



**HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE  
21 MAY 2014**

**PRESENT:**

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Miss E L Ransome, Mrs S Ransome, Mrs C A Talbot and T M Trollope-Bellew.

County Councillor B W Keimach (Executive Support Councillor NHS Liaison, Community Engagement) attended the meeting as an observer.

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), N D Cooper (East Lindsey District Council), D Jackson (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council and M G Leaning (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Andy Hill (Assistant Director of Operations, East Division, East Midlands Ambulance Service NHS Trust), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust), Tony McGinty (Assistant Director of Public Health), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group) and Sue Noyes (Chief Executive, East Midlands Ambulance Service NHS Trust).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs C A Talbot be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2014/2015.

**COUNCILLOR MRS C A TALBOT IN THE CHAIR**

2

## **HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**

**21 MAY 2014**

### 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 2014/2015.

### 3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from County Councillors C E H Marfleet and Mrs S M Wray and District Councillor Mrs R Kaberry-Brown.

It was noted that at the Annual General Meeting of the County Council, Councillor Miss E Ransome was appointed as a permanent replacement member for Councillor C E D Mair.

It was agreed that the Chairman would write a letter of thanks to Councillor Mair for his contribution on the Committee.

It was also reported that it had been brought to the County Council's attention that Councillor N D Cooper was not a member of an overview and scrutiny committee in East Lindsey District Council. There was a requirement in the Regulations that district council representatives on health scrutiny committees were members of a scrutiny committee at the district. East Lindsey District Council was making arrangements for a permanent replacement. In the meantime, Councillor N D Cooper would attend as an observer and with the discretion of the Chairman would have an opportunity to speak at the meetings.

Apologies for absence were also received from Councillor Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) and Nicole Hilton (Head of Community Engagement and Vulnerable People).

### 4 DECLARATION OF MEMBERS' INTERESTS

Councillor Dr G Samra declared an interest in Agenda Item 8 'United Lincolnshire Hospitals NHS Trust – Quality Improvement Journey', Minute 8 refers, as a Consultant at Pilgrim Hospital in Boston.

Councillor S L W Palmer declared an interest in Agenda Item 7 'East Midlands Ambulance Service – Improvements and Performance', as a LIVES First Responder.

Councillor C J T H Brewis declared an interest in Agenda Item 7 'East Midlands Ambulance Service – Improvements and Performance', as a Level One LIVES First Responder. Although, he was not currently an active member.

### 5 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the meeting and advised the Committee of the following items: -

i) Petition on East Midlands Ambulance Service in Market Rasen

The County Council had received and debated a petition on Friday, 16 May 2014 on the East Midlands Ambulance Service NHS Trust. The 3,700 signature petition was organised by Mr Guy Grainger, a resident of Market Rasen. The petition sought the County Council's support for keeping the Market Rasen Ambulance Station open and stationing two ambulances there. The County Council agreed to support the concerns expressed by the residents of Market Rasen and Horncastle and to refer the petition to the East Midlands Ambulance Service. The petition had been passed separately to Sue Noyes for her consideration and response, which would be reported back to County Councillors.

ii) Lincolnshire Partnership NHS Foundation Trust

The Chairman advised that there was a planned update item on this agenda from Lincolnshire Partnership NHS Foundation Trust, which had been agreed with senior managers at the Trust at a briefing meeting the Chairman had attended on 31 March 2014. However, the Trust had notified the Chairman on 12 May 2014 that it would not be presenting an update paper to this meeting, as it had nothing to report at this stage.

iii) Butterfly Hospice, Boston: In-Patient Palliative Care Unit

On 6 May 2014, Lincolnshire East Clinical Commissioning Group (CCG) had announced the award of the palliative inpatient care contract for the east of Lincolnshire. The CCG had stated that this service would be provided by Lincolnshire Community Health Services NHS Trust in partnership with the Butterfly Hospice Trust. This represented good news for the people of Boston, as the Unit would be accepting in-patients in need of palliative care in the coming months.

iv) Care Quality Commission Reports on Peterborough City Hospital and Stamford and Rutland Hospital

On 16 May 2014, the Care Quality Commission (CQC) had published two reports on Peterborough and Stamford Hospitals NHS Foundation Trust. Those reports had been compiled as a result of the CQC's new approach to the inspection of hospitals. The overall rating for Peterborough City Hospital was that it 'requires improvement'. The report also found that Accident and Emergency and Medical Care 'require improvement', while surgery, intensive care, maternity, children's care, end of life care, and outpatient services were all 'good'.

