

**HEALTH OVERVIEW AND SCRUTINY PANEL  
13 MARCH 2014  
7.30 - 10.00 PM**



**Present:**

Councillors Virgo (Chairman), Mrs McCracken (Vice-Chairman), Mrs Angell, Baily, Finch, Kensall, Mrs Temperton, Thompson and Ms Wilson

**Co-opted Member:**

Dr David Norman

**Executive Member:**

Councillor Birch

**Observer:**

Mark Sanders, Healthwatch

**Also Present:**

Councillor Leake

Richard Beaumont, Head of Overview & Scrutiny

Glyn Jones, Director of Adult Social Care, Health & Housing

Mr Flowerdew, Royal Berkshire NHS Foundation Trust

Mr Robson, Royal Berkshire NHS Foundation Trust

Ms Morton, Royal Berkshire NHS Foundation Trust

Ms Hutchins, Royal Berkshire NHS Foundation Trust

**49. Minutes and Matters Arising**

The minutes of the Panel held on 4 February 2014 were approved and signed by the Chairman.

Matters Arising

*Minute 47: Heatherwood and Wexham Park Hospitals (HWPH)*

The Head of Overview and Scrutiny confirmed that a letter had been sent on behalf of the Panel to Monitor, the Care Quality Commission, the HWPH Trust and NHS England to express the Panel's concerns and lack of full confidence in the HWPH Trust. A response was awaited.

**50. Declarations of Interest and Party Whip**

There were no declarations of interest.

**51. Urgent Items of Business**

There were no items of urgent business.

**52. Public Participation**

In accordance with the Council's Public Participation Scheme for Overview and Scrutiny the following question was submitted by Mr Pickersgill, a resident of Bracknell Forest:

*The Health and Social Care Act was delayed to add protection against Clinical Commissioning Groups (CCGs) commissioning care conflicting with their own financial interests. As many local GPs (including those on the CCG) have a financial interest in "Specialist Services" which offers specialist musculo-skeletal services and this will be a service at the Urgent Care Centre in Bracknell, how can we be assured that there will be adequate safeguards against such a conflict occurring?*

A written response was provided by Mary Purnell, Head of Operations, Bracknell and Ascot Clinical Commissioning Group:

In line with any public body, Bracknell and Ascot CCG have procedures and safeguards against potential conflicts of interest. This can be a particular challenge for CCGs as CCGs are member led organisations, and our member practices are by definition providers of primary health services. For that reason, the measures to identify and manage conflicts of interest are rigorously applied. On a routine basis, the registers of interests are maintained and published on the website <http://www.bracknellandascotccg.nhs.uk/> and declarations of interest are made at each meeting (internal and public).

Whenever a change to service was being implemented, and particularly where there was any procurement or other contractual issue, potential conflicts were managed by ensuring that no conflicted member of the CCG participated in the decision making process. Separate registers of interest were kept for those participating in any procurement, including staff and patient representatives who may be supporting the process. This was clearly stated in the Bracknell and Ascot CCG Standards of Business Conduct policy and in the Bracknell and Ascot CCG Constitution.

In the particular case of the musculo-skeletal assessment and treatment service currently being procured for the Healthspace, these processes were being diligently applied. The procurement was not yet complete, and no contract had yet been awarded, so no details can be made available regarding any organisation who may have bid to deliver the service. It was hoped that the procurement would be completed shortly and an announcement would be made at a forthcoming CCG Governing Body meeting. The service would not run from the Urgent Care Centre itself, but would be delivered from elsewhere in the Healthspace building.

The Director of Adult Social Care, Health & Housing reported that the CCG Governing Body met in public and also had a public participation scheme and so if the public wished to submit questions to them directly, they could do so. Details of these meetings were available on the CCG's website.

### 53. **Royal Berkshire NHS Foundation Trust**

Representatives from the Royal Berkshire Trust Mr Flowerdew, Mr Robson, Ms Morton and Ms Hutchins attended the meeting and made the following points:

- The Trust had undergone considerable scrutiny from Monitor and there were a number of reasons for this, including the Trust's financial situation, A&E waiting times and concerns around the Board's ability to deliver the work required of it.

