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 16 SEPTEMBER 2014, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.02 AM AND CONCLUDING AT 12.10 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Lin Hazell (In the Chair)
Mr R Reed, Mr B Adams, Mrs M Aston, Ms J Teesdale, Mr A Huxley and Mr N Brown

District Councils

Dr W Matthews	South Bucks District Council
Mr A Green	Wycombe District Council

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
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
Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from David Martin, Brian Roberts, David Carroll, Freda Roberts, Nigel Shepherd, Julia Wassell and Shade Adoh.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES

The minutes of the meeting held on Tuesday 24 June 2014 were agreed as a correct record.

Matters arising

- A letter of thanks has been sent to the Whiteleaf Centre.
- County Councillor Noel Brown said that he no longer has contacts at Oxford Health.
- The Adult Social Care 15 minute visit will be discussed at the next Committee meeting in October.
- The Education and Skills Select Committee Inquiry began with a Special Meeting of the Committee, which took place on 8th September 2014 and will continue until Spring 2015, with the Committee maintaining oversight of the improvement of children's social care over the next 18 months. At this meeting the Committee received oral evidence from the Leader of the Council, Mr Martin Tett and questioned the Cabinet Member for Children's Services, Mrs Angela MacPherson, the Strategic Director of Children and Young Peoples Service Mrs Sue Imbriano and the Chairman of the Buckinghamshire Local Safeguarding Children's Board Mr Donald McPhail. The Committee will consider the Council's Draft Improvement Plan for Children's Services at its meeting on 7th October 2014 and interview the new Acting Strategic Director of Children and Young Peoples Services and the Acting Director of Children's Services on 24th September 2014.

4 PUBLIC QUESTIONS

There were no public questions at this meeting.

5 CHAIRMAN'S REPORT

The Chairman updated Members on the following.

- **Children and Adolescent Mental Health Services (CAMHS)** – the service is to be re-commissioned in October 2015 and Oxford Health NHS Foundation Trust is the current provider. This service is funded 75% by the NHS and 25% by the Local Authority. The Chairman has met with the commissioners and Members will be invited to Stakeholder consultation events from mid-October. The Committee will receive an information paper at the next meeting after which the Committee will decide what level of involvement it wishes to have in the re-commissioning process.
- **Maternity Needs Assessment & Services Review** – Members should be aware that the Clinical Commissioning Groups are undertaking this review to look at current service provision, pathways and need. There is stakeholder and user engagement underway and a final report is expected in November. There may be some media coverage of this and the Committee will await the final report with interest.
- **MK & Bedford Healthcare Review** – this review has been underway since January 2014 and a report is expected on the 23rd September which will outline the next steps with the review and options for consultation. This is expected to concern a number of residents in the north of the county. The Chairman has written to the Milton Keynes Clinical Commissioning Group to

ensure the Committee is kept updated with proposals and to clarify the consultation activity that has been undertaken to date in the north of the county.

6 COMMITTEE UPDATE

District Councillor Tony Green reported that Wycombe District Council Improvement and Review Commission are undertaking further work on Urgent Care and as part of this, they are holding a public listening event on 15th October at 7pm at Bucks New University. He encouraged people to attend.

7 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

The Chairman welcomed the following representatives from the Buckinghamshire Healthcare NHS Trust - Anne Eden (Chief Executive), Dr Tina Kenny, (Medical Director), Carolyn Morrice (Chief Nurse) and Lou Patten (Chief Officer, Aylesbury Vale Clinical Commissioning Group).

Annet Gamell sent her apologies.

The Chairman started by saying that the Committee last heard from the Trust at its meeting in April 2014 where it looked at the quality improvements made after the Keogh Review into the Trust in the Summer of 2013, which was triggered by higher than expected mortality rates. The Keogh report was highly critical of the Trust and placed it in "special measures". The Committee conducted its own review of the Keogh findings and published its own report in October 2013 which included a number of recommendations. Since the April meeting, the Care Quality Commission has published its inspection findings and the Trust has come out of special measures. The Chairman congratulated the representatives from the Trust on this achievement.

