

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON TUESDAY 18 NOVEMBER 2014 FROM 6.30PM TO 8.45PM**

Present: Tim Holton (Vice Chairman), Kay Gilder, Philip Houldsworth, Abdul Loyes (substituting for Mark Ashwell), Ken Miall, Malcolm Richards and David Sleight

Also present

Nick Campbell-White, Healthwatch Wokingham Borough

Steve Cross, Health Integration Finance Lead

Debbie Daly, NHS Wokingham Clinical Commissioning Group

Dr Debbie Milligan, NHS Wokingham Clinical Commissioning Group

Madeleine Shopland, Principal Democratic Services Officer

Nicola Strudley, Healthwatch Wokingham Borough

PART I

25. ELECTION OF CHAIRMAN FOR THE REMAINDER OF 2014/15 MUNICIPAL YEAR

Councillor Kate Haines had resigned as Chairman of the Health Overview and Scrutiny Committee due to ill health. Councillor Holton read a statement from her thanking the Committee for their support. He went on to thank Councillor Haines for her contribution to the Committee over the past six years. The Committee wished Councillor Haines well and requested that a letter be sent to her thanking her for her contribution to the Committee.

RESOLVED: That Councillor Ken Miall be elected Chairman of the Health Overview and Scrutiny Committee for the remainder of the 2014/15 municipal year.

26. MINUTES

The Minutes of the meeting of the Committee held on 10 September 2014 were confirmed as a correct record and signed by the Chairman.

27. APOLOGIES

Apologies for absence were submitted from Councillors Mark Ashwell, Kate Haines, Nick Ray and Wayne Smith.

28. DECLARATION OF INTEREST

There were no declarations of interest made.

29. PUBLIC QUESTION TIME

There were no public questions received.

30. MEMBER QUESTION TIME

There were no Member questions received.

31. UPDATE ON ROYAL BERKSHIRE HOSPITAL – (FROM CCG AS COMMISSIONERS)

Debbie Daly, Nurse Director of the Berkshire West CCGs provided an update on the Royal Berkshire Hospital from the view point of the Clinical Commissioning Groups as commissioners. The Committee had requested the CCG's views and information on various matters. This included whether there were any areas of performance where the CCG had or had had concerns and action that the Trust was taking to make

improvements, the Trust's progress against the action plan developed following the Care Quality Commission inspection in March, Quality of patient care and how the CCG was working with the Trust's new Chief Executive.

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

- With regards to Referral to Treatment Wait Times (RTT), Members were informed that significant issues with the accuracy of the waiting list at RBFT had been identified. A large validation exercise was underway which was taking longer than first expected due to the emergent complexity and scale of the issues not being fully understood at first. 6-7,000 records had been validated in the first six months. Monitor had issued a data reporting holiday July-September and an extension had been requested until the end of December for one element. A change in the leadership structure at RBFT had resulted in clear ownership of the issues and accountability and improvements were being seen. Members were informed that the CCG's Head of Performance met weekly with relevant officers within the Trust.
- Diagnostic Wait Times had also been identified as performance concerns. The >99% target for diagnostic procedures to be carried out within 6 weeks had not been met between December 2013-August 2014.
- MRI and CT breaches were partly the result of building works to replace the existing MRI scanners. A temporary scanner had also broken exacerbating the backlog.
- An action plan had been in place which had resulted in numbers of breaches reducing and this was due to recover in September and this was achieved with performance at 99.74%.
- However, there was a potential issue of long term sustainability as two portable MRI scanners and staff to operate these scanners had been hired whilst work was carried out on existing scanners. These scanners were due to be returned at the end of December. Work was being undertaken to ensure that patients would not be affected.
- Ultrasound breaches were due to staff vacancies and capacity constraints. Non-attendance of patients was also a contributing factor. The Trust had doubled up appointments to reduce the backlog and Dr Milligan reported that a great improvement had been seen.
- With regards to Cancer Wait Times a number of patients had waited longer than expected for first appointments for suspected cancer (two weeks wait) and also for treatment for confirmed cancer (62 day wait). Reasons for breaches included patient choice and capacity limitations. An Action plan had been put in place following quarter one breaches. However, recovery had not been delivered as expected in quarter two. A contract query notice had been issued.
- The A&E 4 Hour Standard from arrival to discharge or admissions continued to be challenging to achieve. However, the Urgent Care Programme had undertaken a lot of work to improve the patient pathway.
- Members questioned why performance had dipped to 82% in Q4 2013-14 and were informed that two weeks in September in particular had seen a higher number of admissions. Dr Milligan explained that there was a robust winter resilience plan in place to deal with additional demand.
- Following the CQC inspection in March, the Trust had developed a comprehensive action plan to deliver all recommendations outlined in the Trust's CQC Hospital Inspection report. The Committee was informed that the CCG monitored progress against this action plan formally at Clinical Quality Review Meetings and Joint Senior Governance meetings with the Trust. Monitor and the CQC had left the

