Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE HELD ON TUESDAY 15 APRIL 2014, IN MEZZANINE ROOMS 1 & 2, COUNTY HALL, AYLESBURY, COMMENCING AT 9.45 AM AND CONCLUDING AT 12.15 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Lin Hazell (In the Chair)
Mr B Adams, Mrs M Aston, Mr C Etholen, Mr D Martin, Mr M Shaw, Ms J Teesdale, Julia Wassell, Mr D Carroll and Mr A Huxley

District Councils

Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council
Mr A Green	Wycombe District Council
Ms S Adoh	Local HealthWatch

Others in Attendance

Mrs E Wheaton, Democratic Services Officer
Mr J Povey, Overview and Scrutiny Policy Officer
Ms A Eden, Chief Executive, Buckinghamshire Healthcare NHS Trust
Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group
Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group
Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Brian Roberts.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on Tuesday 18 March 2014 were agreed as a correct record.

Matters arising

- Representatives from Heatherwood and Wexham Park will be attending the May meeting. Members to email questions to James Povey (jpovey@buckscc.gov.uk)
- Community Pharmacy – this is a longer term action as discussions are at their early stage.
- The date for a visit to the Whiteleaf Centre will be confirmed shortly.
- County Councillor Julia Wassell attended a CQC meeting in Wycombe and spoke to Elaine Spector from the CQC and there has been great improvement in the complaints handling process.
- Oxford Health has shared information on the statistics on Section 136 which has been sent to Committee members.
- Information on the areas of CAMHS which are experiencing higher waiting times has been received and circulated to Committee members.
- The outstanding actions have been acknowledged and information on these will follow once this information has been received.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S REPORT

The Chairman had nothing to report back to the Committee at this meeting.

6 COMMITTEE UPDATE

Shade Adoh, the representative from HealthWatch, reported that HealthWatch are holding a market stall event on Saturday 26 April in the Eden Centre in Wycombe.

[Jean Teesdale joined the meeting at 9.55am]

7 BETTER HEALTHCARE IN BUCKS (BHIB) IMPLEMENTATION UPDATE AND BENEFITS REALISATION

The Chairman welcomed Dr Annet Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group, Ms Louise Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group, Ms Anne Eden, Chief Executive, Buckinghamshire Healthcare NHS Trust and Ms Carolyn Morrice, Chief Nurse and Director of Patient Care Standards.

Dr Gamell took Members through the presentation and made the following main points.

- The innovative Medical Day Unit and Multidisciplinary Day Assessment Service have opened at Wycombe.
- There is a Minor Injuries and Illness Unit operating at Wycombe and an enhanced cardiac and stroke services also at Wycombe.
- The step-down ward for older people is still at Wycombe, along with elective surgery centre, cardiac, stroke, midwifery-led birthing unit and outpatient services.
- There is a huge amount of investment in community services with over 120

posts being recruited to.

- There are 7 Adult Community Healthcare Teams (ACHTS) in place offering a 24/7 service, 365 days a year.
- Overall the implementation has gone as planned with cardiac and stroke receiving unit performing above national standards which is very positive. There have been fewer inter-site transfers which shows that patients are going to the right place, first time.
- There has been a reduction in the mortality rate/HMSR which was the "smoke alarm" that triggered the Keogh review into BHT last Spring.
- Much has happened since the Keogh review and the Keogh/Willett report into Urgent Care and that is continuing with developments nationally which will inform the work of BHT locally.
- BHT is ahead of game in terms of its service reconfiguration which was clinically informed and it is the right structure based on the clinical outcomes which were sought. We are in line with what Keogh has subsequently recommended which is very positive.
- Now need to integrate the measures set out in the benefits realisation plan with the day-to-day monitoring of quality and safety.
- The integration of health and social care is the big issue for the future.
- There are a number of existing governance structures that monitor specific areas:
    - BHT Reforming Urgent Care (RUC) Programme Board
    - BHT Quality report includes incidents and complaints
    - Urgent Care Working Group (InPACT Operating Board)
    - BHT Quality Committee
    - Right Care Working Group
    - Women and Children's Board
- The main focus is around integration at all levels across the system:
    - Health and Social care
    - NHS: removing the boundaries between Primary care, Community and Secondary care
    - NHS: Mental and physical health – no health without mental health.
- Embedding quality throughout in all that the health service provides – quality around safety, clinical effectiveness and patient experiences through the services provided.

