

**MINUTES OF A MEETING OF THE  
HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
HELD ON MONDAY 25 NOVEMBER 2013 FROM 7PM TO 9.35PM**

*Present: Tim Holton (Chairman), Kate Haines (Vice Chairman) (until Item 39), Andrew Bradley, Kay Gilder, Philip Houldsworth, Ken Miall, Ian Pittock (substituting for David Sleight), Sam Rahmouni and Malcolm Richards (substituting for Wayne Smith)*

*Also present*

*Keith Boyes*

*Area Manager, South Central Ambulance Service  
NHS Foundation Trust (until Item 35)*

*Sue Byrne*

*Chief Operating Officer, South Central Ambulance  
Service NHS Foundation Trust (until Item 35)*

*Francesca Chapaneri*

*Learning & Development Manager, Optalis (Item 36)*

*Mette Le Jakobsen*

*Operations Director, Optalis (Item 36)*

*Madeleine Shopland*

*Principal Democratic Services Officer*

*Jim Stockley*

*Healthwatch Wokingham Borough*

*Nicola Strudley*

*Healthwatch Wokingham Borough*

**PART I**

**29. MINUTES**

The Minutes of the meeting of the Committee held on 11 September 2013 were confirmed as a correct record subject to the following amendment and signed by the Chairman. It was noted that Malcolm Richards had attended the meeting.

**30. APOLOGIES**

Apologies for absence were submitted from Nick Ray, David Sleight and Wayne Smith.

**31. DECLARATION OF INTEREST**

There were no declarations of interest made.

**32. PUBLIC QUESTION TIME**

There were no public questions

**33. MEMBER QUESTION TIME**

There were no Member questions

**34. SOUTH CENTRAL AMBULANCE SERVICE (SCAS)**

At its September meeting the Committee had expressed concern that the 'Ambulance handover and crew clear delays' and the 'Ambulance Response Times' targets were not being achieved and invited the South Central Ambulance Service NHS Foundation Trust to the November meeting to explain why and what action was being taken to improve matters. Sue Byrne, Chief Operating Officer, SCAS and Keith Boyes, Area Manager, SCAS provided an update.

During the discussion of this item the following points were made:

- Between October 2012 and October 2013 there had been an increase in demand in the Wokingham Borough on a scale not seen elsewhere within the region.

- Across the region as a whole, SCAS was performing. In Quarter 2 the unseasonably hot weather had proved challenging. Demand had spiked between July and August and then decreased in September.
- Discussions were underway regarding lessons learnt and preparation should there be very hot weather again next year.
- Whilst SCAS had achieved targets across its whole area between September and October, demand in the Wokingham Borough had also spiked in October. The reasons behind this were not entirely clear.
- As demand had increased, SCAS had increased resources to the area, non urgent activity had been cancelled and clinically trained managers had been escalated to help maximise efficiency.
- Increased demand was anticipated between December and January. No training was planned during this period to maximise staff availability. Work would take place with partner organisations such as the hospitals, to manage queuing.
- With regards to rotas SCAS planned to work differently. Demand could be forecasted by hour, by day. There was movement away from flat planning of resources.
- NHS 111 was providing additional demand. Currently 999 calls were taken via the AMPD system and NHS 111 calls were taken via NHS Pathways. From March/April all calls would be dealt with via the NHS Pathways system. This would provide more opportunities to clinically interact with patients before or if an ambulance was dispatched. The opportunity for more 'Hear & Treat' over the telephone would also increase.
- Andrew Bradley asked whether calls were broken down by type to provide a better indication of the reasons behind the spike in demand in the Wokingham area. Sue Byrne commented that calls were broken down into categories. The unusually hot weather in summer had increased the acuity of conditions including asthma and breathing difficulties, leading to more calls.
- Malcolm Richards asked whether peaks in activity coincided with outside normal GP surgery hours. Mondays were often very busy. Calls from GPs on behalf of patients peaked between 4-6pm. Discussions were being held with the commissioners regarding different ways of working to ensure that where possible patients were transported earlier in the day. Often those whose GP had called SCAS were those most in need of the ambulance service, yet it could be more difficult to reach patients if the call was made during the rush hour. This was particularly challenging when acuity increased.
- In response to a Member question regarding NHS 111 and at what point in a call an ambulance was dispatched if required, Sue Byrne indicated that on average it was 30-40 seconds after the call was answered. Even if an ambulance was not immediately dispatched the nearest resource was located and put on standby and could be advised to proceed on lights should it become necessary.
- Ken Miall asked about the benefits of the NHS Pathways system. Members were informed that it would give call handlers greater opportunity to understand callers' problems and to select the appropriate pathway. The AMPD system was designed to dispatch an ambulance not to ascertain whether one was required. The Committee was assured that there was little difference in the point of the call that an ambulance was dispatched when using the NHS Pathways system.
- Ian Pittock asked about overlapping shifts during peak times and new equipment. Sue Byrne stated that overlapping shifts were used and that SCAS would be getting 26 new ambulances and 56 cars in the new year. Some older equipment would then be retired.
- In response to Members queries regarding incidents when call handlers had wished to speak to patients who were under 16 or who were unable to get to the telephone Sue

