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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In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Tuesday, 16 March 2021 at 2.00 pm as a Virtual - Online Meeting via Microsoft Teams

Access to the meeting is as follows:

Members of the Health Scrutiny Committee for Lincolnshire and officers of the County Council supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link: https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=6074 where a live feed will be made available on the day of the meeting.

MEMBERS OF THE COMMITTEE

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

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

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interest**	
3	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 February 2021**	3 - 16

Item	Title	Pages
4	**Chairman's Announcements**	17 - 28
5	**Community Pain Management Service - Update** *(To receive a report from NHS Lincolnshire Clinical Commissioning Group, which provides the Committee with an update on the Community Pain Management Service. Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group and Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group will be in attendance for this item)*	29 - 36
6	**Non-Emergency Patient Transport Service - Update** *(To receive a report from NHS Lincolnshire Clinical Commissioning Group, which provides the Committee with an update on Non-Emergency Patient Transport Services. Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group and Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group will be in attendance for this item)*	37 - 42
7	**United Lincolnshire Hospitals NHS Trust - Outpatient Services at Community Hospitals** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider concerns raised regarding outpatient services at Community Hospitals. Senior representatives from United Lincolnshire NHS Hospitals Trust and Lincolnshire Clinical Commissioning Group will be in attendance for this item)*	43 - 46
8	**Arrangements for the Quality Accounts 2020-2021** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its approach to the Quality Accounts for 2020-2021; and to identify its preferred option for responding to the draft Quality Accounts, which will be shared with the Committee, by local providers of NHS-funded services)*	47 - 50
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 work programme)*	51 - 60

Debbie Barnes OBE
Chief Executive
8 March 2021

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
17 FEBRUARY 2021

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Jane Marshall (Director of Strategy, Lincolnshire Partnership NHS Foundation Trust), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust) and Andrew Horton (Lead Commissioner, NHS England and NHS Improvement – Specialised Commissioning (Midlands)).

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

59 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

No apologies for absence were received from Committee members.

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

60 DECLARATIONS OF MEMBERS' INTEREST

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

61 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 20 JANUARY 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 20 January 2021 be agreed and signed by the Chairman as a correct record.

62 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.

The supplementary announcements provided information on the following:

- Vaccination update;
- Approval by the Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee of the closure of the Woolsthorpe Branch Surgery and the transfer of the Stackyard surgery to East Leicestershire and Rutland Clinical Commissioning Group;
- The temporary closure of Ashley House, Grantham and the redeployment of staff to Ash Villa and Community Rehabilitation; and
- Information concerning Integration and Innovation: Working Together to Improve Health and Social Care for all. Appendix A to the supplementary announcements provided an executive summary of the health and social care white paper.

The local electoral division member wished it to be recorded that he disapproved of the decision taken by the Primary Care Commissioning Committee with regard to the closure of the Woolsthorpe Branch Surgery.

The Chairman extended his thanks on behalf of the Committee for all NHS colleagues and volunteers for their dedication and hard work in achieving the target set for vaccinations by the Joint Committee on Vaccination and Immunisation.

RESOLVED

1. That the Supplementary Chairman's announcements circulated prior to the meeting and the Chairman's announcements detailed on pages 13 to 16 of the report pack be noted.

2. That thanks be extended by the Committee to all NHS colleagues and volunteers for their dedication and hard work in delivering the vaccination programme across Lincolnshire.

63 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - UPDATE ON CHILD AND ADOLESCENT MENTAL HEALTH SERVICES INTENSIVE HOME TREATMENT TEAM

The Committee gave consideration to a report which provided an update on the Lincolnshire Partnership NHS Foundation Trust (LPFT) Child and Adolescent Mental Health Service (CAMHS) and the proposed service change from in-patient care to a permanent Intensive Home Treatment Team service.

The Chairman invited Jane Marshall, Director of Strategy, Planning and Partnership and Andrew Horton, Lead Commissioner, NHS England and NHS Improvement – Specialised Commissioning (Midlands) to present the report, which was detailed on pages 17 to 22 of the report pack.

It was highlighted that on 22 July 2020; the Committee had given consideration to a report, which had advised of the impact of the new model of care in place in Lincolnshire. At the aforementioned meeting, the Committee had asked that engagement should take place with the Lincolnshire public, to seek their views as to whether the new model of care should be a permanent change.

It was highlighted further that the report, which had been considered by the Committee on 22 July 2020, had demonstrated that the service was meeting all key indicators of quality, and the new model of care was delivering improved care to meet the needs of Lincolnshire children and young people, in the absence of a General Adolescent Unit in the county.

The Committee was advised that NHS England had embarked on targeted engagement activity to assess views and feedback on the new community model of care compared to in-patient care. Some examples of the statements received were shown on page 18 of the report.

The Committee noted that the most recent engagement exercise was designed to assess the views on the pilot and also on in-patient care in Lincolnshire. A copy of the letter and questionnaire sent to service users was set out in Appendix A, for the Committee's consideration. It was noted further that a copy of the engagement letter and questionnaire had been circulated to patient representative groups, counsellors and case workers, young people and their carers, all of whom either had experience of in-patient care, or the community pilot, as well as charities who worked with young people and mental health. The Committee was advised that the engagement activity was due to close on 19 February 2021.

During discussion, the Committee raised the following comments:

- Response rate so far to the engagement. The Committee was advised that to date there had not been a large number of responses to the current engagement exercise. The Committee was reminded that a lot of engagement had already happened prior to the current engagement exercise The Committee was advised that details of pre-engagement feedback; and results

of the current engagement exercise feedback would be shared with the Committee at a future meeting;

- The current vacancy rates for CAMHS. The Committee was advised that although working through the pandemic had brought challenges to the team. The team overall were managing to cope due to their multi-disciplinary roles. It was noted however, that there was a shortage of Band 5 nursing staff;
- When would evaluation information relating to the pilot exercise be available to the public? The Committee was reassured that the evaluation information would be made available as soon as possible and would be available for the Committee to consider at their June meeting;
- Clarification was sought relating to page 18, third paragraph, which stated that general adolescent units were out of scope at this stage. The Committee was advised that non general adolescent units were out of scope for this exercise as they were for a different group of children and young people. Most non general adolescent unit beds were catered for out of county at specialist centres. It was however highlighted that the Lincolnshire pilot was already reducing the number of young people with eating disorders being catered for out of county, as a result of the early intervention of the Intensive Home Treatment service. It was agreed that a list of mental health definitions would be made available to the Committee;
- Page 21, final paragraph stated that in-patient care could be provided on another site within Lincolnshire. One member asked where that site would be located? It was highlighted that this would be a decision to consider, if raised via the engagement, as to whether in-patient care provision was required in Lincolnshire. Confirmation was given that no decision had been made as to any location; and
- Following the above, a further comment made was that if the decision was not to have an in-patient site in Lincolnshire, what support would be available to children and families with regard transport and accommodation. The Committee noted that the service would do everything possible in the first instance to avoid admittance, and that with the early intervention; only a small number of young people would need to go out of area for specialist care. The young people that had to go out of area, places would be sought through the provider collaboration for the East Midlands. It was suggested that further consideration should be given to the provider collaboratives; and
- The need to review provision for the period when a child transitions into adult services. Reassurance was given that systems and practices were being improved and strengthened.

RESOLVED

1. That the joint report from Lincolnshire Partnership Foundation Trust and NHS Improvement on CAMHS Intensive Home Treatment Team be noted.

2. That a further update be received by the Committee at its June meeting, which should also include information relating to provider collaboratives.

64 LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST - GENERAL UPDATE

The Chairman invited Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, to present the report to the Committee, which provided a general update from LPFT and also its response to the Covid-19 pandemic.

Detailed at Appendix A was a copy of a report by the Acting Chief Executive to the Lincolnshire Partnership NHS Foundation Trust Board of Directors (28 January 2021) for the Committee's consideration.

It was reported that Covid-19 had been a challenge for LPFT, but Trust staff had responded brilliantly. Staff had managed outbreaks well, ensuring that patients and staff had been kept safe. Despite the extra challenge of Covid-19, the Trust had still managed to make progress on transformation work.

The Committee noted that the Trust had undertaken its annual flu vaccination campaign for staff with an aim of achieving 90% take-up of the vaccine. The Committee noted further that the response by the Trust staff had been exceptional resulting in the Trust achieving 92% take-up, which had resulted in LPFT being cited as the top performer in the midlands region, and the country.

The Trust had been a key player in supporting the county-wide Covid-19 vaccination programme.

The Committee was advised that the Trust had been awarded £37 million to eradicate dormitory accommodation across adult acute wards in Lincoln and Boston. This was excellent news for the Trust and for the Lincolnshire health and care system.

It was reported that the Trust remained committed to having zero inappropriate out of area adult and older adult Acute and PICU placements by April 2021. Details of the work currently underway on two specific schemes to build in-patient capacity were shown on page 27 of the report pack. These were: repurposing Ash Villa into a 15 bed acute ward for women; and repurposing the Wolds Ward at Discovery House, Lincoln, from long-stay rehabilitation to a short-stay reablement service.

The Committee was advised that as the Trust had encountered difficulties in recruiting Band 5 registered nursing staff and current operational pressures faced by the Trust, linked to the Covid-19 pandemic; a decision had been taken to temporarily close Ashley House in Grantham. It was noted that Ashley House was one of two long-stay intensity mental health rehabilitation wards, which was currently operating at 50% capacity. The Committee was advised that patients at the unit would be moved to Maple Lodge, Boston, which was a Care Quality Commission compliant setting for mixed genders. The temporary closure would then release staff from Ashley House to enable Ash Villa to open; and also expand the existing Community Rehabilitation Team to support more rehabilitation patients in the community, and provide greater resilience to the in-patient workforce. It was noted further that that

the temporary change had been necessary in order to provide much needed resilience to essential services and to maximise treatment outcomes for patients. The Committee noted that the situation would be kept under review.

Reference was made to the publication of the Independent Safeguarding Adults Review – Long Leys Court. The Committee noted that the Trust welcomed the recommendations in the report; and would be continuing to work with all agencies involved to ensure all services delivered provided the very best care for people with a learning disability.