During discussion, Members asked the following questions.

Better Medical Outcomes

- **The improved mortality data is good news but it may well be that the mortality data is masking worse outcomes for people travelling further to Hospitals. Are you able to provide this data to either prove or disprove this?** Dr Gamell responded by saying that what is known from various reviews, our own experiences and from the guidance provided by the Royal College of Physicians, is that outcomes are better for patients who get to the right place, first time to be treated quickly. Minutes are crucial for getting the patient to the right clinicians so having the equipment and the back-up consultants on site is very important. Ms Patten went on to say that residents in Aylesbury Vale now travel to Wycombe Hospital for their stroke and cardiac treatment, passing Stoke Mandeville Hospital, the nearest Hospital but the tangible outcome is that the Stroke and Cardiac Unit is one of the top three in

the country.

- **In terms of the Benefits Realisation plan, the outcomes are listed in a qualitative and quantitative way but the narrative next to the outcomes appears very vague. How does the HASC know, for example, that patients are better informed? There seems to be a lack of focus – going forward are you going to revisit these and make them more focussed and smarter?** Ms Patten explained that the benefit is about improving patient information and it is hoped that the outcomes will be better informed patients and therefore a reduction in inappropriate attenders. It is a complex area and patient communication is an ongoing area of work. Ms Eden added that it is work in progress and baselines need to be established against which progress can be monitored. Some patients are still using the wrong facilities and we have to work harder with our communities and to continue to promote the 111 number as the first point of contact.
- **It became evident in the Keogh report that the main causes of mortality were renal failure and pneumonia. Has that changed or have other conditions come out?** Ms Eden responded by saying that for those two conditions the Trust had a mortality outlier alert so it was suggesting that for a given population, that more people than the norm were dying associated with renal failure and/or pneumonia. The Trust has undertaken a piece of work with the CCGs for both of those areas and it is no longer a mortality outlier. The Trust has implemented on a more consistent basis a Care Bundle, a bundle of interventions that when applied consistently can make for better patient outcomes. This has resulted in pneumonia now being within the expected range. Cardiac and Cancer continue to be the main causes of mortality in Buckinghamshire.
- **Lengths of stay do not seem to have improved greatly and lengths of stay at BHT are consistently higher than at Wexham Park. The Trust aimed to reduce length of stay, but now say that due to cases becoming more complex this is unlikely, however comparison with Wexham Park would suggest there is scope to reduce this. Can you tell us how you compare to other high performing Trusts, such as Salford, on length of stay, what your target is and what is being done to reach this?** Ms Eden said that she did not have the exact data with her but she confirmed that the length of stay has not been reduced as much as the Trust would have liked. It needs a continued multi-agency approach to improve this. The Trust would have liked to open an additional ward for escalation, particularly over the winter months but this could not be staffed safely. There is a need to do more work with social care colleagues on this issue. In terms of average length of stay, the Trust is about 1-1.5 days away from its target but every day counts. Salford Hospital is better than BHT by about 1-1.5 days for general medical patients.
- **Would it be helpful if there were more Community Hospitals which could then take more patients before they return home?** Ms Eden said that the main aim is to treat more people in their own home so it is about using the Community Services to prevent admission to Hospital in the first place and then also to treat people in their own home. More to do. Dr Gamell added that the aim is to avoid crisis admissions to Hospital. For older people with multiple conditions, being in hospital can make a patient more immobile so there is a need to look at a more integrated care package across the system.

