



## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 12 JUNE 2019

### Lincolnshire County Council

Councillors C J T H Brewis, 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), H Matthews (East Lindsey District Council), G P Scalese (South Holland District Council), Mrs A White (West Lindsey District Council), L Hagues (North Kesteven District Council) and L Wootten (South Kesteven District Council).

### Healthwatch Lincolnshire

Dr B Wookey.

### Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Katrina Cope (Senior Democratic Services Officer), Dr Abdul Elmarimi (Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust), Simon Hallion (Managing Director Family Health, United Lincolnshire Hospitals NHS Trust), Wendy Martin (Executive Lead Nurse and Midwife Quality and Governance, Lincolnshire West CCG), Sarah-Jane Mills (Chief Operating Officer, Lincolnshire West CCG), Tracy Pilcher (Chief Nurse, Lincolnshire East CCG), Daniel Steel (Scrutiny Officer), Chris Weston (Consultant in Public Health (Wider Determinants)) and Dr Richard Andrews (Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust).

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

### 1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor C S Macey be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2019/20.

**COUNCILLOR C S MACEY IN THE CHAIR**

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**2**      ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2019/20.

**3**      APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S Barker-Milan (North Kesteven District Council) and R Kayberry-Brown (South Kesteven District Council).

The Committee was advised that Councillors Lucille Hagues (North Kesteven District Council) and L Wootten (South Kesteven District Council) had replaced Councillors S Barker-Milan (North Kesteven District Council) and R Kaberry-Brown (South Kesteven District Council) respectively, for this meeting only.

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

**4**      DECLARATIONS OF MEMBERS' INTEREST

Councillor S Woodliffe (Boston Borough Council) wished it to be noted that he was currently a patient receiving treatment from United Lincolnshire Hospitals NHS Trust.

**5**      MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 15 MAY 2019

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 15 May 2019 be agreed and signed by the Chairman as a correct record.

**6**      CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the Supplementary Chairman's announcements circulated at the meeting.

The Supplementary Chairman's announcements made reference to:-

- Healthy Conversation 2019 Workshops – Grantham and Boston;
- Emergency and Urgent Care – Grantham and Louth; and
- DAISY Awards for Nurses and Midwives – United Lincolnshire Hospitals NHS Trust.

During discussion, members highlighted the following:-

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- Some concern was expressed relating to proposals for urgent treatment centres appointments being made through NHS 111. The Committee was advised that this method was the preferred direction of travel going forward;
- Some concern was expressed that the proposed consultation would not be robust enough. The Chairman agreed to highlight concerns raised to John Turner, Senior Responsible Officer, Lincolnshire STP; and
- One member felt that more publicity of the Health Conversation 2019 needed to be undertaken to ensure that members of the public were aware of how important it was for them to express their views in shaping health services for Lincolnshire moving forward.

**RESOLVED**

1. That the Chairman's announcements presented as part of the agenda on pages 13 to 20; and the supplementary announcements circulated at the meeting be noted.
2. That a letter be written by the Chairman to John Turner, Senior Responsible Officer, Lincolnshire STP expressing the concerns raised.

**7 WOMEN'S AND CHILDREN'S SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS**

Consideration was given to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the Case for Change for Women's and Children's Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from Healthy Conversation 2019.

The Chairman welcomed to the meeting:-

- Tracy Pilcher, Director of Nursing, Allied Health Professionals and Operations. Lincolnshire Community Health Services NHS Trust; and
- Simon Hallion, Managing Director Family Health, United Lincolnshire NHS Hospitals Trust.

The report presented provided the Committee with background information relating to the Healthy Conversation 2019 engagement exercise; the case for change for Women's and Children's Services; and the reasons why there needed to be changes.

