

21 January 2015

**To: The Chair and Members of the Cumbria
Health Scrutiny Committee**

Agenda

CUMBRIA HEALTH SCRUTINY COMMITTEE

A meeting of the Cumbria Health Scrutiny Committee will be held as follows:

Date: Thursday 29 January 2015
Time: 10.30 am
Place: Council Chamber, Allerdale Borough Council, Allerdale
House, Workington, CA13 3YJ

Dawn Roberts
Assistant Director – Corporate Governance

**NB A PRE-MEETING WILL BE HELD AT 9.30 AM IN THE COUNCIL
CHAMBER AND ALL MEMBERS ARE ENCOURAGED TO ATTEND**

Enquiries and requests for supporting papers to: Lynn Harker
Direct Line: 01228 226364
Email: lynn.harker@cumbria.gov.uk

This agenda is available on request in alternative formats

MEMBERSHIP

Conservative (2)

Mr J Bland
Mr J Lister

Labour (3)

Mr M Hawkins
Ms C Wharrier
Mr M Wilson

Liberal Democrat (2)

Mr N Hughes
Mr R Wilson (Chair)

District Council Representatives (6)

Mr R Burns	- Carlisle City Council
Mr P Kendall	- Allerdale Borough Council
Mr G Garrity (Vice-Chair)	- Copeland Borough Council
Mrs V Rees	- South Lakeland District Council
Mrs J Raine	- Eden District Council
Ms H Wall	- Barrow Borough Council

ACCESS TO INFORMATION

Agenda and Reports

Copies of the agenda and Part I reports are available for members of the public to inspect prior to the meeting. Copies will also be available at the meeting.

The agenda and Part I reports are also available on the County Council's website – www.cumbria.gov.uk

Background Papers

Requests for the background papers to the Part I reports, excluding those papers that contain exempt information, can be made to Legal and Democratic Services at the address overleaf between the hours of 9.00 am and 4.30 pm, Monday to Friday.

A G E N D A

PART 1: ITEMS LIKELY TO BE CONSIDERED IN THE PRESENCE OF THE PRESS AND PUBLIC

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2 MEMBERSHIP OF THE COMMITTEE

To note that Mr M Wilson will replace Ms M Telford as a permanent member of the Board.

3 DISCLOSURES OF INTEREST

Members are invited to disclose any disclosable pecuniary interest they have in any item on the agenda which comprises

1. Details of any employment, office, trade, profession or vocation carried on for profit or gain.
2. Details of any payment or provision of any other financial benefit (other than from the authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. (This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
3. Details of any contract which is made between you (or a body in which you have a beneficial interest) and the authority.
 - (a) Under which goods or services are to be provided or works are to be executed; and
 - (b) Which has not been fully discharged.
4. Details of any beneficial interest in land which is within the area of the authority.
5. Details of any licence (alone or jointly with others) to occupy land in the area of the authority for a month or longer.
6. Details of any tenancy where (to your knowledge).
 - (a) The landlord is the authority; and
 - (b) The tenant is a body in which you have a beneficial interest.

7. Details of any beneficial interest in securities of a body where
- (a) That body (to your knowledge) has a place of business or land in the area of the authority; and
 - (b) Either –
 - (i) The total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - (ii) If that share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Note

A “disclosable pecuniary interest” is an interest of a councillor or their partner (which means spouse or civil partner, a person with whom they are living as husband or wife, or a person with whom they are living as if they are civil partners).

Member Code of Conduct - Declaring Interests Flowchart (Pages 7 - 8)

4 EXCLUSION OF PRESS AND PUBLIC

To consider whether the press and public should be excluded from the meeting during consideration of any item on the agenda.

5 MINUTES

To confirm the minutes of the meeting held on 16 October 2014 (copy enclosed).
(Pages 9 - 22)

6 NHS ENGLAND OVERVIEW AND CONTEXT [10.35 TO 11.00 AM]

To receive a presentation from Dr Mike Prentice, Medical Director (Cumbria, Northumberland, Tyne and Wear), NHS England highlighting issues at a national and regional level which will have implications for services in West Cumbria followed by questions and answers with Members of the Committee.

