Lincolnshire COUNTY COUNCIL
Working for a better future

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
25 JUNE 2014

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

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

Lincolnshire District Councils

Councillors Dr G Samra (Boston Borough Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and M G Leaning (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement), R B Parker (who was seeking permission to speak in relation to an issue in his division), R Hunter-Clarke and Mrs J M Renshaw and District Councillor J Kirk (City of Lincoln Council) were also in attendance.

Also in attendance

Simon Evans (Health Scrutiny Officer), Nicole Hilton (Head of Community Engagement & Vulnerable People), Dr Suneil Kapadia (Medical Director, United Lincolnshire Hospitals NHS Trust), Andy Leary (Director of Finance and Commissioning, NHS England Leicestershire and Lincolnshire Area Team), Lynne Moody (Executive Nurse & Quality Lead, South Lincolnshire Clinical Commissioning Group), Di Pegg (Head of Primary Care, NHS England Leicestershire & Lincolnshire Area Team), Tracy Pilcher (Executive Nurse, Lincolnshire East Clinical Commissioning Group), Caroline Walker (Interim Chief Executive), Chris Wilkinson (Director of Care Quality and Chief Nurse) and Catherine Wilman (Democratic Services Officer).

12 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies were received from Councillor C E H Marfleet and District Councillor N D Cooper.

13 DECLARATION OF MEMBERS' INTERESTS

No interests were declared.

14 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed Councillor Chris Burke to his first meeting of the Health Scrutiny Committee for Lincolnshire as the representative of the City of Lincoln Council.

i East Midlands Ambulance Service – Additional Information

The Chairman referred to Minute 7 of the minutes from the last meeting which related to Improvements and Performance of the East Midlands Ambulance Service. Information on three outstanding questions in the minutes was emailed to members of the Committee on 2 June. On the same evening, this information had been forwarded to a member of the public by one of the recipients of the email.

Whilst it had been subsequently clarified that the information provided by EMAS and included in the email was in the public domain, the Chairman expressed her disappointment that someone had shared this information without first checking whether it was of a public or confidential nature. Furthermore, the Chairman was worried that this would have an impact on what colleagues from the NHS would share with the Committee in future, as they may fear that information would be passed on indiscriminately. She acknowledged that most members of the Committee exercised discretion with the information which they received, but she urged all members to adopt a discreet approach in the future.

ii East Midlands Ambulance Service – Estates Strategy Clarification

The Chairman again referred to Minute 7 of the minutes from the meeting on 21 May. Since the publication of these minutes, Sue Noyes had asked the Chairman to clarify that the estates programme had been paused at the end of 2013 whilst the organisation focused on stabilisation of response times. The estates strategy was currently being reviewed, taking account of the feedback received from staff and the public. EMAS would make a statement at the end of June, with a revised estates strategy being prepared for September 2014. In the meantime, community ambulance stations, which provided facilities for crews to stop off at whilst they were out on the road, were continuing to be implemented.

iii New Review of Congenital Heart Services

On Friday 30 May, the NHS England Congenital Heart Services Review Team visited the East Midlands Congenital Heart Centre at Glenfield Hospital in Leicester as part of the new Review of Congenital Heart Services. The Review Team from NHS England had been visiting all congenital heart centres in England. These visits had been an opportunity for the Review Team to update the clinical teams, patients and parents about the review; to hear from each Trust about their particular functions; and to listen to staff and patients.

The Chairman had been advised that the visit to Glenfield had gone well and was a good opportunity to meet the key people leading the review. This was in the light of the Ministerial announcement about the delay to the consultation period of the review as there had been some slippage in the timetable.

A further meeting would be arranged at the end of July or early August by the University Hospitals of Leicester NHS Trust to consider its plans for expansion of the unit.

iv New Heart Device in Lincolnshire

On 23 May, United Lincolnshire Hospitals NHS Trust announced that a new device to help monitor a patient's heart had been used for the first time in Lincolnshire at Lincoln County Hospital.

Currently, heart monitoring devices required surgical implantation in a procedure that could take up to 45 minutes. Patients then had to attend hospital for their device to be monitored. However, a team at the Lincolnshire Heart Centre (LHC) at Lincoln County Hospital had implanted the first of a new type of device that is “injected” into the chest wall under local anaesthetic in a procedure that takes approximately 15 minutes.