The Committee was reminded of the significant hospital staffing issues, particularly at the Pilgrim Hospital, Boston, which had an on-going problem of not being able to recruit middle grade doctors and nursing staff. It was highlighted that the shortage of medical and nursing staff had also meant there was reduced ability to support junior doctors; as the support and training required could not be provided. However, since August 2018, as a result of safety concerns, the following temporary changes had been introduced:-

- The closure of the paediatric in-patient beds; and the opening of a paediatric assessment ward at Pilgrim Hospital with any child requiring a non-elective

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admission needing to stay 23 hours, or have planned elective care being treated at Lincoln Hospital; and

- Any babies' pre 24 weeks at Pilgrim Hospital being transferred to the Lincoln Hospital site, where staff were able to deal with their needs.

The Committee was advised of the two 'Emerging Options', details of which were shown on page 23 of the report. The Committee was advised further that the NHS's preferred emerging option was number one as it would provide the following services at the two hospital sites:-

**Pilgrim Site**

- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit;
- The Boston special care baby unit currently cares for babies born from 34 weeks, this is the interim position. Prior to August 2018, it cared for babies from 30 weeks;
- To have short stay paediatric assessment ward for children needing up to 23 hours of care;
- To have low acuity paediatric in-patient beds overnight; and
- To have paediatric day case surgery.

**Lincoln Hospital**

- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit;
- To continue with a neonatal unit caring for babies born from 27 weeks;
- To have a short stay paediatric assessment ward;
- To have paediatric in-patient beds;
- To have paediatric day case and planned surgery;
- The wish to keep gynaecology services the same as now on both Lincoln and Pilgrim Hospital site with clinicians; and
- Working as one team across the two sites.

The Committee noted that the second emerging option was to have a consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital. It was noted further that in this option the hospitals would have midwifery-led units, at Lincoln, this would be co-located to the consultant unit, and at Pilgrim Hospital the unit would be a stand-alone midwifery-led unit. The Committee was advised that this was not the NHS's preferred option.

The report highlighted the key activities that were currently taking place across Lincolnshire to support the development and transformation of the services. These were shown on pages 24 and 25 of the report.

The Committee was advised that there was an understanding that women's maternity care should be personalised to meet their needs, and those of their baby and family. The Committee noted that integral to delivering this ambition across Lincolnshire was the development of community hubs, which enabled women and families to access

care closer to home. It was highlighted that there were now six community hubs operating across the county, with a further two hubs proposed. A list of services being delivered at the community hubs were shown on page 26 of the report.

The Committee was also advised that there was an ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. It was highlighted that the first Continuity of Carer Team had been launched on 30 April 2019 in Gainsborough.

A further ambition highlighted was to improve mental health services for women, as about half of all cases of perinatal depression and anxiety were currently undetected. It was noted further that the Lincolnshire Partnership Foundation Trust (LPFT) had been successful in obtaining Wave 2 National Perinatal Mental Health Funding which had enabled Lincolnshire to offer a service for women with high perinatal mental health needs, and that this had been launched in December 2018.

Reference was also made to improving new born care services, as evidence now suggested that separation of mother and baby so soon after birth interrupted the normal bonding process. The Committee noted that the Better Births Team together with the Neonatal Team at ULHT were looking into this particular work stream.

The Committee noted that as part of the development of different service models for caring for children with complex conditions, a new specialist service was being developed to support disabled children with respiratory conditions, which would help treat their needs. It was noted further that this service had started in February 2019, and it had helped reduced the number of hospital admissions for children with complex needs by managing them in the community and at home, with help from specialist equipment.

It was highlighted that to date there had been little direct feedback from the Healthy Conversation 2019 in relation to the emerging options for Women and Children's services.

