Buckinghamshire County Council

Agenda

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

Date Friday 13 April 2007

Time 10.00 am

Venue Mezzanine Room 2, County Hall, Aylesbury

9.45 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow discussion of matters such as; what line of questioning should be pursued and by whom, which areas of discussion should be covered, what members wish to achieve from the meeting etc.

10.00 am Formal Meeting Begins

Agenda Item		Time	Page No
1	**APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**	**10.00am**	
2	**DECLARATIONS OF INTEREST** To declare any personal and/or prejudicial interests	**10.02am**	
3	**MINUTES** of the meeting held on 2nd March 2007 to be confirmed as a correct record	**10.05am**	**1 - 6**
4	**BUCKINGHAMSHIRE HOSPITALS TRUST** The newly appointed Chief Executive Officer of the Hospitals Trust will present to the Committee the recent performance of the Trust against national targets and will outline the key challenges facing the organisation in delivering services in Buckinghamshire. **Chief Executive Officer: Anne Eden**	**10.10am**	
5	**BENJAMIN ROAD GP SURGERY** The OSC has been approached to consider the proposed closure of the Benjamin Road GP surgery in High Wycombe and the relocation of improved services to Cressex Road surgery. Papers outlining the proposals are attached. **GP Dr Ajit Kardagamar**	**11.10am**	**7 - 14**

6	**ANNUAL HEALTH CHECK** Members will report to the Committee on the commentaries to be submitted to the Healthcare Commission for the 2006/2007 Annual Health Check. **PCT - Pauline Wilkinson** **Hospitals Trust - Tricia Birchley** **Mental Health Trust - Mike Appleyard** **Ambulance Trust - Steve Adams**	**11.30am**	**15 - 26**
7	**OXFORDSHIRE AND BUCKINGHAMSHIRE MENTAL HEALTH TRUST** The Chief Executive of the Mental Health Trust will present to the Committee the Trust's application for foundation status. **Chief Executive Officer: Julie Waldron**	**11.45am**	**27 - 32**
8	**PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)** The Forum Support Officer will update the Committee on key patient issues arising from the Forum's current work programmes.	**12.15pm**	**33 - 34**
9	**COMMITTEE UPDATE** An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives.	**12.25pm**	**35 - 38**
10	**DATE AND TIME OF NEXT MEETING** May 11th 2007 Mezzanine Room 3, County Hall, Aylesbury **Please note that this is a change in date.**	**12.45pm**	

For further information please contact: Sheilah Moore on 01296 383602
Fax No 01296 382538, email: smoore@buckscc.gov.uk

Members

Mr M Appleyard (C)
Mrs P Wilkinson MBE (VC)
Mrs M Aston
Mr S Adams
Mrs P Bacon
Mrs M Baldwin
Mrs P Birchley

District Council Members

Mrs W Mallen, Wycombe District Council
Mrs M Royston, South Bucks District Council
Mr D Rowlands, Aylesbury Vale District Council
Sir J Horsbrugh-Porter, Chiltern District Council

Buckinghamshire County Council

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 2 MARCH 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.09 AM AND CONCLUDING AT 12.40 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)
Mrs P Wilkinson MBE, Mr S Adams and Mrs P Birchley

District Councils

Mr D Rowlands	Aylesbury Vale District Council
Sir J Horsbrugh-Porter	Chiltern District Council
Mrs J Woolveridge	South Bucks District Council
Mrs W Mallen	Wycombe District Council

Officers

Mrs A Macpherson, Policy Officer (Public Health)
Mrs S Moore, Democratic Services Officer

Others in Attendance

Mr B Allen, Chairman, Adult Services OSC
Mrs C Capjon, Policy Officer (Adult's Services)
Ms L Dawson, Director of Service Delivery, South Central Ambulance Service NHS Trust
Mr W Hancock, Chief Executive, South Central Ambulance Service NHS Trust
Mrs J Taptiklis, Head of Joint Care Commissioning, Buckinghamshire Primary Care Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence were received from Mrs M Aston, Mrs P Bacon, Mrs M Baldwin and Mrs M Royston with Mrs J Woolveridge substituting for this meeting only.

2 DECLARATIONS OF INTEREST

There were no declarations made.

3 MINUTES

The Minutes of the meeting on 2 February 2007 were confirmed as a correct record subject to an amendment on page 5, indicating that Mrs Mallen had accompanied Mrs Wilkinson to Thame Cottage Hospital rather than Mrs Aston.

4 SOUTH CENTRAL AMBULANCE TRUST

Will Hancock, Chief Executive of South Central Ambulance Service NHS Trust, gave an informative presentation on the recent performance of the Trust against national targets and outlined key challenges facing the organisation in delivering ambulance services in Buckinghamshire. A copy of the slides was circulated with the agenda papers.

A Member expressed disappointment at the performance of the Trust within Buckinghamshire. He gave an example of a patient with multiple injuries who had been transported by ambulance to Stoke Mandeville, only to be redirected to Wycombe and then back to Stoke Mandeville. The Member hoped that such issues with the acute Trust would be ironed out within the year.

The Chief Executive of the Ambulance Trust observed that restructuring, such as under Shaping Health Services, could be disruptive and he recognised the impact this had on the Ambulance Trust and its staff. He too hoped that any outstanding issues would soon be resolved. The Ambulance Trust was working closely with the Hospital Trust in this regard.

A Member commented on the standard of the non-emergency transport service provided by the Ambulance Trust. Will Hancock acknowledged that this service was often of more concern to patients than emergency ambulance service provision, but had been less of a focus than ought to have been the case. Unfortunately, the service had been a victim of financial constraints and had been neglected. The Chief Executive was happy to return to the OSC on another occasion to discuss this further.

In response to a question about the possible introduction of scanners on board ambulances, Will Hancock said that the Trust was looking into the use of additional technology on board as this would enable staff to take on a wider role.

With respect to training, the Chief Executive explained that the Trust took responsibility for training its staff. A 13 week course was undertaken by staff with no medical experience or training to become a trainee technician. After a year's experience on the job, that member of staff would be a fully fledged ambulance technician. Paramedics took 2 ½ - 3 years to train. Paramedics could then train to become emergency care practitioners through pursuing a higher education qualification.

A Member sought reassurance that the Trust's performance within Buckinghamshire would improve despite financial pressures. The Chief Executive explained that in many areas Buckinghamshire was performing better than other parts of the Trust. The issue in Buckinghamshire was around achieving the 8 minute standard for responding to presenting conditions which may be immediately life threatening. Improvements had already been made but performance around the A8 target was erratic, rather than consistently below par. The Trust was fully funded by Buckinghamshire PCT in terms of the "call connect" project and Will Hancock was confident that the A8 target would improve. The Member made a formal request for the Chairman of the OSC to ensure the committee is provided with regular updates from the trust in order to monitor the progress against the target.

Action Will Hancock

A Member queried a statement made in the presentation about the national expectation that, in future, ambulances would be taking a million fewer patients to A&E. The Officer explained that Ambulance Trust staff would be taking on a broader role and undertaking additional

assessment and treatment over the phone and in person. However, every year the patient load increased and Trust had to take action to keep pace. In terms of the growth agenda, the Trust would need to engage the PCT in discussions about planning for growth.

