HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
17 JUNE 2020

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, 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), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Liz Ball (Interim Chief Nursing Officer, Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Maz Fosh (Chief Executive, Lincolnshire Community Health Services NHS Trust), Andy Fox (Public Health Consultant), Andrew Morgan (Chief Executive, United Lincolnshire Hospitals NHS Trust), Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust), John Turner (Chief Executive, Lincolnshire Clinical Commissioning Group) and Simon Evans (Health Scrutiny Officer).

County Councillors Dr M E Thompson (Executive Support Councillor NHS Liaison and Community Engagement) and Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) attended the meeting as observers.

63 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor G Scalese (South Holland District Council).

64 DECLARATIONS OF MEMBERS' INTEREST

There was no declaration of members' interest made at this stage of the meeting.

65 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 19 FEBRUARY 2020

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 19 February 2020 be agreed and signed by the Chairman as a correct record.

66 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 prior to the meeting.

The supplementary announcements included information on the following:

- Finalised Version of page 141 of the agenda pack.
- Differences in the Rates of Coronavirus Infection and Mortality Rates in Lincolnshire Districts.
- Renal Dialysis Services – Opening of Fishtoft Road Site, Boston.

RESOLVED

That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 13 to 17 of the agenda pack be noted.

67 LINCOLNSHIRE NHS RESPONSE TO COVID - 19

The Chairman highlighted to the Committee that this item as detailed on pages 19 to 22 of the report pack related to the NHS's direct response to Covid-19; and that the impact of Covid-19 on other services and plans for the restoration of services would be considered under item 6 of the agenda.

The Chairman advised that there were four contributors for this item: John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group (CCG), Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust and Tracy Pilcher, Director of Nursing, Lincolnshire Community Health Services NHS Trust.

The Chief Executive of Lincolnshire CCG advised the Committee that the Covid-19 pandemic had presented the biggest challenge to the NHS since its establishment. Thanks were extended to all NHS staff, care workers and support staff in the county for their exceptional work over the last few months. Thanks were also extended to the people of Lincolnshire for adhering to the government guidance, and for their continuing support, through the 'Thursday night appreciation clapping' and the individual notes of support received.

It was noted that Lincolnshire continued to have a low number of covid-19 cases per 100,000 population. It was noted further that the rate for Lincolnshire was 147.9 cases per 100,000 population compared to the England rate of 273.2 and the East Midlands rate of 192.3 per 100,000. It was however highlighted that Lincolnshire had two areas within the county that were above the Lincolnshire average and these were Boston and South Holland, and that the other five areas were beneath the Lincolnshire average.

It was reported that as of 16 June 2020, there had been a total 1,136 positive cases of Covid-19 notified in the Lincolnshire population; that 14 patients were still in hospital; that there had been a total of 140 hospital deaths in ULHT hospitals, a small number in community hospitals and mental health services in the county; and that there had been a total of 302 discharges accumulatively from ULHT hospitals.

The Committee noted that as a result of Covid-19, there had been some key temporary changes to NHS Service provision; these changes were detailed on pages 20 and 21 of the report pack.

The Chief Executive of United Lincolnshire Hospitals Trust confirmed that the incident was being well managed and that Trust had kept emergency care and services available. The Committee noted that the issue of restoration on non Covid-19 services was currently being reviewed; but that this was dependent on whether there was a second wave of Covid-19. The Committee was advised that the Trust had cared for 470 inpatients so far, 42 of which had received intensive care, it was noted that the length of time for intensive care had varied, with one patient having been in intensive care for a total of 81 days. The Committee was advised further out of the 470 inpatients, 318 patients had been able to be discharged.

The Chief Executive for Lincolnshire Community Health Services NHS Trust reported that over 340 patients had received care in the community and that currently three patients were receiving care in community hospitals; and that there had been three deaths in hospitals operated by Lincolnshire Community Health Services.