During discussion, the Committee raised the following points:

- Whether provider partners were NHS providers or private providers. The Committee was advised that the East Midlands Provider Collaboratives were both NHS and private providers. Reassurance was given that private providers had committed to abide by a set of principles;
- Some disappointment was expressed at the temporary closure of Ashley House, Grantham. Reassurance was sought that sufficient capacity existed for those displaced. Reassurance was given that some inpatients would be relocated to Maple Lodge; and some would be reintegrated back into the community with support from the Rehabilitation Team. The Committee was offered a regular update on the temporary arrangements for Ashley House;
- Clarity was sought as to whether the Integrated Care System (ICS) would be just a Lincolnshire system or a wider East Midlands approach. Further information on ICS would be provided to the Committee;
- Some concern was expressed to the length of time patients had to wait for the CAMHS. The Committee was advised that meeting times for CAMHS were currently being met. The Committee noted that as a result of Covid-19 there had been a surge in the number of people needing support. The Committee noted further that measures had been put in place to help people access help such as a 24/7 helpline for those suffering with mental health issues; community assessments; Mental Health Matters, a system linked to the NHS 111, which signposted the caller to appropriate help. The Committee was advised that LPFT and the Lincolnshire Clinical Commissioning Group had been successful in accessing some Community Transformation Funding in 2019, which was a programme of work in communities, such as social prescribing. It was suggested that this might be an area the Committee might want to consider at a future meeting;
- Clarification was sort as to whether the extra funding to upgrade dormitory accommodation across adult acute wards in Lincoln and Boston would include the Boston ward accommodation being on the ground floor. The Committee was reassured that it was the intention;
- Recruitment of staff for Ash Villa – One member enquired whether the location of Ash Villa was a contributory factor as to why it was difficult to recruit staff. The Committee noted that the Trust was finding it hard to recruit Band 5 nursing staff, and that measures were being put in place to encourage staff to stay in Lincolnshire. One member enquired whether the Trust had considered

overseas recruitment. Confirmation was given that the Trust had not looked at this option previously;

- Thanks were extended to the Trust for the all the work and help provided to young people experiencing mental health issues. The Committee was advised that the service provided to young people was provided in partnership with the county council as commissioners and other agencies; and
- One member enquired what areas in Lincolnshire were currently covered by the personality and complex trauma team and the community rehabilitation team; and whether when the results of the bid for funding was received, would the service be rolled out to the rest of the county. The Committee was advised that the pilot covered one third of the county which included Grantham, Lincoln South and Gainsborough; and that the proposal was if the bid for funding was successful, it was proposed to make the service available county wide.

The Chairman on behalf of the Committee extended his thanks to the Director of Strategy, Planning and Partnerships for her presentation.

RESOLVED

1. That thanks be extended to all staff at Lincolnshire Partnership NHS Foundation Trust for their efforts in response to the Covid-19 pandemic.

2. That a regular update be received in relation to the temporary arrangements in place for Ashley House as part of the Chairman's Announcements; and that the following items be considered for inclusion in the Committee's work programme: Provider Collaboratives; Community Transformation Funding; and Personality and Complex Trauma Team.

65 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - COVID-19 UPDATE

The Committee gave consideration to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided a Covid-19 update.

The Chairman invited Andrew Morgan, Chief Executive of ULHT and Simon Evans, Chief Operating Officer, ULHT, to present the report to the Committee.

Attached as Appendix A to the report was a copy of a report to United Lincolnshire Hospitals NHS Trust Board of Directors (2 February 2021) from their Chief Executive for the Committee to consider.

The Committee was advised that since the start of the Covid-19 pandemic, nearly a year ago, the Trust had dealt with 2,754 Covid-19 positive in-patients, and as of 16 February 2021, 1,874 in-patients had been discharged home and 748 patients had died.

It was reported that currently, the NHS was continuing to operate at level 4 and was governed by national direction.

The Committee noted that currently the Trust was looking after 85 Covid-19 positive in-patients, 56 in-patients at Lincoln County Hospital and 29 in-patients at Pilgrim Hospital, Boston.

The Committee noted further that the number of Covid-19 positive in-patients was starting to decline; and that the Trust was also seeing staff absences reducing from 14% to 7%, which was an improving positive position for the Trust.

It was highlighted that hospitals remained busy, with bed occupancy levels at 90%. The Committee noted that the Trust had to ensure that Covid-19 positive in-patients were kept separate from non Covid-19 in-patients and as a result some beds had to be kept vacant, this then had an impact on bed occupancy figures. It was reported that intensive care had been very busy and that a rise in activity had been mirrored across the country. As a result of the increase in activity, staff had been moved around hospital sites to support intensive care units (ICUs), which was then having an effect on other hospital services.

The Committee noted that the Trust was making progress with recruitment; and had been successful in making job offers to over 200 health care support workers and over 200 overseas recruits. Details of the measures in place to keep staff safe and well was shown on pages 39 and 40 of the report pack.

During discussion, the Committee raised the following comments:

- A question was asked whether Lincolnshire had experienced any issues procuring PPE in Lincolnshire, with particular reference to fraudulent suppliers. The Committee was advised that there had not been any problems in Lincolnshire in this regard;
- The Committee extended their thanks to all NHS staff for their hard work;
- Clarification was sought as to when the Acute Services Review would be finalised. The Committee was advised that the Trust was just about to submit a revised pre-consultation business case to NHS England/Improvement, and that there was no confirmed date for its consideration;
- The effectiveness of the Winter Plan model – The Committee was advised that the Winter Plan had worked; but there had been significant pressures as a result of the increase in Covid-19 inpatients; which had impacted on other services;
- Bed Occupancy - The Committee was advised that workforce safety was paramount, and that the Trust was not able to increase staffing levels to meet capacity; as a result, help had been sort from other services to help meet demand. It was highlighted that empty wards had been created to enable deep clean operations. Bed occupancy figures at this time were misleading as some beds were empty to protect non Covid-19 in-patients from Covid-19;
- Financial position – Page 41 of the report provided the Committee with details of the financial headlines. The Committee noted that the Trust still had the £80m deficit;
- The need for better communication with the general public regarding changes to services;

- The potential of a third wave. It was reported that the Trust was not seeing evidence of a third wave, and at the moment there was a slow reduction in the number of Covid-19 positive in-patients;
- One member extended personal thanks to NHS and EMAS staff for their excellent service;
- The poor condition of hospital car parks. The Committee noted that deteriorating car parks was an issue for the Trust; and that during Covid-19 other matters had been prioritised. It was noted further that there was an investment proposal; and that work to repair potholes would be commencing in the next couple of months; and that more substantial investment was planned in the future;
- How was staff moral – It was noted that staff morale at the moment was mixed, but the Trust was doing all it could to help its staff get through a very challenging year. Page 40 of the report provided details of the extensive wellbeing offer available to staff; and
- The percentage of ULHT staff that had been vaccinated – The Committee noted that just under 90% of Trust staff had been vaccinated against Covid-19.

RESOLVED

1. That thanks be extended to all staff at United Lincolnshire Hospitals NHS Trust for their efforts in response to the Covid-19 pandemic.

2. That the update from United Lincolnshire Hospitals NHS Trust as part of its response to the Covid-19 pandemic be noted.

3. That a further Covid-19 Update be received at the June 2021 meeting.

66 GRANTHAM GREEN SITE ARRANGEMENTS - SECOND QUARTERLY REVIEW

The Chairman invited Andrew Morgan, Chief Executive, ULHT and Simon Evans, Chief Operating Officer, ULHT to present the report, which provided an update from the Trust on the Grantham 'green site' arrangements.

Attached at Appendix A was a copy of a report presented to United Lincolnshire Hospitals NHS Trust Board of Directors (2 February 2021) – *Second Quarterly Review following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model* for the Committee to consider.

Note: Councillor R J Kendrick left the meeting at 12.03pm.

The Committee had considered a report from United Lincolnshire Hospitals NHS Trust on 14 October 2020 on its first quarterly review of the 'green site' arrangements at Grantham Hospital.

In guiding the Committee through the significant quarterly report the Chief Operating Officer made reference to: that the primary aims of the Grantham 'green site' model had been maintained, which were: Infection prevention control (IPC) excellence,

capacity to deliver at scale; and future service resilience. It was noted that at the quarterly review all three aims had been achieved. From the thousands of patients treated at the site, no patient receiving elective surgery had contracted Covid-19 whilst in Grantham Hospital. It was noted further although the site had not been entirely absent of Covid-19, investigations had supported that no patient had contracted Covid-19 as an inpatient through failure of IPC excellence, which was credit to all the staff involved.

It was highlighted that the review report reviewed whether circumstances were different or whether the overriding criteria needed changing. The Committee was advised that the ULHT Board had determined that there were not sufficient grounds for changing the current temporary arrangements; and that the action was reinforced by the national Covid-19 alert level 5; and the need to continue to protect the most vulnerable patients. It was noted that the Board did not approve what would be happening on the temporary arrangements for the Grantham 'green site' after 31 March 2021.

During discussion, the Committee raised the following comments:

- The number of outpatients using the Gonerby Road site and the suggestion that these would only be available for a further three months after the 1 April 2021. Clarification was also sought as to whether the two additional theatres were permanent or temporary. The Committee was advised that at the moment there were no plans to close the Gonerby Road site or the two additional theatres or to keep them, and a further assessment of the risk factors would need to be completed before a decision was made;
- Extended waiting times at the Urgent Treatment Centre and that the referral of 1,024 patients to A & E warranted the return of an A & E back in Grantham. The Committee were reminded that the measures currently in place were temporary and specific to Covid-19, and that when those arrangements ceased, the arrangements would be returned to the model that was in place previously. The Committee noted that a proportion of patients seen at Grantham had always been transferred to either Lincoln or Boston, due their specialisms. The Committee noted that across the Trust between 7am and 7pm, more patients had been seen and assessed within 15 minutes; and that substantial improvements had been made to the number of patients being seen within 60 minutes. It was noted further that when patients required admission, delays were occurring;
- One member enquired how likely was the Trust to revert back to the pre Covid-19 model in April, and whether the proposed extension of three months would be extended further, and whether by then as the arrangements would have been in place for a full twelve months whether this arrangement could then still be classed as temporary? The Committee noted that the second report had put suggestions to the Board which had not yet been agreed, and that the proposal to extend for an extra three months was to provide a greater level of capacity and access to services. Clarification was given that there was a presumption that the Board at an extraordinary meeting on 16 March 2021 would revert the temporary arrangement back to the June 2020 position;

and that planning was already underway to ensure that this could be implemented on the 1 April 2021;