The new technique had many advantages including less pain and discomfort for the patient, smaller scars and a shorter hospital stay. The new devices would allow cardiologists to monitor patients' hearts remotely via the mobile phone network, which would mean fewer trips to hospital and earlier identification of serious heart rhythm abnormalities.

v Quality Accounts

The Joint Health Scrutiny Committee and HealthWatch Lincolnshire Quality Accounts Working Group had been compiling statements on the quality accounts of eight local providers of NHS funded services. The final two statements would shortly be prepared on St Barnabas Hospice Trust and Boston West Hospital. All Committee statements would be circulated with the agenda for the next meeting.

vi Care Data - “Better Information Means Better Care”

In April 2014, the Committee considered an item on care data and agreed that the Chairman would write to Tim Kelsey, National Director for Patients and Information at NHS England, outlining the Committee's concerns. The Chairman had received a reply, which confirmed that NHS England was currently in a “listening” phase for the project and was receiving views from a range of groups.

In her letter, the Chairman had suggested that communication with patients be by letter rather than in the form of leaflet or flyer. Mr Kelsey stated that a letter was one method, which was being considered for implementation. The Committee also asked Mr Kelsey to consider the independent status of the Confidentiality Advisory Group, in

particular the need for lay member involvement. Mr Kelsey referred to the membership of the Confidentiality Advisory Group being defined in law, but supported the need for the Group to be independent. The Committee also raised the issue of accessibility and security of data. In response, Mr Kelsey had stated that the Health and Social Care Information Centre implemented "industry standard best practice" in its systems and would continue to do so.

On 17 June, a review report on previous releases of data by the former NHS Information Centre between April 2005 and March 2013 was submitted to the Health and Social Care Information Centre Board. This followed earlier reports in the national media on the release of data. The review report concluded that the system did not have the checks and balances needed to ensure that appropriate authority was always in place before data was released and there were too many disparate and disjointed processes for the sharing of data. As a result of these findings, nine recommendations were made, which had been accepted by the Health and Social Care Information Board.

vii Northern Lincolnshire and Goole NHS Foundation Trust

On 19 June, the Scunthorpe Telegraph reported on a series of care concerns, which mainly related to Scunthorpe General Hospital following the releas of information by North Lincolnshire Clinical Commissioning Group. The investigation indicated that one patient had died at Scunthorpe General and a second patient at Diana, Princess of Wales Hospital, Grimsby.

Northern Lincolnshire and Goole NHS Foundation Trust, which ran the two hospitals, stated that it was part way through a very thorough internal investigation into a potential small cluster of patient incidents, which would conclude in early July 2014. The Trust also stated that patient safety and good quality care was a priority for every employee at its hospitals and all its internal audits and external inspections had shown it met Care Quality Commission standards.

viii NHS Choices Website

On 24 June, the Department of Health launched a new microsite within the NHS Choices website, which provided patient safety information about each hospital in England. The seven safety indicators:

- Infection control and cleanliness;
- Compliance with Care Quality Commission standards;
- Whether the hospital is recommended by its staff;
- Safe staffing;
- Whether patients are assessed for bloodclots;
- Whether the hospital has any NHS England patient safety notices;
- Open and honest reporting.

The webpage from which information could be found was www.nhs.uk/safety/search/

15 MINUTES OF THE MEETING HELD ON 21 MAY 2014

RESOLVED

That the minutes of the meeting held on 21 May 2014 be agreed as a correct record and signed by the Chairman subject to the addition of the following wording in Minute 3, as follows:

"Councillor Miss E Ransome was appointed as a permanent member replacing Councillor C E D Mair".

16 NHS ENGLAND: LEICESTERSHIRE AND LINCOLNSHIRE AREA TEAM DIRECT COMMISSIONING RESPONSIBILITIES

Consideration was given to a report which presented information on the activities of NHS England, Leicestershire and Lincolnshire Area Team.

Andy Leary, Director of Finance and Commissioning and Di Pegg, Head of Primary Care both from NHS England Leicestershire and Lincolnshire Area Team were present for this item.

