



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
14 JANUARY 2015**

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, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

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

Healthwatch Lincolnshire

Dr B Wookey.

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

Also in attendance

Sue Cousland (Director of Operations, Lincolnshire Community Health Services NHS Trust), Simon Evans (Health Scrutiny Officer), Jan Gunter (Consultant Nurse, Safeguarding Children and Adults, South West Lincolnshire Clinical Commissioning Group), Cheryl Hall (Democratic Services Officer), Richard Henderson (Director of Operations, East Midlands Ambulance Service NHS Trust), Andy Hill (General Manager, East Midlands Ambulance Service NHS Trust), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Tracy Johnson (Scrutiny Officer), Allan Kitt (Chief Officer, South West Lincolnshire Clinical Commissioning Group), Dr Philip Mitchell (Medical Director, Lincolnshire Community Health Services NHS Trust), Lynne Moody (Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), Jennie Negus (Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust), Pauleen Pratt (Acting Chief Nurse, Lincolnshire Hospitals NHS Trust), Clair Raybould (Head of Commissioning, South West Lincolnshire Clinical Commissioning Group), Sharon Robson (Executive Nurse, South West Lincolnshire Clinical Commissioning Group), Sally Savage (Chief Commissioning Officer – Children's), Richard Wheeler (Director of Finance, East Midlands Ambulance Service NHS Trust) and Dr Don White (Chairman, Lincolnshire Community Health Services NHS Trust).

**HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
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It was noted that the Chief Executive having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Mrs J M Renshaw as a replacement member on the Committee in place of Councillor C E H Marfleet until 15 May 2015, the date of the Council's Annual General Meeting.

It was also noted that Councillor J Kirk (City of Lincoln Council) was attending on behalf of Councillor C Burke, for this meeting only.

An apology for absence was also received from Tony McGinty (Consultant in Public Health – Children's).

72 DECLARATION OF MEMBERS' INTEREST

The Democratic Services Officer advised Members that on the 19 December 2014 the County Council had amended several parts of its Constitution, including the Code of Conduct for Members and Co-Opted Members.

On 12 January 2015 Nigel West, Democratic Services Manager, had emailed all non-County Councillors who served on the Council's committees to draw their attention to one of the changes. Essentially, where a member or co-opted member had a pecuniary interest in a matter they were required to withdraw from the meeting while the matter was being considered.

Councillor Dr G Samra declared an interest in Minute 75 – 'Lincolnshire Community Health Services NHS Trust – Action Plan in Response to the Care Quality Commission and the Clinical Strategy', as a Trustee of the Butterfly Hospice, at which services were provided by Lincolnshire Community Health Services NHS Trust.

Councillor Dr G Samra also declared an interest in Minute 78 – 'Complaints Handling at United Lincolnshire Hospitals NHS Trust', as an employee of the Trust and would therefore be leaving the meeting for the duration of this item.

73 CHAIRMAN'S ANNOUNCEMENTS

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

i) Pressures on the Local NHS

The Chairman provided Members with some facts and figures of local pressures on the NHS:

- During the two week Christmas and New Year holiday period, 5,229 people had visited A&E departments at United Lincolnshire Hospitals Trust (ULHT);
- There were 583 more admissions during the Christmas and New Year weeks compared to the winter in 2013/14, with 2,708 people in total admitted. ULHT

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had discharged 410 more people in the two weeks, but this did not keep pace with the rate of admissions;

- ULHT now had as many beds open as 2013-2014;
- Elective admissions have been cancelled, with exception of cancer admissions and day cases, where a bed was not required;
- NHS 111 had received 10,412 calls during the Christmas and New Year weeks. This was equivalent to Lincolnshire 111 handling 744 calls on average per day for every day of the holiday. Although the highest volume of calls was on 27 December, when there were 1,231 calls to 111;
- All organisations (East Midlands Ambulance Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust, United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust and Clinical Commissioning Groups and the County Council) had been having senior leader “Gold” command calls three to five times a day since 29 December 2014.