- Clarification regarding wording in the first report relating to the 'green site' model (page 79) October 2021. Reassurance was give that this date should read October 2020;
- The success of outpatient services for the residents of Grantham;
- The success of the 'green site' for cancer patients across Lincolnshire;
- The need for better terminology and clarification in relation to A & E and Emergency Departments (ED);
- Lower response rate relating to the Grantham Health Centre. The Committee was advised that the lower response rating could be as a result of the health centre not having a full range of services unlike the Kingfisher Unit; as there were shared facilities with other services, and it tended to become overcrowded;
- Data contained on pages 67 to 70 of the report pack relating to the Urgent Treatment Centre figures for 2019, a suggestion was made for some clarity to be provided as to what was being compared. The Committee was advised that the figures compared the pre Covid-19 model (A & E with reduced hours) with the post Covid-19 model;
- The use of terminology, particular reference was made to ED and A & E, and the need to ensure that some clarity was provided for members of the public. Reassurance was given that future reports would provide a glossary to help explain the difference between the two models;
- The number of patients who when visiting the Lincoln and Boston hospital green site had contracted Covid-19. Clarification was given that one patient at Grantham during recovery had contracted Covid-19 as a result of transit from one site to the other. The Committee noted that no patient on the surgical pathway had contracted Covid-19 at the Grantham 'green site';
- Clarity regarding Covid-19 positive and non Covid-19 wards. The Committee noted that for twelve months the Trust had Covid-19 positive wards, wards where Covid-19 was suspected; wards where patients had come into contact with someone Covid-19; and then non Covid-19 wards;
- The NHS definition of word 'temporary'. The Committee was reassured that the NHS definition was as said temporary. The Committee noted that there was recognition that the Acute Services Review had taken too long and as a result had put the whole process in disrepute, and that arrangements would revert back to those that had been in place in June 2020;
- Cost of the 'green site' provision – The Committee was reminded that the 'green site', had significantly reduced harm to thousands of patients and had saved lives. The Committee was advised that the cost of changes at multiple sites in response to Covid-19 was £1.6m;
- 24 hour ward access. The Committee noted that the new model had restricted the access of visitors to wards. It was reported that the out of hours provision at the hospital was provided by the Lincolnshire Community Health Services with enhanced primary care interventions; and that this would be maintained as services were restored as part of the front of house A & E. A request was made for the 24/7 availability to be publicised better to the public and to ambulance services, so that they had the option to take patients to Grantham;

- How much elective surgery had been cancelled at Grantham and whether these cancellations were likely to reduce in the coming weeks? It was noted that elective surgery had reduced to 60%, with 40% being cancelled, to enable more support to be given to Intensive Care Units (ICUs); and that this surgery was now being carried out and that this figure would soon be back to 100% as and when the number of ICU in-patients reduced;
- How many staff had been redeployed from the 'green site' to Pilgrim Hospital, Boston and Lincoln County Hospital, due to the increased Covid-19 pressures; and what area of care have these staff been transferred from? It was noted that at times the number of staff redeployed had been low, but in recent weeks, the number redeployed would match those mentioned above relating to elective surgery;
- Under the current plan, would the x-ray and fracture clinic be brought back within the site? It was reported that plans being pursued as per recommendation 4 of the report was to put all services back in the ED, which would provide a greater offer of services within that suite; and
- How many staff were currently off sick from Grantham hospital and how was staff morale? The Committee was advised that morale was mixed; and that the re-deployment of staff to ICUs had put extra pressure on staff, which had affected their morale. The Committee was advised that staff were being supported through this difficult time. The Committee noted that currently 56 staff at Grantham were off sick and that of the 56, 12 members of staff were off as a result of Covid-19 related issues.

The Chairman on behalf of the Committee extended thanks to the two representatives.

RESOLVED

1. That the information presented by United Lincolnshire Hospitals NHS Trust on the second quarterly review of the 'green site' at Grantham Hospital be noted.

2. That a further update be received from the United Lincolnshire Hospitals NHS Trust on this topic be received at the June 2021 meeting.

67 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

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

Consideration was given to the work programme and to items listed for forthcoming meetings shown on pages 94 to 95 of the agenda pack.

Appendix A to the report provided details of previous work activity undertaken by the Committee since 2017.

Items highlighted to be included on the work programme were:

- Update on CAMHS;
- Provider Collaboratives;
- Community Transformation Funding;
- Personality and Complex Trauma Team;
- Update on the Grantham Green Site Arrangements; and
- United Lincolnshire Hospitals NHS Trust – Covid-19 Update.

The Chairman advised the Committee that during the meeting he had received an email from the Lincolnshire Clinical Commissioning Group, (CCG) concerning the Woolsthorpe Branch surgery, operated by the Vale Medical Group. The email had advised that the CCG had become aware that whilst the receipt of a petition had been referenced in the report to the Primary Care Commissioning Committee (PCCC), the petition had not been reviewed in line with the CCG's processes. It had therefore been agreed that the decision made by the PCCC would be paused and that consideration would be given to the petition. Confirmation was also given that the Vale Medical Group had been made aware of this information.

Thanks were extended to Simon Evans, Health Scrutiny Officer and Katrina Cope, Senior Democratic Services Officer, for all their help and support to the Committee.

RESOLVED

That the work programme presented be received subject to the inclusion of the items listed above.

The meeting closed at 1.09 p.m.

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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

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**Chairman's Announcements**

1. Covid-19 Vaccination Programme

An update on the vaccination programme is set out at Appendix A.

2. Lincolnshire Acute Services Review Update

An update submitted on behalf of the NHS Lincolnshire Clinical Commissioning Group on the Lincolnshire Acute Services Review is set out at Appendix B.

3. Lincolnshire Integrated Care System

A report submitted on behalf of the NHS Lincolnshire Clinical Commissioning Group on the Lincolnshire Integrated Care System is set out at Appendix C.

4. Woolsthorpe Branch Surgery

As reported during the last meeting of the Committee, the application from Vale Medical Group for the closure of the Woolsthorpe Branch Surgery will now be re-considered by the CCG's Primary Care Commissioning Committee (PCCC). This will allow the PCCC to consider a petition, which was not considered at the PCCC's previous meeting.

5. Care Quality Commission Review of Do Not Attempt Cardiopulmonary Resuscitation Decisions during the Covid-19 Pandemic

The Committee has included of an item on its work programme on *Do Not Attempt Cardiopulmonary Resuscitation Decisions*. Relevant to the consideration of this item will be the publication of the final review report by the Care Quality Commission (CQC), which was expected in February 2021. As of 5 March 2021, the final review report had not been published by the CQC.

6. Opening of Ash Villa as an Adult Acute Mental Health Treatment Ward

Lincolnshire Partnership NHS Foundation Trust (LPFT) has opened Ash Villa as a new adult acute mental health treatment ward in Greylees, near Sleaford, from 1 March 2021.

The 15-bed acute treatment ward will be supporting women who are experiencing a severe, short term episode of mental ill health and who cannot be safely cared for by community based services. This supports the local NHS's commitment to eliminating the inappropriate use of out of area hospital placements for acute patients by the end of March 2021.

LPFT states that this marks the final phase in its in-patient capacity plans and follows the re-purposing of the Wolds Ward at Discovery House into a new re-ablement service as part of the wider acute care pathway, as well as significant investment into community services.

The new ward at Ash Villa will complement existing adult acute mental health wards in Boston and Lincoln, where patients will receive their initial assessment. Following a thorough initial assessment of people's needs at these other two units, female patients can then be transferred to the treatment ward at Ash Villa to receive their on-going support before discharge.

LPFT has also stated that work continues to recruit to the final few vacancies in the team. However in the interim the service will be supported by staff redeployed from Ashley House in Grantham, which has been temporarily closed as part of contingency plans to support safe staffing during the pandemic.

7. The Old Hospital Building Grantham

As the Committee is aware, its focus is on the provision of NHS-funded health services, and the treatment and care of NHS patients. However, I have received a request from Councillor Ray Wootten for the circulation to the Committee of a letter dated 26 February 2021 from Gareth Davies MP, on the old hospital building, which is located at the front of the Grantham Hospital site.

"Dear Councillor Wootten

"I wanted to provide you with a short update following our discussions regarding the Old Hospital building in Grantham, a site I have visited and know well.

"This afternoon, I met with the Chief Operating Officer, Simon Evans, and the Director of Finance, Paul Matthew, of the United Lincolnshire Hospitals NHS Trust (ULHT) to discuss the building. I understand that the site has been disused since 2006 and has fallen into disrepair after the building became too costly to maintain and spending on healthcare services was made the top priority by the Trust.

"In the meeting today, ULHT agreed to my request that they consider all the options available to them regarding the future of the Old Hospital Building and I did stress that there are alternative paths to the total demolition of this historic structure.

"This issue has been brought to my attention by the strength of local campaigns to preserve Grantham's architectural heritage. I therefore requested that ULHT representative engage with local community representatives to begin a dialogue on the future of the Old Hospital, and I am pleased to report they have agreed to do so.

"They have assured me there are no imminent plans for the site, particularly as the focus is still obviously dealing with the ongoing pandemic crisis.

"I hope this update is helpful to you and your residents."

As stated in the letter, the building, which was constructed in the 1870s, has not been used for patient care since 2006 and ULHT has committed to engagement with the local community on its future use.

APPENDIX A

COVID-19 VACCINATION PROGRAMME IN LINCOLNSHIRE

Weekly Report

On 4 March 2021, NHS England and NHS Improvement (NHSE/I) issued a further weekly report, which set out the numbers of vaccinations for the period 8 December 2020 to 28 February 2021 by STP area. The weekly reports now include data at district council level, as well as 'middle layer super output area'.

Lincolnshire

In the two tables below, information is provided for the Lincolnshire STP area. **It should be noted that the percentage figures are based on a calculation using the ONS mid-year 2019 population estimates and are thus indicative only. This is because the ONS 2019 estimates do not represent the actual number of patients registered with Lincolnshire GP practices in any particular age group.**

First Doses (8 Dec 20 – 28 Feb 21)						
	80+	**75-79**	**70-74**	**65-69**	**Under 65**	**Total**
Lincolnshire Number	45,809	36,025	47,597	40,530	96,362	266,323
Lincolnshire Percentage	98.5%	103.2%	94.8%	84.1%	21.4%	42.3%

Second Doses (8 Dec 20 – 28 Feb 21)						
	80+	**75-79**	**70-74**	**65-69**	**Under 65**	**Total**
Lincolnshire Number	2,680	67	67	112	2,355	5,281
Lincolnshire Percentage	5.8%	0.2%	0.1%	0.2%	0.5%	0.8%

As of 28 February 2021, 266,323 people registered at GPs in Lincolnshire had received their first dose, representing 42.3% of the adult population. In addition 5,281 second doses had been administered. Between 21 February and 28 February, a total of 34,577 vaccinations were given.

