BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 17th May, 2013

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Eleanor Jackson, Anthony Clarke, Bryan Organ, Kate Simmons, Sharon Ball and Sarah Bevan

1 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lisa Brett sent her apology to the Panel.

Councillor Sharon Ball left the meeting at 12noon (after agenda item 10).

Councillor Katie Hall left the meeting at 2.45pm (after agenda item 14).

4 DECLARATIONS OF INTEREST

Councillor Eleanor Jackson declared an ‘other’ interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Vic Pritchard declared an ‘other’ interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Anthony Clarke declared a ‘disclosable pecuniary interest’ in item 13 on the agenda ‘The future of the Royal National Hospital for Rheumatic Diseases’. Councillor Clarke withdrew from the meeting for the duration of this item.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

6 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

The Chairman invited Pamela Galloway (Secretary of the Warm Water Inclusive Swimming and Exercise – WWISE) to address the Panel with her statement.

Pamela Galloway explained that she was speaking on behalf of B&NES residents who, because of disability or short and/or long term health conditions, need access to warm water pools to exercise and swim so they can help, and/or maintain, their health and fitness.

Pamela Galloway described the needs of those residents and the necessity for the adequate facilities in local leisure centres.

Pamela Galloway concluded that the WWISE network applaud the Council's strategy for the provision of leisure facilities for health outcomes, not just for recreation, and welcomed that the draft Health and Wellbeing Strategy placed emphasis on enabling everyone to live healthy and fulfilling lives, reducing health inequalities and improving the health of local people and communities.

A full copy of the statement from Pamela Galloway is available on the Minute Book in Democratic Services.

The Chairman thanked Pamela Galloway for her statement.

The Panel applauded for Ms Galloway's persistence in presenting this issue to various Council bodies and asked if the WWISE network had a support from the Cabinet Member for Neighbourhoods (Councillor David Dixon).

Pamela Galloway replied that the network had the support from Councillor Dixon on this matter.

The Panel asked how far the WWISE network got in terms of the progress on this matter.

Pamela Galloway responded that the aim of the network is to raise the awareness on the need for warm water pools ahead of the redevelopments of leisure centres in Keynsham and Bath.

Some Panel Members questioned if there are health gains in having warm water pools.

Susan Charles (Chair of the Access Bath Group) said that she had spinal injury in the past and one of the main reasons for her being able to overcome that injury is due to use of warm water pools.

The Chairman concluded the debate by thanking everyone who participated in the discussion.

It was **RESOLVED** that the Panel supported the inclusion of warm water pools that are fully accessible to people of all ages and all levels of disability in the current plans for Keynsham and Bath Leisure Centres and any others in B&NES as and when they come due to replacement. The Panel also **RESOLVED** to inform the relevant Cabinet Members on their support for the inclusion of warm water pools.

7 MINUTES 22ND MARCH 2013

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman subject to the following addition:

- Page 9, after paragraph 6 – Councillor Eleanor Jackson left the meeting at this point due to hospital appointment.

The Panel asked the Democratic Services Officer to send a reminder to Jane Shayler for a response on how successful was the usage of the social media and the press by Sirona during the cold snap.

The Chairman informed the Panel that, following a request from senior officer, he agreed to move the report on 'Rough Sleepers' for July meeting of the Panel.

Response from the Secretary of State Office on the Neuro-Rehab services

The Chairman informed the meeting that, in line of the resolution from the last meeting, the Chairman and Vice Chairman sent a letter to the Secretary of State for Health requesting from them to conduct an investigation on the way the Board of the Royal National Hospital for Rheumatic Disease led a process to close the Neuro-rehabilitation services. Letter from the Panel is attached as Appendix 1 to these minutes.

The Chairman informed the meeting that the Panel received a response from the Rt Hon the Earl Howe PC (Parliamentary Under Secretary of State for Quality – Lords). Letter from Rt Hon the Earl Howe PC is attached as Appendix 2 to these minutes.