A Member asked whether station closures were anticipated as a result of the recent reorganisation. Will Hancock responded that it was possible that there would be a disposal of some sites and reopening of others as the Trust sought to improve the condition of the stations. A different model might be implemented with hubs and satellite points or standby stations. However, the collection of estates was being reviewed and no decisions had yet been taken.

A Member asked whether it was the intention to move to a smaller fleet of ambulances to avoid the need for drivers to obtain a C1 license. Training was very expensive and staff were expected to foot the bill. The Member wondered whether this was causing recruitment difficulties. Will Hancock explained that many Trust staff already had a C1 license. At present the vehicle of choice was 5 tons, but in future it was likely that the fleet would be made up of a range of vehicles. He was not aware of any recruitment difficulties being experienced specifically as a result of the cost involved in obtaining a C1 license.

The Chairman expressed concern that, with the recent reorganisation of Ambulance Trusts and the formation of South Central Ambulance Services NHS Trust, that services would be centralised in Oxfordshire. He enquired as to what facilities were likely to be located in Buckinghamshire. The Chief Executive was unable to answer the question as the review had not been undertaken yet and there were no plans in place relating to control centers or headquarters at present. The Chairman responded by commenting on the need to share estates and best utilise the facilities of other public sector bodies. Will Hancock indicated that the estates strategy would be shared with other public sector bodies once developed and that many Ambulance Trust buildings were shared sites.

The Chairman thanked Will Hancock for his honest and informative presentation and the OSC looked forward to working with him in the future.

5 WORK PROGRAMME

(i) CONTINUING CARE

Jane Taptiklis, Head of Joint Care Commissioning from Buckinghamshire Primary Care Trust, emphasised that continuing care was an important issue and she was pleased that the OSC was looking into it. She gave a short talk on continuing care with reference to the care pathway diagram circulated with the agenda papers. In the discussion that ensued, several key issues were highlighted as follows:

- Waiting times for assessment
- Provision of services in patients' own homes in the community
- The possibility of joint assessment and joint provision
- Clarity around funding guidelines including any changes in the definition of care funded by Health and Social Care respectively
- Co-location of commissioning teams as a possible precursor to a pooled budget

At the request of a Member, Jane Taptiklis agreed to provide information on the criteria and guidelines for clinical assessment.

Action: Jane Taptiklis

Bruce Allen confirmed that the Adult Services Overview and Scrutiny Committee was keen to set up a joint working group to undertake this review. The Chairman sought volunteers from the Public Health Services OSC and Mrs W Mallen, Mrs P Wilkinson,

Mr S Adams and the Chairman all expressed an interest in participating.

The Chairman thanked Jane Taptiklis for attending the meeting.

(ii) TEENAGE PREGNANCY

Lynda Ayres, Young People's Sexual Health and Teenage Pregnancy Co-ordinator, gave a short presentation, a copy of which was circulated with the agenda papers.
In addition to these papers Lynda Ayres presented the latest data, which had just been issued highlighting the fact that Buckinghamshire is not achieving it's LAA targets around reducing teenage pregnancy by 45% by 2010 and, in fact, the gap is widening slightly.

A Member enquired after a cut in the Connexions budget of £4,000 that had resulted in the loss of a post focussed on addressing teenage pregnancy. Lynda Ayres and Steve Adams arranged to discuss this further outside of the meeting.

In the discussion that followed, the following points were made:

- The influence of the national media was an issue that was difficult to tackle at the local level
- The health implications of teenage pregnancy included increased infant mortality, greater risk of domestic abuse and greater risk of sexual exploitation
- A reduction of 10 or 20 pregnancies in Buckinghamshire would make a significant difference to the teams ability to meet the target of reducing the conception rate of under 18s by 45% by 2010
- Co-ordination of parenting classes/information might be an area the Committee would wish to explore

The Chairman thanked Lynda Ayres for attending the meeting and indicated that a decision on whether or not to undertake a review would be made in a few months time.

6 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)

The Committee agreed that a brief update and summary of the work of the PPIF for each of the NHS Trusts would be included as a regular agenda item at each meeting, effective from April 2007.

7 COMMITTEE UPDATE

The Committee noted the report from Mrs M Aston on the meeting of the Primary Care Trust Board meeting on 13 February 2007.

Mrs P Birchley, Chairman of the Eating Disorder Task Group informed the meeting that the report had been submitted to the County Council's Cabinet the previous Monday and the Task Group's recommendation that a small partnership working group be set up, had been agreed. The other recommendations had been approved in principle. The Children and Young People's Trust Board and the PCT's Professional Executive Committee (PEC) had also considered the report. The PEC had undertaken to review access to CAMHS as a result of the task group's report. Officers were thanked for their work in this regard. The Chairman of the Committee suggested that the task group report should be submitted to the Scrutiny Committees and Cabinets of the District Councils by each of the district representatives.

Action: District Representatives

A Member commented on the lack of action with regard to the Chesham Healthzone. The Committee agreed that the Chairman would write a letter to Janet Fitzgerald copied to Cheryl Gillan regarding the situation with respect the Chesham Healthzone.

Action: Mike Appleyard/ Angela Macpherson

The Chairman informed Members about a meeting of Scrutiny Chairmen and Support Officers he had attended where Mark Britnell, Chief Executive of South Central Strategic Health Authority, had set a programme of developing a range of community services locally, in primary care rather than in an acute setting. The Chairman expressed disappointment that Buckinghamshire Primary Care Trust did not have a strategy pertaining to the development of enhanced services at GP surgeries.

8 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is 10.00am on Friday 13th April 2007.

A decision was taken to move the May meeting of Committee from 4 May to 10.00am on the 11 May in Mezzanine Room 3 because of the District Council elections.

CHAIRMAN

APPLICATION FORM

To close or to significantly change opening hours of a branch surgery or outlying consultation facility

Practice:	Practice Networks
Address:	43 London Road, High Wycombe, Bucks HP11 1BP
Address of branch surgery:	Benjamin Road Surgery 22 Benjamin Road High Wycombe Bucks HP13 6SR
Current opening times:	See attached leaflet
Reasons for closure:	Premises at Benjamin Rd are not suitable for the provision of Primary Care Services and there is little opportunity for sustainable development of the site. Alternative high quality and easily accessible Practice Networks premises are available at Cressex Rd and Lynton House. Specific reasons for closure include: Health + Safety issues at Benjamin Rd. Very poor parking at Benjamin Rd. Difficulties in access for pedestrians and via public transport at Benjamin Rd. Full-time opening at Cressex supports improved access for patients. Enhanced range of services at Cressex – Nursing skill-mix, Lady GP, phlebotomy, Ophthalmic clinics. Transition supported by Dr Allim's presence and all other facilities at Lynton House. Primary care needs of local population - Developing a presence in Cressex/Castlefield/YMCA vs crowded over-doctored town centre. In line with PCT premises strategy to reduce the number of surgeries. Potential for PNW investment and premises development at Cressex.
Number of individual patients (not consultations) seen during the previous year:	1715
No. of local residents registered with practice:	1804 Post code analysis demonstrated that the majority of patients live nearer to Cressex than Benjamin. The list growth profile also demonstrates increasing registrations from the Cressex population.

