



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
11 JUNE 2015**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, Mrs H N J Powell, 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)), D P Bond (West Lindsey District Council), J Kirk (City of Lincoln Council), B Russell (South Kesteven District Council) and Mrs P F Watson (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

County Councillors S R Dodds, B W Keimach (Executive Support Councillor for NHS Liaison and Community Engagement) and R Wootten attended the meeting as observers.

Also in attendance

Dr Kakoli Choudhury (Consultant Public Health, Public Health Intelligence), Simon Evans (Health Scrutiny Officer), Nigel Gooding (Head of Portfolio and Programme Management Office, Lincolnshire Health and Care Programme Office), Cheryl Hall (Democratic Services Officer), Any Hill (General Manager, Lincolnshire Division, East Midlands Ambulance Service NHS Trust), Dr Tony Hill (Executive Director of Community Wellbeing and Public Health), Gary James (Accountable Officer, Lincolnshire East Clinical Commissioning Group), Steve Kennedy (Divisional Support Manager, East Midlands Ambulance Service NHS Trust) and Richard Wheeler (Director of Finance, East Midlands Ambulance Service NHS Trust).

12 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from District Councillor Dr G Gregory (Boston Borough Council).

Apologies for absence were also received from Councillor Mrs S Woolley (Executive Councillor for NHS Liaison and Community Engagement) and Lynne Moody

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(Executive Nurse and Quality Lead, South Lincolnshire Clinical Commissioning Group).

It was noted that the Chief Executive, having receiving notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Mrs H N J Powell as a replacement member on the Committee in place of Councillor S L W Palmer, for this meeting only.

It was also noted that District Councillor Mrs K Cook (North Kesteven District Council) was attending on behalf of Councillor T Boston, for this meeting only.

Members were advised that Councillor B Russell was acting as the Member for South Kesteven District Council for this meeting, pending the confirmation of the substantive appointment.

13 DECLARATION OF MEMBERS' INTERESTS

Councillors Mrs C A Talbot declared an interest as she had recently lodged a complaint with United Lincolnshire Hospitals NHS Trust, which had now been resolved.

In response to a question, District Councillor Mrs P F Watson (East Lindsey District Council) advised the Committee that she did not have a disclosable pecuniary interest to declare in 'Minute 20 – United Lincolnshire Hospitals NHS Trust – Financial Position'.

14 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee and made the following announcements: -

i) Role of Health Scrutiny Committee Members

As there were a number of new and returning members at the meeting, the Chairman took the opportunity to reflect briefly on the Committee's role, which was to review and scrutinise health provision as a whole as it affects the residents of Lincolnshire. The Chairman emphasised that it was not the Committee's role to investigate individual complaints or consider each matter of local concern.

ii) South Kesteven District Council Representation

The Chairman advised that officers were still waiting confirmation from South Kesteven District Council of their representative, as to comply with the Regulations there was a need to ensure that District Councillor Members of the Health Scrutiny Committee for Lincolnshire were also members of a Scrutiny Committee at their own District Council.

iii) Long Leys Court - Learning Disability Inpatient Unit

The Chairman referred to the recent media reports in relation to Long Leys Court – Learning Disability Inpatient Unit. Lincolnshire Partnership NHS Foundation Trust and South West Lincolnshire Clinical Commissioning Group had decided to temporarily close the Learning Disability Inpatient Unit at Long Leys Court in Lincoln to new inpatients, owing to concerns about the quality of care and a number of serious incidents at the Unit recently. All new admissions had ceased with immediate effect and alternative provision was being made for the inpatients.

A Police investigation was continuing into the serious incidents. However, the Chairman expressed her concern on behalf of the Health Scrutiny Committee for Lincolnshire in relation to the temporary closure of Long Leys Court. The Chairman also offered the Committee's condolences to the family and friends of the patient, who was a former patient of Long Leys Court and had passed away on 9 June 2015 at Lincoln County Hospital.

iv) United Lincolnshire Hospitals NHS Trust – Revenue Expenditure

The Chairman advised Members that an item on 'United Lincolnshire Hospitals NHS Trust – Financial Position' had been included on the agenda for the meeting as a matter of urgency, because at the Trust's Board meeting on 2 June 2015, the monthly budget item had reported an overspend in April 2015 (month one of the financial year) of £6.291 million.