Byrne asked that she be provided with details of the calls. The calls could be audited to determine if the response had been appropriate. SCAS routinely audited a high level of calls.

- Kate Haines commented that there had been reports in the media about the standards of private ambulance services. Sue Byrne emphasised that SCAS used a very detailed procurement process for the private providers that it used and had reduced the number it used to 4 or 5. These were audited to ensure they met clinical and facilities quality standards and monthly clinical meetings were held with the providers. Clinical colleagues had judged their equipment fit for use. Keith Boyes reminded the Committee that it took around 3 years to develop a paramedic. Private providers help to cover gaps.
- Kate Haines went on to ask whether the relocation of the Emergency Operations Centre from Wokingham to Bicester had had an effect on response times. Keith Boyes clarified that the Wokingham centre had been a control centre and headquarters. A rapid response vehicle was available.
- Ambulance handover and crew clear delays were discussed.
- Double verification had been introduced, under which the ambulance crew and the hospital agreed when the handover and clear up times took place. Handover and clear up times at the Royal Berkshire Hospital were reducing.
- Members were informed that ambulance crews could be delayed if pieces of equipment continued to be used once the patient reached hospital.
- Hospital Ambulance Liaison Officers (HALO) would be introduced during the winter period.
- Tim Holton asked how much SCAS was fined if there was a delay in clear up times and was informed that SCAS was fined £2.44 a minute.
- Members questioned what impact traffic jams and new developments which were not on GPS systems had. Keith Boyes indicated that local authorities informed SCAS of new developments and these were programmed into the aided dispatch system.

**RESOLVED:** That the South Central Ambulance Service update be noted.

### **35. UPDATE FROM HEALTH AND WELLBEING BOARD**

This item was deferred.

### **36. UPDATE ON ADULT SOCIAL CARE/ OPTALIS STAFF TRAINING**

The Adult Social Care Task and Finish Group in their final report, which was considered by the Executive in May 2013, had recommended that the Health Overview and Scrutiny Committee be updated on Adult Social Care and Optalis staff training after 6 months. Mette Le Jakobsen and Francesca Chapaneri provided an update on Optalis staff training.

During the discussion of this item the following points were made:

- Mette Le Jakobsen provided an update on Optalis' journey since its participation in the Task and Finish Group.
- Members were informed that focused effort had gone into developing a learning & development strategy for Optalis. As part of this process there had been 3 months of engagement with staff and managers. The Strategy had been reviewed by Optalis' management team early September and had been handed over to the Learning & Development Manager to drive its implementation across the organisation.
- 6 priority areas of learning for Optalis had been identified. These would enable managers and staff to identify and prioritise learning and development more effectively

and efficiently. The types and frequency of training that staff required and update training was under consideration.

