



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
18 MAY 2022**

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors K Chalmers (Boston Borough Council), J Loffhagen (City of Lincoln Council), M A Whittington (South Kesteven District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Sarah Brinkworth (STP Planned Programme Lead, Lincolnshire Clinical Commissioning Group), Katrina Cope (Senior Democratic Services Officer), Karen Dunderdale (Deputy Chief Executive and Director of Nursing, United Lincolnshire Hospitals NHS Trust), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Simon Evans (Health Scrutiny Officer) and Andrew Simpson (Consultant Urologist, United Lincolnshire Hospitals NHS Trust).

The following representatives joined the meeting remotely, via Teams:

Alison Christie (Programme Manager, Strategy and Development) and County Councillor C Matthews (Executive Support Councillor NHS Liaison, Community Engagement, Registration and Coroner's Services) attended the meeting as observers.

95 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs L Hagues (North Kesteven District Council), Mrs S Harrison (East Lindsey District Council), G P Scalese (South Holland District Council) and R Wootten.

It was noted that Councillor T Boston (North Kesteven District Council) was the replacement member for Councillor Mrs L Hagues (North Kesteven District Council) for this meeting only.

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

The Chairman also welcomed Councillors K Chalmers and J Loffhagen to their first meeting.

96 DECLARATIONS OF MEMBERS' INTERESTS

No declaration of members' interest were received at this stage of the proceedings.

97 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING
HELD ON 13 APRIL 2022

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 13 April 2022 be agreed and signed by the Chairman as a correct record.

98 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committees attention the supplementary announcements circulated on 17 May 2022. The supplementary announcements referred to:

- Membership information following the recent District Council elections;
- Covid-19 Update, Appendix A to the supplementary announcements provided weekly briefing information prepared by Lincolnshire County Council Public Health;
- Healthwatch Lincolnshire – latest findings on Access to Dental Services;
- Draft guidance from NHS England and NHS Improvement entitled: *Working in Partnership with People and Communities Draft Guidance*; and
- Extension of the United Lincolnshire Hospitals NHS Trust – Nuclear Medicine consultation period from 23 May to 6 June 2022.

A short discussion ensued, from which reference was made to the problems encountered when trying to access dental services; the welcomed opening of the Grantham Community Diagnostic Centre; and problems encountered by some patients regarding pharmacy provision, following the recent transfer of the Stackyard Surgery to the East Leicestershire and Rutland Clinical Commissioning Group. The Chairman advised that this matter would be taken up with the Lincolnshire Clinical Commissioning Group.

RESOLVED

That the Supplementary announcements circulated on 17 May 2022 and the Chairman's announcements as detailed on pages 17 to 26 of the report pack be noted.

99 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - ELECTIVE RECOVERY PLAN AND
RESPONSE TO THE CARE QUALITY COMMISSION INSPECTION

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which invited the Committee to consider the Lincolnshire Elective Recovery Plan 2022/23 and the response of ULHT to the inspection report by the Care Quality Commission (CQC).

The Chairman invited the following representatives from United Lincolnshire Hospitals NHS Trust: Simon Evans Chief Operating Officer, Karen Dunderdale, Director of Nursing and Sarah Brinkworth, Planned Programme Lead, Lincolnshire Clinical Commissioning to present the item to the Committee.

The following appendices were attached to the report for the Committee to consider:

- Appendix A – provided a copy of the Lincolnshire Elective Recovery Plan 2022/23;
- Appendix B – provided a copy of the Response to the Care Quality Commission Report;
- Appendix C – provided a list of CQC ‘Must do’s’ & ‘Should do’s’; and
- Appendix D – provided a copy of the CQC Improvement Action Plan.

In guiding the Committee through the report, reference was made to: the response to the Care Quality Commission Inspection report, the CQC’s required actions following the inspection which were detailed at Appendix C; the five ‘Must-do’ actions that the Trust had to take action on in order to comply with its legal obligations, these were shown on pages 29 to 30 of the report; the Trust’s CQC Improvement Action Plan, a copy of which was shown at Appendix D to the report; and Lincolnshire’s Elective Recovery Plan for 2022/23, which was detailed on pages 34 to 30 of the report.

It was highlighted that the Trust Board would receive regular progress updates and that progress would be monitored using the Trust’s established Blue, Red, Amber and Green (BRAG) ratings and that any identified risks would be escalated to the Trust’s performance review meetings and reporting through Executive and Trust Leadership team meetings. It was highlighted that a revised approach to obtaining assurance linked to the CQC had recently been approved and would be implemented for all elements of the Trust’s monitoring and management of actions in response to the 2022 inspection report. Details of the approved process were shown on page 32 of the report pack.