The Panel felt that the Minister was quite clear that the NHS organisations reporting substantial development and variation of health services must include local Health Overview & Scrutiny Committees (HOSCs) and the Panel **REQUESTED** that the following paragraph, from the letter, be forwarded to all NHS organisations, local and regional:

'With regard to your concerns about NHS organisations reporting substantial development or variation of health services to HOSCs, I should make it clear that the NHS should hold early and ongoing discussions with HOSCs in order to ensure they are fully involved in, and briefed on emerging service models. Before embarking on the process of introducing change to local serviceprovision, NHS orhanisations should have a clear evidence base underpinning the proposed case for change. Clear communication and stakeholder engagement plans are imperativ in promoting the understanding of the case for change. As a minimum, these should cover engagement with all key stakeholders, including staff, patients, the public, MPs, HOSCs and local media. It is for the local HOSC to determine whether this process has been sufficient and effective' - Rt Hon the Earl Howe PC.

Appendix 1

Appendix 2

8 CLINICAL COMMISSIONING GROUP (CCG) UPDATE (15 MINUTES)

The Chairman invited Dr Ian Orpen (Clinical Commissioning Group – CCG) to give an update to the Panel.

Dr Orpen updated the Panel with current key issues within BANES CCG (attached as Appendix 3 to these minutes).

Dr Orpen also passed the Power Point slides to the Panel on the Nursing Homes situation in B&NES, which compared the period before and after the GP Local Enhanced Service (LES) was introduced in December 2011.

A full copy of the presentation is available on the Minute Book in Democratic Services.

The Chairman commented that Alcohol Liaison Nurses should be invited for the proposed Alcohol Summit in order to have a presentation from them.

The Panel congratulated Dr Orpen and BANES CCG on receiving the authorisation from the NHS England with no conditions.

The Panel asked if the AWP are confident that, should they lose their contract with Bristol, they will still carry on as a secure organisation.

Dr Orpen and Jane Shayler (Deputy Director: Adult, Care, Health and Housing Strategy and Commissioning) replied that they understood that AWP had risk-assessed the impact of losing the Bristol commission and had concluded that AWP would still be a viable organisation without this income stream.

The Panel asked if the parents will get the separate MMR jabs for measles.

Dr Orpen responded that the separate MMR jabs are not on offer and Public Health could explain this issue in more details. A statement from a public figure created a huge frustration and anxiety between people though the message is clear – the MMR is absolutely safe and everyone should have it.

The Chairman thanked Dr Ian Orpen for an update.

Appendix 3

9 NEW HEALTH COMMISSIONING ARRANGEMENTS (30 MINUTES)

The Chairman invited Dr Ian Orpen to address the Panel.

Dr Orpen gave a presentation where he highlighted the following points:

- Diagram of the new NHS Landscape
- New funding arrangements
- Regulating and monitoring the Quality of Services
- Role of the NHS England
- NHS England outcomes
- NHS England - Facts and Figures
- NHS England Structure
- NHS England – South: Additional responsibilities
- Bath, Gloucestershire, Swindon and Wiltshire (BGSW)
- BGSW Area Team
- The Local Structure
- What are CCGs responsible for?

A full copy of the presentation from Dr Ian Orpen is attached as Appendix 4 to these minutes.

The Panel thanked Dr Orpen for such a detailed description of the new NHS landscape.

It was **RESOLVED** to note and welcome the presentation.

Appendix 4

10 NHS 111 SERVICE (30 MINUTES)

The Chairman invited Tracey Cox (CCG Chief Operating Officer), Dr Elizabeth Hersch (NHS 111 B&NES and Wiltshire Clinical Governance Lead) and Dr Russell Kelsey (Regional Medical Director – Harmoni) to give the presentation.

The following points were highlighted in the presentation:

- Service Overview
- Service Aims
- Local Implementation – Timeline
- Soft Launch – Key Issues
- Intense Six Week Period of Rectification – Key Highlights
- Current Performance
- Patient Quality & Safety Processes

A full copy of the presentation is attached as Appendix 5 to these minutes.

The Panel made the following points:

Tracey Cox drew Panel's attention to factual accuracy in the report. At page 27, under paragraph 3.5.1, there were 5 serious incidents reported, across B&NES and

Wiltshire, at the time this report was written. Since that time there were further analysis on those 5 incidents, which are now downgraded to 1-2 serious incidents.

The Panel asked what the definition for serious incident is.

Dr Kelsey explained that serious incident in this context is a technical term that the National Patient Safety Agency developed. There are series of criteria that apply to incident that occur when applied medical services are far and above the usual medical provision.

