



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held at the Civic Offices, Shute End, Wokingham, RG40 1BN on **TUESDAY 26 JANUARY 2016 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Andy Couldrick', written in a cursive style.

Andy Couldrick
Chief Executive
Published on 18 January 2016

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The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

| | | |
|-------------------------|-----------------------------|------------------|
| Ken Miall (Chairman) | Kate Haines (Vice-Chairman) | Laura Blumenthal |
| UllaKarin Clark | Philip Houldsworth | Malcolm Richards |
| Rachelle Shepherd-DuBey | David Sleight | Alison Swaddle |
| Bob Wyatt | | |

Substitutes

| | | |
|----------------|-------------|------------|
| Lindsay Ferris | Abdul Loyes | Tom McCann |
| Bill Soane | | |

| ITEM NO. | WARD | SUBJECT | PAGE NO. |
|----------|---------------|--|----------|
| 44. | | APOLOGIES To receive any apologies for absence | |
| 45. | | MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 30 November 2015. | 5 - 10 |
| 46. | | DECLARATION OF INTEREST To receive any declarations of interest | |
| 47. | | PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions | |
| 48. | | MEMBER QUESTION TIME To answer any member questions | |
| 49. | None Specific | CARE QUALITY COMMISSION To receive an update on the work of the Care Quality Commission in Wokingham Borough, focusing in particular on Primary Care. (20 mins) | 11 - 26 |

| | | | |
|------------|---------------|--|----------------------|
| 50. | None Specific | UPDATE FROM COUNCIL'S REPRESENTATIVE ON BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST AND ROYAL BERKSHIRE HOSPITAL FOUNDATION TRUST - BOARD OF GOVERNORS To receive an update from the Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust - Board of Governors, Councillor Bob Pitts, on his role. <i>(20 mins)</i> | Verbal Report |
| 51. | None Specific | FRAIL ELDERLY PATHWAY To receive a presentation on the Frail Elderly Pathway. <i>(20 minutes)</i> | |
| 52. | None Specific | HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough. <i>(15 mins)</i> | 27 - 32 |
| 53. | None Specific | POSSIBLE IMPLICATIONS FOR SCRUTINY OF THE FRANCIS REPORT WORKING GROUP - UPDATE To receive a report on the Possible Implications for Scrutiny of the Francis Report Working Group – update. <i>(20 mins)</i> | 33 - 42 |
| 54. | None Specific | WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT JANUARY 2016 To receive the Wokingham Clinical Commissioning Group Performance Outcomes Report January 2016. <i>(15 mins)</i> | 43 - 46 |
| 55. | None Specific | HEALTH CONSULTATIONS To consider the current “live” health consultations set out in the report. <i>(5 mins)</i> | 47 - 48 |
| 56. | None Specific | WORK PROGRAMME 2015/16 To discuss the Work Programme for the remainder of 2015/16. <i>(5 mins)</i> | 49 - 64 |

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 30 NOVEMBER 2015 FROM 7.00 PM TO 8.45 PM**

Committee Members Present

Councillors: Ken Miall (Chairman), UllaKarin Clark, Philip Houldsworth, Malcolm Richards, Rachelle Shepherd-DuBey, Alison Swaddle and Bob Wyatt

Others Present

Madeleine Shopland, Principal Democratic Services Officer
Darrell Gale, Consultant in Public Health
Jim Stockley, Healthwatch Wokingham Borough
Paul Jefferies, Area Manager Berkshire, South Central Ambulance Service
Mark Ainsworth, Operations Manager, South Central Ambulance Service

31. APOLOGIES

Apologies for absence were submitted from Councillors Laura Blumenthal, Kate Haines and David Sleight.

32. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 29 September 2015 were confirmed as a correct record and signed by the Chairman.

At the meeting of 28 July Members had requested information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments to give the Committee a clearer picture of local service users and the different infections and treatment. This was circulated at the meeting.

33. DECLARATION OF INTEREST

There were no declarations of interest made.

34. PUBLIC QUESTION TIME

There were no public questions.

35. MEMBER QUESTION TIME

There were no Member questions.

36. SOUTH CENTRAL AMBULANCE SERVICE

Paul Jefferies, Area Manager (Berkshire) and Mark Ainsworth, Operations Manager South Central Ambulance Service (SCAS) provided Members with an update on SCAS.

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

- Members had previously asked about SCAS' key financial challenges. Paul Jefferies indicated that all of the NHS was facing financial constraints. Whilst SCAS had a financial recovery plan in place, the Trust was still expected to be overspent at the end of the financial year.
- Demand had been lower than planned which meant a reduced income and margin. Demand levels were starting to increase back to the levels of previous years. There had been a slight increase in the use of NHS 111 and there had been good education around the appropriate use of the service.

- Councillor Miall questioned whether other ambulance trusts in the country were experiencing a drop in demand and was informed that pockets in the north of the country were continuing to see an increase in demand but this was not so much the case with the southern trusts.
- Councillor Shepherd-DuBey asked what impact weather had on demand levels. Mark Ainsworth commented it had not been a very hot summer which often led to an increase in respiratory complaints. Demand also tended to increase in cold winters.
- Councillor Shepherd-DuBey commented that the CQC inspection report stated that the Trust must ensure that staff were aware of the appropriate steps to take to reduce the risks to patients left unattended in Patient Transport Services (PTS) ambulances because of staff working alone, and questioned how this was being addressed. Mark Ainsworth explained that the PTS was a commercial tender. Staff relied on an accurate assessment when the transport was booked. The vehicles sometimes did multiple picks up so patients could be left unattended briefly at these times. He also explained that the PTS did not transport patients who had a high level of acuity.
- Councillor Clark expressed concern at the number of Red misses between 1 April and 31 October 2015. Paul Jefferies indicated that the diagram provided covered the whole of Berkshire and that the Red 1 and Red 2 rates were lower in Wokingham. Very recently co-responding had been set up with the Fire and Rescue Service, under which firefighters attended some medical calls. Councillor Swaddle asked whether co-responding was taking place at fire stations other than Wokingham and was notified that areas where the most benefit could be achieved such as Hungerford, Slough and Langley, were being considered. There were 19 schemes in Hampshire. A rapid response vehicle also covered the Wokingham area. Consideration was given to how rapid response vehicles were allocated to ensure appropriate coverage.
- Members asked the representatives for their views on Government proposals for the Police and Crime Commissioner take control over the Fire Service and were informed that SCAS tried to align more with the health services, however emergency response was only a small part of its work.
- The introduction of the National Ambulance Response Pilot (NARP) had seen improvements for patient benefits and outcomes.
- Mark Ainsworth commented that the national standard for Red 1 and Red 2 8 minute response times was 75%. It was more challenging to achieve such targets in more rural areas. In response to a comment from Councillor Miall that 75% as a target for Red 1 calls seemed low, Mark Ainsworth indicated that SCAS received approximately 40 Red 1 calls a day across the four counties it served and that it was a challenge to identify where incidents would occur. Resources and the use of community responders were maximised. An ambulance still had to be sent within 19 minutes of the call if a community responder was first at the scene and undertaking immediate lifesaving.
- In response to a Member question Paul Jefferies explained the arrangements in place should there be a major incident in the area such as a terrorist attack.
- The Committee asked about the impact of the night time economy and was informed that a jointly commissioned SOS bus was based in Reading and a specialist practitioner, either a nurse or a paramedic, was provided.
- Councillor Miall asked the reason for the marked increase in Hear and Treats in July and August 2015 and was notified that this was the result of increased clinicians in the contact centre and also the upgrade of the NHS Pathways system. Hear and Treats for Wokingham was on average 9%.

- It was noted that Air Ambulances would soon be starting to fly approximately four times a night.
- Councillor Richards requested information regarding the recruitment and retention of staff. There was a shortage of paramedics across the country. Currently there were 200 paramedic vacancies. SCAS was working actively with Northampton, Portsmouth and Oxford Brookes universities. 173 UCAS Paramedic Science students were being supported through the provision of placements. 67 staff were due to graduate between January and September and a further 65 were going through the UCAS pathway. SCAS had also recruited paramedics from Australia and Poland. Paul Jefferies explained that international recruits had to be accredited by the Health and Care Professions Council.
- Mark Ainsworth commented that there was a high attrition rate as paramedics were not restricted to working in the ambulance service. Higher wages were potentially available elsewhere and Thames Valley was an expensive area to live. SCAS endeavoured to present itself as an attractive employer which cared for its staff and helped to progress careers. SCAS and Oxford Health were working in partnership and had rotational posts.
- Councillor Swaddle questioned whether targets were being met for staff undergoing mandatory training. Training was undertaken via e-learning or face to face. Managers were able to view if target levels were being achieved. Mark Ainsworth indicated that such training was part of paramedics' registration requirements. Whilst SCAS was still not 100% compliant staff could be taken off shift to enable them to undertake e-learning and this had improved training levels.

RESOLVED: That Paul Jefferies and Mark Ainsworth be thanked for their presentation.

37. FRAIL ELDERLY PATHWAY

This item was deferred to the Committee's meeting on 26 January 2015.

38. JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

Darrell Gale, the Consultant for Public Health provided an update on the Joint Strategic Needs Assessment (JSNA).

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

- During Autumn the data behind the Wokingham JSNA was being fully updated by the Public Health Berkshire Intelligence which were based in Bracknell Forest Council.
- Previously Wokingham's JSNA previously did not use the JSNA acronym, and had been known as the Wokingham Needs Assessment. This had led to difficulty in partners being able to find it on the Council's website.
- The existing Needs Assessment was difficult to find online and to navigate. Initial page navigation and site design for the new JSNA had begun.
- The front page of the updated JSNA would also have a colloquial title on the front page in bold, 'How Healthy is Wokingham?'
- Members were provided with the status of the JSNA update as of 30 November 2015. Progress on the JSNA update was good with 13 new chapters written. 23 chapters were currently out with Officers and were in the process of being updated, with a further 13 waiting for Officer availability.
- There was still work to be undertaken with regards to demographics and population.
- Councillor Richards asked when the JSNA refresh would be completed. The Consultant in Public Health advised that each page took in the region of 4-5 hours

to upload. It was likely that the Health and Wellbeing Board would sign it off at their meeting in February. It had been deferred from the Board's December meeting due to the size of the agenda.

