



Leicester  
City Council

MINUTES OF THE MEETING OF THE  
LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE

Held: MONDAY, 24 NOVEMBER 2008 at 10:30am

P R E S E N T:

Councillor Allen – Chair  
Mr D. Houseman CC – Vice Chair

Leicester City Council  
Councillor Dawood    Councillor Gill  
Councillor Glover    Councillor Hall  
Councillor W. Naylor

Leicestershire County Council  
Mr A.D Bailey CC    Mr J.G Coxon CC  
Mr P.A Hyde CC    Mrs Rosita Page CC  
Mrs. J.A.Dickinson

Rutland County Council  
Councillor P. Golden CC

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**24. INTRODUCTION**

The Chair welcomed Councillor Glover as a new member to the Committee.

**25. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Bhavsar, Councillor Manish Sood (Leicester City Council) and Mr W Liquorish and Ms B Newton (Leicestershire County Council).

**26. DECLARATIONS OF INTEREST**

Members were asked to declare any interests they may have in the business on the agenda and/or declare that Section 106 of the Local Government Finance Act 1992 applied to them.

Councillor Allen declared a non-prejudicial personal interest as his wife was in

receipt of a care package provided in the City.

Mr A Bailey CC declared a personal non-prejudicial interest as his son and daughter in law were employees of the partnership trust.

Mr Houseman CC declared a personal interest in Item 6 "East Midlands Ambulance Service Patient Transport Service", as he lived near Syston Ambulance Station and was the ward Councillor for that area.

## **27. MINUTES OF PREVIOUS MEETING**

Mr A Bailey CC stated that he had been recorded as giving his apologies and being present at the last meeting and it should just have been his apologies.

RESOLVED:

that the minutes of the meeting held on 22<sup>nd</sup> September 2008 be agreed as a correct record subject to the above amendment.

## **28. NEXT STAGE REVIEW UPDATE**

Jo Yeaman, Lead Director for Consultation, Next Stage Review Programme attended the meeting and gave an update on the Next Stage Review.

Jo announced that she would be providing a verbal update because the review was still work in progress and data was still being collated that had been collected over the last few months. There were three phases to the review, the first phase was Engagement.

There was to be an independent report conducted by De Montfort University on the engagement programme and this would be available in the next 2-3 weeks. Jo stated that the report would be made available when it was made public. 4,000 responses had been received from individuals and patient and public representatives across Leicestershire, Leicester and Rutland, which was one of the best responses from a public consultation on this scale. Of the responses 40% had been received from Black and Minority Ethnic groups. This was particularly pleasing, as greater efforts had been made to engage that community. The gender splits in the results were 51% male and 49% female. Jo informed the Committee that there was excellent engagement from older people and while there was good engagement with younger people there were areas for improvement. The Committee was informed that a lot of lessons had been learnt from the consultation as nothing had been done before on this scale in Leicestershire, Leicester and Rutland. Due to the engagement 1,200

community groups had now been listed on the central database and the contacts for the groups had been checked. Jo also stated that direct mailing had been extremely effective, as had the discussion day events that had been held, however the bus adverts and the media coverage to attract people had been less effective but although these methods did not generate many responses they had raised awareness of the review.

The next scheduled phase was entitled Delivery of Promise. Jo announced that at the next meeting of the Committee there would be a detailed presentation on this phase. The Thrombolysis treatment would be available 24/7 from mid March 2009. The Committee were informed that a 24/7 stroke service was being worked towards and the mini strokes pathway had been redesigned. This would mean that patients who had suffered suspected mini strokes would now be seen within 48 hours from the time they had been referred from their GP, this was a change on the previous time, which was around 2 weeks or more. Jo stated that it was important that a person who had suffered a mini stroke was assessed immediately as there was a high risk of suffering a full stroke. The urgent care centre would now be open to patients without appointments. Jo commented that there would be 2 new GP practices to be built in the city and contracts appointed. The health centre in Charnwood would open in January 2009 and there were further developments planned in the next 2-3 years. The Committee were informed that Leicester City was on course to hit its extended GP hours target which was to have 50% of practices running at extended hours by December. Leicester City was currently at 45%. There would be investment in the HPV vaccine, which was used to prevent cervical cancer with excellent results. There would also be increased bowel cancer screening, a new programme had been launched in December in the County and in May in the City with some very successful results as there had been 8 cases of cancer identified and 45 cases of polyps identified.

