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Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY, 20 SEPTEMBER 2022

Councillors Present: Claire Rowles (Chairman), Alan Macro (Vice-Chairman), Tony Linden and Andy Moore

Also Present: Paul Coe (Service Director, Adult Social Care), Belinda Seston (Berkshire West Clinical Commissioning Group), Vicky Phoenix (Principal Policy Officer - Scrutiny), Tom Dunn, Bernadine Blease (Berkshire Healthcare Foundation Trust), Mark Ainsworth (South Central Ambulance Service NHS Trust) and Sarah Deason (The Advocacy People)

Apologies for inability to attend the meeting: Councillor Jeff Beck, Councillor Graham Bridgman, Andrew Sharp and Andy Sharp (Executive Director, People)

PART I

20 Minutes

The Minutes of the meetings held on 23 May 2022 and 14 June 2022 were approved as true and correct records and signed by the Chairman.

21 Declarations of Interest

There were no declarations of interest received.

22 Petitions

There were no petitions received.

23 South Central Ambulance Service NHS Foundation Trust

Mark Ainsworth, Director of Operations, South Central Ambulance Service (SCAS), presented the report on the Service (Agenda Item 5).

Mark Ainsworth gave an overview of the number of calls to the SCAS by category and the associated response times. He noted the increase in demand in category 2 calls (emergencies requiring an 18 minute response). Patients who normally presented as category 3, which required a two hour response, were presenting as category 2 which indicated a higher acuity of patients in communities than was the case. They were failing to achieve all of their performance standards, however SCAS benchmarked very well against other Trusts nationally. Their current focus was on improving category 1 calls where their average response times should be seven minutes.

Mark Ainsworth moved on to Berkshire West Performance. It was noted category 1 response times had increased by about 40 seconds more than the SCAS average. There were challenges in the Berkshire West region and particularly response times in rural areas. Mark Ainsworth moved on to give an overview of SCAS service outcomes. Some patients were responded to by clinicians in control rooms (hear and treat) and an ambulance or rapid response car went to the remaining calls. Some patients were dealt with on site (see and treat) and the remaining patients were see, treat and convey. He

explained convey was not always to an emergency department. It could be a minor injuries unit or other speciality. Mark Ainsworth noted that year on year there had been a growth in hear and treat response rates. Last year's slight drop in hear and treat was due to high rates of hear and treat during the pandemic the previous year. NHS England set a target of a maximum of 49% of patients being conveyed to an emergency department and Mr Ainsworth highlighted that SCAS was above that. They had an active campaign to introduce additional care pathways to avoid patients going to Emergency Departments. Mr Ainsworth advised that Berkshire West see and treat performance was higher than the SCAS average and that was because of the pathways they had in the community rather than conveying patients to hospitals.

Mr Ainsworth presented data on hospital delays. He advised that patients should be handed over within 15 minutes of arrival at hospital. This had been a challenge during Covid with hospitals having high bed occupancy. There had been a slight increase in average handover time in July 2022 of 40 - 43 minutes. The impact was that it took ambulances out of the system and therefore unable to respond to further calls. SCAS were working with all their acute trusts to reduce handover delays. For Berkshire West, Mr Ainsworth advised the majority of patients went to the Royal Berkshire Hospital (RBH). They had a very good working relationship with the RBH and they resolved issues when they arose. There were some challenging weeks, where bed occupancy was very high, but they had good processes to resolve things quickly.

Mr Ainsworth explained that the Community Engagement Team were volunteer community first responders who attended a range of calls from category 1 to falls, as well as responding to alarms for concern for welfare. In some areas these were military co-responders and in Hampshire there were fire service co-responders. These were all volunteers who attended on behalf of SCAS. The Berkshire West calls were slightly lower than the rest of SCAS, however the impact the Community Engagement Team had on overall response times was significant especially in rural areas where they were able to respond more quickly.

Councillor Andy Moore noted the statistics on hospital delays and asked if there was anything the Ambulance Service could do about those. Mr Ainsworth advised that they were working to reduce the number of patients taken to emergency departments. He advised that the Care Quality Commission (CQC) inspectors highlighted that SCAS could do more to bypass busy hospitals. SCAS were working with NHS England and the Acute Trusts to see what they could do differently. They were commissioned to go to the nearest hospital and they had to request to divert through the hospital system to convey a patient to an alternative hospital. The challenge with the RBH was that the nearest hospital was some distance away. The CQC had stated that SCAS could do more to influence those diverts of patients and Mr Ainsworth advised it was an action in the CQC Recovery Plan. The key was to avoid emergency departments where possible.