Number of Vaccinations by District Council Area

The table below shows the number of people vaccinated with at least one dose by Lincolnshire's district council areas for the period up to 28 February 2021.

District Council	Number of People Vaccinated with at least One Dose (8 December 2020 – 28 February 2021)					
	Under 65	**65-69**	**70-74**	**75-79**	**80+**	**Total**
Boston	8,482	3,387	3,614	2,759	3,824	22,066
East Lindsey	16,940	8,960	11,626	8,862	10,409	56,797
Lincoln	13,708	3,678	3,801	2,716	3,974	27,877
North Kesteven	17,514	6,040	7,358	5,687	7,312	43,911
South Holland	9,558	5,093	5,966	4,424	6,119	31,160
South Kesteven	16,214	7,648	8,776	6,655	8,373	47,666
West Lindsey	13,946	5,724	6,456	4,922	5,798	36,846
Total	96,362	40,530	47,597	36,025	45,809	266,323

Expansion of Shielding List

On 16 February 2021, the Government announced that as a result of the use of a new predictive risk model, a further 800,000 had been identified as high risk from Covid-19 and had been added to the shielding list. This group of adults had been given priority for vaccination. As a result of the new model, in Lincolnshire a further 8,000 people had been added to the 30,000 people already on the shielding list.

Phase 2 of National Vaccination Programme

On 26 February 2021, the Department of Health and Social Care announced its response to the interim advice of Joint Committee on Vaccination and Immunisation (JCVI) on the prioritising of groups for Phase 2 of the national vaccination programme. The JCVI has advised that the offer of vaccinations during phase 2 should be aged based, starting with the oldest adults first and proceeding in the following order:

- all those aged 40 to 49 years
- all those aged 30 to 39 years
- all those aged 18 to 29 years

The Department of Health and Social Care has accepted the interim conclusion of the JCVI on prioritisation based on age. The final advice from the JCVI will be published in due course.

APPENDIX B

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 Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**Acute Services Review Update**

Summary:

On the 12 November 2020, the NHS England and NHS Improvement (NHSEI) regional assurance panel took place to discuss the Lincolnshire Acute Services Review (ASR) Pre-Consultation Business Case (PCBC).

On the 7 December 2020, the Lincolnshire health system received a letter and formal report from the Chair of the NHSE/I regional assurance panel asking the Lincolnshire health system to provide additional information to the panel in seven areas for the scheme to be recommended for national approval.

The production of the additional information has been completed and the revised PCBC with the additional information was submitted by 16 February 2021.

A review panel meeting is taking place on the 4 March 2021 with NHSEI to carry out an assessment of the revised PCBC which will be undertaken by exception, covering the recommendations. Areas that were fully assured will not be reassessed.

It is anticipated that NHSEI regional team will be provided with the assurance to progress the PCBC to proceed through to the national assurance process. This is a two-step process which involves:

- Round table review by the National Directors
- Formal approval by the NHS England and Improvement Board – in private

The timescales associated with the national process are dependent on the scale of queries coming back through the assurance process. Therefore a definitive timeline cannot be provided, but it is anticipated this would be completed during Q1 of 2021/22.

1. Introduction

The key milestone for the Acute Services Review (ASR) in 2020/21 was to achieve NHS England and NHS Improvement (NHSEI) approval to allow the CCG to proceed with a public consultation on the proposed service changes.

The United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services Trust (LCHS) Boards supported the ASR Pre-Consultation Business Case (PCBC) to be submitted into the NHSEI Assurance Process in July 2020.

The CCG Board, as the responsible organisation for the PCBC, approved for the PCBC to be submitted into the NHSEI Assurance Process in July 2020.

The assurance process requires the Midlands NHSEI Regional Team to hold an assurance panel to review the PCBC and determine if it meets the five key tests for service changes.

Due to the complexities of PCBCs, the regional NHSEI team review cases and seek clarifications and further information prior to confirming a panel.

2. NHSEI Regional Assurance Panel – 12 November 2021

This work was completed in October 2021 and the regional NHSEI Panel was held on 12 November 2020. Colleagues representing Lincolnshire included the Chief Executives from ULHT, LCHS and the CCG. They were supported by the clinical directors from the services on which consultation would be proposed, along with executive colleagues from across the Lincolnshire System covering operations, finance, nursing and quality, communication, workforce, strategy and transformation.

The panel meeting lasted three hours and provided the Lincolnshire NHS the opportunity for the system to present the proposals in full and address the key test for service change.

The case was received well and the initial feedback provided was positive, both in the approach taken by colleagues across Lincolnshire, but also the content and quality of the PCBC.

The conclusion to the panel was there is a strong case to proceed to public consultation, however there were a number additions required before the region would approve the case to proceed into the national approval process.

3. Outcome of NHSEI Regional Assurance Panel

On 7 December 2020 the Lincolnshire health system received a letter and formal report from the Chair of the NHSEI regional assurance panel asking the Lincolnshire health system to provide additional information to the Panel in seven areas for the scheme to be recommended for national approval.

The production of the additional information has been completed and the revised PCBC with the additional information is submitted by 16 February 2021.

A review panel meeting is taking place on the 4 March 2021, with NHSEI to carry out an assessment of the revised PCBC which will be undertaken by exception, covering the recommendations.

4. Consultation

The Healthy Conversation 2019 engagement exercise focused on each of the eight strands of the Lincolnshire Acute Services Review, where an emerging option for the future delivery of services was set out.

Following the approval of the PCBC by NHSEI the next step will involve the CCG Board being presented with a Decision Making Business Case. If supported this would set in motion plans for formal public consultation on the proposed changes related to four of the services in the acute services review.

5. Next Steps

Before the CCG can proceed to public consultation, the PCBC requires national approval. It is anticipated that NHSEI regional team will be provided with the assurance to progress the PCBC to proceed through to the national assurance process. This is a two-step process which involves:

- Round table review by the National Directors
- Formal approval by the NHS England and Improvement Board – in private

The timescales associated with the national process are dependent on the scale of queries coming back through the assurance process. Therefore a definitive timeline cannot be provided but it is anticipated this would be completed during Q1 of 2021/22. Once ratification of the PCBC is received from NHSEI, the next step is for the Lincolnshire NHS CCG to agree it is going to start a public consultation.

APPENDIX C

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

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**Lincolnshire Integrated Care System Designation Application**

Summary:

The NHS Long Term Plan published in 2019 set out an ambition for greater collaboration between partners in health and care systems to help accelerate progress in meeting the most critical health and care challenges – through the establishment of Integrated Care Systems (ICSs).

The NHS Long Term Plan set the target that by April 2021 ICSs will cover the whole country, growing out of the current network of sustainability and transformation partnerships (STPs). This is still the expectation even though the focus of all health systems has been and still is on managing and responding to the coronavirus pandemic.

Since November 2020 the Lincolnshire STP has completed three rounds of designation application feedback with the NHS England and NHS Improvement (NHSEI) regional team, including a focused discussion at the NHSEI December System Quality Review Meeting (SQRM) with the Lincolnshire Chief Executives.

The initial focus of NHSEI in their feedback was on the proposed Lincolnshire ICS governance and partnership board arrangements; appointment of an independent chair; and place-based arrangements. Latterly, the focus of NHSEI has been on how becoming an ICS will support the Lincolnshire system to tackle its systemic challenges (finance and workforce in particular) and move out of special measures.

The final submission of the Lincolnshire ICS designation application to the NHSEI regional team was made on the 15 February 2021, ahead of a submission nationally. It is anticipated Lincolnshire will receive ICS designation by April 2021.

1. Introduction

Since 2016, health and care organisations have been working together in every part of England in sustainability and transformation partnerships (STPs). When these were established they were described as a pragmatic way to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health and social care. They were also identified as being able to help prioritise self-care and prevention so that people can live healthier and more independent daily lives.

2. The NHS Long Term Plan

In 2018 there was an evolution of STPs, when 14 Integrated Care Systems (ICSs) were agreed to accelerate the work started by STPs. The NHS Long Term Plan published in 2019 confirmed that all STPs would be expected to mature, so that every part of England is covered by an integrated care system by 2021.

The NHS Long Term Plan described ICSs as being central to its delivery, as they would bring together local organisations to redesign care and improve population health, creating shared leadership and action. To support this process NHSEI developed a set of 'consistent operating arrangements for ICSs' that would be used to assess system maturity. These are set around the following three areas:

- System Functions;
- System Planning; and
- System Leadership and Governance

3. Lincolnshire Application for Designation as an ICS

At the start of 2020 the NHS in England faced, as did all health systems across the world, the greatest challenge it had ever done so in the coronavirus pandemic. As part of its response the NHS suspended business as usual activities and went into Emergency Preparedness, Resilience and Response (EPRR) mode.

Towards the end of 2020 some 'business as usual' activities started to return, and as part of this the Lincolnshire STP was asked to submit a first draft of its ICS designation application in November 2020.

Since this first submission the Lincolnshire STP has completed three rounds of ICS designation application feedback with the NHSEI regional team, including a focused discussion at the NHSEI December System Quality Review Meeting (SQRM) meeting with the Lincolnshire Chief Executives, including the Lincolnshire County Council Chief Executive was also in attendance).

The initial focus of NHSEI on the Lincolnshire ICS application was on the proposed governance arrangements, specifically:

- The Proposed Partnership Board Arrangements – The proposal is that the partnership board arrangements for the Lincolnshire ICS would be aligned with the Lincolnshire Health and Wellbeing Board and NHSEI focused on how this would work in practice.
- Appointment of an Independent Chair – There were some concerns that Lincolnshire was not looking to recruit a new independent chair into the system.
- Place-based Arrangements – The proposal is that there would be one 'place' in Lincolnshire that would be coterminous in its boundary with the definition of the Lincolnshire Integrated Care System.

Having had a number of discussions with the NHSEI regional team on the proposed Lincolnshire ICS governance arrangements, including at NHS and local authority Chief Executive level, a shared understanding and acceptance has emerged.

4. Current Position

A shared understanding has been reached with NHSEI on the proposed governance arrangements for the Lincolnshire ICS. This includes the recognition that once the future of putting ICSs on a statutory footing (as highlighted in the recent consultation document) has been confirmed in 2021/22, the governance arrangements will need to be reconsidered. The Lincolnshire ICS designation will reflect the work happening in the system to ensure a solid foundation for system working and recovery in the longer term.

