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, 15 September 2021 at 10.00 am in Council Chamber, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), L Wootten (Vice-Chairman), M G Allan, R J Cleaver, S R Parkin, R P H Reid, Dr M E Thompson and R Wootten

District Councillors: S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), Mrs L Hagues (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
5	**Lakeside Medical Practice, Stamford** *(To receive a report which advises the Committee of the actions taken both in advance of and following the publication of an inspection report by the Care Quality Commission (CQC) on 2 August 2021, on the Lakeside Medical Practice (Stamford). Wendy Martin, Associate Director of Nursing & Quality; Andy Rix, Chief Operating Officer (South Locality) and Nick Blake, Head of Transformation and Delivery (South Locality) will be in attendance for this item)*	47 - 52
6	**Community Pain Management Service - Update** *(To receive a report which provides an update from NHS Lincolnshire Clinical Commissioning Group on the Community Pain Management Service. Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group will be in attendance for this item)*	53 - 58
7	**Update on Key Developments at North West Anglia NHS Foundation Trust** *(To receive a report which provides a clinical and strategic update to the Health Scrutiny Committee for Lincolnshire on the activities of the North West Anglia NHS Foundation Trust, which manages Peterborough City Hospital, and Stamford and Rutland Hospital, as well as Hinchingbrooke Hospital in Huntingdon. Caroline Walker - Chief Executive, North West Anglia NHS Foundation Trust)*	59 - 64
8	**United Lincolnshire Hospitals NHS Trust - Nuclear Medicine** *(To receive a report which considers United Lincolnshire Hospitals NHS Trust's proposals to develop options for the future service model for nuclear medicine in Lincolnshire, including exploring possible consolidation of the service to be delivered from fewer hospital sites in future. Simon Evans, Chief Operating Officer; Laura White, Head of Nuclear Medicine and Anna Richards, Associate Director of Communications and Engagement will be in attendance for this item)*	65 - 72
9	**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 forthcoming work programme)*	73 - 76

Debbie Barnes OBE
Chief Executive
7 September 2021

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 15th September, 2021, 10.00 am (moderngov.co.uk)

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
21 JULY 2021

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, Dr M E Thompson and R Wootten.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

The following officers/representatives joined the meeting remotely via Teams:

Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Andrew Horton (Lead Commissioner, NHS England and NHS Improvement – Specialised Commissioning (Midlands)), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Steve Roberts (Associate Director of Operations, Older Adult Services, Lincolnshire Partnership NHS Foundation Trust), Eve Baird (Associate Director of Operations (Specialist Service Division)), Dawn Parker (Quality Lead (Older Adult and Frailty Division)) and Charlotte Tyler (Senior Commissioning Manager - Specialised Commissioning).

County Councillor C Matthews (Executive Support Councillor for NHS Liaison, Community Engagement, Registration and Coroners) attended the meeting remotely via Teams.

13 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor S R Parkin.

An apology for absence was also received from Councillor Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners).

14 DECLARATIONS OF MEMBERS' INTERESTS

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

15 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 23 JUNE 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 23 June 2021 be agreed and signed by the Chairman as a correct record.

16 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on the 20 July 2021. The supplementary announcements made reference to:

- Paediatric Services at Pilgrim Hospital, Boston – Short Stay Paediatric Assessment Unit. Particular reference was made to a copy of a letter sent by Alison Marriott on behalf of *SOS Pilgrim – Call to Action,* to Dr S Joachim (Divisional Clinical Director, Family Health) and Simon Hallion (Managing Director, Family Health Division); a copy of the said letter was attached at Appendix A to the supplementary announcements. The Chairman advised that he proposed to write to the Chief Executive at United Lincolnshire Hospitals NHS Trust on behalf of the Committee, seeking to clarify the conclusions reach on this topic. Some concern was raised that future consultations by ULHT needed to be more inclusive and should be available in various forms;
- Covid-19 Data – A copy of a selection Covid-19 data was set out in Appendix B to the supplementary announcements. Some concerns were raised with regard to the increased number of Covid-19 cases and the impact on hospitals, particular reference was made to Grantham hospital. As the data provided was already out of date, a request was made for further information as to how many people in Lincolnshire had been 'pinged' by the NHS App; how many people received positive tests and how many people had been hospitalised;
- Information relating to the Influenza Vaccination Programme – Winter 2021/22; and
- The announcement by NHS England and NHS Improvement of additional funding being made available to the ten ambulance trusts in England.

RESOLVED

1. That the Supplementary Chairman's announcements circulated on 20 July 2021 and the Chairman's announcements as detailed on pages 19 – 40 of the report pack be noted.

2. That the Chairman on behalf of the Committee be authorised to write to the Chief Executive of United Lincolnshire Hospitals NHS Trust on the issue of Paediatric Services at Pilgrim Hospital, Boston.

17 LINCOLNSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES CRISIS AND ENHANCED TREATMENT TEAM

The Committee gave consideration to a report from the Lincolnshire Partnership NHS Foundation Trust (LPFT) and NHS England and NHS Improvement (Midlands), (NHSE/I), which provided an end-of-pilot evaluation for the Intensive Home Treatment service within the Child and Adolescence Mental Health Service (CAMHS) Crisis and Enhanced Treatment Team (CCETT) following the temporary closure of Ash Villa at the end of September 2019 and implementation of the new community based system.

The Chairman invited Jane Marshall, Director of Strategy, People and Partnerships LPFT, Eve Baird, Associate Director of Operations (Specialist Service Division), LPFT, Charlotte Tyler, Senior Commissioning Manager – Specialised Commissioning NHSE/I and Andrew Horton, Lead Commissioner, NHS England and NHS Improvement Specialised Commissioning.

It was highlighted that when the pilot had been first established, Covid-19 and the associated impact on mental health had been unknown. The Committee noted that the national expectations were for an average increase of 30% in demand as a result of the pandemic. Figure one on page 43 of the report pack, provided information as to the number of referrals received by LPFT crisis services since 2017/2018. The service had seen a 7% increase in demand in the last year and a 13% increase in the last two years. Figure two, on page 43 highlighted that the Children and Adolescent Mental Health Service (CAMHS), had seen a 39% increase in eating disorder referrals into service in the last year.

It was reported that the pilot had successfully achieved its three objectives, which were to:

- Run at or below 61 occupied bed days per month on average for general adolescent units;
- Have no increase in serious incidents; and
- To receive positive feedback from service users using the experience of a service questionnaire and session rating scale. Details of which were shown in paragraph 3 at the bottom of page 43 of the report pack.

In guiding the Committee through the report, reference was made to the success of the CCETT, in that the service had managed to avoid admissions for 97% of children and young people who had been provided with home treatment in 2020/21. Figure three on page 44 provided details relating to admission rates for the adolescent unit for the period 2018 – 2020. It was noted that since the introduction of the CCETT there had been a 74% reduction in admission rates. Figure four on page 45 highlighted that occupied bed days had also reduced by 53% since the closure of Ash Villa; and Figure 5 on page 45 advised that that the

average length of stay for general adolescent units had decreased to 49 fays for LPFT, compared to the national average of 71 days.

It was also highlighted that the new service had seen a reduction in complaints and concerns. Details relating to patient experience were shown on pages 48 to 50 of the report pack. Two case studies were also provided on pages 50 to 53 of the report for the Committee's consideration.

The Committee noted that feedback received from clinical staff working within the CCETT team had indicated that they believed that a community approach was more beneficial than an inpatient one, as it provided greater opportunity for patients to maximise independence and allowed them to live their life in a more meaningful way. It also allowed for a more consistent relationship with families and professionals.

Appendix A to the report provided the Committee with feedback on the Lincolnshire Community Pilot Engagement. The Committee noted despite the initial four-week engagement period being extended; only nine individual responses had been received. The Committee noted that the questionnaire had been circulated to former patients, staff, charities that cared for children locally as well as patients groups. Despite the low number of responses, the comments received had been positive overall.

During discussion, the Committee raised the following points:-

- Some concern was expressed to the low response rate to the Lincolnshire Community Engagement Pilot; and that acceptance was being based on just nine responses. The Committee was advised that NHSE/I had tried to get additional responses, but despite all efforts only nine had been received. But the nine responses received did include patients that had used the previous in-patient service. It was also highlighted that on-going engagement had taken place during the course of the pilot with service users;
- Whether there wwere adequate resources in the model to meet the increasing demands, post Covid-19. The Committee was advised that there was increasing demand locally and nationally. It was noted that the CCETT was currently able to meet demand and provide a good level of service. However, as the Trust's demand increased then the service would have to make a business case for more resources. Reassurance was given that demand levels were being closely monitored. The Committee was advised that a three year recovery roadmap model for the service had been devised, which the Trust was happy to share with members of the Committee. With regard to capacity from neighbouring Trusts, the Committee was advised that the Trust worked closely with the East Midlands Provider Collaborative, which would ensure there was capacity for the service. Further reassurance was given that any patient would be kept as close to home as possible and that the CCETT worked closely with any in-house placement to ensure that they returned home as quickly as possible;
- Whether financial aid was provided to parents. It was reported that carer support would offer support;
- With children having to travel further, whether Ash Villa should have remained open. The Committee was advised that when Ash Villa temporarily closed, all staff associated

with it were moved across to the new community team model. It was noted that the number of general adolescents needing Ash Villa had reduced as they were being treated in their own homes, and there was no longer was a need for the building;

- Some concern was expressed at the reduction in costs. The Committee was reassured that funding had not been reduced; and in fact additional funding had been made available. Clarification was given that the only cost savings were those associated with the cost of Ash Villa;
- Further details relating to the case study one. The Committee was advised that the age of the individual in the case study was early teenage years. The paediatric ward that would be used in Lincolnshire would be the Rain Forest Ward at Lincoln County Hospital, with on-going support from the CCETT. The Committee noted that the CCETT was not 24/7, but the team worked up to 7.00pm. After that time a crisis service was available 24/7 for children and young people in Lincolnshire;
- A question was asked as to how an individual could be detained for their own safety. It was reported that a mental health detention had to be completed by a mental health practitioner and two medical practitioners, as there was a legal framework to follow. A request could be made based on views but the outcome had to be determined through the framework of the Mental Health Act;
- With increasing numbers of adolescents needing treatment in a psychiatric intensive unit, whether the Trust had any plans in investing in such a unit in Lincolnshire. The Committee was advised that currently there were no plans for a new building; as the Trust had arrangements in place with the East Midlands Provider Collaborative and then CCETT worked closely with in-patients to get then back home as soon as possible;
- Page 48, figure 10, reference was made to one formal complaint being received during 2020/21, one member requested further information as to the subject matter of the complaint and how the complaint was dealt with. The Committee was advised that the Trust was happy to provide analysis information relating to comments and complaints for the service, for the Committee to consider;
- Page 48, in the table under the heading "Anything that could have been done better". A question was asked as to what lessons had been learnt and what alterations had been made to accommodate the issues listed. It was reported that the more support was being built into the CCETT model to help provide further support for eating disorders. To avoid having a constant rotation of staff, the Trust was trying to address this with children and young people accessing core services and having a dedicated core worker; Provision after 7pm, the Committee was advised that this was provided by the crisis team, but this arrangement was being monitored; That transition into adults and earlier intervention was still work in progress and steps were being taken to do things differently to improve the service; and
- The number of vacancies in the Crisis and Enhanced Treatment Team. The Committee noted that the service had vacancies for registered nurse positions. The Trust had looked at ways to improve retention by looking at new roles and the models of care provided; the Trusts strategy was to grow their own staff. An example given was an experience support worker becoming a registered nurse.

The Chairman extended his thanks on behalf of the Committee to the presenters.

RESOLVED

1. That the information in the evaluation of the pilot CAMHS Crisis and Enhanced Treatment Team be noted; and that further information be made available to the Committee in relation to: the three year recovery roadmap model; and analysis information concerning comments; and the complaints made regarding the service.

2. That support be given to the proposal that the CAMHS Crisis Enhanced Treatment Team become the permanent model of care in Lincolnshire, with a recommendation to Lincolnshire Partnership NHS Foundation Trust and NHS England and NHS Improvement that:

   a) They continue to monitor the number of Lincolnshire young people being treated at out-of-county general adolescent units, with particular reference to any increases in demand for places in these units arising from the pandemic; and

   b) Seek to report any significant and sustained increases in out-of –county general adolescent unit demand to this Committee.

18 OLDER ADULT MENTAL HEALTH SERVICES - HOME TREATMENT TEAM

The Chairman invited the following presenters from Lincolnshire Partnership NHS Foundation Trust (LPFT): Jane Marshall, Director of Strategy, People and Partnerships, Eve Baird, Associate Director of Operations (Specialist Service Division), Dawn Parker, Quality Lead (Older Adult and Frailty Division) and Steve Roberts, Associate Director of Operations (Older Adult and Frailty Division), to remotely present the report to the Committee.

The Committee was advised of the background behind the establishment of the Older Adult Services Home Treatment Team (in October 2018) as a county-wide pilot providing a community facing service to older adult patients with functional mental illness who would otherwise have been admitted to Brant Ward, Lincoln, which at the time was being refurbished. It was noted that when the Brant Ward re-opened, the Home Treat Team continued, with the service being funded by the temporary closure of Rochford Ward, Pilgrim Hospital, Boston, as this ward was not fit for purpose and required capital investment.

Pages 65 to 70 of the report provided: Details of the Home Treatment service; the purpose of the consultation; and supporting information. It was reported that engagement events had been carried out by LPFT during the last three years, with events taking place at a variety of locations across Lincolnshire and more lately on-line due to Covid-19 restrictions. A full list of engagements events were detailed in Appendix A to the report.

In conclusion, the Committee was asked to consider the information presented on the Older Adult Services Home Treatment Team and the engagement and consultation responses of the proposed closure of Rochford Ward at Pilgrim Hospital, Boston.

