



## **Health Scrutiny Committee**

**Thursday 24th September, 2015, at 6.00pm**  
**In Committee Room 2 at the Council House, Priory Road, Dudley**

### **Agenda - Public Session** **(Meeting open to the public and press)**

1. Apologies for absence.
2. To report the appointment of any substitute Members for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the meeting held on 8th July, 2015 as a correct record.

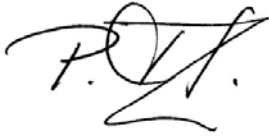
5. Public Forum – To receive questions from members of the public:-

The Public are reminded that it is inappropriate to raise personal cases, individual details or circumstances at this meeting, and that an alternative mechanism for dealing with such issues is available.

Please note that a time limit of 30 minutes will apply to the asking of questions by members of the public. Each speaker will be limited to a maximum of 5 minutes within the 30 minutes.

6. Dudley and Walsall Mental Health Partnership NHS Trust – Strategic Direction and Foundation Trust Application (Verbal report).
7. Dudley Group of Hospitals – CQC Inspection Closure, Monitor License Breach and CCG Unannounced Visit (Pages 1 – 9)
8. Presentation on Black Country Alliance (Slides Attached) (Pages 10 – 21)
9. Presentation on Quality Priorities and 111 Service Update (Pages 22 – 36)

10. To consider any questions from Members to the Chair where two clear days notice has been given to the Strategic Director (Resources and Transformation) (Council Procedure Rule 11.8).



**Strategic Director (Resources and Transformation)**

**Dated: 16th September, 2015**

**Distribution:**

**Members of the Health Scrutiny Committee:**

Councillor Hale (Chair)

Councillor A Goddard (Vice-Chair)

Councillors M Attwood, K Casey, K Finch, S Henley, S Phipps, N Richards, M Roberts, D Russell and E Taylor.

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- The Democratic Services contact officer for this meeting is Kim Buckle, Telephone 01384 815242 or E-mail [kim.buckle@dudley.gov.uk](mailto:kim.buckle@dudley.gov.uk)

## **Minutes of the Health Scrutiny Committee**

**Wednesday 8<sup>th</sup> July, 2015 at 6.00 p.m.**  
**in Committee Room 2 at the Council House, Dudley**

### **Present:-**

Councillor C Hale (Chair)  
Councillor A Goddard (Vice-Chair)  
Councillors M Attwood, K Casey, K Finch, S Henley, C Perks, S Phipps, N Richards,  
E Taylor and Pam Bradbury.

### **Officers**

M Farooq (Assistant Director – Law and Governance) (Lead Officer to the Committee), A Sangian (Senior Policy Analyst – Directorate of People Services) and K Buckle (Democratic Services Officer – Directorate of Resources and Transformation).

### **Also in Attendance**

Dr Steve Mann – Dudley Clinical Commissioning Group  
Mr Steve Wellings – Lay Member for Governance – Dudley Clinical Commissioning Group.  
Ms Laura Broster – Dudley Clinical Commissioning Group

#### **1      Apology for Absence**

An Apology for absence from the meeting was submitted on behalf of Councillor D Russell.

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#### **2.      Appointment of Substitute Member**

It was reported that Councillor C Perks had been appointed to serve in place of Councillor D Russell for this meeting of the Committee only.

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#### **3.      Declarations of Interest**

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

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#### **4      Minutes**

##### **Resolved**

That the minutes of the meeting of the Health Scrutiny Committee held on 26th March, 2015 be approved as a correct record and signed.

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5      **Public Forum**

No issues were raised under this agenda item.

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6      **Terms of Reference for the Health Scrutiny Committee**

A report of the Strategic Director (Resources and Transformation) was submitted on the terms of reference for the Health Scrutiny Committee.

**Resolved**

That the terms of reference for the Scrutiny Committee, as set out in the appendix to the report submitted, be noted.

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7      **Change In Order of Business**

Pursuant to Council Procedure Rule 13(c) it was:-

**Resolved**

That Agenda Item No's 8 – Developing New Models of Care in Dudley and 9 Delegated Responsibility for the Commissioning of General Medical Services (GP Services) be considered as the next items of business followed by the remaining Agenda Items.

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8      **Developing New Models of Care in Dudley**

The Committee considered a presentation of Dr Steve Mann, Dudley Clinical Commissioning Group on Developing New Models of Care in Dudley. The presentation had been circulated to Members and was available on the Council's Committee Management Information System (CMIS).

Dr Mann referred to the 200 Vanguard Applications with NHS England choosing 30 Vanguard Sites in England, advising that Dudley was one of those 30 sites which had been commissioned with developing new successful models of care that would be rolled out across England.

The key principals of mutuality were outlined including shared responsibility with the NHS being owned by the public with each patient being registered with a Dudley practice and therefore a member of the Dudley Clinical Commissioning Group.

The need to maximise health care provision in Dudley, with everyone who has a skill being involved with the Vanguard scheme in order to achieve wrap around care for patients in relation to planned care, hospital care, urgent care and the urgent Care Centre, in order to support Dudley to become the best place to receive value added treatments, by commissioning best practice pathways, working with multi disciplinary provider care teams and everyone being linked into their communities.

Discussions in relation to patients graphic facilitation were referred to that included conversing with patients in relation to the provision of healthcare and where that provision should be provided. The headlines in relation to patients' views regarding access, continuity, coordination and communication regarding healthcare provision were outlined.

It was noted that there were 47 General Practitioner Practices in the Dudley Borough with linkages to ICT systems, which had led to shared patient records with all health care providers.

The Avatar system was referred to which included the provision to access a virtual Doctor, in order to obtain virtual medical advice, together with the provision of facilities in practices for patients to weigh themselves and take their own blood pressure, which would be automatically linked to their General Practitioner's records.

Developing methods of managing those with long term conditions were referred to including multi disciplinary healthcare professionals team meetings, which had been established to discuss those patients which were at risk of developing long term conditions, in order to establish intervention strategies or care to prevent hospital admissions and visits to accident and emergency departments by those at risk.

The drivers for change were outlined, which included premature deaths and the work that was required on physical activity given an ageing population.

The pyramid software was referred to which evaluated those who were very low risk to emerging risk with the need to conduct health checks to limit hospital admissions and attendances, at Accident and Emergency departments of the older population who were at risk of developing one or more illness.

An illustration of the expenditure on care was referred to and the requirement to focus on the cost of hospital care in order to reduce this.

It was noted that consultations were taking place with health care professionals on a monthly basis at Strategic Board meetings, in order to improve the provision of health care in the Dudley Borough.

The positive patient feedback contained in the presentation was outlined.

Arising from the presentation, Members asked questions and representatives from the Clinical Commissioning Board responded as follows:-

- Members of the Clinical Commissioning Board included four none Executive Directors who represented the Dudley Borough covering differing Leads. A cardiologist based in Shropshire had been appointed in order to extend challenges to the Board, a member of Healthwatch and the Chief Executive of the Authority. It was noted that the Board was clinically led to facilitate challenging commissioning for the residents of the Dudley Borough.