The Chairman understood that a number of managers from other Trusts in Lincolnshire with expertise had been assisting in A&E and the Chairman had written to local senior NHS managers recording her thanks, on behalf of the Committee, for their efforts in maintaining health services during this period of extreme pressure.

ii) Care Quality Commission – Workshop Session on 22 April 2014

On 7 January 2015, the Chairman had met two local inspection managers from the Care Quality Commission (CQC): Yin Naing, the CQC Leicestershire and Lincolnshire Inspection Manager for Hospitals; and Michele Hurst, the CQC Leicestershire and Lincolnshire Inspection Manager for Primary Care and Integrated Services. The inspections arrangements for both hospital services was discussed, which included acute hospitals, community health services and mental health; and Primary Care and Integrated services, which included GP practices. The CQC had introduced its inspection arrangements for GPs in October 2014 and had intended to have rated all GP practices by April 2016.

The Chairman advised that also a result of the meeting, it was agreed to hold a workshop session on Wednesday, 22 April 2015 at 10.00 am, which would focus on the new inspection arrangements for both hospital services and primary care.

iii) United Lincolnshire Hospitals NHS Trust

The Chairman reminded Members that at the meeting of the Committee held on 19 November 2015, the Committee had requested clarification on two matters from United Lincolnshire Hospitals: firstly, the retention rates for overseas nurses at Lincoln County and Pilgrim Hospitals; and the cost of locums.

Overseas Nurse Retention Rates - The most recent information from ULHT had indicated that at Lincoln County 30 out of 38 nurses had remained at the hospital (a 79% retention rate); whereas at Pilgrim Hospital 37 out of 58 overseas nurses had stayed, representing (a 64% retention rate). The overall retention rate was 70%.

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Cost of Locums – For the period April to October 2014, ULHT had spent just over £11 million on all forms of agency staffing, which included nurses, midwives, locums, agency consultants and other medical staff.

iv) Hinchingbrooke Hospital, Hinchingbrooke Health Care NHS Trust

On 9 January 2015, Hinchingbrooke Hospital, part of Hinchingbrooke Health Care NHS Trust, which served a large area of Cambridgeshire, was rated as "inadequate" by the Care Quality Commission and was placed in "special measures" by the NHS Trust Development Authority. On the same day, Circle Health Care Partnership had announced that it was terminating its franchise to manage the hospital. The Chairman advised that she had mentioned this for two reasons: some patients from South Lincolnshire use Hinchingbrooke Hospital, although the Hospital stresses that services to patients were continuing as planned; and secondly a similar franchising agreement is a potential outcome for Peterborough and Stamford NHS Foundation Trust, as part of *Project Orange*, although this project was on hold until the summer of 2015.

74 MINUTES OF THE MEETING HELD ON 17 DECEMBER 2014

During consideration of the Minutes of the meeting held on 17 December 2014, it was noted that the Committee had not yet received the additional information on the use of the triage car, in particular where the referrals came from, Minute 66 refers. It was therefore agreed that the Health Scrutiny Officer would contact the relevant officers to obtain this information.

RESOLVED

- (1) That the minutes of the meeting held on 17 December 2014 be agreed as a correct record and signed by the Chairman.
- (2) That the Health Scrutiny Officer be requested to contact the relevant officers to obtain the additional information on the use of the triage car, in particular where the referrals came from, Minute 66 refers.

75 LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST -
ACTION PLAN IN RESPONSE TO THE CARE QUALITY COMMISSION
AND THE CLINICAL STRATEGY

A report by Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust) was considered, which provided the Committee with an update on the Care Quality Commission's routine planned inspection of Lincolnshire Community Health Services NHS Trust in September 2014, the Trust was awarded an overall rating of 'Good'. Andrew Morgan (Chief Executive), Dr Don White (Chairman), Sue Cousland (Director of Operations) and Dr Philip Mitchell (Medical Director, Lincolnshire Community Health Services NHS Trust) of Lincolnshire Community Health Services NHS Trust were in attendance at the meeting.

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The Chairman advised the Committee that Dr Don White would soon be retiring and the Chairman took the opportunity to thank Dr White for his support and his work at the Lincolnshire Community Health Services NHS Trust. The Chairman also wished Dr White a happy retirement.

Members were advised that following a routine planned inspection of Lincolnshire Community Health Services NHS Trust undertaken by the Care Quality Commission in September 2014, the Trust had been awarded an overall rating of 'Good'. This was against the areas detailed in the 'Fresh Start for the Regulation and Inspection of Community Health Care', as detailed at Appendix C. The outcome of the inspection was published on 9 December 2014.