No. of appointments currently offered at the branch surgery:	48 plus emergencies
Proposed alternative arrangements for providing a service:	Patients can be seen at newly refurbished premises at Cressex Road. Excellent parking and public transport links. Meets all Health and Safety standards. Will be open five to six days per week.

Access

What is the distance from branch surgery to the main surgery by the most practical route by public transport? By private transport?
Public 3KM
Private 3KM

What is the normal travel time for the journey by public transport, by private transport?
Public 15 minutes
Car 5-10 minutes

Is there a volunteer car service or similar? Would this service be able to support any extra demand if branch surgery not maintained?
Yes – Dial-a-ride

What pharmaceutical services are available? Would closure of the ranch surgery affect this provision? If yes, what alternative arrangements will be made for the collection or delivery of medication?
There is no specific pharmacy service for Benjamin Rd.
Improved access to local Pharmacy at Cressex with Turnpike Pharmacy and ASDA. Five days a week collection and delivery will be available from Cressex.

What alternative GP surgeries are available, what is the distance to the alternatives and what transport facilities are available?
There are 3 other well equipped surgeries less than five minutes walk away from Benjamin Road Surgery – Carrington House, Chiltern House Medical Centre and Priory Ave Surgery.

Quality of care

Is there disabled access to premises and movement within them? Is there adequate car parking?
Benjamin Road – YES but problems with parking
Cressex Road – YES

Is there an adequate internal waiting area with enough seating to meet all normal requirements? Is there provision in reception area or elsewhere for patients to communicate confidentially with reception staff including over the telephone?
Benjamin Road – YES, Seats up to10
Cressex Road – YES, Seats up to 20

Do clinicians have access to electronic records?
YES

Is there a properly equipped consulting room with adequate arrangements to ensure the privacy of consultations?
YES

What arrangements are there for chaperoning if required? Limited under current arrangements but new system will have more staff available with skill-mix, including HCA to provide chaperoning
What tests and procedures can be undertaken? All standard GMS tests and procedures are provided at both sites
What arrangements are made for the sterilisation of equipment? From March 2007 will be using single use disposable equipment
What support staff are available to assist the doctor? At both sites there is a Practice Nurse and Receptionist. Also Practice Management and administration support from Practice Networks Hub in London Road. There are also clinical and administrative IT links with the Practice Networks Hub. Single site will improve support staff availability.
Are there toilets and washing facilities for patients and staff? Benjamin Road – Limited service Cressex Road – Recently refurbished services
Are the premises, fittings and furniture clean and in good repair, with adequate standards of lighting, heating and ventilation? Benjamin Road – less than adequate Cressex Road – good standards
What fire precautions are there? Full fire risk assessment carried out at both practices with action plans. Cressex Road is fully fitted with fire extinguishers, emergency lighting and signage.
Value for money
What rent is paid for the premises? How much does the practice receive for the premises in rent and rates reimbursement, cost rent or notional rent? What additional costs does the practice incur? Rent paid at Benjamin - £2,750/m, Notional rent £1,258/m Rent paid at Cressex - £2,750/m, Notional rent £883/m The practice incurs additions costs of staff travelling expenses and cost of transport records and equipment across the two sites.
What is the average number of consultations at each session at the branch compared with the main surgery? Average 12 consultations plus emergencies at both
What percentage of consultations seen at the branch require a second consultation at the main surgery to carry out further tests or examination and to be performed at the main surgery but not able to be performed at the branch surgery. 2% as spirometry only available at Cressex

What additional services would the practice provide making use of the time no longer spent at the branch surgery? Increased access through 5 days a week opening Nurse led chronic disease clinics Female GP sessions HCA phlebotomy Near patient testing Improved child health and antenatal care On site Ophthalmic services Enhanced prescription collection. Additional 'Enhanced Services' Internet access for appointments, prescriptions and new registrations
Are the main surgery premises capable of catering for the additional consultations that would result from the transfer of work from the branch surgery? YES and we plan to invest and expand in the near future
Other local factors
What is the population served by the branch surgery? Less than 100 patients within 1KM
What percentage of this population actually uses the branch and what percentage use the main surgery? Most patients use the main surgery at some stage. Only about 10% of the above population will use the branch surgery exclusively.
How many of the population served are housebound or carers? 70
How many have a chronic disease requiring regular monitoring? 510
Are there developments planned for the area (additional housing etc.)? Not at branch surgery. Major developments are on stream at Cressex.
What consultations have taken place between the practice and local registered patients? Informal discussions have been supportive of the proposed move and development at Cressex. The established patient group will give more formal feedback.
What actions would be taken to address any concerns raised? All concerns will be reviewed by the patient group and appropriate action taken to ensure that all patients have continued access to high quality primary health care.
Are there any linked relationships between the practice and other local health and social care services that might be affected by the application such as nursing and residential homes? NO

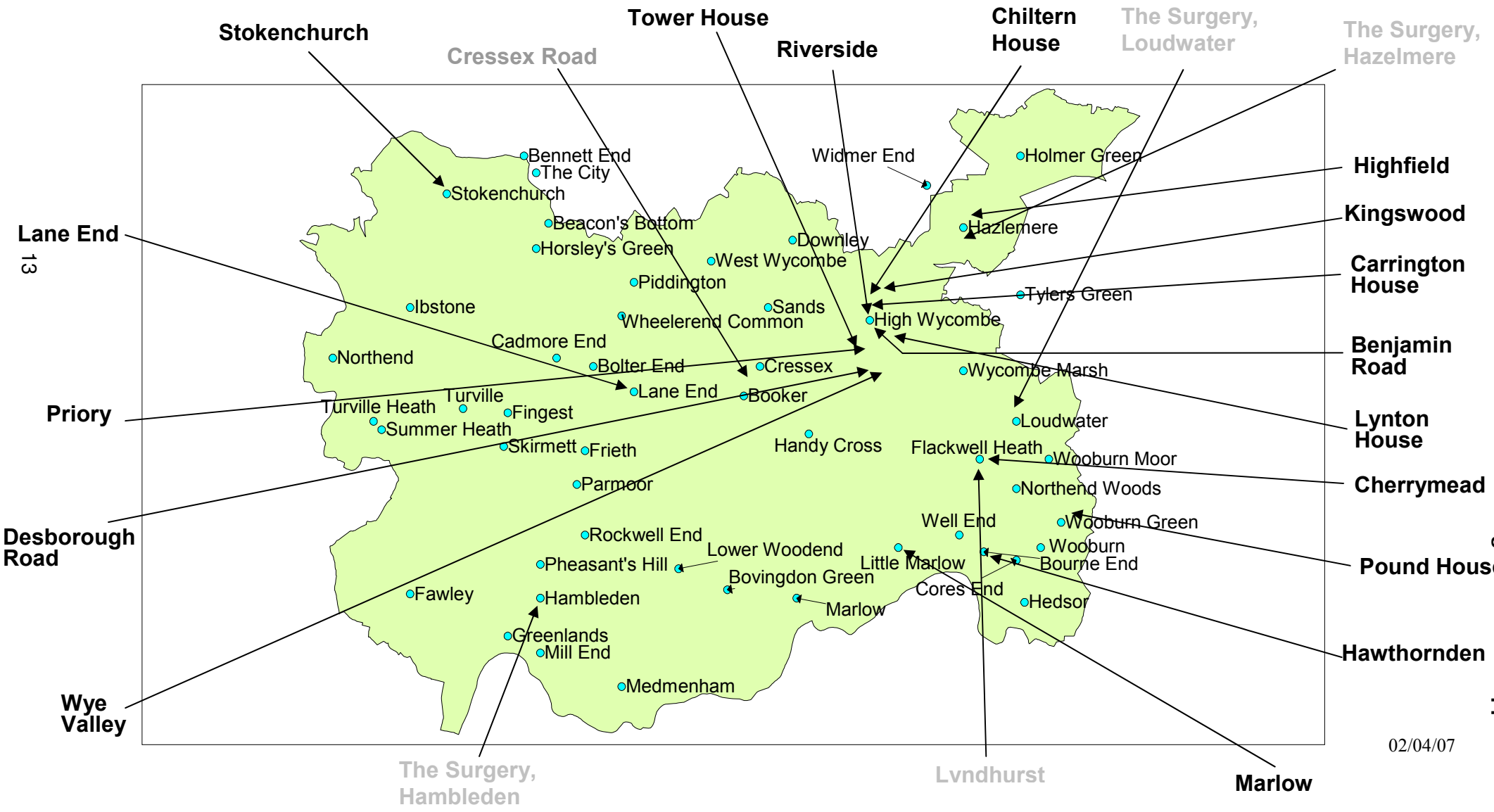
Any other issues to support application: See attached letter