- The challenges in relation to recruiting General Practitioners in the Dudley Borough were outlined and the requirement to produce a successful model of care in order to encourage recruitment was required.
- In order to alleviate problems with obtaining appointments with General Practitioner's, there was a requirement to train staff in order to establish whether those requesting appointments could be signposted to other healthcare professionals, such as physiotherapists, practice nurses or mental health workers. However it was noted that in order to deliver access to appointments on a seven day each week basis would result in patients being provided with appointments across the Borough, and not automatically with their own General Practitioners.
- That patient participation groups would assist to establish the reason why access to General Practitioners worked better in some areas than others.
- That consultation with the residents of the Borough was required in relation to their requirements and what was important to them, when considering the question of providing twenty four hour appointments seven days each week, as it may be that this level of provision would not be available at every medical practice.
- The General Practitioners throughout the Borough were on board in relation to developing new models of care, as it was evident that the current health care system was not sustainable and NHS England acknowledged that the Dudley Clinical Commissioning Group were effectively engaging with the General Practitioners in the Borough.
- That as part of the Vanguard scheme, those who had been chosen as Vanguard sites were evaluated by a national team who were developing a logical method for evaluation. It was noted that the success of developing new models of care which would involve in part interviewing multi disciplinary professionals, patients and clinicians and the importance of avoiding social isolation was paramount.
- That work with integrated partners would be conducted in relation to individual care plans for patients in relation to managing their conditions and outcomes for people and how that was monitored with continuing questioning of evaluation. Reassurances were provided that reports would be produced to Healthwatch in relation to successful delivery of models of care and how success was monitored.
- In relation to constant monitoring each Practice was visited each month by a retired General Practitioner and a Members portal would receive an email should concerns be raised and soft intelligence would be enacted upon immediately which had already led to change.
- It was confirmed that the Dudley Clinical Commissioning Group would provide regular reports including key messages as to patient focus regulators to Healthwatch.

- That there were positives and negatives in relation to a sit and wait General Practitioners service, as although that may be facilitated by smaller surgeries, larger surgeries may be unable to cope with demand and would be unwilling to run the risk of the possible pressures that may be put upon their services.
- Should a package of care be required, care setting teams were available to consult with patients and families and there were personal health care budgets to assist with caring for patients in their own homes.
- That in order to access health care, a single point of contact was required and work continued to take with the provision of that point and there was the requirement to simplify health care systems. Health Care Forums, media, advertising and publicity in pharmacies had all taken place to advertise access to health care, however further work was required.
- Details of the “Do It Right” campaign were provided, which would involve educating young people in relation to booking appointments when they were not required which could result in another person being admitted to hospital. The continuing work in relation to campaigns, pledges, roadshows and the inappropriate use of health care services was referred to.
- The Lifestyle Interventions programme would take place at Himley Hall with the provision of a marquee, promoting health and fitness and work with young people who wish to champion health, in order to educate each other in schools would be undertaken.
- It was stated that secondary care in hospitals was extremely expensive and there was a requirement to move care away from hospitals in order to make efficiency savings and there was a need to free up General Practitioners time by efficiency for example dealing with the missed appointments systems.
- Work would continue in relation to encouraging General Practitioners to work and train in the Dudley Borough and the Clinical Commissioning Group would continue to monitor movement in the profession, including the number of Practitioners in the Borough and the possible retirement of those in practice, in order to prevent any future problems with the provision of General Practitioner appointments.

Following the conclusion of the presentation on developing new models of care in Dudley it was

### **Resolved**

That the information contained in the presentation on Developing New Models of Care in Dudley, and as reported on at the meeting, be noted.

### **Delegated responsibility for the Commissioning of General Medical Services (GP Services)**

A report of the Dudley Clinical Commissioning Group was submitted on the Clinical Commissioning Groups delegated responsibility for the commissioning of GP Services.

The Lay Member for Governance of the Clinical Commissioning Group provided background information relating to the decision to provide the Group with delegated responsibility for commissioning services.

It was noted that NHS England had provided South Staffordshire County Council with an incentive scheme, in order to drive recruitment of General Practitioners which had been successful and investigations were being undertaken as to whether a similar scheme could be commissioned to incentivise recruitment in the Dudley Borough.

It was noted that discussions were ongoing with General Practitioners in relation to changes in their contracts, in order to deliver health services in an approved and more constructive manner and any proposed changes would involve a wider consultation.

The introduction of Patient Participation Panels in every practice and the establishment of a task and finish group, to provide a check and balance in relation to provision of relevant health care in the Dudley Borough was referred to.

It was noted that consistency in relation to technology in all practices across the Borough, had been achieved following the implementation of one computer system providing consistencies, with the provision to share patient information with all health care providers including hospitals.

The improvements in relation to healthcare provision were referred to, together with the continuing need to ascertain what healthcare services were required in order to facilitate those needs and virtual appointments and telephone triages, were being investigated in order to improve patient services.

The Clinical Commissioning Groups desire to provide quality care as close to home as possible was referred to and the need to work smarter together with the Authority, particularly on delayed discharges as part of the Vanguard proposal.



Arising from the presentation of the report submitted Members asked questions and representatives from the Clinical Commissioning Group responded as follows:-

- There was an assumption that there would be a federation of practices in order to cover each other with the provision of care over twenty four hours, seven days each week.
- That practices were visited on a regular basis to provide encouragement and support to share best practices and consultation with patients would continue in relation to the health care services they required, and upon what basis they required such provision.
- There had been an overspend in relation to the prescribing budget in the preceding year and investigations were continuing in relation to how to control future budgets, by limiting waste including practices signing up to a prescribing plan.
- In order to avoid a shortage of General Practitioners throughout the Borough in the future, details in relation to future retirements would be maintained and General Practitioners would be supplemented by the provision of practice nurses and pharmacies in surgeries.
- In order to tackle waste in prescribing, concerns had arisen in relation to electronic prescribing repeat prescriptions and work in relation to waste prevention was continuing.
- That the “Do It Right” Dudley Campaign and Pharmacy First recommended Patients to obtain their own “over the counter” medication rather than use the prescription service for all medication.
- Discussions had centred around forming a Locum Bank, however Practices were under a duty to continue to provide health services to all their patients irrespective of staff shortages.

### **Resolved**

That the information contained in the report submitted on Delegated Responsibility for the Commissioning of General Medical Services (GP Services), be noted.

### **Work Programme 2015/16**

A report of the Lead Officer of the Committee was submitted on the health scrutiny work plan for 2015/16.

The Committee noted that the Overview and Scrutiny Management Board had approved proposals to roll-forward work on the Committee’s Sports Participation and Physical Activity Review to 2015/16.

**Resolved**

- (1) That, the information contained in the report and Appendix to the report submitted on the proposed work plan, be approved.
- (2) That a Working Group be appointed to further consider the proposed area for scrutiny, Sports Participation and Physical Activity and that membership of the Group be determined in consultation with the Chair and Lead Officer to the Committee.

The meeting ended at 7.50 p.m.

CHAIR

**Health Scrutiny Committee – 24th September 2015**

**Report of Paula Clark, Chief Executive, The Dudley Group  
NHS Foundation Trust**

**CQC Inspection Closure, Monitor License Breach and  
CCG Unannounced Visit.**

**1.0 Purpose of Report**

- 1.1 To advise the Committee of the progress and closure of actions arising from the Care Quality Commission (CQC) inspection in March 2014, the breach of license conditions with Monitor and the CCG unannounced visit in March 2015.

**2.0 Background**

- 2.1 In March 2014, The Dudley Group NHS Foundation Trust was inspected by the Care Quality Commission in March. Eight areas for improvement were highlighted and as part of the Trust's normal process action was taken in respect of each of the areas for improvement identified.
- 2.2 The Committee have received a verbal report in November 2014 and a written report in January 2015 advising of outcomes of the inspections and actions being taken respectively.
- 2.3 This paper takes the committee through each of the areas of concern raised by the CQC in March and provides information about the actions already taken. There two areas which remain in progress, these are in respect of the Phlebotomy Service and the Trust's Ophthalmology provision where service redesign has meant that we are keeping the actions open to ensure these improvements achieve their intended outcomes.
- 2.4 This paper also provides an update on the breach of license conditions with the Trust's regulator Monitor and an unannounced Clinical Commissioning Visit to Russells Hall Hospital.