During discussion, the Committee raised the following matters:-

- The need for more publicity for the Healthy Conversation 2019, as some people were still unaware that engagement events were taking place across the county. The Committee was advised that a lot of publicity had been undertaken, and that the concerns raised would be considered further. It was also highlighted that there needed to be on-going connection and engagement with local groups in Boston to ensure that the views of the local community were being taken into consideration with regard to the emerging options and the changes to paediatric services. Reassurance was given that more would be done to get feedback on the emerging options;
- Some support was expressed for the need to provide continuity of care, as this was particularly important for first-time mothers. A request was made for the Committee to be provided with information relating to re-admission rates;
- Some concern was expressed to the fact that the emerging option two was still being considered, due to the amount of travelling time from Boston to Lincoln;

and to the fact there was the potential for reduced staffing. Reassurance was given that there was no suggestion of a reduction in staffing; and that there was still further conversation to take place with regard to this matter;

- Recruitment – The Committee was advised further that there had been more interest in the recent jobs advertised. The Committee was advised that at the moment the Trust had not looked into applying a retention premium;
- Some concern was expressed that services were being lost from the Grantham area. Reference was made to demise of the midwifery unit; the lack of choice for mothers; and the lack of continuity of care. Reassurance was given that the proposals would give women choice, continuity of care; and the provision of community hubs. It was noted that the Sustainability Transformation Partnership was also considering border configuration;
- Support was expressed for community hubs; and the Committee welcomed the proposal for two further hubs;
- Transitions – The need to ensure that health care was available to children when they transitioned into adults. A request was made for a further update regarding this issue;
- Role of the Health Visitor – Confirmation was given that health visitors would provide care at one of the children's hubs or at home;
- The need to publicise good news stories more;
- The need to promote the health service as a career to young people. Confirmation was given that this was already being done;
- Support was expressed for the mental health services for women with high perinatal mental health needs;
- Some concern was expressed regarding the risks associated with implementing the preferred option, particularly with the on-going recruitment issues. The Committee was advised that recruitment was a national issue and that work was taking place to improve the situation. The Committee were reminded that the Trust was currently looking at seven candidates for interview; and that this was more of a positive picture than it had been. One member felt that workforce needed to be looked at as a separate item. Reassurance was given that risk registers were in place and that these were updated monthly, so that any issues were soon identified;
- One member enquired whether capital funding would be required to establish a co-located midwife-led maternity unit in Lincoln and Pilgrim. The Committee was advised that capital funding would be required, and that at the moment the amount required was unknown;
- Where would the additional hubs be located – The Committee was advised that there would be collaboration with the local authority to identify the most suitable locations for the proposed two new sites;
- Clarity was sought regarding the lack of information regarding the provision of transport for those who needed to be transported to Lincoln. The Committee was advised that this issue would be looked at further. The Committee felt that this matter needed to be included in the Healthy Conversation 2019; and
- One member requested a list of the dates and locations for the paediatric sessions. The Committee was advised that a list would be provided.

**RESOLVED**

1. That the Women's and Children's Services – Case for Change and Emerging Options be noted.
2. That the Chairman be authorised to make a written response to the Lincolnshire Sustainability and Transformation Partnership on the case for change and emerging options for Women's and Children's Services.
3. That the Committee be provided with a list of dates and locations for the paediatric sessions; and information regarding re-admission rates after birth; transitions to adulthood; and additional information regarding the Risk Register.

**8 BREAST SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS**

Consideration was given to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the Case for Change for Breast Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Health Conversation 2019.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group and Simon Hallion, Managing Director, Family Health, United Lincolnshire NHS Hospitals Trust.

The Committee was advised that United Lincolnshire NHS Hospital Trust (ULHT) was one of the largest breast services in the UK in terms of the total number of breast cancers treated by the service per year. The Committee was advised that breast services were currently spread across ULHT sites with the majority of activity being serviced at Lincoln. The Committee noted the performance as detailed on page 35 showed that for November 2018 to January 2019, performance against the two week wait standard had deteriorated. It was noted further that patients diagnosed with breast cancer were being treated within the national 62 and 31 day waiting times standard, however, patients who were being referred into the service were having to wait too long to be seen; and receive their diagnosis. It was highlighted that the milestones in the NHS Long Term Plan would have an impact on breast cancers. It was highlighted further that the strategy for Lincolnshire breast services had been developed using clinical guidelines for breast screening, diagnosing and treating breast cancer, together with the recommendations put forward in the NHS Long Term plan.

