

## **Health Scrutiny Panel – Meeting held on Monday, 24th March, 2014.**

**Present:-** Councillors S K Dhaliwal (Chair), Chohan, Davis, Grewal, Plimmer and Strutton

Non-Voting Co-opted Member  
Bucks Health and Adult Social Care Select Committee representative –  
Cllr Lin Hazell

**Apologies for Absence:-** Councillor Small

### **PART I**

#### **52. Declarations of Interest**

None.

#### **53. Minutes of the Last Meeting held on 13th January 2014**

**Resolved -** That the minutes of the last meeting held on 13<sup>th</sup> January 2014 be approved as a correct record.

#### **54. Member Questions**

There were no questions from Members.

#### **55. Specialist Bladder Cancer Surgery in Berkshire**

*(The Chair agreed to include this item on the agenda as an urgent item).*

The Committee considered a report about planned changes to specialist bladder cancer surgery in Berkshire over the next few weeks, which was introduced by Dr Bernadette Lavery and colleagues from the Thames Valley Strategic Clinical Network. It was proposed that from April 2014, patients from East Berkshire seeking specialist surgery to treat bladder cancer at Wexham Park Hospital will be offered this procedure at the Royal Berkshire Hospital, Reading. This related to Cystectomy operations, a procedure to remove all or part of the bladder as a result of the spread of cancer, which was very major surgery required for a relatively small number of people.

The change was proposed as part of the move to treat patients with the same condition in 'high volume centres' (where there was strong evidence that better outcomes for patients were achieved), to comply with national guidance (whereas the service at Wexham Park did not) and to restore the service to the Royal Berkshire Hospital where it had been successfully provided for all Berkshire patients between 2007 and 2012. The Royal Berkshire Hospital was a specialist centre which had a range of facilities to care for patients with cancer, including Radiotherapy. However, for the majority of East Berkshire patients, a specialist urology consultant surgeon from Heatherwood and

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Wexham Park Hospitals would work alongside consultant surgeons performing cystectomy surgery at the Royal Berkshire Hospital.

The Committee was also informed of the commencement of a project to determine the best longer term configuration of specialist urological cancer surgery across the Thames Valley. The project covered the provision of specialist prostate cancer and kidney cancer surgery and the Cancer Strategic Clinical Network would be working on it in conjunction with Thames Valley hospitals, patient representatives, specialist commissioners and local Clinical Commissioning Groups. The project was due to run over 12 – 18 months, and Health and Wellbeing Boards and Overview and Scrutiny Committees would be consulted throughout.

The Committee asked a number of questions and received clarification on matters of detail.

### Resolved –

- (a) That the report be noted.
- (b) That the Cancer Strategic Clinical Network be requested to:
  - Also report to the Buckinghamshire Health and Adult Social Care Select Committee regarding South Bucks residents affected.
  - Keep the Panel informed of progress on the specialist service to be provided at the Royal Berkshire Hospital.
  - Report to the Panel on the results of the longer term review of specialist cancer surgery in due course.

## 56. **Quality and Improvement at Heatherwood and Wexham Park Hospitals NHS Foundation Trust**

The Panel considered the latest position regarding the Action Plan at Heatherwood and Wexham Park Hospitals NHS Foundation Trust to address warning notices issued by the Care Quality Commission (CQC) and Monitor. Grant MacDonald, Deputy Chief Executive of the Trust, was in attendance and introduced the schedule of completed, ongoing and new actions being pursued by the Trust's Executive Team. He confirmed that after publication of the second CQC report in January 2014, a follow up inspection had been made in February which would result in a further inspection report being issued around late April/early May.

The following points arose from answers to questions put by members:

- Approximately 220 qualified nurses had been recruited in the last year, but with a 14% turnover of staff this was the number needed to 'stand still'. The additional bed spaces provided had increased the staffing requirement it was anticipated that a further 290 nurses would need to be recruited in the year ahead to reduce the vacancy rate to about 10% (which was manageable).
- With regard to cleanliness, a second independent deep clean had been carried out and the recently appointed Facilities Director would have responsibility to oversee improved arrangements for a thorough

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ongoing routine cleaning programme. A comprehensive replacement programme for ward-based equipment had been carried out and a rolling programme for future replacements put in place.

