Lincolnshire COUNTY COUNCIL *Working for a better future*		**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, 19 February 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
	Young Persons' Services Update *(To receive a report from United Lincolnshire Hospitals NHS Trust, which provides an update in relation to Children and Young Persons' Services. Dr Neill Hepburn, Medical Director and Dr Suganthi Joachim, Divisional Clinical Director, Family Health, ULHT, will be in attendance for this item)*	
7	**Non-Emergency Patient Transport Service - Update** *(To receive a report from the NHS Lincolnshire West Clinical Commissioning Group, which provides the Committee with an update on the Non-Emergency Patient Transport Service. Sarah-Jane Mills, Chief Operating Officer Lincolnshire West Clinical Commissioning Group and Tim Fowler, Director of Commissioning and Contracting Lincolnshire West Clinical Commissioning Group will be in attendance for this item)*	69 - 74
8	**Arrangements for the Quality Accounts 2020** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites 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 of local providers NHS-funded services)*	75 - 80
LUNCH 12.30PM TO 1.30PM		
9	**National Rehabilitation Centre Programme - Proposals in the East Midlands** *(To receive a report concerning the Stanford Hall Rehabilitation Estate (south Nottinghamshire) as part of the National Rehabilitation Centre Programme. Hazel Buchanan, Director of Strategy, Greater Nottinghamshire CCGs, and James Wright, Project Manager, National Rehabilitation Centre Programme will be in attendance for this item)*	To Follow
10	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme)*	81 - 90

Debbie Barnes OBE
Chief Executive
11 February 2020

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
22 JANUARY 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), G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council) and Mrs L Hagues (North Kesteven District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Victoria Bagshaw (Director of Nursing, United Lincolnshire Hospitals NHS Trust), Liz Ball (Chief Nurse, Lincolnshire East Clinical Commissioning Group), Mark Brassington (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Jane Green (Primary Care Senior Contract Manager, NHS England / NHS Improvement), Anita Lewin (Director of Nursing, Allied Health Professionals and Quality), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Carole Pitcher (Primary Care Senior Contract Manager, NHS England – Midlands & East (Central Midlands)), Rachel Redgrave (Head of Commissioning for Mental Health, Autism & LD, South West Lincolnshire CCG) and Jason Wong MBE (Chair of Lincolnshire Local Dental Network, NHS England, Central Midlands).

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

42 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M A Whittington, S Barker-Milan (North Kesteven District Council) and Councillor R Kaberry-Brown (South Kesteven District Council).

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.

It was noted further that Councillor L Hagues (North Kesteven District Council) had replaced Councillor S Barker-Milan (North Kesteven District Council) for this meeting only.

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

43 DECLARATIONS OF MEMBERS' INTEREST

Councillor S Harrison (East Lindsey District Council) wished it to be noted that she was a patient of Connect Health.

44 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 16 OCTOBER 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 October 2019 be agreed and signed by the Chairman as a correct record.

45 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:-

- Lincolnshire Partnership NHS Foundation Trust: Child Adolescent Mental Health Services. In relation to item 6 on the agenda, a letter dated 8 January 2020 from Brendan Hayes, Chief Executive of LPFT, to Debbie Barnes, Chief Executive of Lincolnshire County Council, was attached at Appendix A to the supplementary announcements for the Committee's consideration;
- Contribution from LIVES to emergency responses in Lincolnshire – Additional information requested by the Committee at their October meeting;
- NHS Access Standards Review – Urgent and Emergency Care – An update on the NHS Access Standards Review; and
- Lincolnshire Sustainability and Transformation Partnership (STP) Long Term Plan – An update on the Lincolnshire STP Long Term Plan. It was noted that NHS England/NHS Improvement was expected to allow local STPs to publish their plans sometime in March 2020.

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.

46 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - UPDATE ON CARE QUALITY COMMISSION INSPECTION

The Chairman welcomed to the meeting Mark Brassington, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust and Victoria Bagshaw, Director of Nursing, United Lincolnshire Hospitals NHS Trust.

The Committee was advised that the Care Quality Commission (CQC) had inspected the Trust during June 2019; and that a separate 'well-led' assessment had taken place during July 2019. The Committee noted that the final inspection report had been published in October 2019.

It was reported that not all services and sites had been inspected. The services that had been 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; and
- Children and young people's services at Lincoln and Pilgrim hospitals.

Details of the 2019 Care Quality Commission ratings were shown on pages 28 and 29 of the report. It was noted that the Trust remained with an overall rating of 'requires improvement'. It was highlighted that the CQC report detailed a mix of positive improvements and current challenges for the Trust, many of which had been identified within the Trust prior to the inspection and formed part of the on-going Quality and Safety Improvement Plan.

It was reported that the individual ratings for each hospital was that Lincoln County Hospital and Pilgrim Hospital, Boston 'required improvement'. Grantham and District Hospital and County Hospital, Louth, which had not been inspected continued to be rated as 'good'.

The Committee noted that the Trust was in the process of developing an Integrated Improvement Plan and was reviewing the process and structure through which the plan was owned, delivered and assured.

The Committee noted further that the CQC had identified examples of outstanding practice and exemplary care across services, and that this was particularly recognised at Pilgrim Hospital, Boston, where the overall rating had moved from 'Inadequate' to 'Requires Improvement'.

Details of identified challenges for the Trust were shown on pages 30 and 31 of the report and Appendix A provided the United Lincolnshire Hospitals NHS Trust Response to CQC Must Do's and Should Do's for the Committee to consider.

In conclusion, the Committee was advised that the Trust was finalising an Integrated Improvement Plan following the inspection, which was a new structure through which the Trust described, delivered and monitored improvements. The Committee noted that once the plan had been agreed, the document would be shared more widely.

It was also highlighted that the Trust had a programme of work to support the development of leaders and to further embed the new Trust Operating Model. It was highlighted further that to improve the staffing position, the Trust was currently undertaking an extensive domestic and international recruitment programme for both medical and nursing posts, as well as working with universities to support further recruitment into nursing posts and supporting the development of the Lincoln Medical School. The Committee was advised that since the inspection in July 2019, measurable progress had already been made to respond to the CQC's immediate concerns.

During discussion, the Committee raised the following issues:-

- The opening of Grantham and District A & E 24/7. The Committee was advised that no decision had been reached with regard to Grantham and District A & E as it was part of the Lincolnshire Acute Services Review and that there had been engagement on its future as part of the 'Healthy Conversation' in 2019;
- Public availability of the Section 31 Enforcement Notice and Section 29A Warning Notice. The Committee was advised that the content of the Section 31 Notice was shown within the CQC's report and was an enforceable Notice. The Section 29A Notice was a warning. Clarification was given that the CQC did not release copies of the Section 29A and 31 notices into the public domain;
- Service changes at Pilgrim Hospital, Boston. Representatives of the Trust advised that they were not aware of any imminent service changes;
- Hand hygiene practices – The Committee was advised that this was an on-going issue. The Committee noted that compliance did vary and that it was not just a problem in Lincolnshire;
- Concern was expressed to the time taken to develop an action plan. The Committee had previously been advised earlier in the discussion, that a new Integrated Improvement Plan was still being developed. Reassurance was given that the new plan for the first time would bring together delivery, quality, performance and finances all into one document;
- The three conditions applied following the 2019 inspection (as shown on page 31 of the report). A question was asked as to how much impact staffing issues were having on the Trust being able to move forward. The Committee noted that at Pilgrim Hospital, Boston maintaining staffing levels represented a significant challenge; and that half the nursing positions were being filled by agency staff. On a more positive note, the Committee was advised that for

the first time for six year's there were no gaps within the Trust for consultant-grade medical staff. It was noted that the newly recruited staff would all be in place by the end of April. It was highlighted that the new members of staff would still need to undergo further training to help them transition into the NHS and the Trust. Confirmation was also given that A & E staffing remained in a similar position; it was noted that there were proposals to expand the current establishment which would be concluded at the end of January 2020;

- The outcome of a recent CQC inspection. The Committee was advised that inspectors had returned to Lincoln County Hospital; and Pilgrim Hospital, Boston Emergency Departments as part of winter assurance, not part of the normal inspection regime. The headlines had been that Lincoln County ED was improving; and Pilgrim Hospital, Boston ED was under pressure. The Committee noted that Pilgrim Hospital, Boston ED was not large enough to deal with the current level of demand and that funding had been allocated for building work, and this was expected to be completed in 2023. The Committee noted further that the Trust was lobbying government for funding to extend Lincoln County Hospital's emergency department;
- Sepsis – The Committee was advised that improvements had been made and the Trust was now in the top quartile nationally for detecting and treating sepsis;
- The effect of the CQC report on staff morale – The Committee was advised that staff morale had been affected. Talks were on-going with staff to obtain their views and to ensure that they were involved in the process and any changes. The Committee noted that the Integrated Improvement Plan would highlight the challenges ahead, which would have a positive effect on staff. It was highlighted that HR were doing additional work around specific health and wellbeing issues;
- The CQC four hour A & E standard. The Committee was advised that the Trust was still waiting for planning guidance on any replacement to the four hour standard, which would then inform the Trust's direction of travel;
- Timescale for the programme of works and the Integrated Improvement Plan being finalised. It was reported that evidence had shown that this type of plan was successful. The Committee was advised that once the plan had been developed and had received approval from the Trust Board, it would then be shared with the Committee;
- A request was also made for more information regarding the refugee doctor project;
- The involvement of NHSE/I in improvement planning since the Trust had entered special measures in 2016. The Committee noted that the Trust had received national intensive support and regional support, which had provided the Trust with expertise and access to funding; and
- Public reassurance to the 'inadequate' rating. Reassurance was given that most areas were safe with systems and processes in place; and in the specific areas of concern highlighted; these concerns had now been addressed.

The Chairman on behalf of the Committee extended thanks the representatives present and commended staff for their continued hard work in the areas where improvements had been made.

RESOLVED

1. That a further update on the Care Quality Commission Inspection be received by the Committee in three months' time.

2. That a copy of the finalised programme of works, the Integrated Improvement Plan and the RAG ratings be provided to the Committee.

3. That information relating to the refugee doctor project be made available to members of the Committee.

47 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The Committee gave consideration to a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which invited comments on the Intensive Home Treatment Service Pilot, which had commenced operation on 4 November 2019.

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Commissioning for Mental Health, South West Lincolnshire Clinical Commissioning Group and Anita Lewin, Director of Nursing, Allied Health Professionals and Quality.

The Committee was advised that the pilot provided a community Intensive Home Treatment service for young people (aged up to 18). It was noted that investment for the new model of care pilot (including the clinical team running it) had come from an existing inpatient service (based at Ash Villa in Sleaford), which was temporarily closed. It was noted further that if the pilot was successful, following evaluation there was an option to continue with it. The Committee was advised that as the proposal would be a significant service change, it would be subject to public engagement and public consultation in line with statutory duties.

Background details and an explanation of the service was shown on pages 58 and 59 of the report.

The Committee noted that the reason for the pilot was to improve the quality of care provided for young people closer to home. The Committee noted further that the quality treatment and care would be delivered in less restrictive settings as a safe and effective alternative treatment model to in-patient care for young people who would otherwise require admission.

It was highlighted that the aim of the new model was to intervene earlier 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.

The Committee noted that whilst staff always provided excellent clinical care, Ash Villa had been identified as a "fragile service" and reasons for that were shown on page 60 of the report, but they included patient safety, the high risk building

environment and the financial costs. The Committee was advised that a decision had been taken in September 2019, to temporarily close the unit on grounds of patient safety. Approval was given from NHS England to bring forward the pilot, which began on 4 November 2019, with the experienced staff from Ash Villa running the Intensive Home Treatment service.

A timetable for the new model of care was shown on page 61 of the report presented.

In conclusion, the Committee noted that the Lincolnshire Partnership NHS Foundation Trust was committed to a vision of providing care as close as possible to people's homes; and exploring new ways of working to build up capacity in community teams to provide 24/7 community services for young people with mental health problems. The Committee noted further that improvements were also needed to be made to improve the quality of care provided to young people, which included improving the physical environment of wards that LPFT operated in order to protect patient dignity and privacy as they received care and treatment.

During discussion, the Committee raised the following points:-

- The Committee's attention was brought to the letter from Brendan Hayes, Chief Executive of LPFT to Debbie Barnes, Chief Executive Lincolnshire County Council, which had been attached at Appendix A to the Chairman's Supplementary announcements concerning Ash Villa;
- The refreshing nature of the Pilot, which would bring a better service for young people with mental health issues within their communities;
- How children and young people with high level needs would be accommodated. The Committee was advised that LPFT was working closely with the County Council and Child and Adolescent Mental Health Services (CAMHS). The Committee was advised that earlier intervention would help alleviate young people being accommodated out of county. The Committee was advised that Ash Villa as a building would not be re-opening and that the County Council was looking at ways to provide the right level of education. Confirmation was given that there had always been young people accommodated in out of county facilities, as a result of their needs and this would not change. The Committee noted that LPFT were working together as part of the East Midlands group looking at inpatient provision, which would be completed at the end of October 2020, by which time the community model would have been evaluated. Some concern was expressed to potential transport issues, should a young person have to go out of county. The Committee asked for information as to how families and carers of children who were admitted as inpatients to an out-of–county CAMHS unit would be supported, given the travelling distance likely to be involved. Reassurance was given that all organisations were working very closely together to get the best outcomes for young people with mental health issues;
- Accessibility to the crisis team – The Committee noted that the crisis team provided 24/7 cover for young people up to the age of 18. It was noted that the service could be accessed by ringing 111; and single point of access could be made through GPs;

- Educational provision at Ash Villa – It was reported that Ash Villa had not been the sole educator of inpatients at Ash Villa; and when young people were well enough, they had attended mainstream school. The Committee noted that only a very small minority of young people accessed the school at Ash Villa; and
- A request was made for the Committee to receive summary information relating to the feedback from service users; and also other options to be considered should the Pilot Intensive Treatment Service prove not to be successful.

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

RESOLVED

1. That LPFT be requested to provide the following information to a future meeting of the Health Scrutiny Committee for Lincolnshire:

    - other options, should the pilot Intensive Home Treatment Service not be considered a success; and
    - how families and carers of those children who are admitted as inpatients to an out-of-county CAMHS unit can be supported, given the travel which is likely to be involved.

2. That LPFT be requested to provide the Committee with a summary of the feedback information received from service users to date.

48 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST: OLDER ADULTS MENTAL HEALTH HOME TREATMENT TEAM

The Chairman welcomed to the meeting Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Commissioning for Mental Health, South West Lincolnshire Clinical Commissioning Group and Anita Lewin, Director of Nursing, Allied Health Professionals and Quality.

The Committee was advised that the need for older mental health services was increasing; and that there were some gaps in services. The ambition of the pilot was to increase community support; offer care closer to home; to deliver seven day a week services; and have hospital care available to the best standard when needed.

The Committee was reminded that the Trust had set up the Adult Home Treatment Team (HTT) as a pilot service whilst estates work had been undertaken to upgrade Brant Ward, Lincoln to meet modern NHS privacy and dignity standards. The HTT provided services to adults with functional mental health conditions for example someone living with anxiety or depression. The service was focussed on admission avoidance, and supporting early discharge from hospital.

At the Health Scrutiny Committee for Lincolnshire meeting held in April 2019, a report had been received relating to the first five months of operation of the Home

Treatment Team, which had demonstrated significant positive outcomes, details of which were shown on page 64 of the report.

The Committee was advised that the upgrade to Brant Ward at Witham Court, Lincoln to create single en-suite bedrooms and improve ward living spaces was now complete and ready to re-open.

It was highlighted that LPFT were proposing to continue the current service model with one functional older adult mental health ward (Brant Ward, Lincoln) and a county-wide HTT. The Committee was advised as a result the Trust was proposing to transfer the in-patient ward from Rochford Ward in Boston to the newly refurbished Brant Ward in Lincoln. It was highlighted that the reason for the change was that the Rochford Ward was not fit for purpose and it did not meet the Care Quality Commission standard for care environments.

It was reported that the Rochford Ward would be temporarily closed with staff working into the HTT model or in other services. The Committee noted that a further HTT hub would be created in Boston to accommodate the HTT team.

In conclusion, the Committee was advised that LPFT were committed to a vision of providing care as close as possible to people's homes. There was recognition that there were still some challenging decisions to be made on the balance of inpatient and community facing services.

The Committee were invited to provide feedback to LPFT on the proposal to continue Older Adult Home Treatment service as well as re-opening of the refurbished Brant Ward, Lincoln.

