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OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION

MINUTES OF THE MEETING HELD ON TUESDAY, 27 JANUARY 2015

Councillors Present: Brian Bedwell (Chairman), Paul Bryant (Substitute) (In place of Sheila Ellison), Dave Goff, Roger Hunneman, Mike Johnston, Alan Macro, Garth Simpson, Virginia von Celsing, Quentin Webb, Emma Webster, Keith Woodhams (Substitute) (In place of Jeff Brooks) and Laszlo Zverko.

Also Present: Catalin Bogos (Performance Research Consultation Manager), Nick Carter (Chief Executive), Andy Walker (Head of Finance) and Rachael Wardell (Corporate Director - Communities), Caroline Ainslie, Councillor Peter Argyle, Jenny Legge (Policy), David Lowe (Scrutiny & Partnerships Manager), Charlene Myers (Democratic Services Officer) and Gill Valentine (Director of Midwifery - Royal Berkshire Hospital NHS Foundation Trust) and Councillor Peter Argyle.

Apologies for inability to attend the meeting: Councillor Jeff Brooks and Councillor Sheila Ellison

PART I

1. Minutes

The Minutes of the meeting held on 2 December 2015 were approved as a true and correct record and signed by the Chairman.

2. Declarations of Interest

There were no declarations of interest received.

3. Actions from previous Minutes

David Lowe advised that the first Self Insurance Fund task group had been scheduled to meet on 13 February 2015.

4. West Berkshire Forward Plan 17 December 2014 to 31 March 2015

The Commission considered the West Berkshire Forward Plan (Agenda Item 5) for the period covering 17 December 2014 to 31 March 2015.

Resolved that the Forward Plan be noted.

5. Overview and Scrutiny Management Commission Work Programme

Resolved that the work programme be noted.

6. Items Called-in following the Executive on 15 January 2015

No items were called-in following the last Executive meeting.

7. Councillor Call for Action

There were no Councillor Calls for Action.

8. Petitions

There were no petitions received at the meeting.

9. Maternity cover for West Berkshire’s residents

Gill Valentine (Director of Midwifery) and Caroline Ainslie (Director of Nursing), at Royal Berkshire NHS Foundation Trust, introduced the report to the Commission and provided Members with a presentation. Gill Valentine advised that the presentation was divided in two sections – the services provided by the maternity unit and the outcome from the Care Quality Commissioning report (March 2014).

Members were informed that the Royal Berkshire Hospital (RBH) provided maternity services for West Berkshire residents which included the provision of antenatal care, homebirth and postnatal care. Members were presented with activity statistics which helped to illustrate the number of deliveries and births year on year and the projected activity for 2014/15:

	2013/14	2014/15 year to date
Deliveries	5596	4288 (Projected - 5717)
Births	5689	4349 (Projected - 5798)

In most cases mothers could choose where to give birth and they typically chose to use hospitals in or around their local area. The following table illustrated the use of providers in the nearby area:

Year		Great Western Hospital (Swindon)	Hampshire health Trust (Basingstoke)	Oxfordshire University Hospital (John Radcliffe)	Royal Berkshire Foundation Trust	Other
12/13	Q1	20%	38%	1%	41%	0%
	Q2	17%	34%	5%	44%	0%
	Q3	16%	31%	9%	44%	0%
	Q4	17%	31%	7%	43%	2%
13/14	Q1	15%	36%	10%	37%	2%
	Q2	17%	35%	5%	43%	0%

Gill Valentine advised that RBH currently employed 183 full time equivalent midwives who provided a midwife to birth ratio of 1:32. Throughout 2014/15 the actual ratio at RBH had fluctuated between 1:31 – 1:36, the month on month fluctuation being caused by the number of births and staff in post. However, RBH achieved 1:1 care in 98%-100% of cases. Members were advised that that other providers reported care ratios of between 1:30 – 1:35. RBH had undergone a Birth-rate Plus Assessment to determine the maternity service level of staffing and skill mix. The results would be issued in January and would be followed by a recommended birth ratio based on the nature of cases.

