



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
19 FEBRUARY 2020**

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, R Wootten and L Wootten.

Lincolnshire District Councils

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.

Also in attendance

Liz Ball (Chief Nurse, Lincolnshire East Clinical Commissioning Group), Hazel Buchanan (Director of Strategy, Greater Nottinghamshire Clinical Commissioning Groups), Cheryl Evans (Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Tim Fowler (Director of Commissioning and Contracting, Lincolnshire West Clinical Commissioning Group), Dr Neill Hepburn (Medical Director, United Lincolnshire Hospitals NHS Trust), Suganthi Joachim (Divisional Clinical Director - Family Health, United Lincolnshire Hospitals NHS Trust), Professor Danny McLaughlin (Associate Dean of Medicine, Lincoln Medical School) and James Wright (Project Manager, National Rehabilitation Centre Programme).

53 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor M A Whittington.

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, had appointed Councillor L Wootten to replace Councillor M A Whittington for this meeting only.

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

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
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There were no declarations made.

55 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE MEETING HELD ON 22 JANUARY 2020

RESOLVED

That the minutes of the meeting of the Committee held on 22 January 2020 be agreed and signed by the Chairman as a correct record.

56 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 announcements included information on the following:

- Grantham Accident and Emergency – Email Correspondence.
- Connect Health – Public Education Event – 18 February 2020.
- Requests for Further Information from Lincolnshire Partnership NHS Foundation Trust (as per Minutes 47 and 48 – 22 January 2020).
- United Lincolnshire Hospitals NHS Trust (ULHT) – Integrated Improvement Plan (as per Minute 46 – 22 January 2020).
- Living in the Community with Cancer – Healthwatch Lincolnshire.

Councillor R Wootten advised that he would be moving a motion at the meeting of the County Council on 21 February 2020, urging the local NHS to undertake immediate consultation on the future of Grantham A&E and to re-open the department on a 24/7 basis.

57 LINCOLN MEDICAL SCHOOL

The Committee considered a presentation from Professor Danny McLaughlin, the Associate Dean of Medicine at the Lincoln Medical School, University of Lincoln.

The Committee was advised that the Lincoln Medical School was a partnership between the University of Lincoln and the University of Nottingham. The aim of the partnership was to provide a skilled workforce for the NHS in Lincolnshire, including addressing chronic specialist shortages, particularly in primary care and mental health. There was also an aim to support general practice and unlock the potential of the Lincolnshire to create a workforce from the community, for the community.

The presentation made reference to the ten standards across five themes, which the Lincoln Medical School was required to follow, as well as the structure of the course and the outcomes. The particular Lincolnshire 'flavour' of the Medical School would

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be the smaller cohort of 80 students in each year group (compared to 350+ at Nottingham); and the focus on developing a collegial culture from the start. The faculty was particularly strong in mental health and general practice.

In the early years of the course there would be an emphasis on communication skills and clinical examination skills. Across years 1 and 2, there would be five visits to GP practices and seven visits to hospitals, with students going to Lincoln County and Pilgrim Hospital each time. From 2022, there would be clinical placements, at most of the sites across of all the main NHS providers in Lincolnshire. No clinical placements would be made outside Lincolnshire.

Following the presentation the following comments were made:

- The opening of the Lincoln Medical School in September 2019 represented a welcome development for Lincolnshire and would in the longer term begin to address some of the problems of recruitment in Lincolnshire. Overall the Lincoln Medical School constituted a good news story for the county.
- It was not possible for new medical school building to be carbon neutral, because of the nature of the activities required in the building. However, the aim was for the building to have a very low carbon footprint.
- Although some of the curriculum would be delivered by staff from the Queen's Medical Centre, Nottingham, all the students would remain the Lincoln Medical School's responsibility.
- Reference was made to the Government's New Towns Fund initiative and the links with health and social care qualifications. It was confirmed that entry requirements for the Medical School were based on 'A' levels or the international baccalaureate. Certain other qualifications were not considered to be rigorous.
- Students were being exposed to enthusiastic Lincolnshire medical staff, as a means of making Lincolnshire attractive.

It was agreed that visits to the new medical school building would be arranged at an appropriate point.

RESOLVED

- (1) That the Committee's strong support for the Lincoln Medical School as a means of supporting the development of the NHS in Lincolnshire be supported.
- (2) That a further update be received at the November 2020 meeting on further developments.

