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

Direct Dialling: 07385 463994

E-Mail: katrina.cope@lincolnshire.gov.uk

Democratic Services
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 23 June 2021 at 10.00 am in Council Chamber, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

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

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

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Election of Chairman**	
2	**Election of Vice-Chairman**	
3	**Apologies for Absence/Replacement Members**	
4	**Declarations of Members' Interest**	
5	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 March 2021**	5 - 14

Item	Title	Pages
6	**Chairman's Announcements**	15 - 24
7	**United Lincolnshire Hospitals NHS Trust - General Update** *(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with a general update. Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration and Simon Evans, Chief Operating Officer from ULHT will be in attendance for this item)*	25 - 38
8	**United Lincolnshire Hospitals NHS Trust - Consultation on Hospital Urology Services** *(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which invites the Committee to respond to the consultation on hospital urology services. Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration, Andrew Simpson, Consultant Urologist and Chloe Scruton, General Manager Surgery from ULHT will be in attendance for this item)*	39 - 52
9	**Update on Pilgrim Hospital, Boston, Paediatric Service** *(To receive a report from United Lincolnshire Hospitals NHS Trust, (ULHT) which provides the Committee with an update on the current model of the paediatric service at Pilgrim Hospital, Boston and the performance of this model. Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration and Simon Hallion, Divisional Manager, Family Health Division from ULHT will be in attendance for this item)*	53 - 62
10	**Lincolnshire Community Health Services - General Update** *(To receive a report from Lincolnshire Community Health Services NHS Trust (LCHS), which provides the Committee with a general update. Maz Fosh, Chief Executive, and Tracy Pilcher, Director of Nursing, Allied Health Professionals and Operations from LCHS will be in attendance for this item)*	To Follow
11	**National General Practice Data for Planning and Research - Data Collection** *(To receive a report from Derek Ward, Director of Public Health, which provides the Committee with information on the National General Practice Data for Planning and Research (GDPR) data collection and local risks. Katy Thomas, Head of Health Intelligence will also be in attendance at the meeting)*	63 - 66

Item	Title	Pages
12	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its forthcoming work programme)*	67 - 70

Debbie Barnes OBE
Chief Executive
15 June 2021

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 23rd June, 2021, 10.00 am (moderngov.co.uk)

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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
16 MARCH 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 J Summers (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer), Tim Fowler (Assistant Director of Contracting and Performance, Lincolnshire Clinical Commissioning Group), Sarah-Jane Mills (Chief Operating Officer (West Locality), Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust) and John Turner (Chief Executive, Lincolnshire Clinical Commissioning Group).

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

68 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor Angela White (West Lindsey District Council).

The Committee noted that Councillor Jeff Summers (West Lindsey District Council) had replaced Councillor Mrs Angela White (West Lindsey District Council) for this meeting only.

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

69 DECLARATIONS OF MEMBERS' INTEREST

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

70 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 17 FEBRUARY 2021

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 17 February 2021 be agreed and signed by the Chairman as a correct record.

71 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the two supplementary announcements circulated prior to the meeting.

The first supplementary announcement circulated on the 12 March 2021, had provided the Committee with information relating to United Lincolnshire Hospitals NHS Trust - Restoration of Services at Grantham and District Hospital. The second supplementary announcement circulated on the 16 March 2021 provided information on the following:

- Covid-19 Vaccination Data Update – those applicable for Lincolnshire were detailed in Appendix A to the announcements;
- The proposed increase in the number of beds for adults with eating disorders in the East Midlands;
- Women's Health Strategy: Call for Evidence; and
- NHS Staff Survey Results 2020

Other issues raised by the Committee included that not enough time had been given for public engagement concerning the restoration of services at Grantham and District Hospital; that no reference had been made to the restoration of medical beds at the hospital; the need to include the NHS Staff Survey Results 2020 as a future agenda item; and the need for wider circulation of the Women's Health Strategy.

RESOLVED

That the Supplementary Chairman's announcements circulated and the Chairman's announcement as detailed on pages 17 to 21 of the report pack be noted.

72 COMMUNITY PAIN MANAGEMENT SERVICE - UPDATE

The Committee gave consideration to a report from the NHS Lincolnshire Clinical Commissioning Group (CCG), which provided an update on the Community Pain Management Service (CPMS).

The Chairman invited Tim Fowler, Assistant Director of Contracting and Performance, NHS Lincolnshire Clinical Commissioning Group and Sarah-Jane Mills, Chief Operating Officer (West Locality), NHS Lincolnshire Clinical Commissioning Group, to present the report to the Committee.

The Committee noted that the planned restoration of waiting times to pre-Covid-19 levels for the end of December 2020 had slipped and that the CCG was working with the CPMS to ascertain when waiting times were expected to return to more normal levels. Details of the current CPMS face to face service was provided on page 30 of the report.

It was noted that the CCG were continuing to work with the CPMS to ensure that comments received from the recent patient satisfaction surveys were addressed through review and action. It was noted further that eleven complaints had been received during Quarter 3 2020, with nine of the eleven complaints on clinical treatment in relation to the injection pathway. Lack of access to injections had also been a common theme in patient satisfaction surveys, this matter had been previously been considered by the Committee. The Committee was reminded that this was largely linked to the approach supported by guidance to reduce injections and to encourage patients to use other approaches to manage their pain where appropriate. It was highlighted that the CPMS had started to 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.

Appendix 1 to the report provided details of the KPI performance from April to December 2020; and Appendix 2 provided details of the Lincolnshire Clinical Commissioning Group Opioid prescribing summary data from November 2015 to November 2020 for consideration by the Committee.

The Committee was advised that there had been significant progress made in reducing the number of patients on high dose opioids. It was highlighted that the CPMS had in place a number of initiatives to support awareness of and reduction in opioid use, details of which were shown on page 33 of the report.

In conclusion, the Committee was advised that waiting times would be recovered as the roadmap to recovery was implemented by the government; that actions were being taken to improve the performance of the KPI's that were below target; that the CPMS was going to improve better shared understanding of decisions between patents and clinicians; and that the CPMS would be continuing to reduce opioid use for chronic pain.

During discussion, the Committee made the following comments:

- That some CPMS patients had felt isolated as they had not received any contact or support; and with injections being postponed concerns were expressed to the effect this was having on each patient's mental health. The representatives present agreed to take up the issues raised with the CPMS;
- The need for better communication between CPMS and patients;
- The need to allow time for existing users of the service to adapt to the new service, as those patients who were physically dependent needed time to change. An acknowledgement was made to the points raised and for better management of the transition from one service to the other. There was also an acknowledgement that in some cases there needed to be a rebalancing of need. The Committee noted that the CCG and clinicians were reviewing individual cases to have a better understanding, in line with NICE guidance;
- How the use of opioids in Lincolnshire compared with other CCG areas. The Committee was advised that this information would be made available to members of the Committee;
- When the CCG would be expecting an action plan to make a difference to the performance of KPI 5; and whether this information could be shared with the Committee. It was agreed that an action plan from the last contract meeting was available and would be shared with the Committee;
- Did the CCG know how many patients had given up on the NHS community pain management service and had sought private treatment? The Committee noted that this information was not known;
- Whether clinicians, such as consultants had full decision-making power on treatments they provided to patients or whether they had to gain authority before administering. The Committee was advised that there were no treatments within the CCG's approval policy if listed. It was noted that for some treatments, i.e. spinal injection, treatment would only be provided after being reviewed by a funding panel. The Chairman requested further information in this regard.

RESOLVED

1. That the report from NHS Lincolnshire Clinical Commissioning Group on the Community Pain Management Service be noted.

2. That a further update on the Community Pain Management Service be received in six months, when the Committee would be looking to improvements to the key performance indicators, which were currently underperforming.

3. That information relating to how the use of opioids in Lincolnshire compares with other CCG areas; a copy of the action plan from the last contract meeting concerning the performance of KPI 5; and information concerning the time taken to make decisions relating to treatments outside the CCG approved policy be made available to members of the Committee.

73 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE

The Chairman invited Tim Fowler, Assistant Director of Contracting and Performance, NHS Lincolnshire Clinical Commissioning Group and Sarah-Jane Mills, Chief Operating Officer (West Locality), NHS Lincolnshire Clinical Commissioning Group, to present the report which provided the Committee with an update on the Non-Emergency Transport Service (NEPTS).

The Committee was advised that NEPTS services, including services in the main contract with Thames Ambulance Service Ltd (TASL) had generally continued to respond well during the Covid-19 pandemic. It was highlighted that Covid-19 continued to present a number of uncertainties for the future and as a result patient transport arrangements would continue to be reviewed.

It was noted that during December 2020, TASL had a significant number of staff who were affected by Covid-19 and this had impacted on services, with the CCG providing additional support. The reduction in crews had resulted in the KPI performance for TASL being poor in December 2020, with some improvement being made in January 2021. The Committee was advised that a key concern was the service and performance for fast track patients, and it was reported that TASL had been instructed to improve in this area. Table 1 in Appendix A to the report provided the Committee with details of activity and performance against key performance indicators for the period July 2017 to January 2021; and Table 2 provided the latest KPI performance summary for January 2021.

The Committee was advised that work had been started by the CCG to have a new service in place for July 2022. The Committee noted that an advertisement for expressions of interest to provide NEPTS services in Lincolnshire following the end of the current contract had been published in January 2021; and that over 25 responses had been received from interested providers. It was noted that the CCG expected to publish Invitation to Tender Documents for the new contract in April 2021.

The Committee raised the following comments:

- The implication of the forthcoming National Review of Patient Transport Services. The Committee was advised that the new contract would take into account the forthcoming review. It was reported that the CCG would be engaging with patients and health care professionals to inform the new service model and engaging with interested providers, ensuring that providers were aware of the rural nature of Lincolnshire. The CCG advised that it would share the specification with the Committee once it was written;
- Whether performance was affected by the number of health care settings outside the county. The Committee was advised that this did have an impact service delivery;
- The strength of the current market. The Committee noted that in response to the expressions of interest, 25 responses had been received; but not all of those providers responded would be able to provide the full service. It was highlighted that the CCG would be reviewing the bids it had received at the end of June 2021;

- Whether there was any risk of TASL suddenly terminating the contract before July 2022. It was confirmed that there was a risk, and that the CCG had a mitigation plan in place;
- How confident the CCG was that from the 25 expressions of interest received that the new contract would deliver a good service for Lincolnshire patients. The Committee was advised that the CCG was very confident, as the new contract had been improved compared to the existing contract. It was highlighted to the Committee that if TASL produced a bid, which scored highest against the assessment criteria, they would be awarded the contract; and
- A request was made for the Committee to see a copy of TASL's improvement Action Plan. Confirmation was given that this would be made available to members of the Committee.

Thanks were extended to TASL's frontline staff for the all their hard work.

Thanks were also extended to the two presenters.

RESOLVED

1. That the report from the NHS Lincolnshire Clinical Commissioning Group on the non-emergency patient transport service be noted.

2. That the Committee's concerns on the level of performance by the provider of the non-emergency transport service in Lincolnshire be reiterated.

3. That a further update be received in six months' time.

4. That a copy of the specification document relating to the new contract; and a copy TASL's Improvement Action Plan be made available to members of the Committee.

74 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2020-2021

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item, which asked the Committee to consider its approach to the *Qualifying Accounts for 2020-21* and to identify its preferred option for responding to the draft *Quality Accounts,* which would be shared with the Committee, by local providers of NHS-funded services.

The Committee agreed to provide statements on the draft quality accounts for 2020-21 for East Midlands Ambulance Service NHS Trust; and United Lincolnshire Hospitals NHS Trust.

RESOLVED

1. That the Committee agreed to make statements on the draft *Quality Accounts for 2020-21* of the following local providers of NHS-funded services:

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

2. That the Chairman be authorised to determine the arrangements for responding to the draft *Quality Accounts* for the above providers of NHS-funded services, with these arrangements dependent on the timing of the circulation of the drafts.

75 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item, which invited the Committee to consider and comment on its work programme.

The Committee noted that the meeting scheduled for the 21 April would be cancelled, owing to the expected publication of the notice of County Council elections on 22 March 2021, beginning the pre-election period.

The Committee was advised that the list of items to be programmed would be taken forward to the new County Council term, together with item listed for the 21 April 2021 meeting.

