

**MINUTES OF A SPECIAL MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON TUESDAY 21 FEBRUARY 2012 FROM 7.00PM TO 8.50PM**

**Present:** *Tim Holton (Chairman), Andrew Bradley, Emma Hobbs, Lee Gordon-Walker and Sam Rahmouni*

**Also present:**

*Councillor Bob Pitts*

*Salma Ahmed, Partnership Development Officer*

*Christine Holland, LINK Steering Group*

*Tony Lloyd, LINK Steering Group*

*Ed Donald, Chief Executive Officer, Royal Berkshire NHS Foundation Trust*

*Gill Valentine, Director of Midwifery, Maternity Unit, Royal Berkshire Foundation Trust*

*Carol Knight, Directorate Manager, Royal Berkshire NHS Foundation Trust*

*Charles Yankiah, Senior Democratic Services Officer*

**69. APOLOGIES**

Apologies for absence were submitted from Charlotte Haitham Taylor, Gerald A Cockroft, Kay Gilder, Mike Gore, Kate Haines, Philip Houldsworth and Mike Wooldridge (WBC)

**70. DECLARATION OF INTEREST**

Lee Gordon-Walker declared a personal interest in Minute No. 74 by virtue of his spouse being pregnant and due to give birth in the next few weeks.

**71. PUBLIC QUESTION TIME**

There were no public questions.

**72. MEMBER QUESTION TIME**

There were no Member questions.

**73. CHIEF EXECUTIVE, ROYAL BERKSHIRE NHS FOUNDATION TRUST (RBFT)**

The Committee received a presentation from Ed Donald, Chief Executive of the Royal Berkshire Foundation Trust (RBFT) in relation to the RBFT's current performance, the financial challenges, its operating framework for 2012/13 and plans for the future and informed the Committee of the following -

- the internal survey patient satisfaction rate came back as 94%;
- RBFT won the HSJ Patient Safety Award for the second year;
- stroke is the 5<sup>th</sup> biggest killer in the UK and for those patients that survive a stroke it can become a very debilitating condition. Two years ago about 30% of stroke patients were admitted to the stroke unit for 90% of their admission and this had improved to 90% of stroke patients this year;
- infection prevention and control remained a top priority at the RBFT, particularly the management of c-difficile where a recent expert review had identified that the Trust could further improve its practice and a recent symposium organised by the Berkshire Cluster PCT had identified further best practice that the Trust would be adopting NHS need to find £20billion of savings over 4 years, which equates to at least £15m a year for the RBFT;
- in 2011 RBFT saved £14m and is forecast to make £17.5m savings in 2012;
- at the RBFT this will be achieved by focussing on quality of care and getting it right first time;

- in relation to the Health and Social Care Bill, there are a number of changes to note – the Secretary of State has recently confirmed that GPs have the final say on when competition will be applied, with the emphasis being on integration and collaboration between care providers. GPs will be able to use competition as a lever to drive up the standards of care locally if hospitals are not delivering for patients and have had opportunities to improve;
- unannounced inspection from Care Quality Commission in November 2011 that came back with satisfied levels of care;
- new emphasis at RBFT to match clinical services and facilities to the needs of patients rather than the other way around, in recognition of the drive towards care closer to home; and
- The Royal Berkshire Bracknell Clinic was opened by the Countess of Wessex and the services are growing and improving and there is a push for the PCTs, the Trusts and the GPs to work together to make good use of the facility and to fill it up.

Emma Hobbs enquired if consultants are on duty at the weekend.

Ed Donald informed the Committee that there is a 12 hour cover on Saturdays and Sundays with a 24 hour Intensive Consultant available and a 24/7 Radiotherapy Consultant also available.

The Chair enquired about what training nurses were given on the geriatric wards.

Ed Donald informed the Committee that the RBFT was very fortunate to have Professor David Oliver who is the UK lead on Dementia Care and all nurses on the ward have been trained in dementia care. He also stated that the CQC as part of their last inspection visited and quizzed the nurses on the ward and they were impressed with their knowledge about dementia as well as the training they had received.

The Chair enquired about the eye clinic and the excessive queues while waiting to be seen and why do the “emergency patients” move ahead in the queue, when often they are not emergency cases.

Ed Donald informed the Committee that it is a good point to raise and it is true not often are the “emergency patients” a life threatening emergency, but that patients presenting as an emergency would be seen on that basis.

The Chair enquired further that if they are not “emergency cases” then why not have them in allocated time slots.

Ed Donald agreed to look into this and feedback to the Committee.

Sam Rahmouni also commented that he had an appointment in the eye clinic for 10.00am but was not seen till 12.00pm, during which time he had to keep paying for the car parking because of the delay in being seen.