- Members questioned who the JSNA was aimed at and were informed that it was primarily aimed at commissioners and partners but would also be available for the public to view.
- Councillor Clark asked that the acronyms included in the update be explained. The Principal Democratic Services Officer indicated that she would add the acronyms and an explanation to the glossary which was included in each agenda for Members' information.

RESOLVED: That

1) Darrell Gale be thanked for his presentation;

2) that the Committee receive a demonstration of the JSNA website once further work had been undertaken.

39. HEALTHWATCH UPDATE

Members received an update on the work of Healthwatch Wokingham Borough.

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

- Jim Stockley highlighted some of the subject of queries that Healthwatch Wokingham Borough had received between July and September 2015.
- Members were informed that Healthwatch Wokingham Borough had a blog in the Wokingham Paper. Communication and engagement remained one of Healthwatch's ongoing challenges.
- Healthwatch's Deaf Blind Champion had been actively involved in the Town Centre regeneration meetings raising points that often would not have been thought of by the developers and planners.
- Through the work with St Crispin's School a young person had been identified who would become more actively involved with Healthwatch and would hopefully become part of the Healthwatch Board to represent the views of younger residents.
- The Committee was informed of the successful Enter and Views recently carried out.
- Councillor Miall commented that the section of the report titled 'So what difference did Healthwatch make?' was very informative.

RESOLVED: That the update on the work of Healthwatch Wokingham Borough be noted and Jim Stockley thanked for his report.

40. WOKINGHAM CLINICAL COMMISSIONING GROUP PERFORMANCE OUTCOMES REPORT NOVEMBER 2015

The Committee considered the Wokingham Clinical Commissioning Group Performance Outcomes Report November 2015.

Councillor Richards commented that, while he was aware of the need for some patients to continue managing their own ongoing treatment and taking medication on leaving hospital, he wanted reassurance that patients would not be sent home to manage their own treatment until medical staff were fully confident that proper diagnosis had been made and that the patient was able to treat themselves alone at home. He went on to ask about

ensuring the accuracy of medical records and discharge paperwork. Councillor Richards stated that he wanted to ensure that high quality care was provided to vulnerable persons.

RESOLVED: That

1) the Wokingham Clinical Commissioning Group Performance Outcomes Report November 2015 be noted.

2) the issues raised by Councillor Richards be followed up.

41. WORK PROGRAMME 2015/16

The Committee received the Work Programme for the remainder of the municipal year.

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

- The presentation on the Frail Elderly Pathway would be deferred to the Committee's January meeting.
- It was proposed that the Committee have a short training session starting at 6.45pm on the refreshed Joint Strategic Needs Assessment prior to the start of the Committee's meeting on 26 January.
- It was likely that the final report of the Better Care Fund Task and Finish Group would be taken to the Committee's March meeting.
- Members were reminded that there would be training on becoming a Dementia Friend on 7 December 7pm.
- The Committee was informed that the junior doctor's strike which had been scheduled for the next day had been called off.

RESOLVED: That the Work Programme 2015/16 be noted.

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CQC work with PMS services



CQC purpose and role



Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

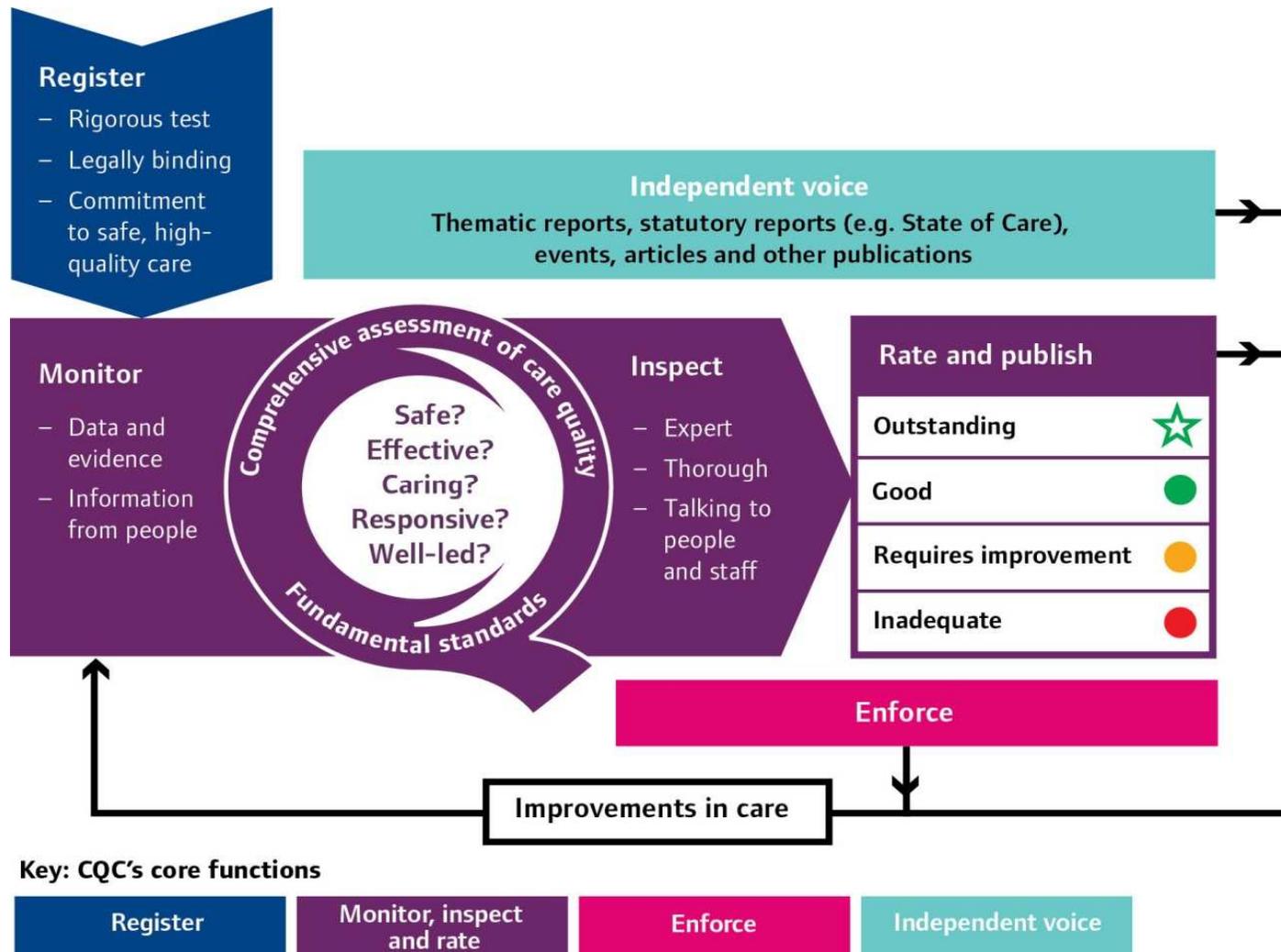
We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



CQC approach to regulation



13



Chief Inspectors and their teams



14

| Hospitals | Adult Social Care | Primary and Integrated Care |
|---|---|---|
| Teams inspecting: Acute, ambulance, community health and mental health services | Care homes, hospices, home care agencies, supported living services | GP practices, out-of-hours services, dentists, prison healthcare, healthcare in childrens' services |
| Work across Hospital Trust Areas | Teams work across local authority areas | Inspections are grouped according to Clinical Commissioning Group areas |
| Inspections are announced – follow up may be unannounced | Rolling programme of inspections – not announced individually | Rolling programme of inspections - not announced individually |

Our approach to inspecting services



We ask five key questions on all inspections:

Are services safe?

Are they effective?

Are they caring?

Are they responsive to people's needs?

Are they well-led?

You can read about our approach and the details of what we look for in each type of service here

<http://www.cqc.org.uk/content/our-new-approach-regulating-and-inspecting-services-guide-providers>

We provide ratings to tell you whether an organisation and its main services are:

-  Outstanding
-  Good
-  Requires improvement
-  Inadequate

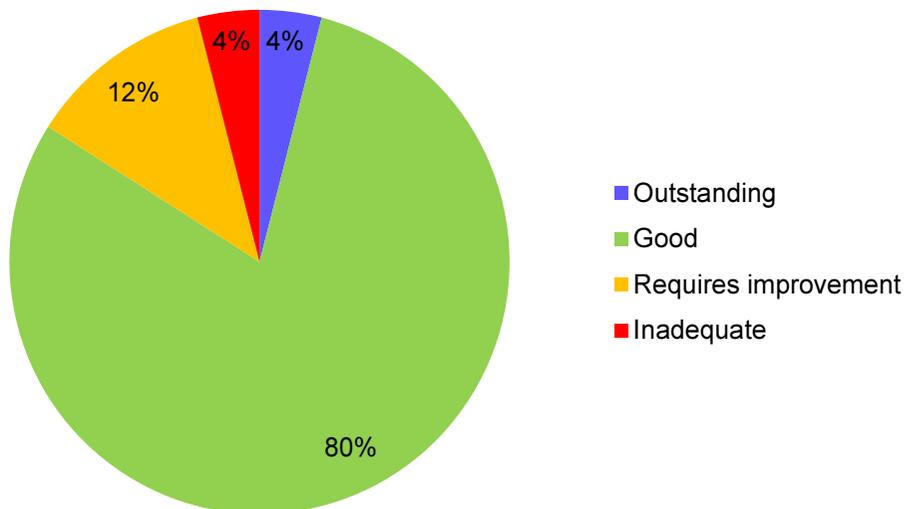
We publish reports after every inspection setting out what we have found.