**3.0 Care Quality Commission Inspection Report – Areas for Improvement Response**

The Trust was inspected by the Care Quality Commission in March 2014. A number of areas for improvement were highlighted. This paper takes the committee through each of the areas of concern raised by the CQC in March and provides a position statement of the actions taken.

### **3.1 Do Not Attempt Resuscitation Policy: Adherence, Training and Audit:**

#### **3.1.1 Action identified by the CQC for the Trust to improve:**

- DNACPR forms should be correctly completed and signed and reviewed at appropriate intervals

#### **3.1.2 Progress against action:**

Although the Inspectors found good adherence to the policy on the wards they had concerns with 2 out of 17 notes reviewed. The Trust enhanced its procedures to provide more assurance that compliance with the Trust policy would be adhered too. In summary these enhancements included

- DNAR is now on the new ward round checklist/bundle that has been developed with a Divisional Director. Ward clerks ensure there is a copy in each patient's notes.
- For patients with an active DNAR in place where there are concerns about capacity, each ward sends a list on a daily basis to the Mental Health team to check and challenge as appropriate.
- Training has been provided for medical staff by the Trust's legal advisors during 2014 with further refresher training sessions planned. Refresher sessions will continue to be planned to ensure staff are up to date with the latest legal guidance and advice.
- The Trust has developed an audit tool to be completed to monitor compliance to DNAR. This commences in June 2015.

#### **3.1.3 Assurance:**

- A new acute trust, Clinical Commissioning Group and Local Hospice policy for Do Not Attempt Resuscitation has been developed and ratified in October 2014. The policy works to the 2015 National Guidance on DNA CPR orders. The policy has been rolled out across the care community with the provision of on-going training and support.
- The trial for daily reviews of patients where there are concerns about capacity was proven to be a successful model to ensure on-going challenge and audit of compliance. This process has been taken over by the Resuscitation Officers and now includes in addition reviews following changes in circumstance for patients admitted and discharge with existing orders. This provides an on-going monitoring framework.
- Audit review of compliance will be reported to the Quality and Safety Group which feed the Clinical Quality Safety and Patient Experience Board Committee

#### **3.1.4 Action closed**

### **3.2 Emergency Department Flow:**

#### **3.2.1 Action identified by the CQC for the Trust to improve:**

- Trust to review its flow of patients from A&E through the hospital

#### **3.2.2 Progress against action:**

At the time of the visit in March 2014 the Trust was failing the 4 hour ED target and had done so for two successive quarters. Concerns were raised by the Inspectors about the responsiveness of the service given the delays being experienced by patients.

The Trust also failed Q1 in 2014/15, but management arrangements have since been changed and performance has improved to be one of the best in the region and nationally with the Trust achieving for each of the remaining quarters in 2014/15 the target. Focus on “pull” from the ED and improved processes on the wards has all contributed to this sustained improvement, despite the national pressure over the winter period. The Trust has also seen the successful introduction of the Urgent Care Centre on the Russell’s Hall site. A robust project plan was established supported by a “soft launch” in the month of March 2015 allowing operational issues to be resolved quickly prior to its full planned opening in April 2015.

#### **3.2.3 Assurance:**

The trust has achieved the ED target for all quarters since July 2014 and has seen its national position for Q4 move from 107<sup>th</sup> of all DGHs to 7<sup>th</sup>. Q1 has continued this trend with an April achievement of 98.56% and a reduction in breaches from 712 in April 2014 to only 114 in April 2015, this has seen the Trust consolidate its position nationally in respect of the delivery of this target. The Trust’s performance against all key targets including ED is challenged by the Finance and Performance Committee.

#### **3.2.4 Action closed.**

### **3.3 Ophthalmology Clinic Provision:**

#### **3.3.1 Action identified by the CQC for the Trust to Improve:**

- Trust to review its Ophthalmology provision (follow up of patients from the Ophthalmology clinic is not being undertaken for all patients following surgery). When this is done the patients can have a long wait to be seen.

#### **3.3.2 Progress against action:**

The pressure on the ophthalmology service is long standing. This has been for two reasons; firstly national shortage of consultants and secondly because of increasing demand as the population ages.

The Trust had a new glaucoma consultant start in March 2015 providing an extra 3 clinics per week for the management of this long-term condition. In addition a review of consultant job plans was completed for consultants who work sessions at Sandwell and West Birmingham which has initially repatriated three clinics back to Russells Hall Hospital.

The Trust is working with the Clinical Commissioning Group embedding a triage of referrals to ensure they are appropriate and are directed to the right clinician to reduce the consultant to consultant referrals and avoid wasted appointment slots. In addition work has been completed to ensure staff follow the Trust’s own Access Policy to discharge patients who DNA (do not attend).

The service is monitored monthly and new ways of working continue to be explored. One of these is to look at increasing its nurse-led post op cataract clinics to include an extra evening clinic to provide additional capacity and patients an alternative time slot that may be more suitable around other commitments.

### **3.2.3 Assurance:**

Performance of this service is monitored by Finance and Performance in terms of slot availability and by the Divisional Performance meetings held monthly. As these changes are recent it is too early to be assured that the changes made are sufficient to address the waiting times so this action is being classified as open.

### **3.2.4 Action Open**

## **3.4 Phlebotomy Capacity:**

### **3.4.1 Action identified by the CQC for the Trust to Improve:**

- The Trust must review its capacity in phlebotomy clinics at both Russells Hall and Corbett Hospital (in both areas patients are standing and waiting for long periods)

### **3.4.2 Progress against action:**

The Inspectors witnessed crowded clinics with patients waiting long periods and in some cases having to stand. This was unusual as at the time of the inspection most patients were being seen quickly, many within a few minutes. However demand on the service continues to increase and with the launch of the Urgent Care Centre the Trust has made changes in the service provision which during the early months of these changes increased the wait for some sessions.

The phlebotomy service has increased the total number of 'bleeding stations' within the three Trust sites, relocating the service at RHH to accommodate the Urgent Care Centre, additional new location at Dudley Guest in March 2015 and at Corbett with more 'bleeding stations' (from May 2015) and additional waiting area to accommodate approx. 25-28 seats. All sites have an electronic system to record time of arrival and time individuals were called through to the phlebotomist. This allows the monitoring of maximum and average wait time and patient numbers which is supporting the Service in their on-going development of the workforce plans to better align to patient flow and demands.

In addition, the establishment has been increased but not all posts have been recruited to as yet and the service is scoping the introduction of planned bookable appointments for some types of referral. This will work in parallel to the current walk-in service and support of Outpatient clinics.

### **3.4.3 Assurance:**

The Trust received an increase in patient complaints in relation to the service at Russells Hall Hospital due to combination of the reduced service from Russells Hall and patients not wanting to initially travel further and from an issue that the General Practitioner letters sent to patients did not reflect the new time slots and their location so patients had wasted journeys.

More recent information is that these issues have worked through the system and the more service delivery is bedding down. However we are keeping this action as open as it remains early to assess the impact of the service changes. Further assurance will also become available from the planned Patient Safety Leadership Walkrounds which will visit this area later this year and its outcome is reported to the Patient Experience Group which feed the Clinical Quality Safety and Patient Experience Board Committee

#### **3.4.4 Action Open**

### **3.5 Documentation for the Use of Compression Stockings:**

#### **3.5.1 Action identified by the CQC for the Trust to Improve:**

- The Trust must review its documentation on the use of compression stockings on the critical care unit.

#### **3.5.2 Progress against action:**

During the inspection it came to light that the forms used for VTE assessment could be confusing for staff who were not familiar with them. The Inspectors were concerned that this could lead to patients who may need compression stockings not being given them potentially putting them at risk.

After the inspection all critical care patients were checked and they had all received either compression stockings or the appropriate VTE prevention treatment.

As a result of the CQC visit the Trust changed the VTE assessment form to make this much clearer and to avoid any confusion during the summer of 2014.