It was noted that if the Trust was to take no action on the £6.291 million overspend, and this level of overspend were to continue for the twelve months of the financial year, a deficit of £75 million would accrue by 31 March 2016.

v) United Lincolnshire Hospitals NHS Trust - Capital Expenditure

On 21 May 2015, United Lincolnshire Hospitals NHS Trust had announced capital expenditure totalling £25 million at the Trust's three main hospitals. At Pilgrim Hospital, Boston, there would be the development of new multi-purpose clinical accommodation, enabling some of the maternity and gynaecology services to be moved into improved facilities.

At Lincoln County Hospital, areas of the five-storey maternity wing would be modernised. In addition, two further wards would be refurbished with facilities that would help to support patients with dementia, such as special lighting. There would also be extended car parking and improved street lighting around Lincoln County Hospital.

At Grantham and District Hospital, the wards located in the 'tower block' would be refurbished. There would also be a boiler installed at the hospital, which would help reduce running costs.

The Chairman commented that she was somewhat surprised by aspects of this expenditure ahead of the consultation on Lincolnshire Health and Care.

The Trust had said that they would try to minimise the disruption to patients by carrying out the work at weekends and in the evenings.

vi) East Midlands Congenital Heart Centre

The Chairman was pleased to report that the East Midlands Congenital Heart Centre was to remain open.

University Hospitals of Leicester NHS Trust, which operated the East Midlands Congenital Heart Centre, had confirmed the move of the East Midlands Congenital Heart Centre from Glenfield Hospital to Leicester Royal Infirmary by 2018. This move would ensure the co-location of children's congenital heart services with other children's services. Co-location of children's services was one of the congenital heart services standards, which NHS was expected to confirm shortly.

The East Midlands Congenital Heart Centre was also developing networks with other centres, including Birmingham Children's Hospital, to ensure there were sufficient numbers of patients, so that each surgeon was able to perform a minimum of 125 operations per annum, which would also be a requirement.

The Chairman advised the Committee that she would be attending a stakeholder event on the evening of 18 June 2015 at Glenfield Hospital.

vii) East Midlands Ambulance Service NHS Trust - Vision and Strapline

The East Midlands Ambulance Service NHS Trust was asking stakeholders to vote for its new EMAS vision statement and strapline. A briefing note had been circulated which contained three options. The Chairman advised the Committee that an email with the link to participate in the consultation would be sent to Members. The statement would help give further explanation as to why and how the Trust would be developing its services over the next five-years to achieve its aspirations.

The Chairman urged all of the Committee Members to vote as a member of the Health Scrutiny Committee for Lincolnshire.

viii) Sleaford Urgent Care Unit

Since its opening, the Sleaford Urgent Care Unit had treated over 3,500 patients between the hours of 8.00 am and 8.00 pm seven days per week, resulting in fewer people attending local Accident and Emergency departments and the Out of Hours Service. However, on Saturdays, Sundays and public holidays the number of patient visits after 6.00 pm had been very low. Consequently, as of 6 June 2015, the Unit would now close at 6.00 pm on those days, reducing the overall opening times in a typical week from 70 to 66 hours.

ix) Proposed Performance Ratings for Clinical Commissioning Groups

On 4 June 2015, the Secretary of State for Health, the Rt Hon Jeremy Hunt MP, had announced that he had commissioned the King's Fund, a leading Health Policy

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Charity, to develop a performance rating system for Clinical Commissioning Groups (CCGs). Although the Secretary of State had acknowledged that CCGs did not deliver all Health Care, he had said Commissioners "hold the cheque book, so they are responsible for making it work."

The Secretary of State added that the new CCG ratings would be used to determine where the recently announced "Success Regimes" would be implemented. So far three success regimes had been announced: they were located in Essex; North Cumbria; and North, East and West Devon. Those were areas which still "face challenges and the conditions for transformation do not yet exist".

x) Meeting with Lincolnshire West Clinical Commissioning Group

On 5 June 2015, the Chairman had met Richard Childs, the Chairman, and Dr Sunil Hindocha, the Chief Clinical Officer, of Lincolnshire West Clinical Commissioning Group. As a result of their discussions, an item on co-commissioning arrangements had been added to the work programme for the Committee's meeting in September 2015.

xi) Quality Accounts

On 17 June 2015, the Committee would be holding a joint working group with Lincolnshire Healthwatch to consider the draft Quality Accounts of the United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust.

