

HEALTH OVERVIEW AND SCRUTINY PANEL
14 APRIL 2016
7.30 - 9.35 PM



Present:

Councillors Phillips (Chairman), Mrs McCracken (Vice-Chairman), Hill, Mrs Mattick, Mrs Temperton, Thompson, Tullett, Virgo and Purnell

Co-opted Member:

Dr David Norman, Co-opted Representative

Also Present:

Richard Beaumont, Head of Overview & Scrutiny
John Nawrockyi, Interim Director of Adult Social Care, Health & Housing
Councillor Sarah Peacey
Dr William Tong, Chairman, Bracknell & Ascot Clinical Commissioning Group
Sarah Bellars, Director of Nursing, Bracknell & Ascot Clinical Commissioning Group
Caroline Day, Group Organisational Development Director, OneMedicalGroup
Jackie Hill, Director of Nursing, OneMedicalGroup
Nick Kelaher, Urgent Care Centre Business Manager, OneMedicalGroup
Luke Minshall, Head of Urgent Care, OneMedicalGroup
Mark Shepherd, Chief Operating Officer, OneMedicalGroup
Rachel Beverley – Stevenson, Chief Executive, OneMedicalGroup
Keith Boyes, Area Manger, South Central Ambulance Service
Nick Brunt, Clinical Education Manager, South Central Ambulance Service
Debbie Diffey, Clinical Assurance Manger, South Central Ambulance Service

Apologies for absence were received from:

Councillors G Birch

43. Apologies for Absence/Substitute Members

The Chairman said that Glyn Jones, former Director of Adult Social Care, Health and Housing had sadly passed away on 8 April.

The Panel noted apologies from Councillor G Birch.

44. Minutes and Matters Arising

RESOLVED that the minutes of the Health Overview and Scrutiny Panel meeting held on 14 January 2016 be approved as a correct record and signed by the Chairman.

45. Declarations of Interest and Party Whip

There were no declarations of interest nor any indications that Members would be participating whilst under the party whip.

46. Urgent Items of Business

It was brought to the Panel's attention that there had been a proposal from the Clinical Commissioning Group to move the Out of Hours GP service for Sandhurst Practice patients from a provider based at the Frimley Park site to the East Berkshire Out of Hours service at Brants Bridge.

Questions to Mary Purnell and her responses in regards to the proposal had been sent to the Panel members.

Due to the timescale of the proposal the Panel agreed that this should be dealt with outside of the Committee Cycle. Members would be able to hear the outcome of the patient consultation and determine the Panel's response to the consultation.

47. Public Participation

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

48. Bracknell Urgent Care Centre

The Urgent Care Centre is commissioned by the Bracknell and Ascot Clinical Commissioning Group and operated by OneMedicalGroup.

Dr Tong from the CCG introduced Rachel Beverley – Stevenson, Chief Executive of the OneMedicalGroup, to the Panel.

Rachel thanked the Panel for inviting them to come and present the action that had been taken by the CCG and OneMedicalGroup as a result of the criticism received from the Care Quality Commission (CQC) following the October 2015 inspection of the Bracknell Urgent Care Centre.

Rachel also stated that they have worked closely with the CCG post the October inspection, which they had learnt from. They had made major improvements, they were proud of their achievements, and a follow up inspection had taken place on 12 April 2016. Although the outcome of the follow up inspection won't be available for a couple of months, the feedback that had been received on the day was very positive.

Luke Minshall, Head of Urgent Care at OneMedicalGroup, gave a presentation on the progress of Bracknell Urgent Care Centre since the inspection in October 2016.

The OneMedicalGroup had learnt from the CQC inspection and had redesigned the Urgent Care Centre around the Patient Journey. There had also been large stakeholder engagement to enable the changes, this had created a more stable team and working environment. Two Health Care Assistants had been employed to work as patient advisors and more Nurses had applied for positions within the Centre, even though there is a national shortage within the area.

There had been a lot of work undertaken to ensure safety and improve Clinical Care at the Bracknell Urgent Care Centre. There was now a stable, multi skilled staff team in place and they had instilled a learning and development culture. Communications and governance had now been improved; an example of this had been the introduction of significant event reporting. This was a new mechanism to be used to report issues via the intranet which sent alerts to managements mobiles, this ensured that all were aware of any significant issues at anytime.