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

- The CQC inspected Amersham, Stoke Mandeville and Wycombe Hospitals in March 2014 and published their findings and recommendations in June 2014.
- Overall, the Trust has been given a "requires improvement" rating. It has been rated "good" for caring which reflects passion and commitment of staff.
- It is a whole system approach involving the Ambulance Service, Social Care Services, Clinical Commissioning Groups, Mental Health Service and GPs.
- The Trust's HSMR (mortality rate) is now well within the expected range.
- The greatest area of concern is around "end of life" care and this is where a lot of work is being undertaken to improve this.
- The CQC acknowledged that the improvements made to date have been "significant".
- The Trust has developed a quality improvement plan with 10 'must do' actions and a number of 'should do' actions. Some actions have already been completed.
- Jane McVea has been appointed as the Quality Improvement Programme Manager and she is helping with implementing the action plan.
- It is important to take the actions down to ward level so everyone knows their role in making the necessary changes. All the changes need to be sustainable beyond just the CQC inspection period.

- Every death is reviewed and lessons are learnt.
- The whole system is working together to make the necessary improvements.
- The Quality Improvement Strategy has three ambitious aims:
    - To reduce mortality;
    - To reduce harm;
    - A great patient experience.
- Underpinning the quality improvement strategy, is the need for cultural change throughout the Trust.
- Funding has been put in place for Winter resilience to put in place extra capacity during these months.
- A&E attendances have increased by 5-6% compared to April-August last year.
- There are internal and external nurse staffing level reviews currently underway. Staffing levels are published on wards and the website.
- There has been a £5million investment in increasing staffing levels:
    - 232 qualified nurses were recruited in 2013/14;
    - 153 qualified nurses have been recruited since April.
- Staff recruitment and retention is a major challenge for the Trust.
- The Trust is working hard to promote an open and transparent culture and it is introducing processes for escalating issues and concerns. The Trust wants to support staff to "speak out safely".
- The Trust continues to work with its buddy organisation – Salford Royal NHS Foundation Trust. This has been really beneficial.
- The Trust is working closely with mental health and social care colleagues.
- It is anticipated that the CQC will undertake a follow-up visit in 6-9 months to see what further improvements have been made.
- The Trust needs to be rated "good" or "outstanding" in order to get back in the pipeline for gaining NHS Foundation Trust status.
- 102 organisations have yet to go through the pipeline to get to Foundation Trust status.
- The Trust has a Cost Improvement Programme this year - £22million which is sizeable given the Trust's £360million turnover. The Trust is on track but it is very challenging and, in particular, around staffing as the Trust continues to have an over reliance on agency staff.

During discussion, Members asked the following questions.

- **In the latest available board papers, the Trust has failed to hit the target of 85% of complaints being responded to within 25 days since March. The number of re-opened complaints has also been above target since January. What is the Trust doing to address this and are you concerned about people being put off providing feedback because of the complaints handling process?** Ms Morrice responded by saying that she shares the concerns expressed and the current level of complaints being responded to within 25 days is approximately 70% and more work is being carried out, in conjunction with Salford who has carried out a desk top exercise looking at the processes. Every complainant is telephoned at the beginning to find out what their issues are and what they want as a suitable outcome. There is a need to educate the operational teams to fully understand

the feedback from our patients. The Trust is working hard to track individual complaints. She went on to say that there is a real concern around re-opened complaints as this highlights that the quality of response, in the first instance, is not good. The Trust undertakes quarterly surveys and the last survey should that 100% of complainants felt the response was polite and easy to understand, 83% of people felt their concerns were fully addressed and only 57% were satisfied with their response. The teams work hard to make sure complaints are dealt with in a timely way. An investigating officer (IO) is appointed to look at the complaint and a robust response is sent to the complainant which includes a covering letter, a copy of the IO report and the follow-up actions.

- **Are there any general trends/common themes with the complaints that are received?** Ms Eden responded by saying that one of the main areas of complaint is around administration and the short notice of cancellations. The more complex complaints do take longer to resolve. She acknowledged that the Trust is making some progress but there is a way to go. Ms Morrice went on to say that it is also important to recognise positive feedback (the Trust receives around 500-600 accolades a month) and she said that all feedback shapes the future of the Trust.
- **Can you clarify that the staff numbers recruited equates to a net increase of 216 FTE nurses since July and similarly with the medical workforce additions.** Ms Eden explained that as a Board, the Trust has invested £5m to assist with recruiting staff so that the nursing levels are better than the national staffing guidelines. There has been a net increase of 80 additional staff last month because there were some leavers but she agreed to come back with the exact figures after the meeting.