The final submission of the Lincolnshire ICS designation application was made on the 15 February 2021, it is anticipated designation will received by April 2021.

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

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 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).

Since the date of the previous report to the Committee in October 2020, health services in Lincolnshire, including the CPMS, have continued to respond to the impacts of the Covid-19 pandemic including an extended period of lockdown. The CPMS continues to work to safe systems for patients and staff and where possible and acceptable to patients continues to undertake appointments remotely using video or telephone. Patients continue to be offered appointments face to face where this is clinically appropriate or where the patient expresses a wish to do so.

At the request of the Committee, this report includes commentary on the use of medicines called opioids which have traditionally been used in the treatment of chronic pain. A key aim of the commissioning of CPMS has been to reduce reliance on opioids due to adverse side effects and reduced efficacy associated with long their long-term use. Use of opioids has reduced since the CPMS has been in operation but a number of other initiatives are also likely to have contributed to this reduction.

Actions Required:

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. The contract was awarded in November 2018, following a robust competitive procurement process, with service commencing on 1 April 2019. The service is an end to end service contract with Connect Health being responsible for the full chronic pain pathway from GP referral through assessment and treatment to discharge including treatments undertaken at a number of hospital sites under sub-contract arrangements.

The service has been commissioned in line with guidance for chronic pain management from the National Institute of Health and Care Excellence (NICE) and the British Pain Society which recommends a move away from the historic medical treatment based model of pain management, focused around injections and medications to a more holistic biopsychosocial model of care. This includes supporting patients to manage the psychological aspects of their chronic pain. Patients, who were under the care of a hospital pain service at the start of the CPMS in 1 April 2019, have been transferred to the new service. It is recognised that the treatment options that are being presented to patients by Connect Health may appear different to those that they had previously been offered.

2. Lincolnshire CCG Commentary

Covid-19 Update

During October 2020 to February 2021, 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. The use of remote appointments has continued whilst the CPMS has continued to offer face to face appointments where clinically appropriate or where requested by patients. The recent further lockdown has meant that some services that had been restored by the CPMS again had to be curtailed, with the CPMS keeping under review patients waiting for appointments. In turn this has meant that the planned restoration to waiting times to pre-Covid-19 levels for the end of December has slipped and the CCG is working with the CPMS to plan when waiting times are able to return to more normal levels. Some patients have been invited to attend for face to face appointments or treatments at locations that are more distant than usual with a small number of patients choosing to wait longer rather than travel.

The CPMS currently provides face to face assessment and review appointments at Skegness, Hykeham Pain Clinic and Johnson Community Hospital in Spalding; and uses Louth Hospital, North Hykeham Health Centre, Johnson Community Hospital and the BMI Hospital Lincoln for chronic pain treatments.

CPMS staff have full access to appropriate PPE and lateral flow testing and there has been a high take up of Covid-19 vaccinations from CPMS front line staff.

Quality

The latest CPMS quarterly Quality Report for the period October 2020 to December 2020 was considered at the February Contract Management Meeting. This report includes information of patient reported outcomes and experience, training compliance, incidents, complaints and concerns. There were no significant concerns highlighted from the review of the report.

351 patient satisfaction surveys were returned in Quarter 3 2020: a response rate of 32%, with 76% of patients reporting positive feedback, 9% neutral and 15% negative.

The key themes from negative comments were patients stating that they were unable to access usual care pathways within the service due to Covid-19, patients feeling unable to able to access repeat injections and comments around a one size fits all approach. Key themes from positive comments included clinicians taking time to listen, understand and explain treatment options and that staff are caring and compassionate. The CCG is continuing to work with the CPMS to ensure that comments from patient satisfaction surveys are addressed through review and action.

The CPMS received eleven complaints in Quarter 3 2020. The key complaint themes were clinical treatment (eleven comments), communication (three comments) and date for appointment (three comments). The Committee should note that a single complaint may include more than one theme. Nine of the eleven complaint comments relating to clinical treatment were in relation to the injection pathway.

Lack of access to injections has been a common theme in patient satisfaction surveys and complaints and, as previously noted to the Committee, this is largely linked to the approach supported by guidance to reduce injections and encourage patients to use other approaches to manage their pain where appropriate. However, in response to negative satisfaction themes and complaints the CPMS has started work to improve shared decisions between patients and clinicians with the aim of improving understanding on injections and to lessen the feeling of a one size fits all approach.

Key Performance Indicators

A summary of the performance of the service against contracted Key Performance Indicators (KPIs) for the period April 2020 to December 2020 is included at Appendix 1 to this report.

Despite the impact of Covid-19 during the reporting period, the CPMS continued to maintain reasonable performance for KPIs 1, 2, 3, 7 and 8 (mandatory training, triage timeliness, return of inappropriate referrals, care management plan and care management plan sent to the referrer).

As previously reported to the Committee, KPI4 (time from referral to assessment) recorded poor performance prior to Covid-19 and was subject to an action plan in place between Connect Health and the CCG. Performance for this KPI improved in Q2 but slipped back slightly in Q3; again due to the operational impacts of Covid-19.

KPI5 (time from decision to treat to treatment) was also problematic prior to Covid-19 and was also subject to an improvement plan. Whilst there was improvement for this indicator in Q2, performance again dropped in Q3 and although this is partly due to the further restrictions associated with Covid-19, the CPMS have been instructed by the CCG to develop and implement an action plan and trajectory to provide assurance of rapid improvement for this indicator.

KPI9 relates to the completion of group pain management programme sessions completed by individual patients. This KPI is a measure of the number of patients who complete a minimum of six pain programme sessions. Low numbers in the programme in Q2 make the measure a little misleading, however although there were higher numbers of patients in the programme in Q3 only 23% of patients completed 6 sessions. Whilst this is likely to be due to patients forgetting to connect to the virtual sessions the CCG has requested the CPMS work to improve take up of programme sessions.

Use of Opioids

In November 2019 Public Health England published "Dependence and withdrawal associated with some prescribed medicines". This included an aim to reduce the use of opioids for chronic non-cancer pain, building on research and guidelines that opioids are ineffective in long term use for people with chronic pain and typically decrease quality of life, lead to debilitating side effects and can result in addiction. The recent draft NICE guideline on the management of chronic pain states that opioids should not be offered for the management of primary chronic pain.

In commissioning the CPMS the CCG aimed to support a reduction in the use of opioids for chronic pain management and move to a more holistic biopsychosocial approach to pain that supports patients to manage their pain without the regular use of opioids. It was recognised that this was not a quick fix and that it would take time for the different interventions and support through CPMS to have an effect.

The CCG receives data on the use of medicines including opioids. At the date of writing this report the latest data available was for November 2020 and a table showing a summary of the change in use of opioids as growth / reduction in prescribing activity / cost between November 2015 to April 2019 (pre CPMS) and April 2019 to November 2020 (post CPMS) is attached to this report as Appendix 2.

Performance across all prescribing groups has shown a steady decrease. There is one exception to this nationally and that is the use of pregablin which has increased across the country. The table illustrates that, building on the progress that had been made between 2015-2019, since the launch of the Lincolnshire CPMS in April 2019, there has been a significant decrease in opioid prescribing in Lincolnshire, and that the rate of progress has been greater than in previous years. Most notably, there has been particularly significant progress in reducing the number of patients on high dose opioids which is encouraging given the patient safety risks associated with taking these medicines.

As noted in the table some of the reduction in opioid use has been supported by national initiatives and whilst intrinsic evidence is needed of the direct cause and effect on opioid prescribing of the CPMS, it seems likely that the CPMS has made a contribution to reductions in opioid prescribing for chronic pain in Lincolnshire.

The CPMS continues to have in place a number of initiatives to support awareness of and reduction in opioid use including:

- sponsoring the Flippin Pain initiative (https://www.flippinpain.co.uk);
- holding specific medication reviews and sharing prescribing recommendations for patients in the CPMS in clinic letters to GPs;
- establishing advice and guidance for health care professionals for medicines management;
- contributing to multi-agency multi-disciplinary team meetings to support joined up working and sharing of information / pain rehabilitation advice and expertise;
- offering medication review appointments to patients who wish to optimise / reduce their pain medication regime or where there are clinical concerns overuse of medicines;
- funding four physiotherapists and two nurses to undertake the non-medical prescribing MSc course; and
- Within the pain management programmes, providing patients with information regarding the role of medications for managing persistent pain which includes information about the limitations and potential health risks of long-terms medication use.

3. Conclusion

The expected recovery of CPMS services to normal waiting times for December 2020 has been adversely affected by the further lockdown introduced to seek to manage the impact of Covid-19. Some patients have continued to have to wait longer than usual or been offered appointments further away from home. It is fully expected that waiting times will be recovered as the Government roadmap for unlocking is implemented. The CPMS has continued to manage the impact of Covid-19 with safe systems in place for patients and staff.

Performance across the range of KPIs has remained variable with some indicators showing good performance despite the Covid-19 impact, and some continuing with relatively poor levels of performance that were present prior to Covid-19. Actions are being taken to seek to consistently improve performance where this is below target levels.

There are no significant quality assurance concerns for the period October 2020 to December 2020. There is a long-standing theme from complaints and patient satisfaction surveys relating to injection pathways and whilst some of this is understandable given the change in approach to pain management, the CPMS has set in train improvement work with the aim of providing better shared understanding of decisions between patients and clinicians.