7 CUMBRIA COUNTY COUNCIL/CUMBRIA PARTNERSHIP TRUST [11.00 TO 11.30 AM]

To consider a joint presentation from the County Council and Partnership Trust providing some Cumbria level context highlighting upcoming changes which will have implications for services in West Cumbria followed by questions and answers with Members of the Committee.

**8 CLINICAL COMMISSIONING GROUP - UPDATE ON PRIMARY CARE
[11.30 AM TO 12.00 PM]**

To receive a presentation by the Clinical Commissioning Group updating the Committee on Primary Care services in West Cumbria followed by questions and answers with Members of the Committee.

**9 NORTH CUMBRIA UNIVERSITY HOSPITAL TRUST/CLINICAL
COMMISSIONING GROUP/TRUST DEVELOPMENT AUTHORITY
[12.00 TO 1.00 PM]**

To receive a joint presentation from the Clinical Commissioning Group and North Cumbria University Hospital Trust on High Risk Pathways and other key issues followed by questions and answers with Members of the Committee.

10 MEMBER DISCUSSION [1.00 TO 1.30 PM]

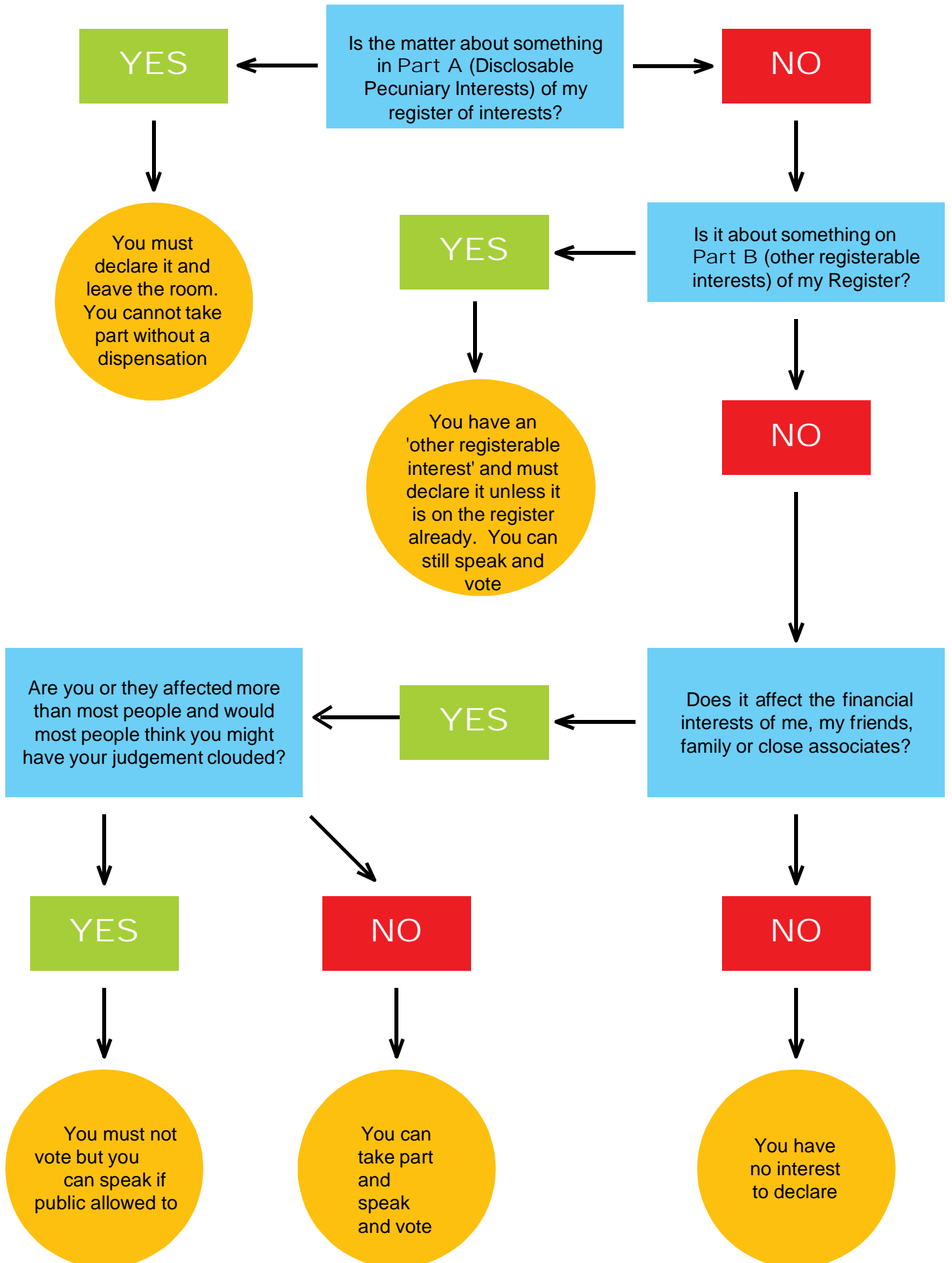
To discuss how the evidence received will shape the activity of the Committee going forward.