Councillor Moore asked for clarification regarding the statistics for alternative care pathways in Berkshire West and whether there were fewer alternatives in Berkshire West. Mr Ainsworth advised there was 0.1% difference between Berkshire West and the rest of the SCAS area. He confirmed Berkshire West had a good number of options. They accessed urgent care response teams for category 3 and 4 calls, district nurses and GPs. They also accessed paramedics employed by GP practices. They were not concerned about the number of community pathways in Berkshire West compared to the rest of their region.

Councillor Alan Macro noted that not only did ambulance queues impact on response times but it also meant patients were lying in the back of ambulances and that some patients would have had much worse outcomes. He highlighted that there was a choice

of hospitals from Newbury as some hospitals were the same distance as the RBH and perhaps quicker to get to. Councillor Macro asked for clarification about what was being done to get the turnaround time down. Mr Ainsworth said that RBH turnaround time was better than Basingstoke Hospital and so for most patients the RBH was quicker for them. They monitored the numbers daily and if they saw any delays building they spoke to the site manager to see what actions they could take to reduce their delays. If a number of crews reported queueing, crews were messaged to consider other hospitals. This was not a formal divert but if a patient was on the border, crews could consider other hospitals. Crews made the decisions dynamically. They also considered where patients had ongoing treatment in deciding which hospital to attend.

The Chairman asked if there was any difference in performance since Covid or if Covid cases were still causing delays. Mr Ainsworth explained that Covid was not the issue. Bed occupancy was much lower than the previous two years, but Acute Trusts were catching up with patients with long term conditions and elective surgery, and that was impacting on bed occupancy. There was a direct correlation between total bed occupancy level and ambulance handover delays. He noted that handover delays at RBH meant that 317 hours were lost in August but that was very low compared to other hospitals.

Mr Ainsworth then moved on to discuss the CQC report and their response to it. He explained that the CQC found a number of issues within SCAS which were highlighted in the report. They had listened, fed back to the CQC and had taken rapid actions in response in order to turnaround the rating as soon as possible. They had split their work streams into four main areas to improve their CQC rating. The first was patient safety and experience. In particular issues were highlighted with safeguarding reporting and processing the referrals, challenges to patient safety incident management, concerns regarding processes around medical devices and the storage and maintenance of medical devices, and they highlighted some infection prevention and control issues. Mr Ainsworth explained that they had made immediate changes to respond to these issues.

The next work stream was culture and wellbeing. The CQC carried out a staff survey which highlighted that staff felt direct line managers were supportive but issues raised higher up were not listened to nor actioned. In response they had looked at leadership, training of leaders, looked at issues around sexual harassment in the workplace and listening to staff. It would be a long term campaign to build trust with staff to show they could speak up, would be listened to and they would receive a response.

The third work stream was governance and leadership. The CQC found that the executive team were not fully sighted on operational issues and that they were not visible to staff. They had stopped going to sites due to Covid but the executive team was now going to operational stations and were being more visible.

The next area was performance recovery. They were not meeting performance standards but were benchmarking very well. They had a number of actions to improve their response to patients, effective use of resources and reviewing recruitment and retention actions to increase clinical staffing levels and to reduce staff turnover of 999 call handlers. They were looking at where they could recruit staff from and improving training opportunities.

The CQC and NHS England were monitoring their progress. They had ten weeks to finalise the plan and to deliver the key aspects. The CQC were due back in November 2022 to see progress and SCAS would be re-inspected in January 2023.

Councillor Tony Linden noted that the CQC was a damning report and was glad that it was being taken seriously.

Councillor Alan Macro highlighted two areas which stood out in the CQC report. The first was safeguarding and noted that it was raised by the CQC in November 2021. Secondly, Councillor Macro expressed concern with leaders dismissing staff when raising issues and being treated badly. Councillor Macro noted that it was a theme with various Trusts across the country and asked what SCAS were doing about it. Mr Ainsworth firstly responded to the question regarding safeguarding. He advised that it was the 111 Service that was inspected in 2021 and that the problems were rectified. More recently it was the patient transport service and 999 Service that was included in the CQC report. Mr Ainsworth explained that staff were reporting effectively but it was the inward referrals that were not being managed effectively and they were taking too long. They had taken robust steps in response to this which included increasing staff numbers in the safeguarding team and recruiting a head of safeguarding. They also had a specialist in safeguarding supporting the process.