During consideration of this item, the Committee raised the following points:-

- Support overall was given to the HTT service, and the Committee welcomed further details concerning the outcomes of the evaluation of the HTT service;
- Some concern was expressed to the temporary loss of the Rochford Ward. Reassurance was given that the Trust was committed to having a presence in Boston with ward 12; and at the moment it was difficult to ascertain how much provision was required. Members of the Committee were invited to visit both the Rochford Ward, Pilgrim Hospital, Boston and Brant Ward, Lincoln;
- The need to consider transportation for patients from Boston to Brant Ward, Lincoln. The Committee was advised that the County Council was looking into transport issues within the county with the CCG;
- Nurse presence in the police control – The Committee noted that a nurse was present on the control room to help deal with mental health issues earlier on in the process; and to mobilise the crisis team. The Committee noted further that the crisis nurse service was 24/7 and that it was hoped to expand this service further;
- How many patients since October 2018 had been treated by the HTT. Representatives present agreed to provide the requested data;

- One member asked what the positive outcomes had been. The Committee was advised that there had been a reduction in the number of inpatients; and patients that had been sent out-of-county for in-patient treatment;
- Referrals to the service – The Committee was advised that referrals could be made by using 111; by health professionals; mental health teams; and Home Treatment teams;
- Evaluation data – The Committee was advised that in April 2020, the pilot would have been in operation for 18 months; and it was felt that there would be enough data to present to the Committee after the April 2020 date;
- Whether the Trust was actively seeking capital funding to move and re-open the provision at Pilgrim; and whether funding had been secured to continue the older adult home treatment. The Committee was advised that the Rochford Ward was not fit for purpose; once evaluation of the HTT was completed, the CCG would be approached for funding, hopefully to include the HTT; and
- A request was made for feedback of the comments received from patients and carers to date with regard to the new service and the temporary closure of the Rochford Ward. The Committee was advised that this information would be made available to the Committee.

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

RESOLVED

1. That LPFT be requested to report to a future meeting of the Health Scrutiny Committee for Lincolnshire on the outcome of the evaluation of the Home Treatment Team pilot.

2. That an invitation for members of the Committee to visit both Rochford Ward, Pilgrim Hospital, Boston and Brant Ward, County Hospital, Lincoln be noted.

3. That LPFT be requested to provide information to the Health Scrutiny Committee for Lincolnshire on the following:

    - Any feedback to date from service users on the temporary closure of Rochford Ward and the Home Treatment Team arrangements; and
    - The number of patients to date who have been treated by the Home Treatment Team since October 2018, including the number of patients who have avoided an in-patient admission.

49 COMMUNITY PAIN MANAGEMENT SERVICE

The Chairman welcomed to the Committee Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group.

The report circulated provided the Committee with an update on the mobilisation of the new service and the actions that had been taken to address feedback from patients and colleagues.

The Committee was advised that Lincolnshire CCGs closely monitored the performance of the Community Pain Management Service run by Connect Health in both terms of both access and quality.

It was reported that accessibility for patients had improved, Connect Health had mobilised 14 clinic locations across the county, details of which were shown on pages 70 and 71 of the report. It was noted that the average waiting time from referral to first appointment offered was 22 working days with 100% of all patients initiating their second phase of treatment within 40 working days. Information relating to the skill mix of multi-disciplinary pain management clinicians was shown on page 71 of the report. It was noted that the greatest number of referrals into CPMS had been from the Lincolnshire East region. The Committee was advised that currently the longest waiting times causing concern was for patients who had transitioned to the CPMS who required a Consultant appointment, but it was anticipated that demand on consultant appointments would reduce.

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

The Committee noted that new service users were very complimentary about the CPMS. It was noted further that complaints were reducing; and that the main theme from recent complaints had been with regard to the expectations of patients transitioning to the CPMS; and the provision of repeated PLCV injections. Page 75 of the report provided some patient feedback comments for the Committee to consider. Comments from friends and family between October and December 2019 were shown on page 81 of the report.

In conclusion, the Committee was advised that Connect Health were working very hard to mobilise a complex multi-faceted service based on 'Best Practice' and recognised by the British Pain Society and NICE. Recognition was given that the mobilisation of the new service had been challenging and had not provided a positive experience for some patients. Reassurance was given that the CCG and Connect Health would continue to work together to address issues highlighted by patients who had transitioned from previous services.

During discussion, the Committee raised the following issues:-

- That office staff needed better information to be able to provide help and guidance; and that there needed to be more follow up from office staff;
- That the transitioning stage could have been better managed if there had been better communication;

- Long travelling distance of some patients to access the service. Confirmation was given that capacity match was being looked into particularly in the east of the county;
- Consultant capacity – Reassurance was given that in Lincolnshire capacity would be re-aligned and at the moment there was no plans for this to be reduced;
- How far it was expected that complaints would reduce during 2020 – Confirmation was given that it was hoped that complaints would be lower than 2% for 2020;
- Reassurance was sought as to whether sub-contractors were committed to NICE guidelines. The Committee was advised that in accordance with the contract specifications, sub-contractors would need to evidence that they met the NICE guidelines;
- A request was made for up to date feedback, especially negative comments which were missing from the report presented, as well as activity reports and key milestone outcome measures. The Committee was advised that this information was available and could be shared with the Committee; and
- Where additional sites were being considered for the mobile injection facility. The Committee was advised that consideration was being given to sites at Grantham, Sleaford, Skegness, Louth and Boston.

On behalf of the Committee, the Chairman extended thanks to the Chief Operating Officer, Lincolnshire West Clinical Commissioning Group for the update; but some disappointment was expressed that full feedback had not been provided.

RESOLVED

1. That the Community Pain Management Service update be received.

2. That the Health Scrutiny Committee for Lincolnshire receive a further report in six months' time (22 July 2020), which should include full feedback reports, including more detail on complaints, activity reports and key milestone outcome measures.

The Committee adjourned at 12.30pm and re-convened at 13.55pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, R J Kendrick, L Hagues (North Kesteven District Council) and Dr B Wookey (Healthwatch Lincolnshire).

50 NHS DENTAL SERVICES OVERVIEW FOR LINCOLNSHIRE

The Chairman welcomed to the meeting Carole Pitcher, Primary Care Senior Contract Manager, NHS England/NHS Improvement, Jane Green, Primary Care Senior Contract Manager, NHS England/NHS Improvement, and Jason Wong, MBE, Chair of Lincolnshire Local Dental Network.

The Chairman on behalf of the Committee extended congratulations to Jason Wong on receiving his MBE in the recent New Year's Honours List.

The Committee was advised that NHS England and NHS Improvement had aligned to form seven new regional footprints. It was noted that the regional office covering Lincolnshire was the Midlands Region. It was noted further that the new Midlands region had two localities which were West and East Midlands; and that Lincolnshire was part of the East Midlands locality along with Nottinghamshire, Derbyshire, Leicester City, Leicestershire, Rutland and Northamptonshire.

Details of the 70 contracts in Lincolnshire providing NHS dental service were shown in the report. Details of the procurement process outcomes were shown on page 87 of the report. Disappointment was expressed to the fact that no preferred bidders had been identified for three lots in Lincolnshire, those being Mablethorpe, Spalding A (Johnson Community Hospital) and Skegness/Spilsby. It was highlighted that the Midlands local dental team were working with the preferred bidders identified for the five awarded lots.

It was reported that since the withdrawal of Bupa Dental Care from the NHS provision of dental services in Mablethorpe, a review of interim options were being considered. It was noted that expressions of interest had been received from existing providers to deliver urgent dental care sessions from the dental practice based in Marisco Centre, Mablethorpe for a twelve month period; and that discussions were on-going.

The Committee was advised that in-line with Department of Health guidance, orthodontic contracts had been nationally extended to 31 March 2019, or beyond, depending on the Regional timeline for procurement. It was highlighted that in Lincolnshire the current PDS contracts were due to expire on 1 May 2020; and that the new regional teams in the Midlands and East were currently considering the options to re-procure the services.

It was reported that it had been identified that there was a significant issue with recruiting dentists to work within the NHS across Lincolnshire and it was acknowledged that this was becoming an increasing pressure nationally. It was reported further that the Local Dental Network Chair for NHS England and NHS Improvement – Midlands had established a working group to review the recruitment and retention issues being experienced; and to developing a strategy to improve the dental workforce in Lincolnshire. The Committee was also advised that to support dentist recruitment, NHS England and NHS Improvement – Midlands were developing a business case to establish an international recruitment pilot for Lincolnshire based on the successful GP international recruitment programme. The Committee was also advised that a career event had been held in Lincoln to promote the dental pathways and that a copy of the presentation would be circulated to schools in Lincolnshire. A link to the presentation was included on page 90 of the report presented. The Committee noted that further events were planned. A further presentation to promote working as a dental health care professional in Lincolnshire had also been created for circulation to all stakeholders including dental core trainees and foundation Dentists, a link to which was provided on page 91 of the report presented.

Other actions mentioned were the recruitment of two fellow dentists to work in Lincolnshire to support delivering the Local Dental Network work programme; and the creation of two joint posts for dental trainees.

It was reported that a Performer List by Validation of Experience process had been established, which would enable non-EU qualified dentists to be assessed by Health Education England to make sure they had the necessary knowledge and experience, which would help recruiting dentists outside the European Union.

The Committee noted that NHS England and NHS Improvement continued to work closely with Health Education England to develop training programmes to support developing the dental workforce.

During discussion, the Committee raised the following issues:-

- Concern was expressed to the lack of dentist provision along the coastal area;
- Lack of information readily available to members of the public regarding provision available to them. Representatives agreed to produce a document advising them what arrangements were in place, and where provision would be available. It was agreed that the Health Scrutiny Officer would distribute the above said information to all members of the Committee;
- Shortage of dentists in Lincolnshire – Representatives reiterated the work being done to encourage young people to look at the dental pathways;
- Retention of trained dentists. The Committee was advised that the number of practices were stable at the moment; but most newly qualified dentists were attracted to the areas in which they trained;
- Confirmation was given that a dentist could do both NHS and private work;
- Problems with contract reforms. It was highlighted that offers needed to be attractive enough to draw the workforce in and that this was a problem;
- Orthodontic procurement options, a question was asked as to whether the initial procurement areas on district council boundaries were flawed. The Committee was advised that at the moment this question could not be answered;
- Two dental prototype commissioning contracts. The Committee was advised that one contract was in Leicestershire the other in Lincolnshire. It was highlighted that at the moment there was no information available to share with the Committee;
- Dental marketing event – It was agreed that details of the marketing event would be shared with members of the Committee after the meeting; and
- International recruitment drive – Some concern was expressed as to why it had taken so long to establish an international recruitment drive. The Committee was advised that there was recognition that international recruitment needed to be moved on, but as at this moment, no timescale was known.

The Chairman on behalf of the Committee extended thanks to the representatives for their update on NHS Dental Services in Lincolnshire.

RESOLVED

1. That the report on NHS Dental Services Overview for Lincolnshire be noted and that a further update be received in twelve months' time or at a time of the new contract procurement being issued.

2. That a request be made to NHS England/NHS Improvement for information that members of the Committee and other stakeholders, such as district councils, could share with local communities on the availability of dentists, particularly in the Mablethorpe, Spalding and Spilsby areas.

51 WORKSHOP - ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2019: THE BURDEN OF DISEASE IN LINCOLNSHIRE

The Committee gave consideration to a report from the Health Scrutiny Officer, which provided an update from the Workshop held on 18 December 2019 concerning the Annual Report of the Director of Public Health 2019: The burden of Disease in Lincolnshire.

The Committee was asked to consider whether it wished to look any aspects from the Director's Annual Report which could be included as part of the work programme.

RESOLVED

1. That the 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 be noted.

2. That the local implementation plan of the NHS Long Term Plan which is due to be considered by the Committee, following its publication, be noted.

3. That the following topics from the Annual Report be included as part of the Committee's work programme:
    - Undiagnosed High Blood Pressure and High Cholesterol;
    - Musculoskeletal Problems; and
    - Cardiovascular Disease.

52 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 98 and 99 of the report presented.

The Committee was asked to consider a request from the Adults and Community Wellbeing Scrutiny Committee to participate in two workshop sessions on rural and coastal health inequalities.

Suggestions put forward included 111 Service the number of calls per area and the number of patients helped/not helped; and the use of opioids. The Committee was advised that these matters could be included respectively in the out of hours update in March and the further update on the Community Pain Management Service.

RESOLVED

1. That the work programme presented be agreed subject to the potential inclusion of the items referred to above and those requested at minute numbers 46(1) (2) (3); 47(1) (2); 48(1) (2) (3); 49(2); 50 (1) (2);51(3); and52(2).

2. That support be given to the request from the Adults and Community Wellbeing Scrutiny Committee for members of the Health Scrutiny Committee for Lincolnshire to participate in two workshop sessions on rural and coastal health inequalities.

The meeting closed at 2.38 pm

Lincolnshire COUNTY COUNCIL Working for a better future		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:	**19 February 2020**
Subject:	**Chairman's Announcements**

1. Healthy Conversation 2019 Engagement Exercise – Proposed Final Report

The proposed final report on the *Healthy Conversation 2019* engagement exercise is now available at: -

https://lincolnshire.nhs.uk/healthy-conversation/healthy-conversations-2019-report

During February 2020, NHS boards are being asked to consider the proposed final report on *Healthy Conversation 2019* and make any comments or additions so it can be finalised and approved. The local NHS aims to publish the final report in early March 2020. The Committee had planned to consider the report at this meeting. However, the Committee will now consider the report at its next meeting on 25 March 2020, when it has been finalised.

2. Grantham and District Hospital A&E – Overnight Closure

On 29 January 2020, South Kesteven District Council agreed that its Leader should write to the Accountable Officer of the Lincolnshire CCGs and the Chief Executive of United Lincolnshire Hospitals NHS Trust, asking them to encourage the local NHS to consult on its preferred options for the future of Grantham Hospital and to re-open Grantham A&E from 6pm to 8am.

South Kesteven District Council had also agreed that its Leader should seek publication of the outcomes of the *Healthy Conversation* engagement exercise. As stated above, the proposed final report on *Healthy Conversation* is now available online and is being considered by NHS boards, prior to an intended finalisation in early March 2020.

3. Changing Places Toilets – United Lincolnshire Hospitals NHS Trust

On 24 January 2020, funding of £97,000 was awarded for Changing Places toilets at United Lincolnshire Hospitals NHS Trust, as part of a national award of over £500,000 to ten NHS trusts in England.

Changing Places are toilets with additional equipment for people who are not able to use a toilet independently, including adult-sized changing benches and hoists. People with severe disabilities, such as muscular dystrophy, cerebral palsy and multiple sclerosis, and their carers say Changing Places facilities can be life changing and allow them to go out in public or attend hospital appointments without fear or stress.

In the absence of Changing Places facilities, disabled people and their carers face:

- limited drinking to avoid the toilet when they are out, risking dehydration and urinary tract infections
- sitting in soiled clothing or nappies until a suitable toilet is found
- having to be changed on a dirty toilet floor
- manually lifting someone out of their wheelchair – risking safety
- reducing their time out of the house – restricting their social lives

The Department of Health and Care has announced that in addition to the £500,000, which has been made available for 16 new facilities across ten NHS trusts, there is a further £1.5 million available for bidding from other NHS trusts.

There are currently just over 50 of these Changing Places facilities on the NHS estate. With this first wave of funding, it is expected that the total number of Changing Places toilets in hospitals will eventually increase to over 100.

4. Northern Lincolnshire and Goole NHS Foundation Trust

There have been two issues this month, relating to Northern Lincolnshire and Goole NHS Foundation Trust, which manages the Diana Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital (as well as Goole Hospital).

(1) <u>Oncology Outpatient Services at Scunthorpe General Hospital</u>

Owing to staff shortages, there have been changes to the oncology outpatient services provided by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), which operates Scunthorpe General Hospital and the Diana Princess of Wales Hospital, Grimsby.

From 27 January 2020 oncology outpatient services have no longer been provided at Scunthorpe General Hospital. From this date face-to-face consultations have been provided at Diana, Princess of Wales Hospital, Grimsby. NLaG has stated that this was due to significant medical staffing shortages faced by oncology teams across the Humber region. Day case chemotherapy and advanced nurse practitioner clinics have continued unchanged and are still being delivered at Scunthorpe.

Oncology services at Grimsby are based in the Amethyst Unit, which provides a dedicated inpatient, day case and outpatient clinic facility. The unit offers a seamless and personalised service to patients using multi-disciplinary expertise, which includes provision of an acute oncology service.

This change of service is likely to have an impact on a small number of patients in the Lincolnshire area who have outpatient oncology appointments at Scunthorpe General Hospital.

(2) Care Quality Commission Report

On 7 February 2020, the Care Quality Commission (CQC) published its most recent report on NLaG following inspections in September 2019. NLaG has maintained its rating of 'requires improvement' overall and for each of its hospitals and our community services.

The CQC recorded improvements with the rating for Well-Led moving from 'inadequate' to 'requires improvement'. However, NLaG has been rated 'inadequate' for safety, owing to waiting list delays in some specialties, delays in diagnostics reporting, end of life care and in emergency departments.

NLaG has stated that the following progress since the inspection:

- an initial investment of £1.1 million for extra nursing staff;
- additional resources to improve radiology reporting times;
- a new MRI suite is due for construction at Grimsby; and
- reductions in waiting times.

The CQC now also prepares 'use of resources' reports, which compare how trusts use resources, such as staff, money, estate, drugs, diagnostics and equipment, effectively to provide care. NLaG has been rated as 'requires improvement' for using its resources and remains in financial special measures.