This includes examples of good practice as well as areas for improvement.

Our inspection programme



- We have published 2,375 inspection reports (as of 31 December 2015) on PMS services since we since we began using our new inspection methodology
- What have we found?



84% of GP practices we have inspected are providing a good or outstanding standard of care

Most GP practices provide **good** care

- However, we've found a small number of extremely concerning cases of poor care

We've found a strong link between **good leadership and good care**

- Likewise, we've found a strong link between poor leadership and poor care

Safety culture is an area where we found room for improvement for GP practices

- We often found poor incident reporting, lack of learning from significant events, poor medicines management

Practices deliver better care when they **share learning** through **multi-professional networks**

- Professional isolation (common in single handed practices) can lead to lack of communication and engagement with staff and patients and lack of transparency

What makes an outstanding practice?

- Effective **leadership**
 - Strong, shared vision amongst practice staff
 - Effective staff training and support
 - Positive, patient centred culture
- Effective working with multi-professional colleagues, including from other organisations
- Additional **clinical services empowering patients** to self-manage long-term conditions
- Support for patients and carers with **emotional needs**

What can lead to inadequate care?



- **Weak leadership** and a chaotic and disorganised environment
- **Isolated working** – not working closely with other local providers to share learning
- **A lack of vision** for the organisation and clarity around individuals' roles and responsibilities
- **A poor culture of safety** and learning (for example, lack of significant event analysis or learning from complaints)

What can lead to inadequate care?



- **Poor systems for quality improvement** (including quality audit)
 - Limited examples of assurance of clinical care
- Disregard for **HR processes** (for example, DBS checks)
- Unsafe **medicines management**
- Limited access to **advice and treatment**
- **Lack of practice nurses** or very low numbers of practice nurse sessions

What happens when a practice enters special measures?

- We will inform the NHS clinical commissioning group, and NHS area team
- The Royal College of GPs provides peer support to practices, using a local turnaround team
- The RCGP helps practices identify and deliver an improvement plan

CQC and scrutiny – our relationship



- Your local CQC Hospital inspection manager is your main contact with CQC. They can connect you to the primary care inspection team if needed.
- Your committee will also have a contact in the local adult social care inspection team – to discuss social care inspections
- Your committee will be contacted before announced NHS trust inspections to share any relevant information. The most local committee to the trust will also be invited to the Quality Summit held after an NHS trust inspection.
- If you are not sure who in CQC to talk to in your area, please ring 03000 616161 or email engagementandinvolvement@cqc.org.uk

CQC and scrutiny – where to send information



- Send information about GP practices, dentists and out of hours services, cross-cutting local care issues to pmsinspections@cqc.org.uk
- Send information about acute and ambulance services to hospitalinspections@cqc.org.uk.
- Send information about community health services to chinspections@cqc.org.uk.
- Send information about mental health services to mhinspections@cqc.org.uk.
- Send information about independent healthcare services to ihcinspections@cqc.org.uk

If in doubt ring 03000 616161 or send information to enquiries@cqc.org.uk
Individual stories can be shared through www.cqc.org.uk/sye

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Intelligence & Engagement Report

1st October - 31st December 2015



Summary of key findings

Key issues by Service Type

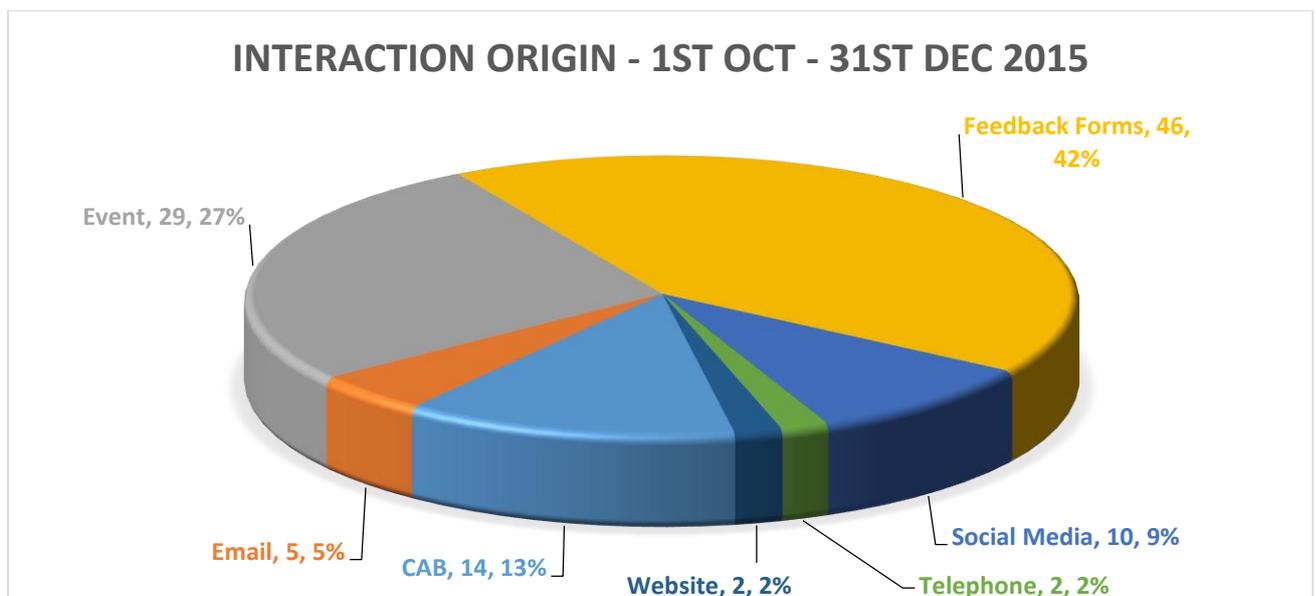
Table below summarises the key issues reported.

| | |
|--------------------------|--|
| <p>Hospital Services</p> | <ul style="list-style-type: none"> • Daughters routine nose operation to improve breathing has left her nose seriously bent • Following a stomach operation, the patient was attached to a colostomy bag, which burst. It could not be replaced because the colostomy bag cupboard was locked and the person with the key was off-duty. • Concerns that her new born baby has ‘tongue tied’ condition and unable to breastfeed. The waiting list for the simple procedure to rectify it is quite long, and the inability to breast feed her child is causing the mother considerable distress |
| <p>GP Services</p> | <p>65 of all comments (50%) received in the 3 month period related to GP services. The comments were evenly split between negative and positive.</p> <ul style="list-style-type: none"> • Many people have difficulty getting a Doctors appointment, in several cases it was in excess of 4 weeks wait • Various complaints regarding consultations on the phone rather than in person. One comment ‘Phone consultations are not appropriate when you are in tears on the phone’ • Complaints about being screened and having to discuss medical condition with receptionists before you can talk to a Doctor, also about rudeness of receptionists • No continuity of Doctor. Individual dealt with 4 different Doctors. No face to face meeting with a doctor for nearly 6 weeks. Wrong interpretation of ultrasound. Over eight weeks the NHS was unable to diagnose condition. It took three days in the private system. |

| | |
|------------------------|---|
| | <ul style="list-style-type: none"> • Annual check up carried out over the phone by doctor • Lack of information when repeat prescription process changed • Guidance from consultants at the RBH are followed up but Doctors but the patient not informed by Doctors surgery. Patient waited nearly a month for medication recommended by RBH- not informed by surgery that it had been actioned by Doctors. |
| Mental Health Services | <ul style="list-style-type: none"> • Complaints about delays in CAMHS service • 2 residents have paid privately for autism diagnosis due to 18 month wait for this service with CAMHS • Admin issues at CAMHS. One residents said "I was told I would get another CAMHs appointment in 6 months time, I phoned up in January 3 times to check when the appointment would be booked for. 3 weeks later I got a call saying the appointment was today - explained my son was in school and I couldn't take him out of school - was told it would be recorded as refused appointment" |

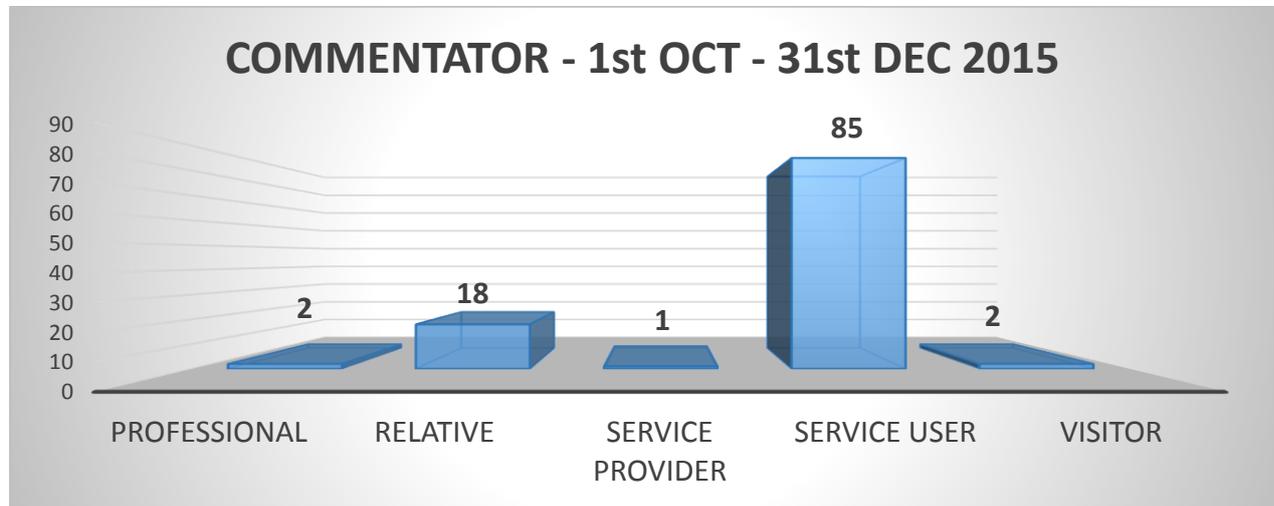
Where does our data come from?

