

Health Scrutiny Panel – Meeting held on Monday, 23rd March, 2015.

Present:- Councillors Strutton (in the Chair), Bains, Chohan, Davis, Dhillon, M Holledge and Rana

Non-Voting Co-optee – Colin Pill (Slough Healthwatch) (from 6.36pm)

Apologies for Absence:- Councillors Pantelic and Cheema

PART I

51. Declarations of Interest

No declarations were made.

52. Minutes of the Last Meeting held on 20th January 2015

Resolved – That the minutes of the last meeting held on 20th January 2015 be approved as a correct record.

53. Member Questions

There were no questions from Members.

54. Berkshire Healthcare NHS Foundation Trust Quality Account 2014/15

The Panel received a presentation from David Townsend, Chief Operating Officer at Berkshire Healthcare NHS Foundation Trust on their draft Quality Account 2014/15.

The Quality Account was an annual report about the quality of services provided by the Trust and a draft had been circulated detailing performance to the end of the third quarter of the year. The document would be updated at the end of the year following feedback received from partners including Clinical Commissioning Groups, local authorities and others. Mr Townsend summarised some key highlights from the report as follows:

- Overall standards at the Trust continued to rise, despite significant financial pressures and demand on services. Progress had been made in several areas of previous quality concerns including children's mental health services and falls.
- There had been a focus during the year on patient engagement and involvement in improving services by extending the successful 'Listening to Action' process beyond staff to include patients and carers.
- The recruitment of skilled staff remained a challenge, particularly nursing staff, which could lead to pressures on services and have an impact on waiting times. During 2014/15 the Trust had publicly

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declared safe staffing levels on wards and this was being closely monitored.

- The Trust had benchmarked well in the National Community Mental Health Survey and the annual National Staff Survey 2014 in which it was ranked in the top 20% of similar Trusts on staff engagement.
- Progress had been made on implementing the plan to make the Trust smoke-free across all sites in 2015.

(Colin Pill joined the meeting)

At the conclusion of the presentation, the Panel raised a number of issues which are be summarised as follows:

- Patient satisfaction – the percentage of patients who rated the service they received as ‘very good’ or ‘good’ was 96% and the majority of services had increased their satisfaction ratings on previous years. Members welcomed this improvement and asked how this compared to other areas. It was responded that the Trust was ranked in the middle quartile.
- Pressure ulcers – the prevalence of pressure ulcers was very closely monitored and the Panel welcomed the Trust’s ‘zero tolerance’ approach to avoidable pressure ulcers (figure 6, page 18). It was noted that reporting was encouraged and full investigations were carried out in instances of avoidable pressure ulcers of which there had been three identified in the most recent quarter. A Member asked whether the figures measured whether patients suffered repeated instances of pressure ulcers. Mr Townsend said he would further investigate whether these figures were available.
- Falls – a similar proactive approach was being taken in relation to falls with further work being undertaken to check patients had access to drinks, toilets etc to reduce the likelihood of a fall.
- Record keeping – the Quality Concerns (from page 20 of the agenda) highlighted that record keeping ‘remained inconsistent’ and Mr Townsend explained some of the reasons behind this, including the fact that parts of the RiO patient record system were nationally procured which limited the ability of the Trust to bring about improvements. However, it was recognised as a key challenge that the Trust was seeking to deliver further improvement.
- Staffing – Members asked a range of questions about the level of staffing vacancies and the arrangements for ‘safe staffing’ of wards. It was noted that there was a national shortage of nurses and a new workforce plan was being developed. Minimum staffing levels on wards were published daily and were reviewed monthly by the Director of Nursing. Safe staffing levels had been declared on all wards.
- Staff morale – noting the increased demand for services, a Member asked about the level of staff morale and how it was being improved. It was responded that the most recent Staff Survey had generally been very positive, although the growing pressures on staff were recognised by managers. The Listening to Action process had proved successful in engaging staff.