RBH had reciprocal arrangements in place with neighbouring maternity service providers which enabled them to accept women from other units when support was required and similarly support could be requested by RBH. Diversions were only used when all other

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

forms of escalation had been implemented. Gill Valentine explained that in August 2014 the fundamental reasons for diversions were predominantly midwifery staffing levels.

To alleviate the reliance on unit diversions RBH had taken the following actions:

- Recruited into vacancies, 8.8 FTE current vacancies and expanded to 9.4 FTE, with the service aiming to recruit above the initial vacancy level in order to offset against staff leave.
- Recruited permanent posts to cover staff maternity leave.
- Used agency midwives on a semi-permanent basis to alleviate pressure.
- Reviewed all the roles undertaken by midwives to ensure their specialist skills were put to best use.
- Reduced the number of midwives on study leave at any one time to minimise the impact on staffing levels on the wards.

Gill Valentine highlighted the outcome from the Care Quality Commission (CQC) report from March 2014 which had in part promoted the topic for discussion. It concluded that:

- The RBH offered a safe service with caring & committed staff.
- There was a high midwife to birth ratio.
- Caesarean section and induction rates were higher than average.
- The 'normal birth' rate was lower than average and unchanged for 8 years.
- The length of stay was higher than average.
- They reported a higher number of unit diversions compared to other providers.

The CQC report concluded that there was a shortfall in meeting national standards for dedicated labour ward cover by Consultant Obstetricians. Furthermore, it concluded that the midwifery workforce was understaffed and recommended that a review took place to identify those tasks currently undertaken by midwives but that could be carried out by others. The report also highlighted areas for improvement in the establishment's facilities and amenities.

Gill Valentine advised the Commission that in response to the CQC's finding the service had reviewed the tasks completed by midwives. They concluded that, through the additional support of nursing staff, midwives should be made available to complete tasks in accordance with their specialism. This was supported by the closure of two delivery beds in the Rushey ward and an increased number of midwives recruited. Overall, the changes had allowed the reassignment of tasks to alternative medical staff in order to maximise midwife efficiency and availability.

Furthermore, RBH had appointed two locum obstetric consultants who were due to start in February for a period of 6 months and a business case for the posts to be made permanent had been agreed by the RBH Executive. In addition, a review of the middle grade tier was underway to look at further support. Overall, the changes sought to increase the number of ward hours during which senior medical support was available from 80 to 90 by the end of February 2015.

Gill Valentine explained that the service had focused on the culture changes which had been an area for improvement highlighted by the CQC report. She advised that patients had completed a safety questionnaire which had produced baseline analysis data. Also, an improvement project had been established to oversee the development of a culture

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

assessment tool to assist ongoing monitoring. Gill Valentine stressed that senior staff were aware of the necessary culture changes and the possible effects on patient safety.

Councillor Brain Bedwell thanked Gill Valentine for the presentation and welcomed Members questions.

In response to points raised by Councillor Emma Webster, Gill Valentine advised that the geography of suites within the maternity ward had been recognised as an area for improvement but stressed that the current layout had not caused any health problems to date. The service had longer term plans to improve the layout which included a refurbishment if funding was available.

The revised study leave arrangements would not impede the training and development of midwifery staff. The availability of training would remain the same but the number of staff accessing it at any one time would be reduced in order to reduce its impact on patients. The use of agency midwives cost the service significantly more than directly employed staff but it was necessary to continue the support until the additional 9.4 FTE started.

Members asked whether training plans were in place to develop staff to Band 7 and therefore provide increased higher management cover on the ward. Gill Valentine advised that training started at band 5 and progression to band 6 took approximately 9 months. Development to band 7 was dependent on the individual's leadership and management potential and therefore the timeframe was not the same in all cases. Gill Valentine advised that the unit had recruited the necessary number of band 7 staff required following the CQC findings.