In addition all wards and departments receive a daily email alert if no VTE assessment has been entered on the electronic system, staff follow this up with medics to ensure its completion. The alert notifications are monitored by the anticoagulation team who escalate non compliance.

#### **3.5.3 Assurance:**

The changes to the form and the practice/procedure to be followed have been fed back to the staff on Critical Care at 'Huddle Board' meetings, staff meetings and by the Link Nurse.

Compliance with VTE assessments is monitored monthly via the Safety Thermometer audit and reported to the Quality and Safety Group (a reporting group of the Clinical Quality Safety and Patient Experience Board Committee).

#### **3.5.4 Action closed.**

### **3.6 Incident Recording and Reporting:**

#### **3.6.1 Action identified by the CQC for the Trust to Improve:**

- The Trust must review its incident recording and reporting, as it is not consistent across the organisation.
- Learning from incidents was not consistently shared across the organisation

### **3.6.2 Progress against action:**

The inspection found that in many areas this was good but there was some inconsistency. Although the Trust is a medium reporting trust nationally it is recognised we can do better. Therefore the governance team at both a Corporate level and at a Divisional level have been working to share learning and improve communication in respect to incidents, complaints and claims.

The Trust has made improvements in respect of its governance communication flows across the organisation. This has been achieved by the initiation of monthly meeting for Divisional Governance Leads to meet with the Corporate Governance team to share knowledge of incidents and issues, discuss new initiatives regarding “learning events” and ensure a coordinated and agreed way forward to embed good governance frameworks and learning across the organisation.

Additional training has been provided to support incident reporting and investigation within the Trust with further joint training with the CCG being provided on Root Cause Analysis. The Trust is actively working with its IT Department to re-launch our upgraded and remapped DATIX incident and complaints management database, which is to be supported by a programme of training for staff focusing as much on the process of incident management as it will on the reporting and learning from past events.

### **3.6.3 Assurance:**

The Trust participated in a CQUIN scheme with on “learning” and has revised its reporting to draw out lessons / trends / themes and then track the learning from this reporting. The CCG have commented very positively on this change to our reporting and the Trust received the full CQUIN value associated with this scheme. The Clinical Quality, Safety and Patient Experience Committee of the Board supported by a Complaints Review group have scrutinised the revised reporting and the levels of incidents and any reported trends across the year, this regular reporting is embedded into the Committee’s cycle of business.

### **3.6.4 Action closed**

## **3.7 Staffing Level Reporting and Recording in Maternity:**

### **3.7.1 Action identified by the CQC for the Trust to Improve:**

- The Trust must review its method of agreeing staffing levels in maternity so that only one figure is understood by the whole trust.
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### **3.7.2 Progress against action:**

This was an issue of reporting midwife to birth ratios rather than direct concerns about staffing levels. The Inspection team wanted to ensure clarity with the Trust reporting one measure in the unit so that there was a better understanding of staffing levels on a daily basis.

The Trust agreed staffing levels is monitored using the same tool across both nursing and midwifery. This involves ward staffing levels being monitored daily using the Safer Staffing Tool and biannual reviews using the Safer Nursing Care Tool. This measures compliance of an agreed staffing level for each area and allows the Trust to be sure that one understood measure of staffing is reporting across the Trust.



### **3.7.3 Assurance:**

The results of the Nurse / Midwife Staffing position is reported monthly to the Board of Directors and is published on the Public website. This measure is also discussed at the Matron's meetings. Further assurance over the data quality of the measured data is being provided by Internal Audit in 2015/16 as part of their cyclical review of data quality across the Trust.

### **3.7.4 Action closed**

## **3.8 Staffing Levels and Cover for Vacant Shifts:**

### **3.8.1 Action identified by the CQC for the Trust to Improve:**

- The Trust must ensure that staffing levels and cover for vacant shifts is satisfactory and does not place overreliance of staff who have already worked full shifts to cover these

### **3.8.2 Progress against action:**

The Inspection team were content that the Trust had the appropriate staffing levels in place but concerns were raised about the reliance on bank staff, many of whom were Trust staff, to fill vacant shifts.

In a difficult recruitment climate for qualified nurses, the Trust has continued to recruit and had undertaken another successful round of recruitment in Portugal. The latest round of recruitment has brought the Trust close to full establishment for qualified nurses. We are still actively recruiting to ensure that we are able to meet new vacancies as they arise through natural turnover.

The Trust plays a leading role in the Black Country Education and Training Council and the Chief Executive has a seat on the West Midlands Health Education Board. Therefore the Trust is in a good position to influence training and education and has been successful in getting increased training numbers and courses for sonographers and ODPs in addition to more nurse training places. Although this strategy will take three years to come to fruition with the new graduates, the Trust will continue its policy of recruiting abroad and in trying to make Dudley Group the best place to work to attract local candidates in a difficult market.

Ward staffing levels are monitored daily and reported to the Board on a monthly basis under the Safer Staffing initiative. The reliance on bank and agency staff use has reduced over 2014/15 and is evident in the reporting to the Finance and Performance Committee.

### **3.8.3 Assurance:**

The results of the Nurse/Midwife Staffing position is reported monthly to the Board of Directors and is published on the Public website. This measure is also discussed at the Matron's meetings.

The Finance and Performance Committee regularly scrutinise the use of bank and agency staff and have assured the Board on the "grip" being applied by the Division in this area.

Further assurance over the data quality of the measured data is being provided by Internal Audit in 2015/16 as part of their cyclical review of data quality across the Trust.

### **3.8.4 Action closed**

## **4. Breach of License conditions Monitor**

The Trust's regulator Monitor secured legally binding commitments from the Trust in January 2015 to develop and implement an effective financial recovery plan for breaking even. The breach of our licence conditions arose from an in year review by Monitor of our 2014/15 budget, together with concerns about longer term financial sustainability. We had already taken the difficult decision to reduce our workforce to save £14m on our pay costs over two years. The Trust is confident the recovery plans put in place will return us to compliance with our licence by the autumn of 2015.

## **5. CCG Unannounced Visit Report**

Dudley Clinical Commissioning Group (CCG) undertook an unannounced visit to The Dudley Group NHS Foundation Trust (DGFT) on Thursday 5 March 2015. The visit was conducted as a component part of the routine quality surveillance of commissioned services as part of an integrated quality assurance framework consisting of hard data, soft intelligence, KPI analysis and the need to 'go and look / show me'. The visiting team were on site for five hours and visited eleven clinical areas.

The visiting team were very positive with what they saw and did not identify any areas of concern. They reported to us:

- ☐ There is a strong culture of good leadership across the clinical areas.
- ☐ Clinical areas were calm and welcoming environments, uncluttered and clean
- ☐ Staff were responsive and approachable and keen to share their views.
- ☐ Patients were complimentary about the care they received.
- ☐ Staff were happy and proud to work for the organisation.
- ☐ Observed compliance with hand hygiene and PPE.
- ☐ Motivated staff who want to make a difference.
- ☐ The wellbeing support workers are a fantastic development and are making a real difference.
- ☐ Staff would be happy to have a relative cared for on their ward.
- ☐ Staff are happy to raise concerns and know how to do this.
- ☐ Staff care about their patients, each other and value the teamwork philosophy.
- ☐ One area was flagged as being at odds with what the visiting team had seen elsewhere and this was to do with equipment being stored on a second floor corridor.

The CCG team felt that the Trust appeared well organised with a strong focus on quality. All the staff met were very helpful to the visiting team should be congratulated on their commitment to both the Trust and to the delivery of good patient care.

