

## **Health Scrutiny Panel – Meeting held on Monday, 21st March, 2016.**

**Present:-** Councillors Ajaib (Chair), Strutton (Vice-Chair), Chahal, Chaudhry, Chohan, M Holledge, Pantelic and Shah

**Also present:-** Councillor Hussain

**Apologies for Absence:-** Councillor Cheema and Colin Pill.

### **PART I**

#### **50. Declarations of Interest**

No declarations were made.

#### **51. Minutes of the Last Meeting held on 14th January 2016**

##### **Resolved –**

- (a) That the minutes of the last meeting held on 14<sup>th</sup> January 2016 be approved as a correct record.
- (b) That the actions agreed at the health scrutiny development workshop be circulated to members of the Panel.

#### **52. Member Questions**

There were no questions from members.

#### **53. CQC Inspection Report on Wexham Park Hospital**

Sir Andrew Morris, Chief Executive of Frimley Health NHS Foundation Trust made a presentation on the findings of the recent Care Quality Commission inspection into Wexham Park Hospital and the wider developments to further improve services and facilities at the hospital.

*(Councillor Shah joined the meeting)*

Wexham Park Hospital has been rated as 'inadequate' upon acquisition by Frimley and it had been agreed that the CQC would conduct a further inspection after 12 months to assess progress. The re-inspection took place in October 2015 and the hospital received an overall rating 'good' and 'outstanding' for urgent and emergency services and critical care. The Chief Inspector of Hospitals had commended staff on the 'transformation' achieved and it was recognised that the improvement since the acquisition had been very substantial. Sir Andrew explained the approach taken in making such rapid improvement which included strong leadership at all levels, values and behaviours, engaging staff and a shared view of what 'good looked like'.

## Health Scrutiny Panel - 21.03.16

Despite the improvements, the hospital still faced many challenges such as sustaining and continuing to improve services and reducing the vacancy rate in view of the difficulties in recruiting staff. The hospital had a deficit of £30m at the point of the acquisition and whilst there had been £18m of support from the Department of Health to support the transition, the Trust continued to face a significant challenge in addressing the deficit as part of the three year programme to achieve financial balance. The Panel were also briefed on the future development plans at Wexham Park that included a £49m investment in a new emergency department, £10m investment in maternity facilities, additional car parking spaces a major programme to address a backlog of repairs. The Trust also had plans for a £72m redevelopment of the Heatherwood site to provide new and enhanced facilities. Part of the site would be sold to help fund the plans.

The Panel congratulated Sir Andrew, his management team and staff on the substantive improvements that had been delivered since the acquisition that were reflected in the CQC inspection findings and welcomed the future investment plans. Members asked a number of questions which are summarised as follows:

- CQC inspection – several Members asked how the action plan arising from the inspection report would be taken forward and the plan to move from an overall rating of ‘good’ to ‘outstanding’. Sir Andrew provided assurance that all of the areas for improvement identified by the CQC would be addressed and it was highlighted that there had been considerable improvement in areas identified previously such as patient discharge by working closely with social care partners. A new plan had been put in place for pharmacy support for the emergency department. The Trust were committed to continuing to improve through a strong and proactive approach to performance management and the development a new clinical strategy.
- Clinical strategy – Members were briefed on the new Clinical Strategy across Wexham Park, Heatherwood and Frimley Park. For Wexham Park this included the provision of a paediatric high dependency unit, extension of the heart attack service, onsite radiotherapy and new ophthalmology provision. The Trust were seeking to secure additional elective activity at Wexham Park and this was important in moving towards financial balance.
- Staff morale – previous inspections had identified a weakness in the levels of staff morale and Sir Andrew was asked how it was being measured and improved. It was responded that staff engagement had been a key part of the improvement plan upon the acquisition and there was stronger leadership and accountability on each ward which helped with morale.
- Recruitment – the Panel had previously been informed of the actions being taken to address staff shortages for example the recruitment of nurses from the Philippines. 150 trained nurses had been interviewed

## Health Scrutiny Panel - 21.03.16

but the new requirement for an English exam had delayed the process as there was only one examination centre. Recruitment and retention remained a key priority for the Trust.

- 4 hour waiting time target – a Member asked whether a shortage of doctors was resulting in longer waiting times for patients in A&E. Sir Andrew stated that there was not a shortage of doctors and nurses in the department and that 95% of people were seen at A&E within the national 4 hour target during the previous month which was considered to be strong performance. He explained that the primary reason for longer waiting times was the significant variations in demand.
- Car parking at Wexham Park Hospital – Members highlighted that parking remained a major issue and asked when the additional parking would be available. Planning issues had delayed the project but work had started on the provision of 500 additional spaces. However, the new emergency department would take up around 200 existing spaces and these would need to be provided elsewhere on the site.
- Future investment plans – A Member asked whether a covenant on the Heatherwood site may impact on the redevelopment plans, to which Sir Andrew responded that all such issues would be addressed through the planning process and the Trust were confident that the plans would be delivered.

At the conclusion of the discussion, the Panel welcomed the progress that was being made in improving services at Wexham Park and congratulated Sir Andrew and staff at the hospital.