Other items suggested included:

- Restoration of Services at Grantham & District Hospital to include restoration of medical beds;
- NHS Staff Survey Results 2020;
- Women's Health Strategy – Call for Evidence; and
- Ask My GP Service.

The Committee also agreed as an interim measure, that the Chairman would be authorised to respond on behalf of the Committee, should any issues arise.

RESOLVED

1. That the Committee's meeting scheduled for the 21 April 2021 be cancelled, owing to the expected publication of the notice of County Council elections on 22 March 2921, beginning the pre-election period.

2. That the work programme be noted, with the list of items to be programme put forward to the new County Council term, together with the item listed for the 21 April 2021 meeting and the suggested items listed above.

3. That for the interim period, the Chairman be authorised on behalf of the Committee, to deal with any issues should they arise.

The Committee took a break from 15:19pm.

At 15:30pm, a roll call was taken to confirm members' attendance at the meeting.

76 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - OUTPATIENT SERVICES AT COMMUNITY HOSPITALS

The Chairman invited Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group and Councillor M D Boles to the meeting.

The item had been included on the agenda as a result of further concerns being raised since the 20 January 2021 meeting regarding outpatient services at community hospitals.

Councillor M D Boles expressed his concerns regarding outpatient services at the Johnson Community Hospital in Spalding and the John Coupland Hospital in Gainsborough.

Confirmation was received from the Trust that no detailed discussions or decisions had been made concerning outpatient services at community hospitals. The Committee was advised that the Trust had been running a number of consultations with staff, one of which had been aimed at staff based at peripheral clinic sites, which had been wrongly linked to service changes. The Committee was advised further that due to the on-going situation with Covid-19, all consultations with staff had ceased in December 2020.

The Committee sought reassurance about the future level of service provision at the county's community hospitals. The Trust reiterated that when and where there was a proposed change in permanent service provision, there would be full public consultation.

Other points raised by the Committee included:

- How many outpatient appointments at community hospitals had been cancelled for Covid-19 reasons. The Committee was advised that for 2019/20 there had been 5,727 outpatient attendances; and to date for 2021 there had been 1,482 outpatient attendances. The Committee noted that as a result of Covid-19, outpatients appointments had reduced throughout the county at all sites;
- The need for local residents to have certainty with regard to services throughout the county and how these can be accessed. Reassurance was given that if and when there was a case for change regarding outpatient services, there would be public engagement in the process. Confirmation was given also that there was no material change in the pattern of service; and that there was no permanent change to services agreed or in scope:
- Basis of the concerns regarding outpatient services. The Committee noted that the confusion had stemmed from normal operational discussions/consultations internally with staff. There was recognition that there could have been communication;
- One member suggested that going forward some outpatient appointments could be continued to be done virtually, for example some follow up appointments. As long as these were conducted in a sensitive way, this would avoid patients having to visit a hospital for a five minute appointment The Committee noted that this was being considered;

- The position regarding patients going out of county for treatment. The Committee noted that where appropriate, the CCG tried to keep financial resources in the county. It was however important that patients received the right treatment at the right time, and all steps were taken to try and ensure that this happened in a local setting. The emphasis was for local services and care being provided in the local community; and
- The need to ensure that residents without IT or internet connection still had access to services and to any proposed consultations. There was recognition that this was a matter that needed further consideration, to ensure that there was access to all across the county.

The Chairman on behalf of the Committee extended thanks to the presenters for attending the meeting at short notice.

Thanks were extended to the Chairman and Vice-Chairman by the Committee and this was reciprocated by the Chairman and the Vice-Chairman to all members of the Committee.

Thanks were also extended to Simon Evans, Health Scrutiny Officer and Katrina Cope, Senior Democratic Services Officer for their help and support to the Committee during the last four years.

RESOLVED

1. That the information presented by United Lincolnshire Hospitals NHS Trust and NHS Lincolnshire Clinical Commissioning Group on outpatient services provided at the County's community hospitals, recognising the impact of Covid-19 at various times had led to the suspension of services at these hospitals be noted.

2. That the view of the Committee be reiterated, that Lincolnshire's community hospitals provide a valuable service across Lincolnshire and to record the Committee's disappointment that the concerns of patients about the provision of these services in the longer term had not been addressed by better communication by the local NHS.

3. That the Chairman be authorised to seek further reassurances in writing that:

   (a) there are no current plans for outpatient services in Lincolnshire community hospitals; and

   (b) full public consultation will be undertaken on changes in NHS provision at community hospitals, which represent a substantial development.

The meeting closed at 4.22 pm

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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**Chairman's Announcements**

1. Lincolnshire Acute Services Review - Consultation

NHS England / NHS Improvement (NHSE/I) are expected shortly to sign off the Lincolnshire Acute Services Review, following which a Pre-Consultation Business Case will be prepared for submission to and approval by the Lincolnshire Clinical Commissioning Group governing body. Once the Pre-Consultation Business Case is approved by the CCG Board, the next step in the process will be to launch the full public consultation on the Lincolnshire Acute Services Review. The consultation is expected to be launched in the weeks following the CCG approval.

2. Lincolnshire Integrated Care System

On 19 March 2021, Lincolnshire was designated an integrated care system (ICS) with effect from 1 April 2021. NHS England and NHS Improvement states that ICSs are partnerships between the organisations that meet health and care needs across an area; and ICSs coordinate services and plan to improve population health and reduce health inequalities.

Governance Arrangements

Each ICS is required to establish a partnership board. In Lincolnshire, the functions of the ICS Partnership Board (ICSPB) have been incorporated into the Lincolnshire Health and Wellbeing Board, with the latter's terms of reference and membership adjusted accordingly.

On 11 February 2021, the Department of Health and Social Care published *Integration and Innovation: Working Together to Improve Health and Social Care for All*. This white paper sets out legislative proposals, which are likely to appear in a Health and Care Bill. This includes proposals for an 'ICS NHS body' and an 'ICS health and care partnership'.

The following functions are expected to be allocated to each entity:

- The **ICS NHS body** would be responsible for NHS strategic planning and funding allocation decisions and would merge some of the strategic planning functions currently being fulfilled by non-statutory ICSs, with the functions of clinical commissioning groups (CCGs), which would be abolished, with their staff transferring over to the ICS NHS body. The ICS NHS body would not have any powers to direct NHS trusts or foundation trusts, as these would remain separate statutory bodies.

- Each **ICS health and care partnership** would be responsible for developing a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities would be required to 'have regard to' when making decisions.

3. Care Quality Commission Report: Protect, Respect, Connect – Decisions about Living and Dying Well During the Covid-19 Pandemic

In October 2020, the Department of Health and Social Care commissioned the Care Quality Commission (CQC) to conduct a rapid review of how *Do Not Attempt Cardiopulmonary Resuscitation* (DNACPR) decisions were used during the coronavirus pandemic, following concerns that they were being inappropriately applied to people without their knowledge.

An interim report by the CQC in December 2020 found that a combination of unprecedented pressure on care providers and rapidly developing guidance may have led to decisions concerning DNACPR being incorrectly conflated with other clinical assessments around critical care.

The final CQC report, published on 18 March 2021, contains eleven recommendations, several of which are directed at the Department of Health and Social Care or other national organisations.

The following three recommendations are directed towards providers of NHS care:

- **People must always be at the centre of their care, including advance care planning and DNACPR decisions.**
  To do this, providers must ensure that people and/or their representatives are included in compassionate, caring conversations about DNACPR decisions as part of advance planning conversations. This includes making reasonable adjustments for disabled people to remove any information or communication barriers. Providers must also ensure that clinicians, professionals and workers have the necessary time to engage with people well.

- **Clinicians, professionals and workers must have the knowledge, skills and confidence to speak with people about, and support them in, making DNACPR decisions.**
  To do this, there needs to be clear and consistent training, standards, guidance and tools for the current and future workforce. This needs to be in line with a national, unified approach to DNACPR decision making. Providers also need to ensure that there is training and development available for all health and care professionals.

- **People, their families and representatives need to be supported, as partners in personalised care, to understand what good practice looks like for DNACPR decisions.**
  This should include what their rights are and how to challenge and navigate experiences well. In addition, there needs to be positive promotion of advance care planning and DNACPR decisions, as well as a more general focus on living and dying well. To do this, there needs to be more widely publicised and accessible information available via a national campaign and in partnership with the voluntary sector and advocacy services.

The following three recommendations are directed towards ICSs:

- **Everyone needs to have access to equal and non-discriminatory personalised support around DNACPR decisions that supports their human rights.**
  To do this, health and social care systems must consider diversity, inequality and mental capacity factors when planning care for the local population, in partnership with local communities, including voluntary and community services.

- **People need to have more positive and seamless experiences of care, including DNACPR decisions, when moving around the health and care system.**
  This requires the system to ensure digital compatibility between providers, enabling them to share real-time updates and information between professionals, services and sectors.

- **Integrated care systems need to be able to monitor and assure themselves of the quality and safety of DNACPR decisions.**
  To do this, there needs to be a consistent dataset and insight metrics across local areas.

The Committee is invited to consider if it would wish include in its work programme an item on how local providers and the Lincolnshire ICS is responding to these recommendations.

4. Care Quality Commission's Strategy from 2021: A New Strategy for the Changing World of Health and Social Care

On 28 May 2021, the Care Quality Commission (CQC) launched a new strategy for regulation and inspection of health and care services. The CQC has four themes to its activities:

- **People and Communities -** The CQC states it will make it easier for people, their families and advocates to give feedback; the CQC will identify better ways to gather experiences from a wider range of people; the CQC will change the way feedback is recorded and analysed; the CQC will be clearer how the feedback has been used; and the CQC will improve the way services are assessed
- **Smarter Regulation**: The CQC states that on-site inspections are a vital part of its performance assessments and it is essential to observe the care people receive; the CQC will build stronger relationships with services; the CQC will visit when there is a clear need to do so; and the CQC will be ready to act more quickly in a more targeted way.
- **Safety through Learning**: The CQC states this means regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives
- **Accelerating improvement**: The CQC states that this will enable health and care services and local systems to access support to help improve the quality of care where it's needed most

Full details on the new strategy are available at:

https://www.cqc.org.uk/about-us/our-strategy-plans/new-strategy-changing-world-health-social-care-cqcs-strategy-2021

5. Non-Emergency Patient Transport

Lincolnshire Clinical Commissioning Group (CCG) is undertaking the procurement of a new contract for non-emergency patient transport with a view to the contract being let from 1 July 2022. On 16 March 2021, the Health Scrutiny Committee requested sight of the copies of the non-emergency patient transport procurement specifications, which were emailed to members of the Committee on 27 May 2021. Following questions from a member of the Committee, the following information has been confirmed.

(1) Contract Length - The contract length is nine years and nine months with no extension included (The nine months will regularise the contract year end date with the NHS year end date at 31 March)

Increasingly, the Lincolnshire Integrated Care System will be looking for longer term partnerships with providers and the length of the contract is designed to support a partnership arrangement with the provider as a key part of the Lincolnshire Health System. Longer term contracts were also a key theme in the feedback received from providers following our market engagement event. In the event of issues with delivery of the service the CCG has a number of options set out in the Contract to remedy this including, ultimately, terminating the Contract.

(2) Covid-19 - The specification mentions support to and recovery from Covid-19. This is because Covid-19 will be present for a number of years. The response to any future pandemic is covered by the NHS Standard Contract which requires the provider to support any national, regional or local health emergency or incident.

(3) Assessment of Tenders - The evaluation and award process has to be fair, open and transparent. The assessment process includes a number of pass or fail questions which bidders have to pass and which will be reviewed and assessed by an evaluation panel. In addition, the evaluation panel will score the bidders' written answers to quality questions and accounts for 70% of the overall score. 30% of the overall score relates to finance and this is based on a cost difference score. The quality score and financial score are added together and the bidder with the highest score would be awarded the contract.

(4) Timeline - The expected timeline is in the table below. The CCG may extend the evaluation period if we receive a large number of bids.