During discussion, the following points were raised:

- The future of Rochford Ward, Pilgrim Hospital Boston. The Committee was advised that as mentioned in the report the Rochford Ward was not fit for purpose, and would be returned to United Lincolnshire Hospitals NHS Trust. The Committee was advised further that investment was had been made in Boston at the Norton Lea Mental Health Hub, which would be providing new purposely built accommodation;
- Some concern was expressed regarding care being provided to dementia patients at home. There was recognition that dementia was a complex area, as levels of need changed. It was highlighted that before the introduction of the Home Treatment Team that had been a gap in provision, now with the Home Treatment Team there was a continuous care pathway with a greater level of service, with all cases being appropriately managed;
- The relationship between the Home Treatment Team and the Community Mental Health Team and whether the Home Treatment Team just provided support to the elderly. The Committee was advised that older adults with dementia would receive support from the older people mental health team. The Home Treatment Team supported dementia patients' needs if escalated to high risk whether the patient was living in the community or having been admitted as an inpatient. The Committee noted that the Home Treatment Team worked alongside the Community Mental Health Team. As older people services all sat in the same division, this allowed for the care pathway continuing accommodating the needs of the patient. It was highlighted that the pilot had shown that 90% of patients could remain in their own homes;
- Whether families had a single point of contact. The Committee noted that when a patient was referred into the service they were allocated a Care Co-ordinator who would be the main point of contact for families;
- Respite care provision. The Committee noted that carers were supported and each carer had a communication plan, which the whole family had input into. It was highlighted that the issue of respite was currently being reviewed;
- Page 70 of the report in the section on agreement from the majority, what the response was to the comment that there needs to be a continued home treatment care, but with an ever increasing elderly population without the replacement of the Rochford Ward, would the service be able to meet the demand. The Committee was advised that the service had seen a massive reduction in the number of individuals requiring admission. There was an acceptance that over the next 20 years the elderly population numbers would increase and that all these factors would be taken into account to ensure there were more in-patient beds were available to meet demand. The Committee noted that at the moment two wards were in operation and steps were underway to opening the Manthorpe Centre; and
- The view of the Clinical Commissioning Group (CCG) was on the proposed closure of the Rochford Ward. The Committee was advised that the CCG was supportive of the proposed closure.

The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

1. That the information presented on the Older Adult Mental Health Services Home Treatment Team be noted.

2. That support be given to the proposal from Lincolnshire Partnership NHS Foundation Trust to make the closure of Rochford Ward at Pilgrim Hospital permanent, with the continuation of the Home Treatment Service, and a recommendation to the Trust that it continues to monitor the demand for older in-patient beds, particularly from the east of the county.

19 LINCOLNSHIRE PARTNERSHIP FOUNDATION NHS TRUST - GENERAL UPDATE

The Chairman invited the following representatives from Lincolnshire Partnership NHS Foundation Trust (LPFT): Jane Marshall, Director of Strategy, People and Partnerships and Eve Baird, Associate Director of Operations (Specialist Service Division), to remotely present the item to the Committee.

The Director of Strategy, People and Partnerships paid tribute to all LPFT staff for their management of the Covid-19 pandemic.

It was reported that despite the pandemic, the Trust had continued transforming pathways, with an increased focus on mental health and autism, with more investment being made in these service areas.

Attached at Appendix A to the report was a copy of the Chief Executive's report to the Board of Directors meeting of LPFT on 20 May 2021 for consideration, this report provided the Committee with a high-level overview of key national and local issues that might impact on the Trust's strategy, annual plans and priory setting. Reference was made to paragraph 6 on page 80 of the report in relation to: Out of Area; Transforming Care, Learning Disabilities and Autism; and Community Mental Health Transformation.

During discussion, the following comments were raised:

- How Covid-19 was impacting on the Trust. The Committee was advised that the latest position was that the Trust was coping, however, the Trust was starting to see pressure on staffing levels, as a result of people being 'pinged' by the NHS App. The Committee was advised that the Adult Crisis Team was under some pressure, and there had been some reliance on agency qualified nurses. Credit was extended to staff for maintaining the service;
- Whether the Trust had any major plans for development during the coming year. The Committee noted that the Trust had invested in: the development of the mental health hub at Norton Lea, Boston; two replacement acute wards at the

Peter Hodgkinson Centre; and the expansion of mental health services post Covid-19;

- Some concern was expressed to the out of date information provided in the Appendix and to the fact that more needed to be included regarding how the service was getting back to some normality post Covid-19. The Committee was advised that an updated report would be made available to the Committee. It was reported that recovery from Covid-19 would take some time and that the Trust had a three year recovery roadmap to help it recover. The Committee noted that the service had dealt with the pandemic well and had also managed to transform pathways and improve services. It was agreed that information relating to services provided by the Trust would be made available to the Committee;
- Data relating to the West Lindsey area. It was reported that there had been some backlog, but no-one had breached the acceptable timeline of the standard 18 weeks. The Committee noted that information relating to performance and actions being taken was available on the Trust's website; and
- Clarification was sought as to whether the beds in Manthorpe Ward, were day beds or for longer stays. The Committee was advised that the ward provided an additional 22, 24/7 inpatient beds.

The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

1. That information provided by Lincolnshire Partnership NHS Foundation Trust be noted and that thanks be extended to all staff at the Trust for their continued efforts during the Covid-19 pandemic.

2. That in future updates be received on specific mental health topics rather than just a general update.

20 LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2022

The Chairman invited Alison Christie, Programme Manager, Public Health, to remotely present the item to the Committee.

The Committee noted that completion of a Pharmaceutical Needs Assessment (PNA) was a statutory duty for Health and Wellbeing Boards (HWBs) to undertake at least every three years. It was noted that due to the pandemic, the requirement to republish an update PNA by the 31 March 2021 had been suspended, and the HWB was now required to publish the PNA by 31 March 2022.

It was reported that the PNA was a report of the present and future needs for Pharmaceutical services. The Councils Public Health Division was facilitating the process to prepare a revised assessment with external pharmaceutical expert resource being provided by the University of Lincoln. It was noted that a PNA Steering Group had been convened to support the development of the PNA, which comprised of key stakeholders: community

pharmacies (represented by the Local Pharmaceutical Committee), health services (represented by NHS Lincolnshire Clinical Commissioning Group, Public Health and the Local Medical Committee); and residents (represented by Healthwatch Lincolnshire). A copy of the terms of reference and project plan of the Steering Group was detailed at Appendix A to the report.

The Committee was advised that the intention was to present a draft PNA to the HWB on 28 September 2021 for the Board to consider prior to the statutory 60-day consultation exercise being undertaken during October 2021. The HWB would then approve the PNA at its March 2022 meeting.

The Committee was invited to establish a working group to feed into the consultation process on the draft PNA.

During consideration of this item, the Committee made the following comments:

- Who was responsible for trying to fill any highlighted gaps in pharmacy provision. The Committee was advised that NHS England as the commissioner for pharmaceutical services was responsible for filling in any gaps in provision;
- Methods of consultation. The Committee noted that statutory guidance did not require statutory consultation, but the Council had chosen to undertake consultation. The Committee noted that last time the PNA went out to public consultation, 14 responses had been received from members of the public. The Committee noted that the PNA was a very technical document and was bound by complicated legislation. It was reported that the public consultation would be carried out by Community Engagement team. Confirmation was given that district councils were included on the list, as part of the engagement plan; and clarity was given that the process was a needs assessment and not a service assessment; and
- One member enquired whether dentists were included. It confirmed that dentists were not included, but could be looked at being included, but other certain conditions would have to be taken into consideration first.

The Chairman on behalf of the Committee extended thanks to the Programme Manager, Public Health for the presentation.

RESOLVED

1. That the process to produce a revised Pharmaceutical Needs Assessment by 31 March 2022 be noted.

2. That the project plan timeline from the Lincolnshire PNA Steering Group on the production of the Lincolnshire Pharmaceutical Needs Assessment 2022 be received.

3. That a working group be established to comment on the draft Pharmaceutical Needs Assessment during the statutory 60-day consultation, comprising of the

following Councillors: Mrs R Kayberry-Brown, C S Macey, Mrs A White and L Wootten.

21 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - CONSULTATION ON HOSPITAL UROLOGY SERVICES

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee.

The Committee was reminded at the 23 June 2021 meeting; the Committee had considered a consultation on hospital urology services provided by United Lincolnshire Hospitals NHS Trust. At that meeting the Committee had agreed that a draft response would be considered by members at the 21 July 2021 meeting. A copy of the draft response had been circulated to members of the Committee on 20 July 2021 for their consideration.

During consideration of the draft response, the Committee raised the following comments:

- That the impact on Pilgrim Hospital, Boston and the local community should be included in the preamble rather than being under a separate heading;
- That the response needed to include reference to staffing; training and the impact cancelled operations had on the service; and
- One member expressed concern regarding the anxieties raised in Boston regarding the proposed changes; and that further discussions need to be undertaken regarding the matter.

The Chairman concluded that further clarification was required on the issues highlighted by the Committee, in its draft response.

It was agreed that the draft response would be amended to reflect the comments raised, prior to the letter being sent to the Chief Executive of United Lincolnshire Hospitals NHS Trust.

RESOLVED

That the final response on behalf of the Health Scrutiny Committee for Lincolnshire be forwarded on to the Chief Executive of United Lincolnshire Hospitals NHS Trust, as part of the evaluation of the consultation response on Hospital Urology Services.

22 PROPOSALS FOR SCRUTINY REVIEWS

The Committee gave consideration to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider a request from the Overview and Scrutiny Management Board to put forward potential topics for in-depth scrutiny review, which would be undertaken by the Councils two Scrutiny Panels.

A copy of the Scrutiny Prioritisation Toolkit was appended at Appendix A to the report.

The Chairman invited the Health Scrutiny Officer to present the item to the Committee.

The Committee was referred to section six on page 101 of the report pack, which highlighted that any in-depth scrutiny review would require significant input from colleagues in the NHS, who were currently very busy restoring and recovering from the Covid-19 pandemic.

The Committee agreed to reconsider the matter at a later meeting, by which time the NHS might be in a better position to contribute to a scrutiny review and it would also allow time for newly appointed members to get more familiar with the Committee's remit.

RESOLVED

That further consideration of the request from the Overview and Scrutiny Management Board for potential in-depth scrutiny review topics be considered at the 15 December 2021 meeting.

23 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme as detailed on pages 107 and 108 of the report pack.

During consideration of this item, the Committee raised the following comments/suggestions:

- The need to make sure that the Committee had input into the Humber Acute Services Review;
- The inclusion of Cancer Services in the work programme;
- GP Services. The Committee was advised that this would be covered in the item GP Practice – Developments and Challenges which was due to be considered by the Committee on 13 October 2021.
- Quality of GP Services in Coastal Towns (recently published report). The Committee noted that this would also be covered by the GP – Development and Challenges item scheduled for October. It was agreed that a link to the Chief Medical Officers Annual report would be made available to members of the Committee;
- The inclusion of the Community Pain Management Service on the agenda for the 15 September meeting was welcomed;
- More up to date information relating to the Covid-19 position in Lincolnshire. It was agreed that this information would be emailed to members after the meeting; and
- Staffing levels at hospitals, particular reference was made to Grantham Hospital.

RESOLVED

That the work programme presented be agreed, subject to inclusion/consideration of the items listed above.

The meeting closed at 12.41 pm

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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
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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 September 2021**
Subject:	**Chairman's Announcements**

1. Information Requested at the Last Meeting – 21 July 2021

Lincolnshire Partnership NHS Foundation Trust Board Papers – 27 July 2021 *(Minute 19)* – The relevant papers were circulated to the Committee on 27 July 2021.

Chief Medical Officer's Annual Report for 2021 - Health in Coastal Communities *(Minute 23)* This was circulated to members of the Committee on 21 July 2021.

Covid-19 Briefing *(Minute 23)* This was circulated to members of the Committee on 21 July 2021.

Covid-19 – Information on Covid-19 App Alerts *(Minute 16)* As advised to members of the Committee on 27 July 2021, the County Council's Public Health Intelligence Team does not receive the data on the number of positive Covid-19 tests following an alert no the number of hospitalisations, as the App cannot be tracked to an individual level.

2. Pharmaceutical Needs Assessment

At the last meeting on 21 July 2021, the Committee made arrangements for being consulted on the development of the new Lincolnshire Pharmaceutical Needs Assessment, which was due to be approved by 1 April 2022. Since that meeting new guidance has been issued, and the consultation on the draft PNA is expected to take place between April and June 2022.

3. United Lincolnshire Hospitals NHS Trust – Application for University Teaching Status

On 23 July 2021, following a request from the Chief Executive of United Lincolnshire Hospitals NHS Trust, I sent a letter in support of the Trust's application for university teaching hospital status. My letter referred to the presentation from the Associate Dean of Medicine at the Lincoln Medical School in February 2020, where the Committee had recorded its strong support for the development of the medical school, which had opened to its first students in September 2019.

I also stated that I believed this would be a further step in developing and sustaining the NHS in Lincolnshire and teaching hospital status would in the medium to long term lead to benefits to all patients in Lincolnshire, and begin to reduce some of the health inequalities in the county.

4. United Lincolnshire Hospitals NHS Trust – Urology

On 23 June 2021, the Committee considered proposals from United Lincolnshire Hospitals NHS Trust (ULHT) for changes to its urology services. The Committee had been advised that planned urology services were delivered from Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham and District Hospital and Louth County Hospital; and emergency urology admissions alternated at the weekends between Lincoln County and Pilgrim Hospitals, with emergency admissions at both Lincoln and Pilgrim Hospitals during the week.

In summary, ULHT had proposed that Lincoln County Hospital in future received all emergency urology admissions seven days per week. There would be increases in planned urology services at Grantham and District Hospital and Pilgrim Hospital, with a reduction of planned activity at Lincoln County. There would be no changes at Louth County Hospital. ULHT believed that this change would increase ULHT's capacity to perform planned surgery without disruption to patients; better meet the needs of ULHT's emergency cases; and see and treat more people.

On 21 July 2021, the Committee approved its draft response to the engagement exercise by United Lincolnshire Hospitals NHS Trust on changes to its urology services. In summary, the Committee did not believe that it was in a position to support the proposal for the reconfiguration of the Trust's non-elective hospital urology services. Whilst a rationale for change had been put forward, which included a significant increase in elective activity, the perceptions of the local community on the Trust's plans for Pilgrim Hospital are important and need to be fully addressed.

On 2 August 2021, the ULHT board approved the new arrangements, with its proposed implementation during August 2021. The ULHT Board was advised that a detailed data dashboard had been developed to monitor the impact of the service change and this would be reported to Trust Board on a regular basis.

5. Paediatric Services at Pilgrim Hospital, Boston - Short Stay Paediatric Assessment Unit

As reported to this Committee on 21 July 2021, I had received a copy of a letter, dated 19 July 2021, from Alison Marriott, on behalf of *SOS Pilgrim – Call to Action*, to Dr S Joachim (Divisional Clinical Director, Family Health) and Mr Simon Hallion (Managing Director, Family Health Division). This letter clarified the position of SOS Pilgrim regarding the short stay paediatric assessment unit at Pilgrim Hospital.