The good news was that the CQC's report on Stamford and Rutland Hospital found that the hospital overall was "good".

v) Lincolnshire Community Services NHS Trust – Appointment of Chief Executive

Lincolnshire Community Services NHS Trust had announced the appointment of Andrew Morgan as its new permanent Chief Executive, replacing Ellen Armistead,

#### 4

### **HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 21 MAY 2014**

who had left the Trust at the end of March to join the Care Quality Commission as one of their Deputy Chief Inspectors of Hospitals. The Committee looked forward to meeting Andrew Morgan, who had previous experience as a Chief Executive of several NHS organisations.

#### vi) Healthy Lives, Healthy Futures Programme

In December 2013, the Chairman had reported to the Committee the latest position with regard to the *Healthy Lives, Healthy Futures* Programme. Just as a reminder, the *Healthy Lives Healthy Futures* Programme was being developed by North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups, and was likely to impact on services provided at Scunthorpe General Hospital and Diana Prince of Wales Hospital in Grimsby.

The Chairman understood that the latest position was that a formal public consultation was due to begin in July on proposals for Hyperacute Stroke Services; and Ear, Nose and Throat Services at the hospitals in Scunthorpe and Grimsby. This was a potential item for the work programme.

#### vii) Health and Care Listening Event

The Chairman confirmed that the third Health and Care "Listening Event" was being held on Thursday, 5 June 2014 at West Lindsey District Council Offices in Gainsborough, from 6.30 pm to 8.30 pm. The event was designed for all sectors of the health and care community to come together and listen to the experiences of patients first hand. The organisers want as many Lincolnshire patients, carers and family members as possible to come along to share their personal experiences of healthcare services they had received. The event would encourage open and honest feedback rather than specific complaints or issues, although patients and the public would be supported to share these by appropriate signposting and having support organisations including the Chaplaincy and PALS in attendance.

I would request that members of the Committee, particularly those in the north of the county, circulate details of this event within their own communities to encourage as many patients, carers and families as possible to attend to share their experiences of the health service.

#### 6 MINUTES OF THE MEETING HELD ON 23 APRIL 2014

#### RESOLVED

That the minutes of the meeting held on 23 April 2014 be approved as a correct record and signed by the Chairman.

#### 7 EAST MIDLANDS AMBULANCE SERVICE - IMPROVEMENTS AND PERFORMANCE

A report by Sue Noyes (Interim Chief Executive, East Midlands Ambulance Service NHS Trust) was considered, which outlined the key areas of performance within the

East Midlands Ambulance Service NHS Trust and in particular the Lincolnshire Division (which included North East Lincolnshire North Lincolnshire). Sue Noyes (Chief Executive) and Andy Hill (Assistant Director of Operations) of East Midlands Ambulance Service were in attendance.

The Chief Executive provided the Committee with a detailed presentation, which covered the following areas: -

- East Midlands Ambulance Service – Performance Figures;
- Lincolnshire Clinical Commissioning Groups Performance Figures;
- Improvements;
- Lincolnshire Health and Care;
- Map detailing the premises of East Midlands Ambulance Service.

The Committee received comprehensive updates on the following areas: -

- East Midlands Ambulance Service performance;
- Estates Plan;
- Care Quality Commission Report.

#### East Midlands Ambulance Service – Performance

Members were reminded that National Ambulance performance targets were related to timely responses to national standards regarding attending a 999 call and prompt turnaround times within the hospital setting, both within wards and the Accident and Emergency department. Those targets are as follows: -

- a response to a 999 call within 8 minutes irrespective of location in 75% of cases: A8; and
- a response to a 999 call within 19 minutes where transport is required in 95% of the cases: A19.