Milestones	Date
Invitation to Tender (ITT) sent for publication	14 May 2021
Deadline for receipt of clarification questions from prospective Bidders	17:00 11 June 2021
Deadline for receipt of ITT submissions (Bids) from Bidders	17:00 25 June 2021
Evaluation Period for evaluating ITT submissions and Clarification period ((clarifications may be sent to you at any point; however, this is the anticipated time this will occur)	29 June to 30 July 2021
Preferred Bidder announced and 10-day Standstill Period commences	w/c 9 August 2021
Advise Preferred Bidder(s) of completion of Standstill Period	w/c 23 August 2021
Contract Award	w/c 23 August 2021
Mobilisation	w/c 23 August 2021
Service commencement	1 July 2022

6. Woolsthorpe Branch Surgery

Between 1 September and 27 October 2020, the Vale Medical Group undertook a consultation exercise on its proposal to permanently close its branch surgery in Woolsthorpe, which is about six miles west of Grantham. In addition to the Woolsthorpe Branch Surgery, the Vale Medical Group operates the Stackyard and the Long Clawson Surgeries in Leicestershire. Woolsthorpe Branch Surgery had been closed on a temporary basis from March 2020, as the premises could not comply with Covid-19 requirements such as social distancing. Following consideration of the Vale Medical Group's proposal, this Committee in its response to the consultation concluded that it was not convinced that the proposal was in the best interests of patients in Woolsthorpe, and thus opposed the permanent closure.

Final decisions on any GP surgery closure rest with the Primary Care Commissioning Committee of the Lincolnshire Clinical Commissioning Group (CCG). On 10 February 2021, the CCG's Primary Care Commissioning Committee (PCCC) approved the permanent closure of the Woolsthorpe Branch Surgery. At the same time the PCCC approved the transfer of Stackyard Surgery to East Leicestershire and Rutland CCG. However, a petition of 163 signatures on this topic, which had been received by the CCG on 18 November 2020, had not been considered by the PCCC. In accordance with CCG procedures, the petition should have been considered by the PCCC as part of its deliberations and also considered by the CCG's Board. In the light of this, the PCCC suspended its decision.

On 10 March 2021, after consideration of the petition, the PCCC re-affirmed its previous decision, with the proviso that in six months' time a report is submitted to the PCCC on the steps taken by the Vale Medical Group to minimise any deleterious effect to patients in the Woolsthorpe and surrounding area. On 31 March 2021, the CCG's Board of Directors considered and noted the petition, as well as the decision made by the PCCC on 10 March 2021.

7. Dental Services

On 9 June 2021, NHS England and NHS Improvement (Midlands) issued a stakeholder briefing on dental services, which is attached to these announcements (Appendix 1).

8. High Court Judgement on Patient Involvement

On 16 April 2021, the High Court issued a judgement (*Case No: CO/3239/2020*) on a claim brought against United Lincolnshire Hospitals NHS Trust (ULHT) by a service user. The claim related to arrangements under section 242 of the National Health Service Act 2006 requiring service users to be involved in the development and consideration of NHS service change proposals. In this instance the service changes related to the temporary designation of Grantham and District Hospital into a Covid-19 free 'green site' from 22 June 2020 to at least 31 March 2021. This meant there would be no Covid-19 treatment at the hospital, and there would be an increase in elective treatment, chemotherapy and diagnostics. In addition, outpatient services and unplanned admissions, which were usually provided at the hospital, would be undertaken at other hospitals.

The judgement included a finding that ULHT had not made or implemented arrangements to secure meaningful or fair involvement of service users in the development and consideration of the proposal or the decision.

The full judgement may be found at:

https://allcatsrgrey.org.uk/wp/download/law/928.pdf

APPENDIX 1

STAKEHOLDER LETTER FROM NHS ENGLAND AND NHS IMPROVEMENT ON DENTAL SERVICES – 9 JUNE 2021

Dear Stakeholder,

NHS dentistry and Covid-19 update

As you are no doubt aware, we are not yet able to offer people a dental service in line with the care they would have experienced before the pandemic.

Last year we set up 90 urgent dental care clinics across the Midlands to treat those patients who needed emergency care, and other dental surgeries have since reopened offering treatment. Levels of NHS dental activity in the Midlands have risen safely and significantly.

However, dental teams continue to face real challenges. There are important infection prevention and control measures that dentists have to abide by to ensure the safety of their patients, staff and themselves. This includes social distancing as well as ventilation and cleaning between patients.

This has an impact on the number of patients that a dentist can see in a single day, and in line with dentistry's standard operating procedure dentists are continuing to prioritise patients with the highest need or priority such as children and those most at risk of oral disease. There is also a significant backlog of people who will not have seen a dentist recently. When you total up the period during which practices were closed completely and the subsequent months at reduced capacity there has been a whole year's worth of lost appointments.

There are no circumstances when a practice should prioritise a routine case over an urgent case. It is a condition of the practice's income that they prioritise all patients who are known and unknown to the practice who require urgent dental care if contacted directly or via 111 services. Ultimately, dentists and their teams are skilled clinicians and they use their clinical judgement to assess and respond to patient need. This will however mean that they are less able to offer routine appointments than was previously the case before the pandemic.

Safely restoring access over the next six months

Our focus is firmly on supporting dentists and their teams to see as many patients as safely possible. Infection prevention and control means a return to normal practice is not yet possible, but we are asking practices to manage a minimum of 60 per cent of pre Covid-19 dental activity, and a minimum of 80 per cent of pre Covid-19 orthodontic activity in order to care for more patients whilst ensuring that the practices are supported financially to allow them to stay open and continue providing care.

We expect these measures to be in place until October 2021 when they will be reassessed.

Access to a dentist

We often receive enquiries asking how people can register with a dentist. It is not necessary to register with a dentist. Unlike GPs, you do not have to be on a dentist's list, and you can move to dentists that are more convenient to you or who have been recommended.

However, not all dentists choose to be NHS dentists. Some only take private patients, some undertake NHS work, or a mixture of both NHS and private. It may however be difficult at present to find a dentist who is taking on new NHS patients.

For many dental practices NHS appointments might be booked for some weeks in the future, and people may be told the surgery is full and not accepting new patients. Practices should, however, be prioritising patients with an urgent need regardless of whether or not you are a regular patient – this is provided that they have the capacity to see you. This will not necessarily be the case for routine check-ups and many practices still have insufficient capacity to be able to see patients as routinely as they would have before the pandemic. Being seen and treated for an urgent need does not necessarily guarantee that the practice will be able to see you on an ongoing basis.

Patients should not be pressured into private care where they wish to have treatment on the NHS and it should not be the case that you are unable to get an urgent NHS appointment where a practice has capacity to offer routine private check-ups.

Find a dentist - NHS (www.nhs.uk) provides a list of local dentists, although not all may currently be taking on new patients. If you have an urgent dental need then you should contact NHS111 who will provide advice and information on services to contact.

Access to an Orthodontist

We have been receiving queries regarding long waiting lists for treatment.

Patients are welcome to express their preference of location of orthodontic treatment; however, the ongoing effects of the Covid-19 pandemic has unfortunately led to an increase in the waiting times and reduced availability for patients whilst the services recover. Patients who have a clinical need to start treatment quickly may have to travel further than anticipated to receive care such as fitting of braces – particularly in a hospital setting.

We are aware of the current waiting time and are closely monitoring the situation. Guidance has been issued to orthodontists to prioritise urgent referrals and waiting lists should be reviewed on a regular basis to make sure this continues. Any patient who has not yet started treatment will be invited as soon as there is availability – this does mean there may be longer waits than usual for patients waiting for routine care. Patients who have been referred before they turn 18 will remain eligible for NHS funded care even if they start treatment after their eighteenth birthday and will not have to pay patient charges.

Patients that are offered dental appointments in whatever setting, including hospitals, are reminded that they should comply with instructions from practice staff when attending appointments and wear masks (unless exempt) – this is for their own safety and the safety of dental practice staff.

We hope this information is useful to you. We will update you when the situation changes.

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**United Lincolnshire Hospitals NHS Trust – General Update**

Summary

This item enables the Health Scrutiny Committee for Lincolnshire to consider a general update from United Lincolnshire Hospitals NHS Trust (ULHT). The information submitted to the Committee comprises reports to the ULHT Board on 1 June 2021.

This Committee considered its last Covid-19 Update from ULHT on 16 December. There have also been general Covid-19 updates on 17 June and 16 September 2020.

Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration ULHT, and Simon Evans, Chief Operating Officer, ULHT, are due to attend the meeting to present the information and respond to questions.

Actions Requested

(1) To consider the information presented by United Lincolnshire Hospitals NHS Trust as part of a general update.

(2) To consider whether to continue to receive general updates from the United Lincolnshire Hospitals NHS Trust or to focus on specific service areas, for example, cancer care.

1. Previous Committee Consideration

Over the last year, the Health Scrutiny Committee for Lincolnshire has considered general updates from United Lincolnshire Hospitals NHS Trust (ULHT). The focus of these updates, which the Committee considered on 17 June, 16 September, 16 December 2020 and 17 February 2021, was the response of ULHT to the Covid-19 pandemic, including the temporary arrangements put in place, as well as the restoration of other services.

2. Latest Information

The information submitted to the Committee at this meeting comprises reports to the ULHT Board of Directors on 1 June 2021, which are attached at Appendices 1 and 2.

3. Consultation

This is not a direct consultation item.

4. Conclusion

The Committee is invited to consider the information presented by United Lincolnshire Hospitals NHS Trust.

5. Appendices

These are listed below and attached to this report: -

Appendix 1	Chief Executive's Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 June 2021)
Appendix 2	Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 June 2021) on Restoration of Services to Grantham Final Phase and Progress

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

APPENDIX 1

REPORT OF THE CHIEF EXECUTIVE TO THE UNITED LINCOLNSHIRE HOSPITALS BOARD OF DIRECTORS
1 JUNE 2021

Executive Summary

System Overview

a) The system has submitted a balanced financial plan for the first half of 2021/22 (H1), albeit with identified risks. Further work is underway on mitigating the risks and on planning for the second half of the year (H2). It is anticipated that the NHS will return to a more normal financial regime in H2 following the revised financial arrangements put in place during the COVID pandemic. The return to the more normal financial regime will bring with it increased financial risk.

b) The Pre-Consultation Business Case (PCBC) for the Acute Services Review (ASR) is still in the national approval process. A decision is imminent. Approval of the PCBC would allow the CCG to put in place arrangements for public consultation to begin.

c) Work is continuing across the Health and Care system around the development of the Lincolnshire Integrated Care System (ICS), pending the passing of the necessary legislation set out in the White Paper. Planning is still based on the ICS assuming statutory status in April 2022. It now looks likely that the second reading of the Bill in Parliament will not take place until July 2021.

d) Interviews are currently taking place for the System Improvement Director (SID) for Lincolnshire. This fixed-term post, for approximately one year, is part of the national Recovery Support Programme that the NHS is Lincolnshire has entered into. The SID will focus on the system priority areas of care close to home: workforce planning and redesign; and the flow of patients through the system. Work is also being done to identify the key metrics for the Recovery Support Programme, including the exit criteria.

e) A positive Quarterly System Review Meeting was held with NHSE/I in the Midlands on 19th May. Good progress was noted in a number of areas and Lincolnshire was also commended for its good system working, including with local authorities. The need to continue the effective working that was developed during the pandemic was highlighted, as was the need for continued work on elective recovery and the financial position.

Trust Overview

a) As part of the system financial plan mentioned above, the Trust has also submitted a balanced financial plan for H1, again with identified risks. The position in H2 will be particularly challenging bearing in mind the Trust's underlying deficit. Potential income form the Elective Recovery Fund has yet to be factored in to the Trust's position. This is being worked through with colleagues across Lincolnshire and NHS Midlands.

b) The Trust had a very positive Well Led domain review with the CQC on 6th May. This was part of the CQC's Transitional Monitoring Approach (TMA) that has been in place during the pandemic. A number of different TMA reviews have been held with the Trust, on matters such as Infection Prevention and Control, Children and Young Peoples services and diabetes. All of these TMAs and the regular engagement that takes place with the CQC should position the Trust well for when the CQC carries out its next inspection of the Trust. The date for this is not known.

c) The Trust was pleased to be able to open the new Urgent Treatment Centre at Lincoln County Hospital on 5th May. This new £3.5m facility includes a new reception and waiting area that complies with the latest social distancing guidance, 10 treatment rooms, a new X-ray and dedicated triage areas. The UTC has been built adjacent to the A&E department, allowing patients to be booked in at reception, assessed and treated in the right place for their needs. This service is a partnership with Lincolnshire Community Health Services NHS Trust who manage the UTC.

d) The Trust's new Medical Director, Dr Colin Farquharson, will start with the Trust on 2nd August 2021. Colin is currently employed as a Consultant Cardiologist and Deputy Medical Director at Northern Lincolnshire and Goole NHS Foundation Trust. In the meantime, Dr Neill Hepburn has kindly agreed to remain in post as Medical Director, prior to returning to full time clinical practice in the Trust.

e) The Trust has engaged the services of the Executive Search firm Odgers Berndtson to assist in the recruitment of the new Director of People and Organisational Development. The current post holder Martin Rayson is leaving the Trust at the end of July 2021.

