

## COMMUNITY PARTNERSHIP FORUM

21 January 2016

### Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Mike Connolly	PPI Governing Body member, Slough CCG
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Dr Jim O'Donnell	Clinical Chair Slough CCG
Sarah Bellars	Director of Nursing, East Berkshire CCGs
Paul Sly	Accountable Officer, East Berkshire CCGs
Ally Green	East Berkshire CCGs
Chris Taylor	Healthwatch Bracknell Forest
Andy Battye	South Central Ambulance Service
Pat Rodgers	Berkshire Healthcare Foundation Trust
Jacqui Brown	
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Jayne Donnelly	DASH Charity
Sheila Holmes	Healthwatch WAM
Andrew Morris	Chief Executive, Frimley Health NHS Foundation Trust
<b>Apologies</b>	
Dr Adrian Hayter	Clinical Chair, WAM CCG
Madeline Diver	Community and Voluntary Faith Sectors, Bracknell Forest and Patient Liaison for Bracknell Urgent Care Centre
Hayley Edwards	WAM CCG
Carol Brooker	
Cllr Sabia Hussain	Slough Borough Council
Cllr Dale Birch	Bracknell Forest Council
Lily Evans	

An additional 18 members of the public attended the meeting

### Conflict of interests

There was no declaration of a conflict of interest.

### Notes of meeting on 19 November 2015.

The notes were agreed.

### Equality and Diversity

Sarah Bellars, Director of Nursing for the East Berkshire CCGs explained how the CCGs have reviewed their objectives for equality and diversity and progress made. The review has been done for each CCG individually and more information is available on the CCG websites. Suggestions were invited for developing objectives in this area going forward.

Chris Taylor from Healthwatch Bracknell Forest suggested including an objective about making information accessible, reflecting that this is not always easy to achieve and issues have been raised locally. Examples of experience locally were discussed and Sarah agreed to consider including this objective.

A question was raised about the providers that the CCG contracts with and how the CCG ensures they all have a similar approach. Equality law is relevant to all public sector bodies. The standard NHS contracts includes equality and diversity expectation, the CCG monitors all providers and have asked for reports from each about how they are delivering against their objectives.

The CCGs will be setting three objectives and publishing a declaration the following year. They will also publish a comprehensive work plan that will be ambitious but realistic.

### **Frimley Health NHS Foundation Trust (FHFT)**

Andrew Morris, Chief Executive of FHFT gave a presentation outlining the progress made in improving the quality of services at Wexham Park Hospital since it was taken over by the trust just over a year ago.

The presentation slides are available on the CCGs' websites.

Frimley Health NHS Foundation Trust owns and provides services from three hospitals – Frimley Park Hospital, Wexham Park Hospital and Heatherwood Hospital.

Key facts about the trust:

- 13th largest NHS organisation
- 4th largest A&E activity (220,000 attendances per year).
- Busiest outpatients is ophthalmology – 90,000 appointments per year.

Hospitals are people-businesses relying on lots of people to ensure services run smoothly. Good hospitals have a synergy between clinicians and management. The senior chiefs of services are all consultants who work part time as clinicians and part time as managers.

The old Heatherwood and Wexham Park Hospitals Trust had problems with culture, governance, performance, infrastructure and money. The Care Quality Commission had inspected the hospital and raised serious concerns that led to the take over from

Frimley Health. The starting point was to fix the culture, then governance and performance, then infrastructure and lastly money.

**Culture:** We asked staff what they like about working at Frimley? Their answers were:

- committed to excellence
- working together
- facing the future

The new medical service means consultants work across 7 days of the week. There are still a significant number of nursing vacancies which means a premium is being spent on agency staff.

**Governance:** Governance is about being transparent and adopting good practice. This needed improvement at Wexham. Every specialty now has a dashboard with various indicators that can be monitored. When things go wrong, we own up to it – demonstrating our duty of candour.

Safety is important. Everyone focuses on making sure their service is safe. Checks are made before every episode of care.

Every infection incident of c-Diff or MRSA is investigated thoroughly and lessons learnt to try and avoid them next time.

Work at creating a learning environment. This helps people be open about mistakes and to learn from them.

