consultant
- Programme Manager, Health Intelligence
- Public Health Analyst

Annual Report Conclusion

As the report has been circulated to members of the Committee and is available on the County Council's website, it is not reproduced in full as part of this report. However, for reference the report's conclusion is set out below:

For the first time we have been able to use Global Burden of Disease methodology to create new intelligence, helping us to understand the greatest burdens of disease in Lincolnshire. This has allowed us to compare the impacts of diseases and conditions that people die from, with those that people can live with for many years.

The picture which has emerged is one which is recognised, in part. Whilst life expectancy has increased, the period of time that people live with disabilities has also increased. The biggest killers are ischaemic heart disease, lung cancer, stroke, and COPD. However, close behind these is Alzheimer's, accounting for nearly 6% of all Years of Life Lost in Lincolnshire. When it comes to Years Lived with Disability the picture is very different. Low back pain, headache disorders, depressive disorders, neck pain and age related

hearing loss are the top five causes. Diabetes and COPD also rank highly, as do falls, anxiety disorders, and oral disorders.

When premature mortality and disability data are combined to compare the overall burden of disease, the greatest single burden in Lincolnshire is ischaemic heart disease, and second is lower back pain. However, when lower back pain and neck pain are combined they become the greatest cause of Disability Adjusted Life Years in Lincolnshire.

So whilst heart disease and cancers are the big killers, lower back and neck pain (MSK), mental health issues and Alzheimer's disease are all key challenges we have to tackle at a Lincolnshire level because of their overall impact.

A fundamental shift is needed to refocus our shared efforts, requiring an emphasis on prevention and early detection, and informed by evidence of the most common risk factors driving ill-health. Unsurprisingly, the single greatest risk factor is smoking, and other key factors are high blood pressure, high body mass index and high cholesterol, which are all risks that we can do something about and which we have discussed in this report.

We will use the Health and Wellbeing Board and the NHS Long Term Plan to tackle the causes and risks of illness in Lincolnshire, and will report back on our progress in next year's Director of Public Health report.

Topics Raised at the Workshop Meeting

Members of the Committee responded positively to the content of the report. The topics raised as part of the discussion at the workshop meeting included the following:

- the role of physical activity and a balanced diet in both lessening the impact of a wide range of physical and mental health conditions; and reducing the risk of acquiring these conditions;
- encouraging people of all ages towards healthy lifestyles;
- clear and consistent public health messages, so people can make informed lifestyle choices;
- the changing roles for GP practices;
- given the impact of neck pain and back pain (MSK), the importance of physiotherapy services;
- the links between excess drug and alcohol use and mental health;
- the continued impact of tobacco use and the importance of an individual's own will and determination to forego tobacco;
- how a 'whole-person' approach to health and care could be beneficial to individuals;
- Making Every Contact Count; and
- the role of the emerging primary care networks and the emphasis on prevention.

Role of the Health Scrutiny Committee

The role of the Health Scrutiny Committee is to review and scrutinise NHS-funded health services, as opposed to County Council-funded public health services, which are under the remit of the Council's Adults and Community Wellbeing Scrutiny Committee. The annual report is due to be considered by that Committee on 15 January 2020.

NHS Long Term Plan and the Committee's Work Programme

The NHS Long Term, which was published in January 2019, has been the subject of previous reports to this Committee and was referenced in the Annual Report. As part of the implementation process for the NHS Long Term Plan, each local health and care system is required to prepare by 15 November 2019 a local implementation plan, in effect a local long term plan. Local health systems are expected to publish their local plans in the coming weeks. Consideration of the local implementation plan will be included on the Committee's work programme.

The Committee is requested to identify if there any topics referred to in the Director of Public Health's Annual Report 2019 - *The Burden of Disease in Lincolnshire*, which it would like included in its work programme.

3. Conclusion


The Committee is invited to note this report on the Committee's informal workshop meeting held on 18 December 2019 on the Director of Public Health's Annual Report on the *Burden of Disease in Lincolnshire*; and that the local implementation plan of the NHS Long Term Plan is due to be considered by the Committee, following its publication.

The Committee is requested to consider whether any other topics from the Annual Report can be taken forward as part of the Committee's work programme, given its remit focusing on NHS-funded health services.

4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

Agenda Item 11

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 January 2020
Subject:	Health Scrutiny Committee for Lincolnshire - Work Programme

Summary

This item enables the Committee to consider and comment on the content of its work programme, which is reviewed at each meeting of the Committee.