A&E Performance

- **A safer A&E has not been demonstrated. There has been no reduction in clinical incidents and A&E 4 hour performance has been below target in the most recent quarter. What the report does state is that "the judgement of clinicians in A&E is that performance is better than it would have been without BHiB changes." Can we only conclude therefore, that BHiB has not achieved safer A&E services, but services have not declined as they would have done had we continued with an Emergency Medical Centre at Wycombe and the duplication of acute activity across the two sites?** Ms Eden responded by saying that, in terms of performance over the year, the last quarter has been the most challenging. In quarters 1, 2 and 3, performance targets were met but performance has fallen during Q4. The Trust is working hard to get back on track. Evidence suggests that if a patient has to travel further but they are seen by specialist nurses and doctors with the right equipment and the right environment, then it results in better outcomes for the patient. Currently, the Trust has four A&E consultants and for the population size of Buckinghamshire, the Trust needs to have 8 consultants. If there were two separate A&E departments running a 24/7 service, then the Trust could not provide a senior level of consultant advice across two sites. By the end of this month, the Trust will have recruited enough consultants for running one A&E department. Dr Gamell added that having specialists on one site means that patients are seen quicker and she cited patients suffering with pneumonia are seen quickly by specialist consultants.
- **From the Keogh report, it said that some patients were deteriorating on the wards, in particular pneumonia was not being picked up quickly enough and therefore antibiotics were not being administered soon enough. Are you confident that the early indicators are being picked?** Ms Eden explained that the care of the deteriorating patient is specifically an area that has been picked up and it is the subject of the Trust's first breakthrough learning collaborative. Ms Morrice went on to say that it is about making the right decision for the patient at the right time. Early recognition is key and a tool called the national early warning score where triggers are used to score against a patient. It is a scientific way of recording a patient's deterioration and it is monitored on a monthly basis. If there is a pocket on low compliance (less than 95%) then focussed education is undertaken. A key focus for 2014/15 is around improving patient outcomes and recognising deterioration early on. The Trust is very committed to this.
- **A lot of effort has gone into publicising the MIIU and the 111 number, including some targeted work and social marketing activity. There does not appear to be the evidence to show that this has translated into more appropriate use of urgent care. The A&E has not achieved fewer non-urgent cases attending when a reduction was expected. Time to treatment indicators at A&E (March 2014 figure = 49 mins) and the 4 hour target has also deteriorated in recent months. What more can be done to ensure people who do not need to be at A&E do not attend and add to the existing pressures?** Ms Patten responded by saying that there has been broad communication around the MIIU but there has also been a social marketing campaign to identify key groups and the messages have been tailored to the population. The 111 number is about making the right call – "talk before you walk". There was a leaflet drop to around 7,500 households and there was a specific roadshow at the Eden Centre. Local pharmacies have also been used to promote a number of services, including flu jabs. All

GPs have been reissued with the key contact numbers of clinicians. Within the Aylesbury Vale CCG area, local schools took part in a poster competition and the idea was that the messages would be discussed within the family setting. In terms of the technical decision-making around the 111 number, this is reviewed clinically periodically. The clinical pathways are also reviewed. Dr Gamell went on to say that in the Chiltern CCG area, the MIIU video has been screened at schools and the NHS information has been printed on the back of the school diaries. The numbers show that people presenting in line with the EMU numbers. People in Wycombe know about the MIIU but people living in Princes Risborough, for example, are still tending to go to A&E so need to get the message out there about the 111 number so that they are directed to the right place.

- **A member commented that in the south of the County, if a resident calls the 111 number, then they are directed to the MIIU in Wycombe which can be very difficult to get to. There is a need for more local services.** Ms Patten explained that the call handler will look at what services are available in the area and if someone calls from the south of the county, they should be directed to Slough. She agreed to look into this again. Dr Gamell said that there is a directory of services which the 111 call handlers should be using but she said that they would look into this again as people should be given a choice of where to go.
- **A member said that it would be useful to see a map showing where the local services are located.** The Chairman responded by saying that this has been asked for within the recommendations in the Urgent Care report.

Treating people closer to home/in the community

- **From the data provided we are only able to assume more patients are being cared for closer to home by the Hospital admission data provided and no data is provided to show increased numbers of people being treated outside of Hospital. How do we know this is happening?** Ms Eden said that she knows this from the Trust's locality teams and the number of District Nurses who are treating people in their own homes. She agreed to provide this data to the Committee.