The final phase was entitled moving forward. Jo stated that a Programme Director had now been appointed to see through Phase 1 and plan for phases 2 and 3. She commented that she proposed to deliver a presentation at the next meeting of the Joint Health Overview and Scrutiny Committee once the full audited results of the consultation were available. She also proposed that the Programme Director deliver a presentation to share how phases 2 and 3 would be taken forward as well as to conclude the agreed way forward on phase 1.

A Member of the Committee enquired whether it was possible to talk about the community meeting events at the next meeting. Jo commented that it was possible to do a shared presentation. The Vice Chair commented that this was a good idea.

A Member of the Committee queried whether there was any news on the Oadby and Wigston walk in centre. Jo agreed to check and report back to the Member.

A Member of the Committee stated that there was a youth house in her ward and they regularly had 60-70 young people turn up every day. She commented

that a lot of the young people had passed the St Johns Ambulance Course and that there was an opportunity available for some consultation to be conducted. Jo agreed to talk to the Member with regard to this.

A Member of the Committee queried why the target for GP extended opening hours was at 50%. Jo commented that the target had been set nationally but did not have the exact City, County and Rutland figures to hand.

The Chair stated that he wanted to see if there were any plans for pharmacies to open up longer so that it was easier for people to pick up prescriptions after they had been to see their GP.

**RESOLVED:**

- 1) that there be a presentation with a detailed, supporting paper at the next meeting of the Joint Health and Overview Scrutiny Committee which would present the audited results from the Engagement.
- 2) that Jo report back to the Member concerned regarding the Oadby and Wigston walk in centre in relation to the wider elements of extended GP Services and the Next Stage Review.
- 3) that Jo provide the Committee with a detailed breakdown of the locations of GP practices with extended hours and what those hours were.

**29. UNIVERSITY HOSPITALS OF LEICESTER - ANNUAL AUDIT LETTER 2007/08**

Malcolm Lowe-Lauri, Chief Executive Officer, University Hospitals of Leicester, NHS Trust and Helen Seth, Acting Director of Strategy University Hospitals of Leicester, NHS Trust were in attendance to present the Annual Audit letter 2007/08 and its fit with capital development plans.

Malcolm also reported back on the results from the Annual Health Check 2007/2008. In the quality of service to patients category the UHL Trust had maintained an excellent record, which it had now received for 3 years running. The trust had been compliant and met all 43 core standards. They had met 10 out of 11 national targets with the one not met being Revascularisation. Malcolm explained that there had been a fire in one of the theatres and there had been capacity constraints in the Intensive Treatment Unit. However the issues had now been resolved. Malcolm also explained that 9 out of the 10 new national targets had been achieved with the exception being the referral to treatment time target.

The Committee was also informed that the score for the use of resources category had dropped from good to fair primarily due to a reduction in the Auditor's Local Evaluation (ALE) score in the Financial reporting, Internal control and Value for money categories which had dropped from 3 to 2.

Malcolm explained the recommendations and actions from the Auditors Local Evaluation 2007/08. The auditors had identified some weaknesses in the assurance framework and they needed more evidence. They suggested that the risk management processes be strengthened. The communication and procurement strategies were not up to date and it was recommended that these be kept up to date and the progress of both be regularly reported on. The auditors were not clear that benchmarking and reference cost information was being used to improve cost efficiency. There was also a recommendation that the clinical and service strategy be finalised and the medium term financial strategy be revised.

In terms of action being taken, Malcolm explained that there was a detailed action plan as part of 'Getting into Strategy' that had been endorsed by the Trust executive on 26 October 2008. The idea of the plan was to make sure the Trust was fit for purpose. There would be reporting of the progress report of the action plan to the Trust Board meeting in December.

There was a recommendation from the auditors that International Financial Reporting Standards (IFRS) accounting requirements be adopted by the NHS. Malcolm commented that there was already an action to ensure this would happen. A full review of the implication of IFRS had been undertaken with an associated action plan completed for the Department of Health conversion timetable. The next meeting with the Department of Health to discuss the development of capital investment plans was taking place on Thursday 27 November 2008. The plan was to prepare for a comprehensive engagement and consultation process to inform the development of strategic capital investment plans.

It was also stated that there should be full disclosure of salary information. Malcolm commented that the plan was that all future senior management appointments would be fully disclosed. The auditors stated that the Trust should apply the lessons learnt from the Private Finance Initiative (PFI) in developing its future estates strategy. Malcolm commented that the modular approach was being taken to develop and deliver the future clinical and estates strategy.