Collectively the category A calls were split into Red 1 (Life threatening defibrillator required) and Red 2 (Life threatening but no defibrillator required.)

Members were advised that considerable effort had gone into trying to enhance the performance against those targets and requirements, including the introduction of additional resources agreed via contractual negotiations, a revision of staff/vehicle deployment and positioning, along with improving the ability to respond quicker. However, many of the previously mentioned targets were being achieved within the Lincolnshire division.

The improvements in the Lincolnshire Division (which included North East Lincolnshire and North Lincolnshire) were largely due to a number of key pilot areas of work, including an Emergency Care Practitioner Assessment Unit; paramedics on bicycles (Cycle Response Unit); dedicated GP urgent crews additional resources in terms of vehicles and staff and greater use of detailed data. Work continued in areas of advanced training for road staff in assessment skills permitting them to consider

alternative avenues of treatment for patients rather than immediate conveyance to hospital.

Future Developments would include:-

- Clinical assessment teams mobile within Lincolnshire to triage patients with a view to managing resources and patients appropriately. This would ensure that the correct resource would be dispatched;
- Mental Health/Paramedic teams were being deployed from 1600-2359 each day, to deliver a more bespoke and appropriate level of urgent care. This had resulted in approximately 5-6 admissions per shift being avoided through the implementation of those teams; and
- A Pilot was taking place in the Lincolnshire East Clinical Commissioning Group area, whereby patients who were not in need of an emergency ambulance could be redirected to GP practices. There would also be a Mobile Incident Unit, primarily located at Butlins in Skegness.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- The issues causing the delay in handovers at Pilgrim Hospital in Boston were currently being addressed. The Trust was currently working with United Lincolnshire Hospitals NHS Trust on improving IT connectivity at Pilgrim Hospital and once addressed, there would be a marked improvement in turnaround times at the hospital;
- It was agreed that additional information on the use of adrenaline would be emailed to the Health Scrutiny Officer, in particular who could administer it;
- It was queried what the split was in Lincolnshire between Paramedics and Emergency Care Assistants. It was agreed that this information would be emailed to the Health Scrutiny Officer;
- In response to a question, Members were advised that there were approximately 28 ambulances within the division during the evening on a weekday, whereas there would be approximately 40 during a weekend evening;
- The Trust was providing its input into the Lincolnshire Health and Care programme;
- The Trust was currently addressing issues surrounding staffing, including making improvements to its career progression scheme;
- Information on the number of patients who have lost their lives in an ambulance would be emailed to the Health Scrutiny Officer; and
- It was confirmed that LIVES contributed to the Trust's performance by approximately 7-8%. It was queried whether LIVES contribution could be analysed to Clinical Commissioning Group level. It was agreed that this would be explored.

East Midlands Ambulance Service – Estates Programme

The Trust had been taking forward an estate transformation to improve our ability to respond to patients, improve staff welfare and become more efficient. However, the Chief Executive had instructed a pause on this programme to allow the Trust to focus on the delivery of the 'here and now' and to improve on its overall performance. Following significant consideration, the Chief Executive would be recommending to the Trust's Board to withdraw the programme, with the exception of the implementation of the community ambulance stations. This impacted on several ambulance stations, such as Market Rasen. The Committee welcomed this.

Care Quality Commission Report

The Committee was advised that the Care Quality Commission (CQC) had carried out a routine annual inspection of the Trust in January and February 2014. The CQC had inspected six outcomes and four outcomes were identified as requiring actions. The main areas of concern were reported as follows:

- response standards were not being met
- lack of staff resources
- coverage of shifts
- availability of vehicles
- equipment availability
- equipment checks on vehicles were not always carried out
- lack of performance appraisals in some areas
- low staff morale
- lack of time for management duties

The Better Patient Care improvement programme (the successor to the 'Being the Best' programme), which the Trust was currently implementing would address those areas. Action had already been taken which had resulted in improvements since the inspection.

It was suggested that a detailed update on those improvements could be provided at a future meeting of the Committee.

The Chief Executive and Assistant Director of Operations were thanked for their comprehensive update.