58 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CHILDREN AND YOUNG PERSONS' SERVICES UPDATE

The Committee considered a report submitted on behalf of United Lincolnshire Hospitals NHS Trust (ULHT), which updated the Committee on its services for children and young people. The item was presented by ULHT's Medical Director,

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Dr Neill Hepburn, and Dr Suganthi Joachim, ULHT's Divisional Clinical Director for Family Health.

The report to the Committee set out the progress with the interim model for children and young people services, which had been put in place as a result of the suspension of inpatient paediatric services at Pilgrim Hospital, Boston, in August 2018 and the introduction of a paediatric assessment unit (PAU). The cause of the suspension of inpatient services had been a shortage of middle grade doctors, as well as Health Education East Midlands relocating trainees from Pilgrim Hospital to Lincoln County Hospital.

The report provided data on the effectiveness of the interim model; progress with the recommendations from the Royal College of Paediatrics and Child Health; workforce issues; and actions taken by ULHT in response to the Care Quality Commission's Section 29A warning notice, which has been issued on 29 July 2019.

The following points were clarified by questions from members of the Committee:

- Pilgrim Hospital continued to provide special care for babies born from 34 weeks onwards, as part of the interim service model (with Lincoln County providing special care for babies from 27 weeks onwards).
- The increase in the number of IR1 (incident reporting) forms reflected a desire to capture everything under the interim service model, including all instances where children stayed at Pilgrim longer than twelve hours in the PAU.
- In relation to the time taken to resolve three serious incidents, there was an acknowledgement that investigating and reporting on serious incidents can take a long time, as they often involved several agencies.
- The twelve hour length of stay guideline for children in the PAU was being reviewed, particularly for instances where a child was likely to be discharged.
- For the students studying the new nursing degree at the University of Lincoln, ULHT's practice would be to 'treat them well and train them well' to encourage the nurses to stay with ULHT on completion of their studies.
- The 'behavioural conditions pathway' referred to children with autism and attention deficit hyperactivity disorder, and was delivered by several agencies.
- The number of births had reduced at Pilgrim Hospital. Proposals to reduce the number of cots at the Hospital would not be implemented, until there had been consideration of all the options, including the potential to provide special care to babies with gestation over 32 weeks.
- The Care Quality Commission inspection had taken place when the interim service model was in operation was running with staff shortages, with out-of-date clinical guidelines, which was currently being addressed.
- The interim service model had formed the basis for work on the development of longer term solutions for children and young people services, with formal public consultation due on the plans for any permanent service reconfiguration as part of the acute services review. There was currently no intention to return to the previous length of stay model for inpatient children at Pilgrim, except for certain children who could exceed the twelve hour length of stay in certain circumstances.

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- People in Boston and the surrounding area were supportive of the services provided at Pilgrim Hospital and wanted these to be retained for the benefit of the local community. It was, however, important that services for the local community were safe.
- ULHT was asked to consider how the information had been presented to the Committee, particularly as the statistics alone could be construed negatively, without supporting explanations. There was a need for balance in the presentation of information.
- Adverse publicity inevitably affected the morale of existing staff, and could also be a factor in the recruitment of staff to Pilgrim Hospital and ULHT as a whole.
- There had been no recent analysis on the impact of the interim service model on paediatric services in neighbouring hospitals, such as Peterborough City Hospital, and Diana, Princess of Wales, Hospital, Grimsby.
- Owing to ULHT continuing to be in financial special measures, access to funds for capital investment remained challenging, so the timescales for securing capital funding and undertaking the required building work could be at least two and half years.
- The Royal College of Paediatrics and Child Health had seen ULHT's action plan in response to their report and had indicated their support for it. However, there would be no value at this stage for a further visit from the Royal College to ULHT.
- Funding for additional nurse training had been received, and the details would be shared with the Committee, when available.
- The most recent patient feedback on the interim service model would be provided to the Committee.

RESOLVED

- (1) That United Lincolnshire Hospitals NHS Trust be requested to submit a further report to the Committee on children and young people services in six months.
- (2) That United Lincolnshire Hospitals NHS Trust be congratulated on the completion of all the recommendations from the report by the Royal College of Paediatrics and Child Health in October 2018.
- (3) That it be noted that United Lincolnshire Hospitals NHS Trust had completed six out of the eight actions, issued by the Care Quality Commission on 29 July 2019 as part of a Section 29A Warning Notice.

59 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE

The Committee gave consideration to a report from the NHS Lincolnshire West Clinical Commissioning Group, which provided the Committee with an update on the Non-Emergency Patient Transport Service, which was provided by Thames Ambulance Service Limited (TASL).

