



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Date: Tuesday 28 April 2015
Time: 10.00 am
Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	10:00	
2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests		
3 MINUTES Minutes of the meeting held on 24 th March 2015 to be confirmed as a correct record.		5 - 10
4 PUBLIC QUESTIONS This is an opportunity for members of the public to put a question or raise an issue of concern, related to health. Where possible, the relevant organisation to which the question/issue is directed will be present to give a verbal response. The member of public will be invited to speak for up to four minutes on their issue. A maximum of 30 minutes is set aside for the Public Questions slot in total (including responses and any Committee discussion). This may be extended with the Chairman's discretion.	10:05	

For full guidance on Public Questions, including how to



CHILTERN
District Council



South Bucks
District Council



register a request to speak during this slot, please follow this link:

<http://www.buckscc.gov.uk/about-your-council/scrutiny/get-involved/>

The Chairman has received two public questions as follows:

In relation to Item 8: Part Two, Local Area Trading Company, Buckinghamshire Care. The question received from Margot Hill is:

“How will the third additional tier of management improve communication and support to front line staff who are at the same time having to sign new contracts that give them less flexible working conditions?”

In relation to Item 9: Buckinghamshire Healthcare Trust. The question received from Ozma Hafiz is:

“What guarantees can be given that the services we currently have including the Cardiac/Stroke and Maternity unit will still be on Queen Alexandra Road in 5-10 years time? What are the future plans for the Wycombe Hospital site?”

5 CHAIRMAN'S UPDATE

10:10

For the Chairman of the Committee to provide an update to the Committee on any recent scrutiny activity.

6 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.

7 LOCAL AREA TRADING COMPANY (LATC) PART 1 COMMISSIONERS

10:20

11 - 20

For members to scrutinise the operation of Buckinghamshire Care, the Local Area Trading Company (LATC) launched in 2013 to deliver adult social care services.

Part 1 will examine the setup of the LATC, its governance, financial performance and lessons learnt over the past eighteen months.

Graeme Finch, Contract Manager, Susie Yapp, Service

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



Director.

- | | | | |
|-----------|---|--------------|----------------|
| 8 | LOCAL AREA TRADING COMPANY (LATC), PART TWO: BUCKINGHAMSHIRE CARE, THE PROVIDERS
For members to scrutinise Buckinghamshire Care, the providers of adult social care services. Members will examine its services, its clients, its aims and objectives and its performance.

Martin Farrow, Managing Director Buckinghamshire Care | 10:50 | 21 - 26 |
| 9 | BUCKINGHAMSHIRE HEALTHCARE TRUST (BHT)
For members to scrutinise performance and the ongoing quality and service improvements being made by the Trust. As part of this members will re-visit the actions they recommended in their October 2013 report published in response to the Keogh report into the quality of care at the Trust (published in July 2013).

Neil Dardis, CEO, Buckinghamshire Healthcare Trust, Carolyn Morris, Chief Nurse, Dr Tina Kenney, Medical Director. | 11:20 | 27 - 44 |
| 10 | COMMITTEE WORK: 15 MIN DOMICILIARY CARE VISITS INQUIRY SCOPE
For member to agree the inquiry scope for 15 min domiciliary care visits and agree membership of the inquiry group. | 12:10 | 45 - 48 |
| 11 | COMMITTEE WORK PROGRAMME
For members to consider the committee work programme and suggest topics for work programme development. | 12:15 | 49 - 50 |
| 12 | DATE AND TIME OF NEXT MEETING
26 th May 2015 | 12:25 | |

Purpose of the committee

The Health and Adult Social Care Select Committee is the designated statutory health scrutiny committee and shall carry out the local authority scrutiny functions for all policies and services relating to the scrutiny of public health, local health services, adult social services and family wellbeing, including: Public health and wellbeing; NHS services; Health and social care commissioning; GPs and medical centres; Dental Practices; Health and social care performance; Private health services; Family wellbeing; Adult social services; Older people; Safeguarding; Physical and sensory services; and Learning disabilities.

Webcasting notice

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should sit within the marked area and highlight this to an Officer.

If you have any queries regarding this, please contact Member Services on 01296 382876.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Kama Wager on 01296 382615 , email: kwager@buckscc.gov.uk

Members

Ms A Macpherson (C)	Ms J Teesdale
Mr R Reed (VC)	Mr D Carroll
Mr B Adams	Mr A Huxley
Mrs M Aston	Mr N Brown
Mr B Roberts	Ms J Blake
Mrs A Davies	

Co-opted Members

Mrs Freda Roberts, Aylesbury Vale District Council
Mr N Shepherd, Chiltern District Council
Dr W Matthews, South Bucks District Council
Mr A Green, Wycombe District Council
Ms S Adoh, Local HealthWatch

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area.
Catch up with latest County Council democracy news on twitter @BucksDemocracy





Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes

*HEALTH AND ADULT SOCIAL CARE
 SELECT COMMITTEE*

Minutes from the meeting held on Tuesday 24 March 2015, in Mezzanine Room 2, County Hall, Aylesbury, commencing at Time Not Specified and concluding at Time Not Specified.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: admin@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Ms A Macpherson (In the Chair)
 Mr R Reed, Mrs M Aston, Mr B Roberts, Mr D Carroll, Ms J Blake and Mr S Lambert

District Councils

Mrs Freda Roberts	Aylesbury Vale District Council
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

Mr J Povey, Policy and Strategy Adviser
 Mr A Batty, Area Manager Chiltern, SCAS
 Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group
 Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies received from Mr B Adams, Mr N Brown and Ms J Teesdale
 Mr S Lambert was substituting for Mrs A Davies

2 DECLARATIONS OF INTEREST

There were no declarations of interest.



South Bucks
 District Council



3 DRAFT MINUTES

The minutes of the meeting held on Tuesday 10th February 2015 were confirmed as a correct record.

Matters arising

The Chairman would provide an update on the Female Genital Mutilation topic under Agenda Item 5.

The Chairman had raised the issue of information sharing on the Cressex Health Centre new provider with the NHS England Thames Valley Area Team.

Mr J Povey confirmed that the Better Care Fund HASC sub-group had met with Lesley Perkin, the Programme Director for Integrated Care, to discuss progress.

Mr J Povey advised that Ms K McDonald had updated the Health and Wellbeing Board governance slide as requested, and that this had been published as a paper for the last Board meeting on 5th March. The March Board meeting was held in Amersham, and the next would be in Aylesbury, but venues of the meetings after that had not been agreed. Ms McDonald was looking at venue options, and had been provided with contact details of Mr Green and Ms Teesdale to facilitate a High Wycombe venue. Ms McDonald had advised that in lieu of an annual report for 2015, a 'measuring success' report would be published in the summer to accompany the governance report published in March. An updated communications and engagement plan would also be published in the summer, around the time of the June Board Meeting.

Mr J Povey advised that further responses to the HASC GP Inquiry had been requested and now received.

NHS engagement in planning matters would be covered in more detail under Agenda Item 8.

The draft scope for the new HASC inquiry which would be on Services for Adults with Learning Disabilities was in the papers to be discussed under Agenda Item 9.

The Committee had provided comments on the CCG response to our concerns over ambulance response times, and this had informed the subsequent correspondence detailed in the papers.

Mr J Povey and the Chairman clarified that the issue with blood donation services in High Wycombe did not seem to be a lack of sessions in the area, but a lack of a town centre venue, with Adams Park being the town venue currently. NHS Blood and Transplant had been contacted on this matter, and a response is awaited. Comments were made on the poor accessibility of Adams Park, and why sessions were not at workplaces.