Action: Anne Eden

Transport/access to BHT services

- **The report highlights how efforts have been made to make patients more aware of transport options, but we are not convinced that the efforts have led to improved access to the Hospital services. We still have no data on whether the Community Transport Hub is meeting the needs of the people and no indication of who is utilising the free bus travel offer. When can we have some data on this and can you explain the impact of the free travel funding reductions referred to?** Ms Eden responded by saying that the data can be broken down by category. The work which has been undertaken so far has been on a multi-agency basis, including the County Council, bus operators and the voluntary sector. Ms Eden agreed to provide more data to the Committee.

Action: Anne Eden

- **A member commented on the number of ambulances between Wycombe and Stoke Mandeville on the A4010. The centralisation of services has inevitably lead to increased traffic on this road – 20,000 vehicle movements a day. If HS2 proceeds, then the traffic problems will only get worse.** Ms Patten responded on behalf of SCAS and said that they do track very carefully the number of ambulances that go through and they have a predictive model to show the busy areas. All ambulances have a GPS tracker that routes the quickest way and it is up to date with any traffic issues.
- **A member felt that Bucks County Council could be doing more and investing more in the Community hub. On the multi-agency initiative, social workers should be in A&E 24/7 to support the patients and families.** The Chairman said that the Environment, Transport and Localities Select Committee are doing a piece of work around public transport and CCGs and BHT will be invited to contribute to this inquiry. In terms of social services, HASC will look into this – adults and wellbeing will form part of this.
- **A member said that they had visited the transport direct website and found that to get from Amersham to Stoke Mandeville by bus takes 1 hour 29 minutes (including a 5 minute walk).** He went on to say that we keep talking about communications and assist giving people advice but the geography of the county is such that it is difficult to resolve this. Most people will go by car to the Hospital but there is a lack of parking spaces when you arrive. He asked BHT and the other agencies to grasp the nettle. He said that Stoke Mandeville is better than Wexham Park on parking but access to parking must be a priority. The Chairman said that representatives from Wexham Park Hospital will be asked to contribute to the Transport Select Committee inquiry.
- **A member referred to the report and said that it states that the transport hub serves the whole county but, unfortunately, it does not. It does not cover residents in the south of the county. This needs looking at again.**
- **A member commented that the number of ambulances travelling along the A418 and asked how many are going from Stoke Mandeville to the John Radcliffe or attending accidents on the M40? It is a constant stream.** The Chairman suggested that this question is fed through to the transport select committee. Ms Eden said that SCAS would be able to assist with this information. She went on to say that the vast majority of contacts happen outside of the Hospital setting – 500,000 contacts are with people in their own homes with District Nurses and GPs. BHT is looking at how to use the Community Hospitals more effectively so that people can be kept closer to home.
- **The Chairman referred to the following statement which was in the report in relation to Arriva – "this funding is under review and it is likely that reductions will be made later this year." She said that she was not expecting an answer at the meeting but she wanted it to be highlighted as a concern and to ask BHT to focus on this.** Ms Eden said that it is something which she would need to discuss with the other agencies as transport is a multi-agency issue.

The Chairman concluded by saying that she would speak to the chairman of the transport select committee to discuss the concerns raised at this meeting. She thanked the presenters for their very useful update.

8 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST QUALITY IMPROVEMENTS

The Chairman started by saying that Anne Eden, Chief Executive of Buckinghamshire Healthcare Trust, will be presenting this item and a slightly amended version of her presentation will be given to the one which is included in the agenda pack.

During her presentation, Ms Eden made the following main points.