**RESOLVED**

- (1) That the performance summary and the ongoing work and progress and comments made be noted.
- (2) That a further update on progress and an update on the improvements following the Care Quality Commission's visits be provided to the Committee at its meeting scheduled to be held on 17 September 2014.

**8 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - QUALITY IMPROVEMENT JOURNEY**

Consideration was given to a report by Jane Lewington (Chief Executive, United Lincolnshire Hospitals NHS Trust), which invited the Committee to consider information on the United Lincolnshire Hospitals NHS Trust Quality Improvement Journey. The Chief Executive was in attendance.

Members were reminded that in February 2013, United Lincolnshire Hospitals NHS Trust was included in the Review led by Sir Bruce Keogh of 14 NHS/Foundation Trusts in England whose hospital mortality rates were judged to be a national outlier. The Review was designed to test if higher mortality rates were an indicator of broader issues within the safety and quality of services delivered within those hospitals. The Report, which was published in June 2013, by the Keogh Review Team followed the United Lincolnshire Hospitals NHS Trust inspection had contained 57 recommendations where further improvements in the safety, quality and responsiveness of its services could be made. The Review Team had commented specifically on how open and honest staff within the Trust had been with the inspectors.

Immediately after the Keogh Review, the Trust was inspected by the Care Quality Commission which looked at seven essential standards and judged the Trust to be non-compliant in all those areas.

The key themes from both the Keogh Review and the Care Quality Commission inspection had included: -

- staffing levels – particularly nurse staffing levels on the Trust's adult general wards;
- the management of escalation – both in terms of peak demand for hospital services but also in the management of patients whose condition was deteriorating;
- patient experience – the Review Team was particularly critical of the way that the Trust had responded to formal complaints from patients and their families;
- variation in the implementation of guidelines; and
- the Review Team had believed there was a disconnect between the Board and frontline staff in the Trust.

Members were assured that all the recommendations and findings from the Keogh Review and the Care Quality Commission inspections had been addressed by the Trust in taking forward its Quality Improvement Journey, the first phase of which had included 261 milestones. Members were also advised that the Trust had invested approximately £7 million in staffing over a two-year period, to address those issues around the levels of staffing. There had been extensive scrutiny of the Trust's progress against the action plan conducted by the NHS Trust Development Authority; the Lincolnshire Clinical Commissioning Groups; Lincolnshire County Council; Healthwatch Lincolnshire; and the Local Area Team of NHS England.



**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**21 MAY 2014**

The report provided information on the work which had been completed by the Trust since July 2014 and was organised under the following five domains, which represented the new inspection methodology used by the Care Quality Committee: -

- Safety;
- Effectiveness;
- Caring;
- Responsive; and
- Well Led.

Although the Trust had made significant progress since July 2013 it also recognised that the quality improvement journey continued and the report highlighted some of the key areas in the Trust's forward Improvement Plan: -

- Medical Workforce;
- Standards of Care;
- Sustaining the Trust's services into the Future;
- Delivering the NHS Constitution; and
- The patient centred approach.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- With relation to the issues around staffing, it was suggested that those students who had been sponsored by the NHS should be expected to work within the NHS for a set number of years after they had qualified. It was agreed that the Chief Executive would raise this with Health Education East Midlands;
- The Committee was advised that the Trust was currently encountering a shortage in the number of Breast Radiologists, which was impacting upon patient waiting time target of two-weeks. This shortage was in-line with a national shortage. Members were advised that for a period of time, the 'choose and book system' was suspended and as a result, General Practitioners were required to send referrals to neighbouring hospitals. Those patients on the waiting list were also being given the option to be seen at other hospitals and trusts, in and out of county. Members were assured that the waiting times was being reduced as a result of this intervention;
- Concerns around infection control, in particular hand washing, was raised by Members of the Committee;
- Members were advised that the Trust was working to reduce the number of pressure ulcers and falls within its hospitals;
- Dr Wookey had been assured that the Trust would produce a list of actions, rather than aspirations, in response to Healthwatch Lincolnshire's list of recommendations, following its enter and view visits within the Trust's Accident and Emergency Departments; and
- The Committee was also assured that the Trust's Quality Account would provide clear statistical information on the Friends and Family Test.