- Examples of good practice from other hospitals trusts had been taken up, particularly in relation to customer care. A set of basic “Always” themes had been adopted and the Frimley Park customer care training model had been introduced.
- It was acknowledged that work on implementing improvements was resource intensive and required a big commitment from staff. However, the additional funding available in the last two years had enabled a continuing investment in the training and development of staff, and additional people had been brought in to assist the permanent staff.
- Improvements had been made to the discharge process and the liaison with colleagues in Social Care services was good. Results remained patchy because although the procedures were sound, they were not always followed. It was recognised that if a patient was discharged before adequate home arrangements were in place, then this could put a life at risk or lead to an early re-admission.
- The role of ward matrons had been strengthened to give them greater authority to act and to be effective advocates for the patients in their care. Nurse leaders were charged with embedding and monitoring agreed care standards.
- A lot of work had been done to enable the Trust Board to be kept fully informed of what was happening on each ward and to closely monitor key indicators. The compliance team put in place carried out monitoring of patient experience on a daily basis.

Sarah Bellars, Nurse Governor from Slough CCG, confirmed for the Panel that the Trust had shared information on the improvements taking place and progress was considered monthly by the Clinical Quality Review Group. There were also a number of other meetings at which progress was reviewed as well as physical inspections and receipt of patient feedback. A recent tour of wards with the Director of Nursing had shown a very different picture from that seen a year ago when the hospital was struggling to cope with capacity issues.

Colin Pill reported on behalf of Healthwatch on a community engagement visit at Wexham Park during in August 2013, when patients and visitors had been advised of the role of Healthwatch and a survey carried out to obtain views for the patients and public. Survey results confirmed that the majority of patients considered they had been treated with dignity, given privacy and treated with respect. Some had raised concerns about issues such as not being kept informed, long waiting times at Inpatients and A&E, lack of hygiene as well as the ongoing issue of lack of car parking. A start on a proposed piece of work relating to patient discharge was outstanding.

### **Resolved –**

- (a) That Grant MacDonald be thanked for attending to report and answer questions on quality and improvement work at Wexham Park.

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- (b) Further information be considered in due course on progress regarding discharge procedures, including separate data for Slough and South Bucks residents, and results from the Healthwatch project to look at this.

### 57. Berkshire Healthcare NHS Foundation Trust Quality Account 2013/14

The Panel considered the Berkshire Healthcare NHS Foundation Trust draft Quality Account 2014 (as at Quarter 3). David Townsend, the Chief Operating Officer for the Trust presented the report, due for publication in June 2014, which set out progress made against quality priorities for the year and planned priorities for next year with respect to clinical effectiveness, patient experience and patient safety, and invited comments and questions.

The Panel asked a number of questions from which the following points arose:

- The 2013 National Staff Survey referred to comparisons with other (unnamed) mental health/learning disability trusts. It was suggested that an indication of the comparator Trusts be included, together with confirmation that the Trust was taking account of the survey results in its future planning. The Panel was pleased to note the improvement in the 'staff recommendation of the Trust as a place to work' compared to the previous year.
- The concept of Harm Free Care was designed to bring focus to the patient's overall experience and was measured by reference to four 'harms' (pressure ulcers; falls; urinary infection in patients with catheters; and venous thromboembolism). There had been a gradual increase in the number of patients receiving harm free care from the Trust although this was still a little below the national average.
- Clarification was given of the figures relating to absence without leave (AWOL) where a patient had failed to return after being given leave and the number of patients absconding whilst under a Mental Health Act Section. It was confirmed that the reasons for each case were investigated and reviewed to check for any emerging trends.
- Medication errors fluctuated but amounted to an average of 140 per month, with no clear trend. None had resulted in moderate or severe harm to patients.
- Additional information was to be included, relating to complaints and how they had been dealt with, which would be added as an appendix.

**Resolved** - That the draft Quality Account 2014 be noted and the suggestions made at the meeting and referred to above be included in a formal response to be sent to the Trust.

### 58. Progress Report on Local Response to Winterbourne View

Consideration was given to a report about a stocktake on progress made locally in response to the Winterbourne View Concordat published by the Department of Health in December 2012.

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The stocktake highlighted the need for the development of local care and support options for younger adults with complex needs. Health and social care commissioners were charged with ensuring that their systems for monitoring care quality were robust and effective.

There were currently only two people in Slough care in the cohort covered by the report (ie. living in hospital accommodation). Plans were in place to move one of the two into a community setting by June 2014, and a transition plan was in place for the other person.

**Resolved** - That the actions being taken locally to ensure delivery against the Winterbourne View requirements published in December 2012 be noted.

### **59. Attendance Record**

**Resolved** - That the attendance record be noted.

### **60. Date of Next Meeting**

**Resolved** - That the date of the next meeting be confirmed as 30<sup>th</sup> June 2014.

### **61. Last Meeting**

As this was the last meeting of the Municipal Year, the Chair thanked Scrutiny Officer Sarah Forsyth for her support and assistance to the Panel.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.44 pm)