Handover in the hospital is very important. As one shift changes to another, it is important the new team is fully briefed on every patient and where there might be deterioration.

Only part way through the journey but we have already made progress and there are many things we are proud of. Getting the basics right is important - smile, introductions, name badges. Small things count. Treating patients as customers and treating them right from the start is very important. There are still areas we can do better.

Wexham performance has significantly improved. The new emergency department at Wexham is coming - £45m investment to build a new unit across four floors. Work is starting next year. There will also be a £10m investment in maternity redevelopment with work starting in May.

Heatherwood development will be achieved with a £70m investment. Land is being sold to help fund the development.

The Care Quality Commission have inspected Wexham Park again and currently waiting for the report that is expected in early February.

Today, Wexham is a better place to receive care, inspiring staff and improved patient experience.

Questions and discussion followed:

- SEAP advocate and support people with complex cases. We have noticed that people from Wexham come back with an offer of a meeting quickly. This now works really efficiently.
- My email address (for the chief executive) is on front page of FHFT website and anyone can email me. I will respond within 24 hours and will try to resolve matters quickly.
- I worked at Heatherwood Hospital for 20 years and during that time I didn't know who the chief executive was. I am retired now but have a friend who works there still who is a porter and he tells me that you are there in reception in the morning, he knows your face and people are happier.
- Our biggest challenge is the population whose experience is from the past and who expect the service to be poor. Our biggest opportunity for changing perception are the patients who use our services now and can talk to their family, friends and neighbours about how things have changed.
- The imminent report from the CQC is the acid test. Having an inspection result is an independent view about how the hospital is doing.
- People are talking about the Emergency Department which is good. The staff have reinvented themselves and really care about getting people through within four hours. Most clinicians don't like government targets. But the target is a proxy for quality that we all deserve.
- There is lots of evidence that if you are looked after by a specialist, your outcomes and recovery are better. Specialisation is happening. The number of Junior Doctors in Frimley has stayed the same for 20 years but the number of consultants has increased.
- People talk about their experience and that will get the message out. If each member of staff looks after their patients as if they were their Mum or Dad, you don't need to do anything else. You get top performance.
- We need to include opportunities for staff and recognise their efforts, that makes a great difference.
- There is a lot of anecdotal evidence about experience today. People are key. There is a sea change in attitude, culture and behaviour.
- How do you manage the staff that you don't bring with you?
- They leave us. We needed to hold our ground with those that did not want to change.
- We hear complaints from people about cost of car parking and quality of food at Wexham.
- Car parking needs to break even. The money we collect pays for security, cameras etc. we are putting more money in to extend the car park but it needs to be paid for. We are not out of line with other hospitals. If we were to make parking free, there would be less money available to spend on wards and patient services.

- The food at Frimley is same food for staff and patients - everything is fresh and cooked on site. At Wexham, it is not the same and we recognise that the food could be better. There is no kitchen on site so there are big choices ahead if we are to spend £3m for new kitchen what will this mean for other services?
- I use Wexham a great deal. Over the last two years we have noticed a great difference from the person who checks you in - smiles and welcome.
- A&E is much better, the floors shine and the walls are clean.

Andrew was thanked for his informative presentation and for taking time to listen to people and answer questions.

### **Stroke**

A briefing note was circulated which explained the changes planned for local stroke services. There was not enough time to discuss this in detail and it was agreed to have this as the main topic for the next meeting.

### **New Vision of Care**

Reminder of a public workshop 29 January 2016.

### **Future meetings**

A proposal was made and was agreed for future meetings to take place on a bi-monthly basis. This would allow more time between meetings to prepare topics and speakers. It was also agreed that more effort would be made to publicise the meetings using Health Connect and the patient groups.

Next meeting:           17 March  
                                  6.30pm – 8.30pm  
                                  The Centre, Slough

Suggested topics for future meetings:

- Finances – how these work, the challenges ahead and plans to ensure keep in balance.
- End of Life Care – engaging community groups
- Patient engagement
- HealthMakers feedback
- Car parks and transport
- Suicide prevention
- Obesity and nutrition in hospitals
- Primary care and extended access
- Wheelchair services
- Reconfiguration of Stroke Services