For PCT use:

PEC consultation:	Date of response:
PPI contacted:	Date of response:
LMC support:	Date of response:
Parish Council:	Date of response:
Neighbouring PCTs:	Date of response:
Overview & Scrutiny Committee:	Date of response:

Wycombe NHS
Primary Care Trust

WYCOMBE PCT GP PRACTICES



02/04/07

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
Vice Chairman – Pauline Wilkinson MBE

County Hall • Walton Street • Aylesbury • Buckinghamshire • HP20 1UA
www.buckscc.gov.uk

Janet Fitzgerald
Buckinghamshire PCT
Rapid House
40 Oxford Road
High Wycombe
Bucks
HP11 2EE

Direct line 01628 520628
Fax 01628 520638
E-mail mappleyard@buckscc.gov.uk

Ref MA/am
Date 23rd March 2007

Dear Janet

Healthcare Commission
Core Standards Assessment Annual Health check 2006/2007

The Buckinghamshire Public Health Overview and Scrutiny Committee is pleased to offer comments on the performance of the Buckinghamshire Primary Care Trust within the above process. The main body of commentary will focus on the work undertaken with the newly formed Buckinghamshire PCT (October 2006) as opposed to detailed commentary on each of the three former PCTs in the county. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of work undertaken during the past year. Specifically, members have recently undertaken a review of food provision in community hospitals to enable detailed commentary for the health check. Any future work will take account of the core standards where appropriate.

The following comments are now offered:-

Second Domain – Clinical and Cost Effectiveness
Standard C 6 Healthcare organisations co-operate with each other and social care to ensure that patients' individual needs are properly managed and met

i) Although the PCT has membership to a number of Partnership Boards with local authorities and others, recognises engagement at senior level, and welcomes the joint appointment of the Director of Public Health, the OSC considers that this approach is not reflected throughout the organisation. The Access to Health Strategic Partnership board, (established as a result of OSC concerns about the lack of partnership working to improve accessibility to services for the public), has delivered very little. As a partnership group, the OSC recognises that the PCT is not wholly responsible for this outcome, but would have expected issues such as the reconfiguration of GPs surgeries to have been raised in this group, which might have highlighted the implications of the closure of the Elmhurst surgery in advance and avoided significant public concern. However committee recently was encouraged by the implementation of this approach in recent discussions around the proposals concerning Benjamin Road surgery.

ii) Recent case studies submitted to the OSC by social care have raised concerns about the management of patient care (Continuing Care) in Buckinghamshire, resulting in disagreement over boundaries of care which in certain cases have caused patients confusion and distress. The OSC is encouraged that the PCT recognises that there is a need for closer working and co-operation with social care and welcomes the forthcoming review by the joint OSC for Health and Adult Services into Continuing Care.

Fourth Domain – Patient Focus
Standard C13 a) Healthcare organisations have systems in place to ensure that staff treat patients their relative and carers with dignity and respect.

Recent visits to community hospitals to review the provision of food, demonstrated that in general patients were treated with dignity and respect. As part of the rehabilitation role of the hospitals, patients were encouraged to regain their independence in eating and drinking by staff and volunteers. At Thame hospital in particular, members were encouraged to see that all patients were dressed and talking while they waited for food to be served and no one was left in bed on the day of the visit.

Standard C15a) Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet

Members from the OSC recently visited three of the five community hospitals in the Buckinghamshire PCT area to review the provision of food. The hospitals visited were Thame, Chalfont and Gerrards Cross and the Waterside unit at Amersham.
The general consensus of food provision and standards in all three hospitals was good although there were some particular excellent examples of food provision and patient care. Members were particularly impressed by the provision of meals at Waterside. The process involves steaming the meals that are brought into the hospital plated up.

Members were told that the six requirements of the Better Hospital Food Programme have been introduced and the trust reviews the analysis of food hazards regularly. Appropriate policies are in place to ensure food is prepared and distributed safely.

Staff are fully trained in hygiene standards to ensure food is properly cooked. Patients were offered a choice of meals. This was particularly varied at Waterside, but not satisfactory and variable at Gerrards Cross with patients having to choose two days meals at a time.

All vegetarian and other dietary requirements were catered for. It was noted at Waterside that Asian families brought food in for their relatives but it was ensured that it was served immediately and not heated.
The OSC fully endorses the system introduced at Waterside in terms of delivering choice and safe preparation, based on the evidence of the meal and from talking to the ward manager and patients, but is concerned that costs might be prohibitive.

Generally the diets in all three hospitals were well balanced. Patient feedback revealed they were generally pleased with the provision of food they received.

Standard C15 b) Where food is provided, healthcare organisations have systems in place to ensure patient's individual nutritional, personal and clinical dietary requirements are met. Including any necessary help with feeding and access to food 24 hours a day.

Meetings with dieticians and catering staff provided evidence that patients' individual needs were taken into consideration via nutritional screening and a robust planning process supervised by the dietician.
Help with feeding was, in two hospitals, denoted by a red tray system and at Thame hospital the servers sat down to eat their meal with patients and so were alert to any situation requiring help.
Regarding 24 hour access to food this was generally available although OSC reported that at Gerrards Cross the service was limited.