I have received a copy of the reply from Simon Hallion, dated 23 July 2021, which referred to ULHT's legal duty, under Section 242 of the NHS Act 2002, is to involve patients and the public in development of proposals for change and decisions about how services operate. ULHT's proposed twelve week engagement exercise would always have taken a comprehensive approach to doing this and was now intending to carry out this engagement exercise as a formal public consultation and would be plan the exercise on that basis.

6. United Lincolnshire Hospitals NHS Trust – Visiting Arrangements from 11 August 2021

With effect from 11 August 2021, United Lincolnshire Hospitals NHS Trust (ULHT) suspended its patient visiting arrangements. Exceptions to this suspension include end of life care, dementia or significant cognitive impairment, learning disability or autism and situations where the visit will be classed as a therapeutic intervention to manage distress. These exceptions will be at the discretion of the ward and require an individual risk assessment.

Separate arrangements apply to maternity department, which will allow one birthing partner to attend the birth and a partner to visit women and their baby either antenatal or postnatal, with visiting hours on maternity wards between 1pm and 7pm. Partners can attend all hospital maternity appointments. Women and partners are encouraged to perform lateral flow tests prior to appointments.

Separate arrangements also apply to paediatrics and neonatal services, where parents who do not show the symptoms of infection can visit their children on children's wards and neonatal units. In addition, parents with a baby in neonatal care have access 24 hours a day. This includes overnight stays where accommodation allows.

As an alternative to visiting, wards have tablets available that can support video calling to patients stay connected.

Similar arrangements have been in place at North West Anglia NHS foundation Trust since 14 August 2021. Northern Lincolnshire and Goole NHS foundation Trust introduced visitor restrictions at Diana, Princess of Wales Hospital, on 20 August 2021, but these restrictions were relaxed on 27 August 2021, except for two wards.

7. Humber Acute Services Review

The Humber Acute Services Review (ASR) is looking at hospital services in two acute hospital trusts: Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust. NLaG operates three hospitals including Diana Princess of Wales Hospital, Grimbsy, and Scunthorpe General Hospital. Many patients in the north and north east of Lincolnshire use these two hospitals, so any changes to services are relevant to this Committee. It is expected that the Humber ASR will begin an engagement exercise in the coming months, which will involve this Committee. More detail is set out in Appendix A, which is based on the programme update, issued in June 2021.

8. Changes to Breast Oncology Services Across the Humber

On 24 August 2021, Northern Lincolnshire and Goole NHS Foundation Trust advised me of temporary changes to its breast oncology treatment. These are detailed in the letter from the Chief Executive in Appendix B.

9. Review of Non-Emergency Patient Transport and Consultation on the Eligibility Criteria

National Review of Non Emergency Patient Transport

On 2 August 2021, NHS England published its review of non-emergency patient transport. The full review document is at the link below, with the executive summary attached as Appendix C1 to this report.

https://www.england.nhs.uk/urgent-emergency-care/improving-ambulance-services/nepts-review/

Lincolnshire Clinical Commissioning Group (CCG), which is in the process of procuring a new contract for non-emergency patient transport with effect from 1 July 2022, has advised that the specifications issued to the prospective providers had referred to the imminent publication of the national review. NHS England had also provided the CCG with prior knowledge of the main findings of the review prior to publication, and these were covered in the market engagement event.

Consultation on Eligibility Criteria for Non-Emergency Patient Transport

As stated in paragraph 20(i) of the executive summary of the national report, proposals for consultation on the eligibility criteria for non-emergency patient transport have been published. Subject to the consultation, NHS England expects that they will be incorporated into new contracts from April 2022 and existing contracts from April 2023.

The consultation document on the eligibility criteria for non-emergency patient transport is found at:

https://www.engage.england.nhs.uk/consultation/eligibility-for-non-emergency-patient-transport/

As the proposed criteria (See Appendix C2) include significant additions to the existing criteria, it is proposed that the Committee should respond to the consultation by the closing date of 25 October 2021, with a draft response will be submitted to the next meeting of the Committee on 13 October 2021.

10. Temporary Relocation of Services at John Coupland Hospital Gainsborough

NHS Property Services, which manages the John Coupland Hospital site in Gainsborough, are planning repair works to the Scotter building during 2022. These works can only go ahead once clinical areas are vacated, and services relocated in Gainsborough. Lincolnshire Community Health Services NHS Trust (LCHS) has announced that the changes will include:

- some services, including community nursing, specialist services, community therapy and Lincolnshire Sexual Health, will be relocated from September 2021 to the Pottergate Surgery, which is about half a mile from the John Coupland Hospital site with good public transport links; and
- Scotter Ward will be relocated on the current John Coupland Hospital site later in 2021.

LCHS states that it does not expect clinic times and dates to change and there should be minimal impact on patients; and will provide further updates once more details have been received from NHS Property Services. LCHS has stated that it is committed t continuing to deliver services in Gainsborough and it will use this opportunity to engage with members of the public in Gainsborough to hear their views on community services as we look to bring the estate in line with what patients and staff would expect from a modern care environment.

11. The Sidings Medical Practice in Boston - Procurement Engagement Events and Survey

Lincolnshire Community Health Services (LCHS) currently provide primary medical services at the Sidings Medical Practice in Boston under a caretaking contract, which is due to end on the 30 June 2022. Lincolnshire Clinical Commissioning Group (CCG) will undertake a full procurement to find a provider for a new contract starting on 1 July 2022, to ensure the continuation of primary medical services within the area. There will be no changes to the surgery opening hours and this process is to ensure services continue to be provided from the Sidings Medical Practice.

As part of the procurement, the CCG is engaging with patients, their families and carers to find out their views, before a full procurement process to find a provider commences. There are two patient engagement events on:

- Saturday, 11 September 2021, 8:30am – 12:00pm at the Boston Marketplace, PE21 6EJ – Stall (near the NatWest bank)
- Thursday, 16 September 2021, 6:30pm - 8.00pm at The Sidings Medical Practice , 14 Sleaford Rd, Boston PE21 8EG

In addition to the events, a patient survey was launched on 9 August, which is available at: https://nhslincolnshire.qualtrics.com/jfe/form/SV_cwti08wnNabKel8 . Paper copies are also available in the practice, or by telephoning 07890 047409. The closing date for completion of the survey is 24 September 2021.

12. Annual Public Meetings 2021

NHS organisations are required to hold an annual public meeting, at which the annual report is usually presented, and achievements from the previous year and plans for the coming year may be highlighted. There is an opportunity for members of the public to put questions to the Board. These meetings usually take place during September or October. As with 2020 annual public meetings for 2021 will be taking place remotely.

As of 6 September 2021, the following dates have been confirmed:

- 14 September, 12.30pm - 1.30pm – Lincolnshire Community Health Services NHS Trust. Details are available at https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-trust-board

- 22 September, 5pm – 7pm, Lincolnshire Clinical Commissioning Group. Details are available at https://lincolnshireccg.nhs.uk/event/annual-public-meeting-2021/

- 29 September, 10am to 11.30am – Lincolnshire Partnership NHS Foundation Trust. Details are available at https://lincolnshireccg.nhs.uk/invitation-to-join-us-at-this-years-lpft-annual-public-and-members-meeting-wednesday-29-september/

Other dates will be reported when available.

13. Overview of Local NHS Performance

Regular performance monitoring of the NHS activity is a responsibility for the board of directors of each local NHS organisation. Each board receives an integrated performance report at each regular meeting. This Committee's remit is not to duplicate the role of each board of directors. However, where members of the Committee may be interested in the performance of a particular NHS organisation, the dates of each local board of directors meeting, together with a link to the relevant agenda page are set out below. In most instances, each NHS organisation aims to publish its reports at least three working days prior to the meeting date.

NHS Organisation	Remaining Board Meetings in 2021
Lincolnshire Clinical Commissioning Group https://lincolnshireccg.nhs.uk/library/board-meeting-papers/board-meeting-papers-202122/	29 September 27 October 24 November 22 December
United Lincolnshire Hospital NHS Trust https://www.ulh.nhs.uk/about/board-meetings/	7 September 5 October 2 November 7 December
Lincolnshire Community Health Services NHS Trust https://www.lincolnshirecommunityhealthservices.nhs.uk/about-us/our-trust-board/trust-board-papers	14 September 9 November
Lincolnshire Partnership NHS Foundation Trust https://www.lpft.nhs.uk/get-involved/meeting-dates-and-minutes/board-directors-meetings/navigate/23762/6774#ccm-block-document-library-table-23762	30 September 4 November 2 December
North West Anglia NHS Foundation Trust https://www.nwangliaft.nhs.uk/about-us/trust-board/board-papers-meetings/	12 October 14 December
Northern Lincolnshire and Goole NHS Foundation Trust https://www.nlg.nhs.uk/about/board-meetings/	5 October 7 December
East Midlands Ambulance Service NHS Trust https://www.emas.nhs.uk/about-us/trust-board/next-board-meeting/archive-board-papers/	7 September 2 November

14. Complaints Information

Role of Health Overview and Scrutiny Committees

> "Although health scrutiny functions are not there to deal with individual complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends." *(Local Authority Health Scrutiny – Guidance to Support Local Authorities and Their Partners to Deliver Effective Health Scrutiny – Department of Health 2014)*

As indicated above, the Secretary of State's guidance health overview and scrutiny committees may use information on complaints to get an impression of services.

Attached as Appendix D to this report is paper, which provides information on the numbers of complaints during 2021/22, together with the key topics of complaint and how the NHS is is responding to the themes.

15. Appointment of Amanda Pritchard as NHS Chief Executive

On 28 July 2021, the NHS announced that Amanda Pritchard would become its Chief Executive with effect from 1 August 2021. The previous Chief Executive, Sir Simon Stevens, had announced in April 2021 that he would be standing down at the end of July after seven years in the post.

Amanda Pritchard was previously the NHS's Chief Operating Officer. In this role she had overseen NHS operational performance and delivery, as well as implementation of service transformation and patient care improvements set out in the NHS Long Term Plan. Before joining NHS England and NHS Improvement in 2019, she had served as the Chief Executive of Guy's and St Thomas' NHS Foundation Trust in London, and had also been Deputy Chief Executive at Chelsea and Westminster NHS Foundation Trust.

APPENDIX A

The Humber Acute Services Review Programme

The information set out below is based on the Humber Acute Services Review programme update, issued in June 2021; and newsletter of 23 August 2021.

Overview

The Humber Acute Services programme is designing hospital services for the future across the Humber region in order to deliver better and more accessible health and care services for the population. The programme involves the two acute trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH), and the four Humber Clinical Commissioning Groups (CCGs).

The Case for Change, published in November 2019, explains in more detail why services need to change and sets out some of the challenges; and work is actively underway to design potential solutions across the following three programmes of work:

- **Interim Clinical Plan** (Programme One) – stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.
- **Core Hospital Services** (Programme Two) – long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.
- **Building Better Places** (Programme Three) – working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population.

Programme One (Interim Clinical Plan)

The main aim of the Interim Clinical Plan is to stabilise the identified fragile or vulnerable services to ensure they remain safe and effective. The identified services are:

- Cardiology
- Neurology
- Dermatology
- Oncology
- Ear Nose and Throat (ENT)
- Ophthalmology
- Gastroenterology
- Respiratory
- Haematology
- Urology

Creating and embedding clinical leadership across the Humber for each speciality remains a significant priority in order to deliver fully networked services for the benefit of all patients. Indirect benefits to patient and their families, include:

- Improved consistency in care, treatment and administration.
- Consistent approach to clinical prioritisation and management of waiting lists across the Humber geography – ensuring equity of service for patients in all localities.
- More efficient use of clinical and non-clinical workforce capacity.

Programme Two (Core Hospital Service)

The overall objective of this programme is to design sustainable and effective service models for the future delivery of hospital services. This work is being led by our clinical teams who are currently working to design potential models of care for the following core hospital service areas:

Urgent and Emergency Care

There are some things that make it harder for the hospitals in the Humber area to provide the best urgent and emergency care. These are the challenges to be tackled through this programme:

- Compared to other parts of the country, more people use the Humber's emergency departments and more people are admitted to hospital in an emergency situation.
- The hospitals also have a higher proportion of patients arriving by ambulance or helicopter.
- The hospitals currently have difficulties meeting some important clinical standards, including the four-hour A&E standard (which states that 95% of patients attending A&E should be admitted, transferred or discharged within four hours),
- When people use the hospitals they often have to wait longer or stay in hospital longer than people with similar conditions in other parts of the country. Some of this is linked to the way services are organised and difficulties putting in place 'seven day working'.
- There are also a high number of vacancies within the medical, clinical and nursing workforce.

Maternity, Neonatal Care and Paediatrics

Across the Humber, there are around 9000 babies born every year – every hour a new baby is born somewhere in the Humber. These births are not spread out evenly across the different sites in our region and the hospital maternity units in Scunthorpe and Grimsby are small when compared to other areas in the country.

Maternity services also rely heavily on neonatal (care provided for new-born babies who need extra support) and paediatric services (care for children and young people). Changes

in one service area could have a knock-on effect on the other. The Humber's paediatric services face a number of challenges, in particular, relating to recruitment:

- There are differences in how maternity care is provided across the region and women are telling us that they have less choice than women in other parts of England.
- Compared to other parts of the country, a larger proportion of babies are born prematurely and need extra care. There are also more women with higher risk pregnancies.
- Due to the relatively low number of births on the Grimsby and Scunthorpe sites, it is difficult to ensure all our staff keep up their skills because they are not seeing the recommended numbers of low birth-weight babies.
- New standards around numbers of staff needed in neonatal and paediatric services are stretching the existing workforce further, meaning it is even more challenging to continue to staff the services safely.
- Hospitals are not always able to meet important clinical standards set out by the Royal College of Paediatrics and Child Health, particularly around immediate access to senior paediatric staff.
- Recruiting paediatric trainee doctors and paediatric nurses remains a problem – not only across the Humber, but nationally.

The review team have been asking women, their partners and families what matters most to them when making choices about where to give birth. This will help to design maternity and neonatal services that will work better in the future. The review team is also listening to children and young people, their parents, carers and friends to help us shape the future of paediatric services.

Planned Care and Diagnostics

Across our hospitals thousands of patients are seen every week for planned operations or other treatment, scans and other tests. The way planned care and diagnostic services are set up, however, means hospitals are not always making the best use of the equipment, buildings and workforce. As a result are not getting the best possible outcomes.