Without exception patients were happy with their level of care; examples of comments captured from both patients and the "thank you" cards that were displayed on wards are detailed below:

- ☐ "I have been treated like royalty"
- ☐ "I have been in this hospital ten times in as many years and would not go anywhere else, despite others trying to get me there"
- ☐ "I would recommend the staff who have looked after me here 110%"
- ☐ "Nothing is too much trouble"
- ☐ "They make me feel like a duchess"
- ☐ "Marvellous staff – nothing too much trouble"

All the staff involved should be rightly proud of the findings as a testament to their hard work and dedication to our patients.



**Paula Clark**  
**Chief Executive**

Contact Officer: Liz Abbiss  
Telephone: 01384 321013  
Email: [liz.abbiss@dgh.nhs.uk](mailto:liz.abbiss@dgh.nhs.uk)

Black Country Alliance  
Better Care for All

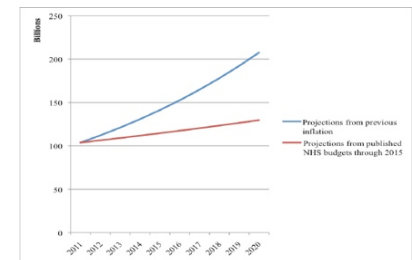
# Black Country Alliance

# Black Country Alliance Context

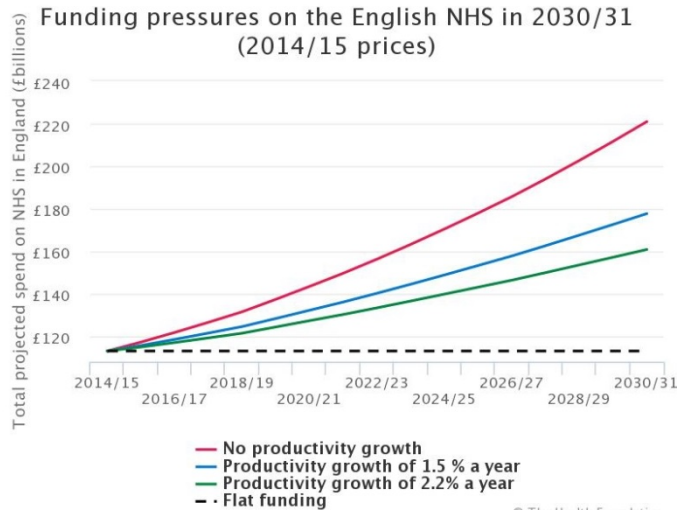


## 'TIME TO DELIVER' FOR THE NHS

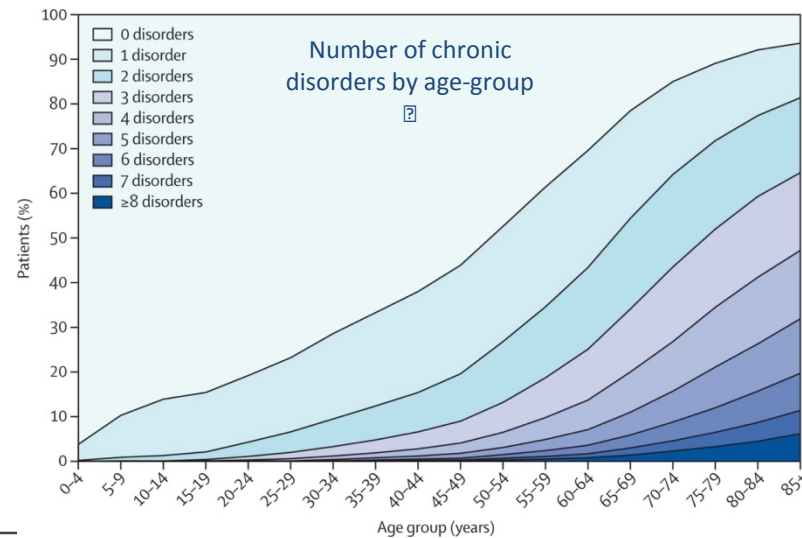
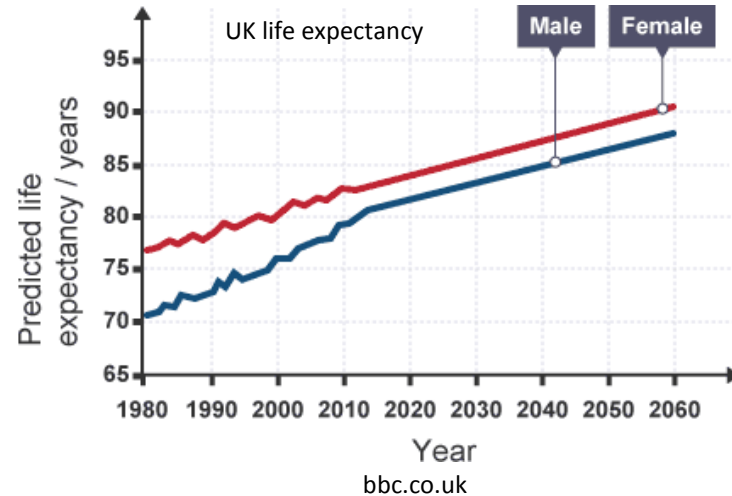
- 
1. CLOSE THE CARE AND QUALITY GAP
  2. CLOSE THE HEALTH GAP
  3. CLOSE THE FUNDING AND EFFICIENCY GAP




# Black Country Alliance Context



The Health Foundation



# Black Country Alliance Who's in it?

Sandwell and West Birmingham Hospitals   
NHS Trust



Walsall Healthcare   
NHS Trust



The Dudley Group   
NHS Foundation Trust



# Black Country Alliance

## What is it?

- A partnership to deliver improved care at a reduced cost
- Working together where it makes sense to do so
- Coordinating existing strengths across our shared geography
- Developing new ideas where scale matters
- Establishing common approaches to solving similar or shared problems
- Fostering more research and improved education
- Generating efficiencies by removing duplication
- Helping each partner to deliver their current strategy
- Integrating specialist care regionally, whilst each works with local partners on local service models