15 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 20 MAY 2015

During consideration of the minutes of the meeting held on 20 May 2015, the Health Scrutiny Officer was requested to pass the extracts of the minutes for 'Minute 7 – Update on Health Visiting and School Nursing Services' and 'Minute 8 – Health Education East Midlands – Lincolnshire Workforce Development' to the Executive Director for Children's Services and the Executive Councillor for Adult Care and Health Services, Children's Services.

RESOLVED

- (1) That the minutes of the meeting held on 20 May 2015 be approved and signed by the Chairman as a correct record, subject to the inclusion of Councillor Mrs J M Renshaw in the list of attendees on page one of the minutes.
- (2) That the Health Scrutiny Officer be requested to pass the extracts of the minutes for 'Minute 7 – Update on Health Visiting and School Nursing Services' and 'Minute 8 – Health Education East Midlands – Lincolnshire Workforce Development' to the Executive Director for Children's Services and the Executive Councillor for Adult Care and Health Services, Children's Services.

16 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 NHS Trust 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 Wheeler (Director of Finance), Andy Hill (General Manager, Lincolnshire Division) and Steve Kennedy (Divisional Support Manager) 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;
- Joint Ambulance Conveyance Project Data;
- LIVES First Responder Performance;
- Toughbook Usage;
- Handover Delays;
- Fleet Strategy; and
- Care Quality Commission Visit – Summer 2015.

East Midlands Ambulance Service – Performance

Members were reminded that national ambulance performance standards were related to timely responses to standards for 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: -

- Red 1 – immediately life threatening calls. For example, cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. Red 1 patients accounted for less than 5% of all ambulance calls. Response time: 8 minutes from call received and 19 minutes for conveying resource to scene;
- Red 2 – Life threatening calls, such as cardiac chest pains. Response time: 8 minutes from call received and 19 minutes for conveying resource to scene;
- Green 1 – serious, but not life threatening. Response time of 20 minutes from call received;
- Green 2 – serious, but not life threatening and with no serious clinical need. Response time of 30 minutes of call received;
- Green 3 – Non-life threatening non-emergency call. Telephone assessment within 20 minutes of call received; and
- Green 4 – Non-life threatening non-emergency call. Telephone assessment within 60 of call received.

On page 19 of the report were two tables which provided performance at Clinical Commissioning Group level for Red 1; Red 2; Green 1; Green 2; Green 3; and Green 4. The overall trend was that there had been improvement in performance across two Clinical Commissioning Group areas in Lincolnshire. In South Lincolnshire and the Lincolnshire East Clinical Commissioning Group areas further improvement was required to bring them in line with the rest of Lincolnshire.

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, as follows: -

- 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;
- Management of Lincoln City centre roadworks and the management of consequences; and
- Addressing patient handover delays at the acute trusts.

Joint Ambulance Conveyance Project Data

On page 21 of the report there were two tables which provided performance data for the Joint Ambulance Conveyance Project. Also on page 22, there was a table which provided detail on the activity of the Joint Ambulance Conveyance Project.

Members were advised that Lincolnshire Fire and Rescue and the East Midlands Ambulance Service NHS Trust had secured funding from the Department of Communities and Local Government's Transformation Challenge Award to develop a pilot project aimed at improving the quality of service and outcomes for patients in Lincolnshire through the development of an innovative and complementary approach to ambulance provision in the County. The project was called the Joint Ambulance Conveyance Project.

The project was piloted in three areas in the County; Long Sutton, Stamford and Woodhall Spa. The Committee recorded its support for this project and congratulated all those individuals involved in it.

LIVES Call Out Information

On pages 23 and 24 of the report there was a break-down of performance information by Clinical Commissioning Group areas of the LIVES First Responders.

Members were advised that on average, LIVES contributed to the overall performance of the East Midlands Ambulance Service NHS Trust by 8-9%. It was confirmed that the Trust valued the contribution of LIVES and was committed to continue to work with them in future.

Toughbook Usage Update

Members were advised that the planned upgrade to the latest version of the Trust's electronic patient record was currently underway. All Toughbooks would be replaced with one of the upgraded devices. This upgrade would include additional functionality to refresh and update the patient report and also to allow access to other sources of information, including if required, access to the patient's summary care record.