There was a recommendation that the Trust should develop an action plan to address the issues resulting in the Auditor's Local Evaluation score of 2. Malcolm stated that an action plan had been submitted to the Trust Executive and the milestones of the plan were now currently being worked through. The target was to achieve a score of 4 with 3 being at least the minimum score the Trust wanted to achieve. Malcolm commented that the Health Service struggled to know about its costs. The Trust would now be introducing Service Line reporting to arrange costs and income. The Auditors had been surprised there the development of the system had not been further down the line.

Malcolm also wanted to inform the Committee that there would be a project entitled 'Getting into Strategy' which would look at the future of hospitals. This would form part two of the 'Getting into Shape' project. There would also be

further discussions held with the Department of Health, which would be looking at organising the Emergency Services.

The Chair commented that the Committee was very disappointed that the auditors had marked the Trust down to 2 and raising the mark to 4 would be quite a step. He queried what was the major factor for the mark being reduced. Malcolm commented that previously there had been a lot of time spent on the Pathways project up to July 2007 last year and other areas had not received as much attention as they should have. The Trust was now playing catch up in all those areas. The Chair queried whether the failing of the Pathways project was due to the lack of adequate financial structures in place. Malcolm commented that the issue was that the requirements of the project were not affordable to repay the forecast £900 million mortgage.

A Member requested to see a copy of the Auditor's Local Evaluation action plan that had been submitted to the Trust executive in October. Malcolm agreed to make the document available.

The Vice Chair offered his congratulations that the Trust had received an excellent rating for 3 years in a row for the quality of service that it provided to patients. However he raised concerns about the business side of the Trust and emphasised that the Auditors Local Evaluation (ALE) needed to be developed and he stated his disappointment that it was not before the Committee today and said it was difficult to scrutinise if the relevant information was not there. He raised the following queries, would any staff be replaced, would it affect the allocation of £70 million from the Department of Health and would there be any changes to the non executive members of the Trust. He stated his disappointed with the report that had been submitted to the Committee.

Malcolm commented that there was currently a vacancy of Finance Director and there was an acting appointment presently. With regard to the rest of the staff Malcolm stated that he felt they did not need replacing as they were good staff however it was important to get them focused. He mentioned that the Trust could have appealed with the Auditors to keep their mark at 3 however the Trust needed to move forward. In the context of the £70m reference Malcolm stated that that any money that the Trust would receive from the Government would either be as an equity or interest bearing debt. If it was an equity the Trust would have to pay it back in infinite charges and if it was debt then they would pay the interest on the debt. The Vice Chair commented that this was not the case with all the money that came from the Department of Health as it would be difficult to work if the money had to be paid each time. He queried whether the money for the 'Deep Clean' project had to be paid back as well. Malcolm commented that he was referring to Capital and the money for Deep Clean was revenue that they did not have to pay back. With regard to the meetings Malcolm commented that the reason for the 'Getting into Shape' initiative was because that the Trust Board were spending monthly meetings considering large amounts of operational detail. The non-executives were fully committed with the dismantling and putting together of the Trust Board. Malcolm added that he had full confidence in his non-executive colleagues and chairman.

Malcolm commented that the Treasury were not in favour of the International Financial Reporting Standards (IFRS) accounting standards however last year they had finally been accepted.

In response to a question Malcolm informed the Committee that line management arrangements were clear as he appointed new personnel and with existing colleagues he was sure there would be no problems with disclosure.

A Member of the Committee raised concern that the individuals that needed to be scrutinised had now left the Primary Care Trust and it was up to people who had replaced them to manage as best as they could. It was commented that what happened with regard to Pathways was appalling and it was still difficult to get answers. He queried what was the cost of the project as a whole, who had been held accountable and what could be said to the public in Leicester to explain the situation. Malcolm commented that the project would have cost around £900 million. The salary of the chief executive was £173,000. He stated that he was worried that he would be talking down Leicester Health's services if he continued with discussion on the Pathways project.

The Chair concluded that the Committee were very disappointed with the LE results and would want the Trust to bounce back. He thanked Malcolm for the presentation.

RESOLVED:

- 1) that Malcolm make the Auditor's Local Evaluation action plan available to Members

### **30. EAST MIDLANDS AMBULANCE SERVICE PATIENT TRANSPORT SERVICE**

This item could not go ahead as Mark Shepherd, General Manager, Patient Transport Services, East Midlands Ambulance Service did not attend the meeting.

### **31. DATES OF FUTURE MEETINGS**

The following meetings were noted as future meetings of the Committee:

Monday 9 February 2009  
Monday 23 March 2009

The meetings would start at 10:30am.

### **32. CLOSE OF MEETING**

The meeting closed at 12:08pm.