The Chairman welcomed to the meeting Tim Fowler (Director of Commissioning and Contracting – Lincolnshire West Clinical Commissioning Group (CCG)).

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The Committee was advised that the previous update had been provided to the Committee at its June 2019 meeting. Since that time, there had continued to be issues with TASL's delivery and their performance against Key Performance Indicators (KPIs).

It was advised that the CCG had issued a further Contract Performance Notice in late September 2019 and had continued to seek to drive TASL to deliver improvements across their services. Actions were now in place and there had been a marked improvement in outbound journeys from the main hospital sites; improvement in call handling; and improvement in the service to renal patients as confirmed by the renal dialysis unit in Lincoln.

However, it was recognised that these improvements need to be maintained and further improvements made in order for the service to be of an acceptable standard. In order to maintain focus, the CCG had agreed two further KPIs with TASL.

The Committee was advised that the CCG was working to put in place new arrangements for patient transport for renal dialysis patients attending the dialysis units at Boston, Grantham and Skegness following notice given to the CCG on the current contract, which had been operated by University Hospitals of Leicester NHS Trust. Assurances were given that there would be a smooth transition to the new arrangements with very little disruption to patients. TASL had been informed that the CCG would not be commissioning this service from them.

A summary of the activity and KPI position for the contract for the period to April 2019 was detailed at Appendix A to the report. For December 2019, TASL had achieved the contracted level of performance for one out of twelve KPIs (call handling) and had delivered month on month improvement for five KPIs.

TASL had delivered generally poor performance against contract KPIs during the autumn of 2019. Moreover, there had been a number operational issues and significant noise in the system around poor delivery of discharges and outpatient homeward journeys from United Lincolnshire Hospitals NHS Trust and at the Lincoln renal dialysis unit.

Further improvements were required and the CCG remained focused on driving improvement in the TASL service and had recently introduced two further KPIs to the contract for zero tolerance of 're-bedding' patients, due to transport failures and thresholds and maximum time targets for outpatient journeys from hospital.

The Committee was also advised that the CCG continued to commission third party capacity outside of the TASL contract to support discharges at Lincoln and Boston hospitals.

In conclusion, the Committee was advised that the CCG would continue to closely monitor the delivery of the contract. The Committee was advised further that the CCG was not intending to give notice to exit the contract at this time.

A discussion ensued, from which the Committee highlighted the following points:-

- Serious concern was expressed to the lack of improvement across the performance indicators, and how much longer the CCG was prepared to continue with the contract. In response, it was advised that the assessment of risk of termination of the contract remained as previously reported, in essence there was more risk of disruption to patients by terminating the contract compared to working with TASL to improve their performance;
- Serious concerns were expressed regarding the inconsistency of the service and the impact on patients;
- It was advised that for January 2020 performance reporting, further improvements and some marginal improvements had been made by TASL. It was advised that a breakdown of performance for January 2020 could be provided to the Committee at the next scheduled update.
- Reference was made to the penalties that could be applied through the contract through poor performance, and it was agreed that information on the penalty charges, which had already been applied would be provided to the Committee.
- The Committee was assured that when the contract was originally awarded to TASL, this had been following a rigorous, open, fair, and transparent procurement exercise.
- The Committee reiterated its wish for the CCG to give notice to exit the contract with TASL, owing to its continued poor performance. Reference was made to other CCGs across the East Midlands terminating their contracts with TASL without any significant repercussions.
- The Committee was advised that it would be provided with the high level risk assessment relating to TASL on email, to provide the Committee with an understanding of why the decision not to terminate had been made.

RESOLVED

- (1) That the proposed new transport arrangements for renal dialysis patients, which do not involve Thames Ambulance Service Limited, be welcomed.
- (2) That a further report be received from the Lincolnshire West CCG in six months' time.
- (3) That the Committee's view that the Lincolnshire West CCG should strategically exit the contract with Thames Ambulance Service Limited be reiterated.

60 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2020

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider its approach to the *quality accounts* for 2020 and to identify its preferred option for responding to the draft *quality accounts*, which would be shared with the Committee, by local providers of NHS-funded services.

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Councillors C J T H Brewis, C S Macey and R Wootten volunteered to form part of a working group to consider and comment on the following draft quality accounts for: East Midlands Ambulance Services NHS Trust; and United Lincolnshire Hospitals NHS Trust. It was also agreed that Councillor L Wootten could form part of the working group, as a regular replacement member on the Committee.