responsibility of monitoring progress with the CCGs and they had been able to provide assurance of progress being made.

- The issues identified regarding the data system, medical records, estates and ophthalmology had not come as a surprise.
- Issues relating to maternity staffing had been less expected. On the day of the CQC inspection two beds had been closed. Midwifery services remained a concern for the CCGs and they were working closely with the Trust on a plan to re-open the 2 closed beds on the Midwifery led unit. Councillor Richards asked whether the recruitment of maternity staff was a national issue and was informed that not enough staff were being trained to meet the demand created by others retiring. The Royal Berkshire Hospital was located in an expensive area to live but outside of the London Waiting Zone which increased recruitment difficulties.
- The Committee were pleased to note that there was a lot of evidence that the quality of care delivered at the hospital was of a high standard. The CCGs had had evidence of significant improvement i.e. a reduction in the number of grade 3/4 pressure ulcer, low levels of Cdiff and MRSA infections this year to date. In response to a question from a member of the public regarding the level of Grade 2 pressure ulcers and whether Grade 2 pressure ulcers were considered preventable harms, Debbie Daly commented that it was good if pressure ulcers were identified and addressed at an earlier stage before they could develop into Grade 3 or 4 pressure ulcers. Members were reminded not all pressure ulcers necessarily developed whilst a person was in hospital.
- Members were notified that the Trust's complaints procedure had improved and that they were very open in their reporting of serious incidents
- The Committee were pleased to note that the Trust's new Chief Executive, who had started in August, was working well with the CCGs and developing a good relationship with the CCG's Accountable Officer.

RESOLVED: That:

- 1) the update on Royal Berkshire Hospital – (From CCG as Commissioners) be noted and;
- 2) Debbie Daly be thanked for her presentation.

32. A&E ATTENDANCE OF WOKINGHAM RESIDENTS AGED 40S-60S

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

- GPs were auditing the number of patients attending A&E. Members noted the number of attendances by ward and the number of attendances who were self-presenting only and ambulance arrivals.
- There were a higher number of attendances in the Emergency Department amongst those aged 0-4 and over 65.
- The Bracknell Urgent Care Centre was well used. Nick Campbell-White commented that Healthwatch Wokingham Borough representatives had visited the NHS 111 Emergency Operations Centre in Bicester. Staff had appeared not to have been referring people to the healthcare facility in Brants Bridge, Bracknell. Dr Milligan agreed to confirm with South Central Ambulance Services, their awareness of this facility and what it provided. Members questioned how staff were informed of new healthcare facilities. It was also noted that NHS 111 had a directory of services. Members queried how new services were added to the directory.

- The Committee received information regarding the Berkshire West Operational Resilience Capacity Plan.
- Members noted that performance against the 4 hour A&E wait target had dipped to 82.0% on 7 September 2014. Councillor Holton asked how many people registered but left A&E before being seen. Dr Milligan indicated that the numbers were small. The hospital worked closely with Westcall and could divert patients via this route if appropriate and vice versa.
- Councillor Loyes questioned whether there was a social worker based in A&E full time and was informed that they worked with the resilience team in the discharge lounge.

RESOLVED: That:

- 1) the update on A&E attendance of Wokingham residents aged 4s-60s be noted and;
- 2) Dr Milligan be thanked for her presentation.