11 DATE OF FUTURE MEETING

To note that the next meeting of the Committee will be held on Monday 2 March 2015 at 10.00 am at County Offices, Kendal.

This page is intentionally left blank

MEMBER CODE OF CONDUCT – DECLARING INTERESTS



NB: You do not need to declare the nature of 'sensitive' interests.
You may still speak and vote if you have been granted a dispensation

This page is intentionally left blank

CUMBRIA HEALTH SCRUTINY COMMITTEE

Minutes of a Meeting of the Cumbria Health Scrutiny Committee held on Thursday, 16 October 2014 at 10.00 am at Committee Room 1 - County Offices, Kendal, LA9 4RQ

PRESENT:

Mr R Wilson (Chair)

Mr R Burns	Mrs J Raine
Mr G Garrity (Vice-Chair)	Mrs V Rees
Mr M Hawkins	Ms C Wharrier
Mr N Hughes	Mr WJ Wearing

Also in Attendance:-

Mr D Blacklock	- Chief Executive, Healthwatch
Mrs L Harker	- Democratic Services Officer, Cumbria County Council
Dr J Howarth	- Cumbria Partnership Trust
Mr J Hutton	- University Hospitals of Morecambe Bay Foundation Trust
Ms T Ingham	- Senior Scrutiny Manager, Cumbria County Council
Mr P Jones	- University Hospitals of Morecambe Bay Foundation Trust
Mr P Rooney	- Cumbria Clinical Commissioning Group
Mr M Smillie	- Cumbria Partnership Trust
Dr A Swann	- Cumbria Partnership Trust
Ms S Sutton	- Care Quality Commission
Ms M Taylor	- Cumbria Partnership Trust
Ms J Whittam	- Cumbria County Council
Mr C Wilson	- Care Quality Commission
Mr P Woodford	- University Hospitals of Morecambe Bay Foundation Trust

PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS

25 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Bland, Mr J Lister, Ms M Telford and Ms H Wall.

26 MEMBERSHIP OF THE COMMITTEE

It was noted that Mr W Wearing had been replaced by Mr J Lister as a member of the Committee for this meeting only.

27 DISCLOSURES OF INTEREST

There were no disclosures of interest on this occasion.

28 EXCLUSION OF PRESS AND PUBLIC

RESOLVED, that the press and public be not excluded from the meeting for any items of business.

29 MINUTES

A discussion took place regarding the prohibition of smoking in children's public play areas and it was suggested that an exchange of correspondence should take place on this matter with the local parish councils and Cumbria Association of Local Councils. It was agreed that the situation should be monitored in future.

RESOLVED, that the minutes of the meeting held on 16 July 2014 be agreed as a correct record and signed by the Chair.

30 CUMBRIA PARTNERSHIP TRUST - COTTAGE HOSPITAL MEALS

(Dr J Howarth, Mr M Smillie and Ms M Taylor attended for this item of business).

The Committee received a report regarding hospital meals services and how they were being adapted to best meet the needs of patients using existing resources.