Page 38 of the report provided the Committee with details of the current service provision across the county. The Committee was advised that there was a strong case for changing the way breast services were delivered in Lincolnshire, as a result of the number of patients being seen had increased; and that the model of care across ULHT hospital sites was inconsistent and did not always comply with clinical guidelines. It was highlighted that the primary reason for this was because of the lack of breast radiologists and wider workforce issues. It was highlighted further that there was a shortage of breast radiologist nationally.

Details of the two emerging options were shown on page 39 of the report. As was details of the preferred NHS option, which was as follows:

- Lincoln hospital to become a centre of excellence providing all first outpatient appointments (including the triple assessment appointment – consultation/imaging/biopsy) and day case and elective surgical procedures;
- Screening mammography, follow-up outpatients and community support will stay the same and continue to be provided locally. Mobile screening would also continue as it currently does; and
- For those patients requiring a call back for further assessment, the assessment would take place at the centre of excellence at the Lincoln Hospital.

The Committee noted that oncological treatment for breast cancer i.e. chemotherapy and radiotherapy would continue as was currently provided. The Committee noted further that the preferred option would establish a centre of excellence; improve multidisciplinary team assessment models and services to align delivery with the National Institute for Health and Care Excellence (NICE) guidelines regarding implementing a one stop shop diagnostic service; and also improve workforce sustainability.

It was reported that investment would be required to expand the breast unit at Lincoln Hospital. The Committee noted that the capital funding required was estimated at £4.7m. The Committee noted further that the funding source was still to be identified.

During discussion, the Committee raised the following points:-

- The reduction of services at Grantham Hospital and the implications of the preferred option. The Committee was advised that the preferred option still needed facilities in the local community which would continue to be provided. Confirmation was given that any donations received, conversations would take place with the benefactor as to their specific request;
- Some support was expressed to the Lincoln Hospital Site becoming a Centre of Excellence and to maintaining locally provided services for screening mammography, follow-up outpatients and community support services;
- Some concern was expressed in relation to the financial investment required to expand the breast unit at Lincoln Hospital as a major risk, due the lack of identified funding, which was estimated as being £4.7m. The Committee was advised that the current position was that £52m was required to make the changes necessary through the Acute Services Review. However, steps were being taken to review the capital strategy; review NHS property and estates and their usage; and that this work would be on-going throughout the summer. Alternative funding routes were also being explored;
- Clarification was sought regarding the impact to patients as a result of the preferred option. It was reported modelling of patients who would be displaced to an alternative provider of breast services closer to where the patient lived, had indicated that 1,151 patients per annum would be displaced

from the current ULHT Breast Service. It was reported further that this equated to 22.7% of the current referrals into ULHT for suspected breast cancer and symptomatic breast issues. Information was sought on the possible financial impact of patients who would be displaced to an alternative provider of breast services;

- Due to the fragility of breast services as a consequence of wider workforce issues, some members felt that consultation on breast services should be brought forward;
- The need to ensure that the issue of transport was highlighted when considering the proposed changes. A request was made for the joint transport strategy to be shared with the members of the Committee once it had been completed;
- A suggestion was made for further consideration on how Lincolnshire would access capital funding as part of the Sustainability and Transformation Partnership; and
- A further suggestion was made for the Committee to consider workforce model as a future agenda item.

#### RESOLVED

1. That the Breast Services – Case for Change and Emerging Option report be noted.
2. That the Chairman be authorised to make a written response to the Lincolnshire Sustainability and Transformation Partnership regarding the case for change and emerging options for Breast Services.
3. That the following information be requested by the Committee:
  - A copy of the Joint Transport Plan when completed;
  - Protocol on Patient Choice; and
  - Additional information on the possible financial impact of displaced patients to an alternative provider (as per 5:1 of the report).

#### 9 STROKE SERVICES - CASE FOR CHANGE AND EMERGING OPTIONS

The Committee gave consideration to a report from the Lincolnshire Sustainability and Transformation Partnership, which set out the Case for Change for Stroke Services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

The Chairman welcomed to the meeting Dr Abdul Elmarimi, Consultant in Stroke Medicine, United Lincolnshire Hospitals NHS Trust and Dr Richard Andrews, Consultant Cardiologist, United Lincolnshire Hospitals NHS Trust.

