Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 4 March, 2014 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	A Kay
Mrs F Craig-Wilson	Y Motala
G Dowding	B Murray
N Hennessy	M Otter
M Iqbal	N Penney
A James	B Yates

Co-opted members

Councillor Julia Berry, (Chorley Borough Council Representative)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Tim O'Kane, (Hyndburn Borough Council Representative)
Councillor Julie Robinson, (Wyre Borough Council Representative)
Councillor Mrs D Stephenson, (West Lancashire Borough Council Representative)
Councillor Betsy Stringer, (Burnley Borough Council Representative)
Councillor M J Titherington, (South Ribble Borough Council Representative)
Councillor Dave Wilson, (Preston City Council Representative)

1. Apologies

Apologies for absence were presented on behalf of Councillors Brenda Ackers (Fylde Borough Council), Liz McInnes (Rossendale Borough Council), and David Whalley (Pendle Borough Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 14 January 2014

The Minutes of the Health Scrutiny Committee meeting held on the 14 January 2014 were presented

Resolved: That the Minutes of the Health Scrutiny Committee held on the 14 January 2014 be confirmed and signed by the Chair.

4. Lancashire Teaching Hospitals Trust

The Chair welcomed officers from Lancashire Teaching Hospitals Trust (the Trust):

- Karen Partington, Chief Executive
- Carole Spencer, Strategy & Development Director
- Suzanne Hargreaves, Operations Director

They had been invited to attend Committee to provide members with information on:

- Performance
- Winter pressures
- Challenges facing the Trust

Officers from the Trust had previously met with the Health Scrutiny Committee Steering Group on 8 November last year. A copy of the notes of that meeting were attached at Appendix A to the report now presented.

The Care Quality Commission (CQC) had also recently carried out an inspection of the Trust looking at the following standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Staffing
- Assessing and monitoring the quality of service provision
- Complaints

A copy of their report, which was produced in January, was attached at Appendix B to the report now presented. It identified that 3 out of the 5 inspection areas indicated 'action needed'. These areas were:

- Care and welfare of people who use services
- Staffing
- Complaints

In addition, on 9 December, Monitor (the sector regulator that ensures Trusts are well led and are run efficiently) had written to the Trust notifying them of their

decision to open a formal investigation due to governance concerns. A copy of the letter was at Appendix C to the report now presented.

The Trust had not provided the Committee with any documentation to support the topics to be scrutinised, but delivered a PowerPoint presentation which set out the context, and included actions taken, quarter four (2013/14) key statistics and ongoing challenges. A copy of the presentation is appended to these minutes.

As part of the presentation it was explained that the Trust had a good track record, over a number of years, of sustaining delivery against performance. There were challenges and risks as a health economy and recognition that there were currently few alternatives to hospital admission. Only the Accident and Emergency department offered a 24 hour service, and there were no walk-in centres or urgent care units.

Over the last 18 months the Trust had been working with a 'Clinical Senate' comprising the Trust, the Chorley & South Ribble and Greater Preston Clinical Commissioning Groups, Lancashire Care Foundation Trust and Lancashire County Council to examine how those partners could work better together to develop health and social care services for the people of Lancashire.

It was explained that events last winter leading to missed targets and cancelled surgery had been somewhat predictable and therefore the Trust had brought in external facilitators to review the situation and to help the Trust do things differently in the future. The facilitators were ECIST (Emergency Care Intensive Support Team); NWUMT (North West Utilisation Management Team); and KPMG (a private company providing advice to organisations about regulatory requirements, relationships, risk and service delivery to improve performance).

The Chair thanked officers from the Trust for the presentation, but made the point that it would have been most helpful for the Committee to receive information from them in advance of the meeting in order to enable members to properly prepare and consider appropriate questions.

In response Karen Partington said that LTHT was one of only a few Trusts that published its performance reports on its website each month, including information about quality, safety, workforce etc, and members could access much information that way. The link to the website is provided below:

http://www.lancsteachinghospitals.nhs.uk/performance

She assured the Chair that the Trust would endeavour to provide any information requested.

The Chair then invited members to raise comments and questions. The main points arising from the discussion are summarised below:

- In response to a question about the cost of engaging the facilitators referred to above, it was confirmed that the Trust had paid only for the services

provided by KPMG; all partners within the health service economy had paid an equal amount – the Trust, the relevant Clinical Commissioning Groups, Lancashire Care Foundation Trust and the County Council. Details of the actual amount paid were not to hand and would be provided to members outside the meeting. Karen Partington made the point that it had been important for them to have support from a neutral, external organisation.