With regards to staff speaking up, Mr Ainsworth advised that there were 2000 staff across 4000 miles and so it was hard for staff to be heard by the Chief Executive. Staff would raise concerns to the local management team who would try to resolve the issue locally rather than escalating it for support. There would then be no response back to staff. In terms of immediate actions, they had a freedom to speak up lead and a non-executive director who was a freedom to speak up champion. They had also added two new members of staff and had local freedom to speak up champions in all areas. They would ensure staff got a response back. Mr Ainsworth also noted the reports of sexual harassment at work claims and said that they were working with the safeguarding team and freedom to speak up team to respond. This would take time to resolve as they built trust with staff. Councillor Macro asked for more information about how they were responding to the issue raised that staff were treated badly when they spoke up. Mr Ainsworth advised that SCAS were continuing their retraining programme for managers to a Just and Learning Culture and were moving away from adhering to policies rigidly. This was to refocus thoughts on how to treat staff, being supportive and understanding.

Councillor Andy Moore asked for further information around support from NHS England and an update on the Governance Review by NHS England. Mr Ainsworth advised they would be allocated a turnaround director and a performance director that would come in to SCAS to help them. In addition their commissioners would be holding them to account on delivering CQC actions and improving their performance. There were regular meetings with NHS England. They had also brought in their own internal turnaround director who had experience in turning around services post CQC inspections. They have had some quick wins and there had been change already. They had a programme for the next ten weeks which would bring significant change and then they needed to embed those changes so that staff and patients noticed the difference.

Councillor Linden noted that external organisations shared many of the challenges facing SCAS such as staff retention and risk, and that they could be consulted in order to learn good practice. Councillor Linden asked what West Berkshire Council, and other organisations, could do to help SCAS in trying to improve practice in the short, medium and long term. Secondly, Councillor Linden asked for their key staffing concerns in the coming months and years. He asked what were their main barriers to recruitment and retention, and how were they addressing these challenges. Mr Ainsworth pointed out that the CQC highlighted staff dedication in providing the best care possible. He was not sure what West Berkshire Council could do to support them but it could prove useful to discuss challenges with recruitment and retention. There was a national pay scale and once staff were trained they would relocate to areas with lower housing costs. As their recovery programme developed, they would like to come back to show the progress they had made and use Councillors to help be a conduit between the ambulance service and

the public to show the efforts they had made. Mr Ainsworth confirmed he would make contact with the Fire Service. The Chairman would welcome Mr Ainsworth returning to the Health Scrutiny Committee to show their progress and also to work with SCAS in communicating with the public.

Councillor Linden recognised the challenges with staffing and the cost of living. Mr Ainsworth confirmed the national pay scale made it difficult and they had some staff living near to areas where they received a cost of living allowance on their wages and so would choose to work there. They offered relocation packages to staff. There were limited numbers of paramedics coming out of University because it was no longer funded. They had implemented an apprenticeship programme which was working really well. This went up to paramedic level and would take three to five years. Whilst they had a number of vacancies they also had private providers to fill the gap. They were looking at the reasons why staff were leaving. Some reasons were cost of living, others were development opportunities. They had schemes across the Trust where staff worked partly on ambulances and partly with GPs in the community to develop their skills. The national salary review was ongoing. The CQC rating would make it harder and that was another reason to turn it around quickly. Councillor Moore noted the cost of living challenge and affordable housing, and wondered whether affordable housing was accessible for SCAS staff in West Berkshire.

Councillor Macro noted that staff appraisals were not being completed and asked what was being done to address that. Mr Ainsworth advised that during Covid all staff were working at REAP 4 (major incident standby). This meant they stopped training, appraisals, meetings etc to ensure all staff were on the road dealing with patient care. They were at REAP 4 for nine months last year and that was why appraisals and training dropped. They were reviewing what needed to be continued when at REAP 4. Appraisals were going to become essential meetings. They had a target to get all 85% of appraisals completed by the end of October and 95% complete by the end of December.

The Chairman asked if it would help if Berkshire West Health Scrutiny Committees came together as a group to help SCAS and requested Mr Ainsworth make contact if there was more West Berkshire Council could do to help. It was agreed that SCAS be considered on the Work Programme in the future.

RESOLVED that the report be noted and the South Central Ambulance Service NHS Trust be invited to attend and present an update at the appropriate time.

24 Berkshire Healthcare NHS Foundation Trust - Out of Hours and WestCall

Ben Blease, Divisional Director Adult Community Health Services, Berkshire Healthcare NHS Foundation Trust presented the report on urgent and unscheduled primary care provided during the out-of-hours period in West Berkshire (Agenda Item 6).