Fifth Domain – Accessible and Responsive Care.
Standard C17. **The views of patients and their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.**

i) The PCT demonstrates good public and patient involvement in some areas but the OSC considers there remains room for improvement. For example, the evidence from the management of the public consultation relating to the closure of Elmhurst GP surgery demonstrated the need for a more detailed business case to be presented prior to public consultation, which addressed all potential key issues raised by the major stakeholders. The OSC were pleased to be invited to make a contribution to this process and note that this has resulted in the development of a template to be completed by GPs for future proposals. Accessibility to the new surgery and impact on the disadvantaged in the community were unresolved issues which required frequent follow up by the OSC. This has resulted in the agreement by the PCT to commission a piece of work to evaluate the impact of the closure on the community which can be used for future learning. The OSC welcomes this action and believes this could contribute to improved service planning.

ii) The staff consultation document which proposed service reconfigurations to achieve financial objectives was not shared with the OSC prior to its release in August 2006. The publication of the document caused great public and media concern which the OSC believes could have been more effectively managed in partnership with key stakeholders.

iii) The OSC remains extremely concerned that the PCT has to date not demonstrated that it has offered the local public the opportunity to be fully engaged and informed about progress with the proposed Healthzone at Chesham**.** This has been raised on numerous occasions with the trust and to date the OSC has not received a clear response.

Final comment

Stemming from this, the wider issue of strategic planning and development of community services remains high on the OSC's agenda as there appears to be no cohesive plan to address delivery of local services and little evidence of the engagement of key stakeholders in the process. This opinion has been corroborated by both the current PCT management and the Strategic Health Authority.The OSC is however, encouraged to see the beginnings of strategic planning in place and welcomes the opportunity to be party to the process, but is keen to see progress and clarity in order to avoid the repetition of Elmhurst surgery and the Chesham healthzone.

Yours sincerely,

Mike Appleyard
Chairman - Overview & Scrutiny Committee for Public Health
Cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
Vice Chairman – Pauline Wilkinson MBE

County Hall • Walton Street • Aylesbury • Buckinghamshire • HP20 1UA
www.buckscc.gov.uk

Julie Waldron
Chief Executive Officer
Oxfordshire and Buckinghamshire Mental Health Trust
Littlemore Mental Health Centre
Sandford Road
Littlemore
Oxford
OX4 4XN

Direct line 01628 520628
Fax 01628 520638
E-mail mappleyard@buckscc.gov.uk
Ref MA/am
Date 23rd March 2007

Dear Julie,

Healthcare Commission
Core Standards Assessment Annual Health Check 2006/2007

The Buckinghamshire Overview and Scrutiny Committee for Public Health (PHOSC) is pleased to offer comments on the performance of the Oxfordshire and Buckinghamshire Trust within the above process. Due to the nature of the work undertaken by the PHOSC during the past year there are only a small number of standards where it is appropriate to make a commentary. Comments are based to a large extent on the evidence gathered from the committee's Review in to the management of Eating Disorders and focus specifically upon the delivery of services in Buckinghamshire. Future work will ensure that the core standards are taken into account where appropriate.

The following comments are now offered:

Second Domain – Clinical and Cost Effectiveness
Standard C6 Healthcare Organisations cooperate with each other and social care to ensure that patient's individual needs are properly managed and met

The Review into the Management of Eating Disorders highlighted the importance of mulit agency working to ensure patient's needs are properly managed. The report emphasises the importance of partnership working specifically between CAMHS, the PCT, schools and the voluntary sector to encourage early identification but it was noted that whilst there is engagement at some levels, this is not always evident to users of services and a clear care pathway is not communicated effectively. The lack of communication between services themselves, for example GPs and CAMHS, and between services and members of the public, means that parents and carers are often unclear how to access support for their child.

Developmental standard
D2 a) Patients receive effective treatment and care that conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and national guidance on service delivery
During the Review into the Management of Eating Disorders the committee noted that the CAMHS managers were very clear about the NICE guidelines for the treatment of bulimia and anorexia and was content that steps were being taken to implement them.

Fourth Domain - Patient Focus
C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate inform patients on what to expect during treatment care and after care.
Based on evidence gathered during the review of eating disorders in the Aylesbury Vale area the committee were encouraged that this standard was met in specific localities. Evidence showed that once patients had been diagnosed and were receiving treatment the outpatient clinics provided an intensive package of care, individual help and family support.

Fifth Domain – Accessible and Responsive Care
Standard C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
The Buckinghamshire Mental Health Trust has demonstrated good patient and public involvement in consultation. (Review of Psychological Therapies) although the PHOSC would advocate earlier engagement with scrutiny and the PPIFs in this process. The OSC welcomes the recent moves by the Trust towards more openness and regular meetings to share information and participate in planning as there has been a concern around the unsatisfactory length of response times to previous consultations which the OSC has raised with the trust. (Mental Health of Primary school children).The recent recruitment by the trust of a PPI officer is welcomed and seen as a positive move to build closer links with the public service users and carers.

Standard C18 Healthcare Organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.
The review into the management of Eating Disorders revealed the CAMHS services across Buckinghamshire had developed unevenly and this had resulted in different provision in different areas. This was further reflected in the CAMHS district audits for Aylesbury Vale and Wycombe and endorsed by trust management when interviewed. The PHOSC was however pleased to learn that the trust has identified special interest clinicians who will receive referrals from any part of the county to enable more equitable access to the same service and a more consistent approach.

Yours sincerely,

Mike Appleyard
Chairman - Overview & Scrutiny Committee for Public Health
cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
Vice Chairman – Pauline Wilkinson MBE

County Hall • Walton Street • Aylesbury • Buckinghamshire • HP20 1UA
www.buckscc.gov.uk

Anne Eden
Chief Executive Officer
Buckinghamshire Hospitals Trust
Whielden Street
Amersham
Bucks
HP7 0JD

Direct line 01628 520628
Fax 01628 520638
E-mail mappleyard@buckscc.gov.uk
Ref MA/am
Date 23rd March 2007

Dear Anne

Healthcare Commission
Core Standards Assessment Annual Health Check 2006/2007

The Buckinghamshire Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the Buckinghamshire Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of work undertaken during the past year. Any future work will take account of the core standards where appropriate.

The following comments are now offered:-

First Domain – Safety.

Standard C1 a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents

Since the report published last year by the Healthcare Commission following outbreaks and deaths from Clostridium Difficile at Stoke Mandeville Hospital, stringent plans and precautions have been put in place by the trust to ensure patients' safety is treated as paramount. Regular meetings between the OSC and former acting Chief Executive Alan Bedford, have taken place including public scrutiny meetings where reports and updates were provided and the OSC welcomed an early opportunity to meet the new Chief Executive. The OSC has been told that incidence of both MRSA and C Diff have reduced since action plans for each have been introduced. The action plans are regularly monitored and updated and the OSC notes that specific actions have included the review of the antibiotic policy, the review of isolation facilities and a thorough evaluation of cleaning procedures. The OSC is satisfied that in general robust plans are in place that have been developed from a thorough analysis of the incidents.