- It was explained that the Clinical Senate, which brought together partners delivering health and social care had brought clarity around what needed to be done; there was a better understanding of the pressures on CCGs and social services, and the Senate had allowed for a proper conversation about the challenging times ahead. The Senate continued to evolve moving forward.
- When the Trust had met with the Health Scrutiny Steering Group in November they had been struggling to meet some of their targets. In response to a question now about progress since that meeting it was explained that the Trust was still failing to meet its 18 week target, but plans were in place to bring the Trust back into compliance for April. The way in which 'breaches' were attributed was part of the reason why targets were not being met and focus was now on those patients who were already in 'breach' and urgent cases. The point was made that it was most important to focus on how the care pathway could be improved.
- It was explained that there were various different mortality targets; a team of clinicians from different specialisms met every week to review every death and, if there was a need to investigate further, a separate process would be undertaken.
- The Committee was informed that there had been a meeting with LCFT, the CCGs and the County Council at the end of February following considerable pressure on urgent care services. It had been agreed that there would be a strong focus on making the local health and social care system work effectively and efficiently. Some of the principles were to be tested during March – 'The Perfect Month'. Partners would be working together to make sure patients were accessing the most appropriate care first time, and moving through the health and social care system safely and effectively. There would be a need to ensure no patient who did not need acute care was admitted to hospital, and that patients were discharged as soon as they are medically fit to leave hospital.
- One member suggested that a reduction in the number of nursing staff was causing pressure on the wards – he requested statistics detailing the number of nursing staff employed now and the number employed twelve months ago. The Committee was informed that there had not been a reduction and that the Trust had invested £3m into recruiting nursing staff with the necessary mix of skills. It was acknowledged, however, that staffing was a fluid situation and under constant review to ensure that staffing was maintained at the right levels – there was a huge emphasis on quality and safety.
- Recruitment of suitable, skilled staff presented a real challenge, and this was a national problem. The Trust therefore had to look at ways of supplementing and supporting nurses. Staffing at every level was taken very seriously and the Trust was also looking to recruit overseas from countries such as Spain, Portugal and Ireland.

- The Committee was directed to Board papers on the Trust's website for more information about staffing issues. Board meetings were open to the public and documents would be provided on request.
- The Committee asked that more information be provided to them about issues surrounding recruitment.
- In response to a question about the coding of deaths and whether there had been a 'shifting of goalposts', Karen Partington emphasised that the Trust's coding was 'second to none' and had won awards; it was clinical records that were more important – the Trust was working hard to ensure that all information was consistently and accurately recorded.
- The Committee recognised that it was important to try to keep people out of hospital by providing alternative approaches to prevent hospital admission and to improve discharge arrangements. This would inevitably result in a requirement to re-direct funding. The Trust acknowledged that this was a complex dilemma, not just locally, but nationally too.
- Reference was made to the recently introduced 'Better Care Fund' (formerly Integration Transformation Fund) - a single pooled budget to support health and social care services to work more closely together in local areas. It provided a real opportunity to improve services and value for money by shifting resources from acute services into community and preventative settings. Implementation would be a challenge.
- It was important to build relationships and understand how the pathways would work and ensure that 'gaps' in the pathway were filled, for example there were currently insufficient GPs. The Committee was assured that the Trust was committed to reducing its size.
- One member drew attention to page 29 of the agenda papers (CQC Inspection Report) in which it stated that, at the time of the inspection, only 66% of requests by a ward for additional staff for enhanced care had been met in the previous quarter. She asked if the Trust was now anywhere near meeting the target. Karen Partington said they would be if there wasn't the current need for escalated beds (more people in the hospital than normal bed capacity). There was a lot of pressure on staffing and it wasn't always possible to provide additional staff; much effort was put into providing safe care. She referred again to the importance of getting the pathway right and keeping people out of hospital who didn't need to be there, which would reduce pressure on staff.
- Karen Partington said that she was proud of the CQC reports for Preston and Chorley hospitals because, in the main, both reports were very good – it was her view that the areas in which targets were not being met were minor.
- In response to a question about whether and how the Trust shared good practice with others, it was explained that there were a number of ways, for example, team to team meetings with other Trusts, clinicians working in different hospitals - learning went on across hospitals in many ways. There was still a long way to go, but the Trust was well on its way to understanding how other organisations work.
- It was noted from the Trust's website that the Trust was falling short of its target for appraisals and also its target for mandatory training. Karen Partington acknowledged that both were important issues for the Board. Much

effort had been put into getting appraisal rates up and 'special measures' had been introduced. Regarding the training target, the Board was reviewing whether it was appropriate for some types of training to be treated as mandatory.