Action: Chairman to feedback to the committee when response is received from NHS Blood and Transplant

4 PUBLIC QUESTIONS

There were no public questions.

There is guidance on how to submit public questions on the Council's website: www.bucksc.gov.uk/about-your-council/scrutiny/guidance/

5 CHAIRMAN'S REPORT

The Chairman informed the committee Mr J Povey would no longer be supporting the committee, and thanked him for his work over the past two years. Ms K Wager was introduced, and would be supporting the committee in future.

The Chairman advised that in response to continuing committee concerns over the adequacy of the Council's domiciliary care service, the committee would be undertaking further work on this comprising an audit of care visits, and committee members shadowing carers on their shift. Ms Adoh, Mr Shepherd, Mrs Aston, Mr Reed and the Chairman volunteered to be involved in the work, and would report back to the committee and Cabinet Member.

Action: Chairman to feedback to the committee following the domiciliary care worker shadowing and audit exercise

The Chairman referred to Agenda item 5, appendix 2 which was a proposed response to the two recent Adults and Family Wellbeing consultations on Sheltered Accommodation, and Charging Policy. Following a brief discussion it was agreed to send the response to the Cabinet Member.

Action: Chairman to send consultation response to Cabinet Member for Adults and Family Wellbeing.

The Chairman gave an update from the meeting of the Better Care Fund (BCF) HASC sub-group, and advised that she had expressed an interest to receive more detail on impact monitoring of the fund and specific elements of it when this was available. Also that Tier 1 and 2 of the BCF programme would be looked at alongside our Public Health activity in a future committee meeting in 2015.

The responses received on ambulance response times were referred to - see Agenda Item 5 papers. The committee had no further comments.

The Chairman advised that an update on Frimley Health NHS Foundation Trust who operate Wexham Park Hospital, had been received and circulated to the committee. This would be added to the meeting papers online. Following a discussion on further updates desired, and Frimley Health's arrangements to engage with Chiltern CCG and the Councils Adult and Family Wellbeing Service, it was agreed that the Frimley Health Chief Executive be invited to a future committee meeting in 2015.

Action: Chairman to invite Frimley Health Chief Executive to future HASC meeting

The Chairman advised that she had attended a Milton Keynes CCG public engagement event in Buckingham a couple of weeks ago, which she considered to have been poorly advertised and hence was poorly attended. She would seek more HASC involvement in the work on the future of Milton Keynes Hospital when this picks up after the general election in May. Ms Patten highlighted the Buckingham & Winslow locality work with MK CCG.

The Chairman advised that Female Genital Mutilation (FGM) work locally was being led by the Buckinghamshire Children Safeguarding Board currently, and to avoid duplication of effort she would contact them and the Adult Safeguarding Board to keep updated on progress in ensuring the necessary arrangements were in place locally.

Action: Chairman to contact the Children and Adult Safeguarding Boards on their FGM activity

6 COMMITTEE UPDATE

Ms S Adoh provided an update on Healthwatch activity. See supplementary paper for full update.

A committee member raised an issue with SCAS 111/999 call handling and signposting to alternative pathways. In response Mr Battye explained how calls are handled and how

patient and GP feedback on these are reviewed.

7 URGENT CARE

Dr A Gamell went through the presentation slides, followed by questions from the committee - SEE PAPERS/WEBCAST FOR CONTENT.

The following issues were raised by the committee: how are current levels of high demand and efforts at closer integration any different to previous messages heard on this, distinction between a provider or whole system declaring 'black' status and the use of ambulance diverts to alternative emergency departments, paramedic recruitment problems and sustainability of overseas recruitment, longer term efforts at tackling staff shortage and staff housing provision, whether organisational sovereignty was a barrier to closer integration, plans to avoid the impact of bank holidays on the urgent care system and potential costs caused by inflated locum /temp staff costs. The contribution of adult social care staff was highlighted by the Cabinet Member, and issues with care home admittance was identified as a block on patient discharge.

Other matters raised concerned the adequacy of the paid for bed stock at Buckinghamshire Healthcare Trust, the issue of excessive lengths of stay taking up bed capacity, and the importance of the elderly getting flu jabs.

In connection with the responses to the Wycombe District Council Urgent Care Report in the papers, it was clarified that the Minor Injuries & Illness Unit now had 24hr X-ray provision, the timescales for improved IT integration, and the data that would indicate effectiveness of communications to improve patient understanding of urgent care pathways/services.

NHS 111 call handling effectiveness and monitoring was then queried, followed by the performance and improvements planned for Wexham Park A&E.

8 BUCKINGHAMSHIRE PRIMARY CARE STRATEGY

Dr M Jones went through the Primary Care Strategy and its goals. It was emphasised that it is not prescriptive but a set of design principles, and the design solutions would likely vary by locality (3 localities in Aylesbury Vale, 4 in Chiltern CCG). Co-commissioning would enable CCGs to proactively develop local primary care. The presentation was followed by questions from the committee - SEE PAPERS/WEBCAST FOR FULL CONTENT.

In scrutinising the strategy members were able to clarify that there would be no additional resource to support the extra CCG responsibility of co-commissioning, but that in doing so CCGs hope to be able to commission services more efficiently and proactively given their expertise in primary care.

It was highlighted by the Cabinet Member that the CCGs had benefitted from a £30m increase in their budget, although the CCGs clarified this was part of a national initiative to move those previously disadvantaged CCGs nearer to a fairer funding allocation. Members requested a summary on what this extra resource would be spent on.

Action: CCGs to provide a summary of the £30m of extra funding provided and their plans for this.

Other matters raised concerns how the Strategy links with the Council's Prevention Matters programme and public engagement and communications on the strategy and its implementation.

With reference to the rejected HASC GP inquiry recommendation (rejected by NHSE) on a waiting time performance indicator, it was queried how the Strategy principle of being accessible with appropriate waiting times would be measured and monitored. This instigated

a discussion around what is appropriate and how patient needs and access could be met more generally.

There was then a further discussion on another HASC GP recommendation area concerning NHS interaction with the planning system, and public or developer funding for GP buildings and services.

9 HASC INQUIRY INTO SERVICES FOR ADULTS WITH LEARNING DISABILITIES

The Chairman summarised the proposed inquiry scope, as detailed in the papers, and invited comments. There were no comments and the committee agreed the scope.

Decision: the committee agreed the scope for the HASC inquiry into services for Adults with learning Disabilities

10 COMMITTEE WORK PROGRAMME

The Chairman signposted members to the work programme and highlighted forthcoming items. SEE PAPERS FOR DETAIL.

11 DATE AND TIME OF NEXT MEETING

The Chairman signposted members to the work programme and highlighted forthcoming items. SEE PAPERS FOR DETAIL.

CHAIRMAN



Buckinghamshire County Council Select Committee

Health and Adult Social Care Select Committee

Report to the Health and Adult Social Care Select Committee

Title:	Local Authority Trading Company (LATC) Part 1 - LATC
Committee date:	April 2015
Author:	Graeme Finch
Contact officer:	Graeme Finch - Contracts Manager Performance & Contracts 01296 387825
Report signed off by Cabinet Member:	Patricia Birchley
Electoral divisions affected:	[Electoral divisions]

Purpose of Agenda Item:

This paper is to inform HASC members of the setup of the Local Authority Trading Company (LATC) and to give an overview of the governance around this, its financial performance and the lessons learnt over the last eighteen months.