Members were informed that as well as the nine community hospitals the Trust also provided inpatient services at the three acute hospital sites in Kendal, Whitehaven and Barrow-in-Furness and also their largest mental health campus at Carleton Clinic in Carlisle. The Committee were given an overview of current arrangements and it was explained that each site was different in scale with some having cooks on site covering most lunch and dinner times and others pre-prepared meals which had been made elsewhere.

The Trust explained that whilst the Patient Lead Assessment of the Care Environment (PLACE) scores were generally good and no significant issues had been highlighted with the meals services there were, however, a number of challenges which they would be seeking to address which included:-

- Food safety and compliance
- Patient nutrition
- Sustainability

The Committee were informed that increasing efficiencies needed to be made in order to keep community hospitals open, therefore, there was the need to centralise the provision of food services but emphasised that catering staff would continue to be based in all locations and snacks would still be provided for patients.

The Trust appreciated the concerns of the public but emphasised their commitment to engage with communities and also invited the Committee to sample their food. It was explained that Healthwatch would be meeting with the Trust to discuss the feedback they had received during a public engagement exercise.

A Member asked about the possibility of using resources which provided community meals for the local authority and it was confirmed that this had been investigated initially but the Trust would be happy to look at this again.

In conclusion the Committee were informed that the Trust would be aiming to provide community hospitals with a good, sustainable and consistent meals service that was well governed and most of all provided patients with the right nutrition.

RESOLVED, that

- (1) the report be noted;
- (2) an update be made to a future meeting of the Committee.

31 HEALTHWATCH UPDATE

(Mr D Blacklock attended for this item of business).

The Committee were provided with a summary of the Healthwatch Cumbria knowledge in relation to people's experiences of:-

- Mental Health Services
- Community Hospital Meals
- Cancer Services

together with a brief update on the other current operational and engagement activity.

(a) Mental Health Services

The Committee were informed that an extensive survey had been undertaken of mental health service users, their carers and families and of providers to inform the development of the emerging Mental Health Commissioning Strategy for Adults (a copy of the full report was appended to the report). Emerging trends were highlighted in:-

- Perceived access to mental health services
- Prioritised service for improvement
- GP services
- First step services
- Community mental health teams
- Crisis teams
- Inpatient services

A concern was raised regarding the number of in-patient care complaints and was informed that due to confidentiality it was difficult to find out specific reasons but suggested that this be discussed again at a future meeting.

Mental Health Services was discussed in more detail later in the meeting (minute 32 – Mental Health Services) refers.

(b) **Cancer Services Review**

The Committee were informed that Healthwatch Cumbria had received concerns at district meetings, during engagement sessions and at roadshows about the varying levels of service provided by all cancer services in Cumbria. Additionally, they were also aware of complaints being brought against services through the Independent Advocacy Service for NHS Complaints.

The nature of complaints and concerns were varied and included:

- Failure to diagnose
- Late diagnosis
- Chemotherapy being unavailable
- Radiotherapy being unavailable locally
- Patient records being mislaid causing delays in treatment
- Poor co-ordination of services between Trusts and community services

Members were informed that mislaying of patients records was not limited to one Trust and the Clinical Commissioning Group were investigating those issues.

In order to explore the concerns in more detail Healthwatch Cumbria had set up a Task and Finish Group to specifically focus on Cancer Services and had designed and widely circulated a survey to capture and analyse current experiences.

The Committee raised their concerns at the nature of all the complaints and asked that an update from the Task and Finish Group be provided at a future meeting.

(c) **Complaints**

The Committee were informed that the Task and Finish Group which Healthwatch Cumbria had set up to look at complaints had embarked on phases 2 and 3 of their work which focussed on complainants' experience of complaints handling and the services approach to embedding and sharing learning and improvements within

their respective organisations. It was agreed to discuss complaints further at a future meeting.

RESOLVED, that

- (1) the report be noted;
- (2) an update on Cancer Services Review be made to a future meeting;
- (3) a report on complaints be discussed at a future meeting.

32 MENTAL HEALTH SERVICES

(Mr M Smillie, Dr A Swann, Ms M Taylor and Mrs J Whittam attended for this item of business).