Ward visits at both Stoke Mandeville and Wycombe hospital have recently been conducted with Public and Patient Involvement Forums to gain first hand experience of the implementation of the action plans. (PPIF reports March 2007) From these visits and discussion with staff and patients, the OSC understands that the trust has learned lessons from the previous incidents, taken on board the issues from the Healthcare

Commission's report, and is taking the necessary steps to contain the spread of hospital acquired infections.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

Ward visits to Stoke Mandeville and Wycombe hospitals generally reflected good practice in place for minimising the risk of hospital acquired infections. This was evidenced by plentiful supplies and placements of soap and alcohol gel dispensers. However observation revealed that in some cases staff were not using gel between contact with patients nor were the public asked if they had used it on entering the ward. Regular audits and spot checks would be recommended to ensure the action plan is being implemented at all levels.

There was clear communication of hygiene procedures to both staff, patients and visitors to wards with the use of leaflets and posters although it was noted that these were only in English. In order to provide accessible information to all, the OSC would therefore advocate that consideration is given to ethnic minority groups when literature is produced.

The OSC was informed that standards of cleanliness have improved significantly since the report. This has also been confirmed to the OSC Chairman by the new Chief Executive (meeting February 2007) Staff are satisfied with the contract cleaning staff and a fast reaction team is available if staff require it The employment of infection control nurses have raised the profile of hygiene and cleanliness and are seen as a positive contribution by staff and patients alike. The OSC is confident that these measures will reduce the risk of health care acquired infection providing they are rigorously implemented and monitored.

Second Domain – Clinical and Cost Effectiveness

Standard C6 Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met

Last year the OSC commentated that the Trust demonstrated little evidence of working with other organisations, especially those in the community and had urged the Trust to liaise with partners specifically in the provision of transport to healthcare because of changes in the location of services. The Trust is now represented on the Access to Health Strategic Partnership group, formed in July 2006, but progress and outcomes remain slow in this area. However the OSC has recently been encouraged to learn of closer working with the ambulance trust. (Shaping Health Services meeting March 2007)

Third Domain – Governance

Standard C8 a) Healthcare organisations support their staff through having access to processes which permit them to raise in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management they consider to have a detrimental effect on patient care on the delivery of services

The Healthcare Commission's report into the C Diff outbreaks at Stoke Mandeville hospital revealed that staff did not feel they were able to escalate concerns to senior management. Evidence from recent interviews with staff reflected that there had been a shift in culture since the report and that staff believed they had adequate access to senior management and if necessary to the Chief Executive and could raise with them effectively any problems of infection control which might require their action.

Fifth Domain – Accessible and Responsive Care

Standard C18. Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Access to acute hospital services continues to cause concern to patients and public. . The involvement of the OSC since Shaping Health Services has resulted in the formation of a partnership group (Access to Health Strategic Partnership) to remedy this situation by bringing all interested parties together to discuss the issues involved. However the OSC remains concerned as to the output of this group and the commitment of organisations to plan ahead jointly and share strategy to deliver improvements for the public.

Standard C19. **Healthcare organisations ensure that patients with emergency healthcare needs are able to access care promptly and within nationally agreed timescales and all patients are able to access services within national expectations on access to services.**

Recent reports from the trust have confirmed that the trust is currently not achieving its national target of 4 hours waiting time in Accident and Emergency. The Chief Executive has highlighted this as an area requiring urgent attention. Work is in progress with the ambulance service to ensure patients are taken to the appropriate unit to avoid unnecessary impact on waiting times but it is acknowledged that there needs to be significant improvement in this area. At the time of reporting, the OSC is unclear as to the trusts plans to meet this target.

Sixth Domain – Care, Environment and Amenities

Standard C20 b) Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

The OSC witnessed on recent ward visits that there are few mixed wards present in the trust. In Wycombe, bays are mixed if patient turnover is high but incident reports are completed if this is the case. There are issues around unisex toilet, showering and bathing facilities in wards 20 and 22 at Stoke Mandeville which are not considered ideal by the trust and the OSC as this arrangement does not respect the patients' privacy and dignity. The trust recognise that this is not ideal and are proposing allocate and signpost

toilet facilities for single sex usage.

Standard C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non- clinical areas that meet the national specification for clean NHS premises.

The design of Wards 12a and 12b at Wycombe (visited March 2007) should be noted as unsuited to purpose. Specifically there is no physical way of restricting entry from the staircase landing which represents a potential hygiene risk. Because of this it is difficult to position soap and gel dispensers and these could easily be missed before entering the wards. Extra vigilance is therefore required by staff to monitor patients and visitors due to the inappropriate design of the building which positions the nurses room at one end of the corridors, to the extent that nurses have repositioned their stations awkwardly in the middle of narrow corridors.
At Stoke Mandeville hospital the older wards 20 and 22 lack sufficient toilet, bath and shower facilities. Despite the fact that some patients are bed bound on this ward, there is only one toilet between 20 patients, one shower and one bath which could impact on the delivery of hygiene and cleanliness standards.

Developmental standard D12 b) Healthcare is provided in well-designed environments that are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections

The OSC was encouraged by the PFI building at Stoke Mandeville hospital on a recent visit to ward 10. The ward made excellent provision for medical assessments, included an isolation bay and maintained high standards of cleanliness in line with the recent action plans. The OSC has been informed of the plans for the development of women's and children's services at Stoke and anticipates similar high standards to be upheld in these areas.

Whilst the OSC is generally pleased to see at first hand the implementation of the action plans around hospital acquired infections, there is concern that due to the high cost of implementing the plans and in light of current financial constraints, that the levels of investment will not be maintained and that standards might deteriorate in the future.

Yours sincerely,

Mike Appleyard Chairman - Overview & Scrutiny Committee for Public Health
cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Buckinghamshire County Council

Overview & Scrutiny Committee for Health
Chairman - Mike Appleyard
Vice Chairman – Pauline Wilkinson MBE

County Hall • Walton Street • Aylesbury • Buckinghamshire • HP20 1UA
www.buckscc.gov.uk

Mr W. Hancock
South Central Ambulance Trust
The Hunters
Buckingham Road
Deanshanger
Milton Keynes
MK19 6HL

Direct line	01628 520628
Fax	01628 520638
E-mail	mappleyard@buckscc.gov.uk
Ref	MA/am
Date	23rd March 2007

Dear Will

Healthcare Commission
Core Standards Assessment Annual Health check 2006/2007

The Buckinghamshire Public Health Overview and Scrutiny Committee (PHOSC) is pleased to offer comments on the performance of the Ambulance Trust within the above process. It has been somewhat difficult for the PHOSC to comment on many of the core standards due to there being little match in those standards and the work undertaken by the OSC during the past year.
I would also like to note that the specific piece of work involving the PHOSC, namely the monitoring of the 60 minute call to needle Thrombolysis target, has occurred since the formation of the new South Central Trust and therefore the commentary does not refer to the Two Shires Trust. The PHOSC will ensure that any future work will take account of the core standards where appropriate.