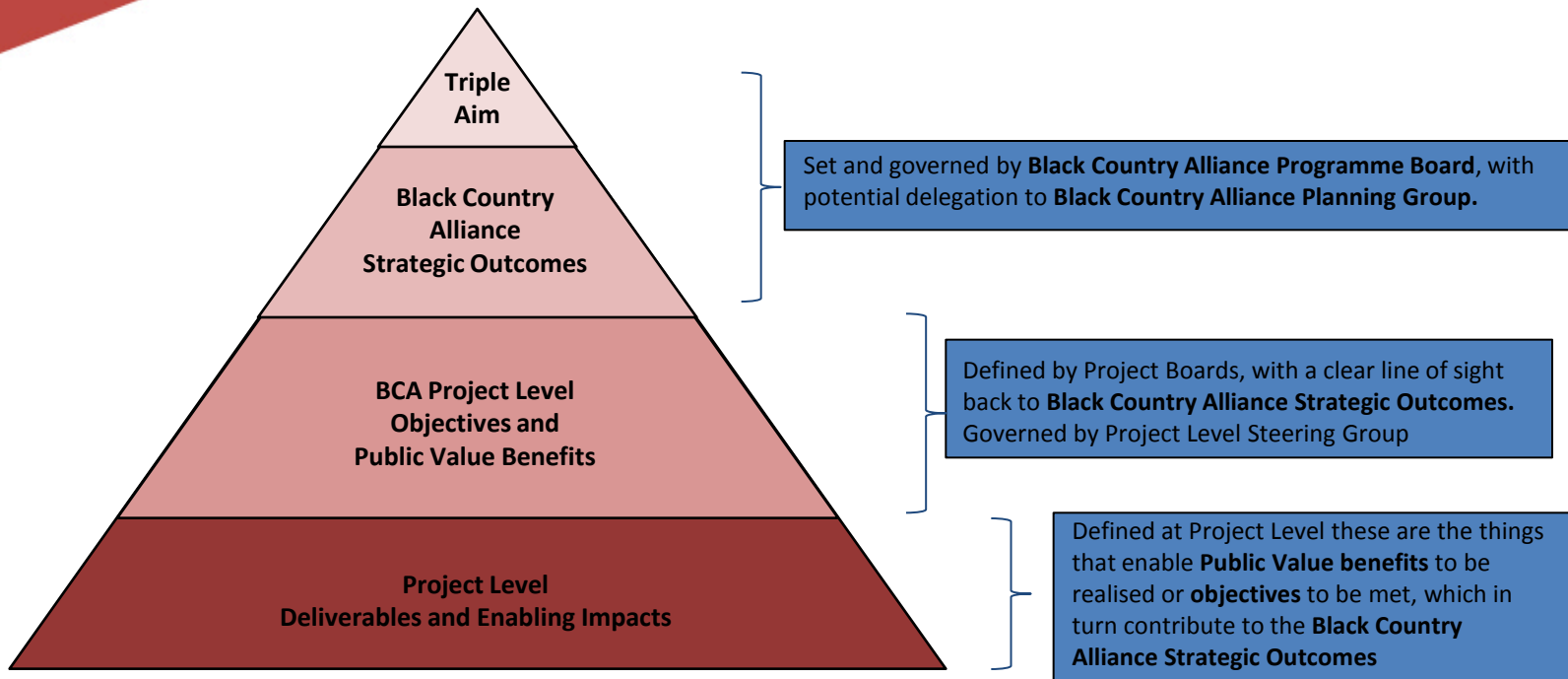
# Black Country Alliance

## What it's NOT

- NOT creating a new organisation to replace existing Trusts
- NOT a merger or a takeover
- NOT closing services in existing hospitals
- NOT adopting national policy for the sake of it
- NOT an alternative to collaboration with primary care, or mental health care
- NOT seeking to challenge regional specialist centres delivering good care
- We make three promises –
  1. We will have three A&E and three maternity units in 2020
  2. We will continue to reduce management and back office costs year on year
  3. We will publish an annual report, and do our work in public, to foster local trust in our emerging plans



# Black Country Alliance Aims & Objectives



## Black Country Alliance 'Triple Aim'

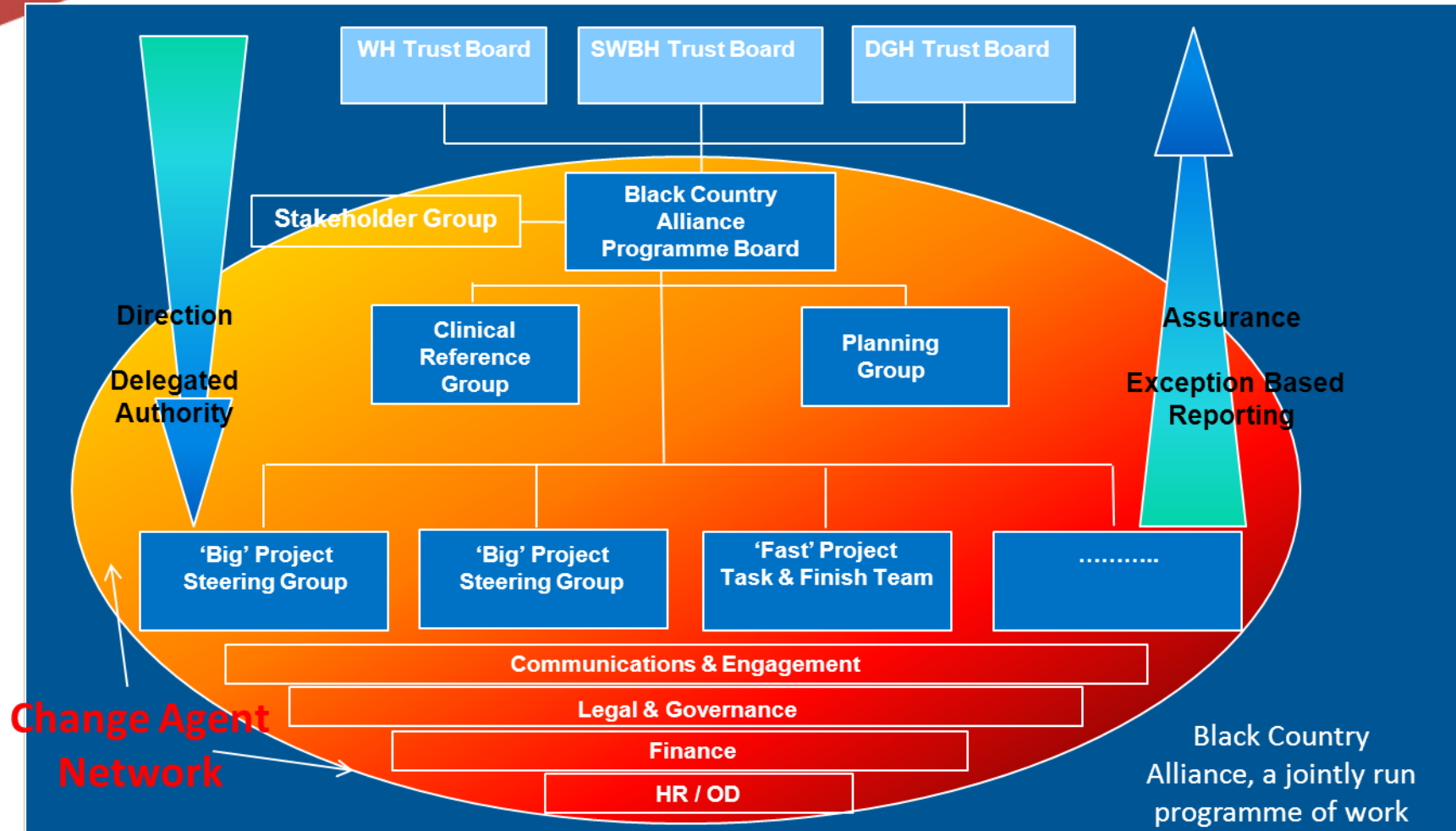
- 1.Improve **Health Outcomes** for the million people in the Black Country served by the 3 partner Trusts
- 2.Improve the **Experience of Health Care**, not just for the people we serve but for colleagues who deliver the healthcare
- 3.Reduce **Health Care Costs** so we can make the most of our collective resources

# Black Country Alliance Strategic Outcomes

1. Enhancing the distinct visions of the three organizations to deliver integrated local care and wider public health in their natural geographies
2. Working together, collaborating and supporting high quality research and its translation into practice
3. Supporting local employment and making the Black Country a highly desirable place to work, with learning and career development so that potential can be fulfilled for local staff
4. Making the Black Country a safe place to be treated
5. Ensuring financial sustainability for Trust partners, attracting investment into Trusts, which can only be delivered through scale; and sustaining outstanding support services at a time of austerity, which can only be achieved through alliance
6. Ensuring clinical sustainability for Trust partners, creating sub-specialist expertise aligned to generalist capability
7. Celebrating and supporting diversity and guaranteeing inclusivity, working with stakeholders to achieve the best outcomes we can in an equal and equitable way
8. Encouraging, recognizing & rewarding the behaviors & outcomes necessary to achieve the above objectives



# Black Country Alliance Structure



# Black Country Alliance

## Some of our Intentions

### An important way for the Black Country Alliance to

- Involve colleagues from all three Trusts in the work we do
- Ensure we fully maximise inclusivity and celebrate diversity
- Create Change Agents rather than Change Victims
- Empower colleagues to bring forward local ideas for problems we could solve or opportunities we could realise by working together
- Equip colleagues with the tools to deal with Change
- Test early thinking and ensure ideas will work
- Make sure we get our communications right first time
- Broaden our ability to fully engage & enable co-creation of solutions
- Create a powerful network of advocates to help curate knowledge & spread innovation



# Black Country Alliance Change Agents



## Change Agents

- Passion to improve
- Desire to be involved
- Willingness to support
- Prepared to try
- Committed to getting there
- Open to new ideas

*"You get the best efforts from others not by lighting a fire beneath them but by building the fire within them"*

- Bob Nelson

## Support colleagues, patients & others

- Regular communication & engagement
- Real Involvement, early and throughout
- Help shape the big ideas as well as the solutions
- "What's in it for me?"

