

HEALTH SCRUTINY COMMITTEE

Tuesday 25th February, 2014 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Ridney (Chair)
Councillor Kettle (Vice-Chair)
Councillors Cotterill, Harris, Hemingsley, Jordan, K Turner and Mrs Walker and Ms Pam Bradbury – Chair of Healthwatch

Officers

Assistant Director of Law and Governance (Lead Officer to the Committee), Scrutiny Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal (Directorate of Corporate Resources)

Also in Attendance

Mr Richard Catell – Dudley Group NHS Foundation Trust
Ms Carrie Spafford – Dudley Group NHS Foundation Trust
Ms Liz Abbiss – Dudley Group NHS Foundation Trust
Mr Derek Eaves – Dudley Group NHS Foundation Trust
Mr Nick Henry – West Midlands Ambulance Service
Ms Joanne Kavanagh – West Midlands Ambulance Service
Ms Marsha Ingram – Dudley and Walsall Mental Health Partnership NHS Trust
Ms Rosie Musson – Dudley and Walsall Mental Health Partnership NHS Trust

38 CHAIR'S REMARKS

The Chair welcomed Councillor K Turner as a Member to the Committee for the remainder of this Municipal Year.

39 APOLOGY FOR ABSENCE

An apology for absence from the meeting was received on behalf of Councillor Mrs Rogers.

40 DECLARATIONS OF INTEREST

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

41 MINUTES

As the Minutes of the meeting of the Committee held on 23rd January, 2014 had been omitted from the agenda it was agreed that they be approved as a correct record and signed at the next meeting of the Committee.

42 PUBLIC FORUM

No issues were raised under this agenda item.

43 RESPONSES TO QUESTIONS ARISING FROM PREVIOUS COMMITTEE MEETING

A report of the Lead Officer to the Committee was submitted on updates and responses arising from the previous Committee meeting.

Arising from the presentation of the report concerns were expressed about the total number of hours (equating to over 74 days) that were lost in ambulances not being available for other emergency work due to delays in turnover at hospitals.

Reference was made to an incident regarding a particular transport provider whereby a terminally ill patient had been left for forty minutes in the ambulance as the crew member could not lift the patient up a flight of stairs and it was queried which provider the West Midlands Ambulance Service (WMAS) used. In responding Mr Henry informed the Committee that the WMAS used Ambuline and further stated that they had appropriate trained staff to handle varying situations. In responding to further queries Mr Henry reported that the number of hoax calls was very low and a support plan was in place for frequent callers. He undertook to provide a definitive answer on the number of hoax callers.

The Chair of Healthwatch undertook to ascertain through her group on whether there were any major concerns regarding hoax calls and private ambulance services.

RESOLVED

That the information contained in the report, and Appendix to the report, submitted on updates and responses arising from the previous meeting, be noted.

A report of the Lead Officer to the Committee was submitted on the delivery of NHS providers against current Quality Account improvement priorities and leading issues moving into 2014/15. Quality Account information had been attached as Appendices to the report submitted from the West Midlands Ambulance Service, Dudley and Walsall Mental Health Partnership NHS Trust and the Dudley Group NHS Foundation Trust. The Scrutiny Officer reported that the Black Country Partnership Trust had not submitted their information for consideration.

Dudley and Walsall Mental Health Partnership NHS Trust

Arising from the presentation of the report Members made comments and raised questions as follows:-

- It was queried when the new evidence based risk assessment tool (FACE) and the development of the new standard discharge letter were introduced. It was also queried how the discharge letter was submitted to GP's.
- Reference was made to progress made in relation to Priority 8 and the adoption of the 'Triangle of Care' model and it was stated that effective engagement with families and carers was of a major concern and it was queried how the goal would be achieved and assessed.
- There were various complexities involved in personalisation and re-enablement for the Local Authority and the person concerned and an assurance was sought that the full needs of the person, in conjunction with their families, were being addressed.
- The type of training offered to staff was queried.
- It was queried why the figures were so low, the national average being 42%, in providing service users with a copy of their care plan and it was considered that efforts should be made to strive higher.
- There were numerous complaints about the attitude of staff towards patients.
- It was requested that statistical information relating to the number of service users experiencing falls to evidence the downward trend and for analysis purposes be provided. The final report should also include detailed statistical information relating to the number of staff that had been trained to include time trends and information relating to the number and nature of complaints and a breakdown on actions that had been taken in addressing the complaints.

