

**HEALTH OVERVIEW AND SCRUTINY PANEL
12 MARCH 2015
7.30 - 9.35 PM**



Present:

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Kensall, Mrs Phillips, Mrs Temperton and Thompson

Co-opted Member:

Dr David Norman

Executive Members:

Councillor Birch

Observer:

Mark Sanders, Healthwatch

Also Present:

Councillor Leake

Andrea Carr, Policy Officer (Overview and Scrutiny)

Zoë Johnstone, Chief Officer: Adults & Joint Commissioning

John Nawrockyi, Interim Director of Adult Social Care, Health and Housing

Jean O'Callaghan, Royal Berkshire NHS Foundation Trust

37. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 15 January 2015 be approved as a correct record and signed by the Chairman.

Matters Arising

- The Panel was advised that NHS England had recently given a presentation to the Health and Wellbeing Board concerning its responsibility for managing and commissioning the expansion of primary care. The chairman undertook to discuss the matter further outside the meeting
- The outstanding action from the previous meeting of the Panel concerning whether the labelling of prescribed drugs to show their cost will be applied to Bracknell and Ascot (in a manner similar to that occurring in West Berkshire) be pursued, by letter if necessary

38. Declarations of Interest and Party Whip

There were no declarations of interest or any indications that Members would be participating under the party whip.

39. Urgent Items of Business

There were no urgent items of business.

40. **Public Participation**

There were no submissions under the Council's Public Participation Scheme for Overview and Scrutiny.

41. **Royal Berkshire NHS Foundation Trust**

The Chairman welcomed Jean O'Callaghan, Chief Executive of the Royal Berkshire NHS Foundation Trust to the meeting to speak about the performance of the Trust and the Bracknell Urgent Care Centre.

It was reported that the Trust's governance structures had been reviewed and a new risk management framework developed. The Board was now working to develop a long term strategy for the Trust.

Generally the Trust's performance was improving and mortality rates were below the national average. However, it had been found that the Eighteen Week Pathway Rules for monitoring waiting times were not being applied correctly and people were waiting for longer that they ought to have been. An error that had resulted in the review of over 40,000 cases to ensure that patients were correctly placed on the pathway. The correct reporting methodology was now being used and the Trust was compliant with two out of the three pathways monitored. Compliance with the third pathway was expected by the end of July.

With 94.89% of the patients attending accident and emergency during quarter 2 receiving treatment within the target times set, the Trust was one of the best performing in the Thames Valley for accident and emergency waiting times. However the target had been set at 95% and had consequently been missed. The size of the Accident and Emergency unit was such that it was currently not able to cope with the demands placed on it and the target had also been missed in Quarter 3 and was expected to be missed again in Quarter 4. To address this the Trust was exploring ways of expanding the footprint of their urgent care provision.

Other positive areas of note included:

- The opening of a new £10million surgical facility
- Positive returns from the staff survey particularly when compared to the staff survey out-turns from other Trusts
- The Royal Berkshire Trust was considered to be one of the best heart attack treatment centres in the Country
- Work was taking place with Reading University to develop a Physician's Assistant Role. This was a common role in North America where assistants provided a service that was approximately halfway between that of a nurse and a doctor
- Work was also taking place to address capacity issues in the provision of maternity and ophthalmology services.

The Trust's current financial position was considered to be challenging and it was expected that there would be a budget deficit of between £6.7 and £8million by the end of the current financial year. Further savings would have to be made in the next financial year and the situation would remain challenging. To address this the Board was working to identify where savings might be made through improving processes and service efficiencies as well as exploring alternative ways of delivering services and improved partnership working.

There had been an increase in the number of incidents being reported. This was not seen to be a negative because it meant that people were willing to report incidents and the data being collected was now more accurate. Feedback was finding that where incidents were reported they were well investigated and patient feedback on the outcomes was positive. To assist the reporting process a new electronic system had been introduced and staff were being trained to use it correctly.

Staff behaviour had been a known problem in previous years and the Trust was still getting too many complaints about staff attitude and rudeness. The Trust's Board monitored complaints and had a zero tolerance approach to dealing with unsatisfactory behaviour. Following staff feedback that the appraisal process was not as good as it might have been the process had been reviewed and updated and work to further improve the process was ongoing. Staff training had also been increased and the target to achieve an 85% participation rate had been met and subsequently increased to 90%.

The Care Quality Commission (CQC) and the Clinical Commissioning Group were monitoring action plans that had been put in place to ensure the Trust's compliance with identified problem areas. Performance against these action plans was regularly monitored by the Board and the latest overview progress report would be forwarded for information.

It was acknowledged that although the work of those within the Dementia Unit was praised by those using the service there had been complaints about the knowledge and awareness of staff who worked outside the unit particularly in relation to awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff training had been put in place to address this however the high turnover of staff meant that this was currently an ongoing concern.