Andy Leary gave an introduction to NHS England and his role within it. During this, the following points were noted:

- NHS England was a national organisation with one strategic board. Its operating base was in Leeds;

- There were four regional tiers with 27 area teams in total. The Leicestershire and Lincolnshire Area Team came under the Midlands and East tier along with 7 other area teams;

- The national team covered a number of directorates:
    - Operations and Delivery;
    - Nursing;
    - Informatics (information management, knowledge management, information and communication technology);

- Each area team had three fundamental roles:

    - Direct commissioning of hospital care services - £1.4billion of funding which was mainly spent on specialist services. Services came from a range of organisations and also from hospitals. Ten area teams undertook a commissioning role across the country;

    - Primary Care – paramedical, pharmaceutical, ophthalmic and dental services came under this heading for which £400million was available. These services were returned to NHS England in 2013 when some services were transferred to local government;

- System Convener – This role was as a system leader/manager, improving the quality of care for NHS organisations.

- The Area Team was represented on the Health and Wellbeing Board and participation with the Lincolnshire Health and Care Programme. They had also developed relationships with other organisations like Healthwatch.

In response to questions from the Committee, the following was confirmed;

- GP appointment waiting times were monitored jointly with the CCGs in Lincolnshire to ensure timings at surgeries were satisfactory;
- The size of the area teams had been determined to a greater extent by population;
- Measuring the effect of NHS England on the healthcare received by people in Lincolnshire was not undertaken directly by NHS England. However the CCGs had a range of clinical indicators to measure whether improvements were being made;
- Members felt that there were a number of complexities within the NHS England organisation within the NHS;
- NHS England had a responsibility to ensure the services commissioned provided patient care to the same standards in all geographical areas;
- The Care Quality Commission existed as a national body to ensure that healthcare providers were meeting national standards. The CQC had an inspection and enforcement role. NHS England's role was to contract providers to do a certain job, with a certain amount of money in a certain time period. It would be CQC's role to take action if standards were not being met.

The Chairman reflected that the Government had spent some £4 billion on reorganising the NHS, however the system seemed even more confusing than before and accountability was not always clear. Andy Leary responded that there was a mandate between NHS England and the Department of Health and essentially, NHS England was required to ensure the mandate was delivered.

The Committee agreed to invite David Sharp, the Director of the Leicestershire and Lincolnshire Area Team at NHS England to a forthcoming Committee, to cover broader Area Team issues.

RESOLVED

1. That the information presented in the report on the activities of NHS England Leicestershire and Lincolnshire Area Team be noted;

2. That David Sharp be invited to a forthcoming meeting of the Committee.

17 BURTON ROAD SURGERY, LINCOLN

Consideration was given to a report which outlined the details of the consultation on the future arrangements for the Burton Road Surgery in Lincoln, which had approximately 2,700 patients at the end of May 2014. Andy Leary and Di Pegg from

NHS England were present for this item.

The Chairman expressed her disappointment at how the closure of Burton Road Surgery had been handled. An initial letter, dated 27 May 2014, outlining closure plans for the surgery, had been sent to patients registered at the surgery addressed to “The Occupier”. However, following this, a statement had been released by NHS England on 5 June 2014, stating they had not yet made a final decision to close it. At no point had a consultation with patients been conducted.

At a meeting of Lincoln City Council the previous day, a motion had been passed urging NHS England to examine alternatives to the closure, ensure all patients were kept informed, carry out meaningful consultation and ensure decisions made were transparent.

The Committee felt:

- The way in which NHS England had dealt with the situation was unacceptable;
- There appeared to be a lack of preparation for meeting with the Committee, with no facts or figures to hand;
- If patients had been informed the practice was closing, what incentive would there have been to respond to a consultation;
- There was a duty of care to patients, to ensure they were able to reach an alternative surgery easily and safely;
- The other contracts coming to an end needed attention to ensure the same pattern was not repeated;
- As the provider of the service, Lincolnshire Community Health Services (LCHS) was not present to provide its views of the situation.

It was agreed that Councillor R B Parker, County Councillor for Lincoln West, the division in which Burton Road Surgery was located, would be permitted to address the Committee:

- Ordinary people felt powerless when confronted by the NHS. It had a heavily managerial framework, but there were not many references to value;
- If there had been no other services in the area, would the contract still have come to an end?;
- The initial letter began with the words “after careful consideration...” however, this didn't seem to be the case;
- As well as the letters not being personally addressed, there were some patients of the surgery who didn't receive a letter at all;
- If there were substantial changes to delivery of services, surely another decision process needed to be gone through.