Members were also advised that the Trust had been operating the current version since 2009. The system needed to be refreshed to ensure staff were able to access the information needed and the Trust could capture information in line with national guidance.

Lincolnshire's usage had been very low and once the upgrade had been undertaken the intention would be to support and encourage a more consistent use of the electronic patient record. The cost of the upgrade would be £50,000 to £80,000 Trust-wide.

Handover Delays

On page 25 of the report were two tables which showed the extent of handover delays for April 2015 compared to April 2014 at Diana, Princess of Wales Hospital in Grimsby; Scunthorpe General Hospital; Peterborough City Hospital; Boston Pilgrim Hospital; Grantham and District Hospital; Lincoln County Hospital; and Skegness and District General Hospital.

The Committee's attention was drawn to the high percentages of handover delays for both 15 minutes (60%) and 30 minutes (19%) relating to Lincoln County Hospital. As a result, a number of pieces of work had been conducted with United Lincolnshire Hospitals NHS Trust to try and improve the situation, including 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.

Fleet Strategy

The Trust had committed to invest between £19 million - £24 million in the next five years on new vehicles. The investment would ensure that the age profile of the Trust's fleet was reduced to seven years by the end of financial year 2018/19.

29 new ambulances had been ordered for the Trust and Lincolnshire would be receiving two (based at Boston and Lincoln stations) plus an extra three First Response Vehicles later on in 2015.

Overview of the Care Quality Commission Visit – Summer 2015

The Care Quality Commission was scheduled to revisit the Trust in the summer of 2015, the date was yet to be confirmed. This would be to discuss the progress made so far including regular updates via clinical audits and clinical governance teams to provide a clear indication of any progress.

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

- The Trust had recently undertaken a recruitment drive and it was hoped that by Quarter 2 the Trust should have addressed its recruitment issues;
- It was confirmed that LIVES contributed to the Trust's performance by approximately 8-9%;
- The Trust was hopeful that its performance would continue to improve across Lincolnshire;
- Members were assured that the connectivity issues with the Toughbooks would be addressed through the upgrade;
- Members were advised that the Fire Ambulances (Joint Conveyance Project) were currently despatched through Fire Control in Lincolnshire. However, Members were advised that this would transfer over to the Trust's Control to avoid duplication in despatches;
- It was confirmed that the trial for the referral pathways within the Lincolnshire East Clinical Commissioning Group area would be rolled out across other Clinical Commissioning Group areas in Lincolnshire;
- It was suggested that in future, the Trust presented update reports on a six-monthly basis;
- The Chairman advised the Committee and those officers present that she intended to write a letter to Lord Ribeiro, CBE, Chairman of the Independent Reconfiguration Panel to update him on recent progress by East Midlands Ambulance Service NHS Trust, since the referral letter was issued in 2013.

The Chairman thanked those officers present for their comprehensive update.

RESOLVED

- (1) That the content of the report and comments made be noted.
- (2) That a further update, and all future updates, be provided to the Committee on a six-monthly basis.

17 APPOINTMENT OF LOOKED AFTER CHILDREN / CARE LEAVER REPRESENTATIVES

Consideration was given to a report by Tracy Johnson (Scrutiny Officer), which invited the Committee to appoint a Looked After Children/Care Leaver Representatives for the Committee, following approval of the Corporate Parenting Panel at the meeting of County Council on 19 December 2014. It was proposed that

one representative be selected from the County Council element of the Committee's membership; and the other representative be selected from the District Council element of the Committee's membership.

The role of the Looked After Children/Care Leaver Representatives would be to make sure that the Committee actively considered the potential impact upon Looked After Children and Care Leavers of any policy, strategy or action carried out by the Committee and to seek further advice from the relevant officer, the Assistant Director of Children's Safeguarding, where this was unclear or unsure.

Further to this, Members sought clarity on the exact role of the representatives as the report did not specifically specify what would be required of them. Councillor Mrs J M Renshaw indicated that she would be interested in undertaking this role, provided that she received a briefing from the Assistant Director of Children's Safeguarding on the expectations of the representatives. It was therefore suggested to defer the consideration of this item to the meeting scheduled to be held on 22 July 2015, when a more detailed report would be presented.

