

## **Health Scrutiny Panel – Meeting held on Wednesday, 24th July, 2013.**

**Present:-** Councillors Strutton (Vice-Chair in the Chair) Chohan, Davis, Mittal, Plimmer and Small

Non-Voting Co-optee - Slough Healthwatch representative, Colin Pill

**Apologies for Absence:-** Councillors S K Dhaliwal, Grewal and Sandhu

### **PART I**

#### **12. Declarations of Interest**

None were declared.

#### **13. Minutes of the Last Meeting held on 12th June 2013**

**Resolved -** That the minutes of the last meeting of the Panel held on 12<sup>th</sup> June 2013 were approved as a correct record, subject to a correction to the effect that Colin Pill was a representative of Slough Healthwatch.

#### **14. Member Questions**

Members put down a number of questions relating to the issue of a recent report from the Care Quality Commission (CQC) following its inspection of Wexham Park Hospital and Heatherwood Hospital in May 2013.

Philippa Slinger, Chief Executive of the Heatherwood and Wexham Park Hospitals NHS Foundation Trust, was in attendance to answer the questions and her responses are summarised below.

The Trust issued a statement on 17<sup>th</sup> July 2013 in response to the CQC report acknowledging the findings and the thoroughness of the inspection, and apologising to those patients who had a negative experience of care. A major issue raised by the report had been the difficulties encountered during the past winter from the very high number of people attending A&E, and the inadequacy of the number of beds to deal with those who needed to be admitted. The level of care given as a result had been compromised and steps were being taken to ensure that the Trust was not put in a similar position in the coming winter. There was no excuse for the poor quality care; Ms Slinger on behalf of the Trust reiterated her apologies for it and confirmed that the Trust was determined to address all the issues and resolve them.

The CQC report was clear about the improvements that were required. The actions to address the capacity issues, some of which had already come into effect, involved taking into use two new modular wards containing 28 beds from 1<sup>st</sup> May 2013, and the provision of 18 new bays in the current A&E waiting area and erection of a new modular waiting area in replacement (to be

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available by the second week of October 2013). In addition, Ward 17 was being refurbished to provide 28 additional beds from the second week of September 2013 and the refurbishment of Ward 10 (vacated by Mental Health) to bring in a further 28 beds by February 2014.

Increased numbers of beds needed to be adequately staffed and a successful nurse recruitment campaign had taken place in Ireland, followed recently by a campaign in Madrid. Experience had shown that nurse recruitment in the UK had very limited success. Three new consultants had been appointed recently and a further four were sought. Vacancies would be covered by bank/ agency staff but the Trust's policy was to keep this to a minimum and recruit permanent staff as far as possible. Where there was an expected surge in demand for services and /or beds, the Trust's Emergency Plan provided for supervisory staff to be called in and for decisions to be made on prioritising the placement of staff.

The financial position of the Trust was that since 2011, the annual deficit had reduced from over £14m to £6.9m at the end of 2012/13 and was on target to reduce to £4.8m by the end of 2013/14. The monthly bill for agency staff had reduced from £1.8m to £600,000. Department of Health (DoH) support had been received for the capital works referred to of £16m in 2012/13 and £17.1m in the current year.

Whilst there had been improvements over the last two years in the financial position of the Trust, a decrease in the number of staff vacancies, a reduced reliance on agency staff, and investment in the buildings on site with DoH support, the CQC report made it clear a lot more work was required. A culture change was required in the organisation to address issues raised in the report around basic care standards, record-keeping, cleanliness and the individual behaviour and attitude of staff. As a result, the Trust was to embark on a full review of ward management, leadership and supervision of the nursing care provided.

The initial reaction of the staff to the CQC report and the proposed restorative action had been very positive. Action plans to achieve all the necessary improvements were being put in place with a view to making speedy and immediate progress, although it was noted that some actions regarding a complete review of roles, responsibilities and accountability may take some months to complete.

### **Resolved -**

- (a) That the report be noted.
- (b) That Philippa Slinger be thanked for her responses to questions and requested to return to the meeting of the Panel in September to set out the action plan for improvement.

## **15. Heatherwood and Wexham Park Hospital NHS Foundation Trust - Merger**

Philippa Slinger, Chief Executive of the Heatherwood and Wexham Park Hospitals NHS Foundation Trust (HWPH), reported to the Panel on the

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progress of discussions with the Frimley Park Hospital Foundation Trust (FPH) on the exercise to investigate the benefits of a closer partnership.