A summary of the CQC findings was attached at Appendix B to the report, along with a Lincolnshire Community Health Services NHS Trust Draft Action Plan, as detailed at Appendix A to the report, collated to address the areas noted to 'Require Improvement'. In addition to those comments, the CQC had noted a number of areas where the Trust was able to demonstrate good practice.

As part of the overall inspection process, a Quality Summit involving the CQC and regional and local stakeholders took place on 4 December 2014. The summit had discussed the findings and the next steps. All services (Urgent Care; End of Life; Community Health Services and Inpatient Services) had received a 'Good' rating, with the exception of Children and Family Services. Similarly with the Trust's domains all had received a 'good' rating (Effective, Caring, Responsive and Well Led), with the exception of Safe, which had received a rating of 'requires improvement'.

Within the final report Lincolnshire Community Health Services NHS Trust was 'Required to Improve' in the following key areas: -

1. 'Implementation of plans in relation to safer staffing in the community;
2. Review of in-patient unit staffing in both Louth and Skegness Hospitals;
3. Further development of information technology systems to allow further integration and connectivity across the trust;
4. Ensure all staff receive protected time for supervision / reflection;
5. Ensure systems are in place to share learning across the entire organisation;
6. Ensure all equipment / premises are fit for purpose;
7. Address the use of verbal orders in relation to the use of a controlled drug in the surgical day unit;
8. Implement the '*Five Steps to Safer Surgery*';
9. Ensure that patient records are maintained in a timely manner and not duplicated;
10. Ensure the lone working policy is implemented in Children's Services;
11. Ensure there are effective ways of recording activity that is not undertaken due to capacity issues; and
12. To review the staffing risk assessments in place and ensure robust processes are in place to manage risk.'

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

- The Trust was on target to complete Action 33 – 'Ensure staff resources in health visiting and school nursing are appropriately allocated in across the Trust' by the end of March 2015. It was noted that the Trust's expected levels of Health Visitors was 122 full time equivalents and at present, the Trust was eight short of this total;
- It was queried what level of care school nurses provided to children and young people in schools. It was agreed that an update on Health Visitors and School Nursing would be provided at a future meeting of the Committee;
- It was acknowledged that the relationship between GPs; Health Visitors; Schools Nurses and Children's Centres was essential to ensure the welfare of children;
- It was noted that all School Nurses were trained to a master's degree level;
- A recent staff survey had shown that staff morale had improved across all service areas within the Trust;
- It was noted that the Trust had a policy on remote and lone working and thorough risk assessments were completed to ensure staff safety; and
- Members were advised that Actions 2, 3, 4, 5, 7, 8, 10 and 11 had already been completed and that Action 12, 9 and 6 would be completed by January 2015 and Action 1 by March 2015.

The Chairman thanked the officers for their detailed report and verbal update and requested an update on Health Visitors and School Nurses at a future meeting of the Committee. The Chairman also took the opportunity to thank the Chairman of the Lincolnshire Community Health Services NHS Trust for his work and wished him well again for his retirement. It was agreed that the Chairman would write a letter to Dr Don White outlining the Committee's best wishes.

RESOLVED

- (1) That the report and verbal update be noted.
- (2) That an update on Health Visitors and School Nurses be provided to the Committee at a future meeting.

NOTE: At this stage in the proceedings, Councillor Dr G Samra declared a pecuniary interest in the following item (Minute 76), as an employee of United Lincolnshire Hospitals NHS Trust and subsequently left the meeting for the duration of this item of business.

76 COMPLAINTS HANDLING AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

Consideration was given to a report by Jennie Negus (Deputy Chief Nurse, United Lincolnshire Hospitals NHS Trust), which described the work undertaken to review and redesign the process and service to provide assurance to the Committee that

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handling of complaints and concerns at the Trust had met the required standards. The Deputy Chief Nurse and Pauleen Pratt (Acting Chief Nurse at United Lincolnshire Hospitals HS Trust) were both in attendance.

Members were advised that following the Keogh Report a transformational approach to reviewing the service had commenced which had included: the implementation of executive oversight and sign-off of all complaints; the introduction of a site based Patient Advice and Liaison Service; a Patient Listening Event; staff workshops; and looking at national best practice.