The Chairman thanked the Chief Executive for her detailed update.

**10**  
**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**  
**21 MAY 2014**

RESOLVED

That the information presented on United Lincolnshire Hospitals NHS Trust's Quality Improvement Journey and comments made be noted.

9 VISIT TO ST BARNABAS HOSPICE IN-PATIENT UNIT, NETTLEHAM ROAD, LINCOLN

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to receive the report, which had been prepared by Councillor C E D Mair, of the visit by four members of the Health Scrutiny Committee for Lincolnshire to St Barnabas Hospice In-patient Unit at Nettleham Road, Lincoln.

On 21 March 2014, four members of the Health Scrutiny Committee for Lincolnshire (Councillors Mrs C A Talbot, C J T H Brewis, Mrs S Ransome and C E D Mair) had visited St Barnabas Hospice In-patient Unit at Nettleham Road, Lincoln.

It was noted that the visit was a very positive and encouraging experience reinforced by open and honest conversations with staff, patients and relatives.

It was also noted that the report of the visit would be taken into account as part of the Quality Account process for 2013-14, to reflect the fact that there was engagement between the Committee and St Barnabas Hospice.

The Committee thanked Councillor C E D Mair for his report.

RESOLVED

- (1) That the report of the visit by four members of the Health Scrutiny Committee for Lincolnshire to St Barnabas Hospice In-patient Unit at Nettleham Road, Lincoln, be received.
- (2) That the report of the visit be borne in mind as part of the Quality Account process for 2013-14.

10 NEW REVIEW OF CONGENITAL HEART SERVICES - STANDARDS

A report by Simon Evans (Health Scrutiny Officer) was considered which provided information on the draft standards for Congenital Heart Services, which were being developed as part of the New Review of Congenital Heart Services. Those standards would form the basis of the national consultation, which was anticipated during the summer of 2014.

Members were advised that NHS England's Clinical Advisory Panel, which supported the activities of the New Review of Congenital Services, had developed draft standards for three tiers of hospital services for congenital heart services. Those standards had been developed in consultation with the relevant clinicians. The three tiers of services were: -

- Specialist Congenital Heart Surgery Centres;
- Specialist (Children's Cardiology/Adults with Congenital Heart Disease) Centres; and
- Local (Children's Cardiology/Adults with Congenital Heart Disease) Centres.

The New Review was therefore defining the standards for all levels of service for congenital heart services.

The full list of draft standards for the New Review of Congenital Heart Surgery sites was listed on the NHS England website, and a link to the website was included within the report, page 34 refers. It was understood that the standards would form the basis of the national public consultation exercise, which was anticipated during the summer of 2014.

The report provided detailed information on the following standards: -

- the number of surgeons required at each surgical centre; and
- the number of operations performed each year by each surgeon.

Members raised concerns regarding the standard on the number of operations performed each year, where it was noted that it was likely this had been derived from a clinical safety point of view to ensure there was the required expertise available for such complex operations.

#### RESOLVED

That the standards being developed for the future commissioning of genital heart services be noted, in particular the two standards for: -

- the number of surgeons required at each surgical centre; and
- the number of operations performed each year by each surgeon.

#### 11 WORK PROGRAMME

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which invited the Committee to consider its work programme for the coming months.

During consideration of the work programme, it was suggested that the following items were included: -

- Health Education East Midlands – Initiatives in Lincolnshire would be deferred to either July or September 2014;
- The items provisionally scheduled for the meeting on 25 June 2014 on 'United Lincolnshire Hospitals NHS Trust – Clinical Strategy' and 'Peterborough and Stamford Hospitals NHS Foundation Trust – Progress on Procurement Exercise' were now confirmed items.

**12**

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**

**21 MAY 2014**

It was queried whether the Committee could receive a development session on the Care Quality Commission and it was agreed this possibility would be explored by the Health Scrutiny Officer.

**RESOLVED**

- (1) That the work programme be approved, subject to the inclusion of any amendments made during the meeting.
- (2) That the possibility of holding a Care Quality Commission Development Session be explored by the Health Scrutiny Officer.

The meeting closed at 12.55 pm.