



Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 14 JANUARY 2014 at 5.30pm

P R E S E N T :

Councillor Cooke – Chair

Councillor Chaplin
Councillor Cleaver

Councillor Grant
Councillor Singh

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Councillor Palmer – Deputy City Mayor

Also in attendance

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| Mr J Adler | Chief Executive, University Hospitals of Leicester NHS Trust |
| Ms J Boulton | Head of Quality Practice & Service Improvement in Adult Social Care, Leicester City Council |
| Ms M Capewell | Customer Service Development Manager, Leicester City Council |
| Ms S Chapman | Healthwatch, Leicester |
| Richard Chester | Head of Patient Experience & Partnerships, Leicestershire Partnership Trust. |
| Moira Durbridge | Director of Safety and Risk, University Hospitals of Leicester NHS Trust |
| Stephen Firman | Programme Director of EMAS |
| Mr P Miller | Chief Operating Officer, Leicestershire Partnership Trust. |
| Mr R Morris | Chief Corporate Affairs Officer. Leicester City CCG |
| Mr S Sharman | Healthwatch, Leicester |
| Ms J Tansey | Complaints Manager, Adult Social Care |
| Clare Wade | Patient Safety and Experience Manager, EMAS |
| Mr M Wightman | Director of Marketing and Communications, University Hospitals of Leicester NHS Trust |

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94. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sangster (Vice-Chair), Desai and Westley.

95. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda. No such declarations were made.

96. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 26 November 2013 be approved as a correct record, subject to Resolution 1) being amended to state “members’ comments” and not “members commented”.

97. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council’s procedures.

98. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no representations and statements of case had been submitted in accordance with the Council’s procedures.

Councillor Singh had submitted a question which the Chair had agreed to consider as an item of Any Other Urgent Business. The Chair’s intention to do this and the text of the question submitted by Councillor Singh had been circulated to Members prior to the meeting.

Councillor Singh’s question was as follows:-

“Will the Chief Executive of University of Hospitals of Leicester NHS Trust make a full statement to this Commission on the financial position affecting the current budget of UHL, the organisational fiscal controls in place and the steps undertaken to support the budget deficit to safeguard the current and future health service provisions to patients and the public.”

Mr John Adler, Chief Executive, University Hospitals of Leicester NHS Trust (UHL) submitted a report which included a staff briefing dated 17 December 2013 issued by the Trust and a copy of the 2013/14 financial report by the Trust’s Director of Finance and Business Services submitted to the Trust Board on 20 December 2013.

Mr Adler commented that:-

- The Trust had consistently reported losses through the current financial year based upon an underlying deficit of £15m at the start of the year.
- The underlying underspend has resulted from increased emergency

activity, investment in additional nurses following a review of ward staffing levels and had incurred transformation costs without receiving any additional revenue support.

- The revised forecast was now a deficit of £38.5m at the end of the current financial year.
- An application would be made to the Department of Health for a loan to fund the deficit.
- There were a number of Trusts and CCG's facing financial pressures.
- The Trust had put in place measures to bring the Trust back into financial balance in the next 3-5 years.
- The measures that had been put in place would not impact upon services or cash flows and the Trust had not been asked to increase the level of savings for the next financial year.
- The savings would be achieved by avoiding unnecessary expenditure and not incurring any further discretionary capital costs as well as reducing expenditure on goods etc.
- The current proposals for the site reconfiguration designed to make the clinical services more sustainable and efficient would still be pursued.
- There was also a £45m Cost Improvement Programme underway for next year.
- The Better Care Together Programme together with the development of the Leicester, Leicestershire and Rutland 5 year financial plan, would also deliver large scale changes in the delivery of service in primary, community and secondary care.

Councillor Singh's supplementary question asked what assurances could be given that given the current financial situation:-

- There would be no reduction in front line services,
- There would be no reduction in front line staff; and
- The measures implemented to eliminate the deficit could be achieved.

In response, Mr Adler stated that the Trust had a statutory responsibility to 'break even' year on year over a 3 year period or in exceptional circumstances over a 5 year period, and it was considered that this could be achieved. All NHS Trusts had to provide a 4.5% efficiency saving in 2014/15 and the Trust had increased this to 6% in order to resolve the deficit.

In addition, there had been rigorous quality impact and safety assessments on the proposals, reductions in staff numbers would only be implemented if the services could operate with the same levels of quality at improved efficiency levels. The Cost Improvement Programme was considered to be achievable and the Trust's performance in delivering the programme would be subject to external monitoring. The proposals to reconfigure Accident and Emergency facilities were supported by capital funding and would not affect the current revenue deficit.

Mr Adler was thanked for his attendance and responses to the questions.

99. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2013/14.

The Work Programme was noted.

100. CORPORATE PLAN OF KEY DECISIONS

The Commission noted the items that were relevant to its work in the Corporate Plan of Key Decisions that would be taken after 1 January 2014.