From the discussions and consultation, the Trust had designed a new complaints process called 'See it My Way', which built on the principles from the Parliamentary and Health Service Ombudsman and the Patient Association. Within it were six key principles: -

- Getting it right;
- Being patient focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right; and
- Seeking continuous improvement.

The Trust had brought those six principles into five steps to form the Trust's 'See it My Way' pathway which covered: Putting things right; Access; Process; Response; and Learning. A flow diagram illustrating step by step of who does what and within what timeframe had been developed and cascaded to everyone involved in complaints handling, this was attached at Appendix A to the Committee's report.

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

- The Trust had a significant backlog of complaints. However, a new system had been implemented to manage those complaints at each site and monthly review meetings were held to discuss those complaints;
- It was suggested that the Trust Board's Integrated Performance Report provided a breakdown of those complaints so it was clear what stage the complaints were at for example, awaiting information from the Ombudsman. In response to this, Members were advised that the Trust Board also received a Quality Account Report which provided this further detail on the complaints;
- The Trust Board also received performance information on the whole complaints process for example, how many complainants had received an initial response within the set 3-day standard. The Trust Development Agency also received this information, as part of one of its performance reports;
- The Trust had also implemented a 'Change Register' which was a live system and enabled the Trust to monitor outcomes and improve on its services; and
- The Trust also monitored the number of compliments it received. The Patient Advice and Liaison Service had also produced a compliment slip for patients to share positive comments and compliments.

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The Chairman thanked the officers for their detailed report and verbal update and requested that a further update was provided to the Committee in six months.

RESOLVED

- (1) That the report and comments be noted.
- (2) That a further update on Complaints Handling at United Lincolnshire Hospitals NHS Trust be provided to the Committee in six months.

77 SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
SUMMARY

NOTE: At this stage in the proceedings, Councillor Dr G Samra returned to the meeting for the remainder of the items of business.

A report by Allan Kitt (Chief Officer, South West Lincolnshire Clinical Commissioning Group) was considered, which updated the Committee as to the progress made by South West Lincolnshire Commissioning Group (CCG) since its creation in April 2013. The report also updated the Committee on the progress made with the implementation of Shaping Health for Mid-Kesteven, the achievements of the CCG and the ongoing work programme of planned service and progress. The Chief Officer, Clair Raybould (Head of Commissioning) and Sharon Robson (Executive Nurse) of South West Lincolnshire Clinical Commissioning Group were in attendance at the meeting.

The Head of Commissioning provided Members with a brief presentation on the service developments and improvements made by the CCG, which covered the following areas: -

- Hospice in a Hospital;
- Neighbourhood Teams (Sleaford was an early implementer);
- Cardiology up skilling programme;
- Map of Medicine (Implemented across all practices);
- Additional Care in the community beds, Grantham;
- Care Home Ward Rounds;
- Urgent Care Unit, Sleaford (The Minor Injury Unit had been expanded to 7 day working, 8 am – 8 pm);
- Parkinson's Nurse Specialist Service;
- Deep Vein Thrombosis Scheme (provided by all GP practices); and
- Practice Based Echo Cardiogram Service (provided by all GP practices).

Members were also advised that the Urgent Care Unit in Sleaford had seen approximately 903 patients from 25 October to 31 December 2014, with approximately 99% of patients seen within 1 hour.

There was now GP presence in Accident and Emergency at the Grantham and District Hospital. The estate was currently being reconfigured to directly link the

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Emergency Assessment Unit to Accident and Emergency. It was also noted that there were now two dedicated paediatric observation bays in Accident and Emergency at the hospital.

In response to a question, Members were advised that the Additional Care in the Community Beds in Grantham, along with close working relations with Adult Care, would address the deterioration in the performance on the delivery of planned care standards ensuring that people received treatment within 18 weeks. The Community Beds ensured that there was a patient flow and patients receiving intensive support, via the community beds, had proven successful. It was hoped that a further additional eight community beds would soon be made available for use.

The Chairman thanked the officers for their detailed report, presentation and verbal update and requested that a further update was provided to the Committee at its meeting scheduled to be held on 17 June 2015. The Chairman also suggested that the CCG should promote its good work.