APPENDIX 2

REPORT TO THE UNITED LINCOLNSHIRE HOSPITALS BOARD OF DIRECTORS ON RESTORATION OF SERVICES TO GRANTHAM FINAL PHASE AND PROGRESS 1 JUNE 2021

Executive Summary

On 16th March 2021 the Trust Board agreed with recommendations to restore in full the June 2020 operating model to Grantham and District Hospital.

Having completed the first three phases of restoration of services to Grantham and District Hospital and other Trust sites in line with the recommendations, nearly all outpatient services, including therapies, diagnostics and sexual health services, have been successfully restored to the relevant site.

During the phases of restoration, significant enhancements of the physical site and services have been made compared to June 2020. This sets the Grantham hospital site up strongly as a core part of NHS services in Lincolnshire now and for the future.

Trust Board members are asked to endorse their decision of March 16th 2021 to restore the emergency pathway and medical beds to Grantham with a commencement date of 30th June. If approved, this decision will not only honour the decision made on 16th March 2021 but also the commitment made on June 11th 2020 that changes made during the height of Covid-19 were temporary in nature.

Assurances described within this report indicate that this can now be safely delivered, both in terms of Public Health and staffing considerations. As with any complex operational implementation, final decisions on exact timing will be taken by executive directors subject to assurances on safety and certainty of delivery prior to formal reopening.

In addition to restoration of the full emergency pathway at Grantham and District Hospital, Trust Board members are asked to note that the site will move to adopt the same infection, prevention and control principles as the other Trust sites. This will enable the reopening of the remaining services in the Emerald Suite, including on-site breast screening and clinics, as well as a gradual resumption of hydrotherapy services and the return of the remaining administration staff to site.

The decision to establish a Grantham Green Site in 2020 to ensure patient safety and services through the worst pandemic in living memory has been highly successful, as evidenced by the outstanding outcomes, particularly the fact that there was not a single post-operative case of Covid-19 in patients. With the substantial easing of the pandemic, it is now time to confirm the full redeployment of the site and its services to support our patients and population.

Trust Board Assurance

In approving the staged restoration of services in the Trust, Trust Board members asked for further assurance before committing to the restoration of the emergency medical pathway at Grantham hospital. This was to reflect a further review of the clinical evidence, together with an update on safe staffing for the wards and emergency pathway. In addition to this, the Trust has looked to deliver additional capital enhancements to vacated areas, which are being factored into the timing of some moves.

Public Health Evidence

We have received an updated review of clinical evidence from colleagues in Public Health, Lincolnshire. They reviewed the most recent publicly-available evidence on the effect of vaccination on the pandemic and also looked at recent modelling data to show the likely future progression of the pandemic this summer.

At the time of the March 16th 2021 Trust Board meeting, the evidence on the efficacy of the vaccine for large scale populations was still at an early stage.

By early May 2021 there is now a large (and still growing) body of evidence supporting the efficacy of the vaccines deployed, both in terms of 1st and 2nd dose.

This efficacy is proven in terms of sharp reductions in transmission, hospitalisation and death. As at 20th May 2021:

- Over 70% of all adults (and over 90% of all those in the first 9 cohorts) in Lincolnshire have had a 1st dose vaccination
- Over 40% of all adults (and over 60% of all those in the first 9 cohorts) in Lincolnshire have had a 2nd dose vaccination.

The Lincolnshire system is well on track to meet the national target for all adults to have been offered a 1st dose vaccine by the end of July 2021, and has recently accelerated the programme of 2nd dose vaccinations in those in the first 9 cohorts.

The level of confidence in almost universal adult coverage of the adult population in Lincolnshire is important, because a key element in the decision of the Trust to create the original Grantham Green Site was to minimise the risk of transmission to those undergoing elective treatment, whether endoscopy, surgery or chemotherapy, because of their particular vulnerability.

By 30th June 2021 virtually all adults undergoing surgery at Grantham will have had the opportunity to receive at least one dose of a vaccine and all of the more vulnerable cohorts, meaning those over the age of 50 and any adult classified as clinically extremely vulnerable, will have had the opportunity to receive both doses.

While this does not completely eradicate the risk of receiving, or suffering from, Covid19, the risks will have been greatly reduced, and all higher risk patients will have had the opportunity to exercise a choice as to whether they receive a vaccination prior to admission for a procedure.

Since the easing of restrictions was announced on 22nd February 2021, the modelling has suggested that there is likely to be a 3rd wave in the pandemic around August. The scenarios for this show a large degree of variation, but with a peak below that of the 2nd wave, not least due to the extent of antibodies which have built up in the population. The national, and NHS, alert levels for the Covid-19 pandemic are both now at level 3.

Variants to the virus remain a significant cause for concern, partly due to the pace of transmission some variants cause but also because the efficacy of the vaccine initially is uncertain until there is further evidence.

The Public Health review of evidence highlights the need for continued high standards of infection prevention and control measures to be observed by all of the population to reduce the risk of transmission.

Infection Prevention and Control Advice

Following the Trust Board's approval of recommendations to restore previously-run services to Grantham and District Hospital, the Trust has successfully managed a controlled, staged, return of services since the beginning of April, not just to Grantham but, as in the case of chemotherapy, to our other main sites.

As part of a measured approach, given the absence of strong clinical evidence available and the limited roll out of the vaccine programme at the time, the Trust has kept a segregated area in the centre of the hospital for patients at particular risk, such as patients attending for an elective procedure, endoscopy or chemotherapy. This has been well observed by staff, patients and the public.

In addition, all front line staff continue to take twice weekly lateral flow tests and have had daily temperature checks on site. Patients being treated in the low risk elective area are all swabbed and tested in advance of their attendance.

A Trust wide approach to management of low, medium and high risk areas has been rolled out, supported by clear signage and instructions on the precautions required.

Social distancing, commitment to 'hands, face, space and ventilation', as well as minimising the number of people in clinical and operational areas, have all helped reduce risk of transmission.

The number of patients in hospital in the Trust with Covid-19 varies on a daily basis but is (mid-May) fewer than 10, compared to more than 70 in March and a peak of over 250 in January 2021. There have been no known cases of Covid-19 infection for elective patients at Grantham and District Hospital.

The Trust is now in a position to recommend that the measures in place at other Trust sites can be replicated at Grantham with effect from 21st June. This will align to the national easing of lockdown measures and will mean that preparations can be made for the restoration of all remaining services. At this point, the formal segregation of low and medium risk areas, such as corridor restrictions and use of the restaurant, will stop.

All staff, patients and public will be required to continue to maintain the enhanced infection prevention and control measures appropriate for a pandemic. Good practice, such as the limited access to certain clinical areas, will be maintained as advised by the IPC team in conjunction with specific services.

Restoration of the Emergency and Inpatient Pathway and Assurance on Safe Staffing

Plans are well advanced for a safe restoration of the emergency pathway to the operating model which existed in June 2020 prior to the changes to the Grantham site.

The opportunity has been taken not just to restore the services, including numbers of beds, but to enhance the model, and make it more robust in relation to the pandemic.

This has meant appropriate segregation of elective and emergency pathways as well as enhancement of ward and other areas to incorporate improved levels of infection prevention and control. This will enable us to support the reduction of elective surgery waiting lists while retaining a full emergency pathway.

The main elements are:

- Accident and Emergency department 8am to 6.30pm with integrated support from the community in-reach and psychiatry teams.
- Out of Hours service, with walk in service to 10pm.
- Acute Assessment Centre [AAC]
- Emergency Admission Unit [EAU], incorporating up to 4 level 1 beds for Medical patients
- Two further Medical wards, in addition to the EAU, with the second ward reintroduced at the end June in line with the emergency pathway, and the third ward reintroduced on completion of enhancements to the ward and in time for the growth in emergency pressures in the autumn.
- Integrated surgical unit (Wards 1 and 2) incorporating day case and up to 4 level 1 beds.

Patients presenting with, or developing, symptoms of Covid-19 will not be admitted to, or managed at, Grantham and District Hospital. This is because the facilities, and support infrastructure such as rapid access to intensive care in case of deterioration, are not all available on site. Patients with Covid-19 symptoms will be admitted to either Lincoln County Hospital or Pilgrim Hospital Boston.

The decision to implement a dedicated rehabilitation ward at Grantham will not be followed through at this time. Priority has been given to restoration of the emergency pathway, with all inpatient wards being required for this purpose.

Ward Staffing

A thorough review of all of the Grantham ward establishments has taken place, to ensure that staffing is matched to patient acuity and demand. All staff have been offered a 1:1 discussion to check their intentions as part of the return of a full service. We are now matching staff to the relevant roles, and recruiting as required.

Following a long period of service suspension, a significant number of nursing vacancies developed at Grantham, partly due to turnover but also due to other opportunities which arose over that period within the Trust. A Trust-wide task group led by the Deputy Director of Nursing is working to fill these vacancies within surgical and medical wards.

The surgical service is already functioning well and vacancies can be filled gradually to match the steady increase in volumes of surgery.

The medical service requires the greater level of focus and there will be a need for short term measures to support the initial service as we build a fully substantive workforce.

The Trust has been successful in implementing a large-scale recruitment process for the Trust as a whole and this learning is being drawn upon to support the filling of these posts.

As part of the overall approach, recruitment will also be initiated for the third medical ward, which will open once enhancement works have been undertaken, in time for the expected growth in emergency pressures in the autumn.

This position is developing by the day and further updates can be provided as required at the Trust Board meeting.

Medical Staffing

Substantive consultants who were in post before the pandemic will return to their original posts in line with their job plans. A small number have left the Trust or will not return, and these will be replaced initially by locum consultants until substantive recruitment is in place.

Middle grade and other junior medical staff in post, who are either still on the Grantham site or working elsewhere, will return to Grantham.

Draft rotas indicate a small number of gaps across the sub-consultant level teams, which will be covered with temporary and agency staff.

The Deanery has been approached to ask for indications as to the level of staffing which will be provided in the next group of staff from the August rotation onwards. Confirmation of this is awaited.

Medical specialities to cover A&E, AAC, EAU and the wards will include Urgent and Emergency Medicine, Care of the Elderly, Respiratory Medicine and Gastroenterology.

Capital and estates works and enhancements The Trust has completed several enhancements to the site already and has decided to commit to additional enhancements while there is the opportunity of vacant space. There have also been some substantial investments relating to improvements in services and capacity on site during the last 12 months.

- Installation of new MRI and CT with improved patient facilities
- Installation of two temporary theatres
- Substantial improvements to core infrastructure such as radiator covers, fire doors and some replacement water services have been made
- Enhancements to the Emergency Admissions Unit
- Redecoration and upgrade of the women's outpatient and ante-natal area
- Redecoration of the general outpatient area
- Part of the Kingfisher Unit (children's outpatients) is being upgraded
- The Imaging department general patient areas have been redecorated
- The main administration centre (formerly Ward 7) is being refloored and redecorated prior to the return of staff from the South Kesteven District Council offices. Plans to upgrade the top floor of the tower block into additional offices have therefore been discontinued for the time being, as there is currently sufficient administration space.
- Ward 6 is receiving a significant enhancement to meet updated Health and Safety and IPC compliance as well as improving the environment.
- Plans are being worked through to undertake a similar enhancement exercise for the Day Case Unit to make it appropriate for permanent use as an inpatient ward.

Due to some challenge with specific lead times, while the date for restoration of the emergency pathway will remain unchanged at 30th June 2021, Ward 6 enhancements will not be completed for a further month. The Day Case Unit will therefore be adapted for short-term inpatient use by 30th June to ensure availability of the second acute ward. Funding for enhancement of the day case unit (3rd medical ward) is still subject to formal approval in the context of the overall ward improvement budget for the Trust.