5. Access to GP Services for Skellingthorpe Residents

As reported to the Committee on 16 October 2019, a proposal to close Skellingthorpe Health Centre, a branch surgery of the Glebe Practice in Saxilby, was approved in September 2019. The Committee was also advised that there would be consideration of the transport arrangements, so residents in Skellingthorpe could continue to access their GP services.

Skellingthorpe Health Centre is due to close in March 2020 and the current proposal is that from 30 March 2020 a revised *Call Connect* service will commence which will allow residents to book journeys between Skellingthorpe and Saxilby. It will also be possible for residents to book journeys to the Birchwood Health Centre, if they choose to change their GP surgery to Birchwood.

The Glebe Practice in Saxilby operates an open clinic in the mornings, so the County Council intends to pilot a fixed route service (using the *Call Connect* bus) leaving Skellingthorpe at 9am and returning from the Glebe Practice at 10.45 am. This will be run on a trial basis and will not need to be booked.

The *Call Connect* bus will also be available to book journeys between Skellingthorpe and a number of other locations such as Teal Park, Hykeham Railway Station and Doddington Hall, so it will hopefully be a useful public transport option for the village.

6. Older Adult Mental Health Inpatient Services

Brant Ward in Lincoln was the subject of a report to the Committee at its January meeting. On 4 February 2019, Lincolnshire Partnership NHS Foundation Trust (LPFT) confirmed that it is due to reopen in mid-February following a £4 million refurbishment to improve the privacy and dignity for patients.

The 18 bed ward for older people over the age of 65 in mental health crisis previously had dormitory style bays, which are no longer considered good practice in a modern mental health care environment. Brant Ward now has single en-suite bedrooms in a modern, accessible and therapeutic environment.

Brant Ward, which had been closed since October 2018, is now ready for patients to return and will become LPFT's main older adult mental health ward in the county.

The Rochford Unit in Boston, which is based on the first floor and has dormitory style rooms, does not meet essential quality standards for mental health wards. As identified by the Care Quality Commission, it is difficult to protect the privacy and dignity of patients in this setting. LPFT plans that the Rochford Unit will no longer be used and Brant Ward will be the main older adult mental health unit. Patients currently receiving care at Rochford Ward are being informed of the change, and the intention to move to Brant Ward in the coming weeks.

During the closure of Brant Ward, a home treatment team was established and this will continue to operate seven days a week across the county, with an additional hub in Boston.

LPFT will also be hosting an open evening at the newly refurbished Brant Ward on Thursday 13 February for anyone wanting a tour of the new environment. People can drop in at Brant Ward in Lincoln anytime between 5pm and 8pm.

7. Ash Villa School, South Rauceby – Consultation on Proposed Closure

On 22 January 2020, the Committee considered a report on Children and Adolescent Mental Health Services (CAMHS), which made reference to the temporary closure of inpatient facilities for young people at Ash Villa, on the basis that the Ash Villa building was no longer fit for purpose. A community-based intensive home treatment model is being piloted.

On 27 January 2020, the County Council's school organisation team launched a consultation, which closes on 9 March 2020, on the future of Ash Villa School, with a view to a decision on the closure of the school in July 2020, with potentially an effective closure date of 1 September 2020.

Consultation letters have been sent to all members of this Committee. Individual members of the Committee may respond to the consultation. However, I would like to stress that the Committee will not be responding to the consultation on the proposed closure of the school, as this is beyond its remit. The outcome of the consultation will be reported to the Council's Children and Young People Scrutiny Committee in July 2020.

8. East Midlands Ambulance Service – BBC Investigation

On 29 January 2020, the BBC published the results of its investigation of ambulance services across the UK. Of the ten ambulance trusts in England, eight had provided data to the BBC. The East Midlands Ambulance Service (EMAS) was found to have had the highest percentage of responses (12.8%) to category 2 incidents (serious, but not life threatening), where patients had to wait more than one hour. The target is that on average category 2 incidents should be responded to in 18 minutes.

In response to the BBC investigation, EMAS has indicated that throughout the year there has been a significant increase in the demand on its service, with an additional 75 responses per day experienced during December 2019. EMAS says that many of these patients were very poorly and needed to go to hospital. For example, in December 2019, 79% of EMAS's responses were for patients in either category 1 (life threatening) or category 2 (serious, but not life threatening).

To respond to the growing demand and other pressures, over the last twelve months EMAS has recruited more than 300 clinical staff and call handlers, and invested in new additional ambulances and other resources. EMAS has also stated that it is delivering faster average response times for category 1 (life threatening) calls than two years ago.

EMAS has also stated that hospitals have seen significant pressures this winter, with flu and norovirus in particular, leading to significant increases in A&E attendances. These and other factors have meant that in many cases after taking someone to an emergency department, EMAS ambulances have not been able to get back on the road quickly.

A report to the EMAS Board on 14 January 2020 indicated that in December 2019, EMAS had increased its double crewed ambulance output by 14,235 hours compared to December 2018. However, in December 2019 handover delays at hospitals had led to a loss of 13,062 hours of EMAS response time across the region. This equates to 1,088 twelve hour shifts. This means that owing to the hours lost through handover time at hospital only 9% of the additional crew time in December was available for EMAS to respond to patients.

In terms of Lincolnshire, handover delays in December 2019 at Lincoln County Hospital and Pilgrim Hospital Boston had led to total lost ambulance response times of 1,454 and 946 hours respectively.

The Committee is due to receive a report from EMAS at its April meeting.

9. *999! Research in the Ambulance Service* – University of Lincoln – 11 March 2020

On 11 March 2020 (5.30 – 7.00 pm) the University of Lincoln's Community and Health Research Unit, together with the East Midlands Ambulance Service and other UK ambulance services, is hosting an event entitled *999! Research in the Ambulance Service*.

The first half of the session will discuss research on breathing equipment for patients and how to manage pain in children. The session will also discuss the new Paramedic Science degree at the University of Lincoln.

The second half of the session will include equipment and mannequins to provide hands-on experience of performing chest compressions and cardiopulmonary resuscitation (CPR).

The event is due to take place at the Sarah Swift Building (School of Health & Social Care and Psychology), 8 Brayford Wharf East, Lincoln. Places can be booked at the following link: -

https://www.eventbrite.co.uk/e/999-research-in-the-ambulance-service-tickets-92205853189

10. Organisational Developments

(1) Lincolnshire Clinical Commissioning Group – Appointment of Chair

As reported to the Committee on 22 January 2020, the four existing Lincolnshire clinical commissioning groups are due to merge into a single Lincolnshire Clinical Commissioning Group (CCG) with effect from1 April 2020.

On 27 January 2020, as part of the appointment process for a single governing body and executive team, it was announced that Sean Lyons had been appointed as the Chair of the new Lincolnshire CCG with effect from 1 April 2020. Sean Lyons has a professional background in engineering, management and leadership in the steel industry and was Chair at Sherwood Forest Hospitals NHS Trust from 2013 to 2016, and is currently also the Chair at West Nottinghamshire College.

A further report will be presented to the Committee when all the governing body and executive team appointments have been made.

(2) Chief Executive – United Lincolnshire Hospitals NHS Trust

On 7 February 2020, it was announced that Andrew Morgan, the acting Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT), had agreed to extend his contract as Chief Executive until 31 March 2022. Andrew Morgan joined ULHT in this role in July 2019, having previously served as the Chief Executive of Lincolnshire Community Health Services NHS Trust.

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Open Report on behalf of Lincoln Medical School

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 February 2020**
Subject:	**Lincoln Medical School**

Summary

This item enables the Committee to consider a presentation from Professor Danny McLaughlin, the Associate Dean of Medicine at the University of Lincoln, on the Lincoln Medical School.

The first cohort of medical students began their studies at the Lincoln Medical School in September 2019.

Actions Required

To consider the information presented on the Lincoln Medical School.

1. First Year of Lincoln Medical School

The Lincoln Medical School, based at the University of Lincoln, is a joint venture between the Universities of Lincoln and Nottingham. In September 2019, the first cohort of students began:

- the five-year Bachelor of Medicine Bachelor of Surgery (BMBS) Medicine degree; and
- the six-year Foundation Year and Bachelor of Medicine Bachelor of Surgery (BMBS) Medicine degree.

2. Lincoln Medical School – New Building and Facilities

Lincoln Medical School students are currently being taught in existing university buildings. From 2021, the students at the Medical School will benefit from a new purpose-built medical school building in Lincoln.

On 26 September 2019, a 'turf cutting' ceremony took place involving the donors and charitable organisations supporting the new purpose-built Medical School building. The new building will comprise lecture theatres, laboratories, clinical and anatomy suites equipped with diagnostic tools and a dedicated science library. The building work is scheduled for completion in spring 2021 and once at full capacity it will provide training to around 400 medical students at any one time.

3. After Graduation with BMBS Degree

Following graduation with a BMBS degree, students can register with the General Medical Council and begin the two-year Foundation Programme ('F1' and 'F2'), which allows graduates to put into practice their learning in preparation for practising as a fully registered doctor in the UK.

Completion of F2 will lead to the award of a *Foundation Programme Certificate of Completion*, which indicates that a foundation doctor is ready to enter a core, specialty or general practice training programme, which can last from three years (for example, for a GP) to six or more years for many other specialties (such as trauma and orthopaedics; and emergency medicine).

4. Benefits of Medical School for Lincolnshire

For many years, the establishment of a local medical school at the University of Lincoln has been supported by the local community, as a means of raising the profile of Lincolnshire, as a place for medical professionals to live, work and develop their careers.

5. Other Health and Care Related Undergraduate Degree Courses at University of Lincoln

In addition to the BMBS degree, the University of Lincoln's School of Health and Social Care continues to provide a number of Bachelor of Science undergraduate degree courses, which support the training and development of health and care staff. These courses include:

- Midwifery
- Nursing (Registered Nurse – Adult)
- Nursing (Registered Nurse – Child)
- Nursing (Registered nurse - Mental Health)
- Paramedic Science

6. Conclusion

The Health Scrutiny Committee for Lincolnshire is requested to consider the information presented on the Lincoln Medical School.

7. Consultation

This is not a direct consultation item.

8. Background Papers

No background papers, as defined in Part VA of the Local Government Act 1972, were used in the preparation of this report.

This report was written by Professor Danny McLaughlin, the Associate Dean of Medicine, University of Lincoln

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Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 February 2020**
Subject:	**United Lincolnshire Hospitals NHS Trust - Children and Young Persons' Services Update**

Summary:

This paper is an update on previous paper presented to the Health Scrutiny Committee in July 2019. The report is in four parts:

Part 1: The Model
- **Introduction** to the interim paediatric service model in place at Pilgrim Hospital, Boston
- **Effectiveness** including admissions, length of stay, transfers, postcode analysis and readmissions
- **Safety** including the recent letter from CQC, incidents and the Risk Register
- **Workforce** issues and developments
- **Next Steps**

Part 2: Royal College of Paediatrics and Child Health Report
- **Recommendations**
- **Actions**

Part 3: Care Quality Commission Report
- **Findings** for Children's and Young People's Services
- **Update** on current position by domain

Part 4: Section 29A Warning Notice
- **Section 29A Notice**
- **Current position**

Actions Required:

To consider the information presented and be assured in relation to safety, progress and direction of travel.

PART 1 – THE INTERIM SERVICE MODEL

Introduction

The inpatient paediatric service at Pilgrim Hospital, Boston was suspended from August 2018 and replaced by an interim service model which included a Paediatric Assessment Unit (PAU).

At its core, the decision was made in response to concerns expressed by senior medical staff relating to an inability to recruit middle grade doctors at Pilgrim Hospital and therefore, difficulty in maintaining the three-tier rota to staff the ward and the neonatal units required for consultant-led obstetrics. This was compounded by Health Education East Midlands relocating trainees from Pilgrim Hospital to the Lincoln site, although trainees have been able to continue daytime work at Pilgrim Hospital Monday to Friday.

This interim service model was supported with an increased consultant presence (on-site until 10pm weekdays) and the provision of an on-site dedicated ambulance to transfer children (or pregnant women), with a second ambulance available as needed.

Alongside the switch to a PAU, it was agreed to only provide special care to babies of 34 weeks gestation or above.

The Royal College of Paediatrics and Child Health Report (RCPCH) undertook a review and was in support of a Paediatric Assessment Unit at Pilgrim Hospital, Boston as it would limit the impact of withdrawing inpatient beds on children, young people and their families.

The development and implementation of the interim service model was developed by a task and finish group involving health system partners and overseen by the Trust Board and a Health System Board chaired by the NHS Improvement Medical Director. Now the interim model is established and operating well, oversight has been passed from the System Improvement Board to the Trust and progress is reported to the Trust Board quarterly.

Effectiveness

Data is available on admission rates, length of stay, transfers, patient address (a postcode analysis) and readmission rates.

1. Admissions

The monthly admissions to both Lincoln County Hospital and Pilgrim Hospital have increased over the last two years. Between this time, Lincoln County Hospital has shown an increase from an average of approximately 310 to 340 admissions per month. The increase in Pilgrim is more marked, starting at an average of approximately 170 admissions and ending at 305 per month. Please refer to table in Appendix A.

2. Length of Stay

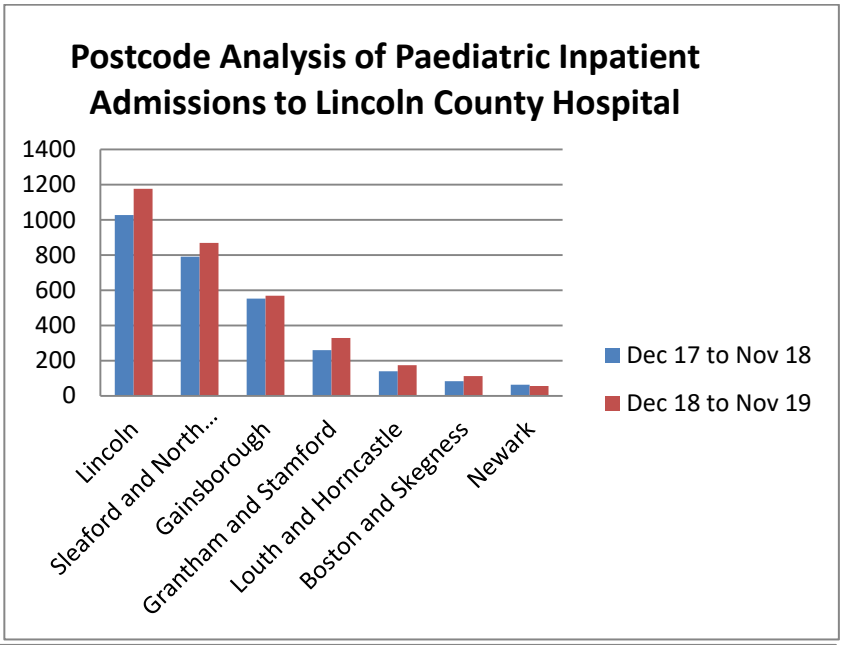
Lincoln has demonstrated a gradual increase in the average length of stay. The average length of stay at Pilgrim Hospital has significantly decreased. Please refer to table in Appendix A.

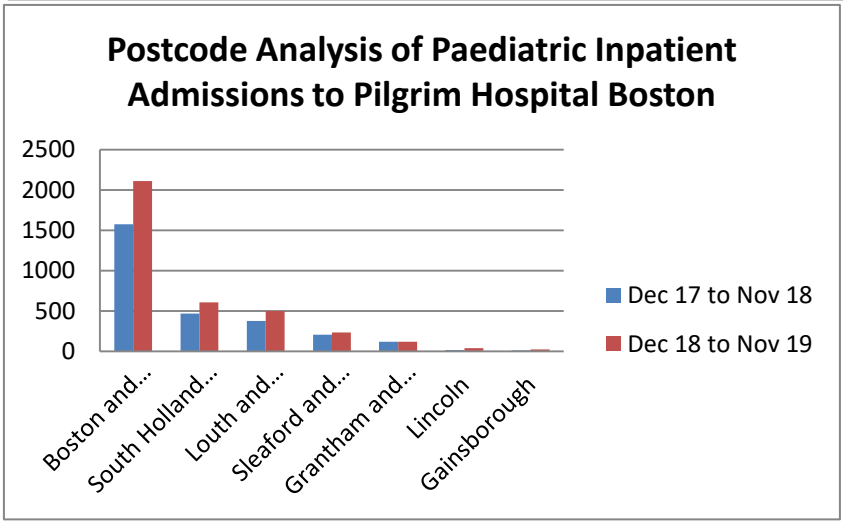
3. Transfers

The transfers to Pilgrim showed a noticeable spike following the introduction of the interim model. It has decreased since September 2019 but has shown considerable variation. Please refer to table in Appendix A.