The negotiations had proceeded positively and it was now for the FPH Board to consider at a meeting in early August whether to proceed to the next stage of the proposal whereby HWPB would be merged with FPH under the same management structure. Clearly, the recent CQC report would be one of a number of considerations the FPC Board would take account of.

There was an ongoing need for the NHS to make efficiency savings year on year in the context of ever rising demands on it. Advances in medical science and technology were driving the need for increasing specialisms at hospitals, and Trusts the size of HWPB and FPH were not large enough on their own to take full advantage of this. A merged Trust would be in a position to secure economies of scale through savings in back office operations and a greater purchasing power in the market for supplies and services.

An assurance was given that the merger proposals contained no threat to continuing to operate the three sites at Frimley Park, Heatherwood and Wexham Park, or to maintaining A&E Departments at both Frimley and Wexham Park.

**Resolved** - That the report be noted and the Panel be kept up to date with progress.

### 16. Shaping the Future Implementation

Eve Baker, Acting Chief Officer of the Slough CCG, presented an update on the implementation of the "Shaping the Future" proposals put forward in 2012 by the former East Berkshire PCT.

The three CCGs of Bracknell and Ascot, Windsor, Ascot and Maidenhead and Slough, who were now responsible, had reviewed the feedback from the consultation and were now looking to implement the changes in the way that best benefits patients. There were three strands to the plans which had been developed by doctors, nurses, midwives and other clinicians:

- **Urgent Care**
  - a new model of urgent care integrating minor injuries and illnesses with stronger links to primary care
  - relocating the Minor Injuries Unit (MIU) from Heatherwood to merge with a new urgent care centre at Brants Bridge in Bracknell
- **Rehabilitation services**

Develop a new service to provide:

  - Enhanced supported discharge service for stroke patients
  - Community based rehabilitation services for general medical patients
  - Bucks based services for Bucks residents
  - 8 more stroke rehabilitation beds in the Wexham Park stroke unit
  - Closure of ward 8 on the Heatherwood site

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- **Permanently close the Ascot birthing centre**

The presentation went on to detail progress with setting up the Urgent Care Centre, how patients' concerns expressed in the consultation were to be tackled, and the process for inviting tenders to run the service, including how these would be evaluated. The prospective bidders comprised NHS organisations and consortia of them as well as private companies. While local people had expressed concern at the loss of the MIU from Heatherwood, this was not likely to impact on Slough residents who would benefit from the improvement to rehabilitation services.

**Resolved** - To thank Eve Baker for making the presentation and answering Members' questions.

### 17. **Health Scrutiny/Slough Wellbeing Board Working Protocol**

The Panel considered a report proposing a protocol to guide the working arrangements between the Council's scrutiny function and the Slough Wellbeing Board. With the changes, redefined roles and relationships between different elements of the health infrastructure arising from the Health and Social Care Act 2012, it was necessary to establish a process for collaboration between the Slough Wellbeing Board and the scrutiny function as exercised by the Overview and Scrutiny Committee and Panels.

The Panel would be the primary contact between Overview and Scrutiny and the Slough Wellbeing Board (or Health PDG where relevant). It was envisaged that both parties would start from an assumed position of openness, honesty, partnership and collaboration. The protocol went on to detail how the Panel and the Board would exchange information and interact with each other. In particular it provided for Health Scrutiny to be involved at key stages in the development of the Joint Wellbeing Strategy and the JSNA and each party would provide the other with a quarterly forward work programme.

The protocol had been considered and endorsed Slough Wellbeing Board at a meeting held on 17<sup>th</sup> July 2013.

**Resolved** - That the proposed working protocol be endorsed.

### 18. **Forward Work Programme**

The Panel considered the 2013/14 work programme setting out the priorities and topics for the year ahead. It was noted there was an addition to the programme for the September meeting of a further report from Philippa Slinger relating to the action plan for Heatherwood and Wexham Park Hospitals. Although the workload for the Panel looked to be fairly heavy during the Autumn, it was agreed to defer consideration of whether an additional meeting was necessary until the Panel met on 17<sup>th</sup> September.

**Resolved** - That the work programme be noted.

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### **19. Attendance Record**

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

### **20. Date of Next Meeting**

The date of the next meeting was confirmed as 17<sup>th</sup> September 2013.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.15 pm)