

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON WEDNESDAY 28 MARCH 2012 FROM 7.30PM TO 9.00PM**

Present: Tim Holton (Chairman), Charlotte Haitham Taylor (Vice Chairman), Andrew Bradley, Gerald A Cockroft, Kay Gilder, Mike Gore, Kate Haines, Emma Hobbs, Philip Houldsworth and Sam Rahmouni

Also present

*Sue Sheath, Acting Regional Lead (South East), Care Quality Commission (CQC)
Dr Hester Wain, Head of Patient Safety, Clinical Quality Improvement Unit, Royal Berkshire NHS Foundation Trust*

Mike Wooldridge, Development and Improvement Team Manager, Community Care Services, Wokingham Borough Council

Karen Jackson, Head of Adult Social Care Statutory Services, Wokingham Borough Council

Sam Otorepec, NHS Berkshire West

Salma Ahmed, Partnership Development Officer, Wokingham Borough Council

Christine Holland, LINK Steering Group

Tony Lloyd, LINK Steering Group

Ella Hutchings, Principal Democratic Services Officer, Wokingham Borough Council

Charles Yankiah, Senior Democratic Services Officer, Wokingham Borough Council

76. MINUTES

Amendments to the Minutes of the meeting held on 25 January 2012 were tabled. The Committee discussed the amendments but did not feel that the changes should be made.

The original Minutes of the 25 January 2012 and the Minutes of the 21 February 2012 as set out in the Agenda, with a couple of typographical corrections, were confirmed as a correct record and signed by the Chairman.

Urgent update on Minute 62 from Committee meeting on 25 January 2012:

The Chairman raised concerns about Minute 62, regarding the Adult Safeguarding Annual Report 2011/12. The report suggested that there were no major concerns for the Committee, but it had since come to light that at the time an investigation into Atlas Project Team Care Homes was taking place.

Karen Jackson, Head of Adult Social Care Statutory Services, Wokingham Borough Council, confirmed to the Committee that indeed an investigation had been taking place, but that as there was also a criminal investigation taking place alongside the work of the Council and CQC, they were not able to talk to the Committee about it at that time, due to the need to protect evidence. As soon as the safeguarding concerns had been raised the residents who had been placed at one of the care homes in Devon had been moved. The outcome of the review into the other Atlas Project Team Care Homes was that the ones in Wokingham Borough had now been given notice and their contract would expire on 31 March 2012. Rather than closing the homes down, it had been decided that to protect the long stay residents it would be better to take them over and so Optalis would be taking over the management of the four homes in the area. Optalis would provide management, support and training and CQC and the Council would be working with Atlas Project Team to ensure the transition went smoothly.

Karen Jackson went on to inform the Committee that lessons had been learnt about process and so they had now developed an investigation review document, about the care of vulnerable adults, but also much wider to ensure nothing in the process was missed. Communication she said was key and the document had been developed in partnership.

Karen Jackson explained that if an adult did not have relatives then they had an advocate who would be able to work with them and if an individual could not communicate verbally they would work with them to make sure they found a way to communicate with them. It was important that all agencies involved developed these skills so they could deliver the best multi-agency services.

In the Atlas Project Team Care Homes case both the Council and CQC had conducted unannounced visits to see what was truly happening in each setting, which was another reason they had to keep the information confidential. Sue Sheath, CQC, confirmed that they worked closely with other agencies to monitor providers across 14 areas in the South West and South East and took action when needed. Sue explained that they did not show the skills needed in safeguarding which is why action had been taken in this instance. CQC did have the power to hold providers to account and although they could not yet give details of the case here, ultimately the responsibility of safeguarding rested with and ended with the providers.

The Chairman understood that the Committee could not be informed about the details of the case due to the confidential nature of the investigation, but felt that the Item should have been deferred, rather than giving the Committee a sense that all was well. Karen Jackson said that in future they would consider how best to keep the Committee informed about any investigations and provide information about safeguarding.

77. APOLOGIES

There were no apologies for absence submitted.

78. DECLARATION OF INTEREST

There were no declarations of interest submitted.

79. PUBLIC QUESTION TIME

There were no public questions submitted.

80. MEMBER QUESTION TIME

There were no Member questions submitted.

81. CARE QUALITY COMMISSION

Sue Sheath, Acting Regional Lead (South East), CQC, gave the Committee a presentation updating it on the work that they had carried out since her last visit. Over the last few months a lot of time had been spent getting inspectors out inspecting providers and the reports would be published in the future. There had also been a 12 week consultation on CQC regulatory model and the changes were due to be launched shortly.

Sue Sheath informed Members that CQC had conducted a Learning Disability review which was available for people to download from the website, along with a number of key reviews which Members might be interested in.