4. Postcode Analysis

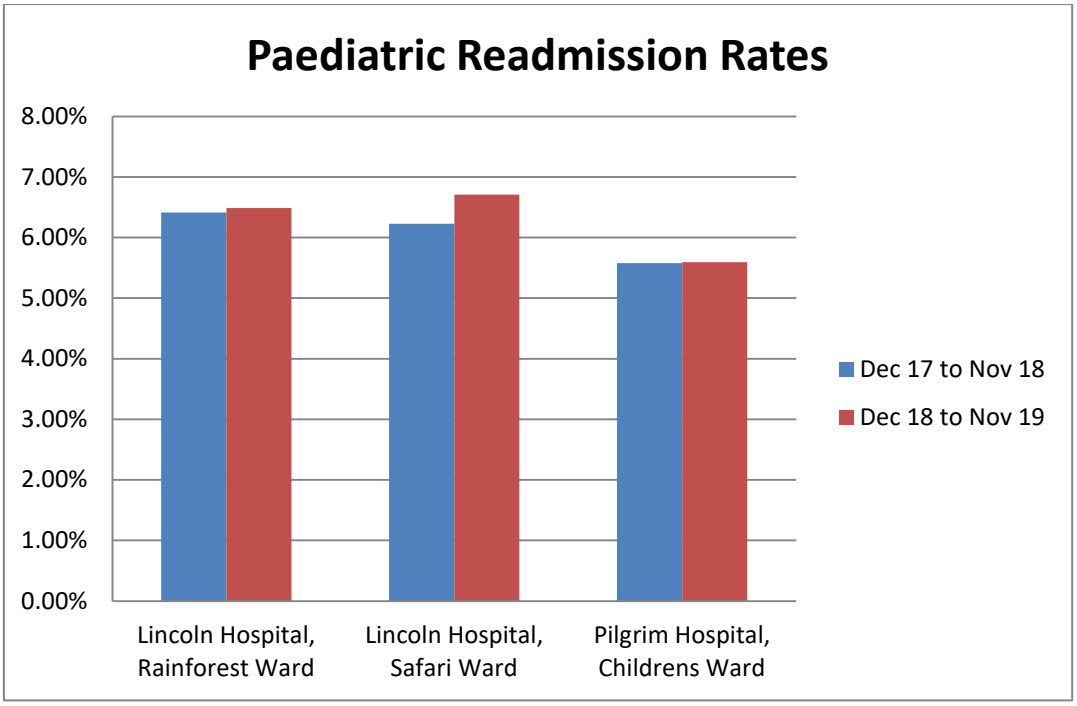
A postcode analysis was conducted on inpatient admissions to ULHT sites. The admissions to Lincoln County from patients with a Boston postcode have increased, but the increase is moderate and in line with increases from other postcodes.





5. Re-Admissions

Readmission rates have remained relatively consistent. Safari Ward has shown the most marked increase. This was also reflected in the July assurance paper.



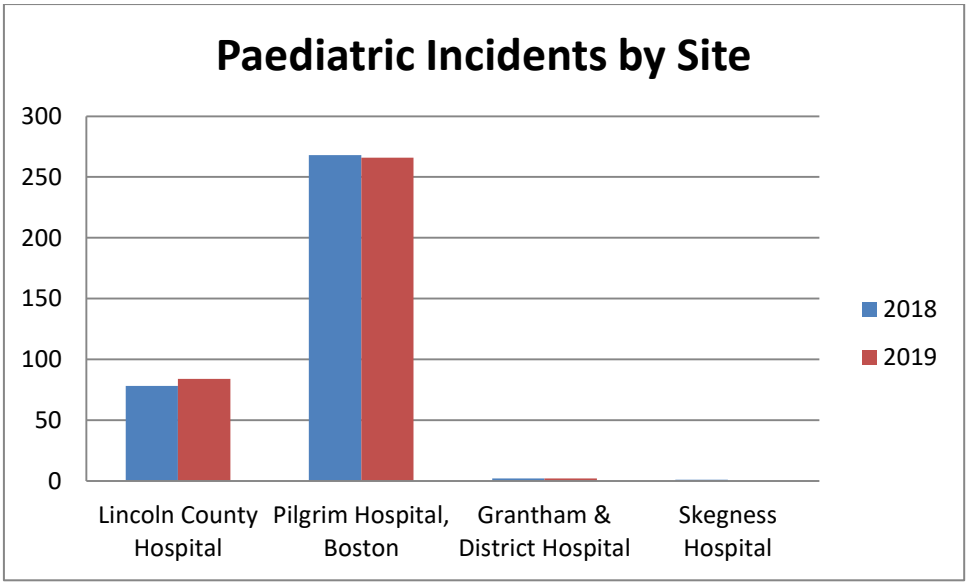
Safety

Safety is a key priority for Paediatrics and was highlighted in the section 29A improvement notice received from the Care Quality Commission (CQC). Data is available on incidents, serious incidents and the Risk Register:

1. Incidents

Incidents by Category	2018
Access, Appointment, Admission, Transfer, Discharge	124
Implementation of care or ongoing monitoring/review	81
Medication	35
Infrastructure or resources (staffing, facilities, environment)	26
Clinical assessment (investigations, images and lab tests)	17
Patient Information (records, documents, test results, scans)	13
Accident that may result in personal injury	10
Consent, Confidentiality, Data Protection or Communication	10
Treatment, procedure inc. Pressure Ulcers and Infection Control	10
Abusive, Assault, violent, disruptive or self-harming behaviour	8
Diagnosis, failed or delayed	7
Information Governance Incident	4
Medical device/equipment	3
Labour or Delivery	1

Incidents by Category	2019
Administrative Processes (Excluding Documentation)	184
Medication/Biologics/Fluids	45
Documentation	37
Diagnostic Processes/Procedures	26
Communication	17
Therapeutic Processes/Procedures	9
Behaviour	8
Medical Devices, Equipment, Supplies	6
Neonatal/Perinatal Care	5
Patient Accidents/Falls	5
Injury of unknown origin	4
Personal Property/Data/Information	4
Infection Control Incident (Healthcare Associated Infection)	1
Maternity Care	1



It is important to note that the high number of incidents at Pilgrim Hospital reflects the fact that staff have been asked to record an IR1 when length of stay on the PAU exceeds 12 hours.

2. Serious Incidents

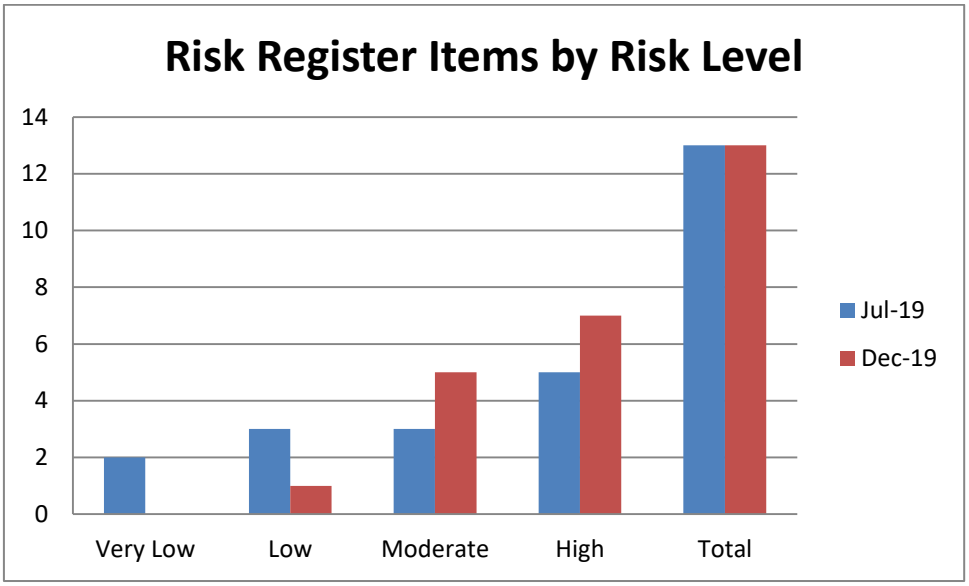
There have been three serious incidents during the last two years. All took place on Rainforest Ward. All have now been closed as of 2 January 2020

Date Reported	Location (Exact)	Incident Category	Primary Contributing Factor	Never Event?	Severity	Closed Date
14/11/18	Rainforest Ward	Diagnostic Processes / Procedures	Investigation delayed	No	3 - Moderate Harm	02/01/20

Date Reported	Location (Exact)	Incident Category	Primary Contributing Factor	Never Event?	Severity	Closed Date
02/07/19	Rainforest Ward	Diagnostic Processes / Procedures	Other diagnostic incident	No	2 - Low Harm	27/11/19
17/04/18	Rainforest Ward	Communication	Omission of important facts	No	4 - Severe Harm	09/10/19

3. Risk Register

There are currently thirteen items on the risk register. This is the same number as when reported in July, but the risk profile has changed.



Title	Risk Level (Current)
Confidentiality & integrity of personal information (Children & Young Persons CBU)	Low risk
Availability of essential information (Children & Young Persons CBU)	Moderate risk
Delayed patient discharge or transfer of care (Children & Young Persons CBU)	Moderate risk
Availability of essential equipment & supplies (Children & Young Persons CBU)	Moderate risk
Quality of patient experience (Children & Young Persons CBU)	Moderate risk
Compliance with regulations & standards (Children & Young Persons CBU)	Moderate risk
Sustainable paediatric services at Pilgrim Hospital, Boston (Children & YP CBU)	High risk
Safety & effectiveness of patient care (Children & Young Persons CBU)	High risk
Health, safety & security of staff, patients and visitors (Children & Young Persons CBU)	High risk
Exceeding annual budget (Children & Young Persons CBU)	High risk
Delayed patient diagnosis or treatment (Children & Young Persons CBU)	High risk
Access to essential areas of the estate (Children & Young Persons CBU)	High risk
Workforce capacity & capability (Children & Young Persons CBU)	High risk

Workforce

The workforce issues and plans mainly focus on nursing and medical recruitment. Progress in this area is noted since the July assurance report. As a summary:

- Considerable progress has been made in relation to recruiting to the middle grade tier. Pilgrim Hospital now has a sustainable service on par with Lincoln.
- Two middle grades still need to demonstrate Tier II competence. This is expected shortly.
- A Consultant post has been filled on a twelve-month fixed term contract.
- Culture is the next focus for development of the medical workforce.
- The nursing position has improved.

Nurse Recruitment

Notable changes include:

- The Lead Nurse for Children's Transformation has been appointed within the Trust. This post will oversee the 'Hidden Child' agenda from October 2019. At time of writing, the division has not been able to recruit to the Lead Nurse for Children post.
- The Trust's senior HR team have worked with the service and a specialist recruitment company to launch a specialised national recruitment campaign. The aim of this campaign is to attract registered children's nurses to Lincolnshire. This went live during early October 2019.
- Internally, staff have now commenced two-year undergraduate level High Dependency Unit (HDU) modules. Additional nursing qualifications have been compiled and a request made for three years' funding through Learning Beyond Registration.
- The University of Lincoln have now commenced a degree programme for Children's Nursing. This began in September 2019 and will have significant positive benefits for ULHT from 2022.
- Discussions have been arranged to develop the specialist nursing roles across the service, to include advanced nurse practitioners.

Staffing breakdown:

Staffing	**Ward**			
	Rainforest		**4a**	
	Establishment	**Actual**	**Establishment**	**Actual**
Registered	32.05	19.67	32.84	20.21
Unregistered	11.13	11.4	13.16	12.2

NOTE: Agency and bank are used to maintain safe staffing. Ward 4a establishment remains at level for an in-patient ward as current model is "interim" in nature.

Medical Recruitment

Notable changes include:

- The medical staffing position has significantly improved during the last six months. This is reflected at both consultant and SAS [Staff grade, Associate specialist and Specialty doctors] level. A refreshed and tailored recruitment campaign will result in a full complement of substantive Consultant staff at Lincoln and a gap of no more than one substantive consultant post by the date of February's Health Scrutiny Committee.
- The gaps amongst middle grade doctors have largely been addressed and the posts are now filled. The service has a full complement of staff. The focus will now be on overseeing the development of training to enable staff to gain accreditation which will enable them to participate with the senior Tier II rota.
- The Trust plans to explore this much improved position with Health Education East Midlands (HEEM), with the aim of reconfiguring how medics are allocated to Pilgrim and Lincoln.
- The focus is now on appointment of a clinical lead for paediatrics. This will complement the clinical lead for neonates.

Staffing breakdown:

Paediatrics - Current Medical Workforce Position at 27/01/2020					
Grade	**Site**	**Funded Establish-ment**	**In Post**	**Agency Locum Cover**	**Recruitment Plan**
Consultant	Lincoln	8	7	1	AAC booked for 17/04/20. Trust locum offered post at Pilgrim Hospital.
	Pilgrim	8	5	2	
Non-training Middle Grades	Lincoln	5	2	3	Named doctor starts 27/1/2020, will need competencies to move to tier 2. Specialist doctor post advertised. Recruitment agency trying to source international recruits.
	Pilgrim	6	8*	2	*5 currently cover Tier 1 rota until accredited for Tier 2 duties. 1 moves Feb 2020, 1 moves March 2020. 3 applying for training posts from August.
Training Middle Grades (ST4 and above)	Lincoln	8	5	3	All trainees currently based at Lincoln. 2 travel to cover PAU at Pilgrim weekdays (short and long day shifts) on a rota basis.
	Pilgrim	0	0	0	

Paediatrics - Current Medical Workforce Position at 27/01/2020					
Grade	**Site**	**Funded Establish-ment**	**In Post**	**Agency Locum Cover**	**Recruitment Plan**
Trainees - ST1 / GPVTS / F2	Lincoln	16	16	0	
Non Trainees - ST1 / F2	Pilgrim	3	2	0	MTI [Medical Training Initiative] starts March 2020 (6 months tier 1, then tier 2) *5 non-training Middle grades above work on this rota currently

Next Steps

The interim service model is now mature enough to be incorporated into a larger children's programme of work. This will ensure it develops as part of an integrated service for children that will serve the whole population of Lincolnshire. Planned developments will be brought to Trust Board in February 2020.

Simon Hallion and Dr Suganthi Joachim have initiated talks with Health Education East Midlands (HEEM) to bring the trainees back to Pilgrim Hospital. The first meeting with HEEM was on 23 January 2020. A proposal will be sent on 14 February 2020.

The current planned actions include:

1. Continued consultation with service users, including ULHT's regular paediatric listening events. Trust successful in application to join the Sweeny Project to progress best practice in engagement of C&YP (delivered by national charity in collaboration with Alder Hey).
2. Working with hospital staff to ensure that the PAU models are described and opportunities for further developments are identified.
3. Recruitment initiatives as described above.
4. Review the dedicated ambulance model to ensure it is aligned to service need.
5. Continue to develop pathways between the Emergency Departments and Paediatric hospital services.
6. Work with system partners to deliver the opportunities within the Lincolnshire Children and Young Persons' Strategy for:
    - Hospital admission avoidance.
    - Local delivery of care.
    - Earlier discharge schemes.
7. Discussion with HEEM to understand what actions are required to fully return training grade doctors to Pilgrim Hospital.

PART 2 – ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REPORT

The Trust invited the Royal College of Paediatrics and Child Health (RCPCH) to conduct a review into paediatric services at ULHT. A number of recommendations were given when the report was published in October 2018. A full breakdown of actions is included as Appendix B. All recommendations have been either completed or closed.

PART 3 – CARE QUALITY COMMISSION

The CQC report highlighted issues which need to be addressed. Overall, Lincoln received a rating of 'Requires Improvement' and Pilgrim received a rating of 'Inadequate'.

Site	Safe	Effective	Caring	Responsive	Well-led	Overall
Lincoln	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Pilgrim	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Domain 1 – Safe

The safety domain has been split into four work-streams:

1. Medical Staffing.
2. Nurse staffing.
3. Neonatal
4. Children's

Medical Staffing

Progress on medical recruitment is set out in Part 1 of this report and includes:

- Successful recruitment initiatives which has increased the number of Consultants in post.
- Meetings are being arranged with HEEM to explore returning trainees to Pilgrim.
- An externally facilitated event on clinical leadership has taken place with the consultant team.
- Job plans have been completed.
- A lead for audit and governance is now in place.
- The division is pursuing a fixed term appointment arising from recent a AAC.
- Despite efforts, the clinical lead for paediatrics post remains unfilled.

Nurse Staffing

Progress includes:

- The recruitment and retention plan is in place and progressing.
- An acuity and dependency audit has been conducted and used alongside the activity for under two-year olds. Establishments have been reviewed for both areas, with an uplift required for Rainforest Ward due to the HDU and the move to 24 beds.
- A letter to offer additional hours to part-time nurses has been sent. This offer has been taken up in some cases.
- The trainee nursing associate role is being explored.
- A domestic recruitment campaign is in progress.
- A rotational post between Urgent Care and Children and Young People (CYP) is being developed and advertised.
- The matron for Acute CYP Services commenced with Trust.
- The Lead Nurse for CYP Transformation is now in post.
- The Division continues to have a reliance on agency, but the supply is limited.
- A trajectory and plan is in place to reach 75% Qualified in Specialty (QIS) neonatal nurses by July 2020.

Staffing	**Ward**			
	Rainforest		**4a**	
	Establishment	**Actual**	**Establishment**	**Actual**
Registered	31.05	17.9	31.84	20.01
Unregistered	10.13	10.4	10.98	12.2
Ratio (R:U)	75:25	63/37	74/26	62/38

Neonatal

Progress includes:

- A reduction of babies admitted to neonatal services.
- Avoidable term admissions in the neonatal unit reviews are taking place.
- Five improvement plans are in place and being monitored through governance and LMNS.
- A deep dive of the risk register has been completed and approved to ensure accuracy.
- Neonatal safety champions have been identified at service level. Maternity board level safety champion is now in place.