The Committee was provided with some background information, which made reference to the fact that there were over 100,000 people who suffered a stroke in the UK each year. The Committee was advised of the long-term problems caused by

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strokes and the different types of strokes, details of which were shown on pages 44 and 45 of the report.

The report made reference to the milestones for stroke care as set out in the NHS Long Term Plan, details of which were shown on page 47 of the report. It was noted that the national drive was to form larger Stroke Centres.

Details relating to the current model of Stroke Care in Lincolnshire; and the current position of the workforce were shown on pages 48 and 49 of the report. The Committee was advised that clinical standards and performance standards were not consistently being met, and that there were significant workforce gaps against clinical guidelines for staffing levels, and that this had been the case for a number of years.

The Committee was advised that there were two emerging options, which were:

1. Centre of Excellence – Stroke services at Lincoln Hospital;
2. Strokes services continuing at both hospitals with a combined stroke rota.

The Committee was advised further that option one was the preferred option, as this option had been developed based on the national clinical guidelines for stroke published by the Royal College of Physicians. This option also reflected the key messages and recommendations for stroke care as set out in the NHS Long Term Plan.

It was highlighted that the second option was less likely to be successful at delivering stroke services that met the national standards and guidelines for stroke services; and the delivery of seven day stroke services.

Reference was also made to the impact for patients of the preferred option. Particular reference was made to concerns raised during the Healthy Conversation 2019 relating to the impact on travelling times to the Lincoln Hospital site for all patients across the county. The Committee was advised that this had been considered and detailed information had been provided within the report presented regarding this matter.

The Committee was also advised of the new Stroke Service Framework and to the fact that by March 2020, it was expected that the average length of stay in hospital would have reduced from approximately 14 days to 10 days, with an aspiration that an average length of stay of seven days would be achieved in line with best practice.

A discussion ensued, from which the following comments were raised:-

- Some members welcomed the report and the proposals contained within it, but expressed some concern regarding travelling time for patients;
- One member expressed concern with regard to a patient who lived in Boston being seen within the 'golden hour' period at Lincoln. The Committee was advised that the 'golden hour' referred to a 60 minute period from door to needle for the 15% of all stroke patients who required thrombolysis (this treatment option was only for acute ischemic stroke). It was noted that out of

this 20% of stroke patients that received thrombolysis, one third of them would benefit from the treatment (5%). The Committee was advised further that the preferred option would improve care and outcomes for the majority of stroke patients. It was noted that with the preferred option, any patient who used the county's stroke service would benefit from a fully staffed centre of excellence that was able to deliver exceptional care for improved outcomes and better aftercare. It was noted further that having a Centre of Excellence would also help to ensure better training opportunities which would promote Lincolnshire better in the recruitment market;

- Another concern raised was the impact on displaced patients from Pilgrim Hospital to North West Anglia NHS Foundation Trust. Information relating to the impact to patients regarding the preferred option was shown on page 51 at 6.1.3 and 6.1.4 of the report. The Committee was advised that the number displaced would be minimal;
- Concern was also expressed to the waiting time at A & E; and how this would affect stroke patients. The Committee was advised that in Lincoln there was a direct phone line, which pre-alerted the Stroke Team of the estimated time of arrival of a patient. The team would then take the patient direct from the ambulance which prevented any waiting time; and
- One member enquired as to whether Lincoln would be able to cope with the additional patients. Reassurance was given that Lincoln would be able to cope with the increased numbers.

The Chairman on behalf of the Committee thanked the representatives for their very open presentation.

#### RESOLVED

1. That the Stroke Services – Case for Change and Emerging Options report presented be noted.
2. That the Chairman be authorised to make a written response to the Lincolnshire Sustainability and Transformation Partnership on the case for change and emerging options for Stroke Services.

The Committee adjourned at 1.13pm and re-convened at 2.00pm.