The following comments are now offered:-

First domain – Safety
Standard C4(d) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely

. In Oxfordshire drugs are centrally stored with a robust stock monitoring system whereas in Buckinghamshire all drugs are kept on station and stock control is managed via a circular email system. Concern was expressed that this could result in potential difficulties in resource allocation in an emergency that could impact on a patient's safety. The members of the committee were told that a different system of medicines storage is being implemented by the trust

Third Domain – Governance
Standard C11 Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are
a) appropriately recruited, trained and qualified for the work they undertake;
b) participate in mandatory training

The national target of 60 minutes call to needle for Thrombolysis was identified since the formation of the South Central trust, as an area of underachievement in Buckinghamshire, mainly resulting from a lack of trained staff to deliver the service. In comparison to other counties across the trust Buckinghamshire had only a handful of trained staff. This was identified previously as an area of non-compliance, but a robust training plan is now in place to ensure targets are met. It is impressive that this has been swiftly implemented and will be completed by the end of March 2007. The PHOSC was encouraged to note that the trust was quick to identify the issues and put in place a plan to address them. A professional training programme is in place and regularly undertaken to ensure this target will be achieved. Members from the PHOSC recently attended a full day's training and were impressed by the rigorous screening procedure used by means of the pre-hospital thrombolysis checklist.

Fifth Domain – Accessible and Responsive care
Standard C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales and all patients are able to access services within national expectations on access to services.

Due to a number of historical and geographical reasons, the Trust is currently underperforming against the national A8 target in Buckinghamshire with achievement ranging between 60 to 75% against a target of 80%. Whilst the situation is of concern, the OSC has been reassured to see evidence of a gradual improvement in performance with actions and investment in place to address the situation. It is an area that the OSC intends to regularly monitor, particularly with the advent of Call Connect which may have a further detrimental impact on achievement of targets.

The PHOSC has been encouraged since the formation of the South Central Ambulance Service to note a willingness and openness from management to proactively share information and business planning on a regular basis and a commitment to deliver results which build on best practice procedures.

Yours sincerely,

Mike Appleyard
Chairman - Overview & Scrutiny Committee for Health
Cc Pauline Wilkinson Vice Chairman
Angela Macpherson Policy Officer

Oxfordshire & Buckinghamshire NHS Mental Health Partnership NHS Trust

Becoming a Foundation Trust

What it means for us and our partner organisations

Oxfordshire & Buckinghamshire NHS Mental Health Partnership NHS Trust

An NHS Foundation Trust

- Wider ability to manage our own activity, finances & developments
- Patients and public able to participate and influence
- Better opportunities for staff
- Longer term contracts – prudent assumptions

Oxfordshire & Buckinghamshire NHS Mental Health Partnership NHS Trust

An independent & successful Trust

- Meeting and setting high standards
- Delivering first class services
- Responsive to our local community
- A genuine voice for our patients
- Raising the profile of mental health
- Investing in care which is needed

Oxfordshire & Buckinghamshire NHS Mental Health Partnership NHS Trust

What next?

- An effective membership campaign
- Finalising IBP (application)
- End of year accounts
- DH assessment - May/June
- Monitor scrutiny – July onwards
- Licensing October/November

Oxfordshire & Buckinghamshire NHS
Mental Health Partnership NHS Trust

Application to become an NHS Foundation Trust: update, February 2007

This paper provides an update on progress in developing OBMH's application for NHS Foundation Trust status and seeks support from both its primary commissioners for its plan to do so .

Background

1 OBMH submitted its application for NHS Foundation Trust status to the Department of Health in June 2006. This application (in the form of an Integrated Business Plan or IBP) set out service, finance and workforce plans for five years and was assessed by the Department as 'strong.'

2 After due consideration and in the context of reported NHS deficits, the Department advised the Trust that consideration of its application would be deferred in order to:

> "give the Trust more time to demonstrate further that the [financial] recovery is on track. It is best that this year the Trust concentrate on making a success of the merger and delivering the significant cost improvements that are planned."

3 OBMH has participated in the NHS South Central Mental Health FT Diagnostic Programme. This reported in December 2006 and supported the Trust in its plan to re-apply in April 2007.

4 The Trust is projecting financial break-even for 2006/07 and is refreshing its five-year IBP to take account of developments and changes in the environment in which it operates.

Our vision

5 OBMH exists to support people's recovery from mental ill-health and to promote their well-being. We aim to be considered in the top ten per cent of mental health providers in the country.

6 As an NHSFT we will be locally accountable, required to take responsibility and decisions (notably for us in the near future, about capital investment) and able to make surpluses to reinvest where these are justified. We will still be required to provide a range of services as agreed with our commissioners and Monitor, the NHSFT regulator. We will also be able to establish new services and joint ventures.

Timetable

7 The national timetable sees OBMH submit its IBP by 30 April, Secretary of State approval by early July after historic due diligence, then scrutiny by Monitor from July (after publication of our audited accounts). Legally-

binding contracts with key commissioners should be in place by the time of Monitor scrutiny. We therefore aim to have these in place during June. The earliest that licensing could take place by Monitor is in October 2007, with the timetable determined by Monitor.

8 Before the date of licensing, the Trust will need to have in place its membership and to have elected its governing Council. These must therefore be in place by September.

Progress made in delivering our service development strategy

9 Our June 2006 IBP set out a service development strategy to deliver our core aims through six clearly defined workstreams. Progress has been made in all six areas, with progress relevant to this county outlined in the Annex to this paper.

Changes in the environment in which the Trust operates

10 Since June 2006 there have been significant developments with a material impact on the market within which we operate. The Government's declared ambition to secure contestability and develop a market for NHS services is expected to change the mix of mental health service providers within the next 3 – 5 years.

11 In response we will:

a) Continually improve our clinical, financial and operational management to remain competitive on cost, clinical quality and reputation

b) Evaluate and communicate our success in delivering national pilot schemes, such as the Thames Valley Complex Needs service

c) Continue to develop a range of specialist services including forensic mental health care, eating disorders and training.

d) Embed and deliver work in progress to increase and promote choice for service users and their carers in both counties

e) Build our marketing, business planning and tendering skills, and remain alert to market opportunities and threats.

Board Development

11.2 Our Board of Directors at licensing will comprise a Chair, six non-executive Directors, six Executive Directors and a vacancy for a seventh non-executive.

11.3 Recruitment has filled three non-executive vacancies with Board members with skills in corporate finance and governance and marketing. A structured Board development programme will continue through 2007.

Governance development

12 A number of key guidance documents and initiatives influencing governance arrangements have been published or introduced during

2006, including the latest NHS Foundation Trust Code of Governance. The Trust has agreed and is implementing a new integrated governance structure to meet these new requirements and to ensure that it has in place effective decision-making and assurance processes.

13 Public consultation which took place between February and May 2006 on how the proposed NHSFT would be governed supported the proposed arrangements for membership and the governing Council. These proposals are unchanged, and our membership campaign has begun – details at www.obmh.nhs.uk/foundationtrust

Recommendations

14 The PCT Board is asked to:

a) **Note** progress.

b) **Reaffirm support** for OBMH's application to become an NHS FT.

c) **Agree** to work closely with the Trust to sign the necessary legally-binding contracts by as early as possible in the assessment phase (July - September 2007).

d) **Plan** to offer a statement of strategic intent on the future use of healthcare facilities in Buckinghamshire in April 2007 which OBMH can quote in its IBP, and then to work with OBMH to agree a Strategic Outline Case for premises redevelopment by July.