RESOLVED

- (1) That the report, presentation and comments be noted.
- (2) That a further update be provided to the Committee at its meeting scheduled to be held on 17 June 2015.

**78 SOUTH WEST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP -
 UPDATE ON CQC ACTION INSPECTION PLAN FOR LOOKED AFTER
 CHILDREN**

Consideration was given to a report by Allan Kitt (Chief Officer, South West Lincolnshire Clinical Commissioning Group), which described the progress on the implementation of the action plan following the Care Quality Commission (CQC) inspection of health services for Looked After Children and Safeguarding in Lincolnshire.

Jan Gunter (Consultant Nurse, Safeguarding Children and Adults, South West Lincolnshire Clinical Commissioning Group), Allan Kitt (Chief Officer), Clair Raybould (Head of Commissioning) and Sharon Robson (Executive Nurse) of South West Lincolnshire Clinical Commissioning Group and Sally Savage (Chief Commissioning Officer – Children's, Lincolnshire County Council) were in attendance for this item.

At the meeting of the Committee held on 21 July 2014, Members had received a report on the CQC's Action Inspection Plan for Looked After Children and subsequently requested a further update at a future meeting on the following areas: -

- the recruitment of additional resources for safeguarding;
- the initial Health Assessments for Looked After Children, which would be delivered by paediatricians; and
- access to and the usage of the Blue Books.

The Chairman advised the Members that it was originally planned that this update would be provided to the Committee at its meeting held on 22 October 2014 so it could feed any comments into the Corporate Parenting Panel at its meeting on 11 December 2014. However, this was not possible due to reasons beyond the Committee's control. It was noted that the Chairman of the Corporate Parenting Panel had deferred the update until its meeting scheduled to be held on 12 March 2015.

The Chief Officer presented the update report the Committee, making particular reference to:

The Capacity Requirements for Safeguarding across Lincolnshire

The CQC report had indicated that it did not believe there was sufficient capacity or infrastructure within safeguarding across the NHS in Lincolnshire. It was noted that the workforce and the structure of this service had been inherited from the Primary Care Trust. Therefore, a full review was undertaken of the capacity and assessed against the lack of requirements. Members were advised that this was discussed across all of the Lincolnshire Clinical Commissioning Groups in May 2014 and a new structure with additional capacity was agreed. The action had been completed and was signed off by both the Children's Safeguarding Board and the Safeguarding Adults Board. Additional finance and human resources had been secured and the recruitment process had partially been completed. It was noted that this had involved an additional two senior whole time equivalent staff, as well as securing additional resources for the named doctor role from NHS England's Area Team.

Health Assessments for Looked After Children

The CQC report had commented on the lack of capacity and had also identified that the quality of assessments was variable across the county. The service specification had been fully reviewed by the designated team and two additional staff had been recruited to Lincolnshire Community Health Services' Vulnerable and Young Children's Team, which had already improved the quality of review assessments. It was noted that the key recommendation was that all initial assessments should be carried out by medically qualified practitioners to an acceptable quality and in the required timescales not necessarily paediatricians, but could also include suitably trained GPs. The negotiations to secure this were being led on behalf of both Children's Services and the NHS by the Chief Commissioning Officer – Children's, which was a jointly funded post. The intention was that some improvements were made in the remainder of the financial year of 2014/15 and that by March 2016, 95% of initial health assessments would be completed within 20 working days of a child going into care. The proposed performance indicators were detailed in Appendix A to the report.

In response to a question, Members were advised that there were now enhanced audit arrangements in place to ensure quality. The Health Assessments could be undertaken by any fully registered practitioner, as well as by the four designated paediatricians. There would be an even geographical spread across the county of

either General Practitioners or Paediatricians who could undertake the Health Assessments.

Members were also advised that the '20 working days' target was a national standard and was deemed sufficiently challenging.

Members were assured that as soon as a child was placed with a foster carer, the child would be registered with a General Practitioner and could receive a health check, prior to having their statutory health assessment.

The Blue Book System

The Blue Book was the health record of a Looked After Child, which set out their health history and needs throughout their time in the care system. The CQC report had recommended that the use of the Blue Books was looked at, as some of the feedback was that they were not comprehensively used. The Blue Book had formally been re-launched and was now an essential component of the statutory health assessment service specification. The County Council had received sufficient Blue Books for all Looked After Children in Lincolnshire and the ongoing costs of purchases had been included in the new specification to secure this for the future.