Background:

The LATC was set up in October 2013 with the headline aims of :

- Creating a mechanism for MTP savings predominately through day services
- Establishing the Council as a commissioning body as opposed to one involved in the direct delivery of Adult Social care services
- Creating a vehicle that could charge for services that the Council is unable to do so
- Creating a delivery vehicle that is able to deliver services funded by direct payments
- Create a profitable commercial vehicle that is able to submit dividends to BCC

The LATC has been operating for 18 months under the trading name of Buckinghamshire Care Ltd and is responsible for :

- Day Opportunities services at 11 locations
- Supported Employment Services
 - Thrift Farm
 - Back to base



- Missenden Abbey
- Food4Thought
- Reablement service
- Laundry Service
- Learning Disability Respite at Seeleys House
- Provider of Last Resort

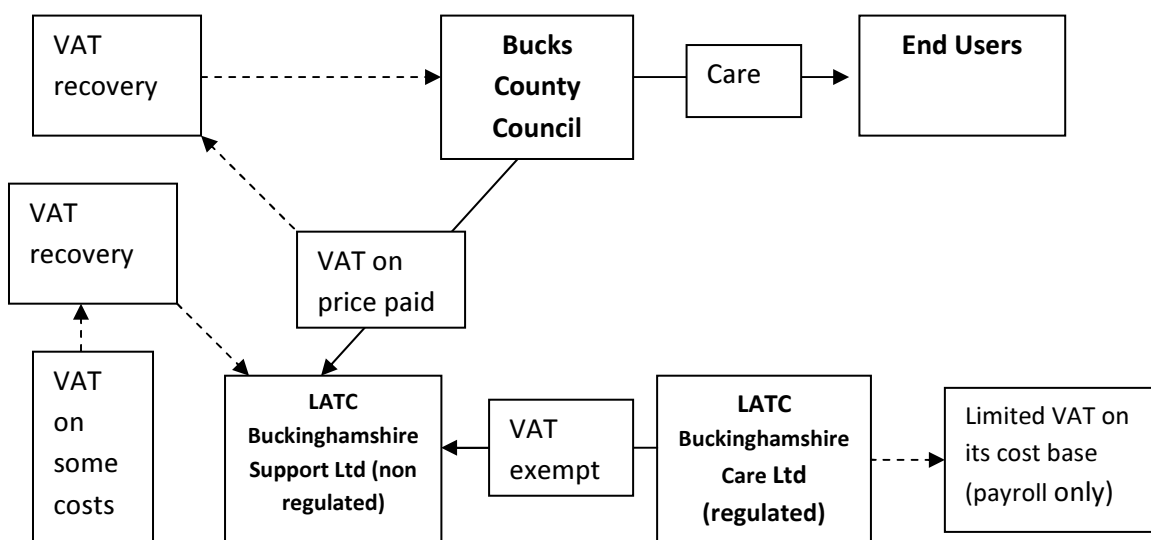
Moving these services to the LATC has achieved the aim of the Council not being a direct deliverer of Adult Social Care Services.

Structure

The LATC is set up as two companies as indicated in the diagram below. The LATC is referred to as 'Buckinghamshire Care' which is the trading name of both companies, Buckinghamshire Support Ltd and Buckinghamshire Care Ltd, which constitute the LATC.

Adult Social Care has a 5 year delivery contract with Buckinghamshire Support Ltd. Back office support services for HR, ICT, Accounts and Legal are provided through a service contract to Buckinghamshire Support Ltd by BCC and until at least October 2015. Buckinghamshire Care Ltd supplies services to Buckinghamshire Support Ltd and is primarily a staff company.

The Council provides care services to its users as Principal which is regarded as non-business for VAT purposes. The reason for this structure has the purpose of maximising the VAT recovery position on expenditure for the Council under section 33, VAT Act 1994 for the provision of care services after the transfer of operations to a separate wholly owned LATC and to maximise the flexibility of the operation for future potential development.



More recently, the company has moved to having a group VAT registration to minimise the impact of charging VAT for all services to service users which would be otherwise be the case, as some of these are VAT Exempt eg Respite care.

Governance

The LATC is set up as an independent limited trading company with its own board of directors who, like any legal entity, form the governance structure of the company. The board of directors is made up of the CEO, the Operations Director, the Finance Director, an non-executive director and a non-executive Chairman. There is no representation of the Council on the Board of Directors.

Within the Council there is a Shareholder Commissioning Group (SCG) which meets on a quarterly basis and whose fundamental purpose of the SCG is to act on behalf of the shareholder in scrutinising performance against the contract and Business Plan, review investment plans and review risks. This SCG is an advisory body operating under the Terms of Reference in Appendix A. Furthermore, the SCG is not empowered to act as a director of Buckinghamshire Care Limited and the board of directors of Buckinghamshire Care Limited shall not seek or accept instruction from the SCG as a director or quasi-director. The recommendations of the SCG shall be advisory only and shall not obligate the board to act in accordance therewith.

Should a point be reached where the Board of the LATC fail to listen to the advice of the SCG then an ultimate sanction would be for BCC, as the 100% shareholder, to dissolve the company, to not renew their contract with the LATC or to sell the LATC on a going concern basis.

Contract Management

Another significant element of Council governance is the level of contract management that is associated with the LATC. Contract monitoring visits to all service areas take place a minimum of twice per annum and there are monthly contract meetings with the Executive board to make sure that there is accurate knowledge and significant dialogue to understand the operational aspects of the LATC business and its day to day challenges.

Should anything of concern be discovered then there is a normal escalation route through to Service Managers, Service Director and Managing Director of the CHASC business unit.

Teckal Exemption

One of the characteristics of the LATC is that it has Teckal status provided the following conditions are met:

- 1 The turnover of the company has a maximum income of 20% of turnover that is derived through non- council funded activities.
- 2 Shareholder governance exists as an essential component for Buckinghamshire Care in order to ensure that the requirements of the Teckal Exemption are satisfied (i.e. the need for the Council to exert control and influence over the Company).

There is a need however, to achieve a balance between the Council's 'control and influence' and the space the Company needs to be able to develop. It is possible that too close control and influence will create the risk of recreating a Council Directorate and not enough may mean that the Council cannot demonstrate the control required.

Both of these requirements are in place and it is not anticipated that the 20% turnover threshold will be exceeded within the current 5 year planning cycle.

The advantage of Teckal status is that the Council does not need to go through a formal tender process (as would be required under EU legislation) for the supply of services and can award business to the LATC without going through an expensive and time consuming procurement process.

As a commercial trading company the LATC does not have to conform to EU procurement legislation as it goes about its own duties. In this way it can compete favourably with its private sector competitors.

Recouping Implementation Costs

Through the generation of surplus by Buckinghamshire Care, BCC will endeavour to recoup the investment costs associated with the implementation of the LATC, to date funded by the Adults and Family Wellbeing department. This cost is estimated to be £400k.

There is an expectation that, where possible, BCC will look to recoup the investment cost through the payment of dividend by Buckinghamshire Care over a period of 5 years. The payment will start no earlier than in year 2 and will be dependent on the profitability of the enterprise and its ability to support dividend payments taking into account its own cash flow demands. The treatment of any profit arising from Buckinghamshire Care's activities, i.e. whether they should be reinvested in the business or paid out as dividend, shall be determined through the joint quarterly SCG and Executive Board meetings.

Performance

Although very much still in its infancy the LATC is generally performing in line with the original business plan although this plan has been revised during 2014-15 to reflect changes in the market place and the developments that have taken place since the original business case which is now three years old.