The CPMS has in place a number of initiatives that support a reduction in opioid use for chronic pain in Lincolnshire. Whilst data shows that opioid prescribing in

Lincolnshire has reduced since the CPMS has been in place and it is highly likely that the CPMS has contributed to this reduction, in the absence of a formal structured review it is not possible to determine the precise cause and effect of the CPMS towards this reduction.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix 1	KPI Performance Summary – April 2020 to December 2020
Appendix 2	LCCG Opioid prescribing summary data - November 2015 to November 2020

6. Background Papers

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

This report was written by Tim Fowler, NHS Lincolnshire CCG, who can be contacted as follows: Telephone 07810 770476
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Appendix 1

KPI Performance Summary – April 2020 to December 2020

KPI Ref	KPI Measure	Target			Q1	Q2	Q3	Total
LQR1	Mandatory Training - Percentage compliance with mandatory training requirements for staff in post at the end of the quarter.	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				
			LQR1 Performance		**99%**	**100%**	**Not yet reported**	
LQR2	Patients Triaged within 2 Working Days of Referral	90%	Numerator	Triaged within 2 Working Days	**518**	**810**	**1,065**	**4,268**
			Denominator	Total Referrals	**627**	**879**	**1,202**	**4,789**
			LQR2 Performance		**83%**	**92%**	**89%**	**89%**
LQR3	Inappropriate Referrals returned within 2 Working Days	90%	Numerator	Rejected within 2 Working Days	**103**	**188**	**122**	**723**
			Denominator	Total Inappropriate Referrals rejected at triage or registration	**119**	**210**	**179**	**897**
			LQR3 Performance		**87%**	**90%**	**68%**	**81%**
LQR4	Patients Offered an Initial Assessment within 40 Working Days of Referral	90%	Numerator	Accepted referrals with first appointment date offered within 8 weeks	**90**	**504**	**288**	**1,674**
			Denominator	Total Accepted referrals with first appointment offered	**541**	**861**	**549**	**3,361**
			LQR4 Performance		**17%**	**59%**	**52%**	**50%**
LQR5	Service Users starting treatment < 18 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 18 weeks	**436**	**885**	**1,022**	**4,250**
			Denominator	Total patients starting treatment	**1,430**	**1,763**	**3,657**	**12,270**
			LQR5 Performance		**30%**	**50%**	**28%**	**35%**
LQR7	Care/Management Plan	100%	Numerator	Care Management Plans	**1,050**	**1,108**	**762**	**4,790**
			Denominator	Total New Patients	**1,055**	**1,118**	**770**	**4,831**
			LQR7 Performance		**100%**	**99%**	**99%**	**99%**
LQR8	Discharge Care/Management Plan Sent within 5 Working Days	100%	Numerator	Letter sent within 5 Working Days	**451**	**432**	**292**	**1,899**
			Denominator	Total Discharges from appointment	**459**	**434**	**299**	**1,925**
			LQR8 Performance		**98%**	**100%**	**98%**	**99%**
LQR9	Patients completing a minimum of 6 out of 8 PMP sessions	75%	Numerator	Patients completing 6 out of 8 PMP sessions	**13**	**10**	**16**	**65**
			Denominator	Total completed PMP Programmes	**13**	**38**	**94**	**277**
			LQR9 Performance		**100%**	**26%**	**17%**	**23%**

Note:
LQR1 is a reported quarterly. The achievement shown above for Q1 is an average over 8 areas of training.
LQR6 is not included in the above as it is not yet scheduled for reporting by Connect Health.

Appendix 2

LCCG Opioid prescribing summary data - November 2015 to November 2020

	ITEM	MEASURE	Nov-15	Apr-19	Nov-20	% Reduction Nov 15 to Apr 19	% Reduction Apr 19 to Nov 20	Comments
PRESCRIBING MEASURES - OPIOIDS	High dose opioids per 1000pts	Opioids with likely daily dose of ≥120mg morphine equivalence per 1000 patients	2,368	2,230	1,948	6%	13%	
	High does opioid items as % regular opioids	Opioid items with likely daily dose of ≥120mg morphine equivalence compared with prescribing of all items of these opioids	21.01%	17.95%	16.55%	3.06%	1.40%	
	Prescribing of high cost tramadol preparations	Items prescribed of high cost tramadol preparations as a proportion of all tramadol items prescribed	3,097	2,169	1,945	30%	6%	
	NHSE Low Priority Treatment - fentanyl immediate release	Cost of oxycodone and naloxone combination per 1000 patients	£11,204	£5,961	£3,537	47%	41%	National initiative
	NHSE Low Priority Treatment - oxycodone and naloxone combination product	Cost of oxycodone and naloxone combination per 1000 patients	£3,650	£2,847	£1,654	22%	42%	
PRESCRIBING MEASURES - PAIN (Excluding items already identified under opioids)	NHSE Low Priority Treatment - paracetomal & tramadol combination cost	Cost per 1000 patients	£10,438	£1,231	£915	88%	26%	National initiative
	Co-proxamol	Prescribing of co-proxamol per 1000 patients	135	44	26	67%	41%	
	NHSE Low Priority Treatment - co-proxamol	Cost of co-proxamol per 1000 patients	£8,227	£5,552	£5,042	33%	9%	National initiative
	Pregabalin capsule prescribed as Lyrica	Total quantity of Lyrica capsules, as a proportion of total capsules of pregabalin.	112,213	0	0	100%	0%	NICE Guidance
	NHSE Low Prioity Treatment - lidocaine plasters	Cost of lidocaine plasters per 1000 patients	£27,607	£26,076	£16,017	6%	39%	National initiative
	Prescribing of high cost tramadol preparations	Items prescribed of high cost tramadol preparations as a proportion of all tramadol items prescribed	3,097	2,169	1,945	30%	10%	
	Non-preferred NSAIDs and COX-2 inhibitors	Number of prescription items for all NSAIDs excluding ibuprofen and naproxen as a percentage of the total number of prescription items for all NSAIDs.	4,960	4,064	3,178	18%	22%	
	NHSE Low Priority Treatment - rubefacients	Cost of rubefacients per 1000 patients	£6,845	£2,738	£1,962	60%	28%	National initiative
	Soluble/effervescnt forms of paracetamol and co-codamol	Prescribing of soluble/effervescent forms of paracetamol and co-codamol as a percentage of prescribing of all paracetamol and co-codamol tablets and capsules	2,860	2,207	2,182	23%	1%	National initiative
	Prescribing of pregabalin	Prescribing of pregabalin per 1000pts	9,771	15,261	16,639	-56%	-9%	Local work reduced growth in prescribing
	Prescribing of pregabalin (total mg)	Total mg per 1000 patients	61,227,195	87,051,270	94,661,630	-42%	-9%	Local work reduced growth in prescribing
	Prescribing of gabapentin and pregablin	Total DDD of pregabalin + gabapentin per 1000 patients	336,065	446,302	478,367	-33%	-7%	Local work reduced growth in prescribing

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

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**Non-Emergency Patient Transport Service – Update**

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service (NEPTS) for the period from the previous report considered by the Committee in October 2020 to date.

The main NEPTS contract for Lincolnshire remains with Thames Ambulance Service Limited (TASL).

The CCG continues to lead work to have in place a new contract for patient transport in Lincolnshire on expiry of the current TASL contract on 30 June 2022. Key Lincolnshire health service providers and Healthwatch have been invited to and joined the project group. It is expected that Invitation to Tender Documents for the new contract will be published in April 2021.

TASL have continued to work closely with the CCG and health service partners in Lincolnshire during the last 5 months to respond to the Covid-19 pandemic and TASL crews have responded extremely well during continued difficult circumstances to the challenges presented by Covid-19.

There have been a number of instances where service delivery and performance has been poor and where this has happened TASL and the CCG have worked closely to seek to ensure that this is addressed. The CCG has requested that TASL undertake concerted action to improve service delivery for fast-tack patients.

Actions Required:

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

1. Background

Lincolnshire Clinical Commissioning Group (LCCG) commissions non-emergency patient transport services (NEPTS) for the patients of Lincolnshire. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the contract. The Committee passed a vote of no confidence in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible. The CCG has continued to assess and consider the risks associated with exiting the contract, has not given notice to end the contract and expects to continue with the current contract until its expiry in June 2022.

The CQC report published in February 2019 following inspection of the TASL service in October 2018 rated TASL as “Inadequate” for Safe, Effective, Responsive and Well Led and rated TASL as “Good” for Caring. A further report was published by the CQC in August 2019 and reported an improved position from that reported in October with a rating of “Requires improvement” for Safe, Effective and Well Led and “Good” for Caring and Responsive.

2. Lincolnshire CCG Commentary

<u>Covid-19</u>

TASL have continued to work closely with the CCG and health service partners in Lincolnshire during the last 5 months to support the on-going response to the Covid-19 pandemic. TASL crews have responded extremely well during continued difficult circumstances to the challenges presented to by the pandemic including the requirements for patient and staff safety including social distancing on vehicles, changing guidance and changes to ways of working in hospitals and other healthcare facilities with altered requirements and times for patient drop-off and pick-up.

During December TASL had a significant number of staff impacted by Covid-19 resulting in a reduction in availability of crews and the CCG provided additional support to TASL during this time. These issues are now largely resolved.

As previously reported, NHS England published guidance on the approach to patient transport services during Covid-19 on 27 March 2020, which included the suspension of eligibility criteria. Further guidance has subsequently been published re-instating the use of eligibility criteria. This has meant that some patients who had previously used patient transport from late March 2020 are no longer able to do so as they do not meet the eligibility criteria.

The issues in the early stage of the pandemic with a lack of supply of PPE have now been resolved. More recently, Lateral Flow Testing has been implemented for TASL staff and there has been a significant take up by TASL staff in Lincolnshire of Covid-19 vaccinations. Both of these measures provide added protection for patients and staff.

The arrangement for additional transport support to for discharges at Boston Pilgrim Hospital and Lincoln County Hospital and for additional elective patient transport arrangements for Grantham Hospital continues to be in place and safe systems of working are in place with this service.

Activity and Performance

A summary of the activity and Key Performance Indicator (KPI) position for TASL for the period to January 2021 is included as Appendix A to this report.

Activity has continued to be below pre-Covid-19 pandemic levels, but this is expected to progressively increase as the impact of the pandemic reduces, hospital and community health services are restored to more normal levels, and the Government's roadmap for exiting lockdown is implemented.

For January 2021, TASL achieved the contracted level of performance for 2 out 15 KPIs and delivered month on month improvement for 14 KPIs, although improvement for 8 of these was marginal. Significant month on month improvement was achieved for call handling and the time patients spend on vehicles. KPI performance was generally poor during December 2020 due to the impact on availability of crew and call centre staff affected by Covid-19. The improvements in call handling and time of vehicle KPIs in January reflect the poor performance in December and restoration to more usual levels of performance rather than significant intrinsic improvement. Despite improved performance in January for fast-track pick up times, service and performance for this group of patients
remains poor and the CCG has instructed TASL to develop action plans to improve this.

Planning for Patient Transport Services from July 2022

At the date of consideration of this report by the Committee TASL are in the 45th month of a 60 month contract which ends on 30 June 2022. Work has started in the CCG to have a new service in place from this date with both core and wider project groups in place with representation on the groups including key Lincolnshire health service providers and Healthwatch. The CCG will undertake work during March 2021 to engage with patients and health care professionals to inform the new service model and engage with interested providers.

An advertisement for expressions of interest to provide NEPTS services in Lincolnshire following the end of the current contract was published in January 2021 and over 25 responses have been received from interested providers. The new contract will also take account of the forthcoming National Review of Patient Transport Services which is expected to be published in the next couple of months. The CCG expects to publish Invitation to Tender Documents for the new contract in April 2021.