Following extensive questioning to the NHS England representatives, the following was confirmed:

- The contract for Burton Road Surgery was time limited and originally due to expire in March 2014. NHS England had sought to negotiate an extension to

the contract, until 1 October 2014, for this surgery and four others in the same situation;

- LCHS were the current providers of the service;
- During the time of the extension, NHS England would seek an alternative provider or find another surgery willing to take over as caretakers until an alternative provider could be found. Once this situation was clearer, another consultation exercise would be undertaken;
- Di Pegg agreed that communication with the public and patients of the surgery could have been handled better;
- A decision had been made to continue accepting new patients at the surgery so it would be more attractive to a potential new contractor;
- The NHS England representatives would be meeting with existing practices in the area to inform them of the circumstances;
- Approximately 200 patients had moved to other GP surgeries;
- On being informed that the contract was coming to an end, earlier than expected, NHS England tried to act quickly in the three months they were given. In hindsight, they admitted they had not handled it well. Their main aim was to have a service ready by 1 October 2014.

It was agreed that the Committee would make a response to the consultation, outlining the Committee's concerns.

In conclusion, the Committee agreed for the Chairman to request an urgent meeting with Dr David Sharp, Director of Leicestershire and Lincolnshire Area at NHS England and Andrew Morgan, Chief Executive of LCHS.

RESOLVED

1. That the Committee submit a response to the consultation expressing its concerns over the proposed closure and supporting the retention of GP services from Burton Road Surgery;

2. That Andrew Morgan and David Sharp be invited to attend the next meeting of the Committee on 23 July;

3. That the Chairman convenes an urgent meeting with Andrew Morgan, Chief Executive of LCHS and Dr David Sharp of NHS England.

18 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - A FIVE YEAR STRATEGY FOR CLINICAL SERVICES AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - 2014-2019

On 4 March 2014, United Lincolnshire Hospitals NHS Trust (ULHT) Board approved a Five Year Strategy for Clinical Services at United Lincolnshire Hospitals NHS Trust – 2014-2019. Dr Suneil Kapadia, the Medical Director for the Trust was welcomed to the meeting and presented the five year strategy to the Committee.

The presentation covered the following areas:

- The case for change: ULHT models of clinical care had to change;
- Future service model;
- Areas currently under pressure;
- Clinical Strategy for ULHT: to focus on emergency care in order to reconfigure services;
- Emergency care networks;
- Emergency Centres and one Major Emergency Centre;
- Interdependencies with Major Emergency Centre;
- Interdependencies with Emergency Centres;
- Interdependencies with Urgent Care Centres;
- Less critical services;
- Clinical strategy for ULHT;
- Our assumptions;
- Priorities.

In response to questions from Members, the following was confirmed by Dr Kapadia and Tracy Pilcher:

- Community hospitals did not come under ULHT's remit. They were run by LCHS. The Strategy dealt with acute services and was attempting to balance services between district, general and community hospitals;
- There was a funding deficit across Lincolnshire. Lincolnshire Health and Care Programme was developing proposals to redesign health services in Lincolnshire;
- Staff preferences would be taken into account if moving services to a different location meant moving long-serving staff also;
- Representatives from the CCGs attended meetings to ensure residents' views were heard.

The Chairman thanked Dr Kapadia for attending the Committee.

RESOLVED

That consideration be given to the content of *A Five Year Strategy for Clinical Services at United Lincolnshire Hospitals NHS Trust – 2014-2019.*

19 CLINICAL COMMISSIONING GROUP - ANNUAL REPORTS AND ACCOUNTS 2013-2014

Consideration was given to a report which provided information on the four Annual Reports and Accounts of the Clinical Commissioning Groups in Lincolnshire.

The Annual Reports were physically substantial documents and Members were advised to only read the report which related to their areas.

RESOLVED

1. That the publication of the Annual Reports and Accounts of the four Clinical Commissioning Groups in Lincolnshire be noted;

2. That the content of the patient focused elements of the Annual Reports and accounts be used to inform the Committee's work programme.

20 WORK PROGRAMME

The Committee considered its work programme for the Committee's meetings over the next few months.