The Committee received a presentation on the Mental Health Review. The national picture was outlined to Members as follows:-

- Mental illness was the largest single cause of disability and represented 23% of the national disease burden in the UK.
- There was a very significant overall treatment gap in mental healthcare in England, with about 75% of people with mental illness receiving no treatment at all.
- There was an unacceptable large 'premature mortality gap': people with mental illness die on average 15-20 years earlier than those without, often from avoidable causes.
- Despite a welcome policy focus on mental illness, there had been a real-terms fall in investment of resources in mental health services in England since 2011.

It was explained that the Cumbria review focussed on treatment, recovery and rehabilitation and had been commissioned jointly and undertaken by the Centre for Mental Health who had visited, observed, interviewed and reported.

The next steps would involve a whole system response with the creation of a Mental Health Partnership Group formed in partnership with commissioners, providers and people who used services and their carers. The key objectives were:-

- Oversee the development and continuous review of the Cumbria Mental Health Strategy.
- Ensure national policies and best practices are delivered across all providers of mental health services.

- Identify the priorities for improvement and have oversight of the improvement programme.
- Provide opportunities for users, carers and families to have a voice and be listened to.

An in-depth discussion then took place on Mental Health Services.

The Committee were informed by Healthwatch Cumbria that Best Life Wellbeing Network had carried out an extensive survey of mental health service users, their carers and families and of providers to inform the development of the emerging Mental Health Commissioning Strategy for Adults and their report (referred to at agenda item 7 – Healthwatch Update (minute no 31 refers) provided an extract from the report.

Concerns were raised regarding the lack of therapies available through the First Step Services and it was agreed that improvements were necessary.

The Cumbria Partnership Trust informed the Committee that since the review major efforts had been made to improve key elements which were highlighted in the report. One of the key themes was capacity within resource and it was agreed that more collaborative working with 3rd sector organisations was necessary.

A discussion took place regarding the amalgamation of budgets and Members were informed that Cumbria County Council and the Clinical Commissioning Group were in the process of pooling mental health budgets to help achieve the right outcome.

A concern was raised regarding the number of people with mental illness receiving no treatment at all and Members were assured that work was being undertaken to reduce waiting times etc. It was emphasised that GPs also required continuous support and in response to a query regarding psychiatric nurses being attached to GPs to help the crisis team they were informed that every effort was being made to ensure resources were available at the right place. It was acknowledged that an increase in the liaison service was required to help ensure that the crisis team was used more appropriately.

A concern was raised regarding the lack of mental health services being available in the core team and it was agreed that this was a significant oversight and should be included in the team.

The Committee referred to benchmarking information and were informed that the issues recognised locally were not uncommon nationally. It was agreed to provide the Committee with benchmarking statistics.

The Trust informed Members that they had good joint commissioning guides and were meeting with commissioners to look at those. The Committee requested that further information be made available at a future meeting.

In terms of next steps the Committee were informed that a large improvement effort was being taken forward with time and care being taken to plan with key objectives being to build on relationships in the future. The importance of focussing on a smaller number of objectives and delivering good services was more important than trying to do too many things altogether. The Trust were keen to ensure they were realistic with support for people on the ground.

The Clinical Commissioning Group informed Members that by the end of October 2014 NHS England would publish a '5 Year Future For You' which would include additional guidance and requirements regarding mental health services and would include guaranteed access to services and in particular timeframes.

The Committee discussed the recommendations which fundamentally brought everything together and it was agreed that collaboration and working together on the issues was essential. It was agreed that the task and finish group could be reconvened to look at specific issues.

RESOLVED, that

- (1) the report be noted;
- (2) the task and finish group be reconvened in late December/early January;
- (3) a member briefing for both county and district members be arranged in the future.

33 CUMBRIA CLINICAL COMMISSIONING GROUP UPDATE

(Mr P Rooney attended for this item of business).