RESOLVED

That consideration of this item be deferred to the meeting of the Committee scheduled to be held on 22 July 2015, when a more detailed report would be presented to the Committee.

NOTE: At this stage in the proceedings, Councillors Miss E L Ransome and Mrs S Ransome left the meeting for the remainder of the items.

18 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

The Committee was advised that it was possible that an item on Lincolnshire Health Care might be considered by the Committee on 22 July 2015. The Committee reviewed its list of expected items for 22 July, and agreed that the item on Operation Black Swan item should be deferred from the meeting on 22 July 2015 to the meeting on 16 September 2015, to enable the item on Lincolnshire Health and Care to be given sufficient consideration, because of its importance to the future of health care in Lincolnshire. The remaining items on the list for 22 July 2015 should proceed as planned.

A question arose on the extent to which the Committee's work programme reflected the theme of 'prevention'. In response the Committee was advised that the County Council's Community and Public Safety Committee acted as the 'home' committee for public health activities, which largely supported the prevention agenda. The role of the Health Scrutiny Committee included taking an overview of all health related services, and this included, for example, many aspects of the Joint Health and Wellbeing Strategy, part of which included several priorities which would support the prevention agenda.

RESOLVED

- (1) That the contents of the work programme be approved.
- (2) That the item on Operation Black Swan would be deferred from the meeting on 22 July 2015 to the meeting on 16 September 2015, to enable the item on Lincolnshire Health and Care to be given sufficient consideration, with the remaining items on the list expected items for 22 July 2015 proceeding as planned.

19 NEIGHBOURHOOD TEAMS

Consideration was given to a report by Nigel Gooding (Head of Portfolio and Programme Management Office, Lincolnshire Health and Care Programme Office), which informed and updated the Committee on the implementation of Neighbourhood Teams across the county.

Dr Tony Hill (Executive Director of Community Wellbeing and Public Health) and Nigel Gooding (Head of Portfolio and Programme Management Office, Lincolnshire Health and Care Programme Office) were both in attendance at the meeting and provided Members were a detailed presentation, covering the following areas: -

- Background;
- The solution;
- Neighbourhood Teams and wider services;
- Locations of the Neighbourhood Teams;
- Benefits;
- Measuring success;
- Case studies.

Members were advised that in order to meet the challenges facing Lincolnshire and establish a sustainable and safe health and social care economy, commissioning and provider organisations across the county have established a joint programme of work known as Lincolnshire Health and Care. Without Lincolnshire Health and Care, the health economy in Lincolnshire would not be sustainable in future years.

It was noted that Neighbourhood Teams were a key component of the Proactive Care Programme and were absolutely fundamental to the delivery of the Lincolnshire Health and Care Vision. Lincolnshire Health and Care aspired to a population-based model of health where wellbeing was maximised through communities, voluntary and statutory services working together. The aspiration was for the development of services from "cradle to grave".

There would be a core team in all of the Neighbourhood Teams, which would include such individuals as: -

- GP;
- Community and practice nurses;

- Social care practitioner;
- Community Psychiatric Nurse;
- Independent Living Team.

However, Neighbourhood Teams would work with all other organisations and groups including the voluntary sector and patients and carers to develop the best plan for the individual. They may hold multidisciplinary review meetings, carry out work to proactively identify people at risk or with higher need, and signpost people to community resources open to them.

Measuring the performance of Neighbourhood Teams would be based on the Better Care Fund metrics, but with other metrics used as well.

NOTE: At this stage in the proceedings, Councillor Mrs S M Wray declared an interest as the County Coordinator for the Lincolnshire Neurological Alliance.

In response to a question, it was agreed that Councillor Mrs S M Wray would email the Executive Director of Community Wellbeing and Public Health with details of the voluntary sector hubs, which had been established.

Evidence had shown that Integrated Teams could deliver a better service to people. By building on work already undertaken in Lincolnshire, Neighbourhood Teams could be developed across the county. There was a range of benefits linked to the development of Neighbourhood Teams, which include: -

- Providing a mechanism for health and care organisations in the local community to pool their resources;
- Providing proactive care, closer to people's homes, that improves clinical effectiveness and patient/service user experience;
- Reduction in hospital admissions and delayed discharges;
- Removing frustrations of the patient/service user's journey that too often cause people to fall into the gaps between services;
- Preventing patients/service users from having to repeat their story multiple times and means those delivering care to them know what is happening;
- Eliminating day-to-day frustrations from care delivery and multi professional liaison;
- Delivering improved clinical reasons;
- Developing a community based health and care team that works together to not only treat but prevent; and
- Easier accessibility to services and more personalised treatment.