The Chairman asked how come that serious incidents are downgraded from 5 to 1-2.

Dr Kelsey explained that when something goes wrong, it is then brought to the attention of commissioners or Harmoni with the intention to make an immediate assessment on whether there is a case of serious incident. Sometimes it is obvious that there is service failure, which can lead to a patient's death, but it is not always clear. In this case, 4 out of 5 incidents did not fulfil any of national criteria that would normally be associated to serious incidents.

The Panel asked about the significant service failure in the first three months.

Dr Kelsey replied that there were a number of assumptions made by Harmoni before the launch of the process. Some of these assumptions were right though some others were wrong. This was a very complex process that has never been done before on this scale in England. There were a number of pilot sites which were done on a much smaller scale. Harmoni thought they learned lessons through these pilot sites. When the implementation of services on a much larger scale started, the complexity of the staffing combined with the volume of calls was more than the Harmoni thought it would be. Effectively, Harmoni was understaffed to deliver the service required.

The Chairman asked if the figures displayed in the presentation are Harmoni's figures or from the CCG.

Dr Kelsey replied that the figures are produced from Harmoni's computer system and presented to the Department of Health. Harmoni's IT systems are checked and there is no way for those figures to be manipulated. There is an agreement with commissioners not to hide anything in this process. The commissioners are allowed to share Harmoni's raw data.

The Panel asked why is it that the service here is so much worse than in other areas. Why is it that the Minister particularly singled out the South West as an area with very poor 111 services. The Panel commented that when Harmoni did the trial they must have known, as highly paid professionals in this field that it was going to be very difficult to train people to use something so complex. The fact that Harmoni didn't realise that it would take a long time to train people to use it, even though they did a trial before the soft launch, seems to be an unacceptable failure.

Dr Kelsey agreed that the initial service was not acceptable. South West 111 service was singled out because it was very poor when it was launched. It was one of the worst launches in the UK. Harmoni did not have the experience on such a large

scale service. It was the worst service though it is much better now though the performance is not as good as it should be.

The Panel asked what the current view from the Wiltshire CCG is.

Tracey Cox replied that B&NES CCG works closely with the Wiltshire CCG and they are in similar position in terms of their concerns for commencement of the service.

The Panel said that the official from the Department of Health commented that this was a commissioner and provider failure.

Dr Hersch responded as a local commissioner the CCG went through all Department of Health gateways though there are still a lot of lessons to learn.

The Panel noted that one of the points in the six week period of rectification was that Harmoni committed more management resources to the Bristol Call Centre and asked what led to the decision to have more managers.

Dr Kelsey replied that it meant more supervision in the call centre for the health advisors and an improved management for the workforce on the floor.

The Panel asked how the call to 111 services is put through – is it held in the queue or dealt with in some other ways.

Dr Kelsey responded that the caller would get an answer to wait, in case the service is busy. That is the national specification – standard message that says 'You are in the queue'. Dr Kelsey said that at this stage people are not told how many other people are in the queue before them and how long they are likely to wait before their call is answered. This question was raised and the Harmoni are happy to change their telephony system to use this facility. Harmoni contacted the Department of Health if they would be happy for the Harmoni to change their telephony system but they haven't given that permission yet.

The Panel asked if the Harmoni would offer an apology to the Panel Members, as representatives of the residents who suffered under the introduction of the 111 scheme. The Panel felt that it is important that the residents understand that Harmoni is sorry for what had happened.

Dr Kelsey, on behalf of Harmoni, gave sincere apology to anyone, whether individual or family, who experienced distress and difficulties in getting through the 111 service. Harmoni acknowledged they made mistakes that had an effect on people.

The Panel said that they acknowledged that both commissioners and providers are working on service improvement and asked for a further report/update for the September meeting of the Panel. The Panel also commented that residents are asked too many questions once they got through to health advisor. The Panel felt that Harmoni should monitor what the average summation of the call is. Some Members of the Panel said that boat dwellers and travellers have great difficulty accessing services and felt that people who are not in standard housing should be treated like the rest.

Dr Kelsey replied that the average handling time per caller is 8 minutes. Initially it was much longer, around 20 minutes, but that was when the service was new. There is a process of what questions have to be asked during the call in order to assure non-clinical staff that person is safe and also for the staff to understand what is going on.