101. EMAS - BETTER PATIENT CARE - PROGRESS REPORT

A report from EMAS was received following their attendance at a recent risk summit organised by the Local Area Team for Derbyshire and Nottinghamshire, on behalf of the regulators and other key stakeholders. Since the risk summit, the Trust had been working on a Quality Improvement Plan (Better Patient Care) which set out the direction of the organisation for staff, clinical quality and responding to patients.

Stephen Firman, Programme Director of EMAS attended the meeting to present the report and answer Members' questions.

The Better Patient Care programme would be implemented through a robust programme management framework to deliver the required benefits. There had been a rapid period of readjusting the existing programme management and governance arrangements to absorb the Better Patient Care plan. This work would be finalised in line with the Quality Improvement Plan (QIP) submission.

Eight work-stream leads had been identified to deliver the QIP and these covered the following areas:

- Responding to Patients
- People
- Leadership
- Clinical Safety
- Financial Governance
- Communications
- Being Held to Account
- Estates

Progress with each of these streams was set out in the report. In addition it was noted that in relation to the 'estates' work-stream, the Being the Best strategy had been subsumed into the Better Care Plan. Although the Trust still wanted to modernise the estate and develop the hub and spoke model, no stations would be closed until the community ambulance stations were in place.

Members noted that the governance arrangements had been strengthened recently by the appointment of Sue Noyes as the Trust Chief Executive and Richard Henderson as Director of Operations. Pauline Tagg had also been appointed as Interim Chair of the Trust.

The Trust had improved performance and recently achieved the performance targets for R1,R2 and R19. It was noted that the QIP could be circulated to Members if required as this would include more detail of how the Trust was responding to improve performance.

Members asked what involvement patients and staff had been given in developing the QIP. In response it was noted that this had been limited due to the short timescales involved between attending the risk summit and the requirement to produce the QIP. Although the Trust had held some engagement workshops on the QIP there was a commitment to involve staff wherever possible in implementing the QIP. There had previously been extensive public consultation on the Being the Best proposals.

Healthwatch stated that patients' views were important and can play a vital part in making improvements to services and it was fundamental to the process that these views should be sought. Equality Impact Assessments were also a vital part of assessing the delivery and receipt of services particularly in relation to the diversity issues that existed with the City. It was disappointing that there had not been more patient involvement in the QIP.

RESOLVED:

- 1) that the report be noted;
- 2) that a further report be submitted to the Commission on the Trust's achievements in relation to Key Performance Indicators in 6 months' time;
- 3) that future reports also identify the Trust's performance both within the context of Leicester City specifically compared to the East Midlands as a whole.

102. NHS AND LEICESTER CITY COUNCIL COMPLAINTS

The Commission considered the complaints procedure and process, complaints data and actions taken following complaints for the following organisations involved in the provision of health services.

- 1) University Hospitals of Leicester NHS Trust (UHL)
- 2) Leicestershire Partnership NHS Trust (LPT)
- 3) Leicester City Clinical Commissioning Group (CCG)
- 4) East Midlands Ambulance Service (EMAS)

5) Leicester City Council

Representatives of the various organisations below attended the meeting to give a detailed overview of the complaints process contained in the reports and answered Members' questions.

UHL - Moira Durbridge, Director of Safety and Risk and Mark Wightman
Director of Communications & External Relations

LPT – Paul Miller, Chief Operating Officer and Richard Chester, Head of
Patient Experience & Partnerships

EMAS – Clare Wade, Patient Safety and Experience Manager

CCG – Richard Morris, Chief Corporate Affairs Officer

Leicester City Council – Melinda Capewell, Customer Service Development
Manager, Jo Tansey, Complaints Manager, Adult Social Care and Jane
Boulton, Head of Quality Practice & Service Improvement in Adult Social Care.

During the questioning on the reports the following points were noted:-

- Both UHL and LPT complaints procedures were subject to statutory procedures and timescales.
- The CCG were looking to standardise the triage reporting timescales of 10, 25 and 45 days for both the UHL and LPT in future so that better comparisons could be made in relation to performance and outcomes.
- The CCG had received a small but growing number of complaints which involved a 'provider' as the complainant felt that the CCG were more removed and independent.
- The CCG did not accept complaints about primary care provided by GP's as these were dealt with by NHS England. The CCG, however, monitored the level of these complaints and it appeared that the number of complaints received was comparable to the number previously received by the PCTs.
- The CCG considered that both UHL and LPT had good complaints processes and responded to complaints in an open and transparent way.
- UHL received more complaints than LPT but this was inevitable due to their size.
- All organisations used complaints positively to review services and make improvements, drive improved performance, and used trends analysis to help shape decisions on service

changes where appropriate.