- The Trust had initially been given a rating of one by the Care Quality Commission (CQC), this had now been reviewed and the Trust was pleased to report that CQC had given the Trust a rating of five. The initial rating had dismayed staff who had felt that their rating had always been a five. Mr Flowerdew considered that the methodology used by the CQC was somewhat arbitrary. The CQC would be inspecting the Trust again on 24-26 March 2014. Much preliminary work had been undertaken by the Trust to prepare for this and there would be a public engagement session held ahead of the inspection to gauge public views around services provided by the Trust. An external peer review would also be carried out.
- Monitor had been encouraged by the work undertaken by the Trust and there had been a public announcement made by Monitor to this effect.
- The waiting times currently experienced in A&E indicated that a review of the whole system was needed, the Trust recognised this and that their performance had been consistently below the Government target of 95% of patients to be seen in A&E within four hours. It was noted that the only Trust achieving this government target in Berkshire at present was the Frimley Park Trust. It was also noted that attendances at A&E were increasing year on year.
- It was reported that there had been a change in the type of patients being seen in A&E. There had been increases in patients needing resuscitation or with major issues and a decrease in the number of minor injury patients. Throughout the winter period there had been a larger than average attendance in the number of over 75's attending A&E. There was a particular issue with 'frequent fliers', where 69 people had accounted for some 1,000 attendances at A&E.
- It was reported that in terms of whole system actions, a Berkshire West System Recovery Plan had been agreed to improve performance and an operational teleconference was in place three times a week to monitor actions agreed within this, supported by Almanac. A whole system review had been undertaken by ECIST (Emergency Care Intensive Support Team) in March 2013. A steering group had been formed and an action plan developed to implement the recommendations from ECIST. A predictor model would be developed from data.
- The Director of Operations reported that the vision for the Royal Berkshire Bracknell Healthspace had been to bring care closer to home and create a modern, calm and patient centred facility. To reduce congestion at acute sites and provide innovative patient pathways. The Healthspace would also host other services such as the Urgent Care Centre, a base for GP out of hours service, Orthopaedic Physiotherapy, and MSK triage services.
- There had been a steady increase in patients choosing to attend the Bracknell Healthspace. Referrals remained linked to Clinical Commissioning Group contracts.
- In terms of renal and oncology services, Bracknell Forest residents could now choose to receive services locally where previously they would have had to travel to neighbouring areas such as Windsor or Farnborough.

*The Chairman stated that the Urgent Care Centre was important for Bracknell Forest, he queried how financially sound the Centre would be over the next three years and also what was planned for the top floor of the building.*

It was confirmed that the top floor would not be used; it would either be sold or rented. The Healthspace was already covering its own costs and operating at a surplus. If the facility was well used, it would remain financially sound. The debt of the building of £25m that would need to be covered over time.

*The Panel queried to what extent patients could choose where they received oncology services.*

It was reported that there was no contractual reason to prevent patients choosing where they would like to receive their care. If patients needed specialist care this could limit choices. There was currently a low proportion of Bracknell and Ascot patients at the Healthspace due to pre-existing contracts with commissioners. In individual cases, there might be technical reasons why a Bracknell resident could not receive treatment at the Healthspace.

*The Panel asked if it would be possible for ambulances to be encouraged to be on stand by around the Urgent Care Centre, should patients need to be transferred to A&E.*

It was reported that the likelihood of a transfer being necessary was small. If people arrived by car, they could continue their journey to A&E by car.

*The Panel asked if there was any indication as to why the number of minor injury patients had now decreased at A&E.*

It was reported that there were two likely reasons; the first that the information provided to the public was taking effect and people were using other facilities instead of A&E and secondly the incidence of minor injuries often involved sports injuries and these usually were reduced during the winter months.

*The Panel queried the robustness of the Trust's IT systems as a recent experience had shown that a patient had been asked to give her personal details on four occasions to different staff during one stay at hospital.*

It was reported that patient information was recorded electronically and that this shouldn't happen. The Trust had made progress in the way it shared information.

*The Panel asked how the median wait time from arrival to treatment was calculated.*

It was reported that this included the patient being assessed and history taken from the patient. A diagnosis being made and treatment implemented.

*The Panel queried the nine hour and 22 minute wait times for A&E, that were not meeting the government target.*

It was reported that these breaches were usually due to capacity issues, quite often waiting for a bed to become available.

*The Panel asked if the Trust issued 'Hospital Leaving Letters'*

It was confirmed that they were not issued, patients were formally discharged.

*The Chairman queried the Trust's performance in terms of responding to Stroke patients within the target of 90%. The Trust was delivering at 69-70%.*

It was reported that the target of 90% had been set with the CCG. Nationally the average performance was 56%. Delays usually happened in the night time after midnight when consultants were not available. The Trust was considering appointing an advanced nurse practitioner role; this would ensure regular support for Stroke patients. In addition, those patients that presented with non obvious symptoms may take more time to assess.

*Councillor Kensall, the specialist member for patients complaints reported that he had met with the Trust in 2013 to discuss their complaints policy, he had been informed that the policy was been rewritten. Was the complaints policy now available?*

It was reported that the policy had not yet been formally approved by the Trust's Board. The procedure for reporting complaints had been improved considerably. The new policy would be available from 1 April 2014.

*The Executive Member for ASCH&H asked that if the Trust would be making numerous new appointments, how would the Trust be managing financially, given the difficult economic climate.*

Representatives reported that the Trust was responding strongly to the 'Francis factor'. The new appointments would assure patient safety; this would include expanding the number of consultants at the Trust which had been recommended by Monitor.

*The Executive Member for ASCH&H asked what activity the Trust would not be doing given that that funding was being allocated into these areas.*

It was reported that all costs were being reviewed, the Trust's deficit would need to be addressed and consideration was being given to what activity the Trust could refrain from that would not impact patient safety.

*Councillor Leake queried the concern from Monitor around the Trust's governance arrangements and if the Trust were satisfied that their governance arrangements were effective.*

Representatives reported that Monitor had looked at two aspects which were that there had been three episodes where quality had been breached and secondly, the c.diff rates had spiked. These two aspects were seen as oversights on the part of the Board. Since the report by Monitor, the Trust was confident that measures had been put in place to resolve governance issues.

The Chairman thanked the Royal Berkshire Trust's representatives for a very informative discussion.

#### **54. SEAP (Support, Empower, Advocate & Promote) Complaints Advocacy Service**

Representatives from SEAP delivered a presentation explaining their role and activities, with reference to case studies and made the following points:

- The SEAP service was run across Berkshire and had been commissioned to provide the Independent Mental Health Advocacy and Community Mental Health Advocacy services for Berkshire by the Clinical Commissioning Groups. They were commissioned to provide the NHS Complaints Advocacy Service for Berkshire by the six local authorities.
- SEAP ensured that those with mental health issues had a voice and were properly informed and enabled to make informed choices.
- Anyone could refer to SEAP and SEAP were experiencing a steady rise in referrals.
- SEAP presented to the Panel a number of case studies to illustrate the kind of work they undertook.

The Healthwatch representative advised that whilst SEAP could take up individual complaints, the role of Healthwatch would be to consider issues, complaints and trends more generally. In addition, in the first instance, patients should always consider speaking to providers before contacting either SEAP or Healthwatch.

*The Panel asked how SEAP would be informing the public about their service.* SEAP representatives reported that they were currently working on their marketing and promotion strategies. They would be running a number of drop in sessions across Berkshire, in various centres as well as attending the Healthwatch launch events and speaking on Radio Berkshire. SEAP worked closely with Bracknell Forest Voluntary Action to choose venues and community settings for their drop in sessions. Any ideas for venues would be welcomed from the Panel. SEAP also provided leaflets to all GP surgeries in Berkshire promoting their role. SEAP had its own complaints procedure if anyone wanted to complain about their advocacy service.

*The Panel asked how SEAP would be liaising with Clinical Commissioning Groups (CCG's)?*

It was reported that SEAP had already established regular contact with CCG's and leaflets about SEAP's role had been provided for all GP surgeries. CCGs had acted as a mouthpiece for SEAP at GP surgeries.

The Chairman thanked the SEAP representatives for a very informative presentation.

#### **55. The Patients' Experience**

The report asked the Panel to review the latest survey responses given by patients of Bracknell Forest GP practices and the current information from the NHS Choices website for the NHS Foundation Trusts providing most secondary NHS services to Bracknell Forest residents.

The Panel noted that much of the results had not changed significantly since the last survey six months ago. It was reassuring to see that confidence and trust in GP's remained good across surgeries. It was noted that there were issues around people being able to get appointments in a timely manner.

The Healthwatch representative reported that patient experience was an area that was of high priority to Healthwatch as whilst a high proportion of people were content with the health care they received, the service side of healthcare was more likely to raise issues. Healthwatch would be collecting soft data from the Urgent Care Centre to gauge the extent to which people were having difficulty getting appointments with their GP. Any good practice gleaned would be shared across the borough with practice managers. This work would also be shared with the Panel.

The Chairman felt that further work would be necessary around this in order for the Panel to explore the issues more robustly. It was agreed that this item be considered at the Panel's six weekly meeting to establish the focus of the work and to establish when the work could be brought back to the Panel.

#### **56. Applying the Lessons of the Francis Report for Health Overview and Scrutiny**

Councillor Mrs McCracken, Lead Member of the Working Group reported that this report had now been submitted to the Executive and had received some complimentary remarks from Executive Members. She thanked Working Group Members and the Head of Overview and Scrutiny for all their work. It was noted that the recommendations of this Working Group were now being put into practice.

#### **57. Departmental Performance**

In response to Members queries, the Director of Adult Social Care, Health & Housing (ASCH&H) reported that with reference to 6.9.2 of the report, pharmacies acted as a

frontline practitioner and were able to give people a range of advice this included advice around reducing harm caused by drugs and alcohol abuse.

The Director ASCH&H reported that the department's underspend was not as great as initially anticipated. Public Health activity was currently within budget.

*The Chairman asked what the big issues were that most concerned the Director at the present time.*

The Director reported that the big issue going forward would be the Better Care Fund. It would be a challenge to deliver the integration work required and the emphasis on diverting activity away from acute services. The entire pathway would need to be explored to deliver this effectively. The Executive Member for ASCH&H added that it was also imperative to ensure that the focus on the Better Care Fund was not undertaken to the detriment of other service areas in the department.

The Chairman stated that it would be useful to have the Better Care Fund on the agenda of a future Panel meeting.

Councillor Mrs Temperton reported that she and Councillor Thompson, as part of their specialist scrutiny role, had recently met the Public Health team and attended a workshop on sexual health.

**58. 2013-14 NHS Quality Accounts**

The Chairman asked that all Members of the Panel read through each of the five Trust's Quality Accounts carefully. Consideration could then be given as to how Members wished to respond to each set of Quality Accounts. All responses would need to be made by the end of April 2014.

The Executive Member ASCH&H reported that the Quality Accounts for the Royal Berkshire Healthcare Trust reported very little about the Child & Adolescent Mental Health Services (CAMHS) specialist services, this was a concern as this was an area that wasn't performing very well. The Director ASCH&H reported that he was working with other Berkshire local authorities to address this issue. An action plan had been agreed and 15 recommendations had been made to NHS England around their specialist services around CAMHS. This had included that there wasn't currently any provision in the Berkshire area, young people with complex needs had to travel outside of the region to get the specialist support they needed. The recommendations also included the need to increase the capacity of out of hours services.

**59. Working Groups Update**

It was noted that Working Group activity had been postponed as currently Members would be following up work in their specialist areas.

**60. Executive Key and Non-Key Decisions**

The Panel noted Executive Key and Non-Key decisions relating to health.

**61. Date of Next Meeting**

3 July 2014.

**CHAIRMAN**

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