In response to a question, Members were advised that every effort was made to obtain the child's red book prior to them being taken into care. However, this was not always possible for a variety of reasons.

Members were assured that the blue books were now being distributed as part of the social worker pack and there was now a requirement for them to be completed.

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

- There were approximately 640 Looked After Children in any one time, with approximately 25-30 children entering care per week;
- There were also a number of Looked After Children placed in Lincolnshire by other councils, who also needed to access health services; and
- It was noted that multi-agency audits were being shared with other health professionals.

The Chairman welcomed the progress and improvements made within the service and thanked the officers for their detailed report and verbal update. It was suggested that this may be an area of work that the Committee would like to re-explore at a later date, however it was not necessary at this stage to include a further update on the work programme.

RESOLVED

- (1) That the content of the report, verbal update and comments be noted.

- (2) That the Health Scrutiny Officer be requested to provide the Executive Councillor for Adult Care, Health Services and Children's Services and the Chairman of the Corporate Parenting Panel with a copy of this Minute, for their information.

79 EAST MIDLANDS AMBULANCE SERVICE (EMAS) - IMPROVEMENTS AND PERFORMANCE

Consideration was given to a report from Sue Noyes (Chief Executive, East Midlands Ambulance Service), which outlined the key areas of performance within the East Midlands Ambulance Service and in particular on the four Clinical Commissioning Groups in Lincolnshire. The report also included an update on the work and ongoing projects being carried out to enhance and support performance.

Richard Henderson (Director of Operations), Richard Wheeler (Director of Finance) and Andy Hill (General Manager, Lincolnshire Division) of the East Midlands Ambulance Service were in attendance at the meeting.

The Committee received updates on the following areas: -

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

East Midlands Ambulance Service – Performance

Members were reminded that national ambulance performance standards were related to timely responses to standards regarding attending a 999 call. Achieving those standards depended on 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.)

On page 47 of the report were three tables which provided performance at Clinical Commissioning Group level for Red 1; Red 2 and A19 Performance. There had been some improvement in performance in Lincolnshire, with the exception of the South Lincolnshire and the Lincolnshire East Clinical Commissioning Group areas, which both had decreased for their Red 1 performance. It was requested that in future, this information also provided a breakdown of the LIVES First Responders and the Fire and Rescue's Co-Responders performance times for each Clinical Commissioning Group area.

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NOTE: At this stage in the proceedings, Councillor S L W Palmer declared an interest as a LIVES First Responder.

The Committee was advised that as a service, the Trust fell short on performance even though Lincolnshire as a division continued to improve. The improvements in Lincolnshire were largely due to a number of key developments, such as the Mental Health Car Initiative; Mobile Incident Unit at Butlins in Skegness; Clinical Assessment Care Initiative; South Lincolnshire Investments/Initiatives; Joint Ambulance Conveyance Project; Clinical Navigator Role at Lincoln County Hospital and the Management of Lincoln City centre roadwork's/effect/management of consequences.

A number of initiatives had been introduced within the South of the County to help address the specific performance issues within that Clinical Commissioning Group area, such as: South Lincolnshire Technician/Clinical Assessment Team Car; South Lincolnshire Urgent Vehicle; liaison meetings with the South Lincolnshire Clinical Commissioning Group and local acute hospitals; and the Amvale Qualified Crew in Spalding. The Joint Ambulance Conveyance Project, which Fire and Rescue formed part of, had proved successful in the South of the County.

The Committee was assured that the Trust was working proactively to address those issues within South Lincolnshire. It was hoped that the Mental Health Car Initiative would be introduced within the area, with a ring-fenced vehicle being allocated. However, the Trust was finding it difficult to recruit to this additional vehicle but the Trust would continue to actively look for members of staff to man the vehicle in the south of the County.

Members were advised that the Trust had experienced delays at hospitals and therefore its turnaround times had increased in December 2014, as follows: -

- Pilgrim Hospital – 34 minutes and 3 seconds;
- Grantham and District Hospital – 31 minutes and 50 seconds; and
- Lincoln County Hospital – 40 minutes and 16 seconds.