Children's

Progress includes:

- A deep dive of the risk register has been completed and approved to ensure accuracy.

- A review of the Ward 4A Pilgrim model has been conducted. Proposals have been drafted for internal discussion and approval.
- Work has commenced to describe a revised PAU model for Lincoln County.
- Overall training compliance for Child Health is now 91%. Further improvement is required for Safeguarding.
- The matron compliance tool is now in place. Metrics for IPC, appraisals and core learning are improving.
- Monthly IPC compliance rounds are ongoing. This is conducted by the matron and a representative from Facilities.

Domain 2 – Effective

The effectiveness domain has been split into two work-streams:

1. Neonatal.
2. Children's.

Neonatal

Progress includes:

- An improvement in the number of in-date guidelines can be demonstrated. The current figure is 89% with more awaiting approval.
- Terms of Reference and agendas for governance meetings have been revised and are in place.
- The neonatal dashboard has been introduced and shared across the network.
- Site visits to other trusts have taken place, with the aim of learning from governance processes.
- NNAP key performance Indicators have improved.
- Learning bulletins are now in place.

Children's

Progress includes:

- The Terms of Reference for the Trust's Children and Young People Oversight Meeting has been revised and re-launched by the Executive Chair.
- The quality dashboard is now in place.
- A process of ward accreditation is in development.
- An audit plan is now in place.
- The mortality and morbidity process for family health has been developed and is awaiting approval.
- Learning bulletins are now in place.

Domain 3 – Caring

The caring domain is not a current focus for the Division due to the rating of 'Good' within this domain.

Domain 4 – Responsive

The responsiveness domain has been split into two workstreams:

1. Neonatal.
2. Children's.

Neonatal

- The Neonatal Voices Partnership is now in place with the aim of ensuring the views of families are heard. There is national recognition for this endeavour.
- The Family Integrated Care Improvement Plan is now in place.
- There has been progress in meeting the BLISS charter.
- Network funding has been secured for FIC nurse to assist with the programme of improvement.

Children's

- Lincolnshire's CYP Strategy – Work Programme is currently being drafted.
- The integrated Health, Social Care and Education CYP Transformation Board is now in place for Lincolnshire.
- Surgical Pathways Improvement Groups are now in place, reviewing pre-operative processes and surgical pathways.
- System working is being investigating, with the aim of transforming the Behavioural Conditions pathway in the community.
- The 'Hearing the Voice of the Child' project is underway.

Domain 5 – Well-Led

The well-led domain has been split into two workstreams:

1. Neonatal.
2. Children's.

Neonatal:

- The new Clinical Lead is now in post.
- The new Governance Lead is now in post.
- Staff Development programmes are being developed.
- Governance processes are being reviewed.

Children's:

- Two senior nurses have completed the NHS Improvement's QSIR Programme.
- One trainee ANP is now in place.
- The new Clinical Lead is now in post.
- The new Governance Lead is now in post.
- There is now a governance training arrangement for the medical workforce.
- Governance processes are being reviewed.
- Improvement oversight meetings are in place with the aim of driving pace.
- Considerable staff engagement activities have already been undertaken.
- Efforts are being made to foster improved relationships with wider stakeholders.

Enablers

Four factors are needed to achieve complete success of all requirements:

1. Project management infrastructure. Options are currently being explored.
2. HEEM support to fund children's nurse conversion courses. This will provide a shorter supply pipeline which will in turn reduce agency expenditure.
3. Capital investment into facilities.
4. Continued recruitment initiatives.

Summary

Significant improvement has been demonstrated since the last CQC inspection. The need for further improvement is acknowledged. The divisional leadership team is confident in an improved CQC rating at the next inspection.

PART 4 – SECTION 29A WARNING NOTICE

On 2 July 2019, the Trust was issued with a Section 29A Warning Notice by CQC. Of the warning actions identified by the CQC, three remain outstanding. Details on the actions are set out in Appendix C to this report.

CONCLUSION

The Health Scrutiny Committee is requested to consider the information presented on the children and young people services provided by United Lincolnshire Hospitals NHS Trust.

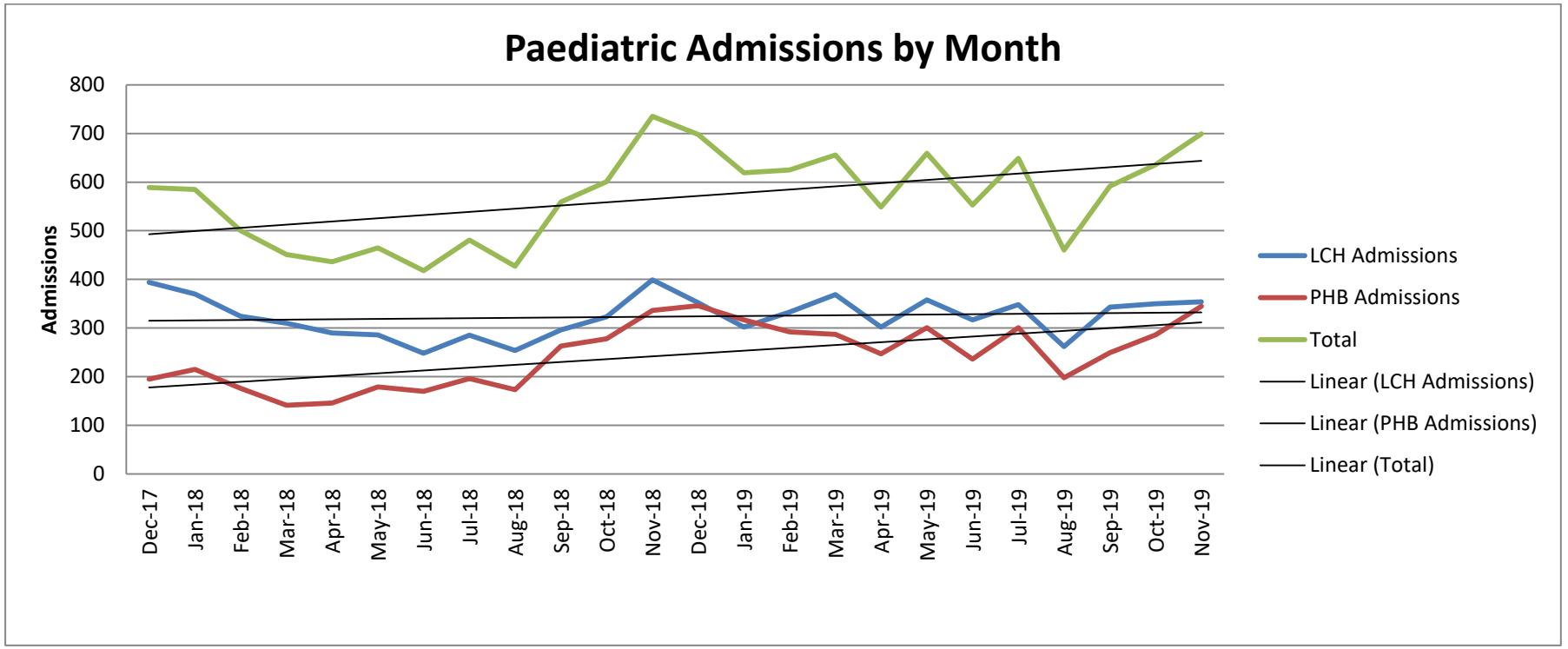
CONSULTATION

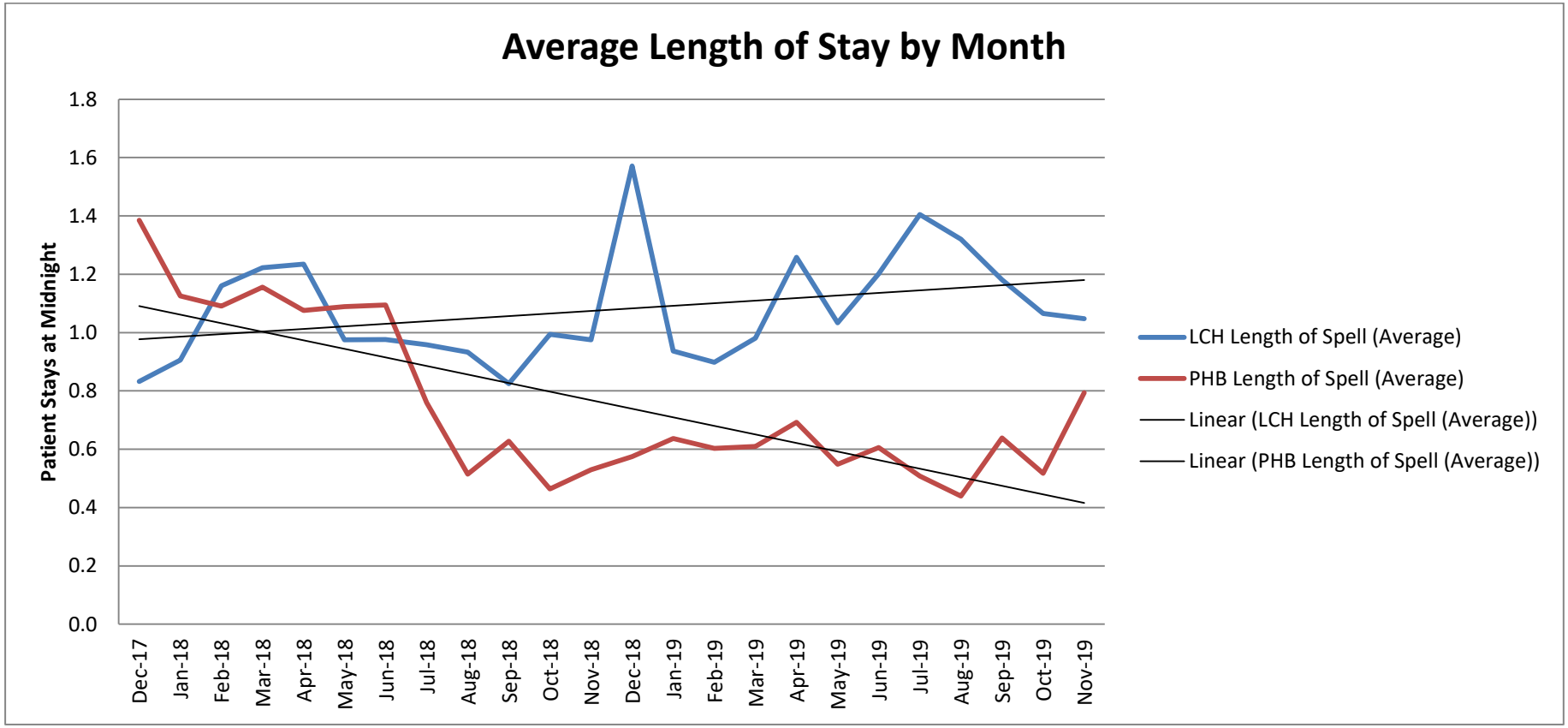
This is not a direct consultation item. The change in service since August 2018 is an interim model. Children and Young People Services are one of the eight elements in the Lincolnshire Acute Services Review, which will be subject to full public consultation.

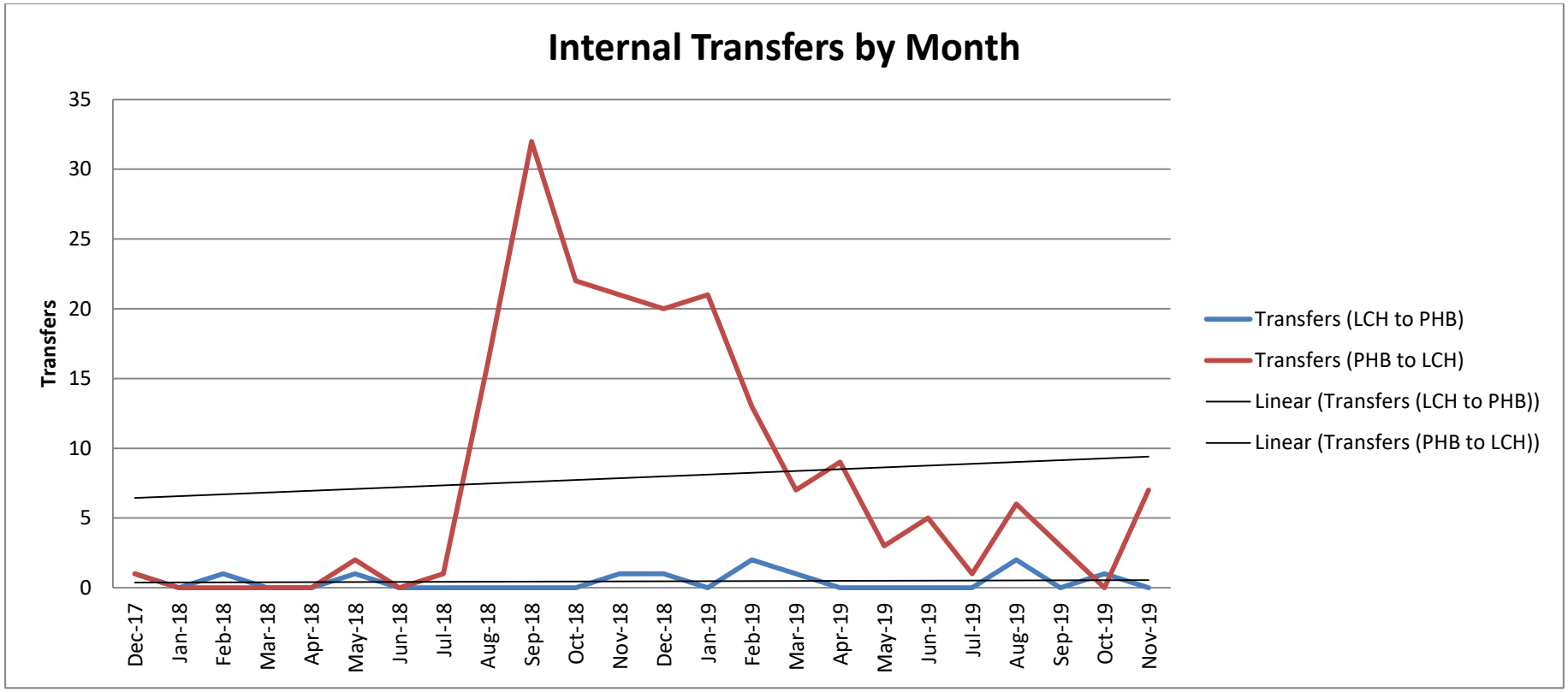
APPENDICES – these are listed below and attached to this report.