The Committee received a report covering the following issues:-

- Mental Health Strategy
- Maternity Services
- Together for a Healthier Future: North Cumbria
- Better Care Together: South Cumbria
- Community Services in Carlisle and Reiver House
- The NHS Cumbria CCG performance framework

(a) Mental Health Strategy

Further to minute no 32 in summary, NHS Cumbria Clinical Commissioning Group had established a new Mental Health Partnership Board, working with Cumbria County Council, Cumbria Partnership NHS Foundation Trust, third sector organisations and patient and carer representatives to develop and deliver a comprehensive Mental Health Strategy which would be completed in November.

(b) Maternity Services

The Committee were informed that NHS Cumbria CCG and Lancashire North CCG had formally requested that the Royal College of Obstetricians and Gynaecologists undertake an independent review of the current configuration of maternity services across the Cumbria and Lancashire North area.

The aim of the independent review was to identify clinically sustainable service options for the delivery of obstetrics and gynaecology services for the women of Cumbria and Lancashire North, which took into full consideration the clinical interdependencies particularly in relation to anaesthetic cover, neonatal and paediatric services. It would be undertaken by a team of highly experienced clinicians, and led by Dr Tony Falconer, a former President of the Royal College of Obstetricians and Gynaecologists.

The Review Team would undertake a number of interviews with relevant clinicians, stakeholders and the Chair and Vice-Chair of the Cumbria Health Scrutiny Committee. Members requested that a copy of the terms of reference be made available to the Committee.

The Committee requested that the cost of the independent review be made available to the Chair and Scrutiny Manager.

Members raised their concerns regarding the lack of consultant-led maternity services and after the outcome of the independent review had been published the possibility of writing to the Secretary of State was discussed.

A query was raised as to the need for a review of maternity services in Cumbria as there was due to be a national review. It was explained that to-date the national review had not been confirmed, therefore, after identification by the Care Quality Commission of significant specific issues it had been agreed to carry out an independent survey in Cumbria.

(c) Together for a Healthier Future

The Committee were informed that the Together for a Health Future Programme Board had developed an outline strategy for north Cumbria, which was submitted to NHS England in conjunction with the Cumbria Local Health Economy Strategic Plan 2014–2019.

The Clinical Commissioning Group had requested the national Health Gateway Team to undertake a review of the Programme governance arrangements to check that they were fit for purpose before the next critical phase was entered into. The Review provided external challenge to the robustness of strategy, plans, programmes, risk management, communication activities and cost management. The next phase of the Programme was to develop more detailed implementation plans.

The Programme Board had requested the Northern Region Clinical Senate to meet with local clinicians to discuss potential changes to the delivery of some specific high risk pathways. The Chair and Vice-Chair of the Health Scrutiny Committee had been invited to meet with the Clinical Senate as part of that review.

A full report would be provided to the Clinical Commissioning Group which would eventually be made available to the Cumbria Health Scrutiny Committee.

(d) **Better Care Together**

The Committee were informed that the Better Care Together Strategy had been submitted to NHS England and Monitor at the end of June. There continued to be dialogue about areas that required further development and the funding sources available for upfront changes in services and transitional costs.

As a result, the programme had focussed on five major activities:

- Development of a 2 year Delivery plan;
- Development of a clear narrative to aid external stakeholder communication;
- Financial impact assessment of the proposed Strategy and sustainability issues;
- Development of the vision for hospital based services at the Trust's three sites;
- Development of the workforce change plans.

Further work had been undertaken to revise the narrative and to develop a public and patient stakeholder briefing and the revised narrative would be made available to the Joint Cumbria and Lancashire Scrutiny Committee before it was submitted to NHS England and Monitor. It was agreed to seek clarification as to when the document could be made available to the Cumbria Health Scrutiny Committee.

The Committee welcomed the performance report. A query was raised regarding the diagnostic six week wait standard and how confident the CCG were that ongoing improvements would continue. In response Members were informed that they were confident that suitable plans had been put in place that, if delivered, would produce a positive outcome but emphasised that they would be monitored and challenged accordingly.

A discussion took place regarding recruitment and a concern was raised regarding the number of fixed-term posts which the CCG agreed to investigate along with concerns raised regarding interim positions becoming permanent.

In conclusion the Chair thanked the CCG for an informative report and emphasised the need to ensure the Committee were consulted before the media.