Ben Blease first gave an overview of the Berkshire West Out Of Hours Primary Care Service, WestCall. She advised the Committee of the hours of operation, the locations and the services provided. Ms Blease then explained how they delivered the service including virtual triage (by phone), face to face and point of care testing. She spoke about how the diagnostic tests were beneficial for patients as it could mean avoiding admissions into hospital. Ms Blease noted the key role WestCall played in the Berkshire West system particularly in avoiding hospital admissions, supporting community beds, care home visits and supporting with flu jabs. They also worked with ambulance services, mental health services and social care.

Ms Blease moved on to explain WestCall activity in the Berkshire West system. In the Newbury area last year they saw 15420 patients which was 13% of all patients registered in West Berkshire. This was slightly higher than other areas of Berkshire West and was a large increase in demand from the previous year. Ms Blease advised that they did not have waiting lists as they had to see all patients by 8am. However, patients were prioritised by 111 and some patients might have faced delays when demand and complexity exceeded capacity.

Ms Blease advised that challenges were made worse when their patient management system (Adastra) was shut down for a number of weeks due to a cyber attack in August. This meant that paper records were needed and they could not access patient data. This caused huge delays. The digital outage also meant they could not communicate with patients as easily and so they received some complaints.

A further challenge to WestCall was staffing. Finding clinicians to work nights and weekends was difficult. They had sessional staff who expected higher rates of pay for working additional hours. In addition to the 16% increase in demand there was increased numbers of two hour wait referrals. Additionally the government no longer supported training packages for advanced practitioner training. A further concern was that 22% of referrals in the last year were closed with no other treatment required than self-care. That was a large number of patients that came through to the service when alternatives were more suitable than the urgent care service. Ms Blease gave an overview of the most common reasons for referral to 111 and WestCall. The main reason was needing updated medication for patients who had not been able to get a prescription from their practice. Other reasons were requesting advice for ill-defined signs and symptoms, often parents worried about children, and also for cystitis and viral infections. Ms Blease noted that education of the public was needed.

Ms Blease moved on to give an overview of how WestCall were breaking down access barriers to patients. As they had increased virtual triage, they had focussed on good translation and interpretation services. WestCall were the go to medical service for migrants in the West Berkshire area. For example they would see migrants when housed in hotels initially. They also saw over 100 unregistered patients every week. Often these were homeless people or people from Gypsy, Traveller or Roma communities. They also had over the border patients or patients visiting West Berkshire. Ms Blease then gave an overview of feedback from patients. She noted usually it was that they had been kindly treated, staff were professional and patients got what they needed. Often the waiting time was the main complaint but that would have been higher if they waited in an Emergency Department and so often more education was needed.

Ms Blease then gave an overview of their winter plans. They were working with the Urgent Care Board to direct patients to the most appropriate outcome for their referral. Adastra had been fixed and was being used. They were working with system partners to encourage consideration around pilots – they would often lose sessional doctors when there were new pilot services. Finally they were working with Oxfordshire and Buckinghamshire to organise mutual aid with staffing for evenings and weekends.

Councillor Moore asked how easy it was for WestCall to access patient records. Ms Blease advised that the South Central Ambulance Service and 111 did not have access to patient records and so they had to ask for patient history. This was then asked again when Adastra was down as GP patient data was difficult to get hold of. Information between organisations was not shared easily and this was particularly highlighted when Adastra went down. Ben advised those organisations were working on this.

Councillor Macro noted that one month to resolve the Adastra outage was a very long time and asked whether WestCall were thinking of an alternative. Ms Blease advised that

it was the longest outage ever in the NHS. They worked hard to stand up another system but explained it was a very specialised system that needed to transfer live patient data quickly. Other systems had too many restrictions such as not allowing unregistered patients. Adastra was the one piece of software available that met their requirements at that time.

Councillor Linden asked whether the triage process had worked to free up the most experienced staff to treat the most complex cases. Ms Blease explained that when the flow of referrals came in they were split into two lists. One for the most urgent cases to be seen by doctors and the other for less urgent and more routine cases for pharmacists, advance nurse practitioners and paramedics.

Councillor Linden asked what West Berkshire Council could do to help WestCall. Ms Blease said that they needed to find a way to educate patients especially in winter. Particularly around not calling 111 for ear aches and head colds. Regarding prescriptions, patients still did not get them in time and that remained their biggest referral in to WestCall. Public Health messaging could help with that. Councillor Linden noted that Public Health was at West Berkshire Council and that Paul Coe, Service Director for Adult Social Care, was in the meeting and suggested some work together. He noted that it was complicated for elderly people, often on multiple medications and so people would forget. It was agreed that Paul Coe would link Steve Welch, the new Service Director for Communities and Wellbeing, with Ms Blease.