Councillor Garth Simpson stated that the proposed consultant obstetrician's hours were still lower than required and asked whether the ward hours were still a concern. Gill Valentine advised that they would continue to monitor the ward hours and plans were in place to encourage the increased availability of consultant obstetricians. The service proposed that doctors' roles could offer the support required and suggested a review to look at extended cover and support. Members were informed that providers aspired to achieve 168 hours per week and reportedly that, nationally, only 2 establishments had achieved that target.

Councillor Simpson asked for clarification on the fundamental reasons why RBH had been required to divert mothers to alternative providers last year. Gill Valentine advised that RBH experienced staffing difficulties which in turn affected patient safety. She stressed that staffing was a national issue. Although applications had been received for vacant midwife posts it was a very specialised role which required a specific set of skills and knowledge. Gill Valentine advised that creative methods of recruitment had been introduced to address the ongoing demand for midwives which had had a positive impact.

Councillor Roger Hunneman asked whether the NHS Foundation Trust had considered providing a maternity service at a local community hospital to alleviate demand on the RBH. Gill Valentine advised that the suggestion had been considered previously and it offered both solutions and challenges which would require further thought. She advised that resources were focused on improving the central service rather than breaking the service into smaller sections. Whilst the provider was not averse to the idea, Gill Valentine advised that the proposal was not an option at the present moment.

In response to questions raised by Councillor Alan Macro, Gill Valentine advised that although the CQC report stated that the rate of staff sickness was directly related to

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

stress levels, in her opinion, this was debatable. Sickness levels were monitored constantly and support was available for staff when necessary. She acknowledged that staff sickness fluctuated month on month but this was not specifically related to stress. She reiterated to Members that midwifery was demanding and tiring but staff support was available.

Gill Valentine advised that the CQC report identified the need to review governance arrangements and the process for escalating issues. These had since been clarified.

Rachael Wardell asked for information about the connection between the maternity units and supporting services. Gill Valentine advised that the maternity services worked with commissioners of Perinatal Mental Health services to maximise accessibility. She advised that women could self-refer or be referred through the maternity unit – the feedback from service users had been very positive and indicated that a large proportion of users had been referred from the maternity unit which reinforced the well established links in place.

Members heard that the unit had a good working relationship with Health Visitors. Information was shared with Health Visitors for all expectant and new mothers and was accompanied by a discharge form and/or telephone call if necessary. Gill Valentine stated that the handover process worked well for families with more complex needs but suggested that the process did not always meet the needs for families with less complex needs.

Gill Valentine advised the Commission that the Poppy Team (community based, specialist midwives) offered scalable support dependent on the mother's needs. Outcome data suggested that the service was working very well. The unit also had a strong links with social services which supported strong Child Protection practise.

Members heard that the availability of extended services through children's centres had been reduced. Currently the main source of ongoing support was offered via The Willows.

Councillor Keith Woodhams stated that the CQC findings raised concern but, perhaps more alarmingly, the report suggested that some of the issues had only been addressed because the CQC inspection was announced. Members questioned the ventilation issue which had been highlighted by the CQC report. Gill Valentine acknowledged that the matter had taken some time to resolve and advised that the remedy required intense resource and the closure of rooms which would have an impact on capacity. The issue was being addressed.

Members asked about the coordinator role and diversion process. The Commission heard that a senior member of staff was tasked with the coordination of services, was not therefore counted within the numbers of care staff assigned to the shift and played a pivotal role in the overall management of the wards. Gill Valentine said that the coordinator fulfilled their role 86%-96% of the time, with the remaining time being used on the ward. Plans were in place to ensure the coordinator was available to fulfil their role 100% of the time. Members heard that the diversion policy was typically only in operation for between 2 and 30 hours on any occasion and was applied only to women who had been assessed as a lower risk. Gill Valentine advised that it was difficult to specify the frequency in which diversions were enacted. She stated that it was more often the case that women were diverted to other units rather than RBH receiving cases.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

Councillor Dave Goff asked whether RBH was expected to answer the report findings or whether the actions would be followed up for as a matter of course by the CQC. Gill Valentine advised that a robust action plan was in place which was monitored by the Clinical Commissioning Group (CCG) and the service continued to meet quarterly with the CQC. However, these were existing meetings and did not focus solely on reviewing the action plan. Members heard that the CQC could return to RBH at any time to conduct their inspection and therefore the Trust took the report findings and delivery of the action plan very seriously. Furthermore, the Improvement Programme Board and Assurance Board had sight of the action plan and provided assurance that appropriate progress was being made.