Appendix A	Tables (Referred to in Part 1 of this report): • Paediatric Admissions by Month • Average Length of Stay by Month • Internal Transfers
Appendix B	Royal College of Paediatrics and Child Health Report (October 2018) – Progress and Evidence in Relation to Recommendations
Appendix C	Part 4 – Section 29A Warning Notice – Actions in Response to Warning Notice

APPENDIX A


Paediatric Admissions by Month
Admissions
800
700
600
500
400
300
200
100
0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
LCH Admissions
PHB Admissions
Total
Linear (LCH Admissions)
Linear (PHB Admissions)
Linear (Total)


Average Length of Stay by Month
Patient Stays at Midnight
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0.0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
LCH Length of Spell (Average)
PHB Length of Spell (Average)
Linear (LCH Length of Spell (Average))
Linear (PHB Length of Spell (Average))


Internal Transfers by Month
Transfers
35
30
25
20
15
10
5
0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Transfers (LCH to PHB)
Transfers (PHB to LCH)
Linear (Transfers (LCH to PHB))
Linear (Transfers (PHB to LCH))

APPENDIX B

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH REPORT

All 24 recommendations from the Royal College of Paediatrics and Child Health report (October 2018) have been either completed or closed. Details are set out below:

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
1	Identify an experienced Project Manager/Clinical Director to continue to work with the Clinical Leaders to lead and shape the vision and drive implementation and innovation for the maternity and paediatric teams going forward	To secure project director	Complete	Experienced Project Director appointed 22.10.18 with extensive programme management and paediatric experience. Children and Young Persons Lead Nurse for transition in place October 2019 to continue improvement.		COMPLETE
2	Develop a model and plan for a 'low acuity' overnight service at Pilgrim through development of hybrid Tier 2 working and explore with the medical and nursing teams a migration towards this arrangement	To implement interim model	Complete	New Paediatric Assessment Unit was implemented in August 2018 and monitored using patient experience, adverse event and operational data. First Advanced Practice Nurse Prescriber in training through Sheffield. Further training requirements submitted.	Children and Young Persons Paediatric Assessment Unit Standard Operating Procedure Training contact	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
		To develop Advanced Practice Nurse Prescriber workforce		Job Planning completed to ensure alignment with the new Paediatric Assessment Unit Model. Six months review of Paediatric Assessment Unit completed and presented to Quality Governance Committee.	Job Plans Paper	COMPLETE
		To ensure job plans are aligned to new working hours of the Paediatric Assessment Units To evaluated the Paediatric Assessment Unit		New Triumvirate team working with Clinical team given that some children stay longer than 12 hours for stabilisation or for safeguarding issues. Proposal paper for phase 2 planned to be submitted for January Quality Governance Committee. Proposal is for an assessment function, short stay and a facility to support stabilisation/ safeguarding.	Minutes of Quality Governance Committee Meeting – June/July 2019 Meeting notes	COMPLETE
3	Appoint a 'Project Board' from stakeholders or use the Clinical Services Transformation Board to monitor progress with the vision and plan and provide external scrutiny	To develop governance process to provide oversight	Complete	Weekly Task & Finish in place to develop interim model and support implementation. Project plans in place and upwardly reports to the Lincolnshire Children and Young People Transformation Programme Board.	Action Logs Project Plans	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
				Fortnightly meeting recently convened to progress phase 2 of Pilgrim Paediatric Assessment Unit and update model on Lincoln County Hospital site to ensure consistency. Trust Children and Young People oversight Committee in place. Quarterly progress reports drafted for Quality Governance Committee.	Minutes, agendas Reports	
4	Actively promote a positive vision backed with a robust communications plan that drives forward change and develops confidence and commitment to a whole-county solution that embeds a sustainable service at Pilgrim	To develop a pro-active, honest and transparent relationship with stakeholders	Complete	Communication Strategy for implementation of interim model developed and delivered. Public Engagement Events Facilitated Healthy Conversation discussions held throughout Lincolnshire Regular meetings with SOS Pilgrim held	Communication Plan Events Meeting correspondence	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
				Stakeholder in developing Lincolnshire's Children and Young People Strategy Improved relationships with other stakeholders and commissioners through the Children and Young People Transformation Board, Women's and Children's Board	Strategy Minutes of meeting	COMPLETE
5	Introduce a monitoring and outcome analysis process to review admissions transfers and outcomes to demonstrate the model is working safely at the current time and through transition to new ways of working	To ensure data captures operational delivery	Complete	Daily monitoring has been put in place. Information Services developed performance reports DATIX submitted for cases over twelve hours and then cases outside of criteria	Performance Reports	COMPLETE
6	Adopt the RCPCH standards for Paediatric Assessment Units at both sites as an approach to managing ambulatory patients not requiring long term stays, with pathways of care and standard operating procedures that focus on discharge and decision making in the Emergency Department	To ensure consistent assessment and ambulatory pathways in place across the two sites	Closed as included in Ambulatory and Assessment Improvement Plan	Baseline assessment undertaken by new triumvirate. Clinical Engagement activities undertaken by new Triumvirate including external training for consultant workforce Letter written to all staff regarding children who require observation longer than twelve hours	SIB presentation Meetings	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
	and Paediatric Assessment Unit and monitor length of stay and outcomes			Paediatric Assessment Unit model meetings – fortnightly convened to progress now clinical engagement achieved. Lincolnshire Community Health staff engaged with transformation Ambulatory and Assessment Plan now in place so this action transfers to that plan and can be closed	Ambulatory and Assessment Plan	COMPLETE
7	Continue to support and audit use of the dedicated ambulance vehicle for safe transport of sick children and maternity patents who require transfer from Pilgrim	To ensure that there is provision of safe inter site transfer arrangements	Complete	Contract in place and monitored weekly. Contract extended after an initial 6 months following a tender process Ambulance provision reduced based on demand	Contract QIA	COMPLETE
8	Actively involve local user groups as well as children young people, parents and those from minority communities to “change the narrative” and improve engagement with the Public, including development of written, web based and social media resources.	To ensure good working relationships with the local population	Complete	See above progress regarding stakeholder management	Recruitment	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
9	Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach	To improve staffing levels working towards achieving national standards	Closed as nurse recruitment is being progressed through Workforce improvement Plan	Medical recruitment campaign developed including overseas recruitment Latest position is that Lincoln County Hospital has full complement of consultants. Improved position at Pilgrim Hospital Boston with 6/8 posts filled with a further post being offered. Improved middle grade rota Health Education East Midlands requested to review trainee doctors at Pilgrim given the improved medical staffing Recruitment and Retention plan for Registered Sick Children's Nurse in place and progressing. Limited success with Trust's domestic campaign. Rotational post between children's ward and Emergency Department being progressed	Job Plans Rotas Letter and meeting Recruitment and Retention Plan Job Description Emails	COMPLETE
10	Focus on retention and development of existing staff through genuine involvement and listening and acting on their concerns	To improve staff engagement	Closed as included in on-going workforce improvement plan	Linked to action 9. Attendance at Consultant Meetings Increased response rate in staff survey Staff Engagement activities undertaken by triumvirate External Training for Consultant Team	Meetings Emails Newsletter Open forums Twitter Programme	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
11	Recruit a Head of Nursing/ADN with experience of developing and modernising nursing services, to develop the children's nursing service at ULHT to meet the needs of children across Lincolnshire	To provide senior leadership	Closed as monitored through FH Cabinet	Children's Lead Nurse recruited to by organisation on a year's secondment to focus on improvement. External Children and Young People Head of Nursing seconded for months to assist with Emergency Department Health Education East Midlands clinical fellows assisting with staff's competencies in caring for children in Emergency Department Liaised with national Children and Young People lead regarding potential candidates – difficult role to recruit to due to shortage of appropriate experienced staff, location of Trust and challenges the Trust faces Funding for Children and Young People Lead Nurse – substantive out to advert twice and not recruited to. 1 year fixed term Lead Nurse for Children and Young People Transformation now in post with the role being shortly advertised. An additional Matron in the in the service which has been recruited to.	Job Description Adverts Interviews Workplans Presentation of work undertaken Emails Budgets	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
12	Strengthen paediatric nursing competencies in Emergency Department and neonatal life support through advanced nursing roles to improve patient care and reduce the demand for medical intervention	To ensure appropriately trained staff care	Closed as included in workforce improvement plan	Plan in place to support Emergency Department. Oversight and 90 minute whiteboard rounds from the ward to be carried out offering advice and guidance. Additional 6 agency nurses requested (2 found). AQPs are also under review to support Emergency Department. Health Education East Midlands fellow in place providing training to staff in Emergency Department Paediatric Observation Priority Score Triage training implemented for all staff in Emergency Department and on Ward 4A Rotation posts between Rainforest and Emergency Department currently being recruited to Proposal paper for a trust-wide clinical education team being formulated Trainee Nursing Associate for Children and Young People competencies drafted Actions included in the Workforce plan as part of business as usual First Advanced Practice Nurse Prescriber in training	Engagement Event programme	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
13	Develop a strategy for children's community nursing to reduce hospital attendance and increase engagement with the NHS through: • Expanding the Children's Community Nursing Team • Enabling a seven-day service across the county • Enable early discharge from the Emergency Department and Paediatric Assessment Units. • Review referral process to enable direct GP access to community nursing • Consider recruiting specialist nurses for long term health disorders such as asthma and epilepsy to support the medical team and promote self-management of conditions from an early age.	To provide strategic direction through the development of a Lincolnshire Children and People Strategy	Closed	Strategy engagement event held November 2018 User engagement events undertaken by STP team Draft Strategy written and circulated for comments Agreement to modify the draft strategy to be system wide (health, education and social care) First strategic priority is to reduce hospital attendances Suggestion improvements included in the Strategy workplan Progression of the Strategy implementation monitored through the System Children and Young People Transformation Programme Board	Healthwatch report Women's & Children commissioners and providers meeting minutes Strategy Budget	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
14	Consider recruiting specialist nurses for long term health disorders such as asthma and epilepsy to support the medical team and promote self-management of conditions from an early age.	To ensure Children and Young People receive the correct support to manage their Long Term Condition	Closed as included in the Home First improvement plan which also focuses on clinical pathways	Funding in budget for a respiratory nurse Best practice for diabetes progressing Long Term Condition in Children a key work-stream in the Lincolnshire Strategy Will be Included in the Home First Improvement plan	Twinkle business case Strategy Improvement Plan	COMPLETE
15	Ensure the practice development nurse role is clear to promote an effective impact on recruitment and retention of nurses and good working relationships between the clinical areas and the university.	To ensure staff receive appropriate development which in turn promotes retention	Complete	Clinical educators now in post on both wards Working collaboratively across sites and currently developing an education plan Proposal paper for Children and Young People Clinical education team currently being developed These actions are part of the workforce improvement plan for continued quality improvement		COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
16	Develop nurse led clinics to manage children attending the ward following discharge and to support medical colleagues in managing children with long term conditions	To create nurse led services in Children and Young People services	Closed	Not progressed currently due to the nurse vacancy rates but moving forward will be included in the Ambulatory and Assessment Improvement Plan		COMPLETE
17	Continue to support MTI recruitment for a steady supply of Tier 2 paediatricians. (5.4.12) Expedite changes to the approach to recruitment including a refreshed and dynamic marketing approach	To recruit to middle grade rotas	Complete	Recruitment undertaken Fully established rota	Rota	COMPLETE
18	Explore the benefits of developing advanced practice children's nurses and review how these operate in other services, with a view to establishing the role at both sites to support the medical rotas.	To scope the role of the Advanced Practice Nurse Prescriber in the Children and Young People service	Closed	1 nurse in training Visit to Northumbria Special Care Baby Unit undertaken Included in the Lincolnshire Children and Young People Strategy	Job description and rota Strategy	COMPLETE
19	Conduct an audit review of the quality and implications of the locum provision including incident analysis and risk assessment.	Undertake audit	Complete	Methodology to be agreed at Task & Finish 31.12.18. Audit report completed 31.01.19. Findings fed back		COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
20	Work closely with Health Education East Midlands to Increase the profile for training and compliance with requirements to enable continuing rotation of Tier 1 doctors through Pilgrim		Complete	Arrangements in place to support trainees to travel to Pilgrim within work hours. Not working unsupervised Not working unsocial hours at Pilgrim		COMPLETE
21	Rethink the 'offer' for trainees, increase the profile of training through websites and promotional materials to attract more trainees to Lincolnshire's hospitals		Complete	Increased supply of trainees Meeting scheduled with Health Education East Midlands regarding return to Pilgrim		COMPLETE
22	A focus on Quality Improvement, including working differently, learning from findings and shared whole-team goals should be implemented as soon as possible	To ensure staff have the appropriate knowledge and skills to lead quality improvement	Complete	Continuous Quality Improvement part of the Paediatric Assessment Unit design Improvement plans in place Leading Change for Consultants training undertaken Members of Children and Young People staff on Quality, Service Improvement and Redesign training – all undertaking improvement projects Governance arrangement strengthened as per the section 29A notice improvement work	Task and finish group action points QS05 plan Training programme	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
				Fortnightly meeting to lead service improvement regarding ambulatory and assessment models in place Dashboards in place to monitor quality Ward accreditation being developed as part of the Continuous Quality Improvement Programme	Quality, Service Improvement and Redesign training programme and attendance	COMPLETE
23	Work with the CCGs to reconsider the future of Pilgrim and opportunities to expand rather than contract the service within the STP.	To develop system wide Children and Young People services	Complete	Children and Young People Strategy developed Clinical Senate review of Acute Services Review options completed Acute Services Review progressing Involved in the Healthy Conversation events Stakeholder in the System STP Children and Young People Transformation Board Stakeholder in the redesign of the behavioural conditions pathway STP/CCG representative on the Trust's Children and Young People oversight meeting	Strategy Acute Services Review and Clinical senate papers Acute Services Review papers Events Minutes of meeting	COMPLETE

No	Recommendation	Action	Timescale	Progress	Evidence	RAG
24	Retain and develop a day surgery service at the Pilgrim site with a catchment across the Trust’s footprint.	To ensure accessible services	Closed	4 day case beds on Ward 4A. Day Case lists three times a week. Additional Registered Sick Children's Nurse on shift to care for Children.	Theatre lists	COMPLETE

APPENDIX C

Part 4 – Section 29A Warning Notice

No.	Objective	Action	Lead	Timescale	Progress	RAG
1	Key patient safety issues are addressed and the quality of care is monitored and improved through effective governance processes within Neonates and Paediatrics.	– Write terms of reference, standardise agenda to include review of incidents/investigations. – Develop neonatal quality improvement.	Penny Snowden	Complete	– Terms of Reference for Children and Young People and Neonatal Speciality Governance approved. – Standard Agenda for Children and Young People and Neonates drafted and piloted from September 2019. New governance process from April 2020 so will require further update. – Dashboard for Neonates developed and implemented from September 2019. – NNAP data included in August Neonatal Speciality Governance. – Outlier report from 2018 data written and presented at Quality, Safety & Oversight Group Nov 2019. – Paediatric Dashboard developed and going to governance from November 2019. – Organisation Children and Young People Oversight Group Terms of Reference written and approved in September. Inaugural meeting held in September (see minutes & agenda). – Lincolnshire Children and Young People Transformation Programme Board in Place (See minutes & agenda). – Lincolnshire Commissioners Children and Young People meeting in place (See minutes & agenda). – Five neonatal improvement plans developed including workforce, safety, term admissions, patient experience and cot configuration	COMPLETE

No.	Objective	Action	Lead	Timescale	Progress	RAG
		Identify staff to support the admin process	Bev Bolton	Complete	– Minute taker for Children and Young People and Neonates identified	
		Provide training to staff to enable effective chairing of meetings, minute taking etc	Jacky Lloyd / Simon Hallion	Sep-19	– TOM support to the chairs HR& Organisational Development contacted to request bespoke training package in effective chairing meetings and minute taking. – No internal offer at United Lincolnshire Hospitals NHS Trust – HRBP raising issues internally. – Minute crib sheet in place. – Neonatal team have visited peers at other hospitals to learn lessons (Northampton and Sherwood Forest) – learning feedback at Governance.	MAJOR RISKS
		Provide adequate VC facilities to enable effective meetings	IT	Complete	– New video-conferencing facilities currently being replaced across the Trust. – Rooms booked for Children and Young People governance all have video-conference facilities. Video-conference facilities included in the terms of reference of the meetings. – Terms of reference also request that chairs alternate sites.	COMPLETE

No.	Objective	Action	Lead	Timescale	Progress	RAG
2	Have robust audit systems in place to monitor, review and improve services by developing an effective clinical audit programme.	Identify a clinical audit lead.	Suganthi Joachim	Complete	– Audit Lead for Children and Young People and Neonates confirmed and included in Job Plan	COMPLETE
		Develop annual clinical audit plan.	Sharon Sinha	Complete	– Audit Plan developed. – No interest in audit nurse for Children and Young People, so temporary resources allocated. – Audit meetings now in place on both sites.	COMPLETE
3	Have robust audit systems in place to monitor, review and improve services by effective, shared learning following investigation and audit to prevent future incidents.	Develop process to ensure action plans following investigation link with audit programme, eg NEWS Audit	Sharon Sinha	Complete	– Trust policy in place that outlines procedure for Clinical Audit. – Audit included in governance reports (Neonates) March 2020. – Thematic review of serious incidents and audits required to inform next year's projects.	COMPLETE
4	Risk Register accurately reflects risks.	Undertake deep dive on risk register and ensure it accurately reflects all risks, mitigation etc.	Penny Snowden	Sep-19	– Deep Dive by Division undertaken in Children's and Neonates to review existing risks and identify those missing so risk register accurately reflects the service. – Meeting to complete uploading arranged between Matron for Children and Young People and Governance. – Paper presented at Speciality and Family Health Cabinet Meetings outlining timescale for deep dive. Delay to that timescale due to capacity but plan in place.	MAJOR RISKS

No.	Objective	Action	Lead	Timescale	Progress	RAG
5	Provide clear set of actions to mitigate risk.	Review all risks and ensure mitigation is in place and recorded on risk register.		Aug-19	– Standard Operating Procedure drafted on managing the risk register, ratified in September Family Health Cabinet (see minutes). – Risk Assessment with actions completed for each risk using the template. Currently being updated by Corporate Team	MAJOR RISKS
6	Identify improvements and take actions following deaths.	Implement Paediatric morbidity / mortality meetings, including terms of reference.	Penny Snowden / Debbie Flatman	Complete	– Morbidity & Mortality process drafted by Division. – Morbidity/Mortality process approved at speciality governance. – Children and Young People Standard agenda item is feedback from Sudden Unexpected Deaths in Childhood and Child Death Overview Panel. Next step is a report template. – Trust's policy Learning from Deaths updated and now ratified Neonatal Standard Agenda item includes feedback from Perinatal Mortality Review Tool, Regional Mortality Meeting. – Learning bulletin from Regional Mortality in place. – Agreed to hold Morbidity/Mortality Meeting on Governance Day from January 2020.	COMPLETE
		Provide admin support for these meetings.	Bev Bolton	Complete	– Trust Mortality Lead will assist with administrative support so consistent with other areas of the hospital.	COMPLETE

No.	Objective	Action	Lead	Timescale	Progress	RAG
7	Care to be provided in line with evidence based practice.	Review and benchmark guidelines to ensure they comply with evidence based practice.	Sharon Sinha	Complete	– Guidelines Tracker in place providing up to date position. – Additional support implemented for Neonatal Guidelines to clear backlog . – Progress reported through Governance Meetings. – Tracker in place to achieve 100%. Monitored through Governance Team. – Q1 progress report to Quality, Safety & Oversight Group. – Now being monitored through governance and cabinet meetings.	COMPLETE
8	Embed process for guideline review to ensure care and treatment is delivered in line with current best practice guidance.	Set up Paediatric / Neonate guideline Group, including terms of reference.	Suganthi Joachim and Dr A Chingale	Complete	– Clinical Lead now in place for Neonates and Children and Young People. – Guideline meeting in place – see minutes/agenda at No 7.	COMPLETE
		Provide admin support for this process.	Bev Bolton	Complete	– Admin review	COMPLETE
		Ensure staff are aware of guidelines and that these are accessible on the intranet.	Audit Project Leads/ Governance Team	Complete	– Learning Bulletins now re-established. – Newsletter has been re-launched (see Family Health Newsletter and Learning to Improve Bulletin).	COMPLETE

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Lincolnshire COUNTY COUNCIL Working for a better future		**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 Lincolnshire West Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 February 2020**
Subject:	**Non-Emergency Patient Transport Service – Update**

Summary:

This report provides an update from Lincolnshire West Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service (NEPTS). This report follows previous reports to the Committee from the CCG and separate reports to the Committee from Thames Ambulance Service Limited (TASL), who are the contracted provider for this service.