During discussion, the Committee raised some of the following comments:

- Recruitment measures - The Committee was advised that since the Trust had left special measures, there had been an increase in the number of candidates applying for specialist positions in Lincolnshire, and that the Trust was marketing Lincolnshire, building on that positive news and to the fact that Lincolnshire was already managing to reduce its waiting lists. It was highlighted that the Trust was also working with the University of Lincoln in respect of rotational posts and allied care worker positions, as

well as looking into new emerging roles. The Committee noted that the Trust had been successful in recruiting 220 health care support workers, some of whom were new to the care profession. The Committee was advised that the number of student nurse placements had increased, and the benefit of these places would be seen in three years' time. The Trust also had apprenticeships and had introduced the role of Nursing Associate. The Committee was advised that further information could be provided in this regard. It was also confirmed that the Trust was not currently seeing a high level number of vacancies pertaining to non-clinical staff. One member enquired as to what the current picture was regarding recruitment in the areas highlighted by the CQC report. It was reported that there were very few nursing gaps regarding children and young people, and that two paediatricians had been recently recruited. The Committee was advised that the Trust was currently in the process of recruiting student midwives and that the Trust was in a good position in this regard. However, in relation to urgent and emergency care there were significant nursing shortages, and the Trust was relying on bank and agency staff to fill those vacancies. There was recognition that this situation had to be reversed as the Trust moved forward as there needed to be a more sustainable workforce;

- Financial risks. The Committee was advised that the national funding mechanism this year had reinforced that funding would be allocated to trusts where there had been a sizable reduction in waiting lists, and that there was an expectation for trust's being as efficient as they could be, in line with the national scheme 'Getting it Right First Time.' It was felt that these two factors would help the Trust in balancing its books for the current year;
- More information was requested as to how the Trust was dealing with the backlog and the impact this was having on waiting lists in Lincolnshire. The Committee was reassured that further information could be provided to a future meeting. The Committee was however advised that a huge amount of work was being done to alleviate the backlog and reference was made to some of the following: the provision of extra operating theatres at Grantham Hospital; extra scanners across Lincolnshire; recruiting additional staff; better use of IT resources i.e., remote consultations; developing services with primary care; and the provision of new equipment to help change procedures, such as robotic services;
- Ambulance delays, caused by the lack of available in-patient beds. The Committee noted that this was a national issue, as well as a local one, and that work was being done with care partners to help alleviate the situation;
- Confirmation was given that the arrangements put into place relating to the children and young people provision at Pilgrim Hospital Boston were temporary. It was highlighted that the arrangements had worked very well, and credit was extended to all staff working in this area;
- Mandatory training for staff. The Committee was advised that mandatory training had to be undertaken and completed as it was part of the contract with staff. The Committee was advised further that the Trust was not aware of any cases where staff had not been engaged in the training;
- Patient Choice regarding the type of treatment/surgery selected. Confirmation was given that there was patient choice;

- Whether the provision of Nursing Associate posts represented deskilling. The Committee noted that services were now provided in a less traditional way and that the post gave the opportunity to upskill to provide support, and then those at the next level were able to upskill into a more specific area. The role enabled the Trust to have an enhancement of practices. Reassurance was given that there was a robust skills framework which was aligned to the role, to make sure that competency levels were attained. The provision of nursing associate roles enabled support to be given to the registered nursing workforce;
- Clinical pathway to Community Diagnostic Centres (CDCs). The Committee was advised that currently referrals were being made by GP's, it was also highlighted that some patients in hospital requiring repeat tests would also be able access a CDC. Confirmation was also given that patients would be given the option of accessing a CDC of their choice;
- Use of remote care. The Committee noted that with digital innovation and the lessons learnt from Covid-19, more digital monitoring could now be done in some circumstances, without the patient needing to come into hospital;
- Progress on the BRAG ratings detailed on page 47 of the report. The Committee was advised that these were all on target, except for the ones affected by the impact of the recent fire at Lincoln County Hospital; and
- How often was the CQC action plan going to be monitored by the ULHT Board. It was reported that the Board Sub-Committees would review the plan monthly and that the Board would then oversee the CQC action plan on a quarterly basis.

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

RESOLVED

1. That the information presented on the Lincolnshire Elective Recovery Plan and the Action Plan from United Lincolnshire Hospitals NHS Trust be noted.
2. That a further update be received on the progress of the CQC Action Plan in six months' time.

100 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - RECONFIGURATION OF UROLOGY SERVICES UPDATE

Consideration was given to a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provided the Committee with an update of the implementation of the new model for urology in Lincolnshire's Hospitals.