- As well as types of learning required, the strategy also identified various areas of operational improvement. The Learning & Development Manager would be supporting increased communication across the organisation.
- Members were provided with an example where learning and development had made a difference. Four failing Learning Disability Residential Care Homes within the Borough which had been provided by another provider transferred to Optalis in April 2012. The homes had been considered unsafe by the regulator and to be in breach of contract by the Council. There were 14 residents in the homes.
- A lot of work had been carried out to make the homes safe for residents including essential training and learning for safety (such as health and safety training, moving and handling, reporting and being aware of abuse), added value quality related learning, such as training regarding specific conditions and personalisation. PROACT SCIP inhouse trainers were being developed. The CQC had now deemed the homes to be compliant.
- Malcolm Richards asked whether a training analysis had been carried out for new and existing staff at the homes and whether a mixture of training methods such as e-learning and classroom style had been used. Mette Le Jakobsen explained that some training had been carried out via e-learning and some through service managers. Classroom style learning had been less used due to the urgency in which improvements had had to be made.
- Normally a blend of training methods would be used as different people responded to different methods. Malcolm Richards went on to ask whether Optalis offered inhouse training or bought in packages and was informed that some was bought in and some such as manual handling was provided inhouse. Optalis had joined with the Council to commission autism training. Those who regularly interacted with those with autism would receive advanced training in a classroom setting, delivered by an individual with autism.
- Kay Gilder asked how concerns regarding the care homes had been flagged up. Mette Le Jakobsen stated that concerns had been identified via the usual safeguarding and care governance process and commissioners and social workers not receiving sufficient assurance during visits. Concerns were also being highlighted nationally at that time.
- Sam Rahmouni enquired whether Optalis ensured that carers were able to speak a good level of English and communicate with customers and how it ensured that customers were treated with dignity and respect. Mette Le Jakobsen emphasised that it was important that those working with those with high levels of learning difficulties were able to communicate effectively and could also complete records. The Committee was reminded that all forms of communication and not just the spoken word were key. Prospective staff were asked during the recruitment process what they thought constituted dignified behaviour and how they would deal with particular situations.
- It was agreed that a small number of Members would undertake a site visit to one of the care homes in question.
- The Committee discussed 15 minute visits by carers and how Optalis monitored these.
- In response to a question regarding a national register of support workers Francesca Chapaneri commented that this was still on the national agenda but was not yet in place.
- The Committee asked that it receive a further update on the training in 6 months' time.

**RESOLVED:** That

- 1) the update on Optalis staff training be noted.
- 2) a further update on Optalis staff training be received in six months' time.

### **37. POTENTIAL IMPLICATIONS OF THE FRANCIS REPORT FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

The Committee received a report regarding the potential implications of the Francis Report for the Health Overview and Scrutiny Committee.

During the discussion of this item the following points were made:

- The Francis Report had acknowledged that what happened with the Mid Staffordshire Trust was not just a failure by the organisation. It also highlighted a systematic failure by a number of national and local organisations, including the two local scrutiny committees, to respond sufficiently to concerns put forward regarding patient care and safety.
- The Francis Report had made a number of comments and recommendations which specifically related to local government scrutiny practice. It was proposed that a Working Group be established to look at the next steps the Committee may wish to take in response to the recommendations and lessons from the Francis Report on the Mid Staffordshire NHS Trust and report back to a future Committee meeting. Malcolm Richards, Sam Rahmouni, Kay Gilder, Kate Haines, Philip Houldsworth and Tim Holton agreed to be part of the Working Group.
- A member of the public suggested that the Working Group receive evidence from members of the public. Nicola Strudley stressed the importance of engagement with patients and members of the public.
- It was noted that the Government had recently published its full response to the 290 recommendations made by Robert Francis, following the public inquiry in to the failings at Mid Staffordshire NHS Foundation Trust. This followed on from its initial response which had been published in February 2013.
- Guidance from the Department of Health was anticipated shortly.