It was also reported that despite a record month in March of 4000 patients, all KPIs had been attained since October 2015 and that the Quality Schedule had also been met in full.

A lot of collaborate working was also underway. OneMedicalGroup had been working with the Ambulance Service's 111 service on a Peer Review, a good relationship had been built up with Mark Sanders of Healthwatch Bracknell Forest and work had been ongoing with the CCG to put a policy in place, focusing on process and safety, for Unscheduled Care appointments via Skype by July 2016. This was a policy that had been implemented in OneMedicalGroup's Leeds Urgent Care Centre, and had positive feedback from the GPs and Patients.

Future Plans had already begun for Health Sessions, such as a Community Garden which would promote healthy eating. Another proposal was to publish the Urgent Care Centres current waiting times on their website and to be used on other community platforms. This had proved successful in the Derby Urgent Care Centre.

The Chair thanked Rachel & Luke for their very useful, informative and reassuring presentation.

Arising from the Panel's questions, the following points were noted:

- The culture of the UCC had improved due to the changes that had been made. It was felt that there was a good, strong platform to build on.
- Changes to required policies had been made and were now more localised.
- The response to risk is now immediate, learnings from risks are now logged and shared within the team and also shared with other OneMedicalGroup locations.
- CCG confirmed that they visit the Bracknell UCC on regular occasions. They had previously issued a contract performance notice, and installed robust monitoring and have been meeting monthly to review reports and indicators. The CCG was comfortable about the UCC's performance and supportive of the journey they were taking. The CCG regarded the UCC as providing better value for money than the former Minor Injuries Unit at Heatherwood hospital.
- Locums and Agency staff were still used by the UCC. However they were now undertaking an induction and had been provided with their own equipment and logins.
- The sharing information and joint log-in issue that had been reported in the October review had now been resolved due to the changes made with the access given to Locum & Agency staff.
- There had been some frustrations with the landlord support provided by Royal Berkshire Hospital, particularly with the heat in the atrium. One outstanding issue had been the need to install a pod in the waiting area to enable more privacy.
- It was reported that monitoring of time peaks had been undertaken from 1 January to 15 March 2016. In this period the time peaks had been at 4pm and 6pm. There had only been two 9pm finishes during this period.
- Since October, waiting time KPI's had improved. A child should wait only 15 minutes and an adult 30 minutes.
- The main deliverable for the UCC was to divert patients away from Accident and Emergency. A&E 'Minors' had decreased, though A&E 'Majors' had increased. It was difficult to distinguish exactly how great an impact the UCC had had, at a time of increasing demand on A&E generally. It was also

- difficult to determine the impact of the UCC on non-elective hospital admissions, but the CCG was confident that the effect had been positive.
- UCC had found it difficult to introduce a Patient User Group as their patients are not continuous. A volunteer had introduced “Knit and Natter” sessions and placements with students from Bracknell and Wokingham College had been confirmed.
 - Options for waiting area entertainment were being explored, with interactive books and tablets being looked at.
 - Emergency sexual contraception was available at the UCC but there was still work ongoing with the CCG regarding the introduction of the Deep Vein Thrombosis testing tool kits.
 - It was urged that any negative feedback should be reported at the time via feedback forms to ensure lessons are learnt.
 - The “One Stop Shop” model was still the overall goal, but this had proved very difficult in a building owned by someone else with multiple providers.
 - OneMedical would provide a written account of how they had acted on the improvements which the CQC said must or should be made.
 - The UCC had not committed to provide a Paediatrician led service, instead a GP with paediatric experience.
 - The UCC has become very popular, offering a service people need and drawing patients from unplanned areas. The cost of treating people resident outside Bracknell Forest and RB Windsor and Maidenhead is charged to the CCG concerned.

49. South Central Ambulance Service

The Panel received and noted a report on the outcome of the investigation of media allegations concerning the 111 service operated by South Central Ambulance Service.

Members had been provided with an Executive summary of the South Central Ambulance Service investigation report, and sent the weblink to the full report. 1.3 of the Executive report emphasised that the findings were unsubstantive and the Panel were advised that there was little for them to worry about.

They commented that as a result of the investigation there had been a review of all services provided across the patch, this had produced a lot of good work.

50. Working Group Update Report

The Panel received and noted the progress achieved to date by the Working Group reviewing GP Capacity.

It was reported that four meetings of the Working Group had been held with the help of Dr David Norman. It was also reported that an extensive programme of meetings had been held with fourteen GP Practices serving Bracknell Forest Residents, collating information on their workforce and other relevant factors.

The Working Group aims to bring a report of the review to the Panel in the Autumn.

51. The Patients Experience

The Panel received and noted a report on the Patients Experience, which included the current information regarding patient’s survey and feedback from the NHS Choices website.

It was commented that the report was very positive and that the improvement in the food choices provided to patients was exceptional.

52. **Departmental Performance**

The Panel received and noted the Quarterly Service Report for Adult Social Care, Health and Housing for Quarter 3, 2015-16.

The director drew attention to the mention of delayed discharge on page 4 of the report, and informed the Panel that there had been no delay pre Christmas, but that there had been a spike in January and February. However this had improved through March.

It was acknowledged that Public Health had won two awards due to their success with Bracknell Forest residents on stopping smoking. The director hoped that the obesity campaign would have the same effect.

2016 is the Year of Self Care, this had been successfully launched in February 2016 and a summery report would be brought to the Panel in December 2016.

Arising from the panel's questions, the following points were noted:

- The percentage in the Vacancy Rate table on page 12 would be made clearer in future reports.
- Berkshire Healthcare Foundation Trust had given 6 weeks notice of their Nursing Bed Contact at the Bridgewell centre. Community nursing beds were being provided by the Trust, and there was no current impact or deficiency in the service.
- The Dementia Services Development Co-ordinator is to undertake an evaluation of availability of Day Care Services. As transportation can be traumatic for Dementia patients, Wrap Around Care will be looked at, which wouldn't take patients out of their homes or communities.
- Simon Hendey would send out facts and figures to the Panel regarding the geographical movement of people within the Borough using the night shelter.
- The demand for homecare had increased and the recruitment of staff to provide this care had become harder, though there was no significant risk at this stage. A concern was raised that the introduction of new jobs to the town centre could detract recruitment further in the future.

The Chair thanked John Nawrockyi for all his hard work, enthusiasm and his drive for the residents whilst interim Director and wished him well in his future endeavours.

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

The Panel received and noted the report on the Executive Key and Non-Key Decisions relating to health.

54. **Member Feedback**

Some written reports had been made, and Members were asked to provide oral updates on their specialist roles since the Panel's last meeting and the following points were noted:

Councillor Mrs Temperton – The CQC Quality Summit for Wexham Park Hospital had taken place. It was reported that there had been a huge culture change and the leadership throughout the transformation had been outstanding. The hospital had

improved from an inadequate rating to a good rating. A Healthwatch AGM had also taken place, it was reported that there was now signage available in different languages and patients and visitors now had the ability to pay with a debit card for refreshments in Wexham Park and Frimley Park Hospitals.

Councillor Tullett – Councillor Tullett had produced a report on Long Term Conditions which he had been championing. It was agreed that this report could be circulated and shared further for review and feedback.

Councillor Hill - NHS England and the CCG had released a statutory guidance paper on improving internal conflict of interests. There is also a podcast available.

Councillor G Birch – Councillor Birch had attended a medicine optimisation event, the slides are available on request. The RBHT Mental Health Quality Account had been circulated for draft comments. These had since been sent on to the Trust.

Councillor Mrs McCracken had attended a CQC Quality Summit Meeting on the Berkshire Healthcare Trust. Bracknell Forest had been recognised as being the only Local Government presence and had been commended for their relationship with the Hospital.

Councillor Mrs Mattick - Councillor Mrs Mattick had attended a Role of Governance Course, which focused on the governance structure within trusts and quality insurances within wards.

Councillor Peacey had met the new Chairman of Frimley Health Trust.

Councillor Phillips – Councillor Phillips had attended an LGA Scrutiny Course with other Local Authorities. It had been pleasing to be assured that Bracknell Forest Scrutiny Panels were leaps ahead of other Local Authorities.

The Head of Overview and Scrutiny reported on Councillor G Birch's work on medicines optimisation and on the Quality Accounts.

The Chair thanked all Panel members and officers for their contributions.

55. Date of Next Meeting

It was noted that the next scheduled meeting of the Health Overview and Scrutiny Panel would take place on 30 June 2016.

CHAIRMAN