During the course of 2014-15 the company decided that it needed to change some of its 'inherited' practices and embarked on a restructuring plan (Better Futures) to address this and to also create a management structure and skillset that will reach to potential expected. This restructuring has now taken place and the impacts of this will be seen in 2015-16.

Overall the profitability target has remained unchanged although this is now expected to materialise in years 4 and 5 rather than a steady progress from year 2. This business plan change was discussed with the SCG and reflects the need to invest in a higher skilled management structure to realise the ambitions of the LATC. Another significant difference is that the original business plan had significant additional income generation through sales of services to other Local Authorities whereas reality has proven this to be a slow burn and there has been more opportunity to develop services to meet the growing demands of the social care self-funder market in Buckinghamshire.

Financial Reports

The LATC (Buckinghamshire Care Ltd) is a separate legal entity to the Council and files financial records in its own right at Companies House.

The most recently filed accounts cover the period to March 31st 2014. Accounts for the 2014-15 year are now in progress and are expected to be filed by December 31st 2015. The results of the LATC are also incorporated into BCC Consolidated Annual accounts as the LATC is a wholly owned company.

Lessons Learnt

The formation of the LATC and its subsequent operation has involved the Council in some significant learning as shown below:

- Outsourcing the work of writing the business case and setting up the LATC structure to an external consultancy has resulted in some of the detail knowledge being 'lost' on an ongoing basis
- The start-up was slower than envisaged in the original business case and more recognition of this in any future start-up needs to be recognised
- The impact and time taken for cultural change is significantly more than was thought particularly with a high number of staff TUPEing from the Local Authority to a new commercial enterprise
- The importance of strong and regular internal communication is needed to assist with cultural change and understanding the change in relationship
- The difficulty of internal BCC staff in shared services in understanding the LATC as an external customer rather than an internal customer which requires a different approach in customer service/support
- Transferring good managers from within the Council does not necessarily mean that they will be equally good managers in a different, and smaller, commercial enterprise.

Summary

The LATC continues to operate within the funding contract and has returned annual results slightly better than the original business plan although it is not yet in a position to pay any dividends back to its 100% shareholder, the Council.

The LATC has largely achieved the aims it set out to although the operation is still in its infancy and the financial benefits have still to materialise. It continues to make good progress with non-council income generation ahead of target and is expected to meet the financial targets for profitability set out in the original business case.

Additionally, through a pattern of reduced contract funding, Adult Social care will meet the MTP targets that were embodied in the original business plan.

Next steps

To consider how the structure of the LATC can impact and be utilised in creating a sustainable adult social care model in the future.

Appendix A Shareholders' Commissioning Group Terms of Reference (TORs)

Purpose

1. Buckinghamshire County Council owns the share capital of Buckinghamshire Care Limited¹ and wishes to be kept informed by the board of directors in respect of the following matters and to offer non-binding advice and scrutiny on the same as shareholder:
 - (a) Progress against the business plan and associated budgets for the current year on a quarterly basis;
 - (b) Proposed and adopted business plans and budgets for future years to be presented in draft as they are developed;
 - (c) The annual report and accounts in draft before these are submitted to the general meeting of the company;
 - (d) Compliance with relevant legislation;
 - (e) Events and reputational damage likely to have a significant impact on operations or financial outcomes as they occur; and

The mechanism for facilitating this will be a Shareholder Commissioning Group ("SCG"), as detailed below.

Membership

2. The membership of the SCG shall consist of elected members of the Council, selected in proportions which preserve political balance, and key senior officers. Membership of the SCG will cease with membership of the Council.
3. The members of the SCG shall be appointed and removed by the Leader.
4. One of the members may be nominated by the Leader to act as Chairperson of the SCG. In default of nomination, the SCG shall itself nominate a Chairperson, who will hold office until the SCG or the Leader nominates a successor.
5. The Leader may appoint and remove himself or herself as a member of the SCG and/or as the Chairperson of the SCG. Any member of the SCG may at any time resign such membership and/or any appointment as Chairperson.

¹ The LATC will be referred to throughout the ToRs as 'Buckinghamshire Care Ltd'. This is the trading name of both companies, Buckinghamshire Support Ltd and Buckinghamshire Care Ltd, which constitute the LATC. The service contract will be held between BCC and Buckinghamshire Support Ltd.

Proceedings

6. Meetings shall be called at approximately three-month intervals but may be called at other times on the requisition of any two members. Notice of not less than ten working days must be given of any meeting unless at least three members entitled to attend waive this requirement. The notice shall specify the nature of the business to be discussed.
7. The quorum shall be any three members (one of which shall be the Chairperson or his nominated representative). Substitutes can be nominated in place of a member.
8. Any member may participate in a meeting of the SCG by means of conference, telephone or similar communications equipment whereby all participating in the meeting can hear each other and participation in such a meeting in this manner shall be deemed to constitute presence in person at such meeting.
9. Any member may participate in a meeting of the SCG and be reckoned in estimating a quorum notwithstanding any other responsibilities of that member within the Council.
10. The Chairperson shall within fifteen working days of each meeting of the SCG furnish to the member of the Council having responsibility for the council's holding in the company a copy of the written summary of the SCG's proceedings at that meeting together with any recommendations (including minority recommendations) of the SCG as to action by the Council as shareholder.

Support

11. The Council will provide all necessary administrative and secretarial support for the SCG.
12. The Chairperson may invite such advisers or other contributors to its proceedings as it thinks fit.

Relationship with LATC Limited

13. The SCG is not empowered to act as a director of Buckinghamshire Care Limited and the board of directors of Buckinghamshire Care Limited shall not seek or accept instruction from the SCG as a director or quasi-director. The recommendations of the SCG shall be advisory only and shall not obligate the board to act in accordance therewith.
14. The SCG is empowered to consider the options available to the company for improving its performance or mitigating adverse consequences in the light of actual or reasonably anticipated circumstances and offer non-binding proposals, recommendations and opinions (all of which the company accepts shall be without liability on the part of the Council or any individual member) as a representative of Buckinghamshire County Council on any matter affecting the Council as a shareholder in Buckinghamshire Care Limited and/or the ultimate owner in whole or part of any subsidiary of the company. Neither the members of the SCG nor the Council shall owe any duties (fiduciary or otherwise) under these Terms of Reference or at law or in equity to the company or any

subsidiary. The company acknowledges that the SCG may take into consideration solely the interests of the Council in giving any proposal, recommendation or opinion.

15. The determination of the number of Buckinghamshire Care Limited Board members, their appointment and dismissal is made by the SCG. Elected members are not permitted to be appointed as Chair of the Board, given the potential conflict of interest this may cause.
16. The SCG is also empowered to make reports and recommendations for action to the Leader of the Council, the Deputy Leader and/or the Shareholder Representative, if this is another identified person, and shall make such reports and recommendations where the conduct of the business or the circumstances affecting it give reasonable cause for concern. Any of the aforesaid receiving such reports and recommendations shall nevertheless effect his or her own decision thereon.
17. Buckinghamshire Care Limited shall provide to the SCG upon request the agendas and support papers provided to the board of Buckinghamshire Care Limited and/or the board of any subsidiary company of Buckinghamshire Care Limited and shall do so at the same time, as far as possible, as the relevant board receives those agendas and papers (except for minutes, which need only be supplied after signature). The company shall in addition supply the SCG with all information and data reasonably requested by the SCG to enable it to reach an informed judgment on any matter within its purview under these Terms of Reference.
18. The SCG shall provide Buckinghamshire Care with details of SCG/ Buckinghamshire Care meetings, agenda and any papers.
19. Buckinghamshire Care Limited shall provide for each meeting of the SCG at least one representative who shall be a director of the company and qualified to address the issues indicated by the SCG for discussion



Buckinghamshire County Council Select Committee

Health and Adult Social Care Select Committee

Report to the Health and Adult Social Care Select Committee

Title:	Local Authority Trading Company (LATC) Part 2 – Buckinghamshire Care
Committee date:	April 2015
Author:	Martin Farrow
Contact officer:	Graeme Finch - Contracts Manager Performance & Contracts 01296 387825
Report signed off by Cabinet Member:	Patricia Birchley
Electoral divisions affected:	[Electoral divisions]

Purpose of Agenda Item:

This paper has been produced to support Buckinghamshire County Council's Health and Adult Social Care Select Committee meeting to be held on April 28th 2015. This paper gives an overview of Buckinghamshire Care, its services, and its clients, its objectives and aims and its performance.