**RESOLVED:** That

- 1) the Health Overview and Scrutiny Committee consider the findings of the Francis Inquiry insofar as they relate to health scrutiny and determine if any changes to the operation or approach to health scrutiny in Wokingham are required to ensure that it operates as effectively as possible.
- 2) a Working Group be established to look at the next steps the Committee may wish to take in response to the recommendations and lessons from the Francis report on the Mid Staffordshire NHS Trust and report back to a future Committee meeting.

### **38. HEALTHWATCH UPDATE**

The Committee received an update on the work of Healthwatch Wokingham from Nicola Strudley and Jim Stockley.

During the discussion of this item the following points were made:

- The team had put in a lot of work into achieving the target of 50 visits in 90 days and reaching out to different groups in the community.

- The Healthwatch Wokingham Borough Board had agreed to sponsor the MICE bus for the remainder of the financial year and in return its driver would be a “Healthwatch Champion,” signposting members of the public to Healthwatch and distributing information about the organisation.
- Healthwatch Wokingham Borough had been fully launched the week beginning 18 November. Events had been held in Woodley Town Centre on 18 November and in Wokingham Town on 20 November. Healthwatch Wokingham Borough had also attended the Winter Carnival on 24 November. In response to a Member question Nicola commented that that an event planned to be held in Earley had unfortunately fallen through but Healthwatch Wokingham Borough would make every effort to engage with groups in this area.
- Board meetings were now being held in community venues across the Borough.
- Healthwatch Wokingham Borough was starting to receive anecdotal stories from residents. The importance of listening to people and finding the evidence in anecdotes was emphasised. Healthwatch’s CRM system provided a wealth of information which could be drawn on.
- Connections were being made with other voluntary groups including voluntary transport groups. Lots of feedback contacts were being developed and Healthwatch volunteers sought.
- Members of the public could fill in leaflets about their experiences and return them. Committee members were encouraged to complete a form. They were also encouraged to look at Healthwatch Wokingham Borough’s website.
- Kay Gilder suggested that Healthwatch attend a future meeting of the Woodley Over 50’s Forum.

**RESOLVED:** That the Healthwatch update be noted.

### **39. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT OCTOBER 2013**

Members considered Wokingham Clinical Commissioning Group Performance Outcomes Report October 2013.

During the discussion of this item the following points were made

- Members asked for more information regarding the ‘Cancer Wait Times’ target which was showing as red.
- Members expressed concern that the ‘Trolley waits over 12 hours in A&E’ was showing as red and requested further information.

**RESOLVED:** That the Wokingham Clinical Commissioning Group Performance Outcomes Report October 2013 be noted.

### **40. HEALTH CONSULTATIONS**

The Committee considered a report on current ‘live’ consultations.

Members were reminded that the 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 Health Consultations report be noted.

#### **41. WORK PROGRAMME 2013/14**

The Committee considered the Work Programme 2013/14.

During the discussion of this item the following points were made:

- Following the presentation from the South Central Ambulance Services, the Chairman asked whether Members were assured that action was being taken to improve targets. Members agreed that it was important to continue to monitor this area. Ian Pittock commented that coordination between the commissioners, the Ambulance Trust and the Hospitals was important and suggested that the Committee may wish to look at the whole system holistically. It was proposed that consideration be given to inviting the commissioners, the ambulance service and representatives from the Royal Berkshire Hospital to the Committee's March meeting to further explain and give their views on the delays in ambulance delays.
- The Committee wished to receive a presentation on care for those with dementia in the Borough at its January meeting. Possible contacts were suggested.
- A representative from the Care Quality Commission was to be invited to the January meeting to provide an update on its work and to discuss how the CQC and the Committee could better exchange information. However, in light of the fact that the CQC's inspection of the Royal Berkshire Hospital was due to take place following the meeting it was suggested that this potentially be delayed to a future meeting. It was noted that the first four reports from the new hospital inspections regime had been published. These would be circulated to the Committee for information.

**RESOLVED:** That the Work Programme 2013/14 be noted.

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

*If you need help in understanding this document or if you would like a copy of it in large print please contact one of our Team Support Officers.*