RESOLVED

- (1) That the Health Scrutiny Officer be requested to make arrangements for the following quality accounts to be considered by a working group of the Committee: East Midlands Ambulance Service NHS Trust; and United Lincolnshire Hospitals NHS Trust.
- (2) That a working group be established including the following Councillors: C J T H Brewis; C S Macey; L Wootten and R Wootten.

The Committee adjourned at 12.20 pm and re-convened at 13.30 pm.

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

61 NHS REHABILITATION CENTRE STANFORD HALL

Consideration was given to a report and presentation by Hazel Buchanan (Director of Strategy, Greater Nottinghamshire Clinical Commissioning Groups (CCGs)) and James Wright (Project Manager, National Rehabilitation Centre Programme), which provided information on the proposal for an NHS Rehabilitation Centre at Stanford Hall.

The Committee was advised that the CCGs in Nottingham and Nottinghamshire, along with Nottingham University Hospitals NHS Trust (NUH), were preparing a pre-consultation business case on the proposed development for the NHS Rehabilitation Centre (NRC) at Stanford Hall near Loughborough, on the same site as the Defence Medical Rehabilitation Centre. This formed part of a wider vision for a National Rehabilitation Centre that would consist of an NHS clinical service, an education centre and research and innovation hub on the Stanford Hall Rehabilitation Estate.

A six week consultation period was planned in order to inform the decision on whether to take forward the option of an NRC, including the proposed transfer of existing services to the new facility. The proposal was currently progressing through the NHS England Assurance Process as part of Planning, Assuring and Delivering Service Change, which would inform the next steps.

The proposal outlined a case for a new 64-bed clinical facility which would support Nottingham University Hospitals NHS Trust (NUH), as a major trauma centre and as such, provide services to the East Midlands Trauma Network, including the NHS in Derbyshire, Lincolnshire, Leicestershire and Nottinghamshire. Detailed planning

consent had been received for the proposed NRC and the Government had agreed an allocation of £70m capital funding specifically for an NHS Rehabilitation Centre on the Stanford Hall Estate.

The proposal for an NRC would result in a net increase of 40 rehabilitation beds across the East Midlands Trauma Network and the facilities would allow for a clinical model providing services to patients with fractures following trauma and other conditions, where currently rehabilitation was provided predominantly for neurological patients. It was hoped that the NRC would open in February 2024.

In response to a question, it was noted that specialist rehabilitation services were commissioned and provided across two different levels based on complexity of need. Level 1 and 2a services were the most complex and were provided across a wider area than level 2b services. Within current services across the East Midlands Trauma Network, specialist rehabilitation was only accessible to neurological patients with a level 1 unit in Leicestershire; level 2a units in Leicestershire and Lincolnshire; and Level 2b units in Nottinghamshire and Derbyshire.

During discussion of the report, the following points were noted:

- The Committee welcomed and supported the proposal, as set out in the report, and wished to participate in the forthcoming consultation.
- The Committee was pleased that family rooms would be provided at the Centre and at no charge to the families. It was recognised that this would help reduce feelings of isolation.
- Reference was made to the central aim of the NRC to *return patients to life and work thereby reducing the long-term dependency on health care, financial and other support*. It was confirmed that it would not always be possible for patients to return to work and therefore it was about the centre supporting patients to achieve personal goals and to improve their quality of life.
- The cohort of patients and the proposed criteria of accessing the NRC were discussed. It was confirmed that the CCGs did not want to restrict the admission criteria and they would be dependent on individual need.
- The current waiting times to access rehabilitation services across the East Midlands was as follows: Nottinghamshire: 11 days in Derbyshire: 24 days; and the Ashby Unit in Lincolnshire: 43 days. It was anticipated that the proposed NRC would free capacity and reduce waiting times at these centres.
- The six week consultation would involve engaging with focus groups; surveys; and liaising with engagement leads in relevant CCGs. It was noted that two local groups in Lincolnshire had requested to be involved in the consultation. The Committee was requested to advise officers of any interest groups that may wish to be involved.

RESOLVED

- (1) That the report and comments be noted.
- (2) That the Committee be engaged on the six week consultation.

62 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.

It was requested that the item on *Out of Hours Services (including 111 Service)*, which had been programmed for 25 March 2020 should include information on *Ask My GP* electronic service, which had been launched by certain GP practices in Lincolnshire.

Reference was made to the item under the list to be programmed on *Undiagnosed blood pressure and high cholesterol*, where it was suggested that undiagnosed diabetes should also be added to this item.

RESOLVED

That the work programme be approved, subject to the necessary amendments being made.

The meeting closed at 2.35 pm.