CQC was undergoing a restructure and the regions would be reducing from seven to four. The size of portfolios was being reduced to allow people to get out and inspect more often

and the outcomes were being simplified to just 'compliant' or 'non-compliant'. The impact of the concerns found would then determine the action that needed to be taken. Every provider was visited at least once a year other than dentists that were visited at least once every two years.

Last year CQC conducted a dignity and nutrition review of hospitals, this year it would include care homes and if basic levels of care were not provided that would be reported publically. CQC were also about to start a programme of inspection across 250 domiciliary care providers who provided care in people's own homes.

One Member of the Committee was concerned that they were hearing the same information each year about looking into care and more inspections, yet they were not seeing improvements. Sue Sheath said that whilst regulating providers unfortunately did not stop bad care, it did expose it so that it could be dealt with. CQC had taken lots of action, they investigated all concerns and all providers and where needed followed up with the appropriate action. CQC hoped the work they carried out prevented as much bad care as possible and where it was still found they dealt with it. A guide to how inspections were carried out was available on the CQC website.

Karen Jackson added that the Council also undertook unannounced visits and responded to any anonymous posts on the website. If needed the Council would call the management in, and contact the Police and CQC as required. If providers did not meet requirements then the Council would no longer use them. Self-funders would also be informed. A multi-agency approach was taken and information was shared.

CQC explained that inspectors picked five key issues from the list to look at when undertaking an annual visit to a provider, but that they were trained to look out for signs of problems with any area once on the visit, so that even if it were not one of the key issues that were there to look at, an issue would not be over-looked and it would be dealt with in the normal way. Sue Sheath explained that unannounced visits were sometimes carried out at night or at the weekend, especially if they had concerns about certain elements which needed to be seen at these times, but they often went during the day so that they could talk to the staff, patients and relatives who would be available at that time.

Sue Sheath confirmed that although CQC undertook the Nutrition Review of hospitals and carried out inspections, it was not their job to weigh people. However they would expect the hospital to do that and when they found instances where this was not happening or they saw signs of patients not being fed for example, they were followed up and actions were put in place where needed.

The Chairman asked if it would be possible for one or two Members of the Committee to join an inspection, to really gain an understanding of how the work was carried out and what was involved. Sue Sheath said it might be difficult as the visits they conducted were unannounced, but she would take the request away and discuss it with colleagues and they would do their best to find a way to make that happen.

The Chairman thanked Sue Sheath for attending the Committee to update Members on the work of CQC both at this meeting and all the previous meetings she had attended as this was to be her last meeting as she was moving to another role within CQC. Sue confirmed that as the area was to be split, a new person would be working with the Bracknell/Wokingham area and once they had been appointed they would be in touch.

RESOLVED That: –

- 1) the presentation and information provided be noted by the Committee; and
- 2) Sue Sheath be thanked for attending the meeting.

82. ROYAL BERKSHIRE NHS FOUNDATION TRUST QUALITY ACCOUNTS

Dr Hester Wain, Head of Patient Safety, Clinical Quality Improvement Unit, Royal Berkshire NHS Foundation Trust, gave the Committee a presentation on their Quality Accounts, explaining the process and inviting comments from the Committee.

The 2010/11 Quality Accounts for the Royal Berkshire NHS Foundation Trust had been included in the Agenda and the draft 2012/13 ones had just been signed off by the Board and so were available for the Committee to see. A few hard copies were distributed at the meeting and further copies would be sent to all Members shortly, as well as an email copy.

Dr Wain explained the stakeholder engagement process they were undertaking, spoke about the previous comments local Health Overview and Scrutiny Committees had made, and gave the Committee an example of comments a Committee from another area had made about their local provider's Quality Accounts.

Dr Wain informed the Committee that the Royal Berkshire NHS Foundation Trust's key priorities for 2012/13 fell into three categories:

- Patient experience:
 - Providing a positive patient experience by improving staff courtesy and communication;
 - Improving the Outpatient experience.
- Patient Safety:
 - Reducing the numbers of patients who are infected with 'Clostridium difficile' while in hospital;
 - Reducing hard from sepsis.
- Effectiveness of care:
 - Ensuring timely informed discharge.

Salma Ahmed, Partnership Development Officer, Wokingham Borough Council suggested that it would be useful if a more accessible, shorter, and easy to understand version could be produced as an Executive Summary or information leaflet for residents and patients. Dr Wain said she would like to produce something like that in the future after they get signed off.