Ed Donald informed the Committee that it is unfortunately a difficult area to manage, as often because of the pressure and popularity of the service there is an overbooking of the clinic. He stated that the service is working hard to keep to the appointment times as well as encourage a reduction in the number of patient follow-ups where this is clinically appropriate and agreed with GPs to generate more space in clinics for new patients.

The Chair enquired with the amount of savings that have to be made across the RBFT do the patients notice the difference.

Ed Donald informed the Committee that the patients should not notice the difference because the care and quality of the service have to continue to meet the standards expected by patients, their families and GPs, set by the RBFT and required by various regulators and professional bodies. There are some examples where the cheapest supply of, for example, surgical gloves might not be the most cost effective and this reinforced the need for procurement staff to work closely with clinical staff to ensure the right decisions were taken. Overall, this was the case and significant procurement savings in the order of £6m had been made in the last 2 years which had not been noticed by patients or staff, through better prices being achieved with suppliers along with a rationalisation of stock items.

Tony Lloyd (LINK) enquired if the stroke care was improving.

Ed Donald informed the Committee that with the recent public awareness campaigns and increased advertising in GP surgeries and the early warning signs being recognised by the Ambulance Services, it has improved.

Salma Ahmed (Partnership Officer) enquired about the impact and relationship of the high street pharmacies to the RBFT in the long term and if they would be used more or less.

Ed Donald informed the Committee that it is a good point and they would have to find a way to work together, but it is difficult because the prescriptions vary in price from both organisations and then there is the convenience and opening hours as well.

Lee Gordon-Walker enquired if there were any plans for elective surgeries as things have changed radically over the years.

Ed Donald informed the Committee that they are looking into keyhole surgery and cancer as well as more complex surgeries for longer length of stays in the hospital.

Salma Ahmed (Partnership Officer) enquired about the patient rating and whether it was a good sample size with a cross section of patients.

Ed Donald informed the Committee that it was rated across good, very good and excellent with a sample size of up to 300 from the Trusts in patient surveys per month, which compared to the annual NHS survey response from 650 patients. He encouraged the Committee to look at the NHS Choices Website and to share the information to increase further use of the site for patients to be able to give their feedback directly.

Christine Holland enquired about the CQC inspection and if they visited during “meal time service”.

Ed Donald informed the Committee that he was unable to say if they actually visited during “meal time service” but confirmed that the Sister on the Ward is responsible for ensuring all patients receive their meals and are supported where this is necessary through the “red tray” initiative.

Christine Holland also enquired about the eye clinic and the increasing intervals from 6 months call back to 14 months call back on one occasion and that information needed to be communicated to the patients.

Ed Donald stated that he would look into the issue and communicate the response back to the Committee.

Emma Hobbs thanked the Chief Executive for the information and the updates and stated that he had done so well despite all that has happened over the last few months. She said that the RBFT had achieved so much and wished him the best for the future.

The Chair, on behalf of the Committee also thanks the Chief Executive for the presentation and the updates.

**RESOLVED** That –

- 1) the presentation and information provided be noted by the Committee; and
- 2) Ed Donald provides feedback to the Committee relating to the eye clinic and the “emergency cases” and the increasing intervals in call back; and
- 3) The Chief Executive Officer of the Royal Berkshire Foundation Trust be thanked for attending the meeting.

#### **74. REVIEW OF ROYAL BERKSHIRE HOSPITAL MATERNITY UNIT**

The Committee received a presentation from Gill Valentine, Director of Midwifery at the Maternity Unit, Royal Berkshire Foundation Trust in relation to some maternity statistics, progress to date on recommendations from 2011, update on early labour Triage and other ongoing projects and informed the Committee of the following -

- Predicted birth rate for 2011/12 is 5,847 in comparison to the previous year of 5,824;
- Caesarean Section rate is currently at 26% with 15% being emergency and 11% being elective;
- In terms of public health monitoring the number of women smoking at the time of delivery is at 8% which is lower than the national average of 15%;
- Births on the Midwifery led Birth Centre is up to 12%, which exceeds the target that was set of 10%;
- Home Births is up to 3.2% which is again higher than the national average;
- The staff were consulted in relation to the proposal for a 12 hour shift and it was agreed to audit those who wished to move to 12 hour shifts;
- Proposal now to assess the feasibility of running the service with a combination shift pattern to meet the needs of all the staff and will be available from April 2012;
- There are issues to consider with the proposal regarding the continuity of care for patients, training and updates for staff and the risks associated with the handover;
- In 2011/12 to date the maternity unit has had to operate the unit diversion policy on 37 occasions, 33 due to lack of capacity on delivery suites and 4 due to staffing issues;
- The maternity unit in partnership with the Berkshire West PCT is working towards achieving the accreditation for Baby Friendly Trust, which is given by World Health Organisation together with UNICEF. The Trust has already passed 2 of the 3 stages of the process with the final stage scheduled for January 2013;
- Revised guidelines for practice are in place for Vaginal Birth after Caesarean section;
- Revised patient information is also in use and the pathway has been amended;