Currently there were Neighbourhood Teams established in Skegness; East Lindsey Coastal; Sleaford; Grantham Town and Grantham Rural; Stamford; Long Sutton/Sutton Bridge; Lincoln City South; and Lincoln North. There were proposals for there to be twelve Neighbourhood Teams across the county by September 2015.

Members (including Councillors S R Dodds and R Wootten) were provided with an opportunity to ask questions, where the following points were noted: -

- Members were supportive of Neighbourhood Teams as they were patient focused and closer to home;
- Members were assured that Neighbourhood Teams would reduce the overall number of clinicians visiting patients, as clinicians would be working together;
- There was evidence that the number of emergency hospital admissions within Lincolnshire had reduced by 3.5% overall. The figure varied between sites;
- Members were also assured that there were Communications Plans in place and that a number of public engagement events would take place;
- It was envisaged that certain services would be delivered 24/7. However, it was important to note that this did not mean individuals would work 24/7, it would be the service; and
- The role of community hospitals was important in support the development of initiatives under Lincolnshire Health and Care.

That Chairman thanked those officers present for their comprehensive report and presentation.

RESOLVED

That the report, presentation and comments made be noted.

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), Mrs H N J Powell, Mrs J 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), B Russell (South Kesteven District Council) and Mrs P F Watson (East Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Officers in attendance

Dr Kakoli Choudhury (Consultant in Public Health), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Pete Moore (Executive Director of Finance and Public Protection), David Pratt (Director of Finance and Corporate Affairs, United Lincolnshire Hospitals NHS Trust (ULHT)), Pauline Pratt (Acting Chief Nurse, ULHT) and Kevin Turner (Deputy Chief Executive, ULHT).

20 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - FINANCIAL POSITION

A report by Simon Evans (Health Scrutiny Officer) was considered, which provided the Committee with information on the financial position of United Lincolnshire Hospitals NHS Trust. It was reported to the Trust's Board on 2 June 2015 that the Trust had recorded a deficit of £6.291 million in April 2015. The Board also approved a projected deficit for 2015/2016 of £40.3 million.

Kevin Turner (Deputy Chief Executive), David Pratt (Director of Finance and Corporate Affairs) and Pauline Pratt (Acting Chief Nurse) were all in attendance at the meeting and presented the report to Members.

Members were advised that on 2 June 2015, the Board of United Lincolnshire Hospitals NHS Trust, which meets every month, considered its standard report on its financial position. The report's highlights included the following: -

- A deficit for April 2015 of £6.291 million; and
- The April 2015 position was £2.173 million worse than that consistent with a £40.3 million deficit for 2015/2016.

The report to the Trust Board was attached at Appendix A to the Committee's report.

It was stressed to the Committee that the figure of £6.291 million was the figure for one month, April 2015, and the Trust's forecast and approved deficit remained at £40.3 million for 2015/2016. Whilst reference had been made to a deficit of £75 million, this was not the Trust's forecast. Reference was made to the 2014/15 budget and the fact that the Trust had achieved its target deficit of £25 million and had also achieved the Trust's Cost Improvement Programme (CIP) for 2014/15.

Budget pressures had included loss of commissioner income of £9 million; £13 million through loss of elective activity; and an extra £2.5 million was spent on Safer Staffing.

Reference was made to elective activity being undertaken by other trusts, which would ordinarily be undertaken by ULHT. A further impact on the Lincolnshire economy was the Market Forces Factor of the Tariff Arrangements, which meant procedures undertaken by other local trusts were more expensive. It was explained that the Trust simply did not have enough beds for meeting all elective care, as there were too many beds being used for emergency admitted patients.

It was explained to the Committee that in the short term, the Trust would need to remove a certain number of beds and improve the use of its remaining beds with the following three additional activities, which would all require input from partners and commissioners: -

- (1) Increased provision outside the hospital, for example, services for patients with frailties;

- (2) Improved processes within the hospital in order to reduce the average length of stay for patients;
- (3) Improve discharge arrangements so that patients would not stay in hospital any longer than they needed to.