Action: Ms Eden

Dr Kenny went on to say that over the last few months the Board has recognised that, particularly in terms of the urgent care pathway, there is a need for more A&E consultants. The number of junior doctors in A&E has also increased by two this year and there is an additional senior consultant radiologist.

- **Does the additional 80 staff include agency staff?** Ms Morrice explained that this number does not include agency staff. The 80 additional staff is the net figure after leavers. She said there are still pockets to focus on but there is lots of energy around recruitment and retention.
- **How many unfilled posts are there?** Dr Kenny responded by saying that there are still vacancies within A&E but there are a large number of initiatives underway to address this and a steering group has been set up to focus on this and it meets regularly to discuss its progress. The Trust is working hard with its educational partners as well as other Hospitals. The Board report refers that there is funding for 10 A&E posts but only 4 have been filled so far. Ms Eden added that an additional A&E consultant will be joining the department at the end of September. It is still the Trust's aim to have 7 day working and it is trying to approach the recruitment issue in a different way. It is a national problem. Dr Kenny said that the ultimate aim is for medical patients to be seen by the acute team and the surgical patients are seen straight away by the surgical assessment team and do not go via A&E. It is

also the aim to enlarge the A&E department and increase the capacity within the Minor Injuries Unit and transferring patients from A&E to specialist areas. The challenge is to improve pathways and to ensure patients are seen at the front door by a specialist consultant. The Trust recognises that not all services can be delivered in the same way and it is important to have the right skills in the right place. A lot of revamping of services is underway and the Trust is learning from other organisations in terms of best practice. Ms Patten emphasised that this is about strengthening the whole system and building the pathways for GPs to access the specialists in the acute setting.

- **In the latest Board reports, there is an ECIST (Emergency Care Intensive Support Team) report from March which states Emergency Department consultant numbers are still low, with funding for 10 but still only 4 in post. Can you explain what steps are being taken to address this?** Ms Eden responded by saying that there has been a 5% increase in attendances to A&E and the challenge is around managing this demand. Ms Patten added that it would be good to see more people using the MIIU. The Trust is looking at more innovative ways to handle this increase in demand. There are still vacant consultant posts which need to be filled and the Trust is employing locums at present to fill these positions in the short term. The Trust is working hard to get a resilience plan in place for the winter.
- **How many of the nurses are recruited from overseas?** Ms Morrice confirmed that around 40 nurses have been recruited from the local University, starting in September. Overseas nurses offer great value for the Trust although Ms Morrice said that she is working with colleagues across the region to encourage people to stay within the Thames region so retention is the real focus.
- **The latest Trust board reports indicate staff appraisal rates are low – 75% against a target of 90%. To what extent is this a factor on your staff recruitment and retention levels and are these scores likely to improve in next years' survey results?** Ms Eden responded by saying that staff appraisals are an ongoing challenge for the Trust. The latest CQC report showed that staff are more engaged and communication has improved but there is still a way to go. There were 837 survey responses out of a total staff of around 6,000 which is a relatively small number but it does give focus to the Trust's work. Ms Eden acknowledged that 75% of completed appraisals is below target and the Trust is working hard to improve this with more training and development being offered to staff to support the process going forward. Ms Eden mentioned that the national reporting system for learning which the Trust has been asked to use to record appraisals and it is not the easiest system. The Board meets every month and appraisals are discussed. Dr Kenny went on to say the doctor appraisals are different because their appraisals relate to the General Medical Council. She explained that the annual report has just gone to the Board and will be discussed at the next Board meeting. She said that 64% doctors were appraised last year compared to 92% being appraised this year.
- **In the figures mentioned above, what percentage of staff are temporary as this could distort the figures?** Ms Morrice explained that the figures do not include temporary staff but she said that the Trust does have a higher level of temporary staff than it would like. She said that appraisals matter but it

needs to be meaningful. There is a need to encourage people to complete the staff survey.