The Chairman asked for further information around staff numbers in the service. Ms Blease confirmed that they employed 60 - 80 people but noted that some had very small contracts such as 8 hours once a month. It was a very complex way of employing people. WestCall was about the size of a larger than average GP practice.

RESOLVED that the report be noted.

25 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Update

Belinda Seston, Interim Place Director of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), presented her report on ICB activities. Belinda Seston confirmed the BOB ICB went live on the 1st July 2022. This meant the Berkshire West Clinical Commissioning Group (CCG) was disbanded. There was a great deal of work happening at a strategic level including developing the ICB Strategy and the Integrated Care Partnership (ICP). Ms Seston advised that Sarah Webster was the incoming Place Director for Berkshire West and would be the key point of contact for the Health Scrutiny Committee from the ICB.

Belinda Seston gave an overview of the flu and Covid vaccination autumn plan. She explained it would be co-administered where possible. She advised that additional money was available from NHS England to support winter resilience. £1,600,000 was to build on the current infrastructure to help support discharge out of hospital and to support admission prevention. £500,000 was available for discharge (to assess beds for patients ready to be discharged) but needed some more time to have plans assessed. These built on the current infrastructure.

Ms Seston advised the Committee there would be an urgent care centre piloted in Reading. This would be from early October to support the considerable pressures on Emergency Departments. Emergency Departments could offer appointments there, along with GPs and there would be walk-in appointments. It would be an 18 month pilot to test how it worked. Ms Seston explained that elective care recovery was a national initiative following on delays to surgery due to Covid. The BOB ICB aim was that no patients were waiting more than 78 weeks for surgery by the end of 2022.

Ms Seston highlighted work happening on the management of long term conditions. She explained that September was 'know your numbers' month to encourage people to check their blood pressure. 21 practices across Berkshire West were taking part in the scheme to monitor blood pressure at home.

Ms Seston noted that dementia performance was picked up on in the Berkshire West Clinical Commissioning Group's annual report. She advised that memory clinics were paused during the pandemic. There was a substantial transformational plan to address the waiting lists including an increase in staff. She advised that they were now on track to meet the national target by the end of the financial year.

Councillor Linden noted that he had his Covid booster vaccination along with the flu vaccination. He asked whether there was a plan for a booster in six months. Belinda Seston advised that they had enough supply to meet demand and had enough capacity to be agile if things changed.

Councillor Linden asked whether the urgent care centre was a replacement for the walk in centre in the Broad Street Mall. Belinda Seston advised that they were currently looking at tenders and were still deciding where the facilities would be located. Councillor Linden noted that 20-25% of West Berkshire would be able to access the urgent care centre but also pointed out that it was a rural area.

Councillor Linden highlighted that elderly patients waiting up to 78 weeks for elective care might have been in pain or discomfort and asked if that was taken into account when prioritising care. Belinda Seston advised that harm reviews were completed regularly with patients waiting longer than a certain time and so those factors were taken into account and waiting lists adjusted based on clinical need.

Councillor Macro noted that the ICB report did not include improving access to primary care and dentistry. Belinda Seston explained that the four principles set out in the report were the principles the ICP needed to support the ICS in achieving. She confirmed that dentistry was within three or four of those principles. She confirmed these were guiding principles of an ICS. She also confirmed that GP services would go across all four of the principles. The ICS would develop their strategy and that should be available around the beginning of December 2022.

26 Healthwatch Update

Sarah Deason advised the Committee that she was from Advocacy People who were the host provider of Healthwatch and was happy to take questions from Members.

Councillor Linden asked if there was anything particularly urgent from Healthwatch. Sarah Deason said that there was not currently and would take that question back to Healthwatch.

27 Task and Finish Group Updates

Councillor Macro advised the Committee that a peer review had taken place in relation to Continuing Health Care. It was agreed to await the report before any further work of the Task Group.

The Chairman advised that she had reached out to Members regarding membership of the New Developments Task Group and was waiting to hear back.

28 Health Scrutiny Committee Work Programme

The Chairman invited Members to make suggestions or comments on items on the Work Programme. The Chairman noted that all suggestions would go through the prioritisation

process and highlighted the form on the website for members of the public to nominate topics for the Health Scrutiny Committee to consider.

(The meeting commenced at 1.30 pm and closed at 3.27 pm)

CHAIRMAN …….

Date of Signature …….