The Panel asked about the NHS Pathways system.

Dr Kelsey responded that the NHS Pathways is a system of clinical content assessment for triaging telephone calls from the public, based on the symptoms they report when they call. The system is used by non-clinical staff. It has been used for 3-4 years and very well tested. It also has an integrated directory of services, which identifies appropriate services for the patient's care if an ambulance is not required.

The Chairman noted that the Harmoni is now in extended soft launch period of the 111 services which is now 3 months behind the schedule from the proper launch date. The Chairman read out from the report that Harmoni is commissioned for 5 years and asked when the 5 year period starts. The Chairman also asked if the current provision is at the cost of Harmoni.

Dr Kelsey responded that he is not familiar with financial details though, as far as he is aware, services are provided at Harmoni's cost at the moment.

The Chairman thanked everyone who participated in this debate.

It was **RESOLVED** that:

1) The Panel noted the current performance and the actions agreed with Harmoni to improve performance in line with both national and local service specification requirements;
2) The Panel are disappointed in the poor quality of the 111 service in the first three months;
3) The Panel appreciated the apology from Dr Russell Kelsey, on behalf of Harmoni, to anyone, whether individual or family, who experienced distress and difficulties in getting through the 111 service; and
4) The Panel requested a further update on the progress of the local services for September 2012 meeting as a separate stand-alone item.

Appendix 5

11 CABINET MEMBER UPDATE (15 MINUTES)

The Chairman invited Councillor Simon Allen (Cabinet Member for Wellbeing) to give an update to the Panel (attached as Appendix 6 to these minutes).

The Panel made the following points:

The Panel welcomed the Health and Wellbeing Strategy and felt that, around the rest of the key areas in the Strategy, the action on reducing social isolation and loneliness is a particularly important issue to be addressed through the Strategy.

Some Panel Members suggested that the Council could look at the Bristol Light Box Happiness Project (provides supportive environment for socially isolated people) as one of ways to tackle loneliness. Councillor Allen welcomed the suggestion.

Members of the Panel suggested to the Chairman to include Public Health Update for every meeting of the Panel. The Chairman welcomed the suggestion.

The Panel congratulated Lesley Hutchinson and her team on achieving an Audit Rating Level 5 (Excellent) following an internal audit undertaken by the Council's Audit & Risk Team for the overall framework of control for Adult Safeguarding.

The Chairman thanked Councillor Allen for the update.

Appendix 6

12 HEALTHWATCH UPDATE (15 MINUTES)

The Chairman invited Pat Foster (Healthwatch B&NES) to introduce the report.

Pat Foster took the Panel through the report, as printed, and asked the Panel how often they want for the Healthwatch to report in future.

The Panel welcomed the report and said that they wanted to hear from the Healthwatch at every meeting of the Panel.

The Panel asked about volunteer involvement in the Healthwatch and if the Healthwatch works together with the 'One Stop Shops'.

Pat Foster replied that one of the ways to include volunteers in the Healthwatch is via Healthy Conversations sessions. Volunteers are expected to voice the opinions of the community groups that they represent. Pat Foster also said that the Healthwatch will get in touch with the 'One Stop Shops' soon.

It was **RESOLVED** to note the report and to invite the Healthwatch to present regular updates to the Panel.

13 THE FUTURE OF THE ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES-UPDATE (30 MINUTES)

The Chairman invited Kirsty Matthews (Chief Executive - Royal National Hospital for Rheumatic Disease - RNHRD) to introduce the report.

The Panel made the following points:

The Panel asked if there is any other organisation, apart from the RUH, that the RNHRD could get involved with in terms of the acquisition.

Kirsty Matthews replied that as the RNHRD is a Foundation Trust (FT) it can only be acquired by the FT. The Board of the RNHRD have found it very challenging now that the RUH application for the FT status had been delayed but it is for the RNHRD, as the FT, to operate under the legal framework and under the relevant Act provision/s.

The Panel commented that the NHS might lose £7-8million before the RNHRD is acquitted and felt that money could be spent better.

The Chairman asked if the directive from Monitor effectively gave a lifeline to the RNHRD. When the Panel learnt that the RUH will not get the Foundation Trust status the immediate thought was what will happen with the RNHRD now. The RNHRD is now in a period of suspension and losing £10k per day on average. The Chairman acknowledged that the RNHRD is delivering an exemplary service and it is well loved and well respected in the area, delivering exactly what patients and users want.