The Committee last received an update report on NEPTS in June 2019. During the late Summer and throughout the Autumn of 2019 there continued to be issues with TASL's operational delivery and their performance against Key Performance Indicators. The CCG issued a further Contract Performance Notice in late September 2019 and has continued to seek to drive TASL to deliver improvements across their services. Actions are now in place and there has 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. However, 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 has agreed two further KPIs with TASL.

On 27 August 2019 the Care Quality Commission (CQC) published a report on its most recent inspection of TASL. This report gave the service overall a rating of "Requires Improvement". This represents an improvement from the previous overall rating of "Inadequate" in the CQC report published in February 2019.

The Committee should note that the CCG is working to put in place new arrangements for patient transport for renal dialysis patients attending the dialysis units at Skegness, Grantham and Boston following notice given to the CCG on the current contract. We fully expect that there will be a smooth transition to the new arrangements with very little disruption to patients. TASL have been informed that we do expect to commission this service from them.

The CCG has commenced work with system partners on the design and development of an integrated patient transport service which will provide patients, relatives, friends and carers easier, seamless access to information on journeys to and from facilities providing NHS commissioned services.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire West Clinical Commissioning Group (LWCCG) is the lead commissioner for non-emergency patient transport services (NEPTS) on behalf of the four Lincolnshire CCGs. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the contract. The Committee passed a vote of 'no confidence' in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible. The CCG continues to assess and consider the risks associated with exiting the contract and at the date of writing this report and in light of some recent improvements by TASL has not given notice to end the contract.

The CQC report published in February 2019 following inspection of the TASL service in October 2018 rated TASL as "Inadequate" for Safe, Effective, Responsive and Well Led and rated TASL as "Good" for Caring. As noted in the previous update to the Committee it was expected that the CQC would publish a further report in the late summer of 2019. This report was published in August 2019 and reported an improved position from October with a rating of "Requires improvement" for Safe, Effective and Well Led and "Good" for Caring and Responsive.

2. Lincolnshire West CCG Commentary

A summary of the activity and Key Performance Indicator (KPI) position for the Contract for the period to April 2019 is included as Appendix A to this report. For December 2019, TASL achieved the contracted level of performance for 1 out 12 KPIs (call handling) and delivered month on month improvement for 5 KPIs.

TASL delivered generally poor performance against contract KPIs during the Autumn of 2019. Moreover, there were a number operational issues and significant noise in the system around poor delivery of discharges and outpatient homeward journeys from United Lincolnshire Hospitals and at the Lincoln renal dialysis unit. The CCG issued a further Contract Performance Notice to TASL in September 2019 and has since worked to drive a number of improvements in service by TASL. Hospital and renal unit staff have noted to the CCG recent improvements made by TASL. Further improvements are required and the CCG remains focussed on driving improvement in the TASL service and has 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 CCG continues to commission third party capacity outside of the TASL contract to support discharges at the hospitals in Lincoln and Boston. This service is a same day service and fully meets the same day KPIs (KPI 3a and 3b) for all journeys.

Work continues with other CCGs that commission TASL and NHS England to co-ordinate oversight of TASL's action plan to make improvements listed in the latest CQC report.

3. Conclusion

Following a further period of inadequate delivery patient of transport services by TASL the CCG has put in place further actions and although it is early days these actions seem to have led to improvement. Further improvements are needed and will continue to be driven by the CCG.

Assessment of risk of termination of the contract remains as previously reported. The Committee is asked to note that all of the matters highlighted in this report remain under ongoing active review and consideration by the CCG.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Activity and KPI summary

6. 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 Tim Fowler, Director of Commissioning and Contracting, Lincolnshire West CCG, who can be contacted on: Tel 01522 513330 or by email: t.fowler1@nhs.net

Appendix A

Activity and Performance against Key Performance Indicators – July 2017 to December 2019

Table 1: Activity Summary

	Jul 17 to Sep 17	Oct 17 to Dec 17	Jan 18 to Mar 18	Apr 18 to Jun 18	Jul 18 to Sep 18	Oct 18 to Dec 18	Jan 19 to Mar 19	Apr 19 to Jun 19	Jul 19 to Sep 20	Oct 19 to Dec 19
Patients	34,105	32,949	31,339	34,144	33,136	32,843	31,223	29,363	30,706	31,351
Escorts Medical	2,274	2,425	2,221	2,552	2,296	2,755	2,228	1,912	1,959	2,057
Escorts Relative	4,163	3,694	2,783	3,167	3,503	2,833	3,049	2,835	2,903	3,084
Total	40,542	39,068	36,343	39,863	38,935	38,431	36,500	34,110	35,568	36,492
Plan	48,792	48,029	48,030	47,268	39,730	39,109	39,109	37,868	38,935	38,431
Variance	-8,250	-8,961	-11,687	-7,405	-795	-678	-2,609	-3,758	-3,367	-1,939
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	2,725	2,338	2,590	2,868
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	8,447	8,144	8,230	8,204
ECJs	1,145	1,181	1,116	1,459	1,546	898	197	1,113	702	241

Note:
The activity plan is adjusted on each annual anniversary of the contract start date in order for the plan to reflect the most up to date actual activity.
The CCG changed the arrangement for ECJ activity from September 2019, bringing a number of journeys that would previously have been classified as ECJs into the core contract.

Table 2: KPI Performance Summary

KPI	Description	Contract Target	Latest Performance (Dec 2019)	Change on previous month	Better / Worse than previous Month	Number of Occasions KPI has been achieved since start of Contract (29 months)	Best Achievement Since Contract Start	Average Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	81.4%	18.50%	Better	7	88.4%	65.4%
KPI 2	Journeys cancelled by provider	0.50%	1.23%	0.34%	Better	5	0.2%	1.1%
KPI 3a	Same day journeys collected within 150 mins	95%	74.1%	1.88%	Better	0	93.3%	79.4%
KPI 3b	Same day journeys collected within 180mins	100%	80.9%	0.96%	Better	0	95.5%	84.1%
KPI 4a	Renal patients collected within 30 mins	95%	78.9%	-1.91%	Worse	0	85.4%	74.7%
KPI 4b	Non-Renal patients collected within 60 mins	95%	65.0%	-2.49%	Worse	0	82.0%	72.2%
KPI 4c	All patients collected within 80 mins	100%	80.7%	0.83%	Better	0	88.9%	81.5%
KPI 5	Fast track journeys collected within 60 mins	100%	68.2%	-1.82%	Worse	1	100.0%	74.7%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	70.0%	-5.00%	Worse	0	75.0%	60.1%
KPI 6b	Patients to arrive no more than 60 mins early	95%	59.8%	-3.39%	Worse	0	75.3%	68.2%
KPI 7	Journeys to arrive on time	85%	71.9%	-0.90%	Worse	0	83.8%	77.0%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	74.1%	-0.81%	Worse	0	80.1%	74.0%

Note:
New KPIs for zero tolerance of re-beds and thresholds and maximum waiting times for outpatients will be commence in February 2020 and April 2020 respectively.

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Open Report on behalf of Andrew Crookham, Executive – Director Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 February 2020**
Subject:	**Arrangements for the Quality Accounts 2020**

Summary

The Health Scrutiny Committee for Lincolnshire is invited to consider its approach to the *quality accounts* for 2020 and to identify its preferred option for responding to the draft *quality accounts*, which will be shared with the Committee, by local providers of NHS-funded services.

Actions Required:

(1) To determine which providers of NHS-funded services, on whose *quality account* for 2020 the Health Scrutiny Committee for Lincolnshire would like to make a statement.

(2) To establish a working group for the *quality account* process for 2020.

1. Background

What is a *Quality Account*?

Quality accounts are produced each year by most providers of NHS-funded services. The content of a *quality account* is prescribed by regulations and guidance; and must include:

- three or more **priorities for improvement** for the provider for the coming year;
- an account of the provider's progress with the **priorities for improvement** in the previous year; and
- details of:
  - the types of NHS funded services provided;

- any Care Quality Commission inspections;
- any national clinical audits;
- any Commissioning for Quality and Innovation (CQUIN) activities;
- general performance and the number of complaints; and
- mortality-indicator information.

No Financial Content

The term *Quality Account* has been used by the Department of Health since 2010 and has caused some confusion. For the purposes of clarity, a *quality account* does not focus on finances, but represents an account of the quality (as opposed to an account of the finances) of a particular organisation. Financial information on a particular NHS provider is found in their annual report.

Requirement for Providers to Seek Comments on their *Quality Accounts*

Providers of NHS-funded services are required to submit their draft *quality account* to:

- their local health overview and scrutiny committee;
- their local healthwatch organisation; and
- their relevant clinical commissioning group.

Each of the above is then entitled to make statement (up to 1,000 words) on the draft *quality account*, which has to be included in the final published version.

The definition of 'local' is the local authority area, in which the provider has their principal or registered office. Five providers of NHS–funded health care have their registered office in Lincolnshire. Whilst there is a requirement for local providers to submit their draft *quality account* to their local health overview and scrutiny committee, there is no obligation for such a committee to respond.

Exclusions from *Quality Account* Process

Organisations with less than £130,000 NHS income per annum and fewer than 50 employees are not required to produce a *quality account*. Organisations that solely provide primary care or NHS continuing healthcare do not have to produce a *quality account*. This means that GP practices, dental practices, community pharmacies and high street optometrists do not need to prepare a quality account.

Role of the Health and Wellbeing Board

The regulations do not include a formal role for health and wellbeing boards. However, providers may share their draft *quality account* with their local health and wellbeing board for comments, if they wish. NHS England emphasises that any involvement of health and wellbeing boards is discretionary.

What Should a Statement on a *Quality Account* Cover?

The Department of Health has previously issued guidance to bodies making statement on *quality accounts,* which encourages these organisations to focus on the following questions: -

- Do the priorities included in the *quality account* reflect the priorities of the local population?
- Have any major issues been omitted from the *quality account?*
- Has the provider demonstrated that they have involved patients and the public in the production of the *quality account*?
- Is the *quality account* clearly presented for patients and the public?
- Are there any comments on specific local issues, which the Health Scrutiny Committee have been involved with?

As stated above, the Health Scrutiny Committee is entitled to make a statement (up to 1,000 words) on the draft *quality account*, which has to be included in the final published version of the *quality account.*

In line with the above, it should be noted that any statements prepared need not be limited to a response to the content of the draft *quality account*, but could reflect the views of the Committee on the quality of services provided during the course of the year by the provider and reflect the engagement between the Committee and the provider.

Previous *Quality Account* Arrangements 2010 - 2019

Quality accounts were first introduced in 2010, and over the last ten years the Committee has provided statements on the *quality accounts* on several providers. The Committee's activity is set out in the table below:

Provider of NHS-Funded Services	**Current CQC Rating**	**Years Statements Previously Made by Committee**	**Notes**
Boston West Hospital (Ramsay Healthcare)	Good	five years 2011-14 and 2016	Lincolnshire-based provider
East Midlands Ambulance Service NHS Trust	Good	nine years 2011-19	There are eleven health overview and scrutiny committees in the region covered by the East Midlands Ambulance Service.
Lincolnshire Community Health Services NHS Trust	Outstanding	nine years 2010-18	Lincolnshire-based provider

Provider of NHS-Funded Services	Current CQC Rating	Years Statements Previously Made by Committee	Notes
Lincolnshire Partnership NHS Foundation Trust	Good	nine years 2010-18	Lincolnshire-based provider
Northern Lincolnshire and Goole NHS Foundation Trust	Requires Improvement	four years 2014-17	The health overview and scrutiny committees of the East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire provide statements on this provider.
North West Anglia NHS Foundation Trust	Requires Improvement	six years 2011-14 and 2016-17	The health overview and scrutiny committees of Cambridgeshire and Peterborough provide statements on this provider.
St Barnabas Hospice	Outstanding	eight years 2010-17	Lincolnshire-based provider
United Lincolnshire Hospitals NHS Trust	Requires Improvement	ten years 2010-19	Lincolnshire-based provider

Healthwatch Lincolnshire Activity

In 2019 Healthwatch Lincolnshire prepared statements on the *quality accounts* of the following six providers:

- Boston West Hospital (Ramsay Healthcare)
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- North West Anglia NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- St Barnabas Hospice

The East Midlands Regional Healthwatch (including representation from Lincolnshire) made a statement on the *quality account* of the East Midlands Ambulance Service NHS Trust.

Working Group Arrangements

The Committee usually considers draft *quality accounts* in a working group set up for that purpose. If the Committee were to adopt a working group arrangement, it is requested that members of the Committee consider whether it they would wish to volunteer for this activity. Depending on the number of *quality* accounts on which the Committee would make a statement, this would involve meeting three or four times in total during April, May and early June.

2. Conclusion

The Committee is invited to make arrangements for the *quality account* process for 2020.

3. Consultation

This is not a consultation item. However, as part of the annual *quality account* process, the Health Scrutiny Committee for Lincolnshire is entitled to make a statement up to 1,000 words on the content of each local provider's draft *quality account*. This process is detailed throughout 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 Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

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Open Report on behalf of Nottingham and Nottinghamshire Clinical Commissioning Groups

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**19 February 2020**
Subject:	**NHS Rehabilitation Centre Stanford Hall**

Summary:

A strategic planning document called a pre-consultation business case (PCBC) has been developed for an NHS Rehabilitation Centre at Stanford Hall and outlines the case, in preparation for consultation, for a new clinical facility that will be part of a National Rehabilitation Centre.

The NHS Rehabilitation Centre is a proposal for a new state of the art NHS facility that will sit alongside the Defence Medical Rehabilitation Centre, at Stanford Hall Rehabilitation Estate (SHRE) near Loughborough and is planned to open February 2024. The National Rehabilitation Centre includes a research and innovation hub, education and training centre and clinical facility and is expected to be a catalyst for the transformation of rehabilitation services across the East Midlands Trauma Network.

The NHS proposal has been made possible through a donation of land and approval from the Government for capital funding for the clinical facility. The NHS Rehabilitation Centre will have state of the art facilities including 64 clinical beds across three wards. It is expected that the new NHS Centre will help to address a current gap in specialist rehabilitation by increasing capacity across the East Midlands Trauma Network including treating a wider cohort of patient conditions.

The Nottingham and Nottinghamshire CCGs are intending on holding a six week consultation in order to inform the decision on whether to take forward the option of a NHS Rehabilitation Centre, including the proposed transfer of existing services to the new facility. The proposal is currently progressing through the NHS England Assurance Process as part of Planning, Assuring and Delivering Service Change which will inform the next steps.

Actions Required:

To provide feedback on the proposal.

1. Background

The clinical commissioning groups (CCGs) in Nottingham and Nottinghamshire, along with Nottingham University Hospitals NHS Trust (NUH), are preparing a Pre-Consultation Business Case (PCBC) on the proposed development for the NHS Rehabilitation Centre Stanford Hall, on the same site as the military centre. This is part of a wider vision for a National Rehabilitation Centre (NRC) that will consist of an NHS clinical service, an education centre and research and innovation hub on the Stanford Hall Rehabilitation Estate, near Loughborough.

The Defence Medical Rehabilitation Centre (DMRC) at Stanford Hall opened in 2018. The Stanford Hall Rehabilitation Estate (SHRE), as the estate is now known, was conceived from the outset as an opportunity where serving defence personnel and NHS patients could all benefit from a bespoke state-of-the-art environment for rehabilitation where facilities and expertise could be shared.

The proposal outlines the case for a new 64-bed clinical facility which will support 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 has been received for the proposed NRC and the Government has agreed an allocation of £70m capital funding specifically for an NHS Rehabilitation Centre on the Stanford Hall Estate.