The Change Curve



# Black Country Alliance

**Thank you.....**  
**Questions?**



[ask@blackcountryalliance.org](mailto:ask@blackcountryalliance.org)



[@TheBCAlliance](https://twitter.com/TheBCAlliance)  
[@TerryWhalley](https://twitter.com/TerryWhalley)







**Mark Docherty**  
**Director of Nursing, Quality & Clinical Commissioning**



**Presentation to  
Dudley HOSC**

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# Ambulance Activity

|                |                  | Apr '15 | May '15 | Jun '15 | Jul '15 | Aug '15 | ytd    |
|----------------|------------------|---------|---------|---------|---------|---------|--------|
| NHS Dudley CCG | Actual           | 3,843   | 3,828   | 3,725   | 3,799   | 3,735   | 18,930 |
|                | Contract         | 4,095   | 4,080   | 3,950   | 4,321   | 4,100   | 20,546 |
|                | Variance vol +/- | -252    | -252    | -225    | -522    | -366    | -1616  |
|                | Variance % +/-   | -6.15%  | -6.17%  | -5.69%  | -12.08% | -8.92%  | -7.86% |

| Disposition - All Incidents |              |      |             |       |              |       |           |
|-----------------------------|--------------|------|-------------|-------|--------------|-------|-----------|
| CCG                         | Hear & Treat |      | See & Treat |       | See & Convey |       | Incidents |
| NHS Dudley CCG              | 176          | 5.0% | 1,092       | 30.9% | 2,263        | 64.1% | 3,531     |

| Disposition - All Incidents |              |      |             |       |              |       |           |
|-----------------------------|--------------|------|-------------|-------|--------------|-------|-----------|
| CCG                         | Hear & Treat |      | See & Treat |       | See & Convey |       | Incidents |
| NHS Dudley CCG              | 175          | 5.3% | 1,072       | 32.3% | 2,072        | 62.4% | 3,531     |

Activity is currently below the contracted levels, with a year-to-date position of -7.86%



# Access Targets

| Red 1 (target 75% response within 8mins) | Apr '15        |               | May '15        |               | Jun '15        |               | Jul '15        |               | Aug '15        |               | ytd            |               |
|------------------------------------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|
|                                          | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> |
| NHS Dudley CCG                           | 106            | 84.0 %        | 99             | 79.8 %        | 98             | 82.7 %        | 101            | 87.1 %        | 97             | 76.3 %        | 501            | 82.0 %        |

| Red 2 (target 75% response within 8mins) | Apr '15        |               | May '15        |               | Jun '15        |               | Jul '15        |               | Aug '15        |               | ytd            |               |
|------------------------------------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|
|                                          | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> | <u>Inc Cnt</u> | <u>Pass %</u> |
| NHS Dudley CCG                           | 1,516          | 75.0 %        | 1,584          | 76.7 %        | 1,473          | 74.7 %        | 1,519          | 77.1 %        | 1,494          | 75.3 %        | 7,586          | 75.8 %        |

There is a strong performance in the Dudley CCG area.

Red 1 calls are those that are immediately life threatening (e.g. cardiac arrest), and an ambulance response is needed immediately. In the year to date, we have got to 82% of these people in under 8 minutes (target is 75% on a regional basis). Red 2 calls are those that are potentially life threatening, and in the year to date we have got to 75.8% of these in under 8 minutes (target is 75% on a regional basis).

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# Access Targets

| CCG            | Red 2 50th<br>Percentile | Red 2 95th<br>Percentile | Red 2 99th<br>Percentile |
|----------------|--------------------------|--------------------------|--------------------------|
| NHS Dudley CCG | 00:05:32                 | 00:12:50                 | 00:17:32                 |

Over half of all 999 calls that were to somebody with a potentially life threatening condition arrived in under 5 ½ minutes, and almost none of these calls waited more than 17 ½ minutes.



# Patient Handover Delays

| Turnaround By Timeband Duration |           |            |              |                 |                     |       |              |
|---------------------------------|-----------|------------|--------------|-----------------|---------------------|-------|--------------|
| Hospital                        | 0-30 mins | 30-60 mins | Over 60 mins | Avg Time (mins) | Lost Hrs (hh:mm:ss) | Total | F/cast Total |
| Russells Hall                   | 1,734     | 1,096      | 4            | 29              | 93:04:41            | 2,834 | 2,834        |

| Hospital      | Apr '15 | May '15 | Jun '15 | Jul '15 | Aug '15 | ytd   |
|---------------|---------|---------|---------|---------|---------|-------|
| Russells Hall | 1,331   | 1,146   | 1,151   | 1,150   | 1,100   | 5,878 |

Handover delays at Russells Hall Hospital are problematic, and in August 2015 alone we lost 93 hours of ambulance time due to delays of over 30 minutes.

This is a consistent challenge, as each month we have over 1,100 patient care handovers of over 30 minutes at the hospital.



# Why do people in Dudley call 999?

|                | Year To Date |                  |                       |               |                   |
|----------------|--------------|------------------|-----------------------|---------------|-------------------|
|                | Falls        | Generally<br>Ill | Breathing<br>Problems | Chest<br>Pain | Abdominal<br>Pain |
| NHS Dudley CCG | 3,064        | 2,749            | 1,859                 | 1,824         | 980               |



# Participation in National Audit

| Audit           |                                                        | WMASFT Eligible | WMASFT Participation | Number of Cases Submitted                                                                                                  |
|-----------------|--------------------------------------------------------|-----------------|----------------------|----------------------------------------------------------------------------------------------------------------------------|
| National Audits | National Non-Conveyance Audit (NANA)                   | ✓               | 100%                 | The final AQI results are dependent on external information and will be available and published by the Trust in June 2015. |
|                 | Ambulance Quality Indicators (Clinical)                | ✓               | 100%                 |                                                                                                                            |
|                 | Clinical Performance Indicators                        | ✓               | 100%                 |                                                                                                                            |
|                 | Myocardial Infarction National Audit Programme (MINAP) | ✓               | 100%                 |                                                                                                                            |





# Participation in Local Audit

| Local Audit                 |                                                 |
|-----------------------------|-------------------------------------------------|
| Trust Local Clinical Audits | 1. Management of Mental Health                  |
|                             | 2. Deliberate Self-Harm                         |
|                             | 3. Patients Discharged at Scene                 |
|                             | 4. Feverish Illness in Children                 |
|                             | 5. Management of Head Injury                    |
|                             | 6. Management of Asthma                         |
|                             | 7. Management of Peri-Arrests                   |
|                             | 8. Management of Obstetric Emergencies          |
|                             | 9. Clinical Records Documentation               |
|                             | 10. Appropriateness of Medicines Management     |
|                             | 11. Management of Acute Coronary Syndrome Audit |
|                             | 12. Management of Pediatric Pain                |
|                             | 13. Paediatric Medicine Management              |
|                             | 14. Paediatric Patients Discharged at Scene     |
|                             | 15. Hear and Treat                              |



# Quality Priorities for 2015/16

Patient Safety

Patient Experience

Clinical Effectiveness





## Patient Experience

- Improved engagement with Learning Disabled Service Users
- Working with Public Health England to reduce Health Inequalities