Considerations are ongoing about the medium-term future use of the Gonerby Road facility, which very successfully supported the delivery of outpatient, therapy and diagnostic services during the pandemic. At present the site is still being well used as a site for diabetic retinopathy and aortic aneurysm screening.

All other leased and rented sites will no longer be required from 1st July 2021

This paper is an opportunity for the Trust to formally acknowledge its thanks to all of the partners in Grantham who made available their facilities at short notice in 2020. They have been very welcoming to our staff and patients and have supported the continued provision of services throughout the pandemic.

Patient and Public Engagement

An extensive patient experience gathering exercise was carried out around the creation and ongoing monitoring of the Grantham Green Site model, between December 2020 and March 2021. In total, more than 1,300 local people shared their experiences as patients using hospital services provided to the people of Grantham and surrounding areas over the previous year.

The exercise is part of the system's ongoing patient and public involvement work that informs the development of services offered to the local population, and was made up of a patient survey and one-to-one patient interviews.

The themes and key messages that emerged from analysis of the interviews and survey responses are reported in the full report, which can be accessed on our website at:https://www.ulh.nhs.uk/about/have-your-say/sharing-your-views/publicengagement-outcomes/

Themes:

Travel, choice and location - Getting to any hospital is a concern for many. Patients highlighted concerns (additional distance, length of time taken, additional cost) when attending a hospital other than Grantham. Patients from across the area described similar concerns (cost, poor public transport, reliance on others) in accessing Grantham Hospital.

Satisfaction - Overall, patients expressed high levels of satisfaction with services at Grantham Hospital and Gonerby Road, saying there was nothing to improve, they were treated well, or they had a positive experience with the staff. Only a small number indicated dissatisfaction of any kind. Patients in general felt that communication with patients was generally good.

Impact of green site protocols - Patients said attending Grantham resulted in a less stressful visit, less anxiety, being given peace of mind, or had a positive impact on their general wellbeing. A small number of people found the changes stressful or concerning.

Patients said the COVID-19 measures, testing, self-isolating, social distancing and green site status meant they felt safe when attending Grantham Hospital (including A&E/urgent care) and Gonerby Road.

Concerns over traveling for urgent care were expressed throughout the survey. Patients also said they had to attend their appointments remotely. Some survey responses reported poor experiences of remote appointments with others suggesting they are inappropriate, and some patients encountered technical problems, preventing them from attending.

Patients also took the opportunity to praise staff.

The full engagement findings have been shared with the service managers and clinical leads within the Trust for further consideration, to ensure that any key issues identified can be reviewed and action taken.

The results have also been shared with the patient experience team, for further analysis, trend-identification and action where required.

We continue with ongoing patient experience gathering around all of our services as they return to the Grantham site, including FFT, Patient Opinion and surveys and will continue to feed these findings into further service development.

Communications activities continue around the Green site changes and restoration of services to the Grantham site, for staff, stakeholder and public audiences, to ensure clarity on the location of services and when any changes are made.

A Quality Impact Assessment [QIA] and Equality Impact Assessment [EIA] were submitted with the Trust Board papers in March 2021. There is no change to the EIA as it covered all restored services. An updated QIA has however been submitted in relation to the information and actions for this paper.

Staff Engagement

There has been a high level of staff engagement and support for staff at the different Grantham sites throughout the planning and implementation of the restoration of services.

There have been:

- Trust and site-wide communications through Executive Director live sessions on Teams.
- Regular newsletters specifically in relation to Grantham service restoration as well as updates as part of general Trust communications
- Face to face and Teams meetings with individual staff and teams to plan their own service and be involved in the timing and nature of return
- Full engagement of every department in the implementation of enhanced infection prevention and control measures required as a condition of the return of services to site
- Staff welfare and wellbeing support provided face to face and remotely, as required
- Full engagement of staff side members in all core aspects of the restoration. Staff side members have also been instrumental in ensuring feedback and advice is received relating to plans, actions and communications
- Weekly team leader brief and question and answer sessions
- Specific meetings for all SKDC teams to update on progress and plan for return
- The significant enhancements to the site have been planned together with relevant department teams and leads.

Summary and Recommendations

Trust Board members have already approved the restoration of the June 2020 operating model to Grantham and District Hospital at their meeting on 16th March 2021.

Since March 16th, the number of patients with Covid-19 has reduced considerably both in hospital and in the community and the national pandemic alert has reduced to Level 3. This still means that the epidemic is in general circulation.

Trust Board members are asked to note the progress made to date in delivering restoration, and are asked to note and support the following elements of assurance to reintroduce the emergency pathway and to support the elective pathway:

1. The Public Health review of clinical evidence points to a high level of efficacy in the Covid-19 vaccines, and widespread uptake. By the end of July 2021 all adults attending for a procedure will have been offered the opportunity of a vaccine. Even if, as expected, there is a spike in transmission in the summer, this is very likely to be much lower than the 2nd wave and to have a much lower impact on hospitalisation.

2. The Trust, as well as the wider NHS and society, has learned a great deal about the transmission of Covid-19 and the efficacy of infection prevention and control measures. The prevention measures, such as lateral flow tests for staff and swabbing of at risk patients, will continue, as will the core measures in place across all of the Trust. The separate elective and emergency pathways will be maintained, but there will no longer be a formal segregation of low and medium risk parts of the site.

3. Ward staffing will be up to a level to safely maintain elective pathways and to restore the first two medical wards on 30th June, with further work being undertaken to recruit to the third ward in line with the planned ward enhancements.

4. Medical staffing will be up to a level to safely staff the emergency pathway on 30th June.

5. The enhancement of Ward 6 will support the reintroduction of the June 2020 operating model, which will be reintroduced on 30th June 2021. The third medical ward will be reintroduced in time for anticipated winter pressures.

The Trust, staff, patients and public of Grantham and Lincolnshire can look forward with confidence to a strong future for the Grantham and District Hospital site and services.

Appendix A

Updated Quality Impact Assessment

Quality Impact Assessment										
			Initial Assessment				Post Mitigation			
	Yes / No (If yes complete the following)	**Risk Description**	**Impact**	**Likelihood**	**Consequence**	**Rating**	**Mitigation**	**Likelihood**	**Consequence**	**Rating**
Impact on Duty of Quality (CQC/ Constitutional Standards)?	Yes / Positive	Move back to Grantham will increase capacity of clinics diagnostics and other services. CQC Registrations may also require updating as services restore and change locations.	Waiting times including constitutional standards (cancer 18 and 52 week waits) positively impacted.	1	1	1	Additional capacity will be maintained at Gonerby Road to add flexibility around capacity if required, especially for screening services.	0	0	0
Impact on Patient Safety?	Yes / positive impact	N/A Positive impact	This will reduce pressure on inpatient beds at Lincoln or Pilgrim Hospitals, and on the beds of out of county providers.	0	0	0		0	0	0
Impact on Clinical Outcomes?	Yes / positive impact	The number of patients receiving elective surgery will not decrease, but outpatient services and diagnostic services will increase numbers also.	Cancer patients and those deemed clinically urgent will be able to receive the diagnosis / treatment they require which would impact positively on their outcomes & morbidity and mortality rates	0	0	0	N/A	0	0	0
Impact on Clinical Outcomes?	Yes – potential for adverse impact	Potential for closure of elective services if an outbreak or peri-operative Covid-19 patient occurs. Resulting in much larger reduction in operating capacity	Much larger reduction in elective services if an outbreak occurs or patients contract Covid-19 on elective pathways.	3	5	15	Maintenance of strict adherence to IPC guidance will positively mitigate this risk, including swabbing of patients and lateral flow tests for staff.	2	4	8
Impact on Patient Experience?	Yes – Positive impact	Patients previously unwilling to travel and/or travelling for services who had a poorer experience now have services closer to home	Introduction of greater range of local services so patients may now choose to attend hospital, and those already travelling will have a reduced travel burden.	0	0	0		0	0	0
Impact on Patient Experience?	Yes - Negative	Patients' confidence in services being both low and medium risk on a site may reduce. Previously high confidence for patients that appreciated a 'Green site'	Patients may choose not to attend hospital if confidence reduces	2	4	8		1	4	4
Impact on Staff Experience?	Yes	Return of impatient medical wards may require additional recruitment and establishment of new teams and acquisition of skills.	Insufficient staffing and or unhappy staff because of movements again.	1	4	4	Staff engagement activities and drop in sessions, together with risk assessments where concerned about mixture of services. Continued IPC Excellence and use of PPE	1	3	3

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**United Lincolnshire Hospitals NHS Trust – Consultation on Hospital Urology Services**

Summary

United Lincolnshire Hospitals NHS Trust (ULHT) has launched a consultation exercise on hospital urology services, which closes on 23 July 2021. ULHT advises that currently planned urology services are delivered from four hospital sites; and patients requiring emergency urology treatment are admitted to both Lincoln and Pilgrim hospitals during the week admissions, with weekend admissions alternating between Lincoln and Pilgrim hospitals.

ULHT is consulting patients on a proposal that Lincoln County Hospital in future receive all emergency urology admissions seven days per week and ULHT believes that this change would increase ULHT's capacity to perform planned surgery without disruption to patients, better meet the needs of ULHT's emergency cases and see and treat more people.

Representatives from ULHT to present this item are expected include: Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration; Andrew Simpson, Consultant Urologist, and Chloe Scruton, General Manager Surgery.

Actions Requested

To make arrangements to respond to the consultation exercise by United Lincolnshire Hospitals NHS Trust on hospital urology services, by 23 July 2021 closing date.

1. Background

United Lincolnshire Hospitals NHS Trust (ULHT) has launched a consultation exercise on hospital urology services, which closes on 23 July 2021. The consultation document is set out in Appendix 1 to this report.

ULHT advises that planned urology services are currently delivered from Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham and District Hospital and County Hospital, Louth; and emergency urology admissions at the weekends go through one single site- alternating between Lincoln and Pilgrim hospitals. There are emergency admissions at both Lincoln and Pilgrim hospitals during the week.

ULHT is consulting patients on a proposal that Lincoln County Hospital in future receives all emergency urology admissions seven days per week and believes that this change would increase ULHT's capacity to perform planned surgery without disruption to patients, better meet the needs of ULHT's emergency cases and see and treat more people.

2. Consultation

This is item relates to a consultation exercise being undertaken by ULHT, on which the Committee is being invited to make arrangements to respond.

3. Conclusion

The Committee is invited to consider the information presented by United Lincolnshire Hospitals NHS Trust.

4. Appendices

These are listed below and attached to this report: -

Appendix 1	Hospital Urology Services Consultation – Have Your Say *(United Lincolnshire Hospitals NHS Trust – 2021)*

5. 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

Hospital urology services consultation- have your say

NHS
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OUTSTANDING CARE
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Introduction

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As part of our ongoing commitment to continually improve hospital services, we are currently undertaking a review of both planned and emergency urology services across Lincolnshire's hospitals.

Currently, planned urology services are delivered from Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham and District Hospital and County Hospital, Louth.

Emergency urology admissions at the weekends go through one single site- alternating between Lincoln and Pilgrim hospitals- with emergency admissions at both Lincoln and Pilgrim hospitals during the week.

Taking into account patient experience insight, expert clinical advice, discussions with partners and available data, we are proposing that Lincoln County Hospital in future receives all emergency urology admissions seven days per week.

We believe that this change would increase our capacity to perform planned surgery without disruption to patients, better meet the needs of our emergency cases and see and treat more people.

We now want to hear from you about your views around this proposed change.

Background

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At present, our consultants and middle grade doctors within the urology service are required to perform planned surgery and be on-call for urgent surgical requirements at the same time. This concerns us because:

- Our consultants and middle grade doctors become exhausted as they can receive urgent on-call requests during the night and be expected to perform planned surgeries the next day.
- They can be performing a planned surgery during the day and be called out to perform an emergency surgery.
- This impacts on our ability to respond as quickly as we would like to emergency surgical needs.
- It also causes us to have to cancel planned surgeries at short notice - typically, we cancel over 1,300 operations across ULHT every year for urology-related procedures.