### **Resolved –**

- (a) That the finding of the CQC inspection report into Wexham Park Hospital and wider update be noted.
- (b) That the significant progress that had been made in improving services at the hospital be welcomed and that a further update be provided to the Panel at a later date.

## **54. Berkshire Healthcare NHS Foundation Trust Quality Account 2015/16**

The Panel received the Berkshire Healthcare NHS Foundation Trust Quality Account to end of the third quarter 2015/16. If Members had any comments or required further information, they should be made via the Scrutiny Officer by 25<sup>th</sup> April. Members briefly discussed the results of the Star Survey before formally noting the report.

**Resolved –** That the Berkshire Healthcare NHS Foundation Trust Quality Account be noted.

## Health Scrutiny Panel - 21.03.16

### 55. Slough Walk in Centre Options for a Future Service

The Panel considered a further report from Slough Clinical Commissioning Group on the future options for the Slough Walk In Centre since the update received in January 2015. There had been significant activity and engagement in the past two months to further refine the options and these were set out in the report and explained to the Panel.

There had been significant support for Option 5 – a new model of integrated out of hospital care the key aspects of which were:

- Slough Local – own GP practices for personalised care and the provide more support for people with long term conditions.
- Slough Talk – digital advice and support on the telephone and online.
- Slough Central – Upton based shared multidisciplinary primary care facility where locally registered patients could book same day appointments for minor illnesses and treatments. There would be minimal walk in provision.

The consultation process had also revealed support for some elements of option 4 – enhanced walk in service and further work would now be undertaken to further refine to proposal prior to commissioning of the new service in the summer. The advantages of the Slough Central model included better access to on the day booked appointments and longer access hours for primary care booked appointments. This approach would require a strong focus on educating people and self help and the implications for local GP practices would need to be carefully considered.

The Panel recognised the potential advantages of the Slough Central concept in terms of both improving access to same day appointments at a central hub at the same time as providing more support in local practices for people with the most need. A number of questions were asked including the financial appraisal of the Slough Central model. It was responded that detailed work on the costings was being undertaken at present and would be fully considered prior to any decisions being made. The Panel were informed that the financial pressures and demands on primary care meant that a different approach would be needed in future to best meet local need. The provision of same day appointments for relatively minor illnesses at a central hub would represent a very significant change to primary care provision locally and it was agreed by both the CCG and Panel that significant engagement and communication with residents would be needed and the Council and other partners would have a key supporting role in this regard. The model could only be successfully delivered if a strong partnership approach was taken.

Members discussed a number of other aspects of the proposal including the Slough Talk concept and increased use of digital technology to improve information and access to services. Local provision of primary care services was recognised as being vitally important and some concerns were expressed about the potential centralisation of services for some patients. However, the Panel recognised overall that healthcare was rapidly changing and some re-

## Health Scrutiny Panel - 21.03.16

modelling would be required. Further detail on the financial model and how the concept would work for patients would be required.

At the conclusion of the discussion, the Panel noted the report and offered to provide any further assistance it could to help shape and refine the model.

**Resolved –** That the report be noted.

### 56. East Berkshire CCGs' Stroke Service Reconfiguration Project

The Panel considered a report from Slough CCG proposed plans to reconfigure the way acute stroke services are delivered in East Berkshire and particularly in Windsor, Maidenhead and Slough.

The proposed plans were to reconfigure stroke services in East Berkshire to deliver a modified version of the 'London Model', which ensured that all suspected stroke patients are conveyed to a Hyper Acute Stroke Unit (HASU) for their care. Currently stroke patients from Slough were likely to be transferred to Wexham Park Hospital which was not a HASU, and following a detailed review it was proposed that outcomes could be improved by treating them at the nearest HASU at Wycombe Hospital. Patients would receive acute care at the HASU for approximately 7-10 days before being transferred to a local centre for in patient care and rehabilitation.

The Panel asked a number of questions about why Wexham Park Hospital services couldn't be improved to become a HASU and whether any further risks to patients would be created by increasing the time to transfer stroke patients to Wycombe Hospital. Members were informed that the evidence clearly showed that improved outcomes for Slough patients could be achieved by transferring them to the nearest HASU. Stroke services at Wexham Park had not improved as quickly for other services and Slough did not have the scale to realistically become a HASU. Members asked about future provision, and it was responded that stroke services could be delivered at Wexham Park in the medium to long term future if further significant improvements could be made. The new approach would be closely monitored to ensure outcomes for patients from Slough were being delivered.

**Resolved –**

(a) That the report be noted.

(b) That the Panel receive an update report in March 2017.

### 57. Forward Work Programme

**Resolved –** That the Forward Work Programme of the Panel, including the agenda for the extraordinary meeting of the Panel to be held on 4<sup>th</sup> April be noted.

## **Health Scrutiny Panel - 21.03.16**

### **58. Attendance Record**

**Resolved** – That the attendance report be noted.

### **59. Date of Next Meeting - 4th April 2016 (Extraordinary)**

The next meeting would be an extraordinary meeting held on 4<sup>th</sup> April 2016 at 6.30pm.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.37 pm)