


Agenda Item 9

		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 NHS Improvement

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 July 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 NHS Improvement (NHSI); 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 Lincolnshire Recovery Programme 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 NHSI.

The Sustainability and Transformation Plan and Lincolnshire Recovery Programme

Updates on the Lincolnshire Sustainability and Transformation Plan (STP) are received at the Lincolnshire Recovery Programme Board, and discussions are held between the chief officers, NHS Improvement and NHS England on STP matters that relate to the scope of the Lincolnshire Recovery Programme.

It is anticipated that the Lincolnshire Recovery Programme will continue beyond the initial twelve months included within the terms of reference, given there are still significant issues, whilst recognising there have been improvements in both performance and in the way in which the member organisations work together. The decision on whether to extend the Programme beyond the original twelve month duration will be taken formally at the next meeting of the Lincolnshire Recovery Programme Board.

NHS England and NHS Improvement

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.

NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. NHS Improvement offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHS Improvement helps the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change Team and the Intensive Support Teams.

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. Improved working relationships between the constituent NHS organisations, and a new focus on joint action, led by a new Lincolnshire Leaders working group. Evidenced by prompt signature of the 2016/17 contract between ULHT and its lead commissioner.

Outcome 1 relates the Lincolnshire Recovery Programme's aim of continuing to improve quality within ULHT and across the health community.

2. Consistent delivery of the Referral to Treatment (RTT) incomplete standard of 92%.

Outcome 2 relates to the Lincolnshire Recovery Programme's aim of improving United Lincolnshire Hospitals NHS Trust's (ULHT's) performance against the NHS Constitutional standards so that all required targets are achieved.

3. Consistent delivery of the national target for diagnostic waiting times.

Outcome 3 relates to the Lincolnshire Recovery Programme's aim of improving United Lincolnshire Hospitals NHS Trust's (ULHT's) performance against the NHS Constitutional standards so that all required targets are achieved.

4. ULHT is currently off track against the Quarter 1 trajectory for the 62 day cancer standard. Improvement progress is monitored on a weekly call between NHS Improvement, NHS England, ULHT and Lincolnshire CCGs, and an improvement trajectory has been agreed.

Outcome 4 relates to the Lincolnshire Recovery Programme's aim of improving United Lincolnshire Hospitals NHS Trust's (ULHT's) performance against the NHS Constitutional standards so that all required targets are achieved.

5. 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 has been agreed by NHS Improvement and NHS England. Performance in April 2016 was better than the agreed monthly trajectory and performance in May and June is likely to be on or around the trajectory agreed. Current year to date delivery is 81.4% (at 17 June16).

Outcome 5 relates to the Lincolnshire Recovery Programme's aim of improving United Lincolnshire Hospitals NHS Trust's (ULHT's) performance against the NHS Constitutional standards so that all required targets are achieved.

6. ULHT delivered its revised deficit target for 2015/16, recording a year end deficit of £57 million, (original planned deficit target was £40 million). The Trust's control total for 2016/17 is a deficit of £48 million. Year to date (April and May 2016), ULHT has delivered a deficit of £8.0 million, a position that is £0.4 million better than plan. The STP includes a section on "closing the finance and efficiency gap", describing in outline the approach being developed to address the current circa £60 million system deficit and the financial gap forecast for 2020/21, if no remedial actions are taken. Further information on this and on the NHS England/ NHS Improvement review of the June STP submission can be provided at the meeting.

Outcome 6 relates to the Lincolnshire Recovery Programme's aim of developing a financial strategy and plan to deliver improvements to the financial position across Lincolnshire.

7. The Lincolnshire Health and Care (LHAC) Programme also reports on progress to the Lincolnshire Recovery Programme Board, although LHAC is subject to a separate governance and decision making structure.

Outcome 7 relates to the Lincolnshire Recovery Programme's aim of designing an underpinning workforce/ organisational development strategy and plan. Workforce modelling forms part of the LHAC programme.

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 Ian, Senior Delivery and Development Manager, NHS Improvement who can be contacted via Jim.Heys@nhs.net and ian.hall9@nhs.net

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