Background 2

United Lincolnshire Hospitals NHS Trust

Our proposal would be to create a separation of duty, so that our consultants would be either on-call or scheduled to perform planned surgery. They would not be required to fulfil both duties at the same time.

In order to successfully implement this rota, we need to look at the location of urology surgery provision across the county.

Patient viewpoint

Analysis of patient experience data from between January and November 2020 shows that over 90% of patients would recommend the service to Friends and Family.

But issues captured during Friends and Family surveys and Patient Experience feedback focusses on access to urology services, cancellations of appointments and appointment delays. The reconfiguration of the service will aim to address these concerns.

What is being proposed

United Lincolnshire Hospitals NHS Trust

Emergency surgery

In the proposed model of service, if you were to have an urgent urological condition requiring admission to the Emergency Department by ambulance, you would be taken directly to Lincoln County Hospital. Lincoln County Hospital would have the resources to be able to attend to your needs quickly with access to the on-call consultant.

This would be the case seven days a week.

If you attend the Emergency Department at Pilgrim hospital with a urology condition as a walk-in, you would be assessed as normal. If you were then diagnosed with an urgent urinary condition, providing your condition is stable, you would be transferred to Lincoln County Hospital by ambulance for treatment and surgical intervention as required.

In this event, your treatment would not be delayed. The team at Pilgrim hospital would ensure that any immediate requirements in terms of medication and stabilisation were administered, prior to transfer to Lincoln County Hospital.

In the event your condition could not be stabilised and you were considered not medically fit for transfer, you would be admitted to Pilgrim hospital for your treatment and the on-call consultant would be required to attend to you at that location.

What is being proposed

United Lincolnshire Hospitals NHS Trust

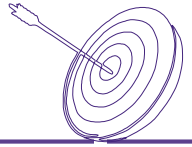
Planned surgery

At the moment, a choice of location is given for you to have your planned surgery. This can be at Pilgrim Hospital, Boston, Grantham and District Hospital, Lincoln County Hospital or County Hospital, Louth. You normally choose to have your surgery at the location with the shortest waiting time. This would not change. You would still have a choice as we would continue to provide planned surgery at all of our sites

Follow-up care/outpatient appointments

There are no changes proposed to the location of follow-up appointments, post treatment/surgery. You would still be able to attend the hospital of your choice for your follow-up appointments. There would not be any impact on you in terms of access to services and distance of travel.

Details of the proposed changes



United Lincolnshire Hospitals NHS Trust

	Stays the same	Proposed change
Lincoln	• Elective and day case theatre lists • Urology investigation suite services • Outpatient services • Receiving site for emergency procedures • Non elective inpatients and elective inpatients	• Receiving site for Trustwide emergency procedures • Urology dedicated emergency theatre list • Dedicated urology assessment unit
Pilgrim	• Elective and day case theatre lists • Urology investigation suite services • Outpatient services • Elective inpatients	• Dedicated urology assessment unit • Non elective admissions to be admitted at Lincoln
Grantham	• Elective and day case theatre lists • Urology investigation suite services • Outpatient services • Elective inpatients	• Weekday increase of elective and day case theatres • Elective level 1, once appropriate infrastructure in place
Louth	• Day case theatre lists • Urology investigation suite services • Outpatient services • Lithotripsy	• Nothing – all services at Louth to remain the same

Activity levels

United Lincolnshire Hospitals NHS Trust

The table below shows a summary of activity, comparing the current position by site with the proposed future model.

Day case and elective demand			
Location	**Current**	**Proposed**	**Annual Change**
Louth	638	638	No change
Grantham	216	916	700 increase
Lincoln	1,534	710	824 reduction
Pilgrim	988	1,112	124 increase

Non elective demand				
Location	**Type**	**Current**	**Proposed**	**Annual Change**
Lincoln	Overnight	650	1,034	384 increase
	Same Day	313	313	No change
Pilgrim	Overnight	384	0	384 reduction
	Same Day	233	233	No change

Cancelled operations

United Lincolnshire Hospitals NHS Trust

Average data from 2017 to 2020 inclusive showing the quantity of cancelled urology procedures, including who cancelled the procedure, what the timeline was and the headline reasons.

Around 1,900 cancelled procedures annually.

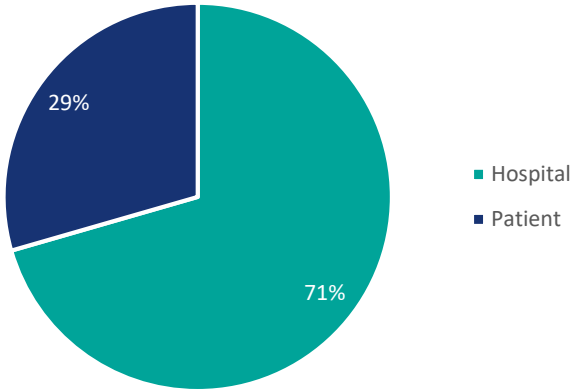
- 1,300 cancelled by the hospital
- 600 cancelled by the patient

Around 25% of procedures are cancelled on the day of the planned procedure.

Around 10% of hospital cancelled procedures are due to lack of available beds

Around 7% of hospital cancelled procedures are due to lack of surgeon availability

2019 to 2020 cancellations by stakeholder group



Elective and day case hospital location data

United Lincolnshire Hospitals NHS Trust

The data below provides an overview of where patients currently have urology procedures based on the GP practice that referred them. The data confirms that patients attend the hospital based on the shortest lead time and not necessarily the hospital closest to them. This evidence supports the hypothesis that patients are offered a choice of location for their procedure.

Lincoln

72%

patients with a GP postcode prefix of LN1 to LN6 had their procedure at Lincoln County

Pilgrim

76%

patients with a GP postcode prefix of PE had their procedure at Pilgrim

Grantham

37%

patients with a GP postcode prefix of NG had their procedure at Grantham

Louth

32%

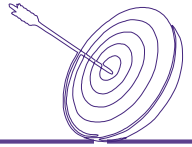
patients with a GP postcode prefix of LN11 to LN13 had their procedure at Louth

Patient benefits at a glance

NHS
United Lincolnshire Hospitals
NHS Trust

- Reduced waiting list and pathway times for cancer patients.
- Reduced patient waiting times.
- Reduction in cancelled procedures.
- Reduction in non-elective admission and overall bed usage.
- Continuity and consistency of care.
- Work with system to provide best care for Lincolnshire patients.
- Stepped-up urology assessment unit.
- Improved flow from emergency department.

Seeking your views



United Lincolnshire Hospitals NHS Trust

To offer up your views about these proposals, and contribute to shaping our urology service:

- Fill in our ULHT Urology Survey
- Attend one of our virtual consultation meetings, using the links below:
    - Friday 21 May 2pm-3pm
    - Wednesday 9 June 6.30pm-7.30pm
    - Thursday 24 June 10am-11am
    - Tuesday 13 July 10am-11am
    - Tuesday 20 July 6.30pm-7.30pm

This consultation exercise closes on Friday 23 July 2021.

If you require an accessible version of our consultation materials, please contact communications@ulh.nhs.uk or call 01522 573986.

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 United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**Update on Pilgrim Hospital, Boston, Paediatric Service**

Summary:

This report provides an update on the current model of the paediatric service at Pilgrim Hospital, Boston, at the hospital and the performance of this model. The report seeks to outline recent changes to the model during the Covid-19 pandemic, which have enabled a longer length of stay for children and young people using the Paediatric Assessment Unit (PAU), further reducing the number of required transfers to Lincoln County Hospital, and seeks feedback from the Committee on this model.

The current service model sees the PAU operating with a 24 hour maximum length of stay for all patients, which in 2019/20 resulted in only 36 children and young people needing to be transferred to Lincoln hospital for ongoing care (others will also have transferred to tertiary centres for clinical reasons, as previously).

This means that the children and young people served by Pilgrim Hospital are practically all receiving their care at that hospital, but enjoying the benefits of the assessment unit ethos to minimise their hospital stay.

The paper outlines the extensive patient and public engagement that has taken place in the development of the model, and the Trust would recommend further engagement is carried out to make the model into a more long-term arrangement.

Representatives from United Lincolnshire Hospitals NHS Trust to present this item are expected include: Mark Brassington, Deputy Chief Executive, and Simon Hallion, Divisional Manager, Family Health Division.

Actions Requested:

(1) To note the report on the development of the paediatric service at Pilgrim hospital over the last three years.

(2) Taking into account extensive public engagement and involvement carried out on the service developments to date, to provide guidance on the level of public engagement which the Committee feels is required to make the current service model into a more permanent arrangement.

1. Background

United Lincolnshire Hospitals NHS Trust (ULHT) Board agreed an interim model for the delivery of paediatric inpatient services at Pilgrim Hospital (PHB), which was introduced in August 2018. The interim model, agreed nationally, regionally and locally within the system and extensively engaged upon, was a response to safety concerns at that time in relation to challenges in both medical and nursing staffing.

An initial consideration had been for the unit to only remain open for twelve hours each day. However this was not supported by an external review by the Royal College of Paediatrics and Child Health (August 2018), which noted the specific needs of the local community, and its indicators of deprivation.

The actual model agreed sought to assess and discharge all children presenting at Boston within a twelve-hour time frame, with children requiring longer inpatient periods transferred to Rainforest Ward at Lincoln County Hospital. A private ambulance was commissioned to provide this transfer service, although the ambulance was unable to transfer sicker/unstable children.

By the Spring of 2019, operational delivery of the PAU did not strictly adhere to the described twelve-hour PAU model. The absence of an immediate High Dependency Unit-level ambulance transfer service meant that sicker (non-intensive care) children needed to receive the early phase of their care at PHB, and an increasing number of families began to refuse transfer to Lincoln in situations where they did not see a clinical need to leave site. This “parental choice” group was responding to personal experience (or close family/friend experience) of a high proportion of transfers resulting in assessment with immediate discharge.

Over the intervening two-year period, a more sustainable longer-term model of care has been actively developed alongside successful recruitment into both the medical and nursing teams.

The ULHT Trust Board has therefore supported a revised interim model for paediatric care at Pilgrim hospital, moving the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours. The remit of this unit will be to deliver both an assessment and short term observation function, with the option of some children with defined care plans (outlined in the attached paper) remaining on the unit beyond 48 hours.

The clinical teams believe that the described model delivers a (short stay) PAU that reflects national best practice, using early decision-making processes to actively assess, treat and discharge patients to avoid the need for a traditional in-patient ward approach. It enables most children and young people to receive their full care needs at Pilgrim hospital.

The Trust would now like to move forward to make this arrangement more permanent, and is seeking Health Scrutiny Committee input to the level of public engagement required to make this change, for the benefit of Lincolnshire patients.

2. Consultation

General patient and public engagement has been ongoing around the Pilgrim paediatric service over the past three years, including extensive patient involvement in adjustments to the service offer to reflect local need.

The Health Overview and Scrutiny Committee has been a central part of much of the engagement to date, and the committee's views are sought around the appropriateness of future engagement.

3. Conclusion

The Committee is requested to note the report on the development of the paediatric service at Pilgrim hospital over the last three years. Taking into account extensive public engagement and involvement carried out on the service developments to date, the Committee is asked to provide guidance on the level of public engagement it feels is required to make the current service model into a more permanent arrangement.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Pilgrim PAU model June 2021

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 Hallion, ULHT Managing Director for Family Health, who can be contacted via simon.hallion@ulh.nhs.uk

APPENDIX A

Family Health Division

Children & Young People Clinical Business Unit

Proposal for the Next stage development of the Paediatric Assessment Unit Model at Pilgrim Hospital Boston

May 2021

Background & Overview

ULHT Board agreed an interim model for the delivery of paediatric inpatient services at Pilgrim Hospital (PHB) which was introduced in August 2018. The interim model, agreed with the system, was a response to safety concerns at that time in relation to challenges in both Medical and Nursing staffing, and the resultant Health Education East Midlands removal of Tier One and Two trainees from full time duties at the site.