- The Chair asked how many outpatient appointments had been cancelled between December and February and how many had been re-arranged to fall in the new financial year. It was explained that, as providers, there was no incentive for the Trust to re-arrange appointments for the new financial year, in fact, as soon as a referral was made the clock started ticking toward the 18 week target and a deferral would increase the risk of not meeting that target. The Trust offered to provide a separate session to explain how commissioners and providers work (differently).
- It was noted that Monitor had raised concerns about governance and a request was made for more information about how the Trust was responding to those concerns.
- It had been noted that the presentation contained many acronyms which made it difficult for people not within the NHS to understand. Assurance was sought that the Trust's website did not similarly contain acronyms.
- It was noted that the CQC report contained several references to 'confused' and 'disorientated' and clarification was sought as to whether 'confused' in this context meant in the clinical sense or as a result of being in unfamiliar surroundings.

Resolved: That,

i. The Lancashire Teaching Hospitals Trust be asked to identify how it would engage with Scrutiny in a more meaningful way;

ii. The additional information requested by the Committee during the course of this meeting be provided by the Trust;

iii. The Committee be provided with a copy of the Trust's response to the Care Quality Commission.

5. Report of the Health Scrutiny Committee Steering Group

On 20 December the Steering Group had received an update on the Health & Care Strategy from Fylde & Wyre CCG and an update on the Domiciliary Care Review from the Adult, Community Services and Public Health Directorate. A summary of the meeting was set out at Appendix A to the report now presented.

It was noted that whilst the county council could not specify a 'living wage' hourly rate for domiciliary care, it was suggested that the county council's own procurement terms might provide for contracts to be entered into with only those providers who pay a living wage. It was agreed that this possibility be explored further.

On 31 January the Steering Group had met with East Lancashire CCG to discuss their system to gather soft intelligence. A summary of the meeting was set out at Appendix B to the report now presented.

Resolved: That the report of the Steering Group be received.

6. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

Resolved: That the report be received.

7. Minutes of the Joint Lancashire Health Scrutiny Committee

The Joint Lancashire Health Scrutiny Committee had last met on 28 January 2014. The agenda and minutes of that and previous meetings were available via the following link for information.

http://council.lancashire.gov.uk/mgCommitteeDetails.aspx?ID=684

Resolved: That the report be received.

8. Urgent Business

No urgent business was reported.

9. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 4 March 2014 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