Councillor Brian Bedwell asked whether the service planned to expand the training facilities to improve the rate and volume of trained midwives. Gill Valentine advised that the feedback from staff was positive and they had no reason to believe the facilities required development; there were no plans at the current time to make any changes.

Councillor Bedwell thanked Gill Valentine and Caroline Ainslie for their time and support enabling Members to understand the situation in more detail.

Resolved that:

- Councillors Bedwell, Hunneman and Webb would meet to identify possible recommendations for presentation and consideration at the Commission's next meeting.

10. Children's Services governance arrangements

Councillor Peter Argyle, speaking as Chairman of the task group, introduced the report to the Commission. He advised that the evidence highlighted that, although each governing body fulfilled a vital role, there was some degree of duplication across some groups. However, it was advisable that the framework of governance bodies did not change.

Members heard that the task group had been reassured by the evidence received from the newly appointed Chairman of the Local Safeguarding Children's Board (LSCB). The discussion highlighted that she would conduct a review of the attendees and tasks set on the agenda to maximise efficiency and effectiveness. Her overall intention was to ensure the board continued to meet its statutory duties.

The task group was disappointed to find that very few Members attended the Corporate Parenting Panel, even though each Member had a responsibility as a Corporate Parent. Councillor Argyle advised that recommendation 8.1(6) aimed to encourage a higher participation rate from Members.

Councillor Argyle concluded that, crucially, there were no gaps in the oversight framework but the recommendations contained within the report sought to improve the overall supervision of Children's Services activities.

Councillor Keith Woodhams stated that the LSCB membership appeared excessive. Rachael Wardell advised that the LSCB was a statutory body and it was advisable to comply with the membership as detailed within the Children's Act 2004.

In response to a question raised by Councillor Macro, Rachael Wardell advised that the Munro Board remained in operation due to the ongoing programme of projects.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

Councillor Brain Bedwell thanked the task group for their work and recommendations as detailed within the report.

Resolved that:

- 1) An update report would be considered by the Commission in September 2015.
- 2) The proposed recommendations would be accepted.

11. Level one performance indicators

Jenny Legge and Catalin Bogos introduced the report to the Commission. Members were advised that the report appraised the progress against 53 key accountable measures and activities aligned to the objectives set out in the Council Strategy. Of the 53 reported measures, outturns were available for 44, the remaining 9 referred to annual key accountable measures for which data was not yet available.

It was reported that, in summary:

- 1) 33 indicators were 'green' (on track to be delivered / achieved by year end).
- 2) 10 indicators were 'amber' (behind schedule or still anticipated as being delivered/achieved by year end).
- 3) 1 indicator was reported as 'red'.

The 10 measures reported as amber were:

- Child Protection cases which were reviewed within required timescales
- Proportion of repeat safeguarding referrals through the monitoring and review of protection plans
- Level of delayed transfers of care from hospital and those attributable to social care from acute and non-acute settings
- % of people accessing a housing related support service who have been assessed as needing support who go on to achieve economic wellbeing by improving debt management skills
- 'Major' planning applications determined within 13 weeks.
- 'Minor' planning applications determined within 8 weeks.
- Work with the Environment Agency and other partners to deliver flood alleviation scheme in Eastbury
- KS1-2: Proportion pupils making 2+ levels of progress in Writing
- The number of schools judged good or better by Ofsted under the new Framework
- The proportion of people aged 16-18 not in education, employment or training (NEET)

The 1 measure reported as red was :

- Work with the Environment Agency and other partners to deliver flood alleviation scheme in Purley

Councillor Roger Hunneman referred to the upwards trend of adult smokers in West Berkshire versus the decreasing national trend. He stated that the figures were disappointing.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

Councillor Alan Macro was concerned about the reported number of people killed or seriously injured on roads in West Berkshire. Councillor Emma Webster stated that the local road network, in particular the M4 and A34, would undoubtedly contribute towards the reported figures and should be noted.