- Compliments were also used to identify good practices and assist with staff morale.
- Social media and online forums were playing an increased part in providing an opportunity to gain feedback on service delivery. LPT has also recently provided an 'app' for use with Android and Apple technology.
- The Council were currently reviewing the complaints reporting process and were intending to undertake satisfaction of outcomes surveys with complainants.

RESOLVED:

- 1) that the reports on the complaints procedures and processes of the various organisations be received and noted;
- 2) that officers from all organisations be thanked for their participation and responses to Members questions; and
- 3) that organisations submit further reports on the analysis of complaints in the future when the Commission's work programme has been finalised.

103. EXTERNAL 'FIT FOR PURPOSE' HEALTH SCRUTINY ARRANGEMENTS REVIEW

Members received a report on the external 'Fit For Purpose' review carried out by Ms B Cook on behalf to the Centre for Public Scrutiny. Ms Cook attended the meeting to present the report and answer Members' questions.

Ms Cook stated that the Commission had demonstrated a number of strengths and had already built good working relationships with NHS partners and stakeholders.

The report included a number of recommendations for improving and developing the role of scrutiny and these were outlined in full in the report under the following areas:-

- Improving practice
 - Community Leadership
 - Involving and listening to people
 - Questioning and Listening
- Working with other stakeholders
- Member development

Members commented that whilst the recommendations were welcomed and

accepted, it should be recognised that Members did not focus entirely on health scrutiny as they had a number of other roles within the Council and externally.

It was also noted that the Government Guidance on the Health Scrutiny Regulations had still not been issued.

RESOLVED:

- 1) that the report be received and noted;
- 2) that the implementation of the recommendations in the report be discussed at the proposed member development event as part of the external review.

104. FRANCIS REPORT

RESOLVED:

that consideration of the Government's response to the Francis Report recommendations be deferred.

105. UPDATE ON 'CLOSING THE GAP' PERFORMANCE INDICATORS FOR CARERS

The Director Care Services and Commissioning, Adult Social Care submitted a report on the steps being taken to improve the indicators relating to 'carer-reported quality of life' and 'the proportion of carers who reported that they had not been included or consulted in discussion about the person they cared for'.

The report was requested at the last meeting of the Commission following consideration of the Joint Health and Wellbeing Strategy 'Closing the Gap.' The Commission had expressed concerns that the performance of the two indicators was declining which created a poor reflection on the service.

Members commented that whilst it was recognised that the data for the survey was not conducted annually, it was nevertheless disappointing that the direction of travel of the performance indicator was downwards. Members felt that both indicators should have a satisfaction level of 100%.

Councillor Chaplin sated that she would also raise the issue with the Chair of the Adult Social Care Scrutiny Commission.

RESOLVED:

- 1) that the report be received and noted;
- 2) that the Commission be involved in the formulation of the survey particulars and the review of the survey particulars;
- 3) that the Commission's concerns and disappointment with the performance of the two indicators be reported to the Health and Wellbeing Board.

106. NHS ENGLAND - COMMISSIONING REPORT

A report on NHS England's Commissioning Intentions for 2014/15 which was being submitted to the Health and Wellbeing Board meeting on 30 January 2014 was received. The Commission were invited to make comments and suggestions on the proposals which could then be submitted to Board.

The Prescribed Specialised Services Commissioning Intentions 2014/15 – 2015/16 and NHS Public Health Functions Agreement 2014-15 published by NHS England were also submitted for information.

RESOLVED:

that the report and the two NHS England publications be noted.

107. UPDATE ON MATTERS CONSIDERED AT A PREVIOUS MEETING

The Commission received updates on the following matters considered at previous meetings of the Commission:-

1) Bradgate Adult Mental Health Unit

The further inspection of the Unit by the Care Quality Commission had not yet taken place

2) Oral Health In the City

Councillor Palmer stated that the Oral Health Board would consider the comments made by the Commission and that Food Banks already accepted non-food items and publicity would be changed to include toothbrushes and toothpaste where needed.

3) Response to the Commission's Scrutiny Review Reports

The Chair reported that the issue of formal feedback from the Executive was in hand and the Deputy City Mayor would be responding in due course.

4) East Midlands Regional Health Scrutiny Network

The next meeting scheduled to be held in Leicester had postponed from 9 January 2014 to 17 February 2014.

5) Improving Mental Health Services in Leicester City

A copy of a presentation submitted by the Leicester City Clinical Commissioning Group.

6) Congenital Heart Disease Review

The update reports listed below in relation to the Congenital Heart Disease Review were received. The documents highlighted in the update reports

can be found at the following link:-

<http://www.england.nhs.uk/category/publications/blogs/john-holden/>

- a) 11th NHS England Bulletin – 11 November 2013
- b) 12th NHS England Bulletin – 25 November 2013
- c) 13th NHS England Bulletin – 10 December 2013
- d) 14th NHS England Bulletin – 17 December 2013

108. CLOSE OF MEETING

The Chair declared the meeting closed at 9.10 pm