

**HEALTH OVERVIEW AND SCRUTINY PANEL  
03 DECEMBER 2009  
7.30 - 9.50 PM**



**Present:**

Councillors Leake (Chairman), Virgo (Vice-Chairman), Mrs Angell, Baily, Brossard, Burrows, Harrison, Mrs Shillcock and Thompson

**Co-opted Members:**

Mrs Isabel Mattick, Bracknell Forest Local Involvement Network

**Also Present:**

Councillor Birch, Executive Member for Adult Services, Health and Housing

**In Attendance:**

Glyn Jones, Director, Adult Social Care and Health  
Richard Beaumont  
Mary Purnell, Berkshire East PCT  
Garry Nixon, Berkshire Healthcare NHS Foundation Trust  
John Divall, South Central Ambulance Service  
Mark Ainsworth, South Central Ambulance Service  
John Jones, Heatherwood and Wexham Park Hospitals NHS Trust  
Clare Culpin, Heatherwood and Wexham Park Hospitals NHS Trust  
Dawn Hines, Berkshire East PCT  
Liz Sanneh, Democratic Services Officer

**34. Welcome**

The Chairman welcomed John Divall and Mark Ainsworth, South Central Ambulance Service, John Jones and Clare Culpin, Heatherwood and Wexham Park Hospitals Trust, and Dawn Hines, Berkshire East PCT.

Councillor Scott Burrows was welcomed to the meeting as an elected member of the Panel.

**35. Apologies for Absence/Substitute Members**

There were apologies from Councillors Birch and Virgo who arrived late. There were no other apologies. There were no substitutes.

**36. Minutes and Matters Arising**

RESOLVED that the minutes of the meeting held on 3 September 2009 be approved as a correct record, and signed by the Chairman.

## Matters Arising

The Head of Overview and Scrutiny reported that the LINK newsletter had been circulated, as requested at the last meeting (item 23). The letter concerning Heatherwood and Wexham Park Hospitals medium term options (item 26) had been composed, agreed and sent, and the response had been circulated with the Agenda (pages 20-24). The Joint East Berkshire Overview and Scrutiny Panel had formed a working party on hospital car parking charges, and a letter concerning this had been circulated on 4 September (item 32).

### 37. **Declarations of Interest and Party Whip**

There were no declarations of interest.

### 38. **Urgent Items of Business**

There were no urgent items of business brought to the meeting.  
[Councillor Birch arrived]

### 39. **South Central Ambulance NHS Trust**

John Divall, Director of Corporate Affairs, South Central Ambulance Service, was invited to bring to the Panel an update of the Service's recent Care Quality Commission results. He thanked the Panel for inviting him, and indicated that the letter outlining the CQC results for SCAS, together with updates of the Trust's performance in the second quarter of 2009/10 and a letter to stakeholders, had been circulated with the Agenda papers.  
[Councillor Virgo arrived]

Mr Divall gave a visual presentation of key facts. He acknowledged that the Service had been rated as weak this year for quality of service, but good for quality of financial management. He outlined to the Panel the challenges with performance over the past year, and indicated that the Service had missed all its performance targets. The Ambulance Service nationally had experienced challenges with Call Connect. The Panel was given information on how 999 calls were categorised by the call centre and Mr Divall said that an additional 300 staff had been employed. There were further challenges, which included rising demand of between 5% and 6% per annum, turnaround delays in Accident and Emergency departments, referrals by Forestcare, and long delays at hospitals when Accident and Emergency departments were full. There were also seasonal risks including pandemic flu.

The Chairman thanked Mr Divall, and invited questions. In response to a question concerning ambulance response times in Bracknell, the Panel was informed that ambulances were placed in six-minute-response zones around the area to give the best possible response times to residents. Waiting times at hospitals were a continuing problem, with every extra minute over 30 being granted £2.60 from the PCT, but it was felt that this cost should be passed on to the hospital trusts where the delays occurred. For every delayed ambulance at a hospital, a manager was sent in to try to manage the delay and free up ambulances and crews.

On the subject of recruitment and retention, Mr Divall indicated that there were staffing problems, mainly due to the high cost of living in the south of England, and many staff were lost to London where extra weighting was paid. There was currently a 10% vacancy rate for emergency care assistants across Berkshire.

In response to a question about rising demand, Mr Divall told the Panel that it was difficult to ascertain why there was an increase; for the frail elderly, the ambulance service was often seen as a failsafe – there were other options but 999 was easy to remember. The Service was trying to support and manage demand, with a helpdesk in many centres. Low priority calls were passed to a clinical support desk and could be referred to an out-of-hours service. There was also a problem in some areas with high numbers of non-UK residents who had no GP registration and who saw the ambulance service as the best way to gain medical advice and attention.