- The Keogh review in June 2013 found that "many patients were unreservedly complimentary about the quality of nursing care"; "we met….some outstanding and dedicated individuals at all levels within the Trust"; "others…..indicated quality of care was variable."
- The challenge is to remove the variability so that the quality of care is consistent 7 days a week.
- Another big challenge is to recruit, retain and develop staff to enable the delivery of safe & compassionate care every time.
- Understanding the causes of harm and high mortality.
- The Keogh report highlighted the Board relying on reassurance rather than assurance. Board members and other senior managers undertake "Board to Ward walks" so that they are not just relying on hard data but they are seeing evidence first-hand on the wards.
- Ms Eden chaired the Risk Summit where a 25-point action plan was established. Weekly meetings took place and there was a lot of hard work around patient safety, the experience, workforce issues, governance and leadership.
- In December 2013, there was a Quality Summit, chaired by an independent person who reported that real progress had been made and all areas of concern were being addressed.
- All actions have been signed off and are now part of our ongoing quality improvement programme.
- Patient safety – the number of senior medical cover has doubled at the weekends (now have 2 physicians). Every new admission is seen by a consultant and the sickest patients are reviewed daily. Aiming to have 7 day working with seamless, consistent quality of care.
- The complaints response rate has improved from 63% in 12/13 to 80% in 13/14. There have not been any re-openers. Complaints are being offering face-to-face meetings. This area is moving in the right direction but there is still more work to be done. A new feedback site has been launched. Want to have a more personalised service.
- The Family and Friends Test has improved greatly.
- The Trust was reporting high HSMR rates for two consecutive years so there is now a system in place where a senior clinical review is undertaken for every death.
- A learning collaborative has been established, along similar lines to Salford. The first collaborative focussed on the deteriorating patient – there were 70 professionals involved in this.
- Now working more consistently and have strengthened the approach to risk management in the clinical divisions and service delivery units.
- A new Medical Director has been recruited who is actively working to engage more with the clinicians.
- Staffing is an issue for the Trust. A review of staffing levels was undertaken and the Trust agreed an investment of £5.1m in nursing with the aim of "going the extra mile". The Trust is working very hard to recruit nurses and has visited France, Spain and Italy on a recruitment drive. The Trust is also

working closely with the Universities. So far, 150 nurses have been recruited to date.

- The biggest challenge is around the urgent care pathway – the guidance says that Buckinghamshire should have 8 consultants, but there are currently 4. Recruiting at the moment but having to think differently about the role. The lack of A&E consultants is a national/international challenge not just a local problem.
- No outstanding mortality alerts and no warning notices. HSMR is going in the right direction. Weekend mortality rate is currently 96.6 (not been rebased) but going in the right direction. The consolidation of services and getting patients to the right place at the right time is very important and makes for better patient outcomes.
- Good progress in terms of infection control – C.difficle infection is down by 50% in the last 2 years. Working to reduce pressure ulcers and falls and a public dashboard has been introduced on the Wards.
- An area which needs further improvement is the 18 week elective care. There is an action plan in place.
- A&E and the 4 hour target – the Trust was doing well in Q1, Q2 and Q3 but not so well in Q4. The Trust had wanted to open an extra ward but could not staff it safely which contributed to the drop in meeting the target in Q4. The target is 95% admitted within 4 hours for the year and the Trust is currently at 94.9% but still looking at some validations. Low unplanned re-admittance within 7 days from A&E.
- Administrative processes (patient appointments, etc) and communication are areas which need to be improved and the Trust has introduced the "warm welcome" pilot for receptionists and A&E staff.
- Staff involvement – started a "quality ambassadors" initiative whereby those who go the extra mile are trained as ambassadors of the Trust - around 400 people have been trained so far.
- It is a cultural journey.
- The aim is to deliver safe and compassionate care every time. The quality plan sets out how this will be delivered.
- Professor Mike Richards is the new Chief Inspector of Hospitals within the Care Quality Commission.
- All acute NHS trusts/foundation trusts will be inspected by December 2015.
- BHT inspection took place during March 2014. It was more extensive than previous inspections in the NHS – consisting of a large team (50 inspectors). It consisted of announced and unannounced visits, interviews, focus groups and public listening events. Three wards were closed due to the noro-virus so it was an extremely challenging time.
- The results of the latest inspection will be reported back to the public in the next two months.