We receive public's comments in various ways. For the 3 month period Oct - Dec 2015 we received 108 comments from residents. Speak Out leaflets (mainly handed out at flu clinics) accounted for 42%, events attended by Healthwatch accounted for 27%, Citizens Advice Bureau 13% and Social Media 9%. The remainder of comments came via telephone, email and web site.



Commentator Type

For Quarter 3 the majority of contacts, 85, were from the service user, whilst 18 comments came from the service users' relative. The remainder came from a professional, a service provider and visitors to a service user.

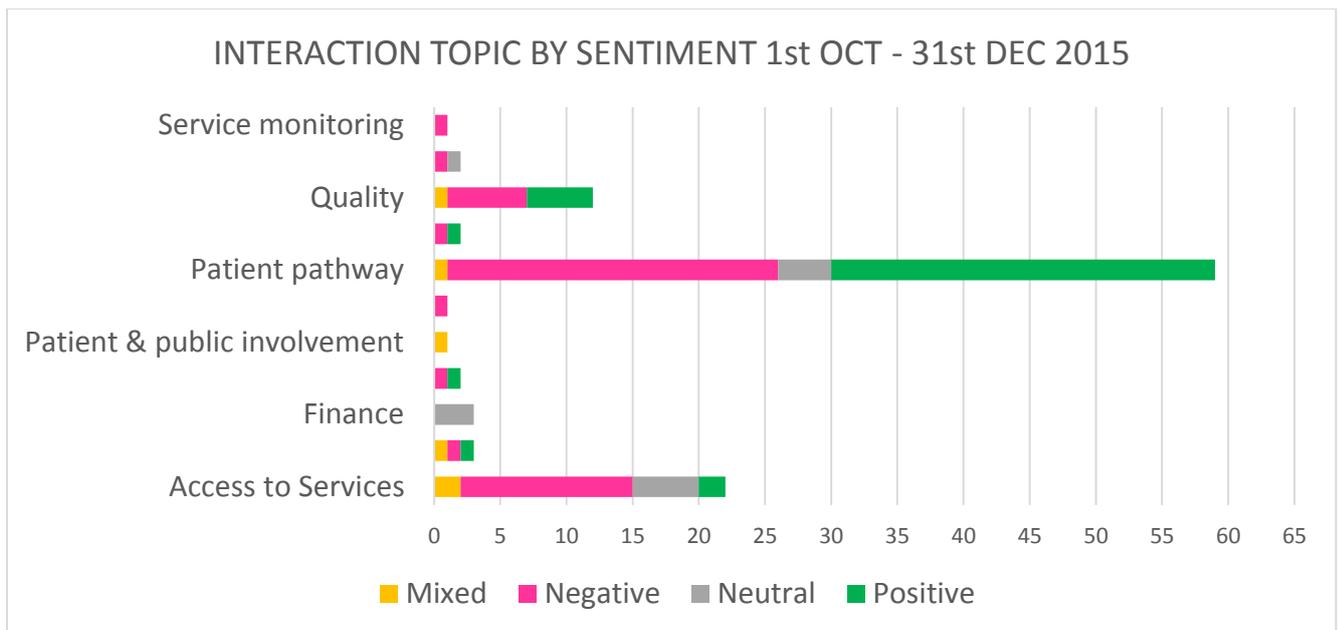


What issues were reported?

Topics are broad categories of issues, giving a general idea of the subject of comments received. We also record the 'sentiment' of comments, as for example, a comment could be positive or negative.

The most comments related to **Patient Pathway**, 55% Comments related to **Access To Service** accounted for 20%. Comments relating to **Access To Service** accounted for 11%.

Taking into account all comments, 46% were negative in sentiment, 36% were positive, 12% were neutral and 6% mixed in sentiment



So What? What Difference have we made?

Healthwatch were asked by the town centre regeneration team if we would take part in planning meetings specifically for people who have access issues. It is really important that people with access issues, due to disability, are asked their views when there are major changes to town re-design and any other changes to services for local residents. Those residents with sensory needs and physical impairments they are entitled to equality of access to able bodied residents. They should have the same freedom to be able to navigate their way around town easily & safely. If they are unable to do that they can become anxious about going out, possibly become isolated and lose freedoms that other people have to go where they want, when they want and to be independent. The knock on effect of that, amongst other things, is the affect it has on the individuals' health and general wellbeing.

Healthwatch were represented by two 'Champions' who both have physical and sensory disabilities. The regeneration planning meetings were held over 2 days - one a non-market day the other on a market day. The reason for this was because people with access issues can face very different problems on a market day compared to non-market day.

As part of the meetings, those attending were shown films of recent town regeneration in other parts of the country, including those that had worked well and those that hadn't worked well as the responsible council had not engaged with local people who had access issues due to physical and/or sensory impairment.

Whilst our two champions were unable to watch the film clips shown due to their sight issues, they were full of praise for the town and borough council regeneration project team who anticipated it would be a problem for some attendees and printed large A3 papers of all current and proposed maps of the town centre and still images from the films highlighting good design and bad design.

On both days the attendees went out and about in the town centre then fed back to the regeneration team what was an issue for them in terms of moving around the town centre, access, crossing roads, signage etc. Additionally they spent a good deal of time looking at the proposed regeneration plans and gave their feedback on any proposals that they thought would affect their ability to move safely and freely around the new town. All attendees' feedback was written down and will be fully considered by the regeneration project team and incorporated where at all possible in the final town design.

Engagement

A key task for Healthwatch is to engage with residents and user groups. The purpose of this is three fold

Firstly, it raises awareness of our role.

Secondly it enables us to collect residents' stories, at engagement events, if they have something they want to share at that time.

Thirdly, if residents raise a query about other services that might be useful to them we are able to sign post them to appropriate services.

The table below shows where Healthwatch has been engaging between Oct-Dec 2015.

| | POP UP IN COMMUNITY | EVENTS | USER GROUPS & OTHER |
|---------------------------|--|--|---|
| OCTOBER | | | |
| 1 st October | | | Westmead Day Centre Suffolk Lodge |
| 3 rd October | Woodley Surgery Flu Clinic | | |
| 4 th October | | Twyford Fun Run | |
| 5 th October | | | Wokingham Without Parish Council |
| 10 th October | Woodley Surgery Flu Clinic WMC Flu Clinic | Wokingham Volunteers Fair CAN Network | |
| 14 th October | | | CAMHS Participation Group |
| 17 th October | Woodley Surgery Flu Clinic | | Action For Autism |
| 24 th October | WMC Flu Clinic | | |
| 28 th October | WMC Flu Clinic | | CAMHS Transition Review Group |
| NOVEMBER | | | |
| 2 nd November | | | Wokingham Voluntary Sector Network Group |
| 7 th November | WMC Flu Clinic | Town Regeneration Stall | |
| 10 th November | | | St Crispin Student Council |
| 12 th November | | | COAT Crowthorne |
| 16 th November | | | Enter and View Murdoch House Care Home |
| 26 th November | Morrisons Woosehill | | |

| | | | |
|---------------------------|---------------------------|--|--|
| 29 th November | Wokingham Winter Carnival | | |
| DECEMBER | | | |
| 1 st December | | | Deaf Positives Action Group |
| 2 nd December | | | Frimley Trust Public Involvement Group |
| 9 th December | | | Wokingham In Need (WIN) |

We appointed a part time, temporary volunteer coordinator this quarter to support a growing volunteer base. We currently have 44 volunteers.

| | |
|-----------------------------|--|
| TITLE | Possible Implications for Scrutiny of the Francis Report Working Group - update |
| FOR CONSIDERATION BY | Health Overview and Scrutiny Committee on 26 January 2016 |
| WARD | None Specific |
| DIRECTOR | Andrew Moulton, Head of Governance and Improvement Services |

OUTCOME / BENEFITS TO THE COMMUNITY

That Members will be updated on the implementation of the recommendations of the Possible Implications for Scrutiny of the Francis Report Working Group, which were agreed by the Health Overview and Scrutiny Committee on 10 September 2014.

RECOMMENDATION

That the Health Overview and Scrutiny Committee considers the update on the implementation of the recommendations of the Possible Implications for Scrutiny of the Francis Report Working Group and ascertains whether it wishes to take any further action.

SUMMARY OF REPORT

The Possible Implications for Scrutiny of the Francis Report Working Group was set up to look at the potential implications of the Francis Report for scrutiny in Wokingham.

The purpose of the review was:-

- to identify the key potential implications for overview and scrutiny from the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Report) and to identify any areas of further development for health scrutiny in Wokingham and;
- to recommend any improvements to the health scrutiny practices in Wokingham, to the Health Overview and Scrutiny Committee.

The Working Group made 28 recommendations which were agreed by the Health Overview and Scrutiny Committee on 10 September 2014.

Background

The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry) was established to examine poor care and failings at Stafford Hospital between 2005 and 2008. Examples of inadequate care identified included patients being left in soiled bedclothes for some time, unclean wards and a lack of dignity and privacy. In addition to looking at the hospital the Inquiry also considered the role and actions of organisations including the Department of Health, the Strategic Health Authority, the Primary Care Trust, Care Quality Commission, Monitor, local patient and participation organisations and local authority scrutiny. The second and final report of the public inquiry into Mid Staffordshire NHS Foundation Trust was published on 6 February 2013 and made 290 recommendations.

