


Agenda Item 8

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of NHS England and the Trust Development Authority

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 January 2016
Subject:	Lincolnshire Recovery Programme

Summary

The purpose of the Lincolnshire Recovery Programme is to oversee the delivery of the NHS Constitutional Standards; improvements in the quality of care; and actions to address financial balance within the Lincolnshire health economy. There is a monthly Programme Board, whose membership includes:

- all the Accountable / Chief Officers from the four Lincolnshire Clinical Commissioning Groups (CCGs);
- all the Chief Executives from the three main Lincolnshire providers (Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership NHS Foundation Trust; and United Lincolnshire Hospitals NHS Trust);
- senior officers from NHS England and the Trust Development Authority (TDA); and
- a senior officer from Lincolnshire County Council.

Actions Required:

To consider and comment on the content of the report, in particular focusing on the extent of the positive outcomes of the Lincolnshire Recovery Programme to date.

1. Background

The Lincolnshire Recovery Programme (LRP) has been developed to provide a senior level coordinating programme structure that supports performance improvement and the further development of a clinically safe and financially sustainable health and care model across Lincolnshire.

The aims of the LRP are to: -

- improve United Lincolnshire Hospitals NHS Trust's (ULHT's) performance against the NHS Constitutional standards so that all required targets are achieved;
- continue to improve quality within ULHT and across the health community;
- develop a financial strategy and plan to deliver improvements to the financial position across Lincolnshire; and
- design an underpinning workforce/Organisational Development strategy and plan.

The Lincolnshire Recovery Programme Board is jointly chaired by NHS England and the Trust Development Authority.

NHS England and the Trust Development Authority

NHS England leads the National Health Service (NHS) in England. It sets the priorities and direction of the NHS, for example in strategies such as the *Five Year Forward View*. NHS England is organised into four regional teams. Lincolnshire is in the Midlands and East Regional Team area. The Regional Teams provide support to Clinical Commissioning Groups (CCGs), in areas such as healthcare commissioning and delivery; they provide professional leadership on finance, specialised commissioning, human resources and organisational development. In addition to working with CCGs, the Regional Teams work closely with local authorities, health and wellbeing boards as well as GP practices.

The NHS Trust Development Authority (TDA) is responsible for providing leadership and support to the non-Foundation Trust sector of NHS providers, currently 86 NHS Trusts. The TDA has four key functions:

- Monitoring the performance of NHS Trusts, and providing support to help them improve the quality and sustainability of their services
- Assurance of clinical quality, governance and risk in NHS Trusts
- Supporting the transition of NHS Trusts to Foundation Trust status
- Appointments to NHS Trusts of chairs and non-executive members and trustees for NHS Charities where the Secretary of State has a power to appoint.

With effect from April 2016, the TDA will merge with Monitor, whose role includes the regulation and performance management of NHS Foundation Trusts, to form a new organisation, which will be called NHS Improvement.

Purpose of the Lincolnshire Recovery Programme Board

1. To oversee achievement of the programme aims for an initial period of twelve months from July 2015, after which time those responsible for health and care system delivery will be in a position to no longer require this level of intervention.
2. To agree a programme structure that holds senior leadership from all represented organisations to account and oversee high level intervention and support.

3. To ensure that the boards of each organisation represented are signed up to the LRP aims and programme structure.
4. To accept recommendations from the Operational Programme Group with regards to the scope and expected outcomes from the programme work streams.
5. To act upon exception reports and items for escalation from the Operational Programme Group, in order to ensure the programme aims are achieved.
6. To ensure that dependency issues between the LRP and the Lincolnshire Health and Care (LHAC) Programme are managed in a manner that avoids duplication between the programmes or adverse impacts on either programme.
7. To identify the need for additional support to facilitate achievement of the Programme aims and agree approaches for securing the support.

2. Conclusion

Outcomes of the programme to date include:

1. The delivery of the Referral to Treatment (RTT) incomplete standard of 92%. *(The Department of Health introduced this operational standard from April 2012 onwards. Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the month. These are also often referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.)*
2. ULHT is on track to deliver the 62 day cancer standard with a 12% improvement from 70% achievement (Sept) to 82% (Nov) against a national standard of 85%.
3. The A&E standard (95% within 4 hours) varies by site and is the subject of intense support from all parties. A revised trajectory for delivery is being developed. Current year to date delivery is 88%.
4. ULHT is currently forecasting a deficit position of £59 million against a planned deficit of £40 million, which is a £19 million adverse variance. The system is developing plans to be presented to the LRP Board on 8 January 2016 to address the current deficit position.
5. The LHAC programme also reports on progress to the LRP, although this is subject to a separate governance and decision making structure.

3. Consultation

This is not a consultation item.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jim Heys, NHS England, Locality Director – Midlands and East (Central Midlands) and Jeff Worrall, Portfolio Director, Trust Development Authority, who can be contacted via Jim.Heys@nhs.net and Jeff.Worrall@nhs.net