During discussion, Members asked the following questions.

A&E performance

- **What improvements are still to be made at A&E to reduce both waiting times and improve patient satisfaction?** Ms Eden said that to try and reduce the pressures on A&E, it is everybody's responsibility to make sure that people only use A&E when they really need to. If we are looking to ensure that we undertake the senior consultant review on every patient as they come

through the door, then we need to get the staffing levels right. From a nursing point of view, an overreliance on agency staff is not where the Trust wants to be in terms of the financials and also the patient experience. Getting the staffing right is very important for the Trust. Ms Morrice went on to say that staffing, patient experience and waiting times go hand in hand and it is also about how we communicate with patients and that we treat them with dignity and respect. We do get feedback from the Friends and Family test. It is more challenging to get real time feedback from A&E just by the very nature of the patients that are seen in A&E. The changes need to come from the teams themselves and by early May should have the majority of A&E nurses in place.

Staffing

- **A member commented that Dr Gamell mentioned earlier that the key is being seen by somebody at the right seniority. You mentioned that it is a never ending journey and meeting a 7 day care challenge. These should have been sorted out years ago. Evenings, out of hours and weekend care should never be used in the same sentence as mortality rates and quality of patient care. The Quality Improvement Plan (QIP) states the Trust's goal which is to "ensure the sickest patients are seen most quickly by a senior decision maker". How many do you need and when are they likely to be in place?** Ms Eden responded by saying that the Trust needs eight A&E consultants and it currently has four. Interviews took place recently for more A&E consultants but the candidates were not right and the Trust recognises the importance of getting people with the right skill set. A recruitment agency has been appointed to help but the shortage of A&E consultants it is not just a national problem, it is an international problem. Ms Eden said that there was need to re-work the role specification and the Trust is now looking at acute medical positions and it has interviews lined up next week. She stressed that it is a work in progress and they want to get there as soon as possible. The investment is there but it is the sheer difficulty in getting people on board. She agreed that the 7 day working should be the norm and it is the aim of the Trust to get to this but the current staff shortages are proving to be very challenging. The priority at the weekends is to ensure that the sickest patients are seen first.
- **The QIP shows that you currently have a nursing vacancy rate of 12.7% (Feb 2014), a HCA vacancy rate of 12.2% and have 38 AHP vacancies. What do you feel would be a realistic goal for 6-12 months' time?** Ms Morrice said that she is working on a fortnightly basis with the Director of HR and Associate nurses and there is a heat map which shows where the highest vacancies are and therefore highlights where the highest risk is. A lot of focussed work has already been undertaken and linking with education partners to see how we can be smarter in the future. Retaining staff is also very important and valuing staff and keeping them motivated is crucial.

Quality Committee

- **The Quality Committee has replaced the Trust's Healthcare Governance Committee and reports to the Trust Board. To what extent will this new committee publish more detail on its activity, the concerns it raises with the Board and how it has acted to improve quality?** Ms Eden explained that the Quality Committee looks at quality and safety and the aim is to make it more "Board to Ward". From now, there will be much more information

available to the public.

- **A member asked whether the Trust could provide data in a more user friendly way so that members of the public can interpret it easily.** Ms Eden explained that there is quality of care information on each ward and she said that feedback from all members of the public is very useful in helping to make the information more meaningful and digestible.

Mortality Reviews

- **You mentioned that every death is being reviewed but the latest QIP says that only 70% were reviewed in September-November 2013 and the Trust has a target to reach 80% by June 2014. Is this a correct interpretation and if so, when will the Trust reach 100% of deaths being reviewed in a timely manner? Will learning and improvements from these reviews be published?** Ms Eden responded by saying that the ambition is to review each and every death in a sensible timeframe. There is a backlog and delay whilst notes are reviewed and the Trust is currently around the 75% mark for reviewing deaths. The aim is to get to 100% reviewed in a timely fashion by the end of the first two quarters. It would be the Trust's intention to publish the improvements as a result of the reviews.