It was noted that the Trust and its resources had coped reasonably well over the winter period and this had been aided by the introduction of the Hospital Ambulance Liaison Officers at Accident and Emergency departments across the County, mainly at Lincoln County Hospital and the Pilgrim Hospital in Boston. The role of a Hospital Ambulance Liaison Officer was to work with the ambulance crews and hospital staff in order to reduce the time an ambulance spent at Accident and Emergency departments.

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 explored and addressed, including issues around connectivity. It was requested that the Committee received an update on this as part of the Trust's next scheduled update;

- It was queried whether the Clinical Assessment Car Initiative was a duplication of the Lincolnshire Community Health Services NHS Trust's out of hours car. Officers agreed to look into this further;
- It was queried how many patients were transferred to a Mental Health Inpatient Unit by the Mental Health Car Initiative;
- It was confirmed that LIVES contributed to the Trust's performance by approximately 7-8% for Category A8 (Red 1 and Red 2) calls;
- A request was made for the next update to the Committee to include information on 'tough books';
- It was agreed that the average turnaround times at Peterborough City Hospital during December 2014 would be emailed to the Health Scrutiny Officer for distribution;
- Members were advised that a Mobile Incident Unit would be based at Butlins in Skegness from Easter through to the Autumn to meet the increase in demand during those months. The Trust would discuss with the management of Butlins the recharging of its services, however, it should be borne in mind that Butlins had allocated the Trust a rest area and facilities for its crew, free of charge; and
- It was noted that there had recently been a world-wide evidence based review of emergency care models and it was agreed that this would be emailed to the Health Scrutiny Officer for distribution to Members.

East Midlands Ambulance Service – Estates Programme

The Trust was currently taking forward an estate transformation to improve its ability to respond to patients, improve staff welfare and become more efficient.

The first changes the Trust was making were to introduce additional deployment facilities to allow staff to take breaks and standby between calls. Those facilities would be called Community Ambulance Stations. A list of additional Community Ambulance Stations was included on page 52 of the report.

The second activity the Trust was looking at was the modernisation of its current estate. In some cases this would result in the 'twinning' of ambulance stations where one station was closed and the staff moved into another refurbished station.

The third area related to the Trust's long term estates plan which involved creating larger ambulance stations, either new buildings or redevelopments, called ambulance station hubs.

Members were assured that Sutton Crosses would be removed from the list of Community Ambulance Stations, as this had been included in error.

Care Quality Commission Report

It was noted that the Care Quality Commission would be revisiting the Trust in January 2015 to discuss the progress made to date.

The Chairman thanked the officers for their detailed report and verbal update and requested that a further update was provided at a future meeting.

RESOLVED

- (1) That the content of the report and comments made be noted.
- (2) That a further update be provided to the Committee at a future meeting.

NOTE: At this stage in the proceedings, the Committee adjourned for lunch and on return, the following Members and Officers were in attendance: -

County Councillors

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

District Councillors

Councillors C J T H Brewis (South Holland District Council), J Kirk (City of Lincoln Council) and G Samra (Boston Borough Council).

Officers

Simon Evans (Health Scrutiny Officer) and Cheryl Hall (Democratic Services Officer).

80 WORK PROGRAMME

The Committee considered its work programme for its meetings over the coming months.

Members were reminded that there would be a workshop session on 22 April 2015 at 10.00 am, which would enable the Committee to focus on the Care Quality Commission and its inspection arrangements.

The Health Scrutiny Officer advised Members that Professor Sheona MacLeod (Director of Education Quality and Postgraduate Dean, Health Education East Midlands) was unable to attend the Committee's meeting on 11 February 2015 to present the item on 'Health Education East Midlands – Lincolnshire Workforce Strategy'. However, it was hoped that one of her colleagues would be able to attend the meeting to present this item.

It was also noted that the five themes of the Health and Wellbeing Strategy had been removed from the Committee's Work Programme. Subsequent to this, the Committee requested that the Chairman email the Chairman of the Health and Wellbeing Board to ascertain why those themes had been removed.

The Chairman requested that an item on 'All-Age Obesity' was included on the Committee's work programme for consideration at a future meeting. It was also

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suggested that the Health Scrutiny Officer obtained a copy of the 'National Obesity Forum Annual Report'.

RESOLVED

That the work programme and changes made therein be approved.

The meeting closed at 4.07 pm.