3. Conclusion

NEPTS services, including services in the main contract with TASL, have generally continued to respond well during the Covid-19 pandemic and continue to operate in accordance with relevant guidance. Covid-19 continues to present a number of uncertainties for the future and patient transport arrangements will continue to be reviewed and where necessary revised in line with national guidance and local progression of the disease. TASL had a significant number of staff affected by Covid-19 during December 2020 and this adversely impacted on services; albeit that additional support was provided by the CCG.

Linked to the reduction in crews, KPI performance for TASL was poor in December 2020, but generally showed improvement to trend levels in January 2021. Service and performance for fast-track patients is a key concern and TASL have been instructed to improve in this area.

The programme to have a new NEPTS contract in place from 1 July 2022, is on track.

Following assessment the CCG expects that the TASL contract will continue in place until expiry on 30 June 2022. However, all of the matters highlighted in this report remain under ongoing active review and consideration by the CCG.

4. Consultation

This is not a consultation item.

5. Appendices

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

6. Background Papers

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

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

Activity and Performance against Key Performance Indicators – July 2017 to January 2021

Table 1: Activity Summary

	Jul 17 to Sep 17	Oct 17 to Dec 17	Jan 18 to Mar 18	Apr 18 to Jun 18	Jul 18 to Sep 18	Oct 18 to Dec 18	Jan 19 to Mar 19	Apr 19 to Jun 19	Jul 19 to Sep 20	Oct 19 to Dec 19	Jan 20 to Mar 20	Apr 20 to Jun 20	Jul 20 to Sep 20	Oct 20 to Dec 20	Jan 21
Patients	34,105	32,949	31,339	34,144	33,136	32,843	31,223	29,363	30,706	31,351	26,866	20,199	24,662	24,055	7,803
Escorts	2,274	2,425	2,221	2,552	2,296	2,755	2,228	1,912	1,959	2,057	1,628	413	707	838	257
Escorts	4,163	3,694	2,783	3,167	3,503	2,833	3,049	2,835	2,903	3,084	2,348	455	802	846	182
Total	40,542	39,068	36,343	39,863	38,935	38,431	36,500	34,110	35,568	36,492	30,842	21,067	26,171	25,739	8,242
Plan	48,792	48,029	48,030	47,268	39,730	39,109	39,109	37,868	38,935	38,431	36,500	34,110			
Variance	-8,250	-8,961	-11,687	-7,405	-795	-678	-2,609	-3,758	-3,367	-1,939	-5,658	-13,043	26,171	25,739	8,242
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	2,725	2,338	2,590	2,868	1,761	1,197	1,475	1,498	477
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	8,447	8,144	8,230	8,204	7,782	5,683	9,036	10,100	2,942
ECJs	1,145	1,181	1,116	1,459	1,546	898	197	1,113	702	241	327	108	171	145	25

Note:

The activity plan is adjusted on each annual anniversary of the contract in order for the plan to reflect the most up to date actual activity.

The CCG changed the arrangement for ECJ activity from September 2019, bringing a number of journeys that would previously have been classified as ECJs into the core contract.

Table 2: KPI Performance Summary - January 2021

KPI	Description	Contract Target	Latest Performance (January 2021)	Change on previous month	Better / Worse than previous Month	Number of Occasions KPI has been achieved since start of Contract (43 months)	Best Achievement Since Contract Start	Average Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	77.4%	24.40%	Better	7	88.7%	65.6%
KPI 2	Journeys cancelled by provider	0.50%	0.4%	0.74%	Better	15	0.0%	0.9%
KPI 3a	Same day journeys collected within 150 mins	95%	67.1%	0.83%	Better	0	93.3%	76.7%
KPI 3b	Same day journeys collected within 180mins	100%	74.5%	0.34%	Better	0	95.5%	82.4%
KPI 4a	Renal patients collected within 30 mins	95%	62.2%	-0.04%	Worse	0	85.4%	73.3%
KPI 4b	Non-Renal patients collected within 60 mins	95%	62.9%	0.46%	Better	0	82.0%	69.9%
KPI 4c	All patients collected within 80 mins	100%	77.8%	0.81%	Better	0	88.9%	80.7%
KPI 5	Fast track journeys collected within 60 mins	100%	47.1%	13.73%	Better	1	100.0%	68.8%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	53.6%	2.54%	Better	0	75.0%	60.0%
KPI 6b	Patients to arrive no more than 60 mins early	95%	63.3%	1.51%	Better	0	75.3%	67.1%
KPI 7	Journeys to arrive on time	85%	63.8%	0.63%	Better	0	83.8%	74.3%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	73.3%	32.27%	Better	0	87.3%	73.2%
KPI 9	% discharge patients re-bedded where TASL have failed to collect within 2 hours of agreed pick up time	0%	4.0%	1.50%	Better	0	0.2%	2.4%
KPI 10a	% Patients waiting longer than 2.5 hrs for their outpatient or renal return journey	5%	4.0%	0.43%	Better	11	0.8%	3.7%
KPI 10b	% Patients waiting longer than 4 hrs for their outpatient or renal return journey	0%	0.5%	0.49%	Better	0	0.2%	0.6%

Note:
KPI9, 10a and 10b apply from February 2020.

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Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**United Lincolnshire Hospitals NHS Trust – Outpatient Services at Community Hospitals**

Summary

On 20 January 2021, the Committee considered changes to the delivery of outpatient services by United Lincolnshire Hospitals NHS Trust (ULHT) and was advised by Andrew Morgan, the ULHT Chief Executive, that there were no plans in place to make changes and there was an absolute expectation of engagement on any proposals for long term change.

Further concerns have been raised and this item enables the Health Scrutiny Committee for Lincolnshire to give further consideration to this matter.

John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group, and Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, have been invited to attend for this item.

Actions Required

That the information presented be considered.

1. Background

In addition to its three main sites in Boston, Grantham and Lincoln, United Lincolnshire Hospitals NHS Trust (ULHT) provides a range of outpatient services at community hospitals in Lincolnshire: Louth County Hospital; John Coupland Hospital in Gainsborough; the Johnson Community Hospital in Spalding; and the Skegness and District Hospital.

This matter was considered on 20 January 2020, but since that meeting further concerns have recently been raised by local councillors on ULHT's intentions for the long-term provision of outpatient services.

2. Previous Committee Consideration

On 20 January 2021, concerns in relation to outpatient services were raised and Andrew Morgan, the Chief Executive of ULHT, replied by letter as follows:

"It was correct that following the first wave of Covid-19 we had a number of consultations in place with our staff who were based at peripheral clinic sites. The rationale being that during the first wave of the pandemic the model of delivering outpatients significantly changed to provide more appointments by telephone or video consultation, which have evaluated well. We do recognise the ongoing need for a number of patients to have a face to face appointment in a local setting. However, ULHT does not necessarily need to be the provider of many of these appointments and they could be better provided by our community colleagues at LCHS.

"At this point there were no plans in place but with an absolute expectation of engagement on any proposals. However it should be noted that due to the ongoing situation with Covid-19 affecting our ability to develop the plans and engage appropriately, all consultations with our staff ceased in December.

"There is broad agreement with system partners for us to review what services are provided and by who in peripheral locations. We are committed to providing accessible services across a range of locations increasingly using telephone and video consultations. Where face to face appointments are needed we need to review who is best placed to provide the service and ensure the right mix of specialties are catered for.

"As we remain in a difficult position with Covid-19 we do not, at the time of writing, have an agreed timescale to commence this work with LCHS and CCG colleagues. However please note that we are committed to undertaking appropriate engagement and where necessary consultation.

"Please do get in touch if you require any further information."

Following consideration of the above response, the Committee resolved that

(1) That the response of the Chief Executive of United Lincolnshire Hospitals NHS Trust on outpatient services at community hospitals be

noted, which includes statements to the effect that:

(a) Owing to Covid-19, discussions with staff on any changes have been suspended;
(b) There is no agreed timetable for discussions with the Lincolnshire Clinical Commissioning Group or Lincolnshire Community Health Services NHS Trust; and
(c) Consultation and engagement will take place before any substantial changes or development take place in the provision of services at community hospitals.

(2) That the Committee's view that all the county's community hospitals provide a valued contribution to the delivery of NHS services across Lincolnshire be put on record.

(3) That an item be added to work programme, specifically to cover any future development at Lincolnshire's community hospitals.

3. Current Concerns

Further concerns have been raised by councillors on plans for outpatient services at the county's community hospitals. This follows some patients raising cancelled appointments with the local councillors.

To respond to these concerns, John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group, and Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, have been invited to attend for this item.

4. Consultation

This is not a direct consultation item.

5. Conclusion

It is proposed that the Committee consider the information presented and the next steps.

6. Background Papers

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

This report was written by Simon Evans, Health Scrutiny Officer, Lincolnshire County Council, who can be contacted via 07717 868930 or Simon.Evans@lincolnshire.gov.uk

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Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**Arrangements for the Quality Accounts 2020-2021**

Summary

The Health Scrutiny Committee for Lincolnshire is invited to consider its approach to the *Quality Accounts* for 2020-21 and to identify its preferred option for responding to the draft *Quality Accounts*, which will be shared with the Committee, by local providers of NHS-funded services.

Actions Required:

(1) To determine which draft *Quality Accounts for 2020-21* from the local providers of NHS-funded services where the Committee would wish to make a statement.

(2) To consider the arrangements for drafting statements in response to *Quality Accounts* for 2021.

1. Legal Framework for Quality Accounts

The legal framework for *Quality Accounts* requires each significant provider of NHS-funded services is required to submit their draft *Quality Account* to*:*

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

The regulations define 'local' as the local authority area, in which the provider has their principal or registered office. Whilst there is a requirement for local providers to submit their draft *Quality Accoun*t to their local health overview and scrutiny committee, there is no obligation on such a committee to make a statement in response.

Role of the Health and Wellbeing Board

The regulations do not include a formal role for health and wellbeing boards. However, providers may share their draft *Quality Account* with their local health and wellbeing board for comments, if they wish. Any involvement of health and wellbeing boards would be discretionary.

2. What is a *Quality Account*?

The content of a *Quality Account* is prescribed by regulations, with additional requirements for NHS bodies. The *Quality Account* must include:

- three or more **priorities for improvement** for the coming year;
- an account of the progress with the **priorities for improvement** in the previous year; and
- details of:

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

It should be noted that statements prepared need not be limited to a response to the content of the draft *Quality Account*, but could in addition reflect the views of the Committee on the quality of services provided during the course of the year by the provider.