Background: an overview of Buckinghamshire Care

Buckinghamshire Care was launched in October 2013 and delivers adult social care services designed to offer choice, inclusion, independence and support opportunities for both individuals and their communities across Buckinghamshire and beyond.

Buckinghamshire Care's vision is to create opportunities, which has a positive impact on every person and community it operates in, providing innovative, safe, integrated services delivered by around 280 skilled, flexible and passionate people.

At all times, Buckinghamshire Care aims to:

- Provide a quality of service which we would expect for our own family
- Develop services by involving its people, those supported and those around them
- Attract and develop the best people and the best teams
- Demonstrate the determination, skills and creativity required to make a real difference in people's lives and support a healthy and viable organisation



We operate in three key areas:

a) Services delivered in the home

We help and support people to regain and retain their independence at home through a reablement service which is free to clients. Our services are delivered for up to 6 weeks with an emphasis on prevention and longevity of independence. We operate this service across the county with referrals coming from community and hospital teams.

We also provide a home laundry service aimed to help those who need help with their laundry and may already be receiving support with their care needs, or those who require specialist cleaning processes. This service is based in High Wycombe, and delivered across the county.

Finally, we offer a home care service for those requiring a little extra help at home to support their independence, enabling them to get the best out of life. This service is delivered across the county.

b) Services delivered within the community

Buckinghamshire Care operates a number of opportunities centres across the county which have been supported by Buckinghamshire County Council's commitment to investing in modernising day services, delivered through new and refurbished facilities.

The centres located across the county and include:

- Aylesbury Opportunities Centre
- Beaconsfield (Seeleys House Day Services)
- Buckingham
- Burnham
- Chesham
- Denham
- High Wycombe
- Spring Valley
- Steeple Claydon
- Wing

We also operate a respite care - Seeleys House Respite Service – which is located in Beaconsfield and is dual located with Seeleys Opportunities Centre. The respite unit provides adults with complex needs a short-term break opportunity as well as creating time and space for personal breaks for parents/carers. Seeleys respite has the capacity to offer support to 12 people, seven days a week.

c) Supported Employment and specialist services

We offer supported employment services to people across Buckinghamshire in many different ways such as:

- A working farm
- A garden centre
- A gardening and maintenance service
- A fully operational café
- Working with employers to create paid opportunities for clients (including Sainsbury's and Starbucks)

We support a range of clients, though we mainly support:

- Adults with a learning disability
- Adults with autism

- Adults with mental health problems

Our aim is focussed on creating opportunities and is targeted towards those who experience lifelong disabilities and/or mental health conditions

We have supported clients – most of whom have learning disabilities, autism or mental health problems – to take on a number of paid and apprentice roles such as chefs, cleaners and landscapers.

By employing more disabled people on equal pay and terms and conditions – working directly alongside our workforce – this service raises expectations among the target groups and provides a pioneering platform for others

By increasing self-esteem and improving access to opportunities as well as giving people ongoing placements for skills development and employment training, prior to accessing the open employment market, we are not only making a positive impact on people, but our approach leads to improved social status.

Our work in this area was recognised nationally in 2015 through a prestigious Independent Specialist Care Award which was awarded to us in March.

Our Clients

Buckinghamshire Care's services support many people, including:

- Those with a learning disability and/or those requiring mental health and well-being support.
- Adults living with autism
- People with sensory, physical and cognitive impairments
- Older adults including those with dementia and other long-term complex conditions

Some of our clients have packages of care funded by the Local Authority following an assessment of need. These clients are referred to Buckinghamshire Care through its contractual relationship with Buckinghamshire County Council.

Some Clients receive a direct payment following assessment which gives the individual both the control and the choice to determine which services best suit their needs.

Some clients pay privately, or self-fund the services they wish to purchase.

Prices are arranged on a 'menu basis' so clients can choose what they feel is best for them, whether that be a morning or afternoon at one of our opportunities centres, or just joining us for lunch, or spending all day with us. Our laundry service is offered on a weekly basis or next day; our homecare service gives clients the options to receive services depending on the needs and wishes of the individual and or those around them, ranging from 1 hour visits, to 45 minutes or half hour visits seven days a week,

Buckinghamshire Care also offer free taster days at all our Opportunities Centres to anyone wishing to experience the service so they can decide themselves before having to spend any money whether it is a service they wish to experience.

Performance

Buckinghamshire Care and Buckinghamshire County Council (Shareholder Commissioning Group) jointly signed off a business plan which is monitored and reviewed on a regular basis to ensure

consistency and also to measure achievements. Buckinghamshire Care is performing well and remains on track to reach its goals.

a) Services Delivered within the Community

On any one day we support over 600 people across our opportunities centres with numbers of private referrals growing consistently every month. Each service runs a variety of client led activities and projects throughout the day. Buckinghamshire County Council's Dignity in Care Awards recently recognised our arts project – which saw our clients create art which is displayed at the new Aylesbury Opportunities Centre – as highly commended. With Aylesbury Opportunities Centre and Buckinghamshire Opportunities already open, the next superb new centre, located in Chesham will open at the end of April.

We work with a number of partners to enhance the services we offer, such as:

The Music Therapy group

The Stroke Association

NHS Falls Clinics

'Men in Sheds',

The Alzheimer's Society

Lloyds Pharmacy

Physiotherapy

Cooking classes

Gardening

Hairdressing

Last month we were contacted every other day by people who took the trouble to get in touch, wanting to complement us on our services and what we do.

b) At Home Services

We have increased the number of clients we support through our reablement service, including those showing increased independence as a result of our intervention. More than 70% of those we support require less or no further care requirements. Those achieving full independence has doubled over the last 12 months to 45% of all of those who experience our Reablement service. As well as improving the lives of those we have assisted our avoided cost benefit to the Council, net of the cost of the service, is projected to exceed £1m in our second year of operation, thus supporting the sustainable element of this service.

Our home care service has recently been launched and already has a growing number of clients on board across the county.

c) Supported Employment and Specialist Services

Our gardening service, "Branching Out", which is delivered by our own Supported Employment teams, is open to individuals at home as well as local businesses and partners. We are currently carrying our gardening maintenance services for organisations such as Freemantle as well as a number of Churches across the county. The team are also working closely with our Missenden Abbey service to offer clients an integrated vocational experience whilst developing vegetable growing production and orchard.

We have supported more than 130 clients, referred to us from Buckinghamshire County Council in our supported employment programme, with over 50% of those now in full time employment. Some of our clients now work for Buckinghamshire Care as well as other organisations such as Sainsbury's and Starbucks.