- In many of services, too many patients are waiting too long to be seen. This has become worse as a result of the Coronavirus pandemic.
- Too often appointments run late or are cancelled at the last minute because the staff, equipment or buildings need to be used to treat patients who have come in as emergencies.
- It is not possible to meet important clinical standards across all our hospital sites.
- As with other services, it is difficult to recruit and retain a large enough workforce with the right skills and experience to meet the needs and demands of the population.
- Old buildings and equipment cause backlogs in getting reports on scans or other images. The unreliability of some of the imaging equipment and machines can lead to incorrect clinical conclusions.

We know from our engagement already that being seen and treated as quickly as possible is very important to local people. In planning for the future, we will pay particular attention to tackling long waiting lists and designing services that can see patients quickly and efficiently.

Preparation of Pre-Consultation Business Case

Work on programme two is moving at pace towards the publication of a Pre-Consultation Business Case by early 2022, followed by a statutory public consultation. In many cases, emerging pathways of care within services are not standalone or independent; and will require us to consider how we deliver more services out of hospital in a community setting.

Initial work has highlighted the potential benefits that can be delivered from community-based pathways or services; and we are working closely with teams in out of hospital and primary care transformation programmes and are seeking to develop a joint understanding of future demand.

The most common areas of positive feedback so far were in relation to:

- **workforce** – praising kind, compassionate and caring staff;
- **waiting times** – praising efficient and well-run services; and,
- **clinical standards** – commenting on how safe and well looked after respondents felt.

The most common areas where respondents felt improvements could be made were in relation to:

- clinical outcomes – in particular improving **communication** with patients and between different parts of the health and care system; and,
- **travel and access** – in particular improving access to car parking facilities.

Programme Three (Building Better Places)

The NHS in the Humber continues to work with a wide range of partners including local authorities, universities, local enterprise partnerships and development partners on proposals to develop the hospital estate and deliver significant, wide ranging community benefits across the Humber.

Work continues on seeking approval to develop a large-scale capital investment plan for the hospital estate that will support better clinical care but also make a significant contribution to the wider economic regeneration of the region. This investment could be linked to not only hospital infrastructure but also across community diagnostics, out of hospital transformation and social care.

APPENDIX B

Changes to Breast Oncology Services Across the Humber

Set out below is the text of a letter from Dr Peter Reading, Chief Executive of Northern Lincolnshire and Goole NHS Foundation to Councillor Carl Macey, Chairman of the Health Scrutiny Committee for Lincolnshire, dated 24 August 2021.

Dear Councillor Macey,

I am writing to you to let you know we recently had to make a temporary change to the breast Oncology service across the Humber region on the grounds of patient safety. This temporary change means all newly diagnosed breast Oncology patients will have their first appointment with a specialist at Castle Hill Hospital in Hull; and will impact on a small number of patients within the Lincolnshire County Council boundary who would previously have been seen in Grimsby or Scunthorpe. However, please be assured that this temporary change does not impact on chemotherapy treatments; and these will continue to be provided at both Grimsby and Scunthorpe for new and existing patients.

Please note the following details to help explain the reasons and background to this temporary change:

- Hull University Teaching Hospitals (HUTH) currently provides the breast Oncology clinicians to deliver the Oncology service run in Northern Lincolnshire and Goole (NLaG) NHS Trust. Oncologists are the specialists which lead the care of patients with all types of cancer. They work closely with other colleagues in large multidisciplinary teams that focus together on treating the patients.

- The arrangement between HUTH and NLaG is formalised through a Service Level Agreement which covers all outpatient clinics (new and follow-up appointments), as well as chemotherapy review and support to nursing teams in clinic, ward rounds and inpatient reviews.

- The Oncology service has, in recent years, seen the introduction of new and more effective treatments and at the same time has become increasingly challenged because of a growing national and international shortage of medical and clinical oncologists. In addition, patients are living longer with their cancer, receiving more lines of treatment and are often on treatment for prolonged periods of time rather than having what used to be seen as traditional chemotherapy for a defined short period. The Oncology senior team is at present carrying five Whole Time Equivalent (WTE) consultant vacancies plus three locums, out of an establishment of 23 WTE consultants. This has happened along with sickness leave, an increased – and growing – service demand, and an increased complexity of new chemotherapy regimens. As a result the Oncology team cannot continue to deliver all aspects of the current service with such a limited staffing resource.

- The breast team has seen a decrease in WTE consultants providing a service to this tumour site in recent years: Six WTE Oncologists previously delivered this service and now HUTH have 2.80 WTE Oncologists. NLaG previously had three WTE breast Oncologists from HUTH delivering this service across Northern Lincolnshire and this has now reduced to one locum Oncologist.

- There has also been an increase in referrals to Oncology and breast Oncology now accounts for approximately 25% of NLaG's cancer workload. A reduction in specialists and an increase in demand have had, together, a significant adverse impact on the work of this tumour site.

As a result of these continuing pressures a temporary plan has been agreed by HUTH, NLaG and the relevant Clinical Commissioning Groups (CCGs) on the grounds of patient safety. This change means all breast Oncology patients accessing the Humber Oncology service will receive the same level of service and timely clinical input to progress their care and treatment; and all newly diagnosed breast patients will have their first appointment with a specialist at Castle Hill Hospital in Hull. In line with ongoing commitments made towards supporting patients there will be access to transport available for patients meeting the criteria.

All the breast patients will be managed by HUTH from a single waiting list and each patient will be given priority by clinical need regardless of referral source. Any Lincolnshire patients who require chemotherapy will be transferred to the NLaG nurse-led chemotherapy service and will continue to receive their treatment at the Diana Princess of Wales (DPoW) Hospital in Grimsby or Scunthorpe General Hospital as is the case now. Making this change now means all patients can be seen by a medical expert in the management of their cancer therapy by concentrating this work in one location. This approach maximises the use of consultant time in reviewing patients. Work on all other tumour sites (Upper GI, Colorectal, Lung and Urology) will continue to be delivered from DPoW.

Given cancer referrals are expected to continue to grow in the coming months and years, a long-term solution for Oncology across the Humber is in the process of being developed. This plan needs to be clearly spilt into two distinct components:

- To stabilise the breast Oncology service which will require the appointment of either substantive or locum consultants.
- To enhance and develop the wider Oncology workforce. This can only be achieved with very significant ongoing investment from all parties to recruit additional staff, to support the consultant-led team delivered model. The service needs to be able to recruit flexibly so that suitable staff of different grades can be appointed as and when possible.

The details set out above represent a service change on the basis of patient safety. Like many other systems we experience significant issues in recruiting specialist Oncology staff. Our proposed work plan for the delivery of Humber Acute Services includes a review of Oncology services and how it may be best delivered in the longer term; and would expect to fully engage with you as these develop over the coming months.

I trust these details are helpful and please share this information with other members of the Health Scrutiny Committee for Lincolnshire. Please let me know should the Committee have any questions and/or wish to discuss any of the above in more detail; and I will provide any further details requested and attend a future meeting of the Committee if that would be helpful.

I look forward to hearing from you.

Yours sincerely

Dr Peter Reading
Chief Executive

APPENDIX C1

Improving Non-Emergency Patient Transport Services

Report of the Non-Emergency Patient Transport Review

Executive Summary

1. Our experience of healthcare does not start and stop at the hospital door. Transport to and from treatment can make a significant difference to patients' wellbeing, and sometimes to their safety and health.

The Importance of Patient Transport

2. When Healthwatch undertook an extensive nationwide conversation about improving the NHS, nine out of ten people highlighted the importance of convenient ways of getting to and from health services. Age UK, Kidney Care UK and other patient groups have emphasised similar conclusions; and how transport can be a major challenge to many patients today.

3. This report sets out measures for improving an important element of travel to healthcare: NEPTS. These NHS funded transport services support those people whose medical condition or mobility constraint would otherwise be a major barrier to getting to treatment. It draws on the findings of a national Review, which has worked closely with the sector. Our aim is to ensure that NEPTS is more responsive, fair and sustainable.

Non-Emergency Patient Transport Today

4. While most people can travel to treatment independently or with support from family and friends, NEPTS play an important role for those whose medical condition or severe mobility constraint means that other forms of transport are not suitable.

5. NEPTS deliver 11-12 million patient journeys each year, covering around half a million miles each weekday.

6. Out of every 20 journeys, approximately nine are for patients attending outpatient appointments, seven renal dialysis, and four are discharges or transfers to other hospital settings. Three quarters of users are aged over 65.

7. Patient transport services typically have four components:

- **Co-ordination and triage capacity** – to assess eligibility, broker and manage journeys, and signpost people to independent transport.
- **Specialist transport services** – for those who need adapted vehicles or support from staff with particular training. There are up to 300 Care Quality Commission (CQC) registered ambulance providers delivering these services.

- **Non-specialist services** such as private hire/taxis and community transport – some areas now draw on over a hundred providers to flexibly deliver to those with less severe needs.
- **Reimbursement** of travel costs to allow patients or their families to cover the costs of private transport. In addition, those on a low income or meeting other criteria are entitled to reimbursement through the **Healthcare Travel Costs Scheme**.

8. We estimate that around £460 million is spent on NEPTS a year – at an average cost of around £38 per journey. That represents about £1 in every £275 spent by the NHS, approximately the same as the total cost of radiotherapy.

9. Data from a small number of healthcare trusts suggests that the use of the Healthcare Travel Costs Scheme is comparatively low. Extrapolating from this small sample indicates that national expenditure may be around £5-10 million a year.

10. Patient transport emits 57-65 kilotonnes of carbon dioxide equivalent emissions per year, which constitutes approximately 20% of the NHS' direct travel emissions, as well as contributing to increased air pollution levels.

Challenges and Opportunities

11. Patients often enormously value the transport they receive. The review has heard many examples of how the approximately 10-15,000 full time equivalent (FTE) staff and hundreds of volunteers provide patients with good care and support.

12. Since the advent of the COVID-19 pandemic, providers of transport have shown enormous flexibility. They have adapted to social distancing requirements, often involving a rapid shift from group to individual transport. They have stepped up to develop better ways to safely discharge patients from hospital. Collaboration between providers has deepened.

13. However, alongside these positive examples, the review has found that patient transport services are too often variable in quality and responsiveness. For example, one survey found that on at least one occasion in the previous two years, nearly a third of patients had waited over three hours for transport back from treatment. People are also often left uncertain as to when their transport will arrive, creating needless waiting and anxiety.

14. Eligibility for NEPTS is inconsistently applied across England, with each Clinical Commissioning Group (CCG) typically developing their own interpretation of government guidelines.

15. Service commissioning, planning and management has been poor in some areas. We estimate around a quarter of journeys are cancelled or aborted each year – around 3 million trips – an indication that communication and integration between providers of healthcare, transport and patients could be much better. Commissioners and providers also expressed concerns about procurement and contracting. We are aware of four contracts being handed back or terminated in 2017 and 2018 alone.

16. Nor is the sector yet environmentally sustainable. Patient transport needs to be at the forefront of the NHS' commitment to become the first net zero carbon healthcare system by 2040.

17. These challenges have arisen due to systemic factors: the inherent uncertainty around eligibility; a lack of data and transparency undermining both good commissioning and accountability; and contracts that do not incentivise investment or innovation.

18. The positive news is that there are also significant opportunities to address these issues. Technology in transport co-ordination is allowing demand and capacity to be much better connected. Measures to reduce the need for outpatient appointments by 30% should free up travel resource for reinvestment in other parts of NEPTS and reduce emissions. ICSs provide the institutional architecture for healthcare providers to collaborate in planning and delivering transport better. The expansion of electric vehicle charging infrastructure and increased availability of electric vehicles enables reductions in carbon emissions and improvements in air quality.

A New National Framework for Patient Transport

19. The needs and opportunities identified in this review define three major objectives for non-emergency patient transport: to be more consistently **responsive**, **fair** and **sustainable**:

- NEPTS needs to be high-quality and consistently patient-centred: minimising waiting times, keeping people informed, better integrating transport into the treatment pathways and giving people more control.
- More detailed national eligibility criteria and consistent standards are required to underpin good local planning and delivery.
- NEPTS needs a clear path to net zero carbon, to work with local communities and continuously improve productivity through investment and innovation.

20. This review therefore sets out a **new national framework for non-emergency patient transport**, comprising of five components.

(i) **Updated national guidance on eligibility for transport support** to:

(a) Clarify eligibility for those with a medical need, cognitive or sensory impairment, significant mobility need, or safeguarding need.
(b) Introduce a new universal commitment to transport support for all journeys to and from renal dialysis, offering access to appropriate specialist transport, non-specialist transport or simple and rapid reimbursement of patient costs, planned through shared decision making.

(c) Reinforce the expectation that people will otherwise be responsible for their own transport, while allowing discretion where treatment or discharge may otherwise be significantly delayed or missed.

Specific proposals for consultation are published alongside this report. Subject to this consultation, we expect that they will be incorporated into new contracts from April 2022 and existing contracts from April 2023.

(ii) **Support for wider transport planning and journeys for all patients**. We propose to:

(a) Significantly simplify the process for accessing the Healthcare Travel Cost Scheme (HTCS) and integrate the scheme far more closely with NEPTS and wider transport co-ordination. The ambition is to process reimbursement in a matter of days, with an absolute maximum of 30 days for valid claims compared to up to 90 days at present.

(b) Ensure, at a minimum, that all patients can access advice on alternative travel options, including community transport.

(c) Support the growth of community transport, particularly volunteer recruitment and integration with transport co-ordination hubs; with innovative approaches developed in three pathfinder areas.

We will seek to implement these changes as rapidly as possible, including working with DHSC to make any legislative changes required to the HTCS by the end of 2023 at the latest.

(iii) **Increased transparency**, to incentivise patient-focused provision and enable greater learning and accountability. This will include:

(a) Model activity measures and **key performance indicators** (KPIs) to allow more consistent monitoring of patient experience, communications and satisfaction, journey delivery and value for money.

(b) A **national minimum dataset** covering key elements of patient journeys including volumes, waiting and journey times for different types of journey. These will be published every six months.

More detailed proposals are available on the FutureNHS Collaboration platform. Following engagement with stakeholders, we will publish the final measures by March 2022 so that the first tranche of national data can be published by the end of 2022.

(iv) A clear path to a **net zero NHS patient transport sector**. The NHS is committed to net zero and therefore is committed to using a fully zero emission fleet across all operations. The NEPTS providers engaged in this review have shared this commitment.

We expect the NHS as a whole to have a fully zero emission fleet ahead of its commitment to become net zero by 2040. Within this, we expect all NEPTS vehicles, except ambulances and volunteers using their own vehicles, to be zero emission by 2035, irrespective of contract duration. To achieve this target a progressive gradual decarbonisation of NEPT vehicles has been agreed, which apply to contracts issued or renewed after the set date below.