RESOLVED, that

- (1) the report be noted;

- (2) the Chair and Scrutiny Manager be provided with the cost of the maternity services independent review.

34 CARE QUALITY COMMISSION (CQC) UPDATE

(Ms S Sutton and Mr C Wilson attended for this item of business).

The Committee received an update from the Care Quality Commission.

(a) North Cumbria University Hospital Trust

Members were informed that North Cumbria University Hospital Trust (NCUHT) were still in special measures but early signs were encouraging. A meeting had been scheduled with the NCUHT Executive Team to discuss their plan in detail and a decision would be made regarding both announced and unannounced follow-up inspections.

The CQC acknowledged that recruitment was an issue and explained that they were working closely with stakeholders to begin to address those matters. Concerns were raised regarding fixed-term contracts and the CQC agreed to raise this with the Trust.

Members explained that their main concerns were safety together with the transfer of patients between Carlisle and Whitehaven and the CQC agreed to raise those issues with the Trust.

In conclusion the CQC informed Members that if the Trust did come out of special measures they would still be closely monitored and expressed the importance of the Committee informing them of any concerns which they had. It was agreed that the Committee would write formally with their concerns.

(b) University Hospitals of Morecambe Bay Foundation Trust

The Committee were informed that the CQC were monitoring the University Hospitals of Morecambe Bay Foundation Trust (UHMBT) action plan together with NHS England and Monitor. It was explained that the CQC were happy with the Monitoring Board and were pleased with the strengthening of their governance arrangements. A further follow-up inspection would take place in the future.

The Committee raised their concerns regarding resources in UHMBT maternity units and it was explained that all locations had been assessed and an overall report would also take into account the concerns raised by Members.

(c) General Issue

The Committee raised their concerns at the increasing number of GPs mis-diagnosing cancer and it was agreed that a CQC colleague would attend a future meeting of the Committee to discuss this in more detail.

RESOLVED, that the update be noted.

35 UNIVERSITY HOSPITALS OF MORECAMBE BAY FOUNDATION TRUST

(Mr P Woodford, Mr J Hutton and Mr P Jones attended for this item of business).

The Committee received a report which provided on update on key areas at University Hospitals of Morecambe Bay NHS Foundation Trust together with a CQC Improvement Plan and Integrated Performance report.

(1) Governance and Quality

The Committee welcomed a number of new appointments that had been made to the Trust Board including the newly appointed Chair, Pearse Butler, who would take up his new position in November 2014.

(2) Care Quality Commission (CQC) Improvement Plan

Members were informed that the Trust had created a CQC Improvement Plan which, to a large degree, was a requirement of the special measures process. The Plan detailed the actions the Trust would undertake including timescales to address the findings of the CQC Hospital Inspection reports which were defined as 'must' or 'should' do items.

The Trust had also established an Improvement Board consisting of representatives from a wide range of external stakeholders which was designed to complement existing Trust and health economy structures.

A discussion took place regarding the Trust being put into special measures and the Committee were informed that some concerns had been addressed which included Ward 39 being moved temporarily into smaller single sexed wards with a dedicated ward manager and matron.

A Serious Incidents Requiring Investigation Panel had been established to investigate more serious incidents together with a panel which met on a weekly basis to look at trends of incidents. The Trust acknowledged that further improvements were still required but emphasised that significant improvements had been made.

In response to questions relating to re-inspection of the Trust following it going into special measures Members were informed that measures had been put in place to address concerns.

(3) Nursing and Midwifery Recruitment

The Committee were informed that recruitment to the nursing and midwifery workforce remained one of the Trust's key strategic risks and had been the focus of intense activity over the course of the last 12 months. Since 2012/13 the Trust had invested around £5m into frontline staffing and by the end of 2014/15 it was

anticipated that the Trust would have put around £8m into front line staffing since it started to rebuild the Trust in 2012.

(4) Nurse Staffing Levels

The recruitment process had been successful with many areas fully staffed and for the consistence of care the Trust were replacing temporary staff with permanent appointments.

A discussion took place regarding international recruitment and it was explained that following strict testing and interviews 26 new qualified nurses were appointed to fill current vacancies.