33. WOKINGHAM 2013-2014 ANNUAL SAFEGUARDING REPORT

This item was deferred to the Committee's January meeting.

34. HEALTHWATCH UPDATE

Nicola Strudley presented an update on the work of Healthwatch Wokingham Borough.

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

- The Committee was provided with a summary of key issues by service type for Quarter 2.
- Members commented that the new style of report was helpful and informative.
- The Healthwatch helpline had received 73 calls during Quarter 3. Calls had lasted 1 hour on average, including follow up time. People were starting to come to Healthwatch Wokingham Borough with more complex enquiries. 27% of comments had related to Access to services, particularly accessing GP appointments. Councillor Miall asked whether information could be provided regarding different surgeries.
- Members noted the vignettes of both positive and negative experiences.
- Councillor Gilder expressed concern with regards to a complaint about people in sheltered accommodation being asked by a nurse from Wokingham Medical Centre who was carrying out care plans, asking residents to sign do not resuscitate forms. She asked whether this had been resolved. Nicola Strudley stated that Healthwatch would be meeting with the care home manager.
- 1200 pupils at St Crispin's School had been surveyed on emotional health and results were expected soon.
- Healthwatch Wokingham Borough was in the process of undertaking a desktop exercise on all 46 care home websites, specifically looking at fee benchmarking.
- Healthwatch Wokingham Borough was jointly hosting two consultation events with Public Health on the Pharmaceutical Needs Assessment. An 'Ask your Pharmacist' booth would be available at the events. Members were encouraged to attend.
- An audit of 13 places in Wokingham town centre that held information leaflets had been carried out with a view to agreeing a town wide standard. Councillor Holton questioned why the audit had not also taken place in other areas of the Borough such as Woodley and Earley as well. Nicola Strudley commented that Healthwatch

were initially focusing on Wokingham Town Centre with a view to building on work carried out.

- Councillor Loyes questioned whether Healthwatch leaflets were placed in GP surgeries and was informed that Public Health would be contacting the different surgeries' Patient Participation Officers with a view to distributing them.
- Healthwatch Wokingham Borough would be responding to the consultation on changes to charging for adult social care services.
- In response to a question regarding Wokingham Medical Centre, Nicola Strudley commented that many people were still getting used to the new centre.
- There were various means that people could use to contact Healthwatch Wokingham Borough. Councillor Miall queried whether enquiries could be 'double recorded' and was informed that those contacting Healthwatch Wokingham Borough via the Citizens Advice Bureau should be given the same pathway information as those who had rung the helpline so this was unlikely.

RESOLVED: That the Healthwatch update be noted.

35. CONSULTATION ON CHANGES TO CHARGING FOR ADULT SOCIAL CARE SERVICES

The Health Integration Finance Lead informed the Committee of the Council's consultation on changes to charging for adult social care services which was due to close on 1 December. Social care customers, suppliers and the voluntary sector had been written to, to inform them of the consultation.

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

- In preparing for the Care Act the current charges had been reviewed. At present, some non-residential social care services were subsidised whilst others were provided at full cost, meaning that the level of contributions from customers who were required to pay for their services was inconsistent. The proposed changes would remove this inconsistency.
- Customers would be asked to contribute to the cost of their services based on their ability to pay rather than the type of services received.
- The way the Council assessed its customers' ability to pay towards the cost of their care and support services would not be changing.
- Members were assured that the amount of money social care customers would be required to contribute depended on their income, savings and investments. Allowable expenditure such as disability related expenses or housing expenses would be considered before any charge was made. Charges would be applied on a sliding scale to those with savings of £14,250 to £23,250 and thereafter at full cost. Customers would not be required to make a contribution if their income was below the income threshold set out annually by central government.
- It had been suggested that some protection be offered to existing users through a phased approach with a maximum additional charge of £50 per week in 2015/16 before introducing the full charge for 2016 onwards.
- Approximately 65 customers would be affected by the proposed changes.
- The Committee was informed that it was proposed that respite care be charged under Fairer Charging, possibly resulting in a reduced charge to individuals. It was also proposed that subsidies be removed from
 - Day care services
 - Home care
 - Meals at home (known as meals on wheels)