Health Scrutiny Committee

4th March 2014

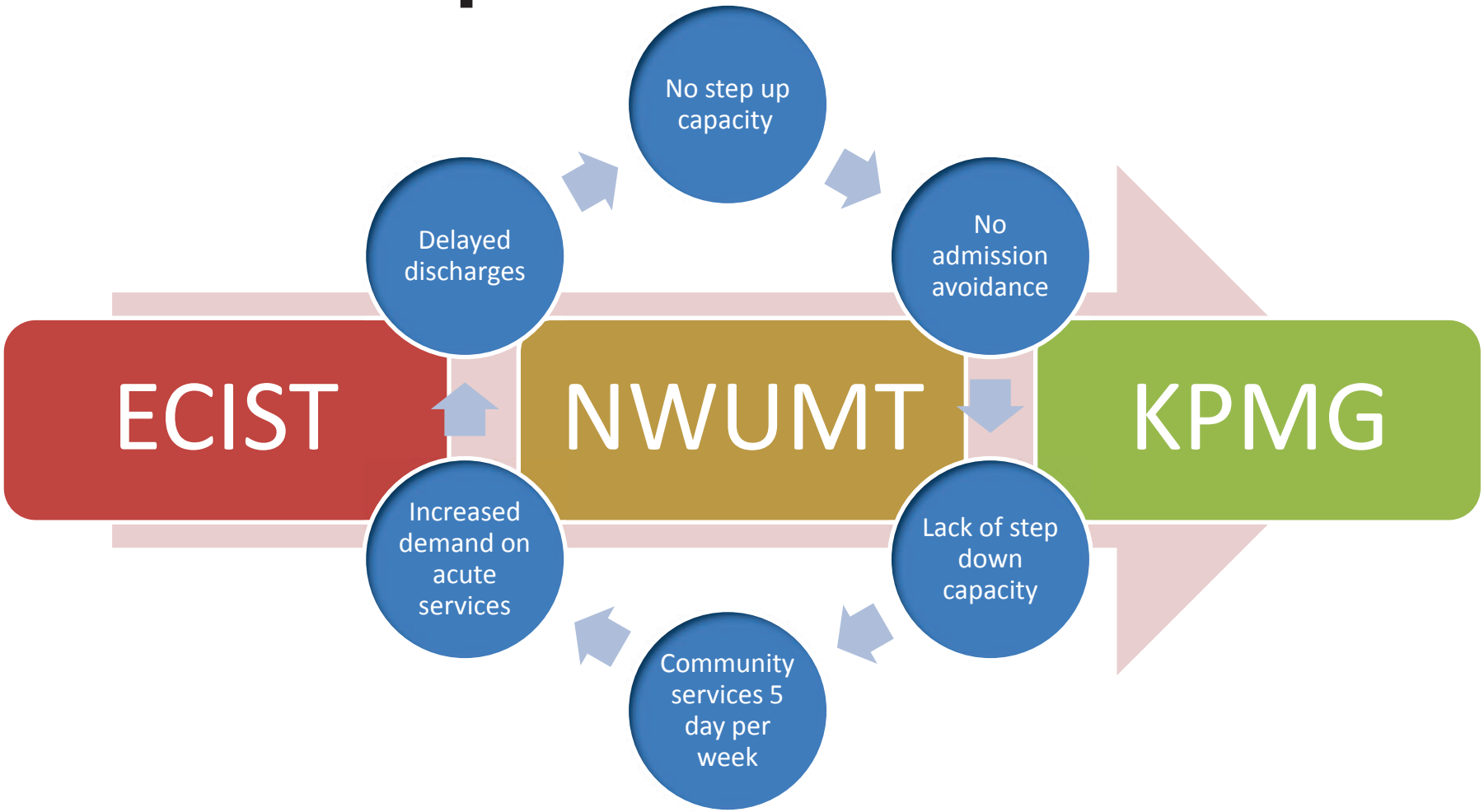
Minute Annex

Excellent care with compassion

Context

- LTH track record for sustained delivery of performance – though recognised risk due to limitations of health economy
- Working in partnership with the health economy through the ‘Clinical Senate’ towards a strategy of reducing acute beds
- No evidence of admission avoidance; alternatives to ED or early supported discharge schemes

What Happened? – what we predicted…….



Action & Solution Focussed

ECIST

- Trust invited team in Dec 10 to undertake a diagnostic review following pressures across the urgent care pathway
- Internal action plan implemented following report
- ECIST facilitated a health & social care economy event in March 11 to address the delays to the discharge process

LTH

- Forged partnership with Care Home Selection to support reduction in LOS for patients waiting Home of Choice. Commenced April 12
- Trust launched "Change for Future" Programme June 12
- Launched "Better 4 Patients Programme supported by Right Place consultancy – June 12 – focussed on improving Patient Flow
- Rapid Assessment Unit implemented Aug 12
- Implementation of Pro-active Elderly Care team – Oct 12

UM

- Trust invited the NW Utilisation Management Review team to undertake a point prevalence review on the RPH site in Feb 13 – following sustained pressures within the acute bed capacity
- UM fed back to all the CEO's and senior execs of LTH, CCG, LCFT and LCC
- Findings suggested that 50% of patients did not require the support of an acute trust setting
- Commitment to commission a Whole System Urgent Care Review – April 13

Quarter 4 12/13

- No changes had been made to the urgent care system – external to LTH
- Usual ad hoc winter pressure schemes in place
- 19% increase in admissions 81yrs +
- 19% increase in ambulance conveyance to ED
- LOS for elderly increased by 2.95
- LOS for general medicine increased by 0.65
  - Resulting in a reliance of an additional 45 beds / day