During discussion, the Committee raised the following points:

- Appreciation was extended for all the work that had being undertaken by the NHS staff, ambulance staff and all supporting services locally and across the country;
- Issues accessing national data - The Committee was advised that the Director of Public Health was having difficulties obtaining data relating to the wider testing scheme, which was known as Pillar 2, but this data was now starting to become available. Confirmation was given that all other data had been readily available and had been shared across the country. It noted that all data received would help Lincolnshire understand the impact of Covid-19 on the population of Lincolnshire;
- Clarification was sought as to how decisions were made. The Committee was advised that on 17 March NHS England had issued clear instructions as to what the immediate response to Covid-19 was required to be (Phase 1); and then on 29 April 2020 a subsequent letter was then received as to what

needed to be done for Phase 2. (It was noted that these letters were in the public domain). It was highlighted that in Lincolnshire the CCG and the Trusts all worked very closely together, and some decisions had also included collaboration with primary care, care homes and home care. It was noted that all decisions taken during Covid-19 had been shared in the first instance. Clarification was provided that each area was responsible for their individual services;

- Clarification was sort as to why on page 20 of the report pack; Grantham Hospital had not been included in the list as a key temporary change in NHS Service provision. The Committee noted that the report related to the response period and was correct at the time the agenda was despatched. It was noted further that all NHS Chief Executives met on a daily basis and reviewed options and decisions. Clarification was given that any inference that changes at Grantham Hospital were permanent was false, the changes proposed by the United Lincolnshire Hospitals NHS Trust Board on Grantham Hospital were temporary and this had been confirmed by the Board at their meeting on 11 June 2020;
- Clarification was sought as to how deaths were recorded, as this appeared to vary from country to country. The Committee was advised that in the UK there had been a move to refine data recording, as there were some inherent challenges. Reassurance was given that the recording system adopted in the UK was one of the best in the world;
- Support provided for staff who were now working at different sites i.e. were at Grantham but were now working at Boston. A further question was asked whether staff had the necessary Personal Protective Equipment (PPE); and whether sickness rates had increased. The Committee was advised that a significant amount of work had been done as a system to provide staff with health and wellbeing support; and this support was also available in primary care and in care homes. Confirmation was given that there had not been any occasions where PPE had run out. The Committee was also advised that staff generally had been flexible and responsive in filling the gaps resulting from staff being on sick leave and having to self-isolate. The Committee was advised for those staff having to work from a different site there was financial support. It was highlighted that any changes had been assessed on the skill level required and confirmation was given that there had been no job loses, and no staff had been furloughed. The Committee noted that a daily dashboard enabled managers to identify how many staff were off as a result Covid-19, and how many were shielding. Information relating to the level of PPE supplies was also available. It was highlighted that any staff redeployed would receive the necessary training. Confirmation was also given that sickness levels had gone down, however, at Pilgrim Hospital, Boston sickness levels were slightly higher than at other sites;
- Current situation in relation to patients being able to obtain routine scans – The Committee was advised that in the absence of specific details of this incident, there had been some delays in diagnostic screening through the managed phase; and that waiting times had lengthened. Confirmation was given that this was one of the services it was hoped would be back working as part of the restoration phase;

- The need to make the best of community support and promoting the need for self-care. The Committee noted that more progress had been made over the last few months with regard to integrated care at a local community level, and this was an area that had been identified in the Long Term Plan;
- How Lincolnshire providers worked with other NHS providers of services to Lincolnshire residents, such as North West Anglia and Northern Lincolnshire and Goole. The Committee was advised that each Trust had received their letter of instruction from NHS England/NHS Improvement and had their own Trust Boards. Confirmation was given that there was good liaison between other NHS providers and that communication was conducted on a regular basis; and that relationships between Trusts were good, as this was fundamental for a county response; and
- A question was asked whether information contain on Page 27, section v, part c of the report pack was still correct, that there were no significant concerns with staff sickness or availability. A further question was asked as to the number of staff unavailable for work through sickness or unavailability. The Committee was advised that currently that there was a low level of sickness leave. At the height of the response 20% of staff had not been available for work; and that this figure was now at 0.1% of staff not being available. The Committee noted further that on 16 June 2020; 323 staff had not been available for work due to sickness and shielding. This was compared to the peak of the response when on 27 April 606 members of staff had not been available; the 7 May 538 members of staff had not been available; and 15 May when 430 staff had not been available. The Committee were reminded that the national objective had been for the NHS to support staff to stay well and stay at work, which was why some staff had been re-deployed and had been assisted by the in-house health and wellbeing provision.

RESOLVED

That the Committee's gratitude be recorded to all NHS staff, key workers and volunteers in Lincolnshire on their response to Covid-19, and for the Committee's condolences to be extended to the families who have lost loved ones.