With regard to ambulances queueing at hospitals, Mr Divall told members that this disadvantaged the Service. The performance indicator for response time began as soon as the call reached the call centre. One or two delayed vehicles in A&E did not necessarily present a huge problem, but could quickly escalate. Single responders sometimes went out to assess patients, and sometimes there was constant queueing.

Mr Divall confirmed that the merger of the former ambulance services had been successful, with the SCAS out-performing the former Berkshire service.

Councillor Mrs Shillcock asked about Forestcare incidents and suggested these would increase with the rising numbers of elderly people. Mr Divall indicated that in some places Rapid Access teams were used to go to patients, and Mark Ainsworth, Divisional Director for Berkshire SCAS, told the group that there was a review group looking at alternative care pathways, and that the biggest problem was access to social care, which currently had to be through GP surgeries. Some discussion took place around end of life care and the need to educate nursing home staff. Glyn Jones indicated that community equipment was available to health staff under the transformation agenda. Cllr Virgo told Mr Divall that the enormous challenge to the service was recognised by the meeting. Clare Colpin (Heatherwood Hospital) told the meeting that there was a gold standards network for those requiring palliative care, and the Liverpool Care Pathway empowered patients to choose where their life would end. At Heatherwood the A&E team was taking a whole team approach to solving problems and looking to manage more effectively.

The Chairman thanked the SCAS representatives, and they left the meeting.

#### **40. Update on financial position of Heatherwood and Wexham Park Hospitals**

John Jones, Director of Corporate Affairs, and Clare Culpin, Director of Nursing, from Heatherwood and Wexham Park Hospitals Trust attended the meeting in place of Julie Burgess, Chief Executive, who had been called away to a meeting with the Strategic Health Authority. They gave an update on the financial position at H&WPH, and indicated that documents showing the statutory intervention notice issued by MONITOR and the CQC rating had been circulated with the Agenda. A letter to the Chairman of HOSP, dated 14 October, had also been circulated.

In response to these recent developments, Christopher Langley had been appointed directly as Chairman, and a Medical Director had been sought; interviews were held and two applicants turned down the post, and there was now a temporary Medical Director in post. Mr Jones indicated that Monitor had made it clear that they had no concerns about patient care at the Trust. A major transformation programme was underway, with 150 cost improvement plans in place. The Trust was now working more effectively and the plans had been risk assessed to ensure safety of patients. Procurement contracts had been reviewed, and resources were being used more effectively. There would be a four year plan in January, and it was hoped to improve

the Trust's financial position and to turn around the organisation so that it became viable once again.

With regard to the declaration to the Care Quality Commission, which covered health and social care, 35 out of 42 standards had been met. There would be a formal declaration in the new year, and continuous assessment. The CQC had asked for mid-year declarations in April and October, following comprehensive review against all the standards. The Trust was working closely with the CQC and sharing detailed information in a bid to move forward.

The Chairman thanked the Trust representatives, and asked whether they were on track for licensing. The response was that they were working towards it and had had meetings with CQC who were reviewing progress, that a conditional licence was possible, but a decision would not be known until 2010. The Trust had undergone a very detailed assessment on core standards across the whole organisation, and they had reviewed all the evidence to assure themselves that it was robust. The conclusion was that they were now in a much better position.

Councillor Thompson asked about Monitor's role, and whether there was continued contact. Mr Jones replied that the Trust needed to prove viability; the main difference in the plans was over governance and finance to ensure that the Trust made a surplus in two years' time. Monitor had not rejected the whole plan, and Cllr Thompson was assured that there would be consultation about any major service changes.

With regard to the employment of agency staff, and the significant cost involved, Cllr Mrs Shillcock asked whether the Trust had examined its Terms and Conditions of employment to discover why staff did not want permanent contracts. Clare Culpin told the meeting that there had been a lack of process in terms of booking agency staff. Nurses and midwives were very difficult to recruit because of the close proximity to London, and the high cost of living in the area. The Trust offered a good deal to nurses in terms of career pathways. However, sometimes it was impossible to recruit specialist nurses, so there was a need to use agency staff.

Councillor Virgo asked whether *Clostridium difficile* figures could be brought to the meeting, and was told that *C.dif* rates last year were lower than expected, as they were for the current year. The Trust was working hard to reduce these figures, and every case had been examined to determine the root cause, and lessons were being learned.

In response to a question about redundancies, Mr Jones told the meeting that these were not clinical or nursing posts, that the Trust was looking at staffing issues with a view to working more efficiently, and it was hoped that with a recruitment freeze and redeployment of existing staff would obviate the need for many redundancies.