- Respite and sitting services (for carers) over three hours
- People requiring 2 carers will pay for both carers, rather than one;
- Some Members had concerns regarding the way in which the questionnaire was worded. With regards to Question 5 Councillor Holton commented that people would have different ideas about the impact of the proposed changes on them. Steve Cross commented that Officers would want to avoid neutral answers.
- Councillor Richards asked how often how much people could contribute would be reviewed and was informed that there would be an annual review on 1 April. Mid year reviews could be carried out if requested.
- Members had concerns regarding removing the subsidy for people requiring two carers so that customers would pay for two rather than one and felt that it was potentially unfair on those who required two carers. The Committee was reminded that customers would be asked to contribute to the cost of their services based on their ability to pay.
- Councillor Gilder questioned who decided how much customers paid. Steve Cross commented that the Social Care team assessed the care provided and that how much customers could afford to pay was assessed by the Finance team.
- Members questioned what weight the consultation responses would be given. Steve Cross commented that responses had to be taken in context but a report would be taken to the Executive in January. The Committee requested that the possibility of the Committee viewing the results of the consultation prior to a decision being taken by the Executive, be explored.
- Members were asked to send any additional comments on the consultation to the Principal Democratic Services Officer to assist in the formulation of a response to the consultation from the Committee.

RESOLVED: That:

- 1) Members send any additional comments on the consultation to the Principal Democratic Services Officer to assist in the formulation of a result to the consultation from the Committee;
- 2) the possibility of the Committee viewing the results of the consultation prior to a decision being taken by the Executive, be explored.

36. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT NOVEMBER 2014

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report November 2014.

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

- Wokingham CCG had had no cases of MRSA bacteraemia reported during August 2014. Members were informed that there had been one case of MRSA bacteraemia identified at the Royal Berkshire Hospital during the year and this had not been a Wokingham case.
- With regards to the 'Referral to Treatment Target', it was noted that whilst the target showed green the CCG position excluded those patients seen and waiting at Royal Berkshire Foundation Trust however as the Trust had not submitted an RTT return for August. This was due to an agreed reporting break for quarter two while the Trust improved the quality of reporting of the waiting list.

- Whilst the 'Diagnostics % waiting 6 weeks or more' was shown as red it was now performing at green.
- With regards to the 'Ambulance Response Times' target, Members were informed that currently South Central Ambulance Service (SCAS) were only contracted across Thames Valley. Across Berkshire West, all 3 of the ambulance response time targets were achieved in August. The CCGs were undertaking work to break down information on a CCG level.
- In response to a question regarding the level of fines for breaching the 'Ambulance Handover and Crew Clear Delays' target, Members were informed that SCAS were fined £200 for each 30 minute delay and £1000 per delay over 1 hour.
- The NHS 111 action plan was effective and performing well against standards.
- It was noted that all contracts were renewed annually.

RESOLVED: That the Wokingham Clinical Commissioning Group Performance Outcomes Report November 2014 be noted.

37. WORK PROGRAMME 2014/15

The Committee considered the Work Programme 2014/15.

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

- The Wokingham 2013-2014 Annual Safeguarding Report would be taken to the Committee's January meeting.
- It was suggested that the general update from the Royal Berkshire Hospital on performance, patient satisfaction and any issues identified in the CQC inspection, be deferred to March.
- Members were asked to inform the Principal Democratic Services Officer of any questions or issues which they wished to be addressed with regards to the briefing on the effect of pollution on public health and wellbeing in Wokingham Borough and the update on primary care workforce and views on increasing use of non GP healthcare staff.
- The Chairman informed Members that a letter had been received from the Police and Crime Panel. All Health Overview and Scrutiny Committees in the Thames Valley region had been written to and requested that they write to all Clinical Commissioning Groups and Hospital Trusts in their localities, so that they may provide a regular overview item at their Health Scrutiny Committees of measures taken to identify cases of Female Genital Mutilation. The Chairman suggested that the Committee request an update at its January meeting and then determine whether this was something which should be requested on a regular basis.

RESOLVED: That the Work Programme 2014/15 be noted.

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

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