The key recommendations for scrutiny from the Francis Report are detailed below:

Recommendation 43 – *Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.*

Recommendation 47 – *The Care Quality Commission should expand its work with overview and scrutiny committees and Foundation Trust governors as a valuable information resource. For example it should further develop its current ‘sounding board’ events.*

Recommendation 119 – *Overview and Scrutiny Committees and Local Healthwatch should have access to detailed information about complaints although respect needs to be paid in this instance to the requirement for patient confidentiality.*

Recommendation 147 – *Guidance should be given to promote the co-ordination and co-operation between local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.*

Recommendation 149 – *Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.*

Recommendation 150 – *Scrutiny committees should have powers to inspect providers rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate rather than receiving reports without comment or suggestion for action.*

Recommendation 246 – *Department of Health/ the NHS Commissioning Board /regulators should ensure that provider organisations publish in their annual quality accounts information in a common form to enable comparisons to be made between organisations to include a minimum of prescribed information about their compliance with fundamental or other standards, their proposals for the rectification of any non-compliance and statistics on mortality and other outcomes. Quality Accounts should be required to contain the observations of commissioners, overview and scrutiny and Local Healthwatch.*

On 25 November 2013 HOSC agreed to establish a working group to look at the potential implications of the Francis Report for scrutiny in Wokingham.

Analysis of Issues

Update on Working Group Recommendations

Recommendation 1:

That the Health Overview and Scrutiny Committee (HOSC) receive the report of the Possible Implications for Scrutiny of the Francis Report Working Group and agrees the recommendations set out within the report which relate to HOSC.

Update: Received by HOSC on 10 September 2014 and recommendations agreed.

Recommendation 2:

That the HOSC members ensure that they are fully prepared for committee meetings and read the agenda thoroughly prior to the meeting to help identify any issues of concern/good news and to structure questioning, seeking advice from the supporting Democratic Services Officer as and when required.

Recommendation 3:

That a pre meeting is held 30 minutes prior to each HOSC meeting and that it include;

- a) a brief discussion of agenda items to highlight any areas of concern;
- b) a brief discussion of questions to be asked of presenters to ensure a coordinated approach is taken, high quality questioning and full Member participation;
- c) a brief discussion of forward programme;
- d) information briefings from officers, where required.

The Working Group was of the opinion that in order for pre meetings to be most effective, Members should not arrive later than 5 minutes after the commencement of the pre meeting

Update: A pragmatic approach is taken according to the nature of the items on the agenda and the Chairman decides whether a pre meeting is required.

Recommendation 4:

That the HOSC takes a more selective approach to its work programme, prioritising issues that will have the greatest impact on residents and where the Committee can make a difference.

Update: The HOSC's Work Programme for 2015/16 was considered at the Committee's meeting on 3 June 2015. Members discussed possible topics for review throughout the year. The Executive Member for Health and Wellbeing, Director of Health and Wellbeing, Consultant in Public Health and Healthwatch Wokingham Borough had been previously asked for suggestions for items where it was felt that the Committee may be able to add value. When looking at potential items for its work programme, the Committee considered to what extent it would have an impact on residents; whether it was a widespread issue (e.g. affecting more than one ward) and what value HOSC could add by looking at the item.

The Work Programme is an evolving document and items can be added or removed as required.

Recommendation 5:

That the HOSC agendas include a main topic for discussion along with an ancillary topic, in addition to the standard items, to ensure that agendas are of a manageable size.

Update: Agendas now include a main discussion topic plus one or two ancillary items, in addition to the standing items. The Committee's work programme is flexible and items can be added, removed or deferred as required.

Recommendation 6:

That all HOSC members monitor local and national media for reports regarding providers of NHS services to Wokingham Borough residents and inform the Chairman and supporting officer of any items which may require further investigation by the Committee.

Update: Members are encouraged to raise items for further consideration by the Committee under the Work Programme item which is a standing item on the HOSC agenda.

Recommendation 7:

That all HOSC members and substitutes should receive induction and refresher training and briefings on topics which the Committee will be looking at in detail.

Update: All scrutiny members and substitutes were invited to a training session on an introduction to scrutiny on 28 September 2015. Six members attended.

A briefing session on the Care Act was held for all HOSC members and substitutes on 17 November 2014 prior to the commencement of the work of the Implementation of the Care Act Task and Finish Group. This was poorly attended with five Members attending. Training on the Care Act was also offered to all Members in April 2015 but again this was poorly attended.

Recommendation 8:

That an introductory information briefing be provided to Task and Finish Groups on topics which have been selected for review, prior to the commencement of scrutiny reviews.

Update: An introductory briefing was held prior to the Implementation of the Care Act Task and Finish Group beginning its work, which was open to all Health Overview and Scrutiny Committee members and substitutes. A separate briefing was held for those Task and Finish Group members who were unable to attend.

The first meeting of the Better Care Fund Task and Finish Group provided members of the Task and Finish Group with an introduction to the Better Care Fund, General Practice, issues regarding access to GPs and Neighborhood Clusters.

Recommendation 9:

That the HOSC members and substitutes inform the supporting officer of any areas where they feel that additional training or a briefing, would be beneficial.

Update: Whilst so far no suggestions have come forward there is a mechanism whereby HOSC members and substitutes can inform the supporting officer of any areas where

they feel that additional training or a briefing would be beneficial.

Recommendation 10:

That new HOSC members be encouraged to view membership of the Committee as a long term commitment, so far as possible.

Update: The current makeup of the Committee is a mixture of Members with some experience of health scrutiny and those who are new to health scrutiny.

Members should consider how greater continuity can be ensured. In addition Members should consider a consistent approach to organising scrutiny to help the long term effectiveness of the function.

Recommendation 11:

That the HOSC utilises support from the Public Health Team with regards to the interpretation of statistical data and the provision of briefings on reports and presentations that the Committee receive, to help ensure that Members' questions are effective and well-formed according to the information presented.

Update: This facility has been little used but remains available to the Committee.

Recommendation 12:

That consideration be given to seeking advice from independent experts on review topics, where it was considered that this will assist Members in their investigations.

Update: Task and Finish Groups are provided with support from the relevant service areas in addition to that provided by the supporting Democratic Services Officer.

Consideration should be given to seeking advice from external independent experts on review topics, where it is considered that this will assist Members in their investigations.

Recommendation 13:

That the HOSC receives high level anonymised complaints data regarding any Adult Social Care and Public Health complaints.

Update: Members have been provided with high level anonymised complaints data relating to complaints received between April 2014 and August 2015.

Recommendation 14:

That the HOSC requests receipt of the quarterly and annual report from the complaints advocacy service, SEAP.

Update: The Council, along with 10 other councils across the south east has commissioned Support Empower Advocacy and Promote (SEAP) to provide an NHS Complaints Advocacy service.

Committee members have been sent a copy of the SEAP Annual Report 2015 for information.

Recommendation 15:

That the HOSC members monitor information regarding complaints published by each of the NHS Foundation Trusts which provide services to Wokingham Borough residents

and on which the Committee is prioritising its focus, for Board meetings held in public. That Committee members highlight any concerns to the Chairman, for follow up by the Committee.

Update: The Committee is updated periodically regarding complaints.

There is provision for the HOSC to assign members of the Committee to lead roles in relation to particular health issues or health service providers, if necessary. The Committee may wish to consider appointing individual Members to monitor complaints of the main NHS Foundation Trusts which provide services to residents (Royal Berkshire NHS Foundation Trust, Berkshire Healthcare Foundation Trust and South Central Ambulance Service), prioritising focus for Board meetings held in public, highlighting any concerns to the Chairman, for follow up by the Committee as a whole.

Recommendation 16:

That the Chairman of HOSC and one other Committee member maintain contact with the local CQC manager and meet with them no less than twice a year.

Update: This recommendation has not been implemented due to changes in Committee membership.

The Committee is encouraged to share concerns it may have regarding the quality or safety of care delivered by local providers, or other relevant information.

HOSC may wish to nominate several Committee members to liaise with the CQC as and when required.

Recommendation 17:

That all HOSC members receive the email alerts from the CQC regarding published inspection reports and highlight any concerns to the Committee, via the Chairman and supporting officer, as necessary.

Update: Members are sent email alerts when a service in the Wokingham Borough has been inspected by the CQC and has been rated 'Requires Improvement' and the report has been published.

Recommendation 18:

That at least one HOSC member attends each CQC 'Listening Event' for the three main NHS Foundation Trusts providing services for Wokingham residents.

Update: Two Members attended the CQC 'Listening Event' for the Royal Berkshire NHS Foundation Trust in March 2014. No further events have been held for the three main NHS Foundation Trusts.

Recommendation 19:

That, where possible, the Chairman of HOSC engages in CQC Quality Summits for the NHS Foundation Trusts providing services to Wokingham residents.

Update: No further CQC Quality Summits have been held for the main NHS Foundation Trusts providing services to Wokingham residents since the Working Group's recommendations.

Recommendation 20:

That Members be encouraged to raise awareness of Healthwatch Wokingham Borough through their ward work e.g. in ward surgeries.

Update: The Chairman of HOSC has emailed all Members to encourage them to raise awareness of Healthwatch Wokingham Borough through their ward work e.g. in ward surgeries, where appropriate.

Recommendation 21:

That a joint workshop be held between the HOSC, the Health and Wellbeing Board and Healthwatch Wokingham Borough to refresh Members' understanding of each other's roles and responsibilities and the interdependencies between the three.

Update: This recommendation has not been implemented. The membership of both the HOSC and the Health and Wellbeing Board has changed to some extent since this recommendation was agreed. The Committee should consider whether a joint workshop would be beneficial to refreshing Members' understanding of the role and responsibilities of the Health and Wellbeing Board and Healthwatch and also to improve the ways in which the three work together.

Recommendation 22:

That Healthwatch Wokingham Borough be requested to continue to inform the HOSC of any significant concerns and recommendations following inspections and the Committee follow these up as and when necessary.

Update: Healthwatch Wokingham Borough provides an update on their work at every HOSC meeting and circulates the reports of their Enter and Views and other work e.g. "Totes Emosh" How Young People in Wokingham Borough feel', 'Food Bank Report' and 'Wokingham Medical Centre'.