Date	Vehicle Emission Targets

From 2021	No immediate changes
From 2023	50% of vehicles used to deliver the contract are of the latest emission standards, ultra-low emission vehicles (ULEV) or zero emission vehicles (ZEV)
From 2026	75% of vehicles used to deliver the contract are ULEV or ZEV, including minimum 20% ZEV
From 2030	100% of vehicles used to deliver the contract are ULEV or ZEV, including minimum 20% ZEV
2035	**100% of vehicles used to deliver the contract are ZEV**

At a later date, NHS England and NHS Improvement will set out plans for when it expects all ambulances to be zero emission; NEPTS providers will need to comply with future plans for ambulances and this will be reflected in further guidance and standards.

(v) **Better procurement and contract management**, to improve service responsiveness and enable investment and innovation we:

(a) are providing initial advice in this report and further best practice principles/proposals on the FutureNHS collaboration platform which we will continue to develop with the sector. We advise that contracts for core specialist provision are agreed for a minimum of five years, comprise of a combination of fixed and variable payments, and that tender processes run for a minimum of 60 days; and that non-specialist provision draws on wider transport markets.

(b) will clarify core standards for specialist and non-specialist provision

(c) introduce model service specifications with specific elements, covering co-ordination, specialist provision, non-specialist provision and reimbursement.

Core standards and model specifications will be available by December 2022 following joint development work with the sector.

Implementation

21. This is a strategic framework to enable local improvement. From April 2022, subject to legislation, NHS ICS bodies would assume responsibility for overseeing NEPTS and transport support more widely.

22. It would be for NHS ICS bodies to determine how best to deliver this responsibility, but we expect that in addition to implementing the five components of the national framework:

- Each ICS body should have a lead officer with responsibility for oversight of non-emergency patient transport.
- In line with the aims of ICSs, healthcare providers should be closely involved in the planning, commissioning and management of services to ensure that transport forms an

integrated part of wider pathway improvements including discharge, outpatient transformation and renal services.

- Oversight and budget management should look at NEPTS delivery, reimbursement, the Healthcare Travel Costs Scheme and wider transport facilitation in the round.
- Each ICS body should consider coordinating with other system-level and regional partners including urgent and emergency transport providers, local authorities and neighbouring ICSs where appropriate.

23. We anticipate that the impact of the above changes will enable significant improvements in patient transport within the same financial resources:

- We consider that the outpatient transformation programme should release at least 4% of NEPTS resources by 2023/24 which can be redirected to address additional resource pressures arising from the updated eligibility criteria, particularly the universal renal transport support offer, and greater use of the HTCS. This is based on a conservative estimate of resources released and engagement with areas on the implications of the new eligibility criteria.
- We also anticipate that productivity should be improved through introduction of longer-term contracts to enable investment, a more differentiated approach between specialist transport, non-specialist transport and reimbursement, and better use of co-ordination to improve utilisation.
- The cost of purchasing and leasing zero-emission vehicles will fall over the next decade, with battery powered electric vehicles expected to reach cost parity with internal combustion engine vehicles by 2030 or earlier.

The delivery of these measures assumes that patient transport services are no longer significantly impacted by the COVID-19 pandemic. If infection prevention and control measures are still in place from April 2022, it is possible that the timetable for the delivery of some actions may need to be reassessed.

24. To support the delivery of the measures set out above, NHS England and NHS Improvement is establishing a dedicated NEPTS Review implementation programme, led by a small team. The team will work closely with transport providers, patient groups, ICSs, and regional teams to deliver these actions. This will include a senior level Implementation Advisory Group, ensuring that the work is supported and challenged by experts and representatives of all these groups with a stake in better patient transport.

APPENDIX C2

Proposed Changes to the Eligibility Criteria for Non-Emergency Patient Transport

The consultation document proposes the follow eligibility criteria for non-emergency patients transport:

(a) Patients have a **medical need** for transport, typically because they:

- require oxygen which they are unable to self-administer during transit;
- need specialised equipment during the journey;
- need to be closely monitored during their journey;
- need to be transferred to another hospital ;
- have a medical condition, have undergone major surgery such as a transplant, and /or the potential side effects of treatment are likely to require assistance or monitoring during their journey;
- reside in a nursing home or hospice without access to suitable transport to healthcare treatment;
- have a medical condition or disability that would compromise their dignity or cause public concern on public transport or in a taxi, and do not have access to appropriate private transport; or
- have a communicable disease, for which travel on public transport or in a taxi is not advised, and do not have access to appropriate private transport.

(a) Patients have a **cognitive or sensory impairment** requiring the oversight of a member of patient transport staff or suitably trained driver, meaning that they:

- have dementia or another mental health condition which requires the assistance of patient transport staff to ensure a safe journey;
- have a confused state of mind, learning / communication difficulties, hearing loss, impaired sight, to such an extent that they are unable to use public transport or a taxi, and do not have a carer who is able to transport them; or
- pose a risk to themselves or others through independent travel. (please note that secure mental health transport for high-risk patients is managed separately from non-emergency patient transport).

(b) Patients have **a significant mobility need** which cannot be met through public or private transport, including the support of available family or friends or a taxi (including available mobility or assisted taxis or community transport provision). Examples are likely to include patients who:

- need to travel lying down for all or part of the journey and/or need a stretcher or sling/hoist for their journey;
- need specialist bariatric provision;
- are unable to self-mobilise (ie unable to stand or walk more than a few steps);

- have been clinically determined as at risk from using public transport due to being immune-compromised, and do not have access to appropriate alternative private transport (personal vehicle or taxi unless taxi travel advised against on clinical grounds); or
- are wheelchair users who do not have access to an appropriate alternative source of transport, do not have a specially-adapted vehicle (or are unable to use the vehicle for that journey), and they require the assistance of patient transport staff to undertake the journey.

(c) Patients are travelling to or returning from **in-centre haemodialysis**, in which case specialist transport, non-specialist transport or rapid reimbursement for private travel will be made available after a shared decision making process to consider the appropriate requirements of the patient.

(d) There is a **safeguarding** concern raised by a relevant professional in relation to the patient travelling independently, which means that the patient requires the oversight of a suitably trained driver or other patient transport member of staff.

(e) In the opinion of an authorised eligibility assessor, no other transport is suitable or available given the patients wider mobility or medical needs, not covered in criteria (a) – (e), and treatment or discharge would be missed or severely delayed as a consequence. Transport options which should be exhausted prior to provision of PTS include:

- the patient's own transport – eg the person does not have a car or would not be able to drive due to medical side-effects of treatment;
- a relative, friend or carer who could help out;
- patient booking their own taxi, including a mobility or assisted taxi – reasonable efforts should be made to book a taxi;
- public transport, including community transport, where the public transport journey is not unreasonably complex or long; or
- transport which people are entitled to as part of funded social care provision or a social security benefit.

APPENDIX D

SUMMARY OF COMPLAINTS

In each case these summaries have been based on the Trust's annual complaints report and the annual quality account.

A. UNITED LINCOLNSHIRE HOSPITAL NHS TRUST

During 2020-2021 ULHT received 520 complaints. However, there were 627 complaints responded to within that period. Of the 627 complaints that were closed, 127 cases were carried over from the previous financial year. The following themes were identified:

Outpatients:

- Delay in appointments
- Poor communication with Patients
- Communication with relatives and carers
- Delay in giving information and result

A&E:

- Lost property
- Poor communication with patient
- Communication with relatives and carers
- Security issues during Covid-19

X-Ray/CT:

- Poor communication with patients
- Cancellations/refusal to undertake X-ray /CT
- Wait for appointment/length of wait

<u>Poor Communication</u>

Poor communication features in all of the above areas. During the Covid-19 pandemic staff on the wards faced competing demands on their time as they tried to balance delivering high standards of care alongside answering calls to family members to provide them with updates. Due to these concerns being raised the Trust has implemented the communication work stream to improve communication with families.

<u>Lost Property</u>

During the Covid-19 pandemic many patients had multiple wards moves and the property lists were not always completed or updated during the moves. This resulted in property being misplaced or lost. The Trust has produced a Patient Property Policy which is to be adopted Trustwide. This will ensure that all patients' property is recorded correctly within

the medical notes and updated if a patient is moved to a different area. This will potentially reduce the number of PALS concerns and Complaints received by the Trust.

Delay in Appointments

During the Covid-19 pandemic numerous patients' appointment were cancelled or rescheduled. Numerous strategies were employed to inform patients and reassure them that their appointment would be rescheduled at a later date. Due to issues with patients having difficulties contacting the appointments department for an update, additional staff have been employed to ensure that calls are being answered and patients are updated accordingly. Appointments letters have also been updated giving contact numbers where they can call to obtain an update.

Changes in Practice from Complaints

Below are some examples of changes that have occurred as a result of complaints during 2020/21:

- Alignment with the Dementia Training Standards Framework set out by NHS Health Education, England. The framework sets out how NHS organisations should care for patients with dementia and aims to support the development and delivery of appropriate and consistent dementia education and training for our staff
- Training was developed for doctors to perform ward based chest drain insertion
- In-house pharmacist in A&E to improve medication compliance
- An Accountability handover document was developed to improve Health Care Support Staff documentation
- Due to consultant to consultant referrals being mislaid and not actioned causing a delay in chemotherapy for patients, a new process has been adopted. The secretary will process the referral letter, which will require the signature and instruction from the consultant. If there is no instruction or signature the secretary will bring this to the attention of the consultant to prevent any near misses and delay in treatment.
- As a result of the delays, Ultrasound are currently undergoing an expansion to incorporate two additional scan rooms. This will allow for an increase of scans to be undertaken.
- Development of an electronic referral system for patients identified with ulcers who require review by diabetic foot team.
- Patient property policy being updated to ensure robust processes for the safekeeping of personal items is adhered to.

B. Lincolnshire Community Health Services

During 2020/21 Lincolnshire Community Health Services NHS Trust (LCHS) received 123 formal complaints compared with 233 during 2019/20, a decrease of 48%. The primary theme of access to treatment or medication continues to be the top, followed by patient-care. The table below provides a breakdown of the complaints received by subject.

Complaint by Subject	**Number**
Access to Treatment or Drugs	42
Patient Care (including Nutrition / Hydration)	36
Values and Behaviours of Staff	14
Privacy, Dignity and Wellbeing	12
Admissions, Discharge and Transfers	6
Communications	6
Waiting Times	2
End of Life Care	1
Integrated Care	1
Other	1
Prescribing Errors	1
Trust Administration	1
TOTAL	123

<u>Improvement Opportunities for 2021-22</u>

LCHS has identified areas where they can continue to improve the service, which include:

- Complaints team will continue to roll-out the training piloted in April and May of this year across the Trust to improve patient and community experience of LCHS services as well as supporting teams to develop their responses to concerns and complaints.
- LCHS will, and the committee are asked to support and champion, the patient partners and volunteering services developments as well as encouraging LCHS staff and patients to share their experiences so we can learn and improve the care we provide.
- Review options for capturing protected characteristics data from persons wanting to raise concerns and complaints.

C. Lincolnshire Partnership NHS Foundation Trust

During 2020/21 Lincolnshire Partnership NHS foundation Trust recorded a total of 150 complaints

Complaint by Subject	**Number**
Communication	42
Access to Services	36
Values & Behaviours of Staff	30
Admissions & Discharge	10
Patient Care	10
Clinical Treatment	9
Appointments	4
Prescribing Errors	3
Restraint	2
Commissioning Services	1
Privacy & Dignity	1
Waiting Times	1
Other	1
TOTAL	**150**

D. Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) received 290 formal complaints during 2020/21, which represented a 26% decrease from the previous year.

Learning Lessons

The following learning identified through the complaints process is shown below through examples:-

- Patient underwent surgery in Hull and to the plan was to receive follow up care at Scunthorpe General Hospital, but the referral from Hull was not received and the patient was lost to follow up.
  Learning – to prevent this happening again the two Trusts are working together to develop an electronic referral process.

- Recurring Trust wide theme in complaints about communication
  Learning - Multiple methods of sharing learning are currently in use, including ward newsletters, team meetings and individual conversation. The Trust Learning Lessons Newsletter will contain detailed examples of poor communication and the impact on patients and their families.

- Surgical pathway incorrectly closed by Data Quality
  Learning- Investigation identified individual learning and need for cross checking of all pathway data open.

- Failure of breast reconstruction
  Learning – Introduction of oncoloplastic multi-disciplinary team, and psychology involvement introduced preoperatively .This will improve the patient pathway.

D. North West Anglia NHS Foundation Trust

The figures set out in the table below are based on the records of NHS Digital and show the number of complaints by subject for 2020/21.

Complaint by Subject	**Number**
Integrate Care	324
Communication	195
Values & Behaviours of Staff	87
Admissions & Discharge	35
Privacy & Dignity	29
Waiting Times	26
Access to Treatment or Drugs	21
Appointments	15
Facilities Services	7
Trust Administration	6
End of Life Care	5
Patient Care	3
TOTAL	**753**

As stated in the Trust's quality account, it continues to use feedback from surveys and complaints to address areas of performance which fall short of their standards.

E. East Midlands Ambulance Services NHS Trust

During 2020/21, the East Midlands Ambulance Service NHS Trust (EMAS) received 58 formal complaints requiring investigation compared to 132 in 2019/20, a reduction of 74. Of the 58 complaints, eight related to Lincolnshire. The subject matter of the 58 EMAS complaints was as follows:

- 46 related to accident and emergency services
- 1 related to non-emergency patient transport (EMAS provides this service in Derbyshire and Northamptonshire)
- 11 were trust wide

The three general themes related to:

- attitude of staff
- quality of care
- delayed response to the patient

General approaches to learning from serious incidents and formal complaints include:

- communication of key learning points through education, training, communication and awareness;
- clinical case reviews and reflection of the practice by individuals;
- amendment to policies, procedures and practices;
- themes being reviewed by the incident review group which consists of multi-disciplinary membership; and
- shared learning incorporated in learning from events sessions.

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Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 September 2021**
Subject:	**Lakeside Medical Practice, Stamford**

Summary:

This report advises the Committee of the actions taken both in advance of and following the publication of an inspection report by the Care Quality Commission (CQC) on 2 August 2021, on the Lakeside Medical Practice (Stamford). The CQC's report, which followed an inspection on 8 June 2021, found that Lakeside Stamford was inadequate and the CQC placed the practice in special measures. This report to the Committee specifically sets out the mitigating actions taken by Lakeside Stamford, plus assurance and support activity for Lakeside by the Lincolnshire Clinical Commissioning Group.