(5) Operational Performance

With reference to referral to treatment/18 weeks it was explained that during August and September a nationally mandated backlog clearance to treat the longest waiting patients had been in place. Planned performance was, therefore, below the 90% and 95% admitted and non-admitted national standards but they would be re-applied from 1 October 2014.

(6) Finance

The Committee were informed that the Trust planned to incur a deficit of £18.988m this financial year after receiving commissioner support of £6m, however, the updated year end of forecast indicated the Trust could be £6m worse than planned.

The Trust would also incur further costs resulting from the recent CQC report, increasing nurse staffing levels to those recommended by the recently issued NICE guidance and the implementation of the Better Care Together strategy. The cash shortfall would therefore increase and cash support of £8m, in addition to the planned £13m, would be needed to allow the Trust to meet its financial commitments. It must also ensure that its CIP plans of £12.855m for 2014/15 were met in full.

It was explained that overspendings, particularly due to the use of agency medical, nursing and other staff, continued to be the main reason for the overspending. With safety as the priority, and a continued investment into front line staffing, the Trust would still be able to deliver £4.2m of savings to 31 August against a target of £4.7m.

(7) Integrated Performance Report

The Committee discussed complaints and were informed that investments had been made in the complaints team which allowed for rigorous checks to be carried out. It was explained that resources had been put in place to deal with long-standing complaints but emphasised the difficulties in achieving the 25 day target when dealing with them.

The cancer waiting times were discussed and it was explained that long-term issues were being dealt with and confirmed it was anticipated that the 18 week target would be met by December 2014/January 2015.

The Chair thanked the Trust for their report and asked that the Committee's best wishes be passed on to George Nasmyth for the future.

RESOLVED, that the report be noted.

36 EDEN DISTRICT COUNCIL SCRUTINY REVIEW UPDATE

The Committee considered a report on the Scrutiny Study of North West Ambulance Emergency Service in Eden District Coverage and Response Times undertaken by Eden District Council.

Members were informed that with the agreement of the County Council Eden District Council would look at health services in the district and it was decided to investigate the emergency ambulance service in the district.

The outcomes of the investigations included:-

- the ambulance crews themselves were caring and competent but concerns were raised about the pressures they were under;
- the current ambulance service data was designed to meet national response times rather than patient outcomes;
- response times in Eden district (and the rest of rural Cumbria) was significantly lower than urban areas and, therefore, affected outcomes;
- the current national commissioning arrangements did not suit rural areas such as Eden district or the rest of rural Cumbria;
- that NWAS proposed to make changes to the night time emergency ambulance cover in Cumbria and this would mean loss of the Penrith Rapid Response Vehicle (RRV) for five hours per night;
- a number of issues in the wider health organisation that impacted on the ambulance service such as hospital turnaround times, patients requiring specialist treatment at hospitals outside of the county and emergency calls made when patients could not see their GPs or Cumbria Health on Call - CHOCdocs' (out of hours GP service) quickly;
- Community First Responders were a key part of the Ambulance Service in Cumbria and especially in Eden district and should be treated in a similar fashion to the Mountain Rescue Service in terms of VAT exemption/compensation;

- Eden district needs to keep its ambulance vehicles and staff within the area.

Following the investigation a number of recommendations were made and the local MP would be asked to take four of them to the Health Minister and request that the Government investigate the national policies. NWAS had also been requested to comment on a number of the recommendations made. Progress with the recommendations would be considered in November 2014 and April 2015.

Cumbria Health Scrutiny Committee were also asked to monitor NWAS and the recommendations the Eden Review Group had made.

The Chair welcomed the report and the Committee supported the recommendations. It was agreed that a letter be sent to Eden District Council congratulating them on an excellent report.

The Eden District Council representative agreed to seek permission to share the review document with other district councils.

RESOLVED, that the report be noted.

37 DATE OF FUTURE MEETING

It was noted that the next meeting of the Committee would be held on Tuesday 2 December 2014 at 10.00 am in the Council Chamber, Allerdale Borough Council, Allerdale House, Workington, CA14 3YJ.

The meeting ended at 3.35 pm