The Chairman invited Andrew Simpson, Consultant Urologist to present the item to the Committee. Simon Evans, Chief Operating Officer ULHT, was also in attendance for this item.

Whilst guiding the Committee through the report, some reference was made to the challenges facing urology services in early 2021; the 12 week consultation period; the update

provided to the Committee at its 16 February 2022 meeting regarding the reconfigured service; the case for change; evaluation of performance, it was noted that from patient feedback, the main area of concern highlighted had related to communication and access to appointments, with no concerns being raised relating to the service reconfiguration itself; public/patient engagement; and staff engagement; the elimination of cancellations, and the number of re-admissions had reduced; and the challenges of reducing the backlog.

The Committee was advised that prior to the implementation of the new model, there had been a high reliance on agency medics. As a result of investment into the service and the new model of working it was expected that there would be a cost improvement of approximately £160,000.

Paragraph 7 on page 161 of the report highlighted the key risks and issues to the continued success of the programme, which included the retention of middle grade doctors, compliance with the new service model and the establishment of a urology-trauma hub.

In conclusion, the Committee was advised that the model had now become embedded and accepted within the Trust as a safe and effective means of delivering urology services. There had been performance improvements, but these had been impacted by the significant urgent and emergency care pressures the Trust continued to experience.

To ensure that performance remained on track, the urology department, along with information services, were monitoring and tracking the key expected benefits via a dedicated dashboard.

It was also highlighted that a lessons learned exercise had been carried out by the project team to ensure knowledge transfer was shared across the Trust.

Appendix A to the report presented provided a copy of the Quality Impact Assessment for the Urology Services reconfiguration for the Committee to consider.

During consideration of this item, the Committee raised the following points:

- One member extended his congratulations to staff within the urology services for providing an excellent service;
- Transport concerns were raised for patients attending Pilgrim Hospital, Boston and then being transferred to Lincoln. The Committee noted that there was three levels of patients accessing Pilgrim Hospital, the first level were those requiring minor intervention; the second level were those with significant problems for example an obstruction, they would receive their imagery and diagnostics at Boston, and such patients would then be transferred to Lincoln; the third level, would be patients who were critical, and for these patients there was a critical care team in attendance at Boston and an on call consultant, in this situation the patient would be dealt with at Boston;

- That no screening programme existed for prostate cancer. One member gave his personal experience of trying to set up a screening programme. The ULHT representative agreed to look into this matter outside of the meeting; and
- If the risks identified on page 161 of the report were to intensify how the service would be impacted. The Committee was advised that regarding recruitment and retention, the service was seeing a good level of application for vacancies, it was felt that this would remain a low risk. Regarding service compliance, it was reported if emergency department staff continued to be trained to deal with lower level presentation, the risk remained low. The only concern expressed was not having a dedicated assessment area, to ensure patient flow and timely treatment was provided, and as such this remained a significant risk. The Committee noted that this matter had been raised at the Trust's Capital Resource Group.

The Chairman on behalf of the Committee extended thanks to the presenter.

RESOLVED

1. That the information presented on the urology services, including the significant reduction in same-day cancellations for non-clinical reasons be noted.
2. That no further specific update on urology service be received, unless any performance concerns merited the Committee's consideration.

101 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme, as detailed on pages 177 to 179 of the report pack.

The Committee noted that the Humber Acute Services Review item would now be considered by the Committee at its 13 July 2022 meeting.

The Committee was advised that both the Quality Accounts Working Group and the Pharmaceutical Needs Assessment Group were both on course, and that the remit of the Suicide Prevention and Mental Health Working Group was being considered and discussed by members of the working group, and that a meeting would be scheduled shortly.

The Committee was also advised that the item 'Staffing Challenges in Hospitals and NHS Lincolnshire People Plan' scheduled for the 13 July 2022 meeting would answer some of comments raised by members earlier in the agenda regarding recruitment and retention.

It was also reported that there would be a GP Services update item for the 12 October 2022 meeting.

During consideration of this item, the following suggestions/comments were put forward:

- Update on the Medical School at the University of Lincoln and its impact for Lincolnshire relating to recruitment and retention of staff, with a visit to the Medical School also suggested; and
- To ensure that the Dental Services item, due to be considered on 15 June 2022, provided the necessary information for the Committee, the Chairman advised that he would be meeting representatives from NHS England to discuss the content of the item, including the potential of a dental school in Lincolnshire.

RESOLVED

That the Committee's work programme as detailed on pages 177 to 179 of the report pack be received, subject to the comments/suggestions made above and the item agreed at minute number 99(2).

The meeting closed at 12.05 pm