In responding to comments made and queries raised by Members, Ms Ingram and Ms Musson made the following points:-

- FACE that was being used as part of service users care management processes had not been introduced until Quarter 3 (Q3) and its implementation had been delayed due to problems with electronic systems.
- The development of the new standard discharge letter had also been introduced in Q3 resulting in a lack of feedback but a satisfaction survey of GP's would be undertaken in April of this year. Currently the discharge letter was sent to GP's by post although consideration was being given to electronic means.
- Clinical and care audits were currently carried out internally with the exception of 'Triangle of Care' which was audited by an external provider.
- With regard to personalisation although it was acknowledged that it posed challenges, it was commented that this was not an add-on but an embedded service linked to mental health; personalisation was used as a vehicle to deliver services and outcomes for service users was assessed via clinical assessment tools.
- The number of priorities had originally been 15 but these had been reduced to 9 and the national recommendation was to have between 5 and 6 priorities.
- All staff had to undertake customer care training and where the implementation of medicine was concerned training was restricted to professional staff such as Doctors and nurses.
- In relation to targets for patients to receive copies of their care plan there was a key performance indicator target set at 95%. However, the lower percentage figure of 42% given related to all service users including referrals which were not subject to the care programme approach. Regardless of the figures there was a need to simplify and make care plans clearer as very often patients did not understand the content and were reluctant to seek clarification.
- It was acknowledged that the highest complaints made were about staff attitude but at the same time the highest compliments received were also about good staff attitude. Customer care training that was provided included an element whereby staff were asked to consider and reflect on how others perceived their style.

In responding to further queries and comments made it was reported that advice was given to patients in taking medication in line with medication that was currently prescribed to them, including over the counter medicine; information was provided to patients in various formats which was available online and support was also given to those that could not access the information; as part of the Care Programme Approach, regular reviews and monitoring exercises were undertaken, with a view to involving the individual and their families and carers.

In conclusion Ms Ingram undertook to circulate to Members a copy of a report that had been produced based on feedback received on patient and carers experiences and a copy of the Annual Complaints Report as the reports contained some of the information as requested above.

West Midlands Ambulance Service

Mr Henry and Ms Kavanagh, West Midlands Ambulance Service circulated additional information and explained specifics relating to the information contained in the report and information circulated.

Arising from the information presented Members made comments and raised questions and appropriate responses were given as follows:-

- Concern expressed that record keeping and documentation was not completed to a satisfactory standard – It was acknowledged that completion of documentation was not as good as it should be but it was pointed out that some of the paperwork was retrospective and there were occasions where there were plausible reasons why documents could not be completed and a judgement call was made relating to the situation concerned. It was commented that a Project Board had been assigned to consider electronic methods which would ease the capturing and recording of relevant data.
- Reference made to the number of complaints from renal patients and the nature of the complaint and whether any had been upheld was queried – Information relating to the types of complaint was not available but of the twenty complaints made, five had been justified.
- Concerns expressed that the longest handover time at Russell's Hall Hospital had been recorded at being 2 hours and 38 minutes which was startling given the target was 30 minutes to include the completion of documentation and tidying of the vehicle by the ambulance crew.
- It was acknowledged that it took longer for ambulance crews to attend an emergency in rural areas and it was queried how often the Computer Aided Despatch Address, "Gazetter" was updated – The system was updated regularly but a definitive answer would be provided to Members.
- Queried whether consideration had been given to addressing the situation given the number of hours lost in staff waiting to handover at hospitals which equated to 39 staff out of the 157 whole time equivalents – It was reported that the Hospital Ambulance Liaison Officer was responsible for the monitoring the situation.

- Given the receipt of 53 completed surveys out of 200, it was queried why the patient survey had only been distributed in the month of May and not staggered across the following months and whether surveys were continuous – It was commented that staff were reluctant to engage in surveys, however, a response to ascertain the reason for not distributing evenly over several months and whether surveys were continuous would be provided to Members.
- It was considered that some of the questions in the survey were not appropriate and a view was also expressed that staff should not be spending their time giving out surveys to patients to complete and should be concentrating on undertaking their duties.

In responding to further questions Mr Henry and Ms Kavanagh reported that should the service experience an upsurge in incidents and calls they were able to utilise support from regional areas and beyond and internal operational managers could also assist as they were trained paramedics; staff mainly worked 48 hours on a rota system based on twelve hour shifts over four days; and that ambulance crews had four hours to respond where a GP had visited the patient as it was classed as a referral and was not subject to the thirty minute response time.