Whilst the calculation of mortality rates was a complex process, the data had indicated a higher mortality rate at weekends and the Board had moved to improve out of hours consultant cover and work was taking place to examine how the hospital could be fully serviced seven days a week. In the Accident and Emergency Department a consultant was available twenty four hours a day seven days a week and there was senior coverage on the unit twenty four hours a day.

The volume of administrative tasks that staff had to do had increased over time and the Trust did work to ensure that staff were doing the right jobs.

It was acknowledged that the Working Time Directive had impacted on staff availability however working too many hours was not considered good practice when it came to patient care and the directive had reduced this.

Bracknell Urgent Care Centre, Brants Bridge

The Trust was committed to providing more services in the wider community and was working with the Clinical Commissioning Group to explore ways to further develop the offer available at the Bracknell Urgent Care Centre and to occupy the second floor of the building for example through the provision of an endoscopy service or a fracture clinic. However it was stressed that the Trust did have to cover its costs and a range of options would be considered when planning new services at the Centre.

The Panel expressed concern that when the service was re-commissioned in April there would be a significant rent increase. It was thought that an automatic rent increase had been incorporated into the contract for Brants Bridge however it was agreed that the matter would be clarified.

It was noted that there were anecdotal reports that the atrium at the Brants Bridge building suffered from temperature extremes. It was agreed that the matter would be explored and a solution developed. Garage lighting and the availability of refreshments were also raised as issues requiring attention.

The Panel thanked Jean O'Callaghan for her update.

42. **Joint Strategic Needs Assessment and the Health and Wellbeing Strategy**

The Panel received a report providing an update on the development of the Bracknell Forest Joint Strategic Needs Assessment (JSNA) and the work taking place to refresh the Joint Health and Wellbeing Strategy.

The Panel was informed that the Public Health Team had worked with both the Clinical Commissioning Group and other partner agencies to develop a comprehensive internet based JSNA that was both innovative and engaging with a monthly blog focussing on topical issues and an animated self care guide to provide advice on a range of common illnesses and conditions. Although the JSNA has been held up both locally and nationally as an example of good practice and has attracted a four fold increase in the number of visits made to the site over the past twelve months, the Public Health Team would continue to extend the scope of the site for example through the inclusion of new chapters relating to key topics including child sexual exploitation and female genital mutilation as well as exploring wider health limiting factors such as social exclusion.

The data provided in the JSNA would be used to inform the Joint Health and Well-Being Strategy which would set out areas of work that the Council, Clinical Commissioning Group and other partners would prioritise in relation to improving health and well-being in the Borough.

Work would take place over the coming months to map the activities taking place across the Borough to meet local needs and to identify any gaps. This information would then be used to ensure that the Strategy's priorities did not replicate the work already taking place elsewhere. When selecting priorities there would be a focus on where a proposed priority's impact would make the biggest difference to the health and wellbeing of the Borough's residents.

The Panel was informed that following a review the Health and Wellbeing Board had agreed to expand its membership to include acute hospital trusts, and other service providers including the voluntary sector, housing and the Police. The Board would also set up task and finish groups that would assume responsibility for the delivery of key work packages.

In the coming months, the Board would be developing its key priorities which would include provision of primary care services as well as a series of measurable objectives that would enable the Board to monitor its performance. Although there would be no formal public consultation on the Board's proposed priorities, partners would be asked to consult widely with their stakeholder groups as work progressed.

The Panel noted the update.

43. Departmental Performance

The Panel received and noted the sections of the Adult Social Care, Health and Housing Department's Quarter 3 (October to December 2015) Quarterly Service report (QSR) relating to health.

The Panel was informed that the high number of people admitted to hospital over the Christmas and New Year period had placed a huge level of demand on all health services. The problem had been a national one and whilst the additional funding from the Government's Winter Pressures Fund had had some impact there were still capacity issues.

44. Reprise of Past Panel Work

The Panel received a report providing an overview of the Panel's activities over the past four years.

It was noted that a key piece of work for the Panel had been the scrutiny of the Francis Report arising from the review into the failings of the Mid-Staffordshire Hospital Trust and the subsequent analysis of the report's implications for both the Borough's health care providers and the Council's scrutiny function. The Panel's work had highlighted a number of areas for improvement which were being taken forward by local hospital trusts and this area would continue to be kept under review going forward.

The Chairman thanked Panel members for all their hard work during the past four years. Thanks were also expressed to the Executive Member for Adult Social Care, Health and Housing and all the officers for the work that they had done to support the Panel.

45. Executive Key and Non-Key Decisions

The Panel noted the forthcoming Executive Key and Non-key Decisions relating to health.

46. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 2 July 2015 at 7.30pm.

CHAIRMAN