In response to a question raised by the Commission, Rachael Wardell advised that the percentage of agency staff in post related to the Children's Services functions only. The number of staff employed had stabilised since a surge that had been required to address demands experienced within the service. Councillor Emma Webster suggested that it would be useful to know the number of employees in order to contextualise the report.

Members discussed the number of transactions through the Council website which had increased through Q1 to Q2. Officers were asked to provide clarification around how the number of tasks was reported. Members were encouraged to see that the number of online transactions had increased which in turn had decreased the number of transactions via telephone.

Officers advised that pages 66 and 67 of the report had been provided in error and therefore should not be considered by the Commission.

In response to questions asked, Nick Carter advised that the Department of Transport had awarded funding to complete essential repair works to the local road network following the severe weather in early 2014. He explained that the Highways and Transport service had experienced significant pressure on resources and staff capacity which impeded their ability to meet targets. It was accepted that the severe weather had necessitated a significant amount of remedial work which would take time to conduct. Members heard that the report measured the quality and maintenance levels of roads, aside from the additional measure following recent weather, both of which were on track.

Members questioned the reported level of schools judged as good or better by Ofsted under the new framework. They were concerned to see that the current level was below target. Rachael Wardell advised that West Berkshire had been recognised as the fastest improving area.

Councillor Macro referred to the target level set against recycling waste. He was pleased to see that the target had been met but challenged why the target had been set so low. Members were reminded that a Scrutiny task group had been established to agree targets for 2014/2015 and the same would occur in the new financial year.

Resolved that:

- (1) Officers would provide an explanation around how the number of tasks visited on the Council website was identified.
- (2) Officers would provide contextual information on the number of agency social workers being employed by the Council.
- (3) The report was noted.

12. Revenue and Capital Budgets Report

Andy Walker introduced the report to the Commission and advised that the Quarter three report was due for discussion at the next Executive but that a summary of the most recent information had been provided.

Members were informed that the Month Eight position showed a forecasted decreased over spend of £418k.

OVERVIEW AND SCRUTINY MANAGEMENT COMMISSION - 27 JANUARY 2015 - MINUTES

In response to questions asked by the Commission, in respect of item 2.1(1), Rachael Wardell advised that the budget identified a need to provide preventative services but the responsibility to maintain statutory duties took primacy. Spending was managed so that funding could be available to minimise the impact if pressures upon statutory duties increased. Rachael Wardell stated that she was aware of the longer term impacts if preventative services were reduced but it was necessary in order to manage short term pressures.

Councillor Alan Macro asked why the report indicated an increased demand on independent fostering which incurred higher costs. Rachael Wardell advised that independent foster careers could be used if the child had complex care needs. Also, the number of Looked after Children had increased and the availability of foster careers was unable to meet the demand so the service looked for support from independent foster careers.

Resolved that:

- 1) The report was noted.

13. Delayed Transfers of Care

David Lowe introduced the report to the Commission and reminded Members that the topic had been added to the Work Programme following consideration at a previous meeting.

The report proposed the Terms of Reference and methodology for the review which Members were asked to consider for approval.

Councillor Roger Hunneman reinforced his request to review the topic and stated that although the waiting times had recently improved they were still lower than the national average. He requested that the review considered reasons why waiting times had been so long, how and why recent improvements had been made and considered ways in which waiting times could be maintained at a suitable level.

Councillor Brain Bedwell suggested that the review would benefit from comparing activities with neighbouring authorities who appeared to have better transfer times.

Resolved that:

- 1) The task group review of Delayed Transfers of Care begin its work.

(The meeting commenced at 6.30 pm and closed at 8.30 pm)

CHAIRMAN

Date of Signature