68 LINCOLNSHIRE NHS - RESTORATION OF SERVICES

The Chairman highlighted to the Committee that information pertaining to this item was shown on pages 23 to 144 of the agenda pack. The Chairman advised also that the Committee should note the correction to page 141 of the agenda pack, which had been covered in the supplementary chairman's announcements considered earlier on the agenda.

The Chairman advised the Committee that there were four contributors present for this item who were: John Turner, Chief Executive, Lincolnshire CCG, Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust, Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust and Tracy Pilcher, Director of Nursing, Lincolnshire Community Health Services NHS Trust.

Attached to the report presented were the following Appendices:

- Appendix A – Report to the Lincolnshire Clinical Commissioning Board (27 May 2020) – NHS response to the Management of Covid-19 Pandemic; and included:
  Appendix 1 - Daily Update Covid-19 – (as at 20/05)
  Appendix 2 - Letter of 29 April from Simon Stevens and Amanda Pritchard 'Second Phase on NHS Response to Covid-19'
  Appendix 3 – Slides – Second Phase Lincolnshire Response
- Appendix B – Report to United Lincolnshire Hospitals NHS Trust Board (2 June 2020) – ULHT Covid-19 Restore Phase Plan- Executive Summary
- Appendix C – Report to United Lincolnshire Hospitals NHS Trust Board (12 June 2020) – temporary Service Changes as a response to Covid-19, including:
  Appendix 1 IPC Assurance Framework
  Appendix 2 Green Site Clinical Model
  Appendix 3 Quality Impact Assessment
  Appendix 4 Equality Impact Assessment

The Committee noted that a copy of the letter of instruction for action for the second phase of the NHS response to Covid-19, as discussed in the previous item was detailed at Appendix 2 on pages 31 to 39 of the report pack. The Committee was advised further that the letter had instructed all NHS local systems and organisations working with regional colleagues to step up on all non-Covid-19 urgent services as soon as possible. Annex A provided a list the services included: urgent & routine surgery & care; cancer; cardiovascular disease; maternity; primary care; community services; mental health & learning disabilities services; and screening and immunisations.

Appendix 3 to the report provided the Committee with details of the Systems Covid-19 Phase 2 Response. Appendix C provided the Committee with details of the Trusts temporary services changes, in response to Covid-19.

The Chief Executive of Lincolnshire Clinical Commissioning Group highlighted that the changes which United Lincolnshire Hospitals NHS Trust (ULHT) had announced in relation to service changes at Grantham Hospital were for a temporary period. Confirmation was given that the ULHT only had authority to make such changes in an emergency, and only for a temporary basis. The Committee was advised that only a CCG could make amendments to service reconfiguration; and only then after a period of public consultation.

The Committee was advised that the CCG supported the position ULHT had taken in respect of Grantham Hospital and that the CCG highlighted they had significant concerns regarding the treatment of cancer patients in Lincolnshire, as patients not receiving operations and other treatments in a timely way. There was recognition of the concerns raised in relation to 'temporary', and reassurance was given that the proposed service changes were for a temporary period to ensure that hundreds of Lincolnshire's patients received the care they needed and that these changes were the best arrangements for the residents of Lincolnshire in the current situation.

During discussion, the following points were raised:

- Clarification was sought that as the proposed changes to Grantham Hospital were planned until the end of March 2021, whether these changes could be classed as temporary; and assurance was sort that any permanent changes proposed would go out to full public consultation. The Committee was reassured that the proposed changes to services at Grantham Hospital were temporary. There was recognition of the frustration of Grantham residents; and that Healthy Conversation had captured those frustrations. However, due to the current Covid-19 situation, changes had been necessary to enable the NHS to get back to dealing with non-Covid-19 patients in a safe environment. The Committee was reassured that any significant change to service provision, would be by the authority of the CCG, and that this would be subject to mandatory public consultation;
- In response to a request for an executive summary, with other documents cited as background papers, the Committee was advised that on this particular occasion it had been felt that the Committee needed to consider all the documentation in their deliberations;
- An explanation was sought concerning when Grantham Hospital would be returning back to its normal status. It was highlighted that at the moment it was not known what would happen over the next six to nine months with Covid-19, but what was apparent was there was need to provide treatment and care for cancer patients. As there were lots of variables, the CCG, ULHT, LCHS and LPFT would be working together to regularly review the situation; and that information concerning restoration would be shared with the Committee as things progressed. The Committee was advised that following an options appraisal, Grantham Hospital had been identified as being the best place to provide non-Covid services (Green Site). The Committee noted that patients attending a green site would be asked to self-isolate for 14 days prior to their planned admission date; and they would then be invited to have a test for Covid-19 a couple of days before their appointment. Reassurance was given that the Urgent Treatment Centre part of the Grantham site would be run separately with different staff and diagnostics. Reassurance was provided that the measures put in place would be temporary; and that this had been the decision of the Board. It was highlighted that work would be starting on how the temporary arrangements would be reversed, but at the moment the NHS was waiting to see if there would be a second wave of Covid-19, if this was the case, then capacity would have to be switched to meet that demand. It was highlighted there was an awareness of the lack of trust from the residents of Grantham, but at the moment due to the unprecedented circumstances, the Trust had to balance the needs of the whole of Lincolnshire against the wishes of the people of Grantham;
- Staff Morale – The Committee noted that a staff survey in October 2019 had highlighted there had been an overall improvement in staff morale. When the proposed changes had been announced, as with any organisation there had been some staff who felt things should not be changed, but there had also been some staff who had been in favour of the changes and had been flexible in their approach to work and this was to be commended. It was noted that