Recommendation 23:

That the Chairmen of the HOSC and the Health and Wellbeing Board meet to discuss whether any improvements could be made to the way in which the HOSC and the Health and Wellbeing Board work together.

Update: The Chairmen of HOSC and the Health and Wellbeing Board have met to discuss improving the way in which the committees work together. It was agreed that the Committees' work programmes would be shared with the Chairmen to ensure a minimisation of duplication. This has been implemented.

Recommendation 24:

That the HOSC maintains contact with the Council's representatives on local NHS Foundation Trust Boards or Governing Bodies, including requesting these Member representatives report to the Committee twice a year.

Update: The Council's representative on Royal Berkshire Hospital Foundation Trust Board of Governors and Berkshire Healthcare Foundation Trust, Councillor Pitts has been invited to provide an update on his role at the Committee's meeting on 26 January 2016.

Recommendation 25:

That in order to access patients' views on their experiences, the HOSC regularly

receives the following information:

- a) A summary of the information on the NHS Choices website on the main healthcare providers for Wokingham Borough residents, including NHS Choice user ratings, CQC national standards, recommended by staff, staff satisfaction with incident handling, Mortality rate, NHS England patient safety notices and Friends and Family scores;
- b) GP Patient Survey results;
- c) CQC annual Inpatient Survey results;
- d) Information from Patient Opinion and Patient Association
- e) Any reports from regulators regarding Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust

Update: Members have been provided with the results of the GP Patient Surveys, the CQC annual Inpatient Survey results for the Royal Berkshire NHS Foundation Trust and several summaries of the information on the NHS Choices website on the main healthcare providers for Wokingham Borough residents.

Recommendation 26:

That on receipt of Quality Accounts from the Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust, the HOSC be divided into three groups and that each group focuses on a specific set of Quality Accounts and formulates a response. Each response should be circulated to the full Committee for agreement.

Update: The Committee divided into three groups to look at the 2014/15 Quality Accounts for Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and South Central Ambulance NHS Foundation Trust.

Consideration should be given as to how the Committee wishes to respond to Quality Accounts in the future.

Recommendation 27:

That the Overview and Scrutiny Management Committee be sent the report of the Possible Implications for Scrutiny of the Francis Report Working Group and be requested to consider whether any of the improvements recommended for HOSC could be applied to the Overview and Scrutiny Management Committee and the other Overview and Scrutiny Committees.

Update: The Overview and Scrutiny Management Committee received the report on 13 October 2014. The Chairmen of the Overview and Scrutiny Committees were requested to bear in mind the recommendations of the Working Group. No further feedback has been received.

Recommendation 28:

That the Health Overview and Scrutiny Committee review the implementation of any agreed recommendations after a period of 12 months.

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough

Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

| | How much will it Cost/ (Save) | Is there sufficient funding – if not quantify the Shortfall | Revenue or Capital? |
|-----------------------------------|-------------------------------|---|---------------------|
| Current Financial Year (Year 1) | N/A | NA | N/A |
| Next Financial Year (Year 2) | N/A | N/A | N/A |
| Following Financial Year (Year 3) | N/A | N/A | N/A |

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|--|
| Other financial information relevant to the Recommendation/Decision |
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| N/A |
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|-----------------------------------|
| Cross-Council Implications |
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| N/A |
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| Reasons for considering the report in Part 2 |
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| N/A |
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| List of Background Papers |
|----------------------------------|

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| Final report of the Possible Implications for Scrutiny of the Francis Report Working Group The Francis Report |
|--|

| | |
|-----------------------------------|--|
| Contact Madeleine Shopland | Service Governance and Improvement Services |
| Telephone No 0118 974 6319 | Email madeleine.shopland@wokingham.gov.uk |
| Date 04.01.16 | Version No. 1 |

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Report of Wokingham CCG Governing Body – 6 January 2015

| | |
|---|---|
| Title | M7 2014-15 Performance Outcomes Report |
| Sponsoring Director | Debbie Daly, Nurse Director |
| Author(s) | Debbie New, Head of Performance |
| Purpose | To inform the Governing Body of the performance against CCG Clinical Indicators |
| Previously considered by | None |
| Risk and Assurance | As detailed within report |
| Legal implications/regulatory requirements | None |
| Public Sector Equality Duty | N/A |
| Links to the NHS Constitution (relevant patient/staff rights) <i>All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions</i> | All |
| Consultation, public engagement & partnership working implications/impact | N/A |

Executive Summary

| Under performance: | High performance & improvement to green: |
|---|--|
| <ul style="list-style-type: none"> • Improved Reporting of Medication Errors • Cdiff • Ambulance Response Times • RTT waits over 52 weeks • Ambulance Handover and Crew Clear Delays | <ul style="list-style-type: none"> • Dementia Diagnosis Rate • MRSA • Referral to Treatment 18 weeks • Diagnostics % waiting 6 weeks or more • % of patients who spent 4 hours or less in A&E |

Recommendation

Note the level of compliance with the operating targets and support the actions being taken to improve performance where necessary.

| Improved Reporting of Medication Errors | Current Period | YTD |
|---|----------------|-----|
| | Red | Red |

There is a quality premium standard relating to improved reporting of medication errors at local providers. The CCG has agreed a target with RBFT to increase the number of medication errors by 10% in quarters two to four as a demonstration of an open culture of reporting and learning. RBFT are currently not on track with the required increase to achieve the target and therefore have an action plan in place which includes actions relating to leadership and training.

| Dementia Diagnosis Rate | Current Period | YTD |
|-------------------------|----------------|-------|
| | Green | Green |

Wokingham CCG has a target to diagnose 53.3% of dementia patients by the end of the year. Current performance for October shows that 53.3% of dementia patients have been diagnosed.

| MRSA | Current Period | YTD |
|------|----------------|-----|
| | Green | Red |

Wokingham CCG had no cases of MRSA bacteraemia reported during October 2014.

| Cdiff | Current Period | YTD |
|-------|----------------|-------|
| | Red | Green |

Wokingham CCG had five Clostridium Difficile cases reported during October against a monthly trajectory of 3. This means there have been 22 cases year to date against a trajectory of 26.

| Referral to Treatment (RTT) within 18 Weeks | Current Period | YTD |
|---|----------------|-------|
| | Green | Green |

Wokingham CCG achieved all aggregate RTT standards in October. The CCG position excludes those patients seen and waiting at RBFT however as the Trust has not submitted an RTT return for October. This is due to a reporting holiday until January 2015 that has been agreed by Monitor and NHS England while the Trust improves the quality of reporting of the waiting list.

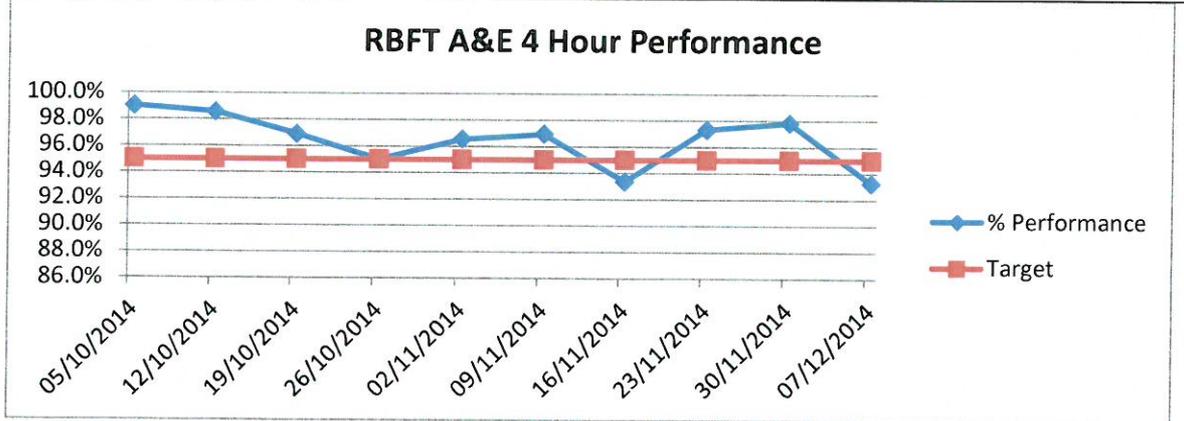
| Diagnostics % waiting 6 weeks or more | Current Period | YTD |
|---------------------------------------|----------------|-----|
| | Green | Red |

At the end of October, 0.3% of the Wokingham CCG patients waiting for a diagnostic test had waited longer than 6 weeks against a target of 1%. YTD performance remains above

target due to underperformance in the first half of the year at 11.2%.

| | | |
|---|----------------|-------|
| % of Patients Who Spent 4 Hours or Less in A&E | Current Period | YTD |
| | Green | Green |

During November, 96.3% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. The YTD position remains above target at 95.7%.



| | | |
|---------------------------------|----------------|-----|
| Ambulance response times | Current Period | YTD |
| | Red | Red |

Across Berkshire West, all 3 of the ambulance response time targets were not achieved in October. This was due to a number of pressures including staff capacity and an overall increase in activity. A number of actions have been put in place to improve performance including changes to staff rotas, implementation of a new health care professional service model and a review of processes at the Emergency Operations Centre (EOC).

| | | |
|--------------------------------|----------------|-----|
| RTT waits over 52 weeks | Current Period | YTD |
| | Red | Red |

At the end of October, there were three patients on an incomplete RTT pathway who had waited longer than 52 weeks for treatment from Wokingham CCG. These patients were waiting for Plastic Surgery treatment at OUH. The lead Commissioner has a recovery plan in place with OUH which is monitored closely and it is expected that there will be zero 52 week waits from April 2015.

| | | |
|---|----------------|-----|
| Ambulance Handover and Crew Clear Delays | Current Period | YTD |
| | Red | Red |

During October, 11 ambulances were delayed longer than 30 minutes and 2 ambulances over an hour for handover to the A&E department at RBFT. When compared to other local Trusts, RBFT have significantly lower numbers of breaches in this area.