Discharge planning

- **What activity is being undertaken to understand and improve discharge planning and process as part of the Quality Improvement Plan? Has there been an improvement in the papers which accompany the discharge?** Ms Morrice said that from the results of the patient survey, the Trust knows that it does not always get it right. It is vital to make sure the discharge is safe and the benefits of an integrated system will help to make a patient discharge safe. She went on to say that she is recently in post and has not received any feedback on the quality of discharge papers. Dr Gamell said that there is work being done to improve the quality of the discharge papers and looking at these being sent electronically. Ms Morrice agreed to look into this after the meeting.

Action: Ms Morrice

- **A member asked when does the Trust think patients will see the improvements, especially at weekends. Concern is that families visiting patients at weekends could not get any information on the patient. The families were told that agency nurses were on duty and they could not help.** Ms Eden apologised for this as she said that it is not good enough. She said that there is additional investment at Stoke Mandeville in terms of additional doctors at weekends there is more input but the Trust is not there yet. She said that we are working very hard on this but we are not there yet. The Trust needs to reduce the dependency on agency staff and recruiting more skilled and compassionate staff. The Trust needs to work with members of the public to find out where we are going wrong and to learn from this.
- **A member said that people are afraid of being admitted to Hospital at weekends.** Ms Eden said that it is improving as evidenced by the HSMR mortality rates but she acknowledged that the Trust is not there yet. She said that she did not want people to feel concerned about being admitted to Hospital at the weekends.

- **A member asked what measures are in place to retain staff – how do you stop people leaving?** Ms Eden said that staff appraisals and reviews take place throughout the year. 80% appraisal rate but would like to increase this. The feedback from the CQC inspection showed that it is a very challenging time for staff but they are working so hard. She said that she felt very proud about how hard people were people.

Public Reassurance that things are improving

- **What activity will be undertaken to alert the public and service users to the fact that following the Keogh report and Trust placement into special measures, that real improvement in services is being made? Are you hopeful that the latest report following the Care Quality Commission inspections which is due in March will give further substance to claims that service quality is improving?** Ms Eden responded by saying that the results of the latest CQC inspection will be known in the next 6-8 weeks'. She said that it is not possible to pre-empt the findings but she hopes the results will provide a platform for future work. She confirmed that the results will be published on the Trust's website.
- **What progress has been made in terms of Board training – getting more information on patient experience and clinical information to Board members?** Ms Eden said that the creation of the Quality Board is the main way that the Trust is changing the way it does things. The Trust's quality improvement plan has been developed by clinicians and the vehicle which is being used to deliver this is through the learning collaborative and focussing on care of the deteriorating patient – there are currently around 70 people working on this. The Trust's buddy organisation, Salford Hospital, scores very highly in terms of staff engagement and a place that they would recommend to family and friends. Quality is at the heart of what they do but they have been on this journey for 14-15 years. It will take time but the process of engaging with clinicians and being more inclusive with sharing ideas has already begun.
- **Will this level of improvement be sustainable?** Ms Eden explained that safe staffing is very important and is one of the Trust's main priorities. Retaining staff is crucial and the Trust is putting a lot of effort and time into staff induction and ongoing training. The key is to integrate services further to offer as much care out of Hospital so that Hospitals can treat people who truly need to be there.

A member said that at the recent Clinical Commissioning Group Board meeting they were informed that the CCG had rejected BHT's proposals in terms of dermatology services. Dr Gamell said this issue was about community dermatology services and not about Hospital based services. The proposal was looking at how to work more closely in the community and the patient pathway in terms of what services need to be in the Hospital and which services can be provided in the Community. It is a work in progress and the CCGs will come back to the Committee with an update at a future meeting.

The Chairman thanked the presenters for their very useful update on BHTs quality improvements.

9 HASC URGENT CARE INQUIRY GROUP - DRAFT REPORT

The Chairman started by emphasising that the consensus of the working group is that the

inquiry aims into Urgent Care have been achieved and the right conclusions and recommendations have been reached.

Members made the following points about the draft report.