The Chairman said that back in March 2012 an announcement was made that the closure of the RNHRD was imminent and it would merge with the RUH. That was meant to happen by the end of the last financial year but due to recent events it didn't happen.

The Chairman added that the Panel was very critical on the way the RNHRD Board handled the closure of the Neuro-rehab services, and certainly the response from the Secretary of State suggests that any NHS organisation are obliged to engage at an early stage with the Health Overview and Scrutiny Committee. The Chairman acknowledged that the RNHRD is engaging now over the problems of the financial imposition and some of the commissioners may be able to help the RNHRD. The Chairman asked Kirsty Matthews if there is any organisation that the Council can lobby in order to gain extra financial support.

The Chairman said that he learnt recently that Weston Super Mare hospital is looking for outside bids of support. There are thirteen contenders, so it is not an impossible aspiration.

Kirsty Matthews responded that the RNHRD Board are fortunate to work closely with Monitor over the period of the significant breach in status for 4.5 years. Monitor has been quite supportive and the relationship is quite good. The reason why the RNHRD continue to work towards the acquisition by the RUH is that, as an organisation, the RNHRD believes that it is in the best interest of the patients. The other reason is the close clinical relationship between the two organisations. Kirsty Matthews also mentioned the research and development partnership with the RUH and suggested that the Panel might want to ask one of the Clinicians, or Medical Director, to attend a future meeting to explain how closely the RNHRD works with the RUH.

Kirsty Matthews added that the RNHRD have had to wait for a long time for the process to be secured and she agreed with the frustrations around the legal

framework that the RNHRD needs to work within. The RNHRD is now working with Monitor to secure central funding for the year 2013/14 to get to the point where the RNHRD services can be acquired by the RUH.

The Chairman asked why the hospital is losing £10k per day currently.

Kirsty Matthews replied that there are number of factors contributing to it. Partly it is that the income base is reducing and it is difficult for the hospital to reduce their fixed cost base in terms of the building cost, level of support to run the hospital, etc. It is a number of factors – partly to do with reducing tariffs (less income now though the same level of service provided) and partly to do with cost pressures, imbalance between the income and cost.

Kirsty Matthews added that it would not be the case of 'passing the buck' to the RUH. The RUH would need to go through their own due diligence and risk assessment process in terms of choosing to acquire services that the RNHRD provides. There is a benefit that comes through the acquisition that allows reduction of the cost base, such as not having the RNHRD Board (overhead cost base).

The Panel commented that one of the issues could be a failure to adapt to a changing culture. There was no evidence that the RNHRD was selling their services and asked if the hospital engaged in the heavy marketing policy.

Kirsty Matthews replied that one of the main challenges for the RNHRD is that most of the NHS provider organisations have their patients coming in through the A&E. There are no patients in the RNHRD that just turn up; they are there as a result of the RNHRD excellent marketing. The RNHRD have seen an increase every year in the number of referrals into rheumatology services. What hit the RNHRD the hardest was that despite the fact that the hospital attracted significant increases in their rheumatology patients, they were paid 12% less in one year. So, the income for those patients was cut by 12%. Kirsty Matthews also said that there was an increase in complex pain patients. The hospital also launched two new services that absolutely sit within the description of the RNHRD but the hospital has to work with a 12% reduction in tariff.

The Chairman said that there must be a way to fund the hospital which provides an exemplary service to their patients and asked if there is anyone that the Council can lobby on the RNHRD's behalf to help financially.

Kirsty Matthews thanked the Chairman for suggestion and replied that it would be more appropriate if she writes formally and ask that question.
The Chairman suggested that Kirsty Matthews should write a letter to the Chairman of this Panel, Councillor Paul Crossley (Leader of the Council) and Jo Farrar (Chief Executive of the Council) asking if there is anyone that the Council can lobby on the RNHRD's behalf to help the hospital financially.

The Panel agreed with this suggestion.

It was **RESOLVED** to:

1) Note the report;

2) Ask Kirsty Matthews to write a formal letter to the Chairman of this Panel, Councillor Paul Crossley (Leader of the Council) and Jo Farrar (Chief Executive of the Council) asking if there is anyone that the Council can lobby on the RNHRD's behalf to help the hospital financially; and
3) Receive a further update at November 2013 meeting.