Actions Requested:

The Committee is requested to review and consider the contents of this report to ascertain satisfaction with mitigating actions to improve care provision from Lakeside Healthcare General Practice (Stamford).

1. Background

Lakeside Healthcare General Practice at Stamford operates from two sites: Sheepmarket Surgery, Ryhall Road Stamford and the branch surgery: St Mary's Medical Centre, Wharf Road, Stamford. Patients can access services from either surgery. The service has onsite dispensaries situated at both sites.

The practice is situated within NHS Lincolnshire Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of just under 31,000 patients. The practice is one of eight locations of Lakeside Healthcare Partnership, a partnership of GPs and others which provides primary medical services to approximately 170,000 patients across Northamptonshire, Lincolnshire and Cambridgeshire. The organisation's central support function is situated in Corby, Northamptonshire. The practice is part of Four Counties Primary Care Network and the practice is a training practice.

Public Health England report deprivation within the practice population group as nine on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The average life expectancy of the practice population is higher than the national average for both males and females (81.4 years for males, compared to the national average of 79 years and 85.5 years for females compared to the national average of 83 years). The National General Practice Profile states that the majority of registered patients are white with approximately 1.2% Asian and 1.5% other non-white ethnic groups. The age distribution of the practice population closely mirrors the local averages. There are slightly more female patients registered at the practice compared to males.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are currently telephone consultations. If the GP or advance nurse practitioner needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery. Other consultation methods such as video calls and advice via email are offered.

2. Care Quality Commission Inspection Outcome

The Care Quality Commission (CQC) inspected Lakeside Medical Practice (Stamford) on 8 June 2021. This followed the receipt of a high number of concerns raised by the public about care access. Aware of these concerns, which had occurred in the preceding few months, the practice implemented a new telephone system across both Lakeside Stamford sites at the same time as the CQC inspection was happening. This was to address the access concerns associated with patient long waits for calls to the practice to be answered.

<u>Action Taken Prior to Publication of CQC Report</u>

Immediately after the CQC inspection visit and prior to publication of the CQC full inspection report, the practice was issued with an urgent enforcement notice in relation to risks associated with medicines management, medication and long term condition reviews and dispensary procedures. The notice required Lakeside to submit an action plan setting out how the matters would be addressed. The CQC also served two warning notices to Lakeside Stamford in relation to good governance and safe staffing.

Lakeside made the CCG aware of the initial CQC feedback received and the requirement to provide fortnightly feedback to the CQC on the actions being taken to address the significant areas of concern noted. The action plan produced and progress updates is also being regularly shared with the CCG.

Specifically CCG Senior Quality and Primary Care representatives met with the full Practice Team on 15 July 2021 to receive further assurance on the mitigating actions underway against the CQC Inspection Improvement plan and to understand what particular areas required additional support from the CCG. The CCG agreed to provide support with Safeguarding training, Infection Prevention and Control and coordination of Communications prior to release of the CQC published Inspection Report. The CCG has also supported with interactions with the newly established Patient Participation Group (PPG), with the CCG attending with Lakeside Healthcare representatives, two of the recent PPG meetings in July 2021.

Other partners have also provided support eg. Local Medical Committee and partner Practices from the Lakeside Healthcare Partnership.

Publication of the Report

The CQC Inspection Report inspection was published on 2 August 2021 and is available on the CQC website:

https://www.cqc.org.uk/location/1-6017886696

The report included the following ratings:

Overall Rating	**Inadequate**
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

The practice was also rated inadequate for all population groups.

The CQC found that:

- The practice was not providing care in a way that kept patients safe and protected them from avoidable harm.
- Patients were not always receiving effective care and treatment that met their needs.
- Staff mostly dealt with patients with kindness and respect and involved them in decisions about their care. However patients commented that their care had been impacted upon by poor access to appointments.
- The practice adjusted how it delivered services to meet the needs of patients during the Covid-19 pandemic. However, patients were unable to access care and treatment in a timely way.
- The way the practice was being led and managed did not promote the delivery of high-quality, person-centred care.

The CQC found three breaches of regulations and stated that Lakeside Stamford **must:**

- ensure care and treatment is provided in a safe way to patients;
- establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care; and
- ensure persons employed in the provision of the regulated activity receive the appropriate support, training, supervision and appraisal necessary to enable them to carry out the duties.

In addition the CQC stated that Lakeside Stamford provider should:

- implement the new telephone system with adequate staff resourcing to improve telephone access for patients;
- develop the practice website to include more information on local services and practice updates;
- improve visibility and communication between the central support function personnel in Corby Northamptonshire, and the practice team;
- provide stronger local management by recruiting an appropriately skilled practice or business manager; and
- develop staff engagement processes, and improve responses to patient feedback to enhance service user experience.

The Practice has reported to the CCG that the CQC carried out a re-inspection in the week commencing 30 August. An update on progress and any further issues identified following the re-inspection is expected in the near future.

Response of Lakeside Stamford

The Practice has a very detailed action plan to address all areas of concern highlighted by the CQC. A summary of the required main actions and their current status is provided below:

Areas of Concern	Key Actions and Outcomes
Patient Telephone Access/Waiting Times	New telephone system installed early June 2021 across both sites. Waiting times significantly reduced. Further staff appointments increasing staffing capacity to respond to calls (see below) Improvement to complaints process & website – so patients can more easily raise concerns. Planned survey by PPG to ascertain patient/public ongoing concerns.

Areas of Concern	Key Actions and Outcomes
Staffing Levels & Appraisal, Supervision & Training	Significant recruitment success: • Additional GP Partner sessions secured • 3 new salaried GPs recruited. (Locums in place for any gaps). • New Practice Manager recruitment • Additional Clinical Pharmacy Hours & additional dispensary support. Prioritised plan to address outstanding staff appraisals with individual training needs identified. Supervision provision improved; Team & Practice meetings re-established at greater frequency to understand staff concerns. Improvements to incident reporting and learning from incident processes. Improved Risk Management.
Medication & Long Term Condition Review Backlog	Additional Clinical Pharmacy, administrative and GP support secured to address the backlog. CCG facilitated additional specimen collections to assist. At least ¾ reduction in backlog to date.
Dispensary system & processes	Guidelines reviewed and renewed as necessary. Improvement to Governance of dispensary via Lead GP. Additional staffing support.

Assessment of Lakeside Response to Date

The CCG is satisfied with progress to date on required improvements and CQC representatives have reported the same. The new PPG has met a few times and reports a positive and constructive relationship being established with the Practice. The CCG will continue to meet with the Practice had regular intervals to receive ongoing assurance on the improvement actions and to provide support where required.

3. Finance and Resource Implications

Any additional capacity required to support improvements will be considered by the CCG. To date support required has been from existing CCG teams, for example safeguarding and health protection.

4. Legal Considerations and NHS Constitution

The CCG has a statutory duty to engage with patients and the public under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). The section 13Q duty ensures that the CCG acts fairly in making plans, proposals and decisions in relation to the health services it commissions and where there may be an impact on services. The CCG also has a duty to secure the continuous improvement of services. This paper supports the patient rights in the NHS Constitution.

5. Outline Engagement – Clinical, Stakeholder and Public/patient

There has been communication via the practice's website and local media to ensure patients and public are kept updated regarding improvement actions. The PPG Chair has indicated that the PPG will "gain feedback from patients on the GP service, through an email address, online survey and postcards left at the surgery". There is also the triangulation of patient voice information from Healthwatch, the CQC, complaints, concerns, patient surveys etc in order to establish any ongoing issues are addressed.

The PPG has been through a number of major changes over recent months with a completely new Committee having been established with a new chair. Following the resignation of the new chair at the end of July, a new is in place. The PPG had met on a few occasions and reports on progress were both positive and constructive with good relationships being established with the Practice. The CCG will continue to meet with the Practice at regular intervals to receive ongoing assurance on the improvement actions and to provide support where required.

6. Consultation

This is not a direct consultation item with the Committee. The Committee is being requested to consider the progress being made as a result of the CQC's inspection.

7. Conclusion

In the light of the progress made by Lakeside Stamford, as summarised in this report, the CCG is satisfied with progress to date on required improvements and CQC representatives have reported the same.

8. **Background Papers** - No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the compilation of this report.

This report was written by the following officers from Lincolnshire Clinical Commissioning Group, who may be contacted via the email addresses listed:

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Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 September 2021**
Subject:	**Community Pain Management Service – Update**

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (LCCG) on the Community Pain Management Service (CPMS). A report on the CPMS was previously considered by the Committee in March 2021.

The CPMS has made good progress in the last six months in improving referral to assessment waiting time performance whilst continuing with the operation of Covid-19 safe working systems for patients and staff. The CPMS expects to have 100% of clinic locations operating face to face appointments by the end of September 2021, increasing capacity and convenience for patients to be offered appointments face to face where this is clinically appropriate or where the patient expresses a wish to do so.

The Care Quality Commission (CQC) has rated Connect Health – the organisation that provides the CPMS - in May 2021, as good overall.

This report provides a summary of the time taken for the CCG to make decisions where pain management treatment has been requested through the CCG Individual Funding Request process and further commentary on the use of medicines called opioids which have traditionally been used in the treatment of chronic pain.

Actions Requested:

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

1. Background

Lincolnshire Clinical Commissioning Group (LCCG) commissions a Community Pain Management Service (CPMS) for the patients of Lincolnshire from Connect Health. This service is for the assessment, treatment and support of patients with chronic pain. The contract was awarded in November 2018, following a robust competitive procurement process. The service started on 1 April 2019. The service is an end to end service contract with the CPMS being responsible for the full pain pathway from GP referral through assessment and treatment to discharge including treatments undertaken at a number of hospital sites under sub-contract arrangements.

In line with guidance from the National Institute of Health and Care Excellence (NICE) and the British Pain Society, the service has been commissioned to support a holistic biopsychosocial model of care that includes supporting patients to better manage the social and physical aspects of their chronic pain and which moves away from the more traditional pain management approach focussed around injections and medications.

Patients who were under the care of a hospital pain service for chronic pain at the start of the CPMS on 1 April 2019, were transferred to the new service. It is recognised that the treatment options discussed with patients by the CPMS may be different to those that they had previously been offered in hospital pain management services.

2. Lincolnshire CCG Commentary

Covid-19 Update

The CPMS has continued to employ safe systems of working for patients and staff in accordance with guidance in order to minimise the risk of infection from Covid-19. CPMS staff have full access to appropriate PPE and lateral flow testing and there continues to be a high level of staff take up of Covid-19 vaccinations.

Whilst the use of remote appointments has continued, the CPMS is now restoring activity at their Lincolnshire sites. 13 of 15 clinic sites across Lincolnshire currently offer patients to attend face to face appointments where this is clinically appropriate or where the patient requests a face to face appointment. All sites are scheduled to have face to face appointments available by the end of September.

Quality

The latest CPMS Quarterly Quality Report for the period April 2021 to June 2021 was reviewed by the CCG at the August Contract Management Meeting with the CPMS service. There were no significant concerns highlighted from this review.

The report shows an improvement in positive feedback received by those patients completing and returning a patient satisfaction survey and a reduction in negative feedback in comparison to the previous quarter as follows:

January - March 2021	**April - June 2021**
336 surveys – 33% response rate	342 surveys – 37% response rate
72% positive feedback	85% positive feedback
16% negative feedback	6% negative feedback

Negative comments received from patients continue to be around the themes of wanting face to face assessment or group treatments and wanting treatments that had been previously been offered to them through hospital pain services. As previously noted the CPMS is scheduled to restore face to face services at all locations in Lincolnshire by the end of September 2021 and it is expected that this will facilitate further capacity and convenience for patients wanting to have these appointments.

There were four formal complaints received in the quarter to June 2021 (11 in the quarter to March 2021) as well as 15 concerns (19 in the quarter to March 2021). The key themes of the complaints and concerns in the latest quarter mirror the trend of the previous quarter and relate to clinical treatment, communication and timeliness of appointments. At the request of the CCG a high level review of complaints and concerns was undertaken in June 2021, and actions have been put in place by the CPMS in order to address the themes from the review which mirror those stated above. Linked to this, the CPMS is aiming for an upper limit of 2 formal complaints per 1000 patients and has achieved this for the quarter to June 2021.

In May 2021, the CQC undertook an inspection on Connect Health. The report of the inspection was published on 24 June 2021. Due to Covid-19 restrictions, the inspection team did not visit the CPMS locations in Lincolnshire but did collect views from patients and other stakeholders, reviewed records and visited Connect Health's head office. The CQC assessed the services provided by Connect Health which includes the CPMS with an overall rating of good. The CQC rated Connect Health as good for safety, effectiveness, caring and responsiveness, and as outstanding for Well Led.

Key Performance Indicators

A summary of the performance of the CPMS against contracted Key Performance Indicators (KPIs) for the period January 2021 to June 2021 is included at Appendix A to this report.

As previously reported to the Committee, actions had been agreed with the CPMS to improve the performance for the time from referral to initial assessment of 40 days (KPI4) and this has shown significant month on month improvement in June 2021, recording an achievement of 87% against a target of 90%. We expect the CPMS will be able to sustain this improvement. However, this faster time to assessment has had a detrimental knock on effect for the 18 week target for service users to be treated form the date of the decision to treat (KPI5) and we expect that this will improve in the next two months in line with agreed actions. Service users starting treatment within 26 weeks of the decision to treat (KPI6) continues to exceed the KPI target.

For KPI9: patients attending 6 out of 8 pain management programme (PMP) sessions, from September 2021, the CPMS expects to move to reporting based around a blended approach of face to face and virtual programs.

Time taken to process funding requests for Pain Management

At the meeting held in March 2021, the Committee raised a concern regarding the time it takes for Individual Funding Requests for patients requesting pain management treatments to be processed by the CCG. Individual Funding Requests are requests to the CCG for treatments that the CCG does not routinely commission.

Since the start of the CPMS the CCG has received nine Individual Funding Requests on behalf of patients in the CPMS service. All of these requests were considered and an outcome letter sent to the requesting clinician within 30 calendar days of the date of receipt of the request.

Use of Opioids

The Committee also received information at the March 2021 meeting related to opioid prescribing in Lincolnshire following the start of the CPMS. This is because in line with national guidance the CCG expected the CPMS model of care to help to achieve a reduction in use of these drugs for the treatment of chronic pain. During discussion the Committee requested further information on the use of opioids in Lincolnshire in comparison to other CCGs.