Mr Catell, Dudley Group NHS Foundation Trust referred to the longest handover time and acknowledged that it was not acceptable but stated that the matter was being taken seriously with a view to improvements being made. He reported that additional staff had been taken on, an external agency had been appointed to provide guidance on how improvements could be made and consideration was also being given to expand the space to the entrance at Russells Hall to alleviate some of the problems. The Hospital were working extremely hard to combat problems and it was in their interests as they were financially penalised by Dudley Clinical Commissioning Group each time the target of a 30 minute handover was not met.

In concluding it was reported that there were various methods available, such as an online facility via the Trust's website, Facebook and Twitter to enable patients and staff to voice their opinions on which priorities should be included in the following financial year.

As Members had struggled with understanding some of the information presented, a Member asked that consideration be given to arranging an informal meeting with the West Midlands Ambulance Service with a view to discussing ways to present information in a more legible manner.

The Dudley Group NHS Foundation Trust

Arising from the presentation of the report and in response to Members' comments and queries the following responses and points were made by Mr Eaves, Dudley Group NHS Foundation Trust:-

- Attempts were made to recruit nurses locally but this was not easy given the national nursing shortage; there was a requirement for nurses recruited from abroad to complete certain assessments and the interview process was used to ascertain their standard of English.
- A survey of nurses had been undertaken and no reference had been made to indicate that the working pattern and long hours was an issue and it was confirmed that staff did work part time.
- There were a number of reasons other than not being turned or using certain mattresses why patients could get pressure ulcers such as the patient having certain medical conditions which made them more prone to getting pressure ulcers. Aims to reduce pressure ulcers included a variety of initiatives such as staff training, better documentation and better nutrition.
- It was acknowledged that there was a need to ensure that visitors and staff regularly used sanitation dispensers to control infection and increasing the number of dispensers, particularly near main entrances, was potentially an option.
- In relation to nutritional status and why the target was not at 100% it was commented that it was difficult to achieve and unrealistic.
- With regard to “bed blocking” it was stated that there were currently eighty five patients that were awaiting relocation and options such as using other homes was being considered but there was a need to assess the particular situation as some patient’s required home support and funding also had to be taken into account.

Mr Eaves, Dudley Group NHS Foundation Trust undertook to provide a response as to why they were unable to recruit people from Ireland given they were part of the European Union.

RESOLVED

That the information contained in the report and Appendices to the report, submitted on the Quality Accounts relating to the West Midlands Ambulance Service, Dudley and Walsall Mental Health Partnership NHS Trust and the Dudley Group NHS Foundation Trust, be noted.

A report of the Dudley Group NHS Foundation Trust was submitted on the changes to the provision of community musculo-skeletal physiotherapy.

Arising from the presentation of the report and in responding to Members' queries, Ms Spafford, Dudley Group NHS Foundation Trust stated that the initial physiotherapy session at Russells Hall Hospital was allocated a forty five minute slot and subsequent follow-up appointments were for thirty minutes. In response to a query regarding the waiting times being reduced from eight weeks to four weeks, Ms Spafford undertook to circulate further information and a breakdown to clarify whether figures related to patients waiting for their initial assessment or whether they were GP referrals.

RESOLVED

That the information contained in the report on the changes to the provision of community musculo-skeletal physiotherapy, be noted.

46 PATIENT EXPERIENCE

A report of the Dudley Group NHS Foundation Trust was submitted on The Dudley Group Friends and Family Test results and the new Patient Experience Strategy.

Arising from the presentation of the report, Ms Abbiss, Dudley Group NHS Foundation Trust responded to questions from Members and reported that two complaints had been referred to the Ombudsman, patient surveys were issued at point of leaving the Accident and Emergency Department and in patients were asked to complete surveys within forty eight hours of their discharge via posting in a box at the hospital, online or by freepost. With regard to menus and food Ms Abbiss confirmed that they did not cook food on site and used an external provider.

During the ensuing debate and in responding to complaints made about multiple appointment letters being sent out and the confusion caused to patients, Ms Abbiss reported that attempts were made to alleviate problems and that consideration was being given to improving Information Technology.

RESOLVED

That the information contained in the report and Appendices to the report, submitted on The Dudley Group Friends and Family Test results and the new Patients Experience Strategy, be noted.

47 TOBACCO REVIEW - FINDINGS

A verbal report was given by the Scrutiny Officer on the Tobacco Review and he informed the meeting that a draft copy of the report was available for perusal. However, he stated that the report was likely to change as the document was currently being considered by the Director of Public Health with a view to submitting to Review Panels later this week. A final report would be submitted to the next meeting of this Committee with a view to submitting to Cabinet in due course.

RESOLVED

That the verbal report given on the Tobacco Review be noted.

The meeting ended at 8.55 p.m.

CHAIR