14 THE ROYAL UNITED HOSPITAL BATH STATUS - PRESENTATION (30 MINUTES)

The Chairman invited Francesca Thompson (Chief Operating Officer – RUH) to give the presentation to the Panel.

The Chairman also welcomed Jacqueline Sullivan (CQC Inspector) to the meeting.

Francesca Thompson highlighted the following points in her presentation:

- Care Quality Commission job
- RUH Compliance
- CQC Inspection (February 2013)
- Monitor Outcome
- Black Escalation Jan, Feb and Mar 2013
- ED Attendances and Non-Elective Admissions – Trend
- ED Attendances by Time of Day
- ED Attendances and Non-Elective Admissions – by PCT
- Hospital Flow: Open Beds, Occupancy, Outliers and Green To Go Patients
- 4 hour Performance
- RUH Focus
- Solutions

A full copy of the presentation is attached as Appendix 7 to these minutes.

The Panel made the following points:

The Chairman thanked Francesca Thompson for the presentation.

The Chairman said that it was the worst winter on record for the RUH but not weather wise for the area. The Chairman also commented that when the CQC make an unannounced visit they just decide themselves what to inspect.

Jacqueline Sullivan (CQC Inspector) said that all comments from the CQC are in the report, including the recommendations. The CQC had a lot of intelligence from the wider community via CQC's website, which started to raise their concerns about the discharge of patients. People were concerned that when they were leaving the hospital it wasn't in safe and organised manner.

The Panel welcomed the presentation and welcomed the transparency. This was not only the RUH's problem but the problem for the whole local health and social

care community. One of the ways to overcome these issues is for everyone to get together and work together – all South West HOSCs, Health and Wellbeing Boards, MPs and NHS bodies. The Panel asked what plans are in place to work in a more strategic fashion.

Francesca Thompson replied that one of the slides shows that the RUH invited the Intensive Support Team (IST). They were invited just at the right time and they helped the RUH to look at what is needed internally but the IST also identified that they wanted to work with the whole community. There will be a diagnostic session within the next 4-6 weeks for the whole community to have a debate on this matter. Prior to that, the RUH set up the Urgent Care Task & Finish Group which is driven by the commissioners (Chaired by Dr Simon Douglass). This is for Wiltshire and BANES, not yet for Somerset, though on operational level Somerset is involved. The Urgent Care Task & Finish Group has met on a number of occasions and the group was very clear on immediate actions that have to be taken.

The Panel asked for an explanation on the Monitor Outcome slide.

Joss Foster (RUH Commercial Director) replied that the application process for the Foundation Trust status is to submit the application to Monitor. The application was made in October 2012. The RUH went through the process with Monitor who made the decision in March 2013 to defer the verdict up to 12 months so the RUH go back and sort out the issues that were highlighted in the CQC report.

The Chairman asked if there is any opportunity to release the verdict from the CQC if the RUH becomes compliant earlier than anticipated.

Jacqueline Sullivan replied that the CQC always ask for an action plan when there is an issue about the compliance. In this instance the RUH said that they will complete their action plan by 31st May 2013. The CQC will then re-inspect after that date for compliance. If the CQC is satisfied with the compliance then the verdict is released.

Jacqueline Sullivan also said that it is up to Monitor to make the final decision on when, and if, they will approve the Foundation Trust status application from the RUH.

The Chairman said that the Panel would want to help the RUH to gain Foundation Trust status though the Panel is aware that the RUH catchment area is beyond BANES. The Chairman said that it would be useful if the data from the RUH could be broken down for each authority that is within the RUH catchment area.

It was **RESOLVED** to:

1) Note the presentation
2) Request from the CQC to share compliance findings with the Panel once they are ready; and
3) Invite the RUH representatives to give a further update on the Foundation Trust application status at one of the future Panel meetings.

Appendix 7

15 WORKPLAN

The Panel **RESOLVED** to note the workplan with the following additions/amendments:

- Adult Safeguarding Annual Report for September 2013
- Regular Public Health updates
- Regular Healthwatch updates
- NHS 111 update – September 2013
- Update on the future of the RNHRD – November 2013
- The RUH status update – to be confirmed

The meeting ended at 3.00 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services