No Financial Content

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

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

The Department of Health and Social Care has previously issued guidance to those making statements to focus on the following questions: -

- Do the priorities in the *Quality Account* reflect the priorities of local people?
- Have any major issues been omitted from the *Quality Account?*

- Has the provider demonstrated involvement of patients and the public in the production of the *Quality Account*?
- Is the *Quality Account* clearly presented for patients and the public?
- Are there any comments on specific issues, where the Committee has been involved?

The Health Scrutiny Committee is entitled to make a statement (up to 1,000 words) on the draft *Quality Account*, which has to be included in the final published version of the *Quality Account.*

4. *Quality Account* Arrangements in 2020

In 2020, the Committee agreed to provide statements on the draft *quality accounts* for the providers:

- East Midlands Ambulance Service NHS Trust
- United Lincolnshire Hospitals NHS Trust

The final *Quality Account* has to be published by 30 June each year, but in 2020 this deadline was relaxed.

5. Handling *Quality Accounts* in 2021

In the table below is a list of providers of NHS-funded services, on which the Committee has previously made a statement. In recent years the Committee has focused on those providers, with identified quality issues. As part of this judgement, the Committee has referred to the Care Quality Commission (CQC) rating, before making a decision whether to make a statement on a provider's *Quality Account*. It should be noted that in the last year, the activity of the CQC has been limited because of the pandemic.

Provider	Current CQC Rating
Boston West Hospital (Ramsay Healthcare)	**Good**
East Midlands Ambulance Service NHS Trust	**Good**
Lincolnshire Community Health Services NHS Trust	**Outstanding**
Lincolnshire Partnership NHS Foundation Trust	**Good**
Northern Lincolnshire and Goole NHS Foundation Trust	**Requires Improvement**
North West Anglia NHS Foundation Trust	**Requires Improvement**
St Barnabas Hospice	**Outstanding**
United Lincolnshire Hospitals NHS Trust	**Requires Improvement**

6. Arrangements for Making Statements in Response to Draft Quality Accounts

If the Committee were to choose to make statements on draft *Quality Accounts,* it could use one or both of the following options:

- working group arrangements (held virtually, potentially with representatives of the provider in attendance); or
- the circulation of draft *Quality Accounts* on email, with a request for comments to be sent by email.

7. Conclusion

The Committee is invited to make arrangements for the *Quality Account* process for 2020-21.

8. Consultation

This is not a consultation item. However, as part of the annual *Quality Account* process, the Health Scrutiny Committee for Lincolnshire is entitled to make a statement up to 1,000 words on the content of each local provider's draft *Quality Account*.

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 Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 March 2021**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

This report sets out the Committee's work programme, with items listed for forthcoming meetings.

The report also includes a list of items previously considered by the Committee since 2017.

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: -

16 March 2021 – 2pm		
	Item	*Contributor*
1	Community Pain Management Service	Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group
2	Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group
3	United Lincolnshire Hospitals NHS Trust – Outpatient Services at Community Hospitals	John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group (to be confirmed) Andrew Morgan, Chief Executive, United Lincolnshire hospitals NHS Trust(to be confirmed)
4	Arrangements for the Quality Accounts 2020-2021	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

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

17 April 2021 – 10am		
	Item	*Contributor*
1	Lincolnshire Community Health Services NHS Trust Update	Senior Management Representatives from Lincolnshire Community Services NHS Trust

<u>Items to be added to the Work Programme</u>

- NHS Continuing Healthcare
- East Midlands Ambulance Service Update
- Urgent Treatment Centres – County Coverage
- Do Not Attempt Cardiopulmonary Resuscitation Forms (*CQC report due sometime in February)*

4. Previous Committee Activity

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

5. Conclusion

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

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

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

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

	2017							2018										2019									2020								2021		
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec	20 Jan	17 Feb	16 Mar
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130	220	244	245	265	203	205	160	200	192	242	188	140	120	189	
Breast Screening Restoration																															α						
Cardiopulmonary Resuscitation																																			α		
Cancer Care																																					
General Provision																✓										✓											
CT and MRI Scanners																											α										
Midlands Rapid Review																															α						
Performance																										α											
Head and Neck Cancers														α					α				α														
Cardiac Services																																					
Midlands Rapid Review																															α						
Care Quality Commission																																					
General																			α										α			α					
Provider Collaboration Reviews																															α						
Children's Social Care																								α													
Clinical Commissioning Groups																																					
Annual Assessment														α																							
Lincolnshire (from 1-4-20)																															✓						
Lincolnshire East																✓																					
Lincolnshire West															✓																						
South Lincolnshire																	✓																				
South West Lincolnshire																	✓																				
Community Defibrillators																																α					
Community Maternity Hubs								α																													
Community Pain Management												α								α						✓	✓										
Community Pharmacy			α																																		
Covid-19 Response																															α						
Dental Services							✓		α								α	α		✓						α	✓		α	α	α	α		α			
Elections – Impact																			α								α									

	2017							2018										2019									2020									2021		
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Falls Service																										α										
GPs and Primary Care:																																				
Boston – The Sidings																					α															
Brant Road Surgery Case Studies																																	α			
Cleveland Health Centre Gainsborough																							α													
Crossroads Medical Practice, N Hykeham																										α										
Extended GP Opening Hours								α			α				α																					
GP Provision Overall			α		α																			✓							✓					
Lincoln GP Surgeries		α		α																																
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓																										
Louth GP Surgeries		α	α																																	
Online Triage Systems																												α								
Out of Hours Service														α																						
Primary Care Network Alliance																																				
Skellingthorpe Health Centre																						α	α	✓		α					α					
Sleaford Medical Group									α																											
Spalding GP Provision														α																						
Stamford (Lakeside Healthcare)																															✓	α	α	α		
Woolsthorpe (Vale Medical Group)																															✓	α	α	α	α	
Grantham Minor Injuries Service												α	✓	α																						
Health and Wellbeing Board:																																				
Annual Report												α																								
Joint Health and Wellbeing Strategy		✓						✓																												
Pharmaceutical Needs Assessment					✓		✓																													
Health Scrutiny Committee Role	✓																																			
Healthwatch Lincolnshire											α		α		α									α												

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Lincolnshire Community Health Services NHS Trust																																					
Big Conversation																								α													
Care Quality Commission													α		α																						
Covid-19 Update																																			✓		
Healthcare Awards																								α													
Integrated Urgent Care																														✓		✓					
Louth Inpatient Care																																					
Louth Urgent Treatment Centre																															✓	✓	α				
Skegness Urgent Treatment Centre																															✓	✓	α				
Learning Disability Specialist Care				✓									✓																								
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																																					
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓		α	✓						✓						
Breast Services																							✓														
Covid-19 Response																													✓								
Covid-19 Restoration of Services																													✓								
General Surgery																									✓	α											
GP Forward View										✓																											
Grantham Acute Medicine																									✓												
Haematology																										✓											
Integrated Community Care										✓						✓										✓											
Mental Health								✓							✓	α								✓		α											
NHS Long Term Plan																α	✓	✓	✓					α		α											
Oncology																										✓											
Operational Efficiency									✓																												
Stroke Services																							✓														
Trauma and Orthopaedics																									✓	α											
Urgent and Emergency Care									✓							✓						✓					α										
Women and Children Services																							✓														

	2017							2018										2019									2020								2021		
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Lincolnshire Partnership NHS Foundation Trust:																																				
General Update / CQC		✓																α																✓	
Ashley House, Grantham																																		α	
Ash Villa – Inpatient Ward for Women																														α					
CAMHS																										✓			✓		α		α	✓	
Covid-19 Response																													✓						
Long Leys Court – LSAB Report																					✓												α		
Older Adults Services																					✓					✓			✓				α		
Psychiatric Clinical Decisions Unit							α																												
LIVES																										α									
Lincolnshire Pharmaceutical Needs Assessment																												α							
Lincolnshire Reablement & Assessment Service																	α																		
Louth County Hospital														α	✓		α								α										
Mental Health Promotion Fund																															α				
NHS Debt Write-Off																												α							
NHS Continuing Healthcare																																α			
NHS Covid-19																																			
Response to Covid-19 Measures																																α			
Return to Incident Level 4																																α			
NHS Test and Trace																												α							
National Institute of Health Protection																														α					
National Rehabilitation Programme																											✓			✓			α		
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α																α	
North West Anglia NHS Foundation Trust							✓									α				✓							α									

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Organisational Developments:																																				
Annual Reports 2019-20																									α										
CCG Joint Working / Merger													✓	α				α			α	✓				α									
Integration and Innovation White Paper															✓																			α	
Integrated Care Provider Contract														α	✓																				
National Centre for Rural Care													α					α																	
NHSE and NHSI Joint Working												α						α							α										
Lincoln Medical School			α														α							α	α										
Patient Transport:																																				
Ambulance Commissioning			✓																																
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓				✓						α	α		α		
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓				α	✓	α		✓					
Sleaford Ambulance & Fire Station											α		α																							
Pharmaceutical Needs Assessment																																				
Public Health:																																				
Child Obesity												α	α																							
Covid-19 Community Testing																																	α			
Covid-19 Update																															✓	✓				
Covid-19 Vaccination Programme																																	α	α		
Director of Public Health Report												✓														✓							✓			
Immunisation					✓																															
Influenza Vaccination Programme																	α															α				
Renal Services																																				
Dialysis Services														✓								α				α		α								
Midlands Rapid Review																														α						
Quality Accounts	✓								✓											✓		α	α				✓	α								
St Barnabas Hospice																										α										
Skegness Hospital																									α											

	2017							2018										2019									2020									2021		
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United Lincolnshire Hospitals NHS Trust:																																					
A&E Funding		α																												α						
Introduction	✓																																				
Care Quality Commission		✓										α	α	✓				✓	α	✓				✓			✓										
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓				✓				✓									
Covid-19																												✓		✓	✓		✓		✓	
Financial Special Measures			α		✓					✓																										
Five Year Strategy																						α														
Grantham Hospital, including A&E			✓				✓	α						α	α	α		✓	✓		α					✓						α			✓	
Lincoln Urgent Treatment Centre																																α		α		
Orthopaedics and Trauma												α		α					α																	
Outpatients at Community Hospitals																																		✓		
Smoke Free Policy																										α										
Stroke Services																		α																		
Winter Resilience					α	✓	α	α			✓				✓										✓												

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