staff had been advised that there would be no job losses; and that they would not be financially impacted;

- Transportation issues for patients accessing services at Grantham Hospital from other parts of Lincolnshire. There was an appreciation that additional transport arrangements would have to be put into place;
- Clarification was sought as to whether ambulatory care would be conducted from the blue part of the Grantham Site. The Committee was advised that it would be part of the blue site and would be kept separate from the green part of the site, just like the Urgent Treatment Centre. The Committee also noted that the rehabilitation unit was due to come in to being during September/October for patients with green status. Confirmation was given that the green site would enable progress to be made in relation to Cancer surgery;
- Reasons for the higher number of Covid-19 cases in Boston; and whether the reason for this might be due to a large number of houses in multiple occupations in deprived areas; and the number of care homes. The Committee was advised that from the data received as detailed on pages 26 to 27 of the report pack, indications could be that the high number had been as a result of urbanisation and deprivation; but this would have to be investigated further when more data was available. In relation to care homes, the Committee was advised that the key correlation between Covid-19 and mortality was age; and that it had been expected to see clusters of mortality in the older age group. The Committee noted that the mortality rates in Lincolnshire care homes were one of the lowest in the country at 10 per 1,000 of the population; and that colleagues in public health would be looking at what happened in Lincolnshire and how that information could help other areas;
- Change to service provision in Alford. It was agreed that this would be looked at outside of the meeting; and
- When consultation on the Acute Services Review would commence. The Committee was advised that due to the current pandemic situation, no date could be given at this current time. However, it was noted the CCG was in contact with NHS England/NHS Improvment regarding authorisation for public consultation; and that the CCG was committed to progressing this matter.

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

RESOLVED

That the Health Scrutiny Committee for Lincolnshire unanimously agreed to:

1. Welcome the return of 24/7 access to care at Grantham, along with the elective and planned treatment, but that we also put on record the Committee's concerns that the restoration plan will have a significant impact on patients throughout Lincolnshire in terms of travel from their local to other sites, and the downgrading of Grantham A&E.

2. Seek regular updates on the progress of the restoration plan for ULHT, including the impacts on patients travelling to different sites.

3. Record the Committee's view that full public consultation on the Lincolnshire Acute Services Review options should take place as soon as possible and to write to the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, expressing the Committee's concerns, which have been raised today, as an indication of the Committee's position for any action in the future.

69 LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

RESOLVED

That the update concerning the Lincolnshire Clinical Commissioning Group be deferred to the next meeting of the Health Scrutiny Committee for Lincolnshire.

70 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.

The Health Scrutiny Officer advised the Committee that as Covid-19 would have an impact on its current work programme, the Committee were invited to agree its priorities for its future work programme based on the proposed 'high', 'medium' and 'low' priority lists as set out on pages 150 to 152 of the report; and to also consider whether any or all of the items identified as 'low' priority should be removed from the Committee's work programme.

Reference was made for the need to have the opportunity to include in work programme emerging issues as a result of Covid-19.

RESOLVED

1. That the priorities for the Committee's future work programme be agreed as being based on the proposed 'high',' medium' and 'low' priority lists as detailed in the report.

2. That all items identified as 'low' priority should be removed from the Committee's work programme.

The meeting closed at 12.40 p.m.

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