

Health Scrutiny Committee - 22nd January 2015

Report of the Lead Officer to the Committee

Responses arising from previous Committee meetings

Purpose of Report

1. To consider updates and responses arising from previous presentations

Background

- 2. Information requests from members regularly arise from scrutiny of planning development and delivery of services. Clearly some queries cannot be answered immediately with some prompting further investigation, or consultation, prior to being reported back to Committee.
- 3. To keep members updated, responses and resultant recommendations arising from previous reports are presented at appendix 1 for review.

Finance

4. Costs linked to Council responsibilities will be met through existing resources.

Law

- 5. Section 111 of the Local Government Act 1972 authorises the Council to do anything which is calculated to facilitate or is conducive or incidental to the exercise of any of its functions.
- The Health and Social Care Act 2012 places the scrutiny of health, care and well-being services by local authority members onto a statutory footing.

Equality Impact

7. Health Scrutiny can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

8. Members endorse proposals presented at Appendix 1.

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LEAD OFFICER FOR HEALTH SCRUTINY

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Documents used in the preparation of this report:-

1. Minutes of January 2013 Committee.

Dudley Group of Hospitals (DGH)

Query

Arising from a presentation relating to DGH's budget strategy members sought assurances that mechanisms were in-place to maintain safe and effective services particularly in the light of planned workforce reductions totalling 400. Separately, members requested staffing details specifically relating to pharmacy services.

Response

Pharmacy staffing

DGH has profiled pharmacy staffing based on average demand. We usually start the day with 9 staff (Pharmacists and Technicians). This is then varied throughout the day based on demand and we may have up to 15 members of staff in the dispensary at very busy times. It also has 22 members of pharmacy staff on the wards doing medication history, medicines reconciliation, screening, verifying and validating prescriptions of doctors as well as dealing with other medheicines management issues. Movement of pharmacy staff between ward and dispensary is managed daily based on need.

The pharmacy department have recently piloted a pharmacist prescribing of drugs to take away (TTA) on 2 wards which has demonstrated a reduction in the waiting time for ward drug dispensing by over 2hours. This is being rolled out to more wards over the winter period.

There are 20 other pharmacy staff who work in the Aseptic Technical Services Unit preparing cancer chemotherapy and some biological injections for patients. Some of the pharmacists in this Team run outpatient clinics for cancer patients.

There are 10 other Pharmacy staff who are employed in procurement and the distribution of medicines to the wards.

There are also 4 members of pharmacy staff in the Medicines Management, Medicines information, Antimicrobial Stewardship Team.

Reported 400 job cuts

The Dudley Group has taken the decision to impose strict vacancy controls to save £14 million on its pay costs to help it achieve financial stability.

Managers at the Trust have been told that vacant posts will only be approved in exceptional circumstances. The Trust aims to take out 400 posts over the

next two years. However, the Trust is still actively recruiting to essential frontline posts on wards and in the community.

Chief Executive Paula Clark said the Board's decision was not taken lightly but the Trust's turnaround plans were not delivering results fast enough.

"Our priority is always to provide high quality patient care as well as protecting our workforce and if we can get the vacancy controls right then we can reduce redundancies," said Paula.

"Pay is our biggest cost, making up 70 per cent of spend, and we know we cannot make the type of savings we need without looking at a reducing our spend on staffing," she added.

"We must ensure we maintain appropriate staffing levels to continue to deliver safe and effective care to our patients and our approach will be to minimise the impact on front line clinical areas."

The Trust has introduced a director-led vacancy control panel that will scrutinise every single request to fill a vacant post. All requests will be subject to a rigorous quality impact assessment and only those deemed necessary to maintain our high quality of care to patients will be approved.

Proposal

Members note the response outlined above and keep a watching brief on the development of the Trust's financial plan with the aim of maximising health outcomes across community groups.

Dudley Walsall Mental Health Trust (DWMH)

Query

Arising from the Trust's update against Care Quality Commission inspections actions members sought more information on waiting times relating to eating disorder services; and gender profile of Mental Health Act lay managers.

Response

Accessing Eating Disorder Services

It was acknowledged at the Committee that the Trust has very limited resources for this service. Furthermore, pathways aren't straightforward as people with eating disorders will often have and be under assessment for other mental health problems too. Urgent cases are seen within a very short time – within a day or two if required. However, for the last 12 months, the average waiting time to access this service was 31 days.

Mental Health Act Lay Managers – Gender split

The Trust was asked to return the gender split of our MHA Lay Managers. It currently has 20 individuals performing this role; 10 female and 10 male.

Proposal

Note contents and comment as appropriate.