Impact

Cancellation of electives

High levels of escalation in Acute Trust

High occupancy rates in acute trust

Significant growth to the waiting list

Failure of access targets

High number of delayed discharges

Increase in patient moves

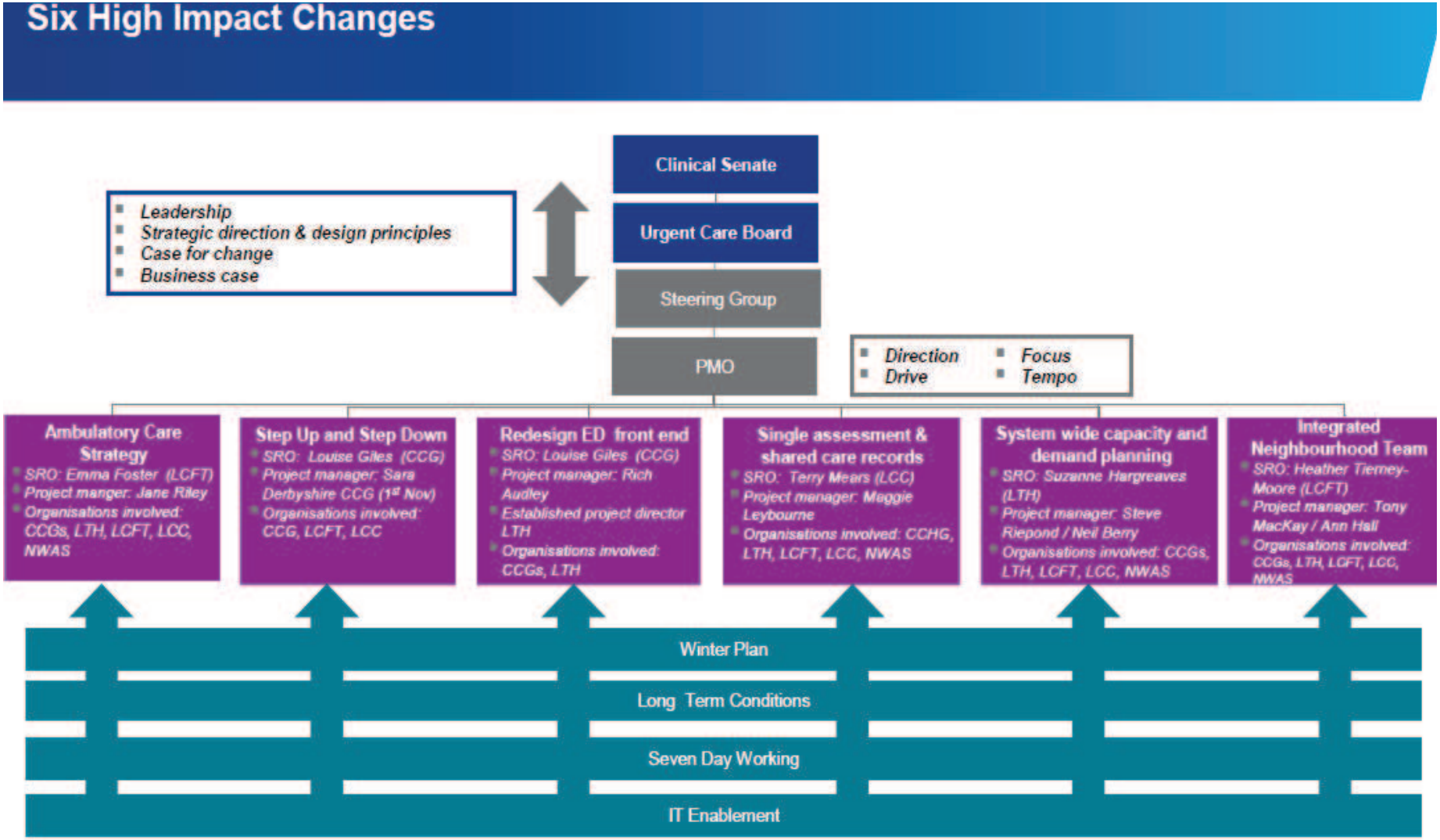
High number of outliers

Poor patient experience

Immediate & Sustained Actions

- Engagement with CEO's across the health and social care economy
- Engagement with clinical leads
- Joint clinical and management meeting to determine actions
- Cancellation of all electives for 2 day period except life threatening
- Staff, patient and public engagement
- Recovery actions commenced immediately

Whole System Urgent Care Review – supported by KPMG



What did we do?

And.....

Specialty Specific recovery plans – understanding capacity and demand.

Liaising with NHS and private providers to seek additional capacity.

Working with GP's on direct to test pathways

Theatre and Outpatient Efficiency Programmes – maximising efficient use of theatre and outpatient resource.

Patient Flow Programme – reduction in LOS

Recovery

Continued attempts to source additional capacity – internal and external:

Recruitment of theatre staff

Recruitment to 6 day – day case

Implementation of high observation unit Approval to increase critical care capacity

Implementation of DOSSA

Work with external bodies:

KPMG – urgent care programme

PWC – review of job plans and productivity

IST – capacity and demand modelling

McKesson – implementation of bed management system

Challenges

- Ageing population
- Public expectation
- Delivery of 7 day services
- Workforce
- Finance