On 15 January 2020, the Adults and Community Wellbeing Scrutiny Committee is due to consider a proposal to hold two workshop sessions on health inequalities in rural and coastal communities. Members of this Committee are likely to be invited to participate in the workshop sessions.

Actions Required

- (1) To review, consider and comment on the work programme set out in the report.
- (2) To consider the request from the Adults and Community Wellbeing Scrutiny Committee for members of this Committee to participate in two workshop sessions on rural and coastal health inequalities.

1. Health Inequalities in Rural and Coastal Communities

On 15 January 2020, the Adults and Community Wellbeing Scrutiny Committee, which is the County Council's overview and scrutiny committee for the Council's public health functions is being invited to consider proposal to hold two workshop sessions on rural and coastal inequalities in Lincolnshire. This workshop approach would allow a detailed focus on this important topic and involve the County Council's Executive Councillor for Adult Care, Health and Children's Services and representatives from Public Health England in discussions on this topic, together

with the Council's own officers. The plan is that there would be two workshop sessions, with the first taking place during in February.

The Adults and Community Wellbeing Scrutiny Committee is likely that members of this Committee will also be invited to participate in the workshop sessions.

2. Today's Work Programme

The items listed for today's meeting are set out below: -

22 January 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>
United Lincolnshire Hospitals NHS Trust: Care Quality Commission Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
Child and Adolescent Mental Health Services (CAMHS)	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Older Adult Mental Health Services	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Community Pain Management Service	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group
General Dental Services Update	Representatives from NHS England
The Burden of Disease in Lincolnshire (Director of Public Health Annual Report) Outcomes from Workshop Meeting 18 December 2019	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below.

19 February 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>
Lincoln Medical School - Presentation	Danny McLaughlin, Associate Dean of Medicine, Lincoln Medical School
United Lincolnshire Hospitals NHS Trust: Children and Young People Services Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
NHS Long Term Plan – Local Delivery Plan and Healthy Conversation Update	Representatives from the Lincolnshire Sustainability and Transformation Partnership
Non-Emergency Patient Transport	Representatives from Lincolnshire West Clinical Commissioning Group
Community Pharmacy Contractual Framework (2019/20 - 2023/24)	Representatives from NHS England

25 March 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>
Louth County Hospital Inpatient Beds	Representatives from Lincolnshire Community Health Services NHS Trust
Out of Hours Service (including 111 Service)	Representatives from Lincolnshire Community Health Services NHS Trust
National Rehabilitation Programme (Stanford Hall Rehabilitation Estate)	Hazel Buchanan, Director of Strategy and Partnerships Greater Nottingham CCGs
Quality Accounts 2020 Arrangements	Simon Evans Health Scrutiny Officer

22 April 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>
East Midlands Ambulance Service Update	Sue Cousland, Manager Lincolnshire Division, East Midlands Ambulance Service NHS Trust

20 May 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>

17 June 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>

22 July 2020 – 10 am	
<i>Item</i>	<i>Contributor</i>

Items to be Programmed

- CCG Role in Prevention
- Lincolnshire Acute Services Review – Formal Consultation Elements: -
 - Breast Services
 - General Surgery Services
 - Haematology and Oncology Services
 - Medical Services / Acute Medicine (Grantham and District Hospital)

- Stroke Services
- Trauma and Orthopaedic Services
- Urgent and Emergency Care Services
- Women's and Children's Services
- Incontinence Services

4. Previous Committee Activity

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

5. Conclusion

The Committee's work programme for the coming year is set out above. The Committee is invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE: AT-A-GLANCE WORK PROGRAMME

	2017					2018					2019					2020																						
KEY	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	25 Mar	22 Apr	20 May	17 June	22 July					
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130	220	244	245	265												
Cancer Care																																						
General Provision																✓											✓											
Performance																										α												
Head and Neck Cancers														α					α					α														
Care Quality Commission																																						
General																			α																			
Children's Social Care																									α													
Clinical Commissioning Groups																																						
Annual Assessment														α																								
Lincolnshire East																✓																						
Lincolnshire West															✓																							
South Lincolnshire																	✓																					
South West Lincolnshire																	✓																					
Community Maternity Hubs								α																														
Community Pain Management																				α							✓	█										
Community Pharmacy			α																																			
Dental Services							✓		α								α	α		✓							α	█	█									

