MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 27 JULY 2010 FROM 7.00PM TO 9.05PM

Present: Tim Holton (Chairman), Norman Gould (Vice Chairman), Malcolm Armstrong, Andrew Bradley, Gerald A Cockroft, Alistair Corrie, Kay Gilder, Kate Haines, Charlotte Haitham Taylor and Emma Hobbs

Also present:
Sue Sheath, Compliance Manager, Care Quality Commission
Dr Justin Wilson, Medical Director, Berkshire Healthcare Foundation Trust
Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West
Linda MacEachen, Safeguarding Adults Co-ordinator, Wokingham Borough Council
Christine Holland, LINk Steering Group
Alex Gild, Berkshire Healthcare Foundation Trust
Ella Hutchings, Interim Partnership Development Officer, Wokingham Borough Council
Mike Wooldridge, Development & Improvement Manager, Wokingham Borough Council
Dave Gordon, Senior Democratic Services Officer, Wokingham Borough Council

17. MINUTES

The Minutes of the meeting of the Committee held on 2 June 2010 were confirmed as a correct record and signed by the Chairman.

Further to the discussions on the South Central Ambulance Service NHS Trust, the organisation had been contacted regarding the appointment of a Council representative. A response to their quality accounts had also been completed and submitted.

18. APOLOGIES

There were no apologies for absence.

19. DECLARATION OF INTEREST

There were no declarations of interest.

20. PUBLIC QUESTION TIME

In accordance with the agreed procedure the Chairman invited members of the public to submit questions to the appropriate delegates to the Committee.

20.01 Question

Mrs Kathie Smallwood asked the Chairman of the Health Overview and Scrutiny Committee the following question, the reply to which is set out underneath:-:

Why do the local GPs refuse to display an A5 poster giving information about the local branch of Parkinson's UK, even though this organisation gives its members free access to Hydrotherapy and other therapies which helps sufferers to keep more mobile? This also helps to keep people out of their GPs surgeries and improves their well being.

Answer

GP Practices receive a very large volume of requests to display information on notice boards. Unfortunately it is not possible to display all of the notices, and declining these requests will result in disappointment for some groups and individuals. Declining to display a notice does not indicate a lack of value attributed to the organisation or individual making the request.

Supplementary Question
Could I request how the value of publicising the service could be emphasised further and pointing out the potential of the posters to save the NHS work in the long run?

Answer
Bev Searle (Director of Partnerships and Joint Commissioning, NHS Berkshire West) emphasised that problems with displaying the materials did not indicate a lack of interest in their subject matter. However, she was willing to contact the GP Practice Manager in question and ensure that the matter was resolved to the satisfaction of all parties.

21. MEMBER QUESTION TIME
There were no Member questions.

22. CARE QUALITY COMMISSION PRESENTATION
Sue Sheath (Compliance Manager, Care Quality Commission) introduced the presentation, as outlined on agenda pages 7 to 17. She had recently taken responsibility for an area covering Wokingham, Bracknell and North Hampshire, having previously been in charge of other regions in the home counties. The Care Quality Commission (CQC) was currently in the process of registering health care providers; NHS Trusts had been completed in April 2010, although some were subject to conditions given concerns regarding their services. Adult social care and independent healthcare providers would be completed by October 2010, and given the fact that there were over 20,000 nationally this would require much effort. Primary dental care, independent ambulance services and primary medical services were due to be covered in 2011 and 2012, but these timeframes were subject to change given the new Government's proposals.

CQC was the result of a merger between the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission, giving it a wide remit. It intended to respond rapidly to popular concerns, and was involved in public consultation and engagement with Health Overview and Scrutiny Committees to ascertain the vital issues. By gathering these various aspects of healthcare under one body, it was the aim to ensure greater consistency across the board; they had also been handed additional powers to help with this. For example, they had been given the ability to undertake cross-cutting reviews and studies, with the intention of examining service provision across patient pathways rather than simply within one Trust. CQC was also hopeful of securing a positive relationship with the new Government, as their focus was outcomes rather than targets – an aim openly expressed in the 'Equity and Excellence' White Paper. In all, there were six outcome headings (Involvement and Information, Personalised Care, Safeguarding, Suitability of Staffing, Quality & Management and Suitability of Management) which were subdivided into 28 standards.