- **The staff survey also highlights worse than average scores for the Trust in terms of staff reporting good communication between senior management and staff and staff able to contribute towards improvements at work. What initiatives are being taken to improve these two scores?** Ms Eden said that in terms of communication between senior managers and staff, the CQC picked up that staff do feel able to raise their concerns. Ms Morrice is leading a "Learning Collaborative" which is looking at when patients deteriorate and what can be done to recognise this more quickly to prevent harm. Five sessions have been held so far with 80 people from across different clinical areas (including physiotherapists, doctors, nurses, and healthcare assistants). Twenty tests of change were applied and then five areas of change were identified which will make the biggest difference to patients. This process is going to be repeated in relation to falls.
- **The Board report in June shows that the Trust has not hit the 95% of patients seen, treated, admitted or discharged within the 4 hour target in any month this year (Jan-June). When do you expect to hit this target and what preparations are you making in time for the winter months?** Ms Eden said that the target has been hit for the last four weeks. February was a very busy month with attendance figures increased by 10-13%. It is about supply and demand in terms of turnover. The Trust failed to hit the target in Quarter 1 but is on track to hit the target in Quarter 2. Last year, overall the Trust got to 94.99 so it was a close near miss. There has been a lot of work undertaken in terms of ambulatory care (trying to keep people in their homes for longer) and sub-specialities (getting people to the right place) and then the bit which will help the most is the "back door" piece where there is a need for some help from social care. The Trust is part of the winter resilience team and is working hard with its partner organisations, such as the Ambulance Trust, GPs and Social Care. This is another standard target which the Trust has to meet in order to qualify for Foundation Trust status. Ms Patten was asked to comment on the 111 number and she said that as Lead Commissioner for Buckinghamshire Healthcare Trust, they are the best in Thames Valley. The commissioners are very satisfied that there and the failure to meet the target by such a small amount, in reality equates to about 2-3 people a day.
- **A member commented that the discharge process is a real problem.** Ms Eden said that capacity and flow is now the major focus of the Trust's work. The Chairman introduced the Cabinet Member for Health & Wellbeing who stressed that her teams are working very hard with the Hospital Trust. Buckinghamshire has the lowest rate of delayed transfer of care in its component group.
- **Are there any trends of illnesses that would explain the peaks and troughs in demand?** Dr Kenny said that the winter months are a recognised trend across the calendar year causing an increase in demand but there is nothing specific. She went on to say that people are living longer with different diseases which means they are interacting with more health services.
- **The Quality Improvement Plan states that Care Plans are to be developed for all patients. What is the current level and what is the timescale for 100% coverage. Can you explain what the value to the patient is and**

why is it a requirement to have full coverage? Ms Morrice explained that this is a crucial part of a patient's care and the Trust is determined to get this right. Care Plans have been introduced across all the clinical areas to ensure every patient has the same level of documentation. The Care Plans are there to support the level of care and to allow the health care professionals to assess the patient. The individualised information is used to tailor the care to the patient needs.

- **The Board report in June included a performance exception report on 'Referral Time to Treatment (RTT)' following the build-up of a backlog of patients waiting longer than 18 weeks for treatment. The same report states that the Trust aims to be back on target with the 18 weeks by September. What were the causes of this backlog and can you update the Committee on whether the Trust is now back on target and whether the backlog of people waiting longer than 18 weeks has been cleared?** Ms Eden responded by saying that overall the Trust will be back on target in Q2 (September) in terms of TT. Plastics and Orthopaedics are both still behind and this is down to supply and demand. Teams are looking at how they can be more productive but fundamentally supply and demand is the major problem in these areas. The Hospital is a regional centre for plastics and burns and the teams are working hard to stay on track.
- **The Board report in June details the programme underway to Reform Elective Care (REC). One of the aims of this programme is to reduce clinic cancellations and improve patient experience of these. Where is the Trust starting from in terms of levels of clinic appointment cancellations and clinic waiting times and what are the targets and by when?** Ms Eden responded by saying that she has not got the data available but she said that she could provide this after the meeting.

Action: Ms Eden

She went on to say that Neil Dardis, Deputy Chief Executive, is heading up the work stream that is looking at reforming the elective care. It has been recognised as a problem area and there is a lot of work being done to address this. Dr Kenny went on to say that the Trust's system for booking appointments is ten years' old and runs out in October 2015 and has been retendered. It underpins a high quality administrative system. The whole pathway has been reviewed including the appointment letter, etc. Ms Eden said that the Trust handles around 500,000 appointments a year and the Trust is trying to improve the way it currently does things and work in a different way. The Trust currently does some follow-ups by phone so that it reduces the numbers of people coming to the Hospital for appointments. The Orthopaedic team are looking at holding virtual fracture clinics where patients are reviewed electronically, from a distance and by phone.

- **Under regulations for the duty of candour, patients will have to be informed when an incident occurs that "could" have led to severe or moderate harm, or death. Previously, the duty was expected to apply only where incidents had led to harm or death. NHS organisations will have to write to patients and include an apology but this will not amount to an admission of liability. What action has the Trust taken to prepare for this new duty and are staff clear on when the duty applies, the process of applying it and that they fully understand its implications for**

liability? Ms Eden responded by saying that from a cultural perspective, the overall drive has been for the Trust to be more open and transparent. The Trust reviews all deaths and where care has been sub-optimal, this is addressed with the family. In these cases, the Trust has met with the family and discussed the issues with them. Dr Kenny went on to say that the "Duty of Candour" is discharged as soon as there is an issue. The paperwork has been updated and it asks upfront how well the family have been engaged and the aim is to take them on the journey rather than it being a retrospective step, which is not satisfactory. Ms Eden said that the Trust always offers an apology (which is not an admission of liability) and will continue to do so. The Trust also offers families the opportunity to speak face-to-face about what went wrong.

- **Will the "buddying" relationship with Salford Hospital Trust continue as this seems to have been a very positive thing for the Trust?** Ms Eden said that this relationship has been very useful but there is funding associated with this. She said that once the Trust gets to its "good" rating, then it will probably cease.
- **A member felt that there needed to be a cultural change from the "top down" and asked why this is not mentioned as part of the strategy and presentation. The member felt that this should be at the heart of the overall improvement plan.** Ms Eden apologised that this had not come across as the Quality Improvement Plan sits within the strategy and a key element of this is leadership development and it is a key element of the Trust's work. The cultural change will make the difference needed in terms of sustainability.
- **Have specific management development plans been developed?** Ms Eden confirmed that these have been developed and are in place. A new chairman has been appointed along with new non-executives. The Trust has appointed an agency to help with Board development and there is support available around non-executives and executives and then pulling everyone together into an integrated Board.
- **A review of the Trust's Non-Executive Director (NED) profiles on the website indicates that they have backgrounds in a range of professions, including Accountancy, Business, Radiography as well as Health Service Management. In October, the Committee expressed concern about the lack of non-executive nurses and carers and this concern remains. Whilst the Committee acknowledges that the Trust Development Authority recruits the NEDs, would you accept that this is a current weakness of the Board composition and where is the challenge to the Trust's executives on behalf of patients, nurses and carers?** Ms Eden responded by confirming that the National Health Service Trust Development Agency appoints the NEDs but she believes that the Board is very strong and balanced. She said that it has been improved by appointing Professor Mary Lovegrove, a diagnositic radiographer and Professor David Sines who has a nursing background. She stressed that it is an integrated Board and there are many different ways to engage with patients. The Chairman said that it is good to hear that the structure is more robust than before. Ms Morrice added that as a Director, she gets lots of challenge and she does safety walkabouts with non-executive directors and it is a real team effort.

- **Are you able to summarise the improvements that have been made with the discharge process in the last 12 months and is there any evidence which shows the impact these improvements have had?** Ms Morrice said that there has been lots of work in this area over the last 12 months. Discharge planning links with the flow which has been mentioned earlier. Multi-professional daily meetings to review patients – happen every day, normally between 9-10am. Not as good as we could be around planning at the admission stage and around actively engaging with carers and other health professionals. Over the coming weeks', the Trust is focussing on "The Perfect Week" which will look at how the flow would be if everything went well. Some headway has been made in this area but there is still work to be done. The Trust is working with its partners and looking at how it can work better in terms of the more complex discharges.
- **Does the nurse have to be satisfied with the "at home" arrangements before a discharge can take place?** Ms Morrice said that this is the duty and responsibility of the nurse to make sure that a patient is discharged to a place of safety.
- **Does this discharge policy extend to A&E patients as well?** Ms Morrice confirmed that it is across the patch and the nurses need to know that the individual is safe. Ms Patten went on to say that it is a whole system issues. The Clinical Commissioning Groups are looking at out of hours services and all the services need to work together. Ms Morrice stressed that there is a duty of care to the patients so they will be looked after.
- **Have the necessary improvements been made to the discharge papers in terms of legibility of a patient's medication?** Ms Eden said that the Trust has invested in a new electronic system for patient discharge which will be available in the next 12-18 months. She acknowledged that the Trust needs to work harder in the short term to get this right.
- **Are you able to share any analysis the Trust has undertaken in recent years to understand which patients and locations struggle to access the services provided by the Trust, which could be used to inform possible solutions to transport and accessibility?** Ms Eden responded by saying that lots of agencies, including the County Council and other colleagues in the system, have a role to play. The analysis has been undertaken and it has been presented to the Environment, Transport and Localities Select Committee – the remote, difficult to access areas have been identified. The Trust has invested in Arriva and provided free transport for some patients and staff. The Trust will continue to play its part and will continue to work on the development plans. Ms Patten said that in terms of the strategic future, the Health and Wellbeing Board brings together key people who can start to think collectively about this and develop it.
- **Does the duty of care just relate to discharge from Hospital or does it extend to actually getting them home?** Ms Eden said that it would relate to which mode of transport the patient is using to get home – certainly have a duty of care but it may be that we hand it over to another organisation.
- **A member commented that by centralising services, it does mean that some patients have to travel further distances and sometimes appointment times mean that it is impossible to use public transport.** Ms Eden said that in terms of benefits realisation, it is a constant dilemma. It is

about balancing a shortage of specialist staff and skills with concentrating services in one area to get the best outcomes for the patient whilst ensuring that people can access the services in a timely manner.

[Jean Teesdale left the meeting at 11.55am]

- **Please can you clarify when a publically accessible version of a quality improvement plan will be published and regularly updated to detail progress being made with the Trust's quality improvements.** Ms Eden explained that the Quality Improvement Plan will be signed off on Friday and will be available via the website on Monday.

The Chairman thanked all the presenters and said that she would like to invite everyone back to a future Committee meeting to provide a further update on the progress.

8 HASC GP SERVICES INQUIRY UPDATE

Roger Reed, Chairman of the GP Services Inquiry Group, provided the following update.

- The first evidence session was held on 27 August. NHS England Thames Valley Area Team, the local Medical Committee, local Clinical Commissioning Groups, Healthwatch and the Care Quality Commission all attended the session.
- GP service user feedback has been obtained which has identified areas of both satisfaction and dissatisfaction with services.
- The inquiry group is now undertaking visits to 11 GP practices to speak with staff about variation and patient experience, the demands on the service and how practices are delivering their service in response to these.
- There will be a final evidence session with NHS commissioners and the Local Medical Committee on 24th October.
- The findings and recommendations will be reported to the Committee on 25th November and then it will be presented to the relevant agencies for a response.

9 COMMITTEE WORK PROGRAMME

Members were asked to note the following changes to the Committee work programme.

- Adult Social care 15 min visits to be pushed back to October (due to policy proposals not being finalised yet).
- The Health and Wellbeing Board Annual report item has been pushed back from October to November (to accommodate the finished report).
- The Primary Care Strategy has been added to the work programme for February 2015.
- The item to look at either Palliative Care in the Community and/or Adult Social Care Outcomes has been removed from the programme and will be considered when the next inquiry is discussed.
- The Children and Adolescent Mental Health Services (CAMHS) paper on the re-commissioning exercise will come to the October meeting.

10 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 28 October 2014 at 10am in Mezzanine Room 2, County Hall, Aylesbury.

Future dates in 2014

Tuesday 25 November

Proposed dates in 2015

Tuesday 10 February
Tuesday 24 March
Tuesday 28 April
Tuesday 26 May
Tuesday 30 June
Tuesday 15 September
Tuesday 20 October
Tuesday 24 November

CHAIRMAN