The initial interim model delivered a 24/7 children's environment where the focus of staffing was around the core daytime / early evening activities, anticipating reduced staffing overnight for any child who could not quickly be discharged. This 24/7 model was necessary to support both the unselected Emergency Department and Maternity Service, with its access to the Special Care Bay Unit. An initial consideration had been for the unit to only remain open for twelve hours each day, however this was not supported by an external review by the Royal College of Paediatrics and Child Health (August 2018), noting the specific needs of the local community, and its indicators of deprivation. The actual model agreed sought to assess and discharge all children presenting at Boston within a twelve-hour time frame, with children requiring longer inpatient periods transferred to Rainforest Ward at Lincoln County Hospital. A private ambulance was commissioned to provide this transfer service, although the ambulance was unable to transfer sicker/unstable children.

It is worth noting that the descriptor of the 'twelve-hour' model has caused a significant level of anxiety within the local community, particularly for those who believed that the unit was only physically open for twelve hours each day. As indicated, that suggestion to address the immediate need was never implemented, and a 24/7 offer has always been in place.

By the Spring of 2019 operational delivery of the PHB PAU did not strictly adhere to the described twelve-hour PAU model. The absence of an immediate HDU-level ambulance transfer service meant that sicker (non-intensive care) children needed to receive the early phase of their care at PHB, and an increasing number of families began to refuse transfer to Lincoln in situations where they did not see a clinical need to leave site. This "parental choice" group was responding to personal experience (or close family/friend experience) of a high proportion of transfers resulting in assessment with immediate discharge.

By the time of the Care Quality Commission (CQC) inspection of paediatric services in June 2019 it was apparent to inspectors that the service was not observing the full twelve-hour PAU model and, in the absence of an agreed alternative model, the CQC formally observed that the service was working counter to the principle of transfer at 12 hours. The Division has been open, since commencement of the Trust Operating Model, that the twelve-hour length of stay was not able to be delivered for all patients – reflecting the limitations on ambulance service and the patient choice dynamic.

Over the intervening two-year period, a more sustainable longer-term model of care has been actively developed alongside successful recruitment into both the Medical and Nursing Teams. The Family Health Division, in the autumn of 2019, issued the clinical team with a formal agreement on the circumstances in which they were supported in keeping patients beyond a twelve hour length of stay. As a result of these developments (which are recognised to have delivered service stability) Health Education East Midlands have now agreed that our tier one medical placements will recommence on a full time basis in August 2021 (subject to introduction of an innovative package of time with other professional groups, and a one-year review to show successful programme delivery).

An overview of the development and proposals for this modernised approach for Paediatric Services at Pilgrim Hospital is captured in Appendix One (attached) previously agreed as a sensible direction of travel with the Executive Leadership Team.

Trust Board are today asked to consider its support for the revised interim model for Paediatric care at Pilgrim Hospital, moving the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours. The remit of this unit will be to deliver both an assessment and short term observation function, with the option of some children with defined care plans (outlined in the attached paper) remaining on the unit beyond 48 hours.
The Division, and clinical teams, believe that the described model delivers a (Short Stay) PAU that reflects national best practice, using early decision-making processes to actively assess, treat and discharge patients to avoid the need for a traditional in-patient ward approach. It enables most children and young people to receive their full care needs at PHB and safely supports the operation of an un-selective Emergency Department in that hospital (Acute Services Review goal). Our successful recruitment has been positively impacted by an ability to describe a modern model of urgent care delivery for children that is exciting for medical and nursing staff (the twelve-hour model did not support recruitment).

Alongside the evolution of the Pilgrim PAU model, the Children & Young People CBU has been working to develop a PAU function at Lincoln delivering out of the Safari Unit which became operational as part of the Trust winter planning in November 2020 (pilot to test model). The longer-term ambition for this model reflects the NHS England and NHS Improvement priority of ‘reducing variation’ in service and pathway delivery, by delivering trust wide Paediatric Emergency Assessment processes.

Activity Overview

The role and function of the Short Stay Paediatric Assessment Unit has within its objectives the need to actively pull children from the Emergency Department (when clinically appropriate), to take appropriate direct GP referrals and to assess, stabilise and treat for a safe discharge in a timely manner from the SSPAU.

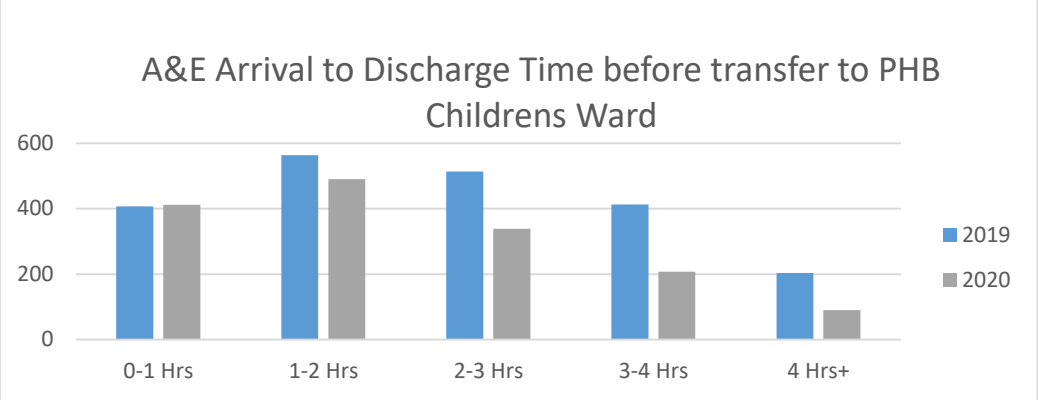
To measure success, length of stay in both the Emergency Department and SSPAU are reported.

Transfer from the Emergency Department

The reported data shows an improved position in relation to the length of time children are remaining within the Emergency Department as the new SSPAU model has begun to fully embed.

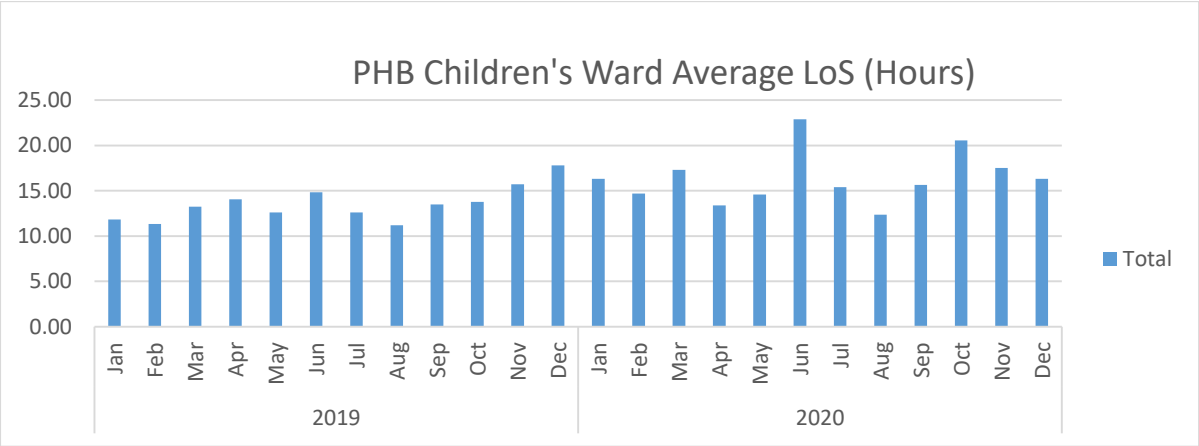
In 2020, 58.7% of children requiring transfer to the SSPAU were moved there from Emergency Department within the first two hours of their pathway. This compares to 46.2% in the previous year. Whilst a number of children are remaining in the Emergency Department beyond four hours, this figure has reduced to under 6% in the last twelve months (9.7% in previous year).

	Children's Ward Start Date		
A&E Arrival to Discharge Time	2019	2020	Grand Total
0-1 Hrs	407 (19.4%)	412 (26.8%)	819
1-2 Hrs	563 (26.8%)	490 (31.9%)	1053
2-3 Hrs	513 (24.4%)	338 (22.0%)	851
3-4 Hrs	413 (19.7%)	207 (13.4%)	620
4 Hrs+	203 (9.7%)	90 (5.9%)	293
Grand Total	**2099**	**1537**	**3636**



SSPAU Length of Stay

During 2019, excluding the winter period (Nov to Jan) the average length of stay in the Unit sat below 15 hours' duration. Lengths of stays in the winter will always be impacted by children with respiratory illness, and one of the challenges of the initial model was that it masked the inability to transfer such children by declaring the twelve-hour maximum length of stay. The revised model is explicit in describing the circumstances in which patients may need to remain at PHB and reassures that pathways, staffing and decision-making are focussed on safe management of these exceptions. With the onset of the Covid-19 pandemic the Trust took the view that patient transfers needed to be minimised as part of the management of Infection Prevention and Control. As a result, patients will by necessity have stayed for longer periods of time in the PHB SSPAU, however the monthly average length of stay has still not exceeded 24 hours, and only in two months exceeding 20 hours.



Staffing Position

Since production of the attached update paper (August 2020) the overall staffing position for the Boston SSPAU model has further improved:

- Consultants: working to a 1:8 rota with six substantive, one temporary contract (retired and returned) and one NHS locum in place. Plans for further recruitment in development, including support for internal progression from our Tier Two. Hot week Consultant rota continues to offer on-site care through to 10pm introduced to strengthen decision making and support incoming locum middle grade doctors.

- Middle Grade: working to a 1:8 rota with one recent vacancy out to advert. This tier is supported by MTI training roles, but with no rotational trainees from the deanery.

- Junior Tier: approval for full time return of five Health Education East Midlands training posts from August 2021 (one year evaluated trial) with three substantive non-training posts filled to support a 1:8 rota. One Advanced Practice Nurse Prescriber trainee progressing to full qualification in June 2020 to further strengthen the rota.

- Nursing: Review of required nursing for a twelve bed emergency pathway unit, with four day-case / escalation beds has reduced the required staffing for a full 19 bed ward, and the team is fully established, with existing Band 4 staffing supported to attend degree nurse training in the coming year as part of succession planning.

Agreement from Health Education East Midlands for return of junior tier doctors linked to planned innovative package of training with all participants undertaking periods of time with CAMHS, Therapies and Community Nursing/Paediatrics in line with new national training vision. The Trust will be one of the first nationally to trail and implement this model of training.

Broader Context of Service Delivery

In line with the NHS England and NHs Improvement priorities, the development of the Pilgrim SSPAU model sits alongside the development of a PAU model at Lincoln, delivered utilising the Safari Unit. The ambition of the service is to reduce variation of experience across the services delivered by the Trust, this will lead to a shared model for the operation of PAUs on the two hospital sites.

The Lincoln PAU model has been operating in its pilot form since November 2020, as part of the Trust Covid-19 second wave and winter planning arrangements.

Work is now underway to review the community nursing offer across the Trust, with a view to improving access to services that will further support safer, speedy discharge and admission avoidance pathways.

Both of these projects are being managed as part of the Trust Evolution Group processes, with governance through to the Family Health Divisional Cabinet and broader Trust planning.

Consultation around the Emerging Model

The Division has participated in a number of discussions with representatives of the community served by Pilgrim Hospital, to discuss the emerging revised model for a SSPAU and its' impact on local access to paediatric services and the sustainability of the Special Care Baby Unit (a requirement for local consultant-led maternity services). These have included:

- **SOS Pilgrim** – The Divisional triumvirate have met with representatives of SOS Pilgrim on several occasions. Quite quickly the representatives seemed to be assured that the triumvirate were looking to safeguard services at PHB, although we were clear that this was in the context of an appropriate PAU rather than a reversion to a traditional in-patient model. Our discussions were positive in that the SSPAU model was shown to minimise transfers off-site to those where there was a clinical rationale, and that the emerging model had been utilised to successfully recruit medical and nursing staff – creating a stable base for paediatric services on the site. The positive recruitment of paediatric medical staff clearly offered stability

to the neonatal Special Care Baby Unit at PHB, the retention of which was always a key concern for SOS Pilgrim.

- **Health Scrutiny Committee (HSC)** – The Division has been present in discussions with HSC on three occasions, twice in support of the ULHT Medical Director in provision of updates on the PHB PAU model, and once with the CCG to give a more general overview of health services for C&YP. In all discussions we were open in describing the evolution of the PHB PAU to a service which maximised local care provision by embedding the PAU ethos (early and active assessment and treatment) whilst moving away from the fixed twelve hour length of stay. We were always clear that a PAU model will involve a (hopefully small) proportion of patients being transferred for more appropriate clinical care. Early descriptions of the emerging SSPAU approach (no HSC meetings have been attended since the first wave of the pandemic) were positively commented on by HSC members.