It is proposed that the NHS Rehabilitation Centre would provide the opportunity for an increased number and a wider cohort of patients to access rehabilitation. The proposal for the NHS Rehabilitation Centre will result in a net increase of 40 rehabilitation beds across the East Midlands Trauma Network and the facilities will allow for a clinical model providing services to patients with fractures following trauma and other conditions, where currently rehabilitation is provided predominantly for neurological patients.

Provision is to be managed within existing budgets and it is expected that this can be achieved by transferring services and beds from NUH and through the cashable benefits of rehabilitation.

Context and Case for Change

There is a substantial body of trial-based evidence and other research to support both the effectiveness and cost effectiveness of specialist rehabilitation for neurological conditions and injuries.[1] Despite their longer length of stay, the cost of providing early specialist rehabilitation for patients with complex needs is rapidly offset by longer term savings in the cost of community care, making this a highly cost-efficient intervention[2]. Applying a recent study to the opportunity for additional neurological capacity, cost efficiency is demonstrated

[1] Turner-Stokes L, Disler PB, Nair A, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews July 2005, 20(3): Cd004170. Updated 2015.
[2] Turner-Stokes L, Williams H, Bill A, Bassett P, Sephton K: Cost-efficiency of specialist inpatient rehabilitation for working-aged adults with complex neurological disabilities: a multicentre cohort analysis of a national clinical data set. BMJ Open 2016, 6 :e010238

through net lifetime savings for informal and formal care costs of the unmet need for neuro patients equating to £39,269,237. The evidence is not as available for the cost-efficiency for patients receiving specialist in-patient rehabilitation for a fracture however it is recognised that a multi-disciplinary approach to rehabilitation after major trauma can optimise care, minimise mortality and provide a framework for an accelerated post-injury programme.

There is currently no national strategy for rehabilitation and this has resulted in disjointed services across each region which creates delays in the pathway rather than a smooth transition in a timely manner between acute care and rehabilitation. This is particularly relevant where there is a Major Trauma Centre as with NUH, impacting on accessibility in the East Midlands. A series of reports have identified that the UK and in particular the East Midlands are underprovided for in rehabilitation. In the East Midlands rehabilitation bed provision is at 31% of the level recommended by the British Society of Rehabilitation Medicine (BSRM) indicating a shortfall of 174 beds across the region. Owing to the under provision, patients endure long waits for access to rehabilitation and often need to be repatriated to their local district hospitals or trauma units from a Major Trauma Centre, to wait for a specialist rehabilitation bed to become available.

Specialist rehabilitation services are commissioned and provided across two different levels based on complexity of need. Level 1 and 2a services are the most complex and are provided across a wider area than level 2b services. Within current services across the East Midlands Trauma Network, specialist rehabilitation is 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. Patients are referred to services based on complexity of need however access may be impacted by location and waiting times.

It is expected that the proposal will deliver a step change in the provision of rehabilitation services for the East Midlands Trauma Network by addressing the following:

- Creating a high-quality centre of rehabilitation excellence
- Contributing to a deficit in rehabilitation capacity
- Improving access to services
- Improving outcomes and the patient experience through a new clinical model
- Ability to respond to changes in future service needs and models
- Reducing pressures on the acute bed base
- Reducing system financial pressures and providing a saving to the health and social care system and wider economy by:

    - reducing waits in acute beds
    - reducing the overall length of inpatient stay
    - delivering better outcomes, reducing the need for ongoing health and social care costs
    - returning more people back to work, contributing significantly to the economy through taxes and increased spend of individuals
    - reducing the burden on family members to be main carers.

- Returning people to work and active lives

- Improving recruitment, retention, education, training and skills for clinical staff with a specialty in rehabilitation.

Clinical and Staffing Model

The central aim of the NHS Rehabilitation Centre will be to return patients to life and work thereby reducing the long-term dependency on health care, financial and other support. Nationally, there is the opportunity for the NHS Rehabilitation Centre to provide the clinical model to be used across other major trauma networks.

The enhanced offer delivered through the clinical and staffing model can be summarised as follows:

- Timely access managed by a responsive referral system
- Active management of the patient journey through the whole pathway with the introduction of clinical case managers
- Three weekly assessments of mental health status for all patients
- Input from a wider range of professionals with a focus on vocation where appropriate
- Access to the wider facilities and an environment fully conducive to rehabilitation created by the estate
- New building designed to facilitate independence and therefore encouraging patients to do as much as they can for themselves.

Locally and regionally the rehabilitation centre will be the hub of a hub and spoke rehabilitation network, where services work together to provide a seamless transition for the patient. The NHS Rehabilitation Centre's programme will enable patients to benefit from a more intensive treatment regime delivered six days per week by a multi-disciplinary team of specialists. During the times that they are not involved in their programme, the facilities and grounds within the Estate will also contribute to patients' efforts to rehabilitate.

Clinicians in the NHS Rehabilitation Centre will be fully focused on rehabilitation and they will benefit from the knowledge sharing with other, equally focused, clinicians from both the NHS Rehabilitation Centre and the DMRC. The staff skill mix will provide a greater focus on rehabilitation assistants and exercise instructors, or similar roles to support patients with fitness sessions based on their own motivation and capabilities. This will also enable the approach to rehabilitation to be reinforced throughout the day and accelerate recovery. Also, new roles will be introduced as well as new ways of working, including the opportunity for staff to have rotations that include community services, acute trusts and the rehabilitation centre.

Early planning for discharge and return to life and work will be offered through the support of clinical case managers, enabling the transition from inpatient rehabilitation to home and community-based services, if required, to be timely and smooth.

As part of the business case, it is recognised that travel distances may be longer than travelling to local acute trusts and for some, public transport may be prohibitive. This has been taken into consideration in relation to the mitigating actions which will be explored through the consultation. It is also expected that the consultation will provide additional opportunities for consideration by the programme.

In order to mitigate longer travel times the proposal includes three family rooms, free parking and fast speed broadband. Options are being explored further in relation to enhancing public transport, supporting visitors with paying for transport through charitable funds and voluntary transport schemes.

Finance Case

The finance case describes the impact of the option for a 64-bed NHS Rehabilitation Centre at a cost of approximately £13m per annum. It has been prepared on the basis of the proposed activity model and a cost neutral position. The finance case has been developed to understand the likely impact from the provision of a net increase of 40 specialist rehabilitation beds across the East Midlands Trauma Network and associated transfers of agreed activity and beds from the system.

The finance case takes into account the currently known capital and revenue consequences from the increase in specialist rehabilitation provision and accompanying decrease in acute beds. Specifically the finance case proposes the transfer of 21 beds from the current 2b rehabilitation facility at NUH, Linden Lodge, the release of the equivalent of 33 beds at NUH and meeting the current demand for NHS funded specialist neuro rehab currently provided outside of NHS facilities.

The capital case provides for an NHS Rehabilitation Centre within a £70m capital budget. The design of the new building allows for extensive rehabilitation facilities providing a combination of single and multi-bed rooms, a rehabilitation flat, rooms for families to stay, two gyms plus therapy rooms.

2. Consultation

The proposal is an exciting opportunity for the East Midlands Trauma Network with the impact predominantly being on Nottingham and Nottinghamshire. This is therefore a significant change for Nottinghamshire, particularly due to the transfer of Linden Lodge and a consultation is being planned on this basis.

Extensive engagement has been carried out to inform the PCBC and plans for consultation. The following themes emerged from the focus groups and survey.

- Participants were positive about bringing specialist rehabilitation services together, with specially trained staff
- There was a consensus on and understanding of the benefits including improved outcomes, access to high-quality, specialised rehabilitation care and state-of-the-art facilities
- Many people were concerned about the difficulties that people will have in travelling to and accessing the NHS Rehabilitation Centre
- Questions were asked about the rehabilitation services that would be available for those that do not meet the referral criteria
- Some raised concern about the funding and sustainability of the NHS Rehabilitation Centre
- People were concerned about the impact the proposal may have on local services

Following the NHS England Assurance process, the current aim is for consultation to begin in April for a period of six weeks. Promotion of the consultation will be made to patients and public in areas outside of Nottingham and Nottinghamshire due to the opportunities this provides as an additional service accessed through NUH as a major trauma centre.

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

Although the number of patients for Lincolnshire is low, it is expected that there will be the opportunity to contribute to the Health and Wellbeing Strategy aim of equitable provision of services including those that promote health and wellbeing. The NHS Rehabilitation Centre may also contribute to a narrowing of inequalities through reducing disability and improving clinical outcomes. Widening the cohort of patients is expected to support more people returning to their usual activities and a reduction of long term disability and dependence and in turn, reduce the risk of family members becoming carers. Population growth across all areas has been taken into consideration in the demand and capacity modelling.

4. Conclusion

The PCBC has been prepared to make a compelling case for an NHS centre which will transform rehabilitation provision across the East Midlands Trauma Network, acting as an example of national best practice for the whole country.

The new centre involves transferring services and providing rehabilitation in a new way for patients in the region of the East Midlands Trauma Network, making the most of the unique opportunity presented to the region by the development of the DMRC site at Stanford Hall. This is part of a wider vision for an NRC that includes a research and innovation hub and education and training centre.

6. 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 Hazel Buchanan, Associate Director, Nottingham and Nottinghamshire CCGs, who can be contacted on 0115 883 1712
hazel.buchanan@nhs.net

Lincolnshire COUNTY COUNCIL Working for a better future		**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:	**19 February 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.

The forward programme includes proposed items up to and including 22 July 2020.

Actions Required

To review, consider and comment on the work programme set out in the report

1. Today's Work Programme

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

19 February 2020 – 10 am	
Item	*Contributor*
Lincoln Medical School - Presentation	Professor Danny McLaughlin, Associate Dean of Medicine, Lincoln Medical School, University of Lincoln
National Rehabilitation Centre Programme: Developments in the East Midlands	Hazel Buchanan, Director of Strategy and Partnerships Greater Nottingham CCGs James Wright, Project Manager, National Rehabilitation Centre

19 February 2020 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust: Children and Young People Services Update	Dr Neill Hepburn, Medical Director, United Lincolnshire Hospitals NHS Trust Dr Suganthi Joachim, Divisional Clinical Director, Family Health, United Lincolnshire Hospitals NHS Trust
Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Tim Fowler, Head of Contracting, Lincolnshire West Clinical Commissioning Group
Quality Accounts 2020 Arrangements	Simon Evans Health Scrutiny Officer

2. Future Work Programme

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

25 March 2020 – 10 am	
Item	*Contributor*
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
Lincolnshire Sustainability and Transformation Partnership - Healthy Conversation and NHS Long Term Plan Update	Representatives from the Lincolnshire Sustainability and Transformation Partnership

22 April 2020 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust – Action in Response to Care Quality Commission	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
East Midlands Ambulance Service Update	Sue Cousland, Manager Lincolnshire Division, East Midlands Ambulance Service NHS Trust
Community Pharmacy Contractual Framework (2019/20 - 2023/24)	Representatives from NHS England
NHS Long Term Plan: Local Delivery Plan	Representatives from the Lincolnshire Sustainability and Transformation Partnership

20 May 2020 – 10 am	
Item	*Contributor*
Older Adult Mental Health Services	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Lincolnshire Pharmaceutical Needs Assessment	Alison Christie, Programme Manager, Public Health

17 June 2020 – 10 am	
Item	*Contributor*

22 July 2020 – 10 am	
Item	*Contributor*
Community Pain Management Services Update	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group

16 September 2020 – 10 am	
Item	*Contributor*

14 October 2020 – 10 am	
Item	*Contributor*

<u>Items to be Programmed</u>

- CCG Role in Prevention
- Undiagnosed High Blood Pressure and High Cholesterol
- Musculoskeletal Problems
- Cardiovascular Disease
- Primary Care Networks / New GP Contracts
- Incontinence Services
- 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

3. Previous Committee Activity

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

4. Conclusion

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

5. 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

APPENDIX A

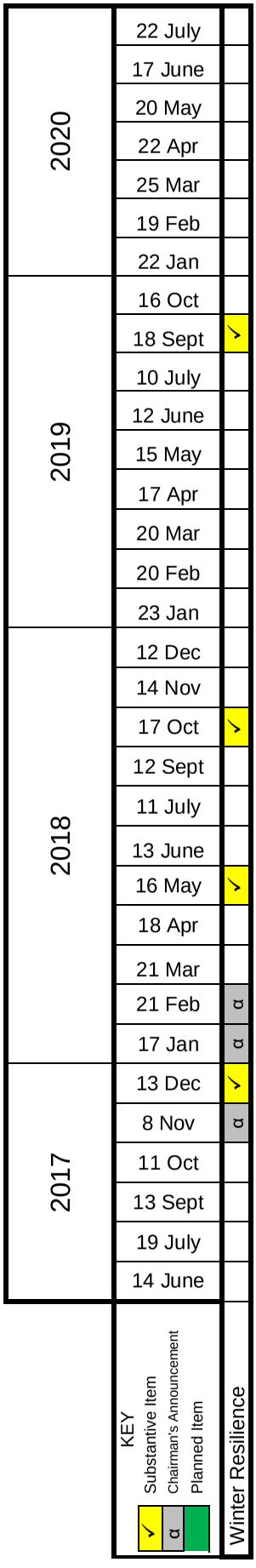
HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE: AT-A-GLANCE WORK PROGRAMME

	2017						2018											2019										2020						
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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																✓										✓							
CT and MRI Scanners																											α						
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								α						✓	✓						
Community Pharmacy			α																														
Dental Services							✓		α								α	α		✓						α	✓						
Elections – Impact																			α								α						
Falls Service																											α						

KEY ✓ Substantive Item α Chairman's Announcement Planned Item	2017						2018										2019									2020						
	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
GPs and Primary Care:																																
Boston – The Sidings																					α											
Cleveland Health Centre Gainsborough																							α									
Crossroads Medical Practice, N Hykeham																										α						
Extended GP Opening Hours								α			α				α																	
GP Provision Overall			α		α																			✓								
Lincoln GP Surgeries		α		α																												
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓																						
Louth GP Surgeries		α	α																													
Out of Hours Service														α																		
Skellingthorpe Health Centre																						α	α	✓		α						
Sleaford Medical Group									α																							
Spalding GP Provision														α																		
Grantham Minor Injuries Service												α	✓	α																		
Health and Wellbeing Board:																																
Annual Report												α																				
Joint Health and Wellbeing Strategy		✓						✓																								
Pharmaceutical Needs Assessment					✓		✓																									
Health Scrutiny Committee Role	✓																															
Healthwatch Lincolnshire											α		α		α									α								
Lincolnshire Community Health Services NHS Trust																																
Big Conversation																								α								
Care Quality Commission													α		α																	
Healthcare Awards																								α								
Out of Hours																																
Learning Disability Specialist Care				✓									✓																			

	2017						2018											2019										2020						
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																																	
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓		α	✓								
Breast Services																							✓										
General Surgery																									✓	α							
GP Forward View										✓																							
Grantham Acute Medicine																									✓								
Haematology																										✓							
Integrated Community Care										✓						✓										✓							
Mental Health								✓							✓	α								✓		α							
NHS Long Term Plan																α	✓	✓	✓					α		α			✓				
Oncology																										✓							
Operational Efficiency									✓																								
Stroke Services																							✓										
Trauma and Orthopaedics																									✓	α							
Urgent and Emergency Care									✓							✓						✓					α						
Women and Children Services																							✓										
Lincolnshire Partnership NHS Foundation Trust:																																	
General Update / CQC		✓																α															
CAMHS																											✓						
Older Adults Services																					✓						✓				✓		
Psychiatric Clinical Decisions Unit							α																										
LIVES																											α						
Lincolnshire Reablement & Assessment Service																	α																
Louth County Hospital														α	✓		α									α			✓				
National Rehabilitation Programme																													✓				
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α															
North West Anglia NHS Foundation Trust							✓									α				✓							α						

	2017						2018											2019									2020						
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	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
Organisational Developments:																																
Annual Reports 2019-20																									α							
CCG Joint Working / Merger													✓	α				α			α	✓				α						
Integrated Care Provider Contract														α	✓																	
National Centre for Rural Care													α					α														
NHSE and NHSI Joint Working												α						α								α						
Lincoln Medical School			α														α								α	α		■				
Patient Transport:																																
Ambulance Commissioning			✓																													
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓					✓				■			
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓				α	■					
Sleaford Ambulance & Fire Station											α		α																				
Public Health:																																
Child Obesity												α	α																			
Director of Public Health Report												✓															✓					
Immunisation					✓																											
Influenza Vaccination Programme																	α															
Renal Dialysis Services														✓								α					α					
Quality Accounts	✓								✓											✓		α	α						■			
St Barnabas Hospice																											α					
Skegness Hospital																										α						
United Lincolnshire Hospitals NHS Trust:																																
A&E Funding		α																														
Introduction	✓																															
Care Quality Commission		✓										α	α	✓				✓	α	✓				✓			✓					
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓				✓				■				
Financial Special Measures			α		✓					✓																						
Five Year Strategy																						α										
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α					✓						
Orthopaedics and Trauma												α		α					α													
Smoke Free Policy																											α					
Stroke Services																	α															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13 Dec
8 Nov
11 Oct
13 Sept
19 July
14 June
KEY
Substantive Item
Chairman's Announcement
Planned Item
Winter Resilience

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