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- CAHMS – pressure on children’s mental health services were acknowledged due to an increased number of referrals. The Trust was working closely with local authorities and other partners on securing early intervention in Tier 2 services and NHS England was increasing investment in Tier 4 services. Extra funding through winter resilience had supported more weekend and evening clinics which had been successful and it was hoped they could be continued.
- Medication errors – concern was expressed about the number of medication errors. Mr Townsend indicated that reporting such errors was encouraged and there were various types of error ranging from failure to properly complete paperwork through to administering the wrong medicine. Members encouraged the Trust to provide a breakdown of the medication error figures to show them by category to give a better indication of the relative severity of the various errors.
- Smoking ban – the introduction of the smoking ban was discussed including whether it had had an impact on staff morale. Staff had not been allowed to smoke on duty since 1st March 2015 and the impact was being monitored. Early signs were that it was working well and there were no indications that it was negatively affecting staff morale.
- Clinical Audits – in response to a question, Mr Townsend summarised the audits undertaken during the year. Members noted that the report contained detailed and often quite technical information about the various audits. It was suggested that a high level summary of key audits and findings would help lay readers.
- Staff assaults – it was asked what action was being taken to minimise staff assaults. It was noted that reporting was encouraged for assaults of every level of severity. The Panel were informed that serious assaults were rare and most of these were carried out by a very small minority of patients, often experiencing mental health conditions. The Trust benchmarked well compared to their peers and appropriate staff training was provided.
- Patients AWOL – the Panel pointed out that there appeared to be a high number of patients absent without leave. The difference between patients not returning after leave and those absconding wards was noted. Wards were not locked environments and there was balance to be struck in the appropriate level of security. Members suggested further information be provided on the length of time patients had absconded.

At the conclusion of the discussion, the Chair thanked Mr Townsend for his attendance and the Panel agreed that their comments made during the discussion be considered as their feedback to the draft Quality Account 2014/15.

Resolved –

- (a) That the Trust’s Quality Account be noted.
- (b) That the comments made by the Panel at the meeting be considered as their formal response to the draft Quality Account.

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55. Mental Health Crisis Care Concordat Action Plan

Carrol Crowe, Director of Strategy and Commissioning at Slough Clinical Commissioning Group (CCG) introduced a report on the Berkshire Mental Health Crisis Care Concordat Action Plan.

Partner organisations across Berkshire, including health trusts, the CCG, Police and the Council, had already signed a Crisis Care Concordat Declaration to demonstrate their commitment to act collaboratively to provide co-ordinated, comprehensive and robust mental health crisis services. The Action Plan, circulated as Appendix A to the report, detailed the actions, timescales and outcomes for partners to implement the Concordat. Members were asked to comment on the draft Action Plan before final approval, and the key points are summarised as follows:

- How would the Action Plan be communicated and would it be made available in different languages? It was responded that a 'public-friendly' version would be produced for partners websites and consideration would be given to translation on a local basis if required.
- What more could be done to ease pressure on staffing for mental health services? Improved co-operation between service providers and greater efficiency could help to reduce staffing pressures. Supporting people before they reached crisis point was recognised as being vital in reducing demand pressures and this was a focus of the Action Plan.
- What involvement was there from Police and Ambulance services to improve the experience of patients? Both Thames Valley Police and South Central Ambulance Service were signatories to the Plan and specific actions were set out to improve emergency response and ensure patients in crisis situations were transferred by ambulance rather than the Police wherever possible. The Panel particularly welcomed this approach.
- Further information was requested, and provided, on the business cases for investment by health sector partners on Parity of Esteem and to improve access to Liaison Psychiatry Services at Wexham Park Hospital. It was also noted that the CCG had increased investment in mental health services with an additional £2.9m in 2015/16.

At the conclusion of the discussion, the Panel welcomed the objectives of the Action Plan and agreed to receive a further report in six months which detailed the progress that had been made on implementation.

Resolved –

- (a) That the Berkshire Mental Health Crisis Care Concordat Action Plan be noted.
- (b) That the Panel receive an update on the progress of the implementation of the Action Plan in circa 6 months.

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56. Forward Work Programme

Members discussed the Work Programme for the Panel and agreed an amendment to published work programme for 2nd July 2015 by adding a report on the Provision of GP Services in Slough to which Slough CCG and NHS England to be invited. Scrutiny would include, but not be limited to, the ongoing issue of the potential provision of GP services at the new community hub in Langley. Members were asked to submit any specific questions they would wish to be addressed to the Scrutiny Officer.

The other scheduled items for July 2015 were the Better Care Fund update; Care Act Update; and Carers Strategy. The Panel agreed that the Scrutiny Officer could adjust the timing of the agreed items if required to balance the agendas for the two meetings to be held in July. All decisions on the Work Programme were subject to approval following appointments to the Panel for the 2015/16 municipal year.

Resolved – That the work programme be noted, subject to the addition of a report on the Provision of GP Services in Slough in 2nd July 2015.

57. Attendance Record

Resolved – That the record of Members' attendance in 2014/15 be noted.

58. Date of Next Meeting

The date of the next meeting was confirmed as 2nd July 2015.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.21 pm)