- **Lincolnshire Big/Healthy Conversation** – Divisional representatives attended each of the events arranged by the CCG in the Boston locality (early 2020) at which we were asked to participate in discussions about services for C&YP and maternity for the people served by Pilgrim Hospital. We discussed the principles of the SSPAU model and were able to reassure them that we were already working to an operational model that was around a 24 hour length of stay, and had reduced the number of clinical transfers away from PHB to a level that no longer required the dedicated ambulance provision. We updated on positive recruitments to the PHB service, and reassured them that the Special Care Baby Unit was staffed and working back to national designations. All participants were positive on the openness of our contributions and reassured that we were working to provide an appropriate model for residents. One councillor was challenging in the discussions but his contribution in all round table groups was the same.

- **Lincolnshire Children and Young People's (C&YP) Transformation Board** – The Division holds membership of the C&YP Transformation Board (co-chaired by local authority/CCG) which meets on a monthly basis for partner organisations to oversee the development of C&YP services in the County. Partners have been regularly updated on the plans for PHB and have been supportive.

The development of the ULHT Paediatric Assessment Unit Model (to deliver at both Lincoln and Boston) has included the engagement of involved health professionals, and a 'Staff Survey' around the impact and quality of the model is currently being undertaking across both the Pilgrim and Lincoln sites.

The PHB clinical team have worked hard to embed a strong PAU and, in developing this SSPAU model they have actively recognised that the local service can be sustained without reversion to a traditional in-patient ward. New staff (including consultants) have been recruited to work the SSPAU model and the team have rightly developed pride in their early decision making for C&YP presenting to the site.

The Children and Young People Team have now purchased tablets with the inclusion of an App aimed at securing real time patient / parent service feedback at point of discharge to feed into the quality dashboard. The specific detail of this feedback will feature on the 'You said, we did' information boards in our paediatric environments as well as informing future social media activity.

As we have finalised the proposals around the revised interim SSPAU model, ELT noted the potential need for consultation to adopt the SSPAU as the on-going model for the PHB site, and we were advised to make contact with Acute Services Review colleagues to consider the need for/type of consultation. Regular meetings are now established and there is a link person across ULHT engagement planning. It is felt that some form of consultation will be appropriate, but this will be worked through for ELT discussion and recommendations to Board – either within Acute Services Review planned consultation or alongside.

Recommendations and Next Steps

1. Board are requested to support the revised interim model for paediatric care at Pilgrim Hospital, confirming the move of the service towards a Short Stay Paediatric Assessment Unit, with an average length of stay below 24 hours (with alongside observation capacity).

2. Board are asked to note and consider the proposed remit of this unit delivering both an assessment and short term observation function, with the option of some children with defined care plans remaining on the unit beyond 48 hours.

Subject to the support of Board the following actions are proposed:

- Final review of the model, to ensure that a clear condition specific standard operating procedure is in place to define which children transfer and at what stage of their care plan;
- Further data analysis and financial modelling to support a final presentation to Board, and to support external discussions of the proposed model;
- Engagement with internal and external partners via existing planning processes including the ULHT Children & Young People's Oversight Group, the Children & Young People Transformation Board, and the Acute Service Review planning groups to progress to a long term agreement on the revised model of care for PHB.
- Continued engagement with service users and the public in line with any required consultation processes.

Nick Edwards
Deputy General Manager
Children & Young People CBU

Simon Hallion
Divisional Managing Director
Family Health Division

20th May 2021

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 Derek Ward, Director of Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**National General Practice Data for Planning and Research - Data Collection**

Summary:

The purpose of this report is to provide information on the National General Practice Data for Planning and Research (GPDPR) data collection and local risks.

Actions Requested:

To receive the report from the Director of Public Health and note its content.

1. Background

NHS Digital is changing the way it collects data from GP practices. Although the changes are predominantly around the process that is used, the issue has caused some concern, with number of articles in the national, local and social media. Following a statement in the House of Commons the implementation date for the new process has been moved from 1 July to 1 September 2021.

Risks

This has raised the profile, and negative perception, of the national programme with GP practices and the public, with the following risks:

- Disruption to the national programme or substantial numbers of patients 'opting out' of data sharing with NHS Digital locally risks the national data flows for primary care (unlike those for other care provision such as hospital, mental health and community heath activity). Data would be unusable for understanding needs, fair and effective service provision and outcomes for the residents of Lincolnshire. Primary care data are an essential part of the picture, for example in understanding equity of service provision for certain cohorts; the stage at which people engage, are diagnosed and are treated for certain conditions; and for identifying 'rising-risk' individuals to allow intervention and prevention activity before a condition or incident presents. This has implications for Lincolnshire County Council and the Director of Public Health in fulfilling their statutory duties to their best abilities; and for Clinical Commissioning Groups to commission and providers to provide high quality, appropriate and effective services for all, making best use of collective resources.

- Increasing concern over data sharing may impact engagement with local programmes and agreements. This includes the vital engagement of GP practices in Lincolnshire's Population Health Management programme, for which agreements are currently with practices for signing after a number of months of collaborative development and information assurance work.

Information on the programme is available from NHS Digital here: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research

Governance and Safeguards

NHS Digital is the national custodian for health and care data in England and has responsibility for standardising, collecting, analysing, publishing and sharing data and information from across the health and social care system, including general practice. All requests for access must be approved by the Independent Group Advising on the Release of Data (IGARD), which includes specialist primary care and ethics members, and for primary care data also by a GP Professional Advisory Group (PAG), with representatives from the British Medical Association and the Royal College of General Practitioners.

What is Changing?

Data held in the GP medical records of patients are used every day to support health and care planning and research in England, helping to find better treatments and improve patient outcomes for everyone. NHS Digital has collected patient data from general practices using a service called the General Practice Extraction Service (GPES) for over ten years and this is being replaced. NHS Digital has engaged with doctors, patients, the British Medical Association, Royal College of GPs, the National Data Guardian and data and governance experts to design the new process, called the General Practice Data for Planning and Research (GPDPR) data collection.

In addition, the GPDPR service will also help to support the planning and commissioning of health and care services, the development of health and care policy, and public health monitoring and interventions (including for example to the Covid-19 pandemic). This is a huge step forward for Local Authority Public Health, who have advocated for better primary care data sharing for many years, and for joined up intelligence and Population Health Management systems. Local Authority Public Health were not able to access primary care intelligence under the GPES process, and with other additional information assurance controls in place it will allow the same data sharing and intelligence opportunities for primary care as there is already provision for in relation to hospital, mental health and community health intelligence. This will address a gap in information that is crucial to understanding need, service effectiveness and health outcomes for all, and implementing prevention and early intervention activities where they are needed.

What Data are Shared?

Record level data are shared about diagnoses, symptoms, observations, test results, medications, allergies, immunisations, referrals, recalls and appointments; including information about physical, mental and sexual health. Data on sex, ethnicity and sexual orientation are also shared to ensure that intelligence can be understood about fair and impartial outcomes for groups of patients by protected characteristics, as required by law, and on the staff who have treated patients to allow identification of patterns of care and outcomes.

Patients' names and addresses are not shared. All other data that could directly identify patients (such as NHS Number, date of birth, full postcode) is not included - replaced with unique codes before the data is shared with NHS Digital – a process called 'pseudonymisation' which means patients will not be identified directly in the data. Written notes, letters, documents, images, data more than ten years old and data not permitted to be shared by GP practices by law will also not be shared.

How are Data Shared by NHS Digital?

NHS Digital collects, analyses, publishes and shares health and care data safely, securely and appropriately as part of their statutory functions.

Data shared by NHS Digital are subject to robust rules relating to privacy, security and confidentiality. Organisations using the data must have a clear legal basis to do so, for health and care purposes and only the minimum amount of data needed to meet the specific purpose is shared. Lincolnshire County Council is one of those organisations. Data are only made available in response to appropriate requests from organisations approved following independent scrutiny by IGARD alongside local organisations' information assurances and controls.

Local Action to Minimise Risk

Local partners have been made aware of the issue and have started to share messages to help ensure the correct information is available to stakeholders, as well as directing enquires to NHS Digital. Communications have been linked up across Lincolnshire County Council and NHS partners to share consistent messages and answers to frequently asked generic queries raised through our individual programmes of work.

A meeting took place with representatives of NHS Digital on 8 June 2021 to share local concerns and encourage improved engagement and messaging locally.

2. Consultation

This is not a consultation item.

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

Intelligence generated from both the national data flows, when it becomes available, and the local Population Health Management programme add value to the Joint Strategic Needs Assessment, and allow for more effective, efficient and inclusive health and care service provision.

4. Conclusion

Without the ability to use GP data, which does not identify individuals, in Public Health intelligence and Population Health Management approaches it is not possible to make best use of our collective health and care resources. An understanding of primary care needs, activity, and effective outcomes for all is required to inform prevention, early intervention and commissioning activities.

It is important that individuals are able to make personal choices as to the data that is shared about them and the purposes for which it is used, and there are established mechanisms for this. In respect of the national GPDPR programme it is important that correct information on data sharing, limitations and benefits are shared to minimise negative impacts on our abilities to carry out our statutory duties in respect of planning and delivering effective, efficient and inclusive health and care services locally, and evaluating the impacts of everything that we do.

5. Background Papers

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

This report was written by Katy Thomas, Head of Health Intelligence, Lincolnshire Conuty Council, who can be contacted on 01522 550645 or via katy.thomas@lincolnshire.gov.uk

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 June 2021**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

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

Actions Required

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

1. Background

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

2. Today's Work Programme

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

23 June 2021 – 10 am		
	Item	*Contributor*
1	United Lincolnshire Hospitals NHS Trust General Update	Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration, United Lincolnshire Hospitals NHS Trust Simon Evans, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust
2	United Lincolnshire Hospitals NHS Trust – Consultation on Hospital Urology Services	Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration, United Lincolnshire Hospitals NHS Trust Andrew Simpson, Consultant Urologist, United Lincolnshire Hospitals NHS Trust Chloe Scruton, General Manager Surgery, United Lincolnshire Hospitals NHS Trust
3	Update on Pilgrim Hospital, Boston, Paediatric Service	Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration, United Lincolnshire Hospitals NHS Trust Simon Hallion, Divisional Manager Family Health Division, United Lincolnshire Hospitals NHS Trust
4	Lincolnshire Community Health Services NHS Trust Update	Maz Fosh, Chief Executive, Lincolnshire Community Services NHS Trust Tracy Pilcher, Deputy Chief Executive and Director of Nursing, Allied Health Professionals Lincolnshire Community Services NHS Trust
5	National General Practice Data for Planning and Research - Data Collection	Derek Ward, Director of Public Health, Lincolnshire County Council Katy Thomas, Head of Health Intelligence, Lincolnshire County Council

3. Future Work Programme

Planned items for the Health Scrutiny Committee for Lincolnshire are set out in the following tables. The following items are due to be programmed at forthcoming meetings:

- Lincolnshire Acute Services Review – Responding to Formal Consultation
- NHS Continuing Healthcare
- East Midlands Ambulance Service Update
- Dental Services Update
- Care Quality Commission Report: Protect, Respect, Connect – Decisions about Living and Dying Well During the Covid-19 Pandemic

21 July 2021		
	Item	*Contributor*
1	Lincolnshire Partnership NHS Foundation Trust Update on CAMHS Home Intensive Treatment Team	Senior Management Representatives Lincolnshire Partnership NHS Foundation Trust
2	Lincolnshire Partnership NHS Foundation Trust General Update	Senior Management Representatives Lincolnshire Partnership NHS Foundation Trust
3	United Lincolnshire Hospitals NHS Trust: Nuclear Medicine	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
4	Lincolnshire Acute Services Review (Responding to Consultation) **Item to be confirmed.**	To be confirmed.

15 September 2021		
	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
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13 October 2021		
	Item	*Contributor*
1	GP Practice – Developments and Challenges	Dr Kieran Sharrock, Medical Director Lincolnshire Local Medical Committee
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10 November 2021		
	Item	*Contributor*
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16 December 2021		
	Item	*Contributor*
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4. **Background Papers -** No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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