It was noted that the Lincolnshire and Nottinghamshire Air Ambulance would be invited to Committee to see how their work affected ambulance response times in Lincolnshire.

Lincolnshire Health and Care needed to be removed from the work programme as it was unlikely to be ready for consultation by September 2014. However, one element of the Lincolnshire Health and Care Programme would continue and that was the implementation of neighbourhood team pilot sites which were at Stamford, Skegness, Sleaford and Lincoln City South. There would be no need for a full three month consultation on these proposals, if other elements of the programme did not go forward.

RESOLVED

That the work programme and changes made therein be noted.

NOTE: At this stage in the proceedings, the Committee adjourned for lunch. On return, the following Members were in attendance: -

County Councillors

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

District Councillors

Councillors C J T H Brewis (Vice-Chairman) South Holland District Council), C Burke (City of Lincoln Council), Miss J Frost (North Kesteven District Council), Mrs R Kaberry-Brown (South Kesteven District Council), M Leaning (West Lindsey District Council) and Dr G Samra (Boston Borough Council).

Councillor B W Keimach (Executive Support Councillor NHS Liaison, Community Engagement) was also in attendance.

Officers in attendance

Simon Evans (Health Scrutiny Officer), Caroline Walker (Interim Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust), Chris Wilkinson (Director of Care Quality and Chief Nurse, Peterborough and Stamford Hospitals NHS Foundation Trust) and Catherine Wilman (Democratic Services Officer).

21 PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST: UPDATE ON DEVELOPMENTS AND ENFORCEMENT ACTIONS

Consideration was given to a report which provided an update on developments and enforcement actions following a CQC inspection at Peterborough and Stamford Hospitals NHS Foundation Trust, as requested by the Committee.

Caroline Walker, Interim Chief Executive and Chris Wilkinson, Director of Care Quality and Chief Nurse both from Peterborough and Stamford Hospitals NHS Foundation Trust were present for this item.

The Committee received a presentation, which covered the following points:

- Action planning process;
- Ensuring safe services;
- Ensuring effective services;
- Ensuring services are caring;
- Ensuring responsive services;
- Ensuring well led services;
- CQC Action Plan Steering Group.

A table contained in the report showed how services had been rated by CQC. All services provided at Peterborough City Hospital and Stamford Hospital had been rated either 'good' or 'requires improvement', with the majority being rated as 'good'. There had been no areas rated with 'non-compliance' or 'requiring immediate change'.

CQC had produced one report per site and one overarching report for the Trust as a whole.

Inspectors had highlighted particular examples of good practice which were:

- Orthopaedic;
- Maternity debrief after birth;
- Mortuary/bereavement services;
- Critical care around ventilator acquired pneumonia;
- 'Flooding the ward' initiative.

During the presentation and discussion that followed, the points below were noted:

- Software to monitor patient bells was being installed which would record details of how long it took for a patient's bedside alarm to be answered and would provide data on each individual bell. It would not be able to tell if a bell

call had been cancelled without a visit, however this would be picked up by intentional rounding in which nurses would visit every patient at hourly intervals;

- Discussion took place regarding patient falls and it was noted that national evidence had seen that falls could not be prevented or predicted. The Trust had attempted to reduce the number of falls and the harm done by installing low rise beds and crash mats in single rooms;
- The Trust provided a multi-faith service with a chaplaincy and had recently employed Muslim representation. In addition, volunteers helped to get patients to chapel and volunteer sitters could be with people at end of life whose families may not be able to be with them;
- Patients could be discharged during the night if necessary and this could help both incoming and outgoing patients; a significant number of overnight discharges were children, as it was better to discharge them home following treatment rather than keep them in hospital unnecessarily;
- Medi-Rest held the contract for cleaning in the hospitals and their work was checked and monitored by the Facilities Team.

Discussion took place regarding the future of the hospital site in Stamford. Architects and building contractors were currently ready and waiting for further instruction once a decision had been made. The site had a mixture of listed and new buildings with an area in the centre which was not fit for use. Some buildings may need to be demolished.

It was agreed a further update could be brought to the Committee at its November meeting.

RESOLVED

That consideration be given to the content of the report and that a further update be brought to the Health Scrutiny Committee for Lincolnshire in November 2014.

The meeting closed at 3.25 pm.