Prescribing data received by the CCG is complex. There are 15 measures used in the data which provide insight into the use of medicines for pain and for each of these measures the pattern in Lincolnshire has followed national patterns. 12 of the measures show downward trends (reduction in use) and for 3 measures related to the use of pregabalin and gabapentin there is an upward trend for Lincolnshire and nationally. Data indicates that the use of these two drugs in Lincolnshire is higher than the national average position and Lincolnshire is an outlier against each of the associated measures of: Pregabalin prescribing per 1,000 patients; prescribing of pregabalin (total mg) per 1,000 patients; and total defined daily dose of pregabalin and gabapentin per 1,000 patients. The CCG prescribing team is working to bring Lincolnshire back to nearer the national position for each of these measures.

3. Conclusion

The CPMS has started to show progress in improving the time for patients to be assessed in the service and it is fully expected that this progress will be sustained. The improved time to assess patients has had a knock on effect in increasing waiting times for treatment and the CPMS expects to improve and sustain this treatment time performance over the next two months. Performance across other KPIs continues to be good.

There are no significant quality assurance concerns for the period April to June 2021 and the services provided by Connect Health including the CPMS have received an overall rating of good following a CQC inspection in May 2021.

Decisions on Individual Funding Requests for patients in the pain management service have been responded to by the CCG in a timely manner.

Lincolnshire is an outlier against national trends for the use of the drugs pregabalin and gabapentin. Lincolnshire is not an outlier for other measures of opioid usage.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	KPI Performance Summary – January 2021 to June 2021

6. Background Papers

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

This report was written by Tim Fowler, NHS Lincolnshire CCG, who can be contacted as follows:
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Appendix A

KPI Performance Summary – January 2021 to June 2021

KPI	KPI Measure	Target			Jan-21	Feb-21	Mar-21	Q4	Apr-21	May-21	Jun-21	Q1	Total
LQR1	Mandatory Training - Percentage compliance with mandatory training requirements for staff in post (Quarterly)	100%	Numerator	Number of staff fully compliant in post at the end of the quarter									
			Denominator	Number of staff in post at the end of the quarter									
			LQR2 Performance					100%				96%	
LQR2	Patients Triaged within 2 Working Days of Referral	90%	Numerator	Triaged within 2 Working Days	274	308	385	967	321	328	307	956	1,923
			Denominator	Total Referrals	299	344	457	1,100	359	364	344	1,067	2,167
			LQR2 Performance		92%	90%	84%	88%	89%	90%	89%	90%	89%
LQR3	Inappropriate Referrals returned within 2 Working Days	90%	Numerator	Rejected within 2 Working Days	33	64	94	191	78	83	81	242	433
			Denominator	Total Inappropriate Referrals rejected at triage or registration	48	86	112	246	98	101	101	300	546
			LQR3 Performance		69%	74%	84%	78%	80%	82%	80%	81%	79%
LQR4	Patients Offered an Initial Assessment within 40 Working Days of Referral	90%	Numerator	Accepted referrals with first appointment date offered within 8 weeks	51	53	57	161	51	54	181	286	447
			Denominator	Total Accepted referrals with first appointment offered	245	270	256	771	178	148	209	535	1,306
			LQR4 Performance		21%	20%	22%	21%	29%	36%	87%	53%	34%
LQR5	Service Users starting treatment < 18 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 18 weeks	280	286	279	845	208	238	219	665	1,510
			Denominator	Total patients starting treatment	371	315	289	975	301	325	369	995	1,970
			LQR5 Performance		75%	91%	97%	87%	69%	73%	59%	67%	77%
LQR6	Service Users starting treatment < 26 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 26 weeks	283	300	277	870	298	323	360	981	1,852
			Denominator	Total patients starting treatment	371	315	289	974	301	325	369	995	1,970
			LQR5 Performance		76%	95%	96%	89%	99%	99%	98%	99%	94%
LQR7	Care/Management Plan	100%	Numerator	Care Management Plans	172	187	138	497	164	187	239	590	1,087
			Denominator	Total New Patients	172	187	139	498	168	188	239	595	1,093
			LQR7 Performance		100%	100%	99%	100%	98%	99%	100%	99%	99%
LQR8	Discharge Care/Management Plan Sent within 5 Working Days	100%	Numerator	Letter sent within 5 Working Days	78	99	110	287	98	89	99	286	573
			Denominator	Total Discharges from appointment	78	100	110	288	99	90	100	289	577
			LQR8 Performance		100%	99%	100%	100%	99%	99%	99%	99%	99%
LQR9	Patients completing a minimum of 6 out of 8 PMP sessions	75%	Numerator	Patients completing 6 out of 8 PMP sessions	0	0	0	0	0	0	0	0	0
			Denominator	Total completed PMP Programmes	17	1	25	43	21	38	23	82	125
			LQR9 Performance		0%	0%	0%	0%	0%	0%	0%	0%	0%

LQR1 is reported quarterly. The achievement shown above is an average over 8 areas of training.

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of North West Anglia NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 September 2021**
Subject:	**Update on Key Developments at North West Anglia NHS Foundation Trust**

Summary:

The purpose of this report is to provide a clinical and strategic update to the Health Scrutiny Committee for Lincolnshire on the activities of the North West Anglia NHS Foundation Trust, which manages Peterborough City Hospital, and Stamford and Rutland Hospital, as well as Hinchingbrooke Hospital in Huntingdon.

Actions Requested:

To consider and comment on the information provided in the report.

1. Background

The purpose of this report is to provide an update to the Health Scrutiny Committee for Lincolnshire on the clinical and strategic developments at North West Anglia NHS Foundation Trust in the past 12 months, in particular, its response to managing the Covid-19 infection across its sites.

2. Consultation

This is not a direct consultation item.

3. Clinical Update

Our Ongoing Response to Covid-19

The last 18 months have been like no other in the NHS as we have adapted and responded to manage patient care during the Covid-19 pandemic. The Trust is slowly recovering and restoring services to what has become the new 'normal'.

Patients needing hospital treatment for Covid-19 are being cared for in dedicated 'red' areas at Peterborough City and Hinchingbrooke Hospitals. This enables the Trust to maintain a 'green' status at its Stamford and Rutland Hospital site, where outpatient and day case services continue as normal alongside the John Van Geest inpatient ward.

The number of Covid-positive patients being cared for in our hospitals dipped to single figures across both sites in May 2021, the lowest rate since the pandemic began in March 2020. However, since June, the Trust has since seen a steady increase in the number of patients with the Covid-19 infection needing hospital care. In response, the Trust has opened additional beds on both the Peterborough City and Hinchingbrooke Hospital sites, as needed, to enable our staff to safely care for our Covid-positive patients in isolation.

The prevalence of infection in our local communities, particularly in Peterborough, remains higher than in some parts of the country and we expect to be caring for patients with Coronavirus for a considerable time yet.

In response to the growing number of Covid-19 cases in our hospitals and local communities, the Trust took the difficult, but necessary, decision to limit visiting at our hospitals over the summer. At the time of writing, visiting restrictions remain in place. This is used as a precautionary measure to reduce the spread of infection, and one that is regularly reviewed. We are aware of how hard this is for patients and their loved ones, and our ward teams are doing all they can to help patients stay connected while in hospital. Exemptions continue for patients receiving end of life care, for carers and parents of children in our care. There are no changes to existing visiting arrangements for people using our maternity services.

The impact of the virus on the running of hospital services remains significant, particularly in relation to infection control measures and staffing. In July, the Trust experienced higher-than-usual staff absence levels as a result of a greater number of staff being contacted by NHS Test and Trace, or via the Covid-19 app, and required to isolate. In addition, we had higher numbers of staff having to remain at home to care for school-age children who had been sent home to isolate due to a positive case in their class. This came at a time when more colleagues had scheduled planned leave for the summer. As a result of our staffing challenges, we had to reschedule some planned operations. The patients affected were contacted and offered our apologies and we have sought to carry out their procedures as soon as possible. We have been able to keep cancellations to a minimum thanks to the additional efforts of our staff to fill rota gaps and support our patients.

The pandemic has also impacted on how we are able to manage our waiting lists across all specialties. Each service area has conducted a review of patients waiting for an appointment or treatment and prioritised the most urgent cases. We are working with GP colleagues to ensure any escalations of deteriorating patients are addressed promptly. This work is part of a two-year recovery plan which has seen us put on weekend clinics and use private sector facilities where appropriate in order to manage growing waiting lists.

Despite social restrictions being lifted in line the Government's roadmap for recovery, on Monday 19 July 2021, the Trust is still observing strict infection prevention controls within its hospitals to continue to safeguard our patients and staff. We ask that all staff, patients, volunteers and visitors to wear a mask in our hospitals unless they are exempt. We are also continuing to encourage the use of our hand sanitising stations and observing a two-metre distance wherever possible. This remains in line with Public Health England's guidance to the NHS.

To support all our staff in these challenging times, we are regularly reminding them of the range of services they can access for emotional wellbeing and support. We are mindful of how 18 months of working in a pandemic situation can take its toll on everyone – whether they are frontline staff or support services teams. We held a week-long focus on staff health and wellbeing in mid-August to further support colleagues.

4. Stamford and Rutland Hospital Redevelopment Update

Our programme to redevelop Stamford and Rutland Hospital continues. Earlier this year the Trust accepted an offer to purchase land at the west end of the site which is surplus to the Trust's current and future needs. There has been a delay in sale proceedings due to matters of archaeological and historical interest that have emerged during the sale process. We are working with the buyer and English Heritage to complete the sale within a revised timescale. Upon completion of the sale, we will build a single storey on top of the existing ground-level car park at the Uffington Road entrance to the hospital site. This will re-provide the parking spaces lost as a result of the land sale. It will also provide additional disabled spaces and electric charging points. Planning permission has been gained for the car park development.

In addition, we are further developing our Clinical Strategy for the Stamford and Rutland Hospital site. Dr Mary-Clare Miller has been appointed as our Clinical Lead for the hospital and is working with each clinical specialty on the site to understand their needs and the services they will be able to provide for our patients in the future. This is an ongoing piece of work and I hope to be able to share an update upon completion of this review.

5. Stamford and Rutland Hospital Minor Injuries Unit

The Minor Injuries Unit at our Stamford and Rutland Hospital site will re-open on 1 October 2021 having been temporarily closed during the Coronavirus pandemic.

The Trust took the decision to close the unit in April 2020 to enable the transfer of emergency nurse practitioners to the Peterborough City Hospital site to support the Trust's pandemic response, and to help keep Stamford Hospital a Covid-free site so that outpatient clinics could continue in line with planned activity levels.

The Trust would like to thank local residents for their patience while the unit has been closed. Patients with minor illnesses should continue to seek clinical assessment and advice from their pharmacy, GP or the NHS 111 service rather than use the unit, which will be available for the treatment of injuries such as bumps, minor burns and scalds, sprains and strains, bites and stings and cuts and grazes.

6. Maternity Services

The Trust is committed to implementing the recommendations of the Ockenden Report, including new improved staffing levels in line with Birthrate Plus.

Shortages of midwifery staff across the East of England region resulted in the temporary suspension of the Trust's homebirth service on Friday 23 July 2021. This was a difficult decision, made only as the very last resort in response to unprecedented staffing shortages due to Covid-19-related absences. To keep all birthing women, and their babies, safe, we had no option but to ask them to come into hospital to have their baby.

Sadly, this issue impacted wider than our Trust, with other maternity units in our region reporting that they were in a similar position, which meant we were unable to call upon support from them to help alleviate our staffing shortages.

The Trust is grateful to its maternity teams for their hard work and dedication to support birthing women during such challenging circumstances. We would also like to thank the Peterborough and Hinchingbrooke Maternity Voice Partnership for their support in this matter.

As soon as it is safe to do so, we will reinstate the service and are reviewing the situation daily. At the time of writing this report, we were expecting to be in a position to consider resuming the service in mid-September 2021.

7. Urgent and Emergency Care Reconfiguration at Peterborough City Hospital

A programme of work to reconfigure the urgent and emergency care facilities at Peterborough City Hospital was completed on schedule at the end of June 2021 when the Trust opened its Urgent Treatment Centre (UTC). The service relocated from the City Care Centre on Thorpe Road in Peterborough to the City Hospital site, where it is housed in a new modular unit that has been created within a courtyard in the Emergency Centre.

By co-locating the Emergency Department, UTC and GP Out Of Hours Service on the City Hospital site, we are able to provide an integrated front door for all urgent care needs for Greater Peterborough community. This allows clinical staff to able to assess patients quickly and set them on the most appropriate pathway for their care.

The UTC team has had a busy first few months, and the Trust would like to commend staff for the way they have cared for our patients while getting used to new surroundings and new patient pathways. Some staff members who worked at UTC when it was based at the City Care Centre have transferred employment from Lincolnshire Community Health Services NHS Trust to our Trust. Their transition has been supported by North West Anglia colleagues and we would like to thank them for helping us to deliver this new pathway for our urgent care patients.

The reconfiguration work has transformed the emergency floor at Peterborough City Hospital. As well as the new UTC, this includes:

- a new resuscitation area which was originally an open space and has been refurbished as individual walled bays with ante rooms;
- a new Urgent and Emergency Care entrance and waiting area;
- a refurbished Surgical Assessment Unit which opened in April 2021; and
- a new, purpose built Paediatric Assessment Unit which opened at the end of May 2021.

8. Conclusion

The committee is asked to note the contents of this report.

9. 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 Mandy Ward, Head of Communications at North West Anglia NHS Foundation Trust who can be contacted via mandy.ward9@nhs.net

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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 September 2021**
Subject:	**United Lincolnshire Hospitals NHS Trust – Nuclear Medicine**

Summary:

Nuclear medicine is a specialist imaging technique involving the administration of radioactive substances in the diagnosis and treatment of disease. This technique enables assessment of the function of organs, whereas most conventional imaging techniques, such as x-ray, look at anatomy.

Nuclear medicine services are provided United Lincolnshire Hospitals NHS Trust (ULHT) at Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston. ULHT is proposing to develop options for the future service model for nuclear medicine in Lincolnshire, including exploring possible consolidation of the service to be delivered from fewer hospital sites in future.

Actions Requested:

The Health Scrutiny Committee for Lincolnshire is requested to consider whether it would support:

(a) United Lincolnshire Hospitals NHS Trust in its development of a proposal for a future service model; and

(b) a public engagement exercise by United Lincolnshire Hospitals NHS Trust on the proposal, to begin later in 2021.

1. Background

What is Nuclear Medicine?