Councillor Harrison asked about IT projects which had reportedly overrun, and asked whether these were outsourced or internal, and what project management procedures were in place. He was told it was in-house, and the Trust was about to launch an updated patient record system with a view to automating more of the work which was currently done manually.

The Chairman congratulated the Trust on the frankness of their Chief Executive's letter to the Panel, and summed up by reminding the Trust that as a panel they had been highly supportive of the Trust in its provision for Bracknell Forest residents. He asked for an assurance that the management of the organisation had taken on board the accusation of past complacency and that the reduction of PCT funding would not

impact on services to patients – this was the panel's prime concern, and he wanted to know that this concern was being conveyed to all staff. Mr Jones responded by saying that a new Board was in place now, and it was totally focused on making the trust successful. Councillor Birch reassured the panel by saying that at his last meeting with the Chief Executive of the Trust this assurance had been given.

The Chairman thanked Mr Jones and Ms Culpin for their reports to the meeting, and reminded them that the Council had previously signed a protocol with the Trust on the exchange of information, and urged them to read and comply with this.

[Mr Jones and Ms Culpin left the meeting]

#### **41. NHS Berkshire East Budget**

The Chairman welcomed Dawn Hines, Director of Finance and Performance for NHS Berkshire East. She had been invited to attend the Panel to give an update on the PCT's budget and to answer members' questions with particular reference to progress on the PCT's process to save 15%-20% of costs in the annual budget over the next five years. The budget paper had been circulated with the Agenda.

Ms Hines said that £20 billion was to be saved by the NHS nationally over the next five years, and NHS Berkshire East aimed to save £65 Million under world class commissioning. Ms Hines gave a brief presentation on the challenges and strategic plans for the PCT and drew members' attention to the budget report. She told the meeting that the PCT was on target to deliver a surplus for the current financial year.

[Glyn Jones left the meeting]

Ms Hines told the meeting that the PCT had seen significant growth in the use of London hospital trusts, and for continuing care there were financial pressures. The PCT was reviewing the sale of Skimped Hill premises in light of the current financial climate.

The Chairman thanked Ms Hines and asked in what areas would there need to be change to make significant savings for the PCT. Ms Hines told the panel that they were currently using national benchmarking schemes. There was a high rate of outpatient appointments, so the PCT was asking whether they were buying the right level of service, and whether it could be bought more cheaply. They were looking at areas which were proven to be less clinically effective, and considering outsourcing pathology and diagnostics, prescribing, and specialist commissioning.

In response to a question about creditors, Ms Hines told the panel that the PCT was trying to streamline their payments process particularly for small businesses, and 70% of invoices were now being paid within 30 days. Councillor Burrows asked what assumptions had been made on continuing care, and Ms Hines advised that these had not yet been confirmed, but she would be happy to report on progress.

[Ms Hines left the meeting]

#### **42. Working Group Updates**

The Panel had received the Working Group updates with the Agenda papers.

Councillor Burrows introduced the progress report on the Preparedness for Public Health Emergencies Group, which had met six times, telling the meeting that this report would be written after meetings with the Health Protection Agency and others.

Councillor Virgo reported on Bracknell Healthspace Working Group which had met on nine occasions. The Group's report had been drafted and was currently under consideration.

The NHS Core Standards Working Group had been formed following the last Health Overview and Scrutiny Panel, and letters sent out from this Group had been circulated.

**43. Overview and Scrutiny Quarterly Progress Report**

The Head of Overview and Scrutiny introduced the report, which was self-explanatory. He drew the members' attention to page 61 Developments, telling them that the Local Democracy, Economic Development and Construction Bill had been enacted and received Royal Assent. The progress report also included a summary of working groups with completed reviews and feedback questionnaires.

Richard Beaumont reported that on the 'Strengthening Local Democracy' consultation, resources for Overview and Scrutiny was one of the common questions asked by councils, and that extending powers without extra resources made the chances of success very remote. The Chairman agreed that this was an extremely serious matter as it was apparent to scrutiny panels that there was a lack of resource.

**44. Joint East Berkshire Health Overview & Scrutiny Committee Minutes**

The Panel noted the Joint East Berkshire Health Overview and Scrutiny Committee minutes of 14 September, which had been circulated with the Agenda.

Councillor Virgo told the meeting that the Joint East Berkshire Health Overview and Scrutiny Committee had set up a working party on hospital car park charges. Site visits were being planned, and the group would report back on their findings.

**45. Date of Next Meeting**

The scheduled date of the next meeting was Thursday 4 March 2010 at 7.30 pm. The Chairman warned that Overview and Scrutiny was raising issues with the PCT and might need a meeting sooner. This was provisionally scheduled for Tuesday 22 December at 7.30 in the Council Chamber.

**CHAIRMAN**