## Patient Safety

- Reduce the risk of harm from delays in ambulance attendance
- Publicise lessons learnt and good practice from incidents, claims and complaints

## Clinical Effectiveness

- Ensuring the care delivered on scene is timely and effective
- Continue to improve all clinical outcomes



# Patient Experience

| Patient Experience                                                                                                                                                                                            | Priority                                                                          | WHY WE HAVE CHOSEN THIS priority                                                                                                                                                                                                                                                                                                                                                                                    | WHAT WE ARE TRYING TO IMPROVE                                                                                                                                                                                                           | WHAT SUCCESS WILL LOOK LIKE                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                               | Improved engagement with Learning Disabled Service Users                          | We recognise the importance of ensuring we communicate effectively with Learning Disability Service Users, the Trust would now like to ensure that they undertake engagement events with this service user group to find out their experiences of the service, do we communicate effectively and all key communication documents are in an easy read format, expanding on the work recently undertaken by the Trust | Communication with Learning Disability Users <ul style="list-style-type: none"><li>An understanding of Learning Disability Service Users Experiences with the Trust</li><li>Is it a good/Bad experience can lessons be learnt</li></ul> | <ul style="list-style-type: none"><li>A positive experience by Learning Disability Service Users</li><li>To be able to meet expectations of service users</li><li>To be able to communicate in an effective way</li></ul> |
|                                                                                                                                                                                                               | Working with Public Health England to reduce Health Inequalities (3 Year Project) | We know that "Health inequalities are preventable and there are unfair differences in health status between groups, populations or individuals. They exist because of unequal distributions of social, environmental and economic conditions within societies                                                                                                                                                       | We are trying to improve equal access to services for all members of society regardless of their social, environmental or economic background                                                                                           | Improve engagement for 3 key disadvantaged groups.                                                                                                                                                                        |
| How we will monitor progress:<br>Reporting frameworks have been established for each priority to be assessed against performance on a monthly basis and progress reported to the Quality Governance Committee |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |
| Responsible Lead:<br>Consultant Paramedic (RC) and Head of Patient Experience, Senior HR Manager                                                                                                              |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |
| Date of completion: March 2016                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                           |

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# Patient Safety

| PATIENT SAFETY                                                                                                                                                                                                            | PRIORITY                                                                          | WHY WE HAVE CHOSEN THIS PRIORITY                                                                                                                            | WHAT WE ARE TRYING TO IMPROVE                                                                                                                                                                   | WHAT SUCCESS WILL LOOK LIKE                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                           | Reduce the risk of avoidable harm from delays in ambulance attendance.            | We recognise the importance of providing safe and timely care to ensure the best clinical outcomes for our patients.                                        | We aim to proactively ensure that the right resource is allocated to the right patient at the right time; first time without contributing to further harm to the patient.                       | Reduction in incidents, claims and complaints that result in moderate harm or above as a result of delayed attendance.<br>Increased learning from audit of delays resulting in harm. |
|                                                                                                                                                                                                                           | Publicise lessons learnt and good practice from incidents, claims and complaints. | We want to demonstrate our commitment to being open and candid with both patients and staff when mistakes are made but also when achievements are realised. | We aim to improve the way in which we share lessons we have learnt from investigations, complaints and claims with all of our stakeholders to ensure we are able to demonstrate our candidness. | Compliance with Statutory Duty of Candour<br>Monthly Patient Safety Bulletin<br>Monthly published information on web site                                                            |
| How we will monitor progress:<br>Reporting frameworks have been established for each priority to be assessed against performance on a monthly basis and progress reported to both the Learning and Clinical review Group. |                                                                                   |                                                                                                                                                             |                                                                                                                                                                                                 |                                                                                                                                                                                      |
| Responsible Lead:<br>Head of Patient Safety                                                                                                                                                                               |                                                                                   |                                                                                                                                                             |                                                                                                                                                                                                 |                                                                                                                                                                                      |
| Date of completion: March 2016                                                                                                                                                                                            |                                                                                   |                                                                                                                                                             |                                                                                                                                                                                                 |                                                                                                                                                                                      |



# Clinical Effectiveness

| CLINICAL OUTCOMES                                                                                                                                                                                                                                                                                                                                          | Priority                                                     | WHY WE HAVE CHOSEN THIS PRIORITY                                                                                                                                                                                                                                                             | WHAT WE ARE TRYING TO IMPROVE                                                           | WHAT SUCCESS WILL LOOK LIKE                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                            | Ensuring the care delivered on scene is timely and effective | With the pressure on the Hospital Emergency Departments there is a drive to deliver appropriate care to patients who call 999 which may not require transfer to ED.<br><br>We want to be sure that the care we give is the right care first time using NHS resources safely and effectively. | Transfer decisions are made quickly.<br><br>Time on scene is reduced where appropriate. | Patients requiring immediate transfer are taken to hospital quicker.<br><br>Care delivered on scene including referrals to other agencies is safe and results in a positive patient experience. |
|                                                                                                                                                                                                                                                                                                                                                            | Continue to improve all clinical outcomes                    | We have a number of Clinical Performance measurements that provide us with an indication that treatment given is appropriate and effective. We have decided that all of these are equally important to our patient care.                                                                     | All Ambulance Clinical Performance measurements will improve based on 2014/15 data      | Patients receive high quality care.                                                                                                                                                             |
| How we will monitor progress:<br>Reporting frameworks are well established for each priority to be assessed against performance on a monthly basis. Progress is, and will, continue to be monitored within the Trust Committees and to our Commissioners. Reports will be sent to the Trust Board of Directors and these will be published on our website. |                                                              |                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                                                                                                                 |
| Responsible Director:<br>Director of Nursing, Quality & Clinical Commissioning                                                                                                                                                                                                                                                                             |                                                              |                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                                                                                                                 |
| Date for Completion: March 2016                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                                                                                                                 |

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# Update on NHS111

- WMAS became a step-in provider of the NHS111 service, taking over from NHS Direct
- WMAS offered to continue as a step-in provider of NHS111
- WMAS and Commissioners could not agree terms for WMAS to continue as a step-in provider
- NHS111 is therefore no longer provided by WMAS
- New provider NDUC commenced on 8 September 2015

July 2015

## **NHS111 Procurement Briefing: West Midlands**

Following the outcome of the recent NHS111 re-procurement process in the West Midlands, the Commissioners, Sandwell and West Birmingham Clinical Commissioning Group, confirm that West Midlands Ambulance Service will cease to deliver the 111 service in the West Midlands when the current step-in arrangement comes to an end in the next few weeks.

However, discussions have been underway to negotiate a separate step-in arrangement which will ensure that a seamless service will be provided for our patients. This step-in arrangement will be provided by 'West Midlands Doctors Urgent Care\*' from 8<sup>th</sup> September 2015, for a period of 12 months, with an option for a further six months.

We want to reassure you that we are committed to growing the service with new innovation and further integration with our Out of Hours providers to provide a strong service that continues to be available seven days a week on a 24 hour basis to support the urgent care system.

All of this work is currently in its initial stages and we hope to be in a position to incorporate the revised specification into a new procurement by the early Autumn. In the meantime the service will continue to provide support, help and advice for thousands of patients across the West Midlands. We currently take calls from over 20,000 patients per week, and are seeing a growing number of patients call the service every day.

### **West Midlands Doctors Urgent Care**

West Midlands Doctors Urgent Care is part of the Vocare group and provides urgent care services to more than 4.5 million patients across the UK through urgent care centres, GP out-of-hours services, integrated urgent care centres and the NHS 111 service.



Part of the **vocare** group

Headquartered in North East England, Vocare began operating as Northern Doctors Urgent Care (NDUC) in 1996, before expanding