Additional apologies for absence for the afternoon part of the meeting were received from Councillors M T Fido, L Hagues (North Kesteven District Council) and A White (West Lindsey District Council).

A further apology was also received from Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement).

#### 10 NON-EMERGENCY PATIENT TRANSPORT SERVICE - UPDATE

The Committee gave consideration to a report from the NHS Lincolnshire West Clinical Commissioning Group, which provided the Committee with an update on the Non-Emergency Patient Transport Service.

The Chairman welcomed to the meeting Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group (LWCCG) and Wendy Martin, Executive Lead Nurse and Midwife – Quality and Governance, LWCCG.

The Committee was advised that since the previous update provided to the Committee at its March 2019 meeting; and following representations by Thames Ambulance Service Limited (TASL) to the Care Quality Commission (CQC) following the publication of their report in October 2018, the CQC had started a programme of further inspection visits to TASL, the results of which were expected to be published in the late summer of 2019.

It was reported that there had been some month on month improvement in the achievement of Key Performance Indicators (KPIs), however, performance remained below acceptable levels, as too many journeys had been subject to being unacceptably late; and some transport not arriving at all to collect patients for their appointments;

Detailed at Appendix A to the report was a summary of activity and KPI performance position for the period to April 2019. It was highlighted that for April 2019, TASL had achieved the contracted level of performance for 1 out of 12 KPIs (call handling) and had delivered month on month improvement for 7 KPIs. It was highlighted further that fast track journeys were much improved in April at 81.8%, following unacceptable performance in March of 50.0% against the target of 100%.

The Committee noted that TASL had also used a number of third party providers who had been sub-contracted by TASL to supplement employed crew capacity for journeys, which including renal and out of county journeys. The report highlighted that third party resources were expected to continue to be engaged by TASL, as the additional capacity provided flexibility to respond to fluctuations in demand and in-house capacity.

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

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

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

- Confirmation was given that good working relationships were continuing with voluntary car drivers;
- Some concern was expressed to the lack of improvement across the performance indicators, and how much longer the CCG was prepared to continue with the contract. It was reported that the assessment of risk of termination of the contract remained as previously reported;

- Cost of TASL to the service of missed appointments – The Committee was advised that modelling had been done to identify the cost to the patient and also to the cost of the service delivery. Reassurance was given that all risks were being looked at in an integrated way;
- Concerns were expressed regarding the inconsistency of the service and the impact on patients;
- The additional cost to the CCG for funding the third parties. The Committee was advised that information relating to the percentage put in by the CCG would be made available to them after the meeting;
- Were adequate governance arrangements in place? The Committee was advised that there had been changes to the governance team and that the CCG had confidence in the governance managers currently in place;
- Type of Contract – The Committee noted that the contract was a block contract; and that the contract provided for penalties when performance had not reached the required standard. Confirmation was also given that TASL had received penalties;
- With regard to KPIs, what the reasons were behind cancelled journeys; and what monitoring was being done. It was reported that monitoring was happening on a daily basis, and that when journeys were cancelled as a result of no capacity, then mitigation was put in where this was happening. It was noted that the situation was improving; and
- Initial feedback - CQC report – The Committee was advised that there had been some improvement, but the required level had not yet been reached.

#### RESOLVED

1. That the Non-Emergency Patient Transport update report be noted.
2. That the Committee's frustration be recorded that there had been insufficient service improvement from Thames Ambulance Service Ltd.
3. That a further report be received from the Lincolnshire West CCG in three months' time.
4. That the Committee's view that the Lincolnshire West CCG should strategically exit the contract with Thames Ambulance Service Limited be noted.

#### 11 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider and comment on the content of its work programme, to ensure scrutiny activity was focussed where it could be of greatest benefit.

The Committee gave consideration to the work programme as detailed on pages 64 to 66 of the report presented.

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RESOLVED

That the work programme presented be agreed subject to the inclusion of the items highlighted in minutes number 10(3).

The meeting closed at 2.27 p.m.