The Trust would again be recruiting nationally as there was a significant shortage of nurses in Lincolnshire and this reflected national and regional trends. The Trust was short by approximately 200 nurses. Members were advised that following the last overseas recruitment drive, over 50% of those nurses were retained within the Trust.

It was stressed by the Trust representatives that patient safety and the care and treatment of patients were paramount considerations. Ensuring Safer Staffing on wards was a major consideration of the Trust.

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

- A Member queried whether 12.5 hour shifts could act as deterrent to recruitment. In response to this, it was explained that shift patterns were a matter for the individual nurses as certain individuals preferred to work longer shifts over three days per week, whereas others preferred standard 7.5 hour shifts over five days, but this was being reviewed by the Trust;
- Members were advised that the Trust had its own internal 'Bank' of staff, which could at times be used instead of an Agency. The Trust was exploring whether it could use its Bank more efficiently;
- Reference was made to the 'Review of Operational Productivity in NHS Providers – Interim Report – June 2015' by Lord Carter of Coles and some of the recommendations in the report on achieving efficiencies;
- The Trust referred to 'Plan for Every Post', which was a recruitment plan for every medical post;
- It was also explained that a national directive had required the Trust to continue with their seasonal resilience (Winter Pressure) arrangements into April 2015 and costs of this were reflected in the April 2015 budget figures;
- Also the April 2015 budget figures including expenditure for medical agency and banking staff. The quality, safety and care of patients were the Trust's overriding considerations;
- The Trust assured the Committee that it only used agency staff when it was absolutely necessary to do so;
- Reference was made to the Secretary of State's intention to reduce NHS expenditure on non-permanent staffing;
- The Trust indicated that it had made an application to Monitor for a Tariff Modification but this was still pending;
- In response to a question on lobbying Lincolnshire MPs, it was stated that the Chief Executive of the Trust regularly met with Lincolnshire MPs and work was underway to prove the inequity of funding arising from the Market Forces Factor (which for United Lincolnshire Hospitals NHS Trust was the second lowest in England). However, this would need to be complemented by a similar piece of work by the Lincolnshire Clinical Commissioning Groups, as

any increase in tariff for the Trust would be counterproductive without a corresponding increase in funding for the Clinical Commissioning Groups;

- Confirmation was given that nurses had their skills updated, including anyone who was now in an administrative position;
- It was suggested that the Trust looked at recruiting from rural Canada, similar to Adult Social Care in 2001;
- It was queried what the expenditure was for non-medical/administrative staffing and this would be emailed to the Health Scrutiny Officer, for circulation;
- It was confirmed that expenditure for 2014/15 on non-permanent medical staffing was £30 million;
- Following the introduction of Nursing Degrees at Lincoln University, Members were advised that the first large cohort of students would graduate in 2016. 90 students had already been employed by the Trust. 39 students had accepted placements at the Trust;
- Members were assured that agency staff were not allowed to work on a ward until they had gone through an induction process;
- It was agreed that the Trust would return in September 2015 and the report would include a section on the procurement methods.

The Trust outlined its plans for controlling the deficit and these included re-emphasising basic financial controls and planning nurse rotas carefully; the Trust would also be finalising its Cost Improvement Plan for 2015/16; and considering a selective vacancy freeze. In addition, the Trust was seeking commissioner involvement in plans to reduce the number of emergency admissions and reducing the average length of stay for patients, as well as plans for improving discharge. The Trust was also supportive of developments in the Lincolnshire Health and Care Programme, which might also improve its budgetary position in the longer term.

A Member queried whether the Trust could use solar panels to reduce its energy costs. In response, the Trust advised that this was something that it could explore.

NOTE: At this stage in the proceedings, Councillor Mrs C A Talbot declared an interest as her son-in-law owns a solar panel company which operated in Spain.

The Chairman thanked those officers present for their comprehensive update.

RESOLVED

- (1) That the report and comments made by the Committee on the actions proposed by United Lincolnshire Hospitals NHS Trust in response to their financial position for 2015/2016 be noted.
- (2) That a further update be presented to the Committee at its meeting on 16 September 2015.

The meeting closed at 3.35 pm.