During October, SCAS had 52 crew clear delays at RBFT over 30 minutes and 6 over an hour. These breaches result in a fine to SCAS for the delay and these are being addressed via the contractual meetings with the Trust.

Glossary

| | |
|-----------------------|---|
| CCG | Clinical Commissioning Group |
| CQN | Contract Query Notice |
| RTT | Referral to Treatment |
| CQUIN | Commissioning for Quality and Innovation |
| CQRG | Clinical Quality Review Group |
| EPR | Electronic Patient Record |
| CVD | Cardiovascular Disease |
| NEL | Non-Elective |
| HCAI | Healthcare Acquired Infection |
| CDiff | Clostridium Difficile |
| MRSA | Methicillin-Resistant Staphylococcus Aureus |
| A&E | Accident & Emergency |
| 2ww | Two week wait |
| MSA | Mixed Sex Accommodation |
| CPA | Care Programme Approach |
| OOH | Out of Hours |
| IAPT | Improved Access to Psychological Therapies |
| COPD | Chronic Obstructive Pulmonary Disease |
| VTE | Venous Thrombus Embolism |
| TIA | Transient Ischemic Attack |
| C&B or CaB | Choose & Book |
| OP | Outpatient |
| RBFT | Royal Berkshire Foundation Trust |
| GWH | Great Western Hospital (Swindon) |
| HHFT | Hampshire Hospitals Foundation Trust |

| | |
|-----------------------------|--|
| TITLE | Health Consultation |
| FOR CONSIDERATION BY | Health Overview and Scrutiny Committee on 26 January 2016 |
| WARD | None Specific |
| DIRECTOR | Andrew Moulton, Head of Governance and Improvement Services |

OUTCOME / BENEFITS TO THE COMMUNITY

That the Health Overview and Scrutiny Committee are informed of a current “live” health consultation.

RECOMMENDATION

That the Committee decides if Members would like to respond to the consultation prior to the deadline date.

SUMMARY OF REPORT

This paper provides an overview of “live” consultations in relation to health policy as of 4 January 2016.

‘Live’ consultation

Details provided on the “live” health related consultation.

1. Overseas visitors and migrants: extending charges for NHS services

Launch date: 7 December 2015

Closing date: 7 March 2016

Overseas visitors and migrants, or in some cases their home countries, are already charged in various ways for the cost of healthcare they receive in NHS hospitals.

The consultation seeks views on proposals to further extend this charge, including exploring changes in:

- primary care
- secondary care
- community healthcare
- current residency requirements

Anyone wishing to respond to the consultation can do so as follows:

Respond online at:

<https://www.gov.uk/government/consultations/overseas-visitors-and-migrants-extending-charges-for-nhs-services>

Alternatively you can write to:

nhscostrecovery@dh.gsi.gov.uk or

Cost Recovery Programme
Department of Health
506 Richmond House
79 Whitehall
London SW1A 2NS

FINANCIAL IMPLICATIONS OF THE RECOMMENDATION

The Council faces severe financial challenges over the coming years as a result of the austerity measures implemented by the Government and subsequent reductions to public sector funding. It is estimated that Wokingham Borough Council will be required to make budget reductions in excess of £20m over the next three years and all Executive decisions should be made in this context.

| | How much will it Cost/ (Save) | Is there sufficient funding – if not quantify the Shortfall | Revenue or Capital? |
|-----------------------------------|-------------------------------|---|---------------------|
| Current Financial Year (Year 1) | N/A | N/A | N/A |
| Next Financial Year (Year 2) | N/A | N/A | N/A |
| Following Financial Year (Year 3) | N/A | N/A | N/A |

Other financial information relevant to the Recommendation/Decision

N/A

Cross-Council Implications

N/A

Reasons for considering the report in Part 2

N/A

List of Background Papers

N/A

| | |
|-----------------------------------|---|
| Contact Madeleine Shopland | Service Democratic Services |
| Telephone No 0118 974 6319 | Email madeleine.shopland@wokingham.gov.uk |
| Date 04.01.16 | Version No. 1 |

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme 2015/16 from June 2015

Please note that the work programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT AND REASON FOR CONSIDERATION | REPORTING OFFICER AND OFFICER CONTACT | COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE | COMMENTS |
|-------------------------------|--|---|---------------------------------------|--|----------|
| Wednesday 23 March 2016 | Suicide prevention - update | To receive a further update regarding suicide prevention in the Borough. | Public Health | Look after the vulnerable Improve health, wellbeing and quality of life | |
| | Public Health budget update | To receive an update on the Public Health budget and the possible impact of the Spending Review | Public Health | Look after the vulnerable Improve health, wellbeing and quality of life | |
| | Update from Health and Wellbeing Board | To inform HOSC of the work of the HWB and for HOSC to hold the Board to account | Chairman Health & Wellbeing Board | Look after the vulnerable Improve health, wellbeing and quality of life | |
| | Performance Outcomes Report | To monitor performance and identify any areas of concern | CCG | Improve health, wellbeing and quality of life | |
| | Health Consultation Report | Challenge item | Democratic Services | Improve health, wellbeing and quality of life | |
| | Healthwatch update | Challenge item | Healthwatch | Look after the | |

| DATE OF MEETING | ITEMS | PURPOSE OF REPORT AND REASON FOR CONSIDERATION | REPORTING OFFICER AND OFFICER CONTACT | COUNCIL PRIORITY/ UNDERPINNING PRINCIPLE | COMMENTS |
|-----------------|-------|--|---------------------------------------|---|----------|
| | | | Wokingham Borough | vulnerable Improve health, wellbeing and quality of life | |

Currently unscheduled topics:

- Draft Quality Accounts
 - Berkshire Healthcare NHS Foundation Trust
 - Royal Berkshire Hospital NHS Foundation Trust
 - South Central Ambulance NHS Foundation Trust
- Update on Berkshire Healthcare Foundation Trust
- Independent Living Fund – update once reviews have been completed

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE
TRACKING NOTE 2015/16**

| ITEM NO. | ITEM/SUBJECT | OFFICER RESPONSIBLE | DATE OF MEETING | DUE DATE | COMMENTS | RESPONSE |
|-----------------|--|---|------------------------|--|---|-----------------|
| 1. | Minute 6 Royal Berkshire Hospital <ul style="list-style-type: none"> It was suggested that a senior manager or physician provide an update on the GP in admissions pilot. | Royal Berkshire Hospital - TBC | 03.06.15 | TBC | | |
| 2. | Minute 7 – Suicide Audit <ul style="list-style-type: none"> That an update on the suicide audit be provided at a future meeting. | Helene Dyson | 03.06.15 | TBC | | |
| 3. 53 | Minute 11 – Work Programme <ul style="list-style-type: none"> The Committee agreed that it wished to receive an update on NHS 111 at its July meeting. Members requested a briefing on the impact of the closure of the Independent Living Fund at its September meeting. Members also agreed that they wished to receive an update on Wokingham hospital. Members wished to receive updates on the work of South Central Ambulance Service, the Clinical Commissioning Group, the CQC and Berkshire Healthcare Foundation Trust during the municipal year. Councillor Richards proposed that the Committee looked at the local policy towards use of the European Health Card. It was agreed that further information be sought. The Committee agreed to undertake a review of the following Better Care Fund schemes; Neighbourhood | TBC Stuart Rowbotham David Cahill, BHFT TBC Madeleine Shopland Task and Finish Group | 03.06.15 | 28.07.15 29.09.15 TBC 30.11.15, 26.01.16, 23.03.16 September 2015 | Complete Programmed Complete | |

| ITEM NO. | ITEM/SUBJECT | OFFICER RESPONSIBLE | DATE OF MEETING | DUE DATE | COMMENTS | RESPONSE |
|----------|--|---|---|--|--|----------|
| | clusters, Primary prevention and Self-Care and Access to General Practice | | | | | |
| 4. | <p>Minute 18 – Sexual Health Services Recommissioning</p> <ul style="list-style-type: none"> Information regarding the age range and genders of those using the sexual health treatment services and the different infections and treatments, was requested to give the Committee a clearer picture of local service users and the different infections and treatment. | Darrell Gale | 28.07.15 | Asap | Completed | |
| 5. | <p>Minute 20 – Work Programme</p> <ul style="list-style-type: none"> Members requested that Councillor McGhee-Sumner be invited to provide an update on his area, including the impact of the delay of the second phase of the Care Act, at the September meeting. It was suggested that the Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Hospital Foundation Trust – Board of Governors, Councillor Pitts, be invited to the Committee's September meeting to provide an update on his role and share information where appropriate. It was agreed to programme an update on the JSNA for the September meeting and an update on the HWBS for the Committee's January meeting. | <p>Madeleine Shopland</p> <p>Madeleine Shopland</p> <p>Darrell Gale</p> | <p>28.07.15</p> <p>28.07.15</p> <p>28.07.15</p> | <p>29.09.15</p> <p>29.09.15</p> <p>29.09.15 and 26.01.16</p> | <p>Complete</p> <p>Deferred to November meeting 30.11.15</p> | |

| ITEM NO. | ITEM/SUBJECT | OFFICER RESPONSIBLE | DATE OF MEETING | DUE DATE | COMMENTS | RESPONSE |
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| 6. | Minute 26 - Update on Health and Wellbeing Board <ul style="list-style-type: none"> • The Committee was informed of the Frail Elderly Pathway which looked to track individuals through the health and social care system. The Director of Health and Wellbeing offered to bring the data sets for the Frail Elderly Pathway to the Committee's November meeting. • Councillor McGhee-Sumner added that care home fees had been held for the last 4-5 years but this too was becoming unsustainable as the National Living Wage increased. Councillor Miall requested that the Committee be kept updated on the matter. | Stuart Rowbotham | 29.09.15 | 30.11.15 | Deferred to 26.01.16 | |
| 55 | | | 29.09.15 | Ongoing | | |
| 7. | Minute 28 Independent Living Fund update <ul style="list-style-type: none"> • Councillor Swaddle asked what the situation was of the 19th individual of the cases identified pre transfer. The Director of Health and Wellbeing agreed to look into this and to feed back to the Principal Democratic Services Officer. • A further report be provided to the Committee once all reviews have been completed. | Stuart Rowbotham | 29.09.15 | As soon as possible | Complete | |
| 8. | Minute 30 – Work Programme <ul style="list-style-type: none"> • It was...proposed that the items on the Report of the Possible | Madeleine Shopland | 29.09.15 | 26.01.15 | | |