Thrift Farm continues to be a success both for clients working and supporting the farm and also in terms of revenue, driven by a regular calendar of events and now being open seven days a week. In the first 5 days of April, more than 1,200 people visited Thrift to visit our garden centre, enjoy our farm experience, or visit our café.

Our innovative approach to supporting clients to take on a number of paid and apprentice roles is at the heart of this service and, as previously mentioned, has been recognised on a national stage as winners of the Innovation award at the Laing and Buisson Annual Awards, 2015.

Summary

Although Bucks Care has only been operating for 18 months it has firmly established itself within the communities it serves and is now also attracting clients from the self-funder market. It continues to look for new services to offer and to expand and improve those that are already operating. Plans are ambitious and we shall strive to exceed the original profit projections from the original business case.

Improving quality

Update for Health
and Adult Social Care
Select Committee

28 April 2015

Safe & compassionate care,

every time

Recap

- Last presented to committee in September 2014
 - Provided summary of Care Quality Commission’s Chief Inspector of Hospitals Inspection of acute services, which had led to our being removed from special measures in July 2014
 - Outlined our quality improvement strategy 2013-15

CQC ratings for Trust following inspection of acute services in 2014:

	Safe	Effective	Caring	Responsive	Well-led
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall trust	Overall requires improvement				

90 ratings

Inadequate	3
Requires improvement	34
Good	46
Outstanding	3

Safe & compassionate care,

every time

Progress following 2014 hospital inspection

Must dos		CQC said	Action we have taken
Urgent care	Patients in A&E must be assessed by an appropriate specialist inpatient team in a timely way to avoid delays in treatment		<ul style="list-style-type: none"> • Assessment standards established with clear escalation triggers • Audits of time taken for decision to admit
	Decision to admit made earlier by A&E team		<ul style="list-style-type: none"> • Restructured patient pathway through Urgent Care Hub – new AOU and SDAU – to fast track assessment
	A&E must ensure appropriate equipment is available and checked regularly		<ul style="list-style-type: none"> • £126k investment in new equipment • Identified team lead to monitor and support staff
Medicines management	Change procedures and facilities in surgical ward treatment room		<ul style="list-style-type: none"> • Redesigned layout of treatment room • Pharmacy technical support for medicines management
	Medicines must be appropriately stored		<ul style="list-style-type: none"> • Weekly audits carried out by ward pharmacists
	Medication available for end of life care		<ul style="list-style-type: none"> • Stocks of end of life drugs available on all wards
Care plans	Care plans developed for all patients		<ul style="list-style-type: none"> • 'Hearts & Minds' care plans rolled out across the Trust • Continue to monitor (compliance audited in Feb) and embed
End of life	Person-centred, holistic plans of care put in place for end-of-life patients		<ul style="list-style-type: none"> • Phased implementation of care plan and treatment escalation plan in March
	Do Not Attempt (DNA) CPR forms must be accurately completed and discussions documented		<ul style="list-style-type: none"> • Training in place for DNA CPR • Ongoing staff support – audit showing improved confidence
	Follow NICE 'end of life care for adults quality standards'		<ul style="list-style-type: none"> • Guiding principles are in place across the Trust and being reflected in refreshed materials informed, by patient workshops

Quality improvement: reducing mortality

What we said we would do in 2014

- Seek out harm and learn from every death
- Improve the care of the deteriorating patient

What we've done

- Every new admission seen by a consultant & the sickest patients are reviewed daily
- Training for staff on deteriorating patient and increased use of 'national early warning scores' (NEWS)
- Increased supervision for junior doctors
- **HSMR and crude mortality are within the expected range (reduced from 107 to 103)**
- Systems are in place to regularly review mortality and investigate any increases
- **78% of mortality reviews carried out within three months**

What we will do next

- Embed processes for the escalation of the deteriorating patient
- 100% roll out of treatment escalation plans
- Use technology to deliver safer care
 - 100% ward areas with electronic discharge summaries by Oct 15 to ensure accurate information sharing across primary and secondary care
- 100% mortality reviews carried out within three months of death

Quality improvement: reducing harm

What we said we would do in 2014

- Reduce falls, pressure ulcers, VTE
- Improve medicines management
- Improve care for those with dementia
- Support for all staff particularly out-of-hours
- Learning collaborative methodology

What we've done

- Doubled senior medical cover at weekends
- Patient wellbeing two-hourly checks (intentional rounding)
- Dementia strategy under review for 15/16 and specialist nurse and consultant nurse older people started in April 2015
- Multi-agency partnership to ensure vulnerable children and adults are safe
- Monthly 'learning from serious incident' sessions held for staff
- **443 staff trained in quality improvement methodology**
- **11% reduction in falls and level of harm**
 - **30% reduction in community falls**
- **Pressure ulcers reduced by 30%**
- **90% of people are screened for dementia and 100% who require it are referred**
- **95% of patients receive a risk assessment for VTE**

What we will do next

- Quality peer review all areas of Trust annually
- Safeguarding is everyone's responsibility – system wide learning & innovation
- Learning collaborative focussed on falls, with aim to reduce by 25% - £526,000 of funding secured through the NHSLA
 - Seen early results in surgery (20% reduction)
- 25% reduction in avoidable grade 3&4 pressure ulcers
- 5% reduction in high risk medication errors
- 10% increase in medication incident reporting

Quality improvement: great patient experience

What we said we would do

- Improve:
 - care planning
 - end of life care across Trust
 - patient satisfaction with complaints
- Reduce outpatient cancellations
- Reduce total time in A&E
- Improve Friends & Family Test score
- Quality ambassadors

What we've done

- 'Hearts and Minds care plans' are being used in 70% of our inpatient areas
- Doubled availability at night of adult community healthcare team
- Opened new same day assessment unit at Stoke Mandeville – part of our Urgent Care Hub
- Patient-centred, holistic care plans for end of life developed – informed through public involvement
- **Short notice cancellation of outpatient appointments reduced by 30%**
- **685 formal complaints and over 9000 compliments received in 14/15**
- **85% of people believe complaints response addresses the matters raised**
- **97% complainants found responses to be polite and easy to understand**
- **Friends and Family Test score for A&E improved – 95% would recommend us (Feb 15)**

What we will do next

- Review care plans' fitness for purpose to use in our assessment units
- End of life care improvement plan
- Investment from Macmillan to support end of life care across care settings
- Aiming for 50% reduction in short notice outpatient cancellations
- Develop patient experience plan to reduce variation in experience
- 10% increase in number of patients on EoL register
- 85% complaints responded to within 25 days
- 50% reduction in reopened complaints

Focus on safe staffing

- **£5m investment – over 364 nurses recruited during 14/15**
 - continue with innovative candidate attraction, particularly using social media
 - permanently recruiting to reduce agency and bank
 - Internal and external nurse staffing level reviews take place
- Senior checks of safe staffing quarterly, monthly and real-time x3 daily using electronic tool
 - mitigations put into place to keep patients safe
 - Staffing levels published on wards, website and at public Trust Board
- Focus for 15/16 is also on retention and leadership development



Safe & compassionate care,

every time

7 day working

Strong progress made 14/15:

- Consultant presence 7 days for all emergency services – doubled on-site support for acute medicine
- Significant investment in acute physicians / A&E doctors
- Increase in diagnostic / support services (eg: pharmacy moved to full weekend cover)
- Doubled night cover for adult community healthcare teams

Priorities for 15/16:

- Joint working for sustainable 7 day working – system 15/16 work plan including social care and workforce redesign
- Further enhancements to diagnostic weekend provision and consultant presence extended
- 7 day early discharge (REACT) team working from the A&E (therapists / social worker / pharmacist)
- Extend Same Day Assessment Unit to open 7 days (direct access review for patients with a medical condition who may not need admission)

Safe & compassionate care,

every time

Effective discharges

- Implementation of 'discharge to assess' model – rapid transfer to community team with further health / social care assessments at home rather than hospital
- Work with social care on 'trusted assessor' model – remove burden of each care home having unique assessment
- Better utilisation of community hospital capacity – more access for GPs
- Embedding of ward level discharge coordination services and develop 'Passport Home' – agreement on discharge options with families at time of admission
- Patient record interoperability – link with primary care to allow viewing of records
- Launch of single point of access – re-ablement and rehabilitation services
 - BRAVO (Bucks Reablement & Admission AVOidance) – pilot launches end of April – funded through better care fund
 - Open 7 days per week from 8am to 10pm and based at Wycombe Hospital
 - Staffed by Adult Community Healthcare Teams and Bucks Care
 - Referrals will be open to GPs, REACT and A&E - focusing on admission avoidance
 - Will evaluate service with the plan to roll out to all other health professionals including direct referrals from our wards

Safe & compassionate care,

every time

Safeguarding and speaking out

- The independent investigation report into the activities of Jimmy Savile at Stoke Mandeville Hospital was published in February
- The report detailed events which took place between 1969 and 1992
 - it noted that some informal complaints were made to staff, but no issues were ever raised with senior managers
- The investigation team also reviewed our current safeguarding, whistleblowing, complaints and other policies and processes and found them to be fit-for-purpose
 - *“safeguarding processes are appropriate, and the safety of both children and vulnerable adults is not thought to be at risk.”*
- A separate ‘lessons learnt’ report for the whole NHS was also published at the same time
 - We are reviewing lessons learnt and the 13 key recommendations made
 - We’ve already taken actions including:
 - Chief nurse is Trust safeguarding lead and actively engaged in county’s Safeguarding Boards
 - We are part of the Buckinghamshire Multi Agency Safeguarding Hub (MASH), working with social care and police, to strengthen links between agencies
 - We have speak out safely / ‘if you see it, say it’ campaigns to support staff, patients and visitors to have the confidence to raise concerns
 - DBS checking for all our volunteers is in place
 - We have a clear policy for VIP and celebrity visitors

Safe & compassionate care,

every time

Building on what we do well

Children's services

- School nurses first in country to use new online resource
- The 'HAPI' portal provides local schools with a health profile allowing them to identify their top three health priorities and tailor their support, providing early intervention and prevention

Adult community services

- 24/7 integrated nursing, therapy and reablement teams – providing individualised care
- Doubled the number of patients seen in the community
- In-reach to our hospitals
- £1m investment in mobile working rolled out – supporting our staff to better manage their caseload and see more patients

Specialist nursing

- Respiratory; heart failure; neurology; continence; falls
- Working across acute and community settings – supporting patients with long term conditions to manage their conditions and maintain independence

Cardiac and stroke services

- Cardiac & stroke receiving unit – seamless care (heart failure, TIA)
- Third best in country for thrombolysis (clot-busting drug)
- Early supported discharge for stroke – supporting patients in their own homes
- Care4Today cardiac rehabilitation – technology to monitor individuals' progress – national award winning

Surgical outcomes

- Day case rates – 91.8%
- Good performance for deaths after surgery & post operative sepsis

Cancer

- Achieving all 7 cancer targets
- Breast care one-stop shop at Wycombe
- Florence Nightingale Hospice

National Spinal Injuries Centre

- Rehabilitation / spinal gym
- CARF accreditation – only centre in UK (and only one in Europe for children)
- Innovation & new technologies (Exoskeleton)

Elderly care services

- Integrated consultant appointment across acute and community for older people's services
- MuDAS – innovative comprehensive geriatric assessments & urgent investigations – supporting patient independence and admission avoidance
- REACT (Rapid Emergency Assessment and Care Team) launched – multi-agency team assessing older patients and those with complex needs for their function and independence to enable early effective discharge with appropriate support and follow-up
- Appointed nurse consultant older people to improve care for frail and elderly

CQC inspection 2015

- Chief Inspector of Hospitals inspection team undertook a focussed inspection of community services between 24 -27 March 2015
- Also looked at our progress against our ten 'must-do' actions from the last inspection
- *Services visited:*
 - Adult and children's community services
 - Community hospitals
 - Integrated end of life pathway
 - Integrated urgent care pathway
- We do not yet know the outcome of the inspection - draft report is anticipated in about eight weeks
- A whole system quality summit will also be held to discuss findings and agree any actions

Safe & compassionate care,

every time

Our strategy 2015 - 2020

Our vision:
To be an integrated care and specialist NHS provider supporting health and well-being and delivering safe and compassionate care every time for the people of Buckinghamshire and beyond.



Our clinical strategy

By 2020 we will strengthen:

- **Integration** of hospital, community and primary care services shaped around the needs of every adult and child
- **Emergency and urgent care services** for the local population which maximise the chances of survival and good recovery
- **Planned services** which are seen as some of the best in the country for patient outcomes, access and efficiency
- **Specialist services** that are renowned regionally and nationally as centres of excellence

Priorities for 2015/16

- **Priority 1, 2 & 3** = commitment to provide safe and compassionate care every time
- Delivering our strategy
 - Integrated community teams through BRAVO (reablement)
 - Open a second cardiac catheter lab at Wycombe
 - Refurbish theatres at Stoke Mandeville
 - Invest in IT
- Meet national performance standards and financial responsibility
 - Small surplus made in 14/15
 - Focus on achieving these as part of our drive in improving quality and the patient experience
- Invest in recruiting & retaining staff, and leadership
- Listening to the patient voice
 - In 14/15 over 600 patients were involved in workstreams to improve services (eg outpatients, end of life care) – we want to go further this year
- We cannot work in isolation if we want to improve patient care. We will continue to work with our partners externally – council, social care, primary care, mental health, commissioners - helping us to go further, faster

Listening to our patients

- Range of ways that patients can feed back about their experience or get involved in developing services
- In the past year we have listened to the views of over 650 patients
- We have patient representatives on our committees (eg infection control) and interview panels (deputy chief nurse)
- Patients sharing their experience at Board meetings and in nurse training

41

Service	Improvements made as a result of patient feedback
Orthopaedics, urology and colorectal pathways	<ul style="list-style-type: none"> • 3 designated nurses now have an enhanced recovery remit • Participants volunteered to share their patient experience at future classes • Follow up telephone calls made from ward to patients 7 -10 days after discharge
Outpatients	<ul style="list-style-type: none"> • Implementation of pagers for patients as a pilot • Environment and signage has been reviewed • Bid for new texting service being developed
Urgent care	<ul style="list-style-type: none"> • Informed the development of the same day assessment unit

Buckinghamshire Healthcare NHS Trust

Your feedback makes a difference

Share your experience | Raise a concern or complaint | Ask a question | You said, we did

Your views are important to us. We want to hear about your experience of our services. And we will listen, learn and respond to what you tell us.