Julie Waldron
Chief Executive
23 February, 2007

Annex – Buckinghamshire service developments

Developing modern inpatient facilities for adults and older adults in Buckinghamshire, supported by improved community services

The community services agreed in the *Putting People First* consultation have been established. As agreed with the PCT, vacancies have been held in several teams to complete savings plans, but recruitment is taking place to deliver the full volume of care required.

NHS learning disability services have transferred to the Ridgeway Partnership and the Turnstone independent sector organisation, ending the Trust's involvement in and liability for these services.

A contract has been secured from Milton Keynes PCT for 3 intensive care beds.

Revised Section 31 agreements, including a provider-to-provider pool, are expected to operate with Buckinghamshire County Council from March.

The inpatient estate we use in Buckinghamshire remains unfit for purpose. This compromises the quality of care we can offer, service users' experience of care and our potential to generate income. A strategic planning group, chaired by our Chief Executive, has worked to review the estate needs of the health economy in Buckinghamshire. This has now been included in the PCT's work programme. Strategic support for change will be necessary to allow OBMH to deliver its five-year business plan. This commitment is sought by April to allow a Strategic Outline Case to be produced for agreement by July.

Developing forensic mental health services

The 2006 IBP highlighted three issues to address in forensic services: lack of provision for women, the large number of out-of-area treatments for some commissioners, and a need to develop community forensic services to support resettlement. Since then we have:

- Begun building a new women-only secure unit, to open in May 2007.
- Secured a contract for 20 of the 24 beds from local specialist commissioners and agreement that £500,000 saved will be invested in a new community forensic service in Buckinghamshire

Expanding the Eating Disorders Service

An extra four inpatient beds opened in December 2006.

Boundary changes

By April 2007, OBMH will provide care for the whole county of Buckinghamshire. Transfer of all Hertfordshire and Bedfordshire patients took place in late 2006. The transfer of care for residents of South Bucks into OBMH from Berkshire Healthcare slipped from its original October date but work with the PCT and Berkshire Healthcare has now achieved safe transfer of all care groups.

Buckinghamshire In House Forum Support Organisation

Report to Overview & Scrutiny Committee - April 2007

Buckinghamshire Hospitals PPI Forum

The main project carried out under this year's work programme (April 2006-March 2007) concerns visits to individual wards and departments at Stoke Mandeville Hospital and Wycombe General Hospital. To date some 12 visits have been carried out and this programme is set o continue and will be incorporated into the new work programme. After each visit a report is issued and sent to the Buckinghamshire Hospital Trust – this includes any recommendations our members wish to make. I have a list of all reports that have been issued to date together with replies received from the Trust. If any members would like to have a copy please let me know.

Other work in the current programme includes investigations into infection control, hospital signage and audiology.

Buckinghamshire Primary Care PPI Forum

You will be aware the 3 former forums for Vale of Aylesbury, Chiltern & South Bucks and Wycombe were reconfigured into one for in October 2006. The individual work programmes have now been incorporated and include

- Cancer care for patients in Bucks – with particular emphasis on the future of Mount Vernon Hospital now we know the planned new hospital at Hatfield is not to be built.
- Visits to service providers including GP surgeries and Harmoni the out of hours service,
- A review of preventative services currently offered
- Dentistry
- Engagement with the public including Black and ethnic minority groups
- Monitoring any threats to community hospitals

South Central Ambulance Service PPI Forum

As you know this forum covers most of south east England down to Hampshire. The whole forum (21) members meet quarterly and the 3 area groups meet on a monthly basis. The current work plan includes the future of public transport services included all allied transport facilities, acute admission waiting times (patients at A&E left on ambulance trolleys whilst waiting for admission). We have here today Eileen Young from the Ambulance forum who will be able to answer any questions you may have.

BUCKINGHAMSHIRE OVERVIEW AND SCRUTINY COMMITTEE FOR PUBLIC HEALTH

SHAPING HEALTH SERVICES MONITORING GROUP

Meeting with Representatives of Buckinghamshire Hospitals Trust 13th March 2007

Present:

Overview and Scrutiny:	Mike Appleyard Margaret Aston Wendy Mallen Angela Macpherson Policy Officer
Buckinghamshire Hospitals Trust	John Summers Celina Eaves Eileen Doyle

1. **Women's and Children's plans**

Full business case has been approved by the Strategic Health authority – cost of development estimated at £6m

Drawings for the Claydon wing and labour ward have been signed off

On site start date June 2007 with estimated completion June/July 2008. There is a timetable contingency for September 2008. JS commented that risk is being managed by involving clinicians in early input and input at every stage.

New build will deliver 8 ITU cots,SCBU new theatre and delivery rooms with a birthing pool planned for the new labour ward.

Paediatric ward 3 will increase in bed stock from 26 to 42. These will be in bays and additional single rooms. The final scheme will be agreed by the end of March.

Also by June 2008 Gynae, obstetrics, paediatrics and neo natal will be moved over to SMH site. The facility at SMH will have capacity for 5500 deliveries pa.

Day care, outpatients and antenatal will stay at Wycombe. The birth centre and day area has proved very successful and will remain

The Midwife Led Unit (MLU) now has a birthing pool and numbers have improved with now around 200 deliveries and are anticipating 250 births in 2007/08.

The premature baby unit /SCBU at Wycombe are currently struggling with staffing issues which managers are working hard to rectify.

No emergency cases have had to be transferred from Wycombe to SMH and there has only been one case of foetal distress but with no problems arising. The situation is monitored closely.

Managers commented that a closer working relationship is being developed with the ambulance service who are being proactive and responsive in approach.

Shaping Health Services meetings take place fortnightly and transportation has now been integrated into the project.

MA raised the issue of engaging the local press – specifically the Bucks Free Press editor, Steve Cohen – and suggested a visit to the unit and with the ambulance service could be helpful.

Estates

Wycombe site: JS commented that the trust intends to review service delivery at the Wycombe site and that a clinical strategy needs to be in place first.

SMH site: members asked which of the older buildings would ultimately remain. These would be: the hydrotherapy pool, therapy buildings, pathology and the postgraduate centre.

A&E

Current split between cases taken at SMH/Wycombe 60/40

The transfers situation has improved. Previously too many patients were taken to Wycombe and then transferred up to SMH but improvements in management of ambulance service, staffing and training has resulted in improvements.

Orthopaedic treatment centre

The centre has been established at Wycombe for 2 years and generally is running well although ED commented that the length of stay needs to come down.
Currently 50% of hip patients are discharged after 3 days and knee patients after 4 days.
Some trusts are achieving discharge of 1 day after hip operations!

Infection rates are down due to thorough screening. There is suppression therapy for MRSA and pre-op assessments.

Other issues

Cancellations: Pre shaping Health Services cancellations were running at approximately 50 per week. This has reduced dramatically and figures are now in single figures.

The Trust is due to issue a review of the complete Shaping Health Services programme. It was requested that this be shared with the OSC and this was agreed.