| ITEM NO. | ITEM/SUBJECT | OFFICER RESPONSIBLE | DATE OF MEETING | DUE DATE | COMMENTS | RESPONSE |
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| 56 | <p>Implications for Scrutiny of the Francis Report Working Group – follow up of recommendations and Update from Council's representative on Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Foundation Trust – Board of Governors, be deferred to the Committee's January meeting to ensure a more manageable agenda.</p> <ul style="list-style-type: none"> • Members were requested to email the Principal Democratic Services Officer with any questions they had or areas that they wished to focus on regarding the Joint Strategic Needs Assessment and the South Central Ambulance Service. • Councillor Haines raised an issue regarding community responders and the provision of defibrillator equipment. The Principal Democratic Services Officer agreed to follow this up. • A member of the public informed the Committee of NHS Wokingham CCG's consultation on its vision for the future of GP and primary care services and the public event on 20 October. It was suggested that some Committee members may wish to attend. | <p>Health Overview and Scrutiny Committee</p> <p>Madeleine Shopland</p> <p>Health Overview and Scrutiny Committee</p> | <p>29.09.15</p> <p>29.09.15</p> <p>29.09.15</p> | <p>30.11.15</p> <p>As soon possible</p> <p>20.10.15</p> | <p>Completed</p> <p>Completed</p> <p>Completed</p> | |
| 9. | <p>Minute 38 – Joint Strategic Needs Assessment update</p> <ul style="list-style-type: none"> • That the Committee receive a demonstration of the JSNA website once further work had been | <p>Darrell Gale, Consultant in Public Health</p> | <p>30.11.16</p> | <p>26.01.16</p> | | |

| ITEM NO. | ITEM/SUBJECT | OFFICER RESPONSIBLE | DATE OF MEETING | DUE DATE | COMMENTS | RESPONSE |
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| | undertaken – training session prior to Committee meeting. | | | | | |
| 9. | <p>Minute 40 - Wokingham Clinical Commissioning Group Performance Outcomes Report November 2015</p> <ul style="list-style-type: none"> Councillor Richards raised points regarding the accuracy of information provided on discharge from Royal Berkshire Hospital, continuity and GP interaction with patients, particularly those who may be vulnerable or alone. | Democratic Services | 30.11.15 | ASAP | | |

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Glossary:

- **Bariatrics** – branch of medicine that deals with the causes, prevention, and treatment of obesity.
- **BCF** – Better Care Fund
- **BHFT** – Berkshire Healthcare NHS Foundation Trust
- **C&B – (Choose and Book)** is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
- **CAM** - Confusion Assessment Method
- **CAMHS** – Child and Adolescent Mental Health Services
- **CCG** – Clinical Commissioning Group
- **CDU** – Clinical Decisions Unit
- **CHIS** - Child Health Information Systems - patient administration systems that provide a clinical record for individual children and support a variety of child health and related activities, including universal services for population health and support for statutory functions.
- **CHIMAT** – Child Health Profiles
- **CKD** – Chronic Kidney Disease
- **CNS** – Clinical Nurse Specialist
- **Community Enhanced Service** - a service provided in a community setting which goes above and beyond what is normally commissioned by NHS England, including primary care services that go beyond the scope of the GP contract.
- **Contract Query Notice** - A specific action taken by the commissioner against the Provider as per the contract. It is a notice served when a contractual target is not being met. As a result of such a notice, an action must be agreed that results in recovery of performance within a set timescale.
- **COF** - Commissioning Outcomes Framework
- **CoSRR** - Continuity of Services risk rating
- **CPA - Care Programme Approach** - is a system of delivering community mental health services to individuals diagnosed with a mental illness
- **CPN** - Community Psychiatric Nurse
- **CQC** – Care Quality Commission

- **CQUIN – Commissioning for Quality and Innovation** - Is an incentivised money reward scheme that has been developed to allocate payments to providers if they meet quality outcomes identified to improve local quality issues.
- **CST** - Cognitive Stimulation Therapy
- **CSU** - Commissioning Support Unit
- **Cytology** – the study of cells
- **DPH** – Director of Public Health
- **DTOC** – Delayed Transfer of Care
- **EDT** – Electronic Document Transfer
- **ECIST** - Emergency Care Intensive Support Team
- **ECO** – Emergency Operations Centre
- **EOL** – end of life care
- **EPR – Electronic Patient Record** – means of viewing a patient’s medical record via a computerised interface.
- **ESD** – Early Supported Discharge service - pathways of care for people transferred from an inpatient environment to a primary care setting to continue a period of rehabilitation, reablement and recuperation at a similar level of intensity and delivered by staff with the same level of expertise as they would have received in the inpatient setting.
- **FFCE - First Finished Consultant Episode** - first completed episode of a patient's stay in hospital.
- **FPH** – Frimley Park Hospital
- **GMS** – General Medical Services
- **GRACe** - General Referral Assessment Centre
- **GSCC** – General Social Care Council
- **HALO** - Hospital Ambulance Liaison Officer
- **HASU** - Hyper-Acute Stroke Unit
- **HWPFT** - Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- **JSNA** – Joint Strategic Needs Assessment

- **LA** – local authority
- **LES** – Local Enhanced Service
- **LGBT** – Lesbian, Gay, Bisexual, Transgender
- **LOS** - Length of Stay
- **LTC** – long term conditions
- **MDT** – multi disciplinary team
- **MH** – Mental Health
- **MHP** - mental health practitioner
- **MIU** – Minor Injuries Unit
- **Monitor** - Oversees the performance of NHS Foundation Trusts
- **MSA** - Mixed sex accommodation
- **NARP** – National Ambulance Response Pilot
- **Never Events** - Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented
- **NHSCB** – National Health Service Commissioning Board (now NHS England)
- **NHS Safety Thermometer** –tool to measure 4 high volume patient safety issues – falls in care; pressure ulcers; urinary infections (in patients with a urinary catheter); and treatment for VTE
- **NICE** – National Institute of Health and Care Excellence
- **NEL** - Non elected admissions
- **OHPA** – Office of the Health Professions Regulator
- **ONS** – Office for National Statistics
- **OOH** – Out of Hours
- **Ophthalmology** – branch of medicine that deals with diseases of the eye
- **OPMHS** – Older Persons Mental Health Services
- **Orthopaedics** - branch of surgery concerned with conditions involving the musculoskeletal system

- **OT** – Occupational Therapy
- **Outlier** - a person or thing situated away or detached from the main body or system.
- **PALS** – Patient Advice and Liaison Service
- **PHE** – Public Health England
- **PHOF** – Public Health Outcomes Framework
- **PPCI** – Primary Percutaneous Coronary Intervention
- **PPIs** - Proton Pump Inhibitors
- **PROMs - Patient Reported Outcome measures** are questions asked of patients before and after a specific treatment, to measure improvements to quality of life from the patient's point of view.
- **QIPP - Quality, Innovation, Productivity and Prevention.** The purpose of the programme is to support commissioners and providers to develop service improvement and redesign initiatives that improve productivity, eliminate waste and drive up clinical quality.
- **RAT** – Rapid Access Treatment
- **RBFT/ RBH** - Royal Berkshire NHS Foundation Trust
- **RCA – Root Cause Analysis** - When incidents happen, Roots Cause Analysis Investigation is a means of ensuring that lessons are learned across the NHS to prevent the same incident occurring elsewhere.
- **RGN** - Registered General Nurses
- **RMN** - Registered Mental Health Nurses
- **RTT - referral to treatment time** – waiting time between being referred and beginning treatment.
- **SCAS** – South Central Ambulance Service
- **SCR – Summary Care Record** - electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had in the past.
- **SEAP** – Support Empower Advocate Promote - confidential, independent advocacy service (health and mental health)
- **SHMI - Summary Hospital-level Mortality Indicator** - ratio between the actual number of patients who die following treatment at a trust and the number that would be expected to die on the basis of average England figures, given the

characteristics of the patients treated there. Covers all deaths reported of patients who were admitted to non-specialist acute trusts in England and either die while in hospital or within 30 days of discharge.

- **SIRI** – Serious incidents that require investigation
- **SLA** – Service Level Agreement
- **SPOC** – Single point of contact
- **SRG** – Systems Resilience Group
- **SSNAP** - Sentinel Stroke National Audit Programme
- **STAR-PU - Specific Therapeutic group Age-sex Related Prescribing Units** - a way of weighting patients to account for differences in demography when distributing resources or comparing prescribing.
- **SUSD** – Step Up Step Down
- **Talking Therapies** – free and confidential counselling service with a team of advisors and therapists.
- **Thrombolysis** – breakdown of blood clots by pharmacological means
- **TIA** - transient ischemic attack – mini stroke
- **TTO** – to take out
- **TVPCA** – Thames Valley Primary Care Agency
- **UCC** – Urgent Care Centre
- **VTE** - venous thrombosis -blood clot that forms within a vein
- **WBCH** – West Berkshire Community Hospital
- **WIC** – Walk in Centre
- **WISP** – Wokingham Integration Strategic Partnership
- **WTE** - whole-time equivalents (in context of staff)
- **YLL** – years of life lost
- **YPWD** - Younger People with Dementia
- **YTD** – Year to date

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