- A member stressed that the patient experience is what counts and this has been re-emphasised in the presentations heard today. The Committee needs to hear from the public and other local groups. A member felt that there should be one further meeting at which the feedback from the public, patients and support groups on their experience of urgent care could be gained.
- A member said that he had no problems with the draft report in as far as it goes but the residents of Wycombe are not happy with the situation as it is. There is a genuine belief that people are being transferred to Stoke Mandeville when they could be treated at Wycombe. The draft report hears from the clinicians but the patient view has not been heard and both sides should be heard. The member felt that he would have to take the draft report back to Wycombe District council to discuss the need for further work.
- A member said that if the working group are to gain a more balanced view, then it needs to speak to people across the whole county and not just the view from the people living in Wycombe.
- A member disagreed and said that the group needs to hear from the people of Wycombe. The member expressed concern about public perception about not going into hospital at the weekends. The member acknowledged that lots of these issues are not just related to the Wycombe area as they are national problems.
- A member commented that it is an excellent report. He went on to agree that Wycombe should do some additional work if it wished but felt the report was fine from a Buckinghamshire viewpoint.
- A member expressed concern that the Committee must not lose focus on what it is doing. The role of the Committee is not to undertake a county-wide patient survey. The working group was specifically tasked to read the Keogh report into Urgent Care, understand the concerns and then to review what the Trust is doing about it. The member felt that the report has done this and has done it very well.
- A member felt that we should be speaking to people who use the MIIU in Wycombe from across the county. Have not got the evidence to show the breakdown of who is using this service.
- A member said that she felt it is an excellent report which was produced as a result of the Keogh review and people will have been interviewed as part of this review. Keogh will be coming back in June time and any other issues/concerns can be addressed in the future. The member was concerned about the report becoming too Wycombe-sided and not being a fair representation.
- Patient opinions are a must and the member felt that this should be done now.
- Concerns are also being expressed about Wexham Park so there is work to be done here as well. Nonetheless, 16,000 people signed a petition and the representatives from Wycombe are asking for one further meeting in Wycombe where organisations such as Health Watch, Community Impact Bucks, the Women's Institute can put their point of view across.
- A member said that they felt the report answers the question that was set out in the scoping document – the working group have looked at the issue in depth. The member acknowledged that there are still outstanding issues and

the Committee will need to keep the Trust to account on these.

- A member said that the results of the CQC inspection will be coming to Committee in two months' time as well as the results of the further Keogh review. The report reflects what the working group were asked to do.

The Chairman summed up by saying that Wycombe District Council may well decide to scrutinise the findings further. Feel that we have delivered what the scoping document set out and it is factually correct. If any of the District Councils want to pick up the issue then it is the ideal place for them to do it.

The Chairman asked members to vote on whether they are happy for the draft report to go forward.

Nine Committee members voted that they agreed for the draft report to be finalised to go forward to Cabinet.

It was agreed that the concerns expressed by the Wycombe Councillors would be mentioned in the report and their names would be included – County Councillor Jean Teesdale, County Councillor Julia Wassell, County Councillor David Carroll and District Councillor Tony Green.

10 COMMITTEE WORK PROGRAMME

The Chairman asked Members to note the work programme. She asked Members to email questions relating to Heatherwood and Wexham Park Hospital to James Povey, policy officer, in advance of the next meeting.

County Councillor Margaret Aston reported that she had recently attended a meeting of the Aylesbury Vale Clinical Commissioning Group and expressed concern about the very low take-up of the Aylesbury Leisure initiative. The Chairman suggested that this is an issue for Aylesbury Vale District Council to pick-up on.

District Councillor Nigel Shepherd reported that he had attended the Chiltern Clinical Commissioning Group meeting and mentioned the Better Care Fund (£30bn) and asked for it to be put on the work programme. The Chairman said that Margaret Aston and Brian Adams are working with Adult Social Care on this and have had an initial meeting. It was agreed to put this on the work programme for the June meeting.

Action: James Povey

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 20 May at 10am in Mezzanine Room 2, County Hall, Aylesbury.

CHAIRMAN