The Committee queried where some of the comments in the report came from and Dr Wain explained that they had been submitted via the NHS Choices website and told the Committee that anyone could post a comment, anonymously if they wanted and the hospital could choose to respond if they wished to. The issue of disabled parking at the hospital was also questioned, as it was an action that came up last year. Dr Hester said that parking was a choice in the original list of options for priorities, but other choices ranked higher. However parking was still on the list of items they would be looking at in the future and the comments about disabled parking and access to certain wards would be taken back to the relevant department.

The clinical coding error rates were explained to the Committee, which historically were used to charge back treatments costs to the Primary Care Trusts, but was also useful Dr

Hester said in looking back over what happened to an individual during their stay so that any issues could be followed up and addressed if need be.

The Members were given the 2012 Quality Accounts schedule and asked to return comments to the Trust should they wish too. The Chairman asked all Members to get comments into Ella Hutchings, Principal Democratic Services Officer, and the Chairman would then compile a response on behalf of the Committee in time for the deadline of 30 April 2012.

RESOLVED That: –

- 1) the presentation and the Quality Accounts for 2010/11 be noted;
- 2) the draft Quality Accounts for 2012/13 be noted;
- 3) Members submit any comments they wish to make about the Quality Accounts 2012/13 to Ella Hutchings, Principal Democratic Services Officer;
- 4) Dr Hester Wain be thanked for attending the meeting.

83. NHS BERKSHIRE WEST ANNUAL PERFORMANCE AND FINANCE UPDATE

It was reported that as Nigel Foster, Acting Director of Finance and Performance, NHS Berkshire West, had been unable to make the Committee meeting, the Chairman had decided it would be better to defer the item so that Members would have the opportunity to actually ask questions of him directly at the next meeting, rather than have questions taken away to be answered at a later date.

Sam Otorepec, NHS Berkshire West, reported that a new person would be taking on the role and so they would be attending the next meeting to report on this item.

RESOLVED: That the item be deferred to the next Committee meeting.

84. LINK UPDATE

The Committee received an update from Christine Holland in relation to the LINK as included in the Agenda.

Christine Holland informed the Committee that the LINK had been given a six month contract extension until 30 September 2012 and that they had been given additional hours of support. Michelle Wooff would be taking on the role as Jenny Grieve was moving to another role within Support Horizons.

A new leaflet was being produced by the Wokingham LINK called 'The 5 Steps to Adult Social Care' and Christine Holland tabled a coloured version which they were hopeful could be adopted to guide new service users easily through the process. One Member of the Committee suggested that it might be useful to include the NHS Choices card in the information packs and both Christine Holland and Karen Jackson felt this would be helpful if there were able to acquire some. Mike Wooldridge, Development and Improvement Team Manager, Community Care Services, Wokingham Borough Council, said that the document would be very useful to the Council and would help them to target information.

The work programme for the LINK for the next six months was also included in the Agenda.

RESOLVED That: –

- 1) the update be noted;
- 2) Christine Holland be thanked for attending the meeting.

85. HEALTH CONSULTATIONS

The Chairman informed the Committee that he had responded to the South Central Ambulance Service NHS Foundation Trust review of the Transfer of Berkshire Emergency Operations Centre, to say he was not happy about there not being a formal public consultation.

Members were informed that the other current “live” consultations that were detailed in the briefing paper included in the Agenda could be commented on or responded to by individual members where appropriate.

RESOLVED: That the report be noted by the Committee.

86. HEALTH OVERVIEW AND SCRUTINY COMMITTEE ANNUAL REPORT

The Committee considered the Health Overview and Scrutiny Committee’s Annual Report 2011/12 which had been included in the Agenda papers.

RESOLVED: That the Committee’s Annual Report 2011/12 be submitted to Council.

87. UPDATE ON MENTAL HEALTH TASK AND FINISH GROUP

Charlotte Haitham Taylor updated the Committee on the work of the Mental Health Task and Finish Group. The Group had held a workshop facilitated by the Samaritans which had been very successful, Charlotte thanked the Samaritans for all their help. Other organisations had also been involved and considering the topic turn out had been good, although some groups still remained hard to reach, for instance younger people and those with mild mental health issues.

The Task and Finish Group were working on their recommendations and would bring them to a future Committee meeting.

The Chairman thanked the Members of the Task and Finish Group for all the hard work they had carried out so far.

RESOLVED: That the update be noted by the Committee.

88. CHAIRMAN’S CLOSING REMARKS

The Chairman thanked outside partners, Members and Officers for their contributions to the Committee this year. The Chairman also thanked Gerald Cockroft for all his time on the Committee as he was not standing for election again, and Charles Yankiah, Senior Democratic Services, who has provided great support to the Committee over the last 11 months. Emma Hobbs gave a vote of thanks to the Chairman and Vice Chairman for all the support they had given the Committee over the year.

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

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