Once providers had been registered, a quality and risk profile was compiled for each. These were to be represented as a series of dials, coloured green, amber or red depending on the level of concern apparent for each. The information used to generate these profiles would be regularly updated, but regular routine inspections were not to be continued. Instead, such events would be responsive to risk and would vary their methods accordingly; for example, site visits may or may not be involved. Information would be taken from a wide variety of sources (e.g. patients and their families, other regulatory bodies, care providers and staff). Further details as to how service users could feed into the process could be found in the 'Voices Into Action' document and on the CQC website. Given this commitment to taking information from a variety of sources, giving regular updates to Wokingham Borough Council via its Committees was a distinct possibility.

The Committee discussed the presentation and made a number of comments. Regarding standards, as these were a matter of complying with regulations they were imperative. Assessment of Trusts and whether they were meeting standards would be conducted by CQC in conjunction with external expert advice. In terms of representing the findings of their work, the old 'five star' rating system for social care was now obsolete but could not be scrapped entirely given the public's recognition of it. However, it needed modification to reflect the new arrangements being pursued by CQC. On the subject of plain English, it was asked if this would also apply to staff in hospitals whose medical terminology could sometimes prove beyond patients. The validity of this point was accepted, and training modules on report writing and similar themes were in existence to tackle these issues.

Given the fact that GPs are often the first contact point for patients, concerns were raised that they were to be the last people to be registered. This was accepted as a valid point; however, the fact that NHS Trusts had already undergone the process before 2010, whilst GPs had not, was put forward as a reason for this decision. Clarification was also sought by Members as to the nature and impact of imposing conditions; the example provided was Milton Keynes Hospital NHS Foundation Trust. In this case, the maternity department had suffered two infant mortalities as a result of inaction, leading to the imposition of a condition whereby every woman in labour had to receive continuous one-to-one care from a midwife during labour. One Member asked if registration could be considered equivalent to a 'kite mark'; to an extent this was the case, as it demonstrated compliance with the Regulations, although direct parallels may be inappropriate. However, some Trusts were not fully compliant but had been registered, although were in receipt of letters outlining CQC's concerns which would be monitored; this status fell short of the harsher terms imposed by formal conditions. CQC was an arms-length body, but reported to the Department of Health. In summary, given the constantly evolving policy backdrop for this organisation, the relevance of a future update was agreed by Members present.

RESOLVED: that:

1) The report be noted;

2) A possible future slot for an update in approximately 6 months from CQC be considered in the next Work Programme discussion held by the Committee.

23. SAFEGUARDING VULNERABLE ADULTS

Linda MacEachen (Safeguarding Adults Co-ordinator, Wokingham Borough Council) presented the item covered on agenda pages 18 to 47. The previous Government's policy on the matter had been set out in 'No Secrets', but there was no legislative Act as was the case in the safeguarding of children. However, this was now being reviewed, with legislation likely to be put in place and adult safeguarding boards to be put on a statutory footing. In terms of referrals of cases in Wokingham, there had been 211 in the last year, with 97 involving the elderly, 82 learning difficulties, 8 physical issues, 12 mental health and 12 carers. Referrals are drawn from organisations such as the NHS, Police and Housing Services and investigations are dealt with under the Community Care Act; at all times, the safety of the vulnerable adult is the paramount concern. Investigations look at the balance of probabilities when making decisions, rather than the higher criminal threshold of 'beyond all reasonable doubt', and 72% of claims were substantiated last year.

In terms of the deprivation of liberty safeguards, the matter needed delicate resolution in many cases. The central difficulty here was that the people involved may well lack the

ability to make the decisions themselves, and that the deprivation of their own liberty may have to take place to safeguard them; legislation in the area was very complex. In 2009/10 there had been 20 applications for the deprivation of liberty, with 4 granted; the first quarter of 2010/11 had seen 11 referrals, with an anticipated 50% increase over the course of the full year. The prevention of abuse was the main focus of the team, with the Safeguarding team aiming both to respond to cases of abuse and intervene before abuse took place where possible. Johan Baker had been appointed as Prevention Advisor, starting a two year contract in August 2009. Awareness raising events were being held, such as the 'Green Stickers' initiative (part of the Safer Places Scheme) whereby locations with suitable policies could display their accreditation. Johan also worked with the Community Safety team and offered support to the voluntary sector and vulnerable people.

The prevention strategy sought to stop abuse taking place in people's homes, the community and in services provided to the vulnerable. In people's homes, the police and community safety wardens were involved, and a Home Refuge policy was in place to offer physical security (e.g. locks on doors) to ensure that the vulnerable were protected. In the community, the Bradbury Centre reported on hate crime prevention, and campaigns such as Have A Safe Christmas and National Personal Safety Day were organised to highlight key issues. However, it was also key to avoid creating a climate of unnecessary fear, meaning that the right balance had to be struck. Wokingham Borough Council had a multi-agency approach, and was currently reviewing related policies and procedures – once agreed, it was intended to put these online.

The Committee discussed the presentation and made a number of comments. Regarding care governance, there was a team of three in charge of this area, although all employees had a degree of responsibility for detecting abuse. To ensure the best results, links with other authorities (in particular West Berkshire) and the Local Government Association were maintained. However, the picture was complicated by the fact that cases of abuse would seem to be under reported; a study in 2008 had estimated that 4% of vulnerable adults are subjected to abuse, which would represent over 700 adults in the Wokingham Borough Council area; Johan Baker was working on this matter. Officer contact was also being improved by forums such as 'Supporting People' with all related staff also receiving at least Level 1 training, whilst work was undertaken with police and community wardens to avoid abuse of the Green Sticker initiative.

RESOLVED: that the report be noted.

24. QUALITY ACCOUNTS OF THE BERKSHIRE HEALTHCARE FOUNDATION TRUST

Dr Justin Wilson (Medical Director, Berkshire Healthcare Foundation Trust) set out the main points of the quality accounts, as published on agenda pages 48 to 106. This was the first year of full publication of quality accounts by the mental health Trust which covered Berkshire. Much of the information included was mandatory under Department of Health regulations, and much detail was present in the reports given the production of local quality accounts with specific information on each team.

The first section of the account was a foreword by the Chief Executive; the next dealt with the Trust's key objectives; in particular, patients had not always perceived their treatment as being polite, whilst the culture and values workstream was of particular importance given the focus on mental health. In this area, perception was of crucial importance as well as reality on the matter of patient safety. Overall the results ensured unconditional CQC registration. The third section of the quality account outlined performance against

key indicators, with the measurements themselves being developed to enable deeper analysis. Additional information from specific services was available if requested, but not published in the quality account.

The Committee discussed the presentation and made a number of comments. Regarding mixed wards, the aim was to ensure gender separation at all times; although this had not proved completely possible, it was the case that patient bays were always separated. General wards would never be used for mental health patients; if there was a surfeit of demand in one area, then a transfer to a similar facility in another area would be pursued.

In terms of staff harassment, over 20% of workers had felt this during their employment; Whistleblowing and Dignity & Respect policies were in place to assist in this. The report outlined 121 errors in distributing medication; the Committee sought clarification on this. Dr Wilson reported that, in the last quarter, 42 low risk, 2 minor and 1 moderate incident had been recorded, with no untoward or serious cases reported. Most commonly, these cases involved the omission of medication; however, should rising numbers occur in future, this may actually be a positive sign as it could indicate better reporting rates rather than an increase in the actual number of errors made. As to whether these incidents mainly took place during night or day shifts, this information could be found on request. Formal complaints were received via the PALS service (which was advertised across the Trust), which would then be referred to the Chief Executive who would report back. Before that point, it was intended to engage with patients and families to ascertain matters of concern; the reason for the rising number of complaints was unclear, and no clear pattern seemed to be emerging. Questionnaires were used to measure patient satisfaction, with questions and the methods of responding tailored to suit the audience concerned.

On the subject of measuring the progress of the learning culture, the culture and values workstream appraised such matters via surveys and measurements regarding supervision, but specifics were difficult to produce for such a qualitative area. The fears of staff around reporting concerns could also hamper precise measurement. The various services aimed at different age ranges (e.g. CAMHS) had established interfaces to ensure continued service; age cut offs were also not rigidly applied depending on the patient's circumstances. Part of 'Next Generation Care' was also about ensuring communications between different services (e.g. Early Intervention, Assertiveness).

In responding to the quality accounts, the Committee requested that the thorough and clear nature of the report, the scale of the organisation and the progress made on MRSA and Chloridium Difficile infection rates be noted.

RESOLVED: That:

1) Information on the proportion of medication errors occurring during day and night shifts be provided to the Committee;

2) Democratic Services draft a response to the quality accounts, to be agreed with the Chairman and Vice Chairman;

3) The Royal Berkshire NHS Foundation Trust Quality Accounts be noted.

25. LINk UPDATE

Ella Hutchings (Interim Partnership Development Officer, Wokingham Borough Council) introduced the report on agenda pages 107 and 108, asking those present to make special note of the positive meeting held with Edward Donald (new Chief Executive of the Royal

Berkshire Hospital). Christine Holland also distributed copies of the Wokingham LINk's annual report to Members; the project reports had been sent to PCTs and the work of the organisation was gaining in public profile.

RESOLVED: That the report be noted.

26. COMMITTEE WORK PROGRAMME 2010 - 11

The Committee first considered the subjects which it wished to raise with Edward Donald, now confirmed to be a guest at the meeting on 29 September 2010. Although some matters would arise in the course of his presentation, the Committee requested that the following matters be highlighted as of particular interest:

- Priorities for the Royal Berkshire Hospital
- Strengths and weaknesses of the hospital
- How the Committee could assist the hospital
- The 'Equity and Excellence' white paper
- Matters of concern highlighted by Committee in June (e.g. maternity, infection rates)

The LINk Host Presentation was confirmed for 29 September 2010. The Next Generation Care item was also confirmed for November 2010, but the linked visit would require organisation between the Committee and the host organisation. A night visit to the Clinical Decision Unit would need to be investigated. Further to this, an invitation to Chief Executives from mental health trusts in March 2011 might allow the Committee to pursue points of interest arising from the Next Generation Care item. A response on the matter of X rays was imminent, and should be available for the next meeting. Finally, an item on the future of the NHS and any resulting impact on the overview and scrutiny of health was requested by Members.

RESOLVED: That:

1) Democratic Services communicate the matters of interest to Edward Donald to assist in his preparations for the Committee meeting on 29 September 2010;

2) Ella Hutchings investigate the possibility of a night visit to the Clinical Decision Unit prior to the Committee meeting on 24 November 2010:

3) That Community Care Services be asked to assist in preparations for an item on health and social care;

4) That a presentation on the future of the NHS and the impact on health scrutiny in local authorities be added to the agenda for 29 September 2010.

27. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

The Chairman raised the forthcoming meeting for the South Central Area Health and Scrutiny Committees, which would be held in Southampton during November 2010. Given the imminent changes to local authorities' health scrutiny arrangements, Members present were informed that this meeting may well provide a large amount of relevant information.

These are the Minutes of a meeting of the Health Overview and Scrutiny Committee

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