- The Triage and Early Labour Assessment was piloted in 2010, it was a huge success with an improved consistency of advice to women in early labour, an improved women's satisfaction, an opportunity to facilitate confidence for women to remain at home during early labour, reducing antenatal admissions to delivery suite, increasing births on midwifery led unit and reducing telephone calls to delivery suite;
- As a result of the success the pilot was rolled out and went live in July 2011;
- Following the review of the Maternity Services in 2010 and the recommendations, Head of Midwifery was asked to pilot 2 tools produced by the Department of Health on pregnancy care which included social risk assessments. These tools have since been revised and developed; and
- Future plans include increasing the capacity within the maternity unit, increasing the midwife to birth ratio, increasing the % of normal births, decreasing the % of caesarean sections, achieving Baby Friendly Accreditation and reviewing and amending the induction of labour pathway.

Emma Hobbs enquired about the recent diversion that was reported in the news about a woman who was due to give birth and was directed from Brighton to Southampton and then back home again, where she gave birth.

Gill Valentine informed the Committee that the RBFT does not divert as far away to Southampton. She stated that it is important to divert to somewhere that would accept the patient and it is up to the unit to ensure that is the case. Most diversions are nearby and depends on where the patients are coming from and how they will be able to get there, together with being able to accept the patient.

Emma Hobbs enquired if more midwives would be recruited.

Gill Valentine informed the Committee that there is a natural turnover of midwives within the unit. It is a fantastic team who work well and it is the intention to recruit above the vacancies so in the event of any midwives leaving there would not be any gaps.

Emma Hobbs enquired if the Baby Friendly Trust was worth pursuing.

Gill Valentine informed the Committee that it was as women don't often get consistent advice or support, there seems to be differing views, but given the assessment and training for staff with the information it would be worth it to be recognised as having achieved it with the backing of the World Health Organisation and UNICEF.

Andrew Bradley enquired if home births were actively encouraged.

Gill Valentine commented that it is not actively encouraged but as much support as possible is provided and is all dependent upon the mothers.

Andrew Bradley enquired if when parents are attending the birthing classes etc if the Triage number is circulated and advertised as the only phone number to use.

Gill Valentine informed the Committee that the information is available and publicised as much as possible.

Andrew Bradley commented that the 12 hours shift patterns were advantageous, as he found them quite useful when he worked the 12 hour shift pattern.

Gill Valentine commented that they can be useful but can sometimes have a knock on effect to other service areas.

Salma Ahmed (Partnership Officer) enquired if the diversions for the RBFT would have a knock on effect if any take place.

Gill Valentine informed the Committee that it really depends on capacity to do it and being able to phone ahead and ensure the accepting organisation that receive the patient. It happens in peaks and troughs and varies quite a lot.

Tony Lloyd (LINK) commented that the presentation and the information provided presenting a lot of good news over the last 2/3 years. Given the past and some of the negativity, is there any way for the RBFT to do a PR exercise about the improvements and future plans to change people's views and judgements about the past.

The Chair enquired about babies born in transit and if there was any difficulties or prescriptions to prevent this, and why the numbers had increased so much.

Gill Valentine informed the Committee that each case is different and the situations vary and is dependent on wives waiting on husbands to come from work, the distance being travelled etc.

The Chairman enquired what the key issues were for 2012 beside capacity.

Gill Valentine informed the Committee that it would be to increase normal births and decrease caesarean section births.

Lee Gordon-Walker enquired if there was anything that HOSC and Wokingham Borough Council could do to assist.

Ed Donald commented that public reassurances were very important and being able to circulate the positive messages can always be very helpful.

Tony Lloyd (LINK) enquired if with the introduction of the "health visitors" if there was now a shortage of midwives.

Gill Valentine informed the Committee that the Government's "health visitors" scheme is attracting experienced midwives from the Maternity Unit. To date 8 midwives have already left to become "health visitors", which has now prompted more re-active work to recruit midwives and try and retain them.

The Chairman, on behalf of the Committee thanked Gill Valentine for the information and updates and commented that it has probably one of the best meetings this year.

**RESOLVED** That –

- 1) the presentation and information be noted by the Committee; and
- 2) Gill Valentine, Director of Midwifery be thanked for attending the meeting.

**75. WORK PROGRAMME 2011/12**

**RESOLVED:** That the Committee noted the Work Programme for 2011/12 and the remaining items and meetings.

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

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