Nuclear medicine is a specialist imaging technique involving the administration of radioactive substances (called radiopharmaceuticals) in the diagnosis and treatment of disease. The technique enables assessment of the function of organs, whereas most conventional imaging techniques (for example x-ray) look at anatomy.

The majority of radiopharmaceuticals are made daily in an aseptic facility known as a radiopharmacy. The radiopharmaceutical used is dependent on the part of the body that is being investigated. The most common tests performed in United Lincolnshire Hospitals NHS Trust (ULHT) are bone scans and heart scans. There are over 20 different tests that nuclear medicine can perform and they look at conditions as diverse as Parkinson's disease and delayed gastric emptying. The cost of these radiopharmaceuticals vary greatly from less than £1 to over £750 per patient.

After administration of the radiopharmaceutical, patients must wait for a time for the radiopharmaceutical to distribute in their bodies before they are imaged on a specialist camera called a gamma camera. This camera detects the radiation emitted from the patient to enable the organ of interest to be investigated. A gamma camera is similar in size to a CT scanner.

Regulation of Nuclear Medicine

Due to the fact nuclear medicine involves radiation, the technique is highly regulated and all staff have undergone extensive specialist training. This is to ensure the risk to the patient from the radiation is outweighed by the benefits of having the procedure. In addition a clinician is required to oversee the service and hold an ARSAC (Administration of Radioactive Substances Advisory Committee) Licence (Practitioner Licence). This licence lists the different diagnostic tests that can be performed under the practitioner. Only tests that the clinician has proven training and experience in are listed on this licence to ensure the test is diagnostic and the impact on the patient management is optimised. Each site also has an ARSAC licence which required a Medical Physics Expert (MPE) to oversee the service at that site, this also lists the tests that can be performed at that site.

2. The Nuclear Medicine Service at ULHT

Nuclear medicine services are provided by united Lincolnshire Hospitals NHS Trust (ULHT) at Grantham and District Hospital, Lincoln County Hospital and Pilgrim Hospital, Boston. The imaging is performed at all three sites, using five gamma cameras, with a new £1 million radiopharmacy having recently been opened at Lincoln County Hospital. This radiopharmacy provides radiopharmaceuticals for Grantham and Pilgrim hospitals, which are transported there on a daily basis.

The tables below show the current configuration of the nuclear medicine service in ULHT and the number of studies that are performed:

Current Configuration of the Service			
Sites	**Lincoln**	**Grantham**	**Pilgrim**
Number of Gamma Cameras	2	1	2
Age of Cameras (Years)	10 and12	16	11 and 11
Annual Number of Patients (2019-2020) *(1)*	1,771	680	792
Annual Number of Studies (2019-2020) *(1)*	2,114	886	955
Radiopharmacy on Site *(3)*	Yes *(2)*	No (2)	No (2)

Notes

(1) *Patient numbers are different to number of studies as some tests require two visits.*

(2) *Radiopharmacy was installed at Lincoln in 2019 and provides radiopharmaceuticals for both Grantham and Pilgrim.*

(3) Radiopharmacy needed daily to produce drugs for the scan)

The below tables show staffing and the geographical demand on the service:

Base of Current Staffing (whole time equivalents)			
Sites	**Lincoln**	**Grantham**	**Pilgrim**
Technologists	5.65	1.6	2.8
Clinical Scientists Provide support for the 3 sites.	2.8 (1.0 Medical Physics Expert)	0	0
Clinical Imaging Assistants	1.8 (also helps admin)+ 1 apprentice	1 (currently vacant)	0
Nurses	2.0	0	1.0
Admin	0.8	0	1.06
Total	**14.05**	**2.6**	**4.86**

Geographical Patient Demand for Nuclear Medicine				
Postcode	**LN**	**NG**	**PH**	**Other**
Patients	1,540	685	894	124
Percentage (%)	47	21	28	4

3. Challenges Faced by Nuclear Medicine Nationally

Due to the fact the nuclear medicine is a very specialist service, there are a number of challenges it faces nationally in particular with workforce. The following table shows some of these challenges.

National Challenges	
Challenge	**Any Mitigations**
Shortage of trained Clinical Technologists since the end of the National training program (on Governmental Migration Advisor list).	Apprentice scheme, but this requires individual departments finding the wage for the trainee. Each apprentice course is three years long.
Shortage of ARSAC Practitioners in addition to a national shortage of radiologists	None, in fact it is getting harder to get these licences.
Shortage of trained Medical Physics Experts. (takes approximately 10 years to become a consultant Clinical Scientist)*	None
Aged equipment with a requirement to replace 211 gamma cameras nationally in the next 5 years**	None
Problems with supply of radiopharmaceuticals and isotopes	Companies supplying the material have altered their process of delivery with additional cost to the company.

* British Nuclear Medicine Society (BNMS) Scientific Support for Nuclear Medicine guidance 2016

** Diagnostics: Recovery and Renewal paper Oct 2020 NHSE.

4. Challenges faced by the Nuclear Medicine Service in Lincolnshire

When we look at the service in ULHT the challenges for the service mirror those seen nationally:

<u>Shortage of Technologists</u>

Lincolnshire has struggled to recruit and retain clinical technologists over the last five years, as can be seen in the table below. This has been further impacted by the national training service for nuclear medicine clinical technologists ceasing, meaning there is now a national shortage of trained specialists in the country. Attempts to recruit abroad have been protracted (taking over a year) and unsuccessful in a couple of instances.

To ensure continuity of the service we have taken the decision to convert one of the full time posts to an apprentice post. A big problem with poor retention is that senior staff spend a long time training staff and then they leave. The process then must be started again with the new staff member, meaning senior staff cannot focus on developing services and bringing new techniques to the region. This is a particularly big problem in Grantham and Pilgrim as there are fewer staff to undertake the training of technologists to ensure they are proficient in all the required scanning and tasks required in each department. It would typically take 6-12 months to sign somebody off to be an independent operator who is able to perform all the required duties.

Sites	**Lincoln**	**Grantham**	**Pilgrim**
Technologists Posts (whole time equivalent)	5.65*	2.6**	2.8
Number of staff that have left in the last 5 years.	3	4	3
Longstanding Staff (More than Ten Years)	3	1.53	1
Fewer than Five Years to Retirement (60 years)	1	1	1

**runs the radiopharmacy (2 technologist staff daily) and the imaging of the service.*
*** 1 of these posts converted to an apprentice to try to train our technologist.*

Shortage of ARSAC Practitioners

Lincolnshire have two part time radiologists who hold an ARSAC licence (full list of all tests performed in ULHT) and one full time radiologist with a licence (limited list of tests permitted). Due to the fact that one of the radiologists does not have a full licence, to access some tests patients must travel to a different site to their local hospital. To get a full range of tests an ARSAC licence involves a lot of additional training. To get a test added to your site and practitioner licence required staff to be involved in all parts of the process at a site where they are being performed and also ensure that the site has the relevant permits to dispose of the products.

Shortage of Trained Medical Physics Experts

Lincolnshire nuclear medicine service has 1.0 WTE Clinical Scientists who can act as Medical Physics Experts (MPEs) (2 staff members who have other duties also). There is a legal requirement to have a specific number of MPEs in every service where radiation is utilised. The ideal number is based on a number of factors including number of investigations and cameras. Using European and national guidance of how many MPEs the department should ideally have is 2.44 WTE to be a well led, progressive department. The other clinical scientist within ULHT is training towards being a MPE but this is a long process, with approximately two more years to go.

Workload of Service

Lincolnshire workload demand has been static in the last five years, but the mix of tests performed has altered. The workload demand is only enough for three cameras within the county, however there are currently five.

Aged Gamma Cameras

The five gamma cameras in Lincolnshire are all over ten years old, which is the age where consideration of replacement is needed (Diagnostics: Recovery and Renewal paper Oct 2020 NHSE). The oldest camera is 16 years old.

Impact of Other Services

The development of the new Emergency Department at Pilgrim hospital will require the redevelopment of the building that currently houses the nuclear medicine department, and a new area will need to be identified and developed for the nuclear medicine service.

5. Case for change

Given the challenges faced by the Lincolnshire nuclear medicine service, it is important that we consider changing how we deliver the service to secure it for the patients of ULHT for the foreseeable future. The current situation in ULHT is that the staff and services are spread thinly, meaning that even low levels of staff absence impact on the amount of work the service can perform. The service normally books the patients based on the staff due to work on a set day. There is no spare capacity in the service so if a staff member is ill, this normally requires a camera load of patients to be cancelled, typically between four and ten patients, depending on the test being performed on that day.

Delivering the service across three sites means that some staff do not get experience of the variety of studies/techniques performed in the region (as not all the sites have a licence to perform all the tests/treatments). Obtaining this licence is not straight forward. Attempts to move staff around the region to allow them to perform a variety of tests has been problematic due to transport issues.

Currently the junior staff at the smaller sites do not have much peer support which means there is less opportunity for them to be involved in development and to raise suggestions for improvements of the service and also more gain experience of audit and projects.

The lack of Medical Physics Experts (MPE) within the region means that optimisation of the service and the ability to introduce new services into the county is limited, as they must repeat work on three sites. This also impacts on the amount of audit and governance that can be performed.

The fact that all the gamma cameras in Lincolnshire are over ten years old means they are more prone to be unreliable and require repair, impacting on cancellation of patient studies and a potential waste of radiopharmaceuticals. Due to the fact all these pieces of equipment are old the replacement parts and expert engineers are getting harder to obtain and two of the five systems have been served/due to be served end of life notices, meaning if they break repairs may not be possible. This means the services provided become vulnerable with potential long downtimes of some of the cameras.

At present, the utilisation of the equipment is not optimised. The British Nuclear Medicine Society (BNMS) guidance is that it would be appropriate to perform approximately 1,500 scans on each gamma camera. This means that, according to our level of demand, Lincolnshire should have three gamma cameras, whereas there are currently five.

6. Conclusion

The above illustrates that the challenges faced by the Lincolnshire nuclear medicine service are the same as those seen nationally. These include a shortage of skilled workers and the removal of most of the specialist training programmes, resulting in an aging workforce with a poor succession plans. This means the department must look to train staff internally, which in itself poses a challenge.

In additional to an aging workforce, the equipment is aged and not properly utilised. National guidance recommends the nuclear medicine workload within the county requires three gamma cameras, whereas the Trust currently has five. This puts added pressure on the medical physics experts, the establishment of which is underfunded according to European recommendations. Their role is to ensure the service is safe and responsive to new technologies.

The service cannot continue to guarantee a well-led service that provides the most up to date diagnostic procedures to patients if it continues to run on three sites, and we seek agreement for reviewing the service delivery model to ensure it continues to provide a sustainable service to the people of Lincolnshire.

7. Next Steps

We are proposing to develop options for the future service model for nuclear medicine in Lincolnshire.

Any proposed changes in service model will be subject to a formal public engagement process, to ensure our legal duty to involve is met. This will, if necessary, include a full formal twelve week public consultation on any service change, to enable patients and public to contribute to the development of the future service model.

ULHT is asking for Health Scrutiny Committee's support in developing the proposal for a future service model, and support for a public engagement exercise on the proposals, to begin later in 2021.

1. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the compilation of this report.

This report was written by Anna Richards, Associate Director of Communications and Engagement, who can be contacted via Anna.Richards@ulh.nhs.uk

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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 Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 September 2021**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

This report sets out the Committee's work programme, and includes items listed for forthcoming meetings, together with other items, which are due to be programmed. The Committee is required to consider whether any further items should be considered for addition to or removal from the work programme.

Actions Required

To consider and comment on the Committee's work programme.

1. Background

At each meeting, the Committee is given an opportunity to review its forthcoming work programme. Typically, at each meeting three to four substantive items are considered, although fewer items may be considered if they are substantial in content.

2. Today's Work Programme

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

15 September 2021		
	Item	*Contributor*
1	Lakeside Medical Practice, Stamford	Lincolnshire Clinical Commissioning Group Representatives: • Wendy Martin, Associate Director of Nursing and Quality • Andy Rix, Chief Operating Officer, South Locality • Nick Blake, Head of Transformation and Delivery (South Locality)
2	Community Pain Management Service - Update	Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group
3	North West Anglia NHS Foundation Trust Update	Caroline Walker - Chief Executive, North West Anglia NHS Foundation Trust
4	United Lincolnshire Hospitals NHS Trust: Nuclear Medicine	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust

3. Future Work Programme

Scheduled Items

13 October 2021		
	Item	*Contributor*
1	Consultation on Lincolnshire Acute Services Review (Initial Consideration)	John Turner, Chief executive Lincolnshire Clinical Commissioning Group
2	GP Practice – Developments and Challenges	Dr Kieran Sharrock, Medical Director Lincolnshire Local Medical Committee
3	Dental Service Update – NHS England (Midlands)	Representatives from NHS England (Midlands)

13 October 2021		
	Item	*Contributor*
4	Response to Consultation on Non-Emergency Patient Transport Eligibility Criteria	Simon Evans, Health Scrutiny Officer

10 November 2021		
	Item	*Contributor*
1	Consultation on Lincolnshire Acute Services Review (Further Consideration)	Representatives from Lincolnshire Clinical Commissioning Group
2	East Midlands Ambulance Service Update	Management Representatives from East Midlands Ambulance Service
3	Continuing Healthcare	Representatives from Lincolnshire Clinical Commissioning Group

16 December 2021		
	Item	*Contributor*
1	Consultation on Lincolnshire Acute Services Review (Finalisation of Response)	Simon Evans, Health Scrutiny Officer

Items to be Programmed

The following items are due to be programmed at forthcoming meetings:

- **Care Quality Commission Report: Protect, Respect, Connect – Decisions about Living and Dying Well During the Covid-19 Pandemic** – This item has been included in the Committee's work programme following a request from one of its members. As reported to this Committee on 23 June 2021, the Care Quality Commission published its report on this topic on 18 March 2021, which contained eleven recommendations. Three of these recommendations were directed at NHS providers.

- **Non-Emergency Patient Transport –** The Committee has requested an update on the outcomes of the current procurement exercise for a new contract for non-emergency patient transport which is due to begin from 1 July 2022.

- **Cancer Care –** The Committee has previously requested an update on the treatment of cancer for Lincolnshire patients, particularly in the light of the impact of the Covid-19 pandemic.

- **Staffing Challenges in Hospitals –** At the meeting on 21 July 2021 the Committee requested inclusion of an item on staff shortages, particularly at Grantham and District Hospital.

- **Humber Acute Services Review** – Engagement activity is expected in the forthcoming months.

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 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk