

**HEALTH OVERVIEW AND SCRUTINY PANEL
3 JULY 2014
7.30 - 9.25 PM**



Present:

Councillors Baily, Kensall, Mrs McCracken, Mrs Phillips, Mrs Temperton, Thompson, Virgo and Ms Wilson

Co-opted Members:

Dr David Norman

Observer:

Mark Sanders, Healthwatch, Bracknell Forest

Also Present:

Richard Beaumont, Head of Overview & Scrutiny

Sarah Bellars, Nursing Director, NHS Berkshire East Clinical Commissioning Group Federation

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

Councillor Ian Leake

Andrew Morris OBE, Chief Executive, Frimley Park Hospital NHS Foundation Trust

1. Election of Chairman

RESOLVED that Councillor Virgo be elected as chairman of the Health Overview and Scrutiny Panel for the municipal year 2014-15.

2. Appointment of Vice-Chairman

RESOLVED that Councillor Mrs McCracken was appointed as vice chairman for the municipal year 2014-15.

3. Minutes and Matters Arising

RESOLVED that the Minutes of the Panel held on 13 March 2014 were approved as a correct record and signed by the Chairman.

4. Declarations of Interest and Party Whip

There were no declarations of interest.

5. Urgent Items of Business

There were no urgent items of business.

6. Public Participation

There were no submissions from members of the public.

7. **Frimley Park Hospital NHS Foundation Trust**

The Chairman welcomed Andrew Morris, Chief Executive of Frimley Park Hospital NHS Foundation Trust, to the meeting to speak on the Trust's services to residents of Bracknell Forest and progress on the Trust's prospective acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust. Background information had been circulated to the Panel in advance of the meeting, as follows:

- Minute from the Panel's meeting on 2 February 2012, the last time that representatives of the Trust had attended a Panel meeting;
- Relevant summary information from the websites of Frimley Park Hospital and Monitor;
- The latest inspection report by the Care Quality Commission;
- A briefing paper from Frimley Park Hospital on the proposed acquisition.

Andrew Morris spoke to the Panel, and the points made included in the following:

- The Trust wished to provide consultant-led services and specialisation, and it had been recognised that, in order to have a sufficiently large enough patient catchment to do this, the Trust would need to undergo a merger with another Trust. The proposed acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust would allow enable better, more comprehensive care and local specialist services.
- It was envisaged that consultants, rather than patients, would travel between sites. It was likely that a small percentage of patients would be required to travel to a different site, but this would be to access specialist services.
- All hospitals were required to make budgetary savings of 4% per annum, which equated to £12million at Frimley Park NHS Foundation Trust. The acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust would allow for a reduction in back-room costs whilst delivering greater efficiencies, for example in purchasing, and protecting front-line services. Delivering efficiencies whilst maintaining quality was a major challenge for hospitals, but the acquisition would allow for better provision of doctors and nurses
- The Trust was currently negotiating with the Department of Health to write off the existing debt at Heatherwood and Wexham Park NHS Foundation Trust and invest capital in the infrastructure of Wexham Park Hospital, including a refurbishment of A&E, an upgrade of maternity services and addressing a backlog of maintenance issues. The proposal for the Heatherwood hospital site was to develop and refurbish it as a modern elective surgery unit, and this too would require new funding. It was intended that the acquisition could be used as an opportunity to secure funding to improve the facilities at Wexham Park Hospital and provide new diagnostic equipment.
- The proposed acquisition was a very complex procedure that would need the agreement of both Councils of Governors, particularly as it would, in effect, mean the dissolution of the Council of Governors at Heatherwood and Wexham Park NHS Foundation Trust. Frimley Park NHS Foundation Trust

was keen to progress and conclude negotiations with the Department of Health, with the acquisition completed in the autumn if possible. There were no proposed changes to services so there was no requirement to undergo a public consultation, but the proposals had been brought to the monthly constituency meetings at Frimley Park Hospital to make them visible and engage members of the public. Feedback had been that people wanted to see Frimley Park Hospital maintained but improvements made at Wexham Park Hospital.

The Chairman queried whether each part of the proposed acquisition, for example the planned upgrade to A&E and maternity services, would need to be submitted individually to the Department of Health.

It was explained that each part would need to be submitted separately, as part of a two-stage process. An outline business case was submitted first, to seek agreement in principle for funding, and at this stage if approved funds were set aside by the Department of Health. This was then followed by submission of a full business case. It was a long, complex process, usually taking up to seven years, that the Trust was trying to achieve in a shorter space of time by ensuring that agreements in principle for all aspects of the acquisition were supported at this stage. Agreement needed to be sought from the Commissioners involved or the proposed acquisition could not proceed. The proposals had the support of the DoH, Monitor and NHS England.

The Panel questioned the results of the recent staff survey at Wexham Park Hospital, which had shown that only 51% of staff at the hospital would recommend the facility to friends and family. It was asserted that hospitals worked on a hierarchical consultant-led structure, and queried how this could be changed.

It was explained that Heatherwood and Wexham Park Hospitals NHS Foundation Trust had undergone a long period of uncertainty, and experience had shown that standards and staff morale could suffer as a result. The Trust was keen to develop a common vision and strategy for the hospitals for staff to work towards, utilising ideas of staff and where managers could provide support for clinicians. All clinicians were trying to provide better outcomes for patients, but staff at Heatherwood and Wexham Park Hospitals needed better facilities, stability and security to come together as a team and in order to provide consistently excellent care. There were some very highly-skilled people working at the hospitals but team-work had suffered as a result of a lack of funding and leadership. It was believed that with the right governance arrangements, delegations and staff empowerments in place this would happen, but it would require working in new and different ways. Recruitment of staff was an issue, but creating stability would also reduce the Trust's reliance on agency staff.

The Panel queried whether surgeons moving between different sites to treat patients would be the best use of their time.

It was explained that this already happened to a degree. Wexham Park Hospital provided plastic surgery to a number of different Trusts, and Frimley Park NHS Foundation Trust had only recently joined this service after previously using Chelsea and Westminster. Outpatient appointments and day cases were seen at Frimley Park Hospital. Inpatients did have to travel to Wexham Park Hospital, but previously all patients would have had to travel to Chelsea and Westminster. Another benefit of combining the hospitals into one Trust would be a greater level of peer review as part of a multi-disciplinary approach. The team approach and accountability were key success factors.

The Panel asked what the fall-back would be for Frimley Park NHS Foundation Trust if the acquisition did not proceed.

It was reported that Frimley Park Hospital would continue as it was at present but it was firmly believed that the acquisition was the way forward and in the best interests of patients. The acquisition was not without risk, if it did not proceed other options, such as a merger with one of the Surrey hospitals or the Royal Berkshire Hospital would need to be considered. A number of consolidations amongst other Trusts had taken, or were taking, place.

The Panel queried whether the debt currently owed by Heatherwood and Wexham Park would be written off by the Department of Health, or whether the Trust would be required to repay this over a period of time. The Panel also queried whether the funding required to upgrade services at Wexham Park would be provided by the Department of Health or whether this would be in the form of a loan that would need to be repaid.

It was confirmed that the proposal to the Department of Health was for all historical debt to be written-off, that the Department of Health would fund the new hospital at Heatherwood and the various building and equipment upgrades at Wexham Park, and the acquisition should include a guarantee to Frimley Park that its funds would be untouched. However, all NHS Trusts were required to pay an annual Public Dividend Capital fee to the Department of Health, of 3.5% of the Trust's asset base, in perpetuity. Some improvements had already been made at Wexham Park, for example in the operating theatres, but A&E did not meet current standards. The proposed A&E changes included private assessment rooms for patients likely to need admission, in line with the facilities provided at Frimley Park. Maternity services was an area where patients were able to express choice, and Wexham Park Hospital needed investment, for example to convert the delivery rooms to en-suite and providing a midwife-led unit, to encourage people to choose the hospital.

Mr Morris said there are a lot of hardworking staff at Heatherwood & Wexham Park hospitals, also some areas of excellence, such as haematology. The hospitals' performance had suffered due to discontinuity of leadership, funding pressures, the need for better teamwork by some clinicians, and other factors.

The Chairman of the Overview and Scrutiny Commission requested clarification on the figure that would be written-off by the Department of Health, and how the new Trust's 3.5% Public Dividend Capital fee would be calculated – would this be a percentage of the improvements or of the total asset?

It was confirmed that the amount requested to be written-off would be the debt owed on day one of the acquisition transition. The Public Dividend Capital fee would be payable on the value of the whole estate. Assets were valued each year by the District Valuer.

The Healthwatch representative stated that Wexham Park had recently appointed an Assistant Director for Patient Involvement, and said that Healthwatch would want to see this position maintained in the proposed acquisition. He asserted that patient views at Frimley Park Hospital were not always sought.

It was reported that Frimley Park Hospital was about to introduce a welcome pack for every patient admitted to the hospital, to encourage them to think about their care. Patient feedback was welcomed. A survey on cancer care had rated the hospital in the top 20% in the country. Maternity and A&E had been rated as average, which had been disappointing for the Trust, but action plans had been put in place to

improve patient care. The hospital was struggling to handle an increase in the volume of patients coming to A&E, and this impacted on patients' perceptions as waiting times had increased. A profile of work in the department had shown that Saturdays and Sundays were the busiest days, and the hospital had responded by having three consultants in the department.

The Chairman complimented Mr Morris on Frimley Park hospital's performance and conveyed the Panel's best wishes for a success acquisition of Heatherwood and Wexham Park Hospitals Trust.

8. The Patient's Experience

The report asked the Panel to review the latest inpatient survey results for the three hospital trusts, as well the current information from the NHS Choices website for the NHS Foundation Trusts providing most secondary NHS services to Bracknell Forest residents. Sarah Bellars, Director of Nursing of Bracknell and Ascot Clinical Commissioning Group, attended the meeting to address the Panel and answer questions.

Sarah made a number of points, including the following:

- Sarah explained that she was actively involved in monitoring the quality of the Provision at Frimley Park Hospital, and that part of this role involved robust conversation where necessary. There were currently no significant concerns. The incidence of MRSA was higher than ideal, but Sarah had met with the Director of Nursing at the hospital and a comprehensive plan, including a 'back to basics' approach, had been put into place to address this.
- There were currently a number of concerns regarding Heatherwood and Wexham Park Hospitals. It had been necessary to issue Contract Query Notices in more than one area, including A&E and stroke prevention, as a result of under-performance against targets for a significant period of time. A particular issue was the recruitment of staff in general, and in particular substantive leaders. A number of the leaders were in interim posts that would be ending in the next few months, and this could cause problems for management capability. However, if the proposed acquisition of the Trust by Frimley Park Hospital NHS Foundation Trust was completed successfully this would help address this issue. If the acquisition did not go ahead, that would be a major concern for the CCG.
- The Royal Berkshire Hospital Trust was currently facing some financial challenges, as well as a high turnover in senior staff and some recently identified issues with maternity provision. There were also concerns regarding diagnostic waiting times and storage of medical records. The CCG had confidence in the recently appointed Chief Executive of the RBH.

The Chairman asked for further details of when stroke specialisation would be available, and whether it was a challenge to provide the service that the Trusts would like to in an increasingly challenging financial climate.

It was reported that the issues with stroke care had not been entirely resolved, but that this would be receiving attention. It was agreed that the financial climate was very challenging as the Trusts were required to save £12million each year, so even providing the same service as the previous year would result in a loss. However, consideration was being given to increasing revenue from other lines of income.

The Vice-Chairman asked for clarification of what was meant by 'back to basics'. It was explained that this was about reminding staff of why certain actions were so important, for example cleaning skin before inserting a cannula, when they were juggling a number of priorities.

The Panel noted that the end-of-life care provided at Frimley Park Hospital and the Royal Berkshire Hospital was very good, and asked whether this had been extended to Wexham Park Hospital.

It was stated that this was not an immediate priority for the hospital, as there were a number of other areas that needed to be addressed as a matter of urgency.

The Panel welcomed the recent Care Quality Commission report for Frimley Park Hospital and stated that it was very positive.

It was explained that the report had been very good, but there were still areas that needed work. It was also highlighted that paediatric care and critical care at Wexham Park Hospital had been rated as 'good'.

The Chairman highlighted a recurring theme in the results, that patients did not always understand the risks associated with their medication.

It was explained that being in hospital was an alien environment, and that there was a lot of information for people to take in, including medications, when they were discharged. However, the safety of patient medication was taken very seriously.

The Chairman queried the infection rates at the Royal Berkshire Hospital.

It was reported the recent Care Quality Commission report had found that the hospital was generally clean, with a good culture of infection control. In the past the hospital had experienced higher than average rates of *c. difficile*, but hard work on this had seen the rates reduce.

The Healthwatch Representative stated that, in their experience, it was a lack of consultant availability at Wexham Park Hospital that affected patient care.

It was acknowledged that the hospital employed fewer consultants than would be ideal, but this was linked to the staffing problems that had already been discussed. With the likely acquisition by Frimley Park Hospital this situation was expected to improve.

The Chairman thanked the Director of Nursing for her honest assessment of the service providers.

9. **Protocol between the Health and Wellbeing Board, Healthwatch Bracknell Forest and the Health Overview & Scrutiny Panel**

The Panel considered a report asking them to adopt a protocol between the Health and Wellbeing Board, Healthwatch Bracknell Forest (HWBF) and the Panel. The report stated that the protocol had already been adopted by the Health and Wellbeing Board, the Minutes of which were attached to the report, and by HWBF. A copy of a Minute recording agreement of a protocol between the Panel and HWBF was also attached, but the report noted that the new protocol subsumed the wording agreed in October 2013.

The Director of Adult Social Care, Health and Housing stated that the protocol aimed to add a degree of clarity to interactions between the three bodies. It would, however, be kept under review to ensure that it was working in practice. It was proposed by the Chairman, seconded by Councillor Thompson and carried that the Protocol be adopted.

10. **Departmental Performance**

The Panel was asked to consider the parts of the Quarter 4 2013/14 (January to March) quarterly service report of the Adult Social Care, Health and Housing department relating to health.

The Director of Adult Social Care, Health and Housing reported that the authority had worked closely with NHS partners on the creation of the Urgent Care Centre, and continued to work closely with the Clinical Commissioning Group to provide a range of services, and in particular with Berkshire Healthcare Trust. The largest of these contracts was for the provision of sexual health services. This service had been recently reviewed, and this had resulted in Bracknell Forest maintaining the current service provider, Berkshire Healthcare Trust, on a block contract rather than a tariff-based service. The Public Health function had now been with the Council for one year, and it had settled in very well. For example, there had been national recognition for Bracknell Forest's work concerning alcohol consumption. The annual report of Public Health would be presented to members.

With regard to looking forward, the Panel was informed that priorities would be informed by the Health and Social Care Act and national targets set out in the Better Care Fund, three out of five of which related to social care. It was reported that older people wanted to live in their own home, supported by social care, and targets included avoiding emergency admissions and people still at home ninety-one days after discharge into intermediary care. The health and social care economy was a very complex one to work within, and it had been necessary to reconsider the ways in which community support was offered, for example to reflect patients choosing Frimley Park hospital more frequently.

The Panel was advised that the budget would continue to be challenging, particularly as it was a demand-led service. Bracknell Forest had an increasingly older population and, although this was still lower than neighbouring authorities, the rate of growth of this section of society was significantly higher than in other areas. This also brought the associated challenge of supporting people with dementia.

In terms of adult social care, the priorities were prevention and intervention. The department had produced three podcasts of local residents telling their story. These could be made available to members of the Panel if they wished.

The Chairman raised the issue of unnecessary hospital admissions, and how these could be reduced to ease pressure on hospitals. It was explained that Bracknell Forest Council funded a service that aimed to reduce unnecessary overnight stays. In 95% of cases someone could be with the patient within two hours. In addition, people were living longer with more complex conditions, and demands on the healthcare service, as well as social care, would increase. It was essential to keep the person at the heart of health and social care services. The Director was currently leading, on behalf of all the Berkshire Unitary Authorities, on a concordat with Berkshire Healthcare Trust concerning mental health. A separate briefing session on mental health would be arranged for members, in advance of the visit to Prospect Park Hospital in September.

11. **Overview and Scrutiny Bi-Annual Progress Report**

The Head of Overview and Scrutiny presented a report on Overview and Scrutiny Activity during the period December 2013 to May 2014. The report set out details of the meetings that had taken and place and the items that had been considered for the Overview and Scrutiny Commission and Overview and Scrutiny Panels, as well as other overview and scrutiny issues. The report was noted.

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

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

13. **Date of Next Meeting**

The Panel noted that its next meeting would be held at 7.30pm on 2 October 2014.

CHAIRMAN