Contact us via:

- www.buckshealthcare.nhs.uk/feedback
- 01296 316042
- pals@buckshealthcare.nhs.uk
- @BucksHealthcare
- Chief Executive, Trust Offices, Amersham Hospital, Whielden Street, Amersham, HP7 0JD
- www.patientopinion.org.uk

Safe & compassionate care, every time

Safe & compassionate care,
every time

Leadership and learning culture

- New Board and governance processes in place
 - Board development programme
 - Standardised process for services to monitor clinical governance and risk
- Board-approved People Strategy
 - right skills
 - leadership and coaching
 - living our vision and values
- Investment in leadership capability
 - development programme for clinical leaders
- Ensuring staff and services feel their voices are heard by the Board



43

Positive reporting culture

No. of reported safety incidents

have increased year on year



Severe harm and death


has fallen year on year




Buckinghamshire Healthcare NHS Trust

If you see it, say it

We want to deliver safe and compassionate care every time.



If you ever have concerns about the health or wellbeing of a patient, please tell us **straight away**.



Carolyn Morrice
Chief Nurse

Safe & compassionate care,
every time

Our vision:

To be an integrated care and specialist NHS provider supporting health and well-being and delivering safe and compassionate care every time for the people of Buckinghamshire and beyond.

Safe & compassionate care,

every time

Committee Inquiry Scope: 15 Min Domiciliary Care Visits

Title	15 Minute Domiciliary Care Visits
Signed-off by	Select Committee Chairman, Angela Macpherson
	Head of Member Services, Sara Turnbull
Author	Kama Wager, Committee Advisor
Date	To be agreed by committee on 28 th April
Inquiry Group Membership	Confirmed: Ms Angela Macpherson (Chairman), Ms Shade Adoh, Mr Nigel Shepherd, Mrs Margaret Aston, Mr Roger Reed. Additional members to be confirmed at committee.
Member Services Resource	Member Services will provide the following officer support: <ul style="list-style-type: none"> • Sara Turnbull, Head of Member Services – Policy Advice and Report Quality Assurance • Committee Adviser – Policy Lead & project management 15 hours per week over 2-3 months. • Committee Assistant – Administrative support (as needed)
Lead Cabinet Member	Patricia Birchley
Lead HQ/BU Officer	Alison Bulman, Service Director- Service Provision
What is the problem that is trying to be solved?	Members want to be assured that the care needs, dignity and wellbeing of service users are appropriately met within the time allocated for 15 min visits.
Is the issue of significance to Buckinghamshire as a whole?	Yes – This is an issue being raised nationally and will affect all residents who receive domiciliary care services in Bucks.
Is the topic of relevance to the work of BCC?	Yes
Is this topic within the remit of the Select Committee?	Yes – specific to Health and Safeguarding of vulnerable adults.
What work is underway already on this issue?	The committee received an update in October 2014 but concerns still remain, therefore they want to carry out a short, focussed inquiry to examine specific areas in more detail to alleviate concerns and/or identify areas of recommendation to share with the Cabinet Member. A project is being scoped with Quality Care Team and Health Watch looking at dignity of care in care homes. Although this appears to be on a different issue (care homes), the inquiry group will consider the proposal when it is drafted and consider if there are any opportunities for the pieces of work to complement each other, and avoid duplication.

Are there any key changes that might impact on this issue?	NO?
What are the key timing considerations?	<ul style="list-style-type: none"> • Inquiry takes place after May elections due to member availability. • Service area capacity only available from May.
Who are the key stakeholders & decision-makers?	<p>Patricia Birchley, Cabinet Member for Adult Social Services Susie Yapp, Service director adult social services Alison Bulman, Service Director Service Provision Graham Finch, Contract Manager Service users/Families Carers, frontline staff</p>
What might the Inquiry Achieve?	<p>The inquiry will aim to;</p> <ul style="list-style-type: none"> • Address and gather further evidence on outstanding concerns members have in relation to 15 minute visits. • To enable voices of service users and carers to be heard. • Improve member understanding of the service and how it works by speaking to people who receive as well as those who deliver the service. • Enable members to observe front line services in action and understand first-hand the service user experiences of the service provided and the complexities of service delivery. • Ensure that domiciliary care visits are meeting peoples care needs and considering them in the context of the overall care package. Gathering sufficient evidence to assure members that the process is effective • Further evidence and information on instances of 5 min visits or less than 15 mins. Members would like to be assured through further evidence that these shorter visits are balanced out over the course of other visits within the care package and that all needs are being met. (Audit trail of care plans). • Understanding staff views and all stakeholders (visits)
What media/communications support do you want?	<ul style="list-style-type: none"> • Press release to launch inquiry evidence-gathering • Social media to promote member activity on the inquiry (photos, tweets, and comms activity). • Press coverage linked to the visits • Videoing support to capture the first hand stories of carers/service users (where appropriate with agreement) • Press release to promote the report once published.

Evidence-gathering Methodology

<p>What types of methods of evidence-gathering will you use?</p> <ul style="list-style-type: none"> • Meetings and briefings with senior officers • Audit of sample of anonymised care plans for 15 min visit recipients. • Interviews and visits with service users and carers – shadowing carers. • Desktop-research (best practice, national context etc.)
<p>How will you involve service-users and the public in this inquiry? Shadowing carers on visits within each district across the county.</p>

Outline Inquiry Project Plan

Stage	Key Activity	Dates
Scoping	Inquiry Scope Agreed by Select Committee	28 th April 2015
Evidence-gathering	Evidence-gathering phase <ul style="list-style-type: none"> - Audit of care plans - Member Briefing - Shadow visits 	06 th May- End of June End of May End of May End of May June
	Final Evidence Session & private wash-up meeting to agree areas of recommendation	must be the week of 22nd June
Developing Recommendations		
Reporting	Draft report emailed to Inquiry Group for comment	Friday 3 rd July
	Draft report sign off	
	Report published for Select Committee after Chairman's Sign-off	Fri 10 th July
	Select Committee agrees report to go forward to decision-makers	End of July hold special meeting for committee to agree draft report.
	Cabinet/Partner considers recommendations	7 th Sept Deadline for papers 26 th August

Date	Topic	Description and purpose	Contact Officer	Attendees
Health & Adult Social Care Select Committee				
28 Apr 2015	Buckinghamshire Care	For Members to scrutinise the operation of Buckinghamshire Care - the local area trading company launched in 2013 to deliver adult social care services.	Kama Wager, Committee Adviser	
28 Apr 2015	Buckinghamshire Healthcare NHS Trust	Overview item - for Members to scrutinise performance and the ongoing quality and service improvements being made by the Trust. As part of this, Members will re-visit the actions they recommended in their October 2013 report published in response to critical (Keogh) report into the quality of care at the Trust (published in July 2013)	Kama Wager, Committee Adviser	Bucks Healthcare NHS Trust and CCGs
26 May 2015	Adult Mental Health Services	Overview item - for Members to review local Adult Mental Health data and service provision	Kama Wager, Committee Adviser	Oxford Health NHS Foundation Trust / CCGs
26 May 2015	Children and Adolescent Mental Health Services (CAMHS) re-tender	Overview item - for Members to scrutinise the new CAMHS provider and review service changes planned	Kama Wager, Committee Adviser	BCC/CCG Co-Commissioners, new CAMHS provider (TBC) representatives

Date	Topic	Description and purpose	Contact Officer	Attendees
30 Jun 2015	Public Health (TBC)	For members to scrutinise public health; the key priorities and challenges and how the budget is allocated and spent. Members will also examine progress towards mainstreaming public health across other council services, building upon the integration update members received in 2014.	Kama Wager, Committee Adviser	Patricia Birchley, Cabinet Member for Health and Adult Social Care. Jane O'Grady, Consultant Director of Public Health.
24 Nov 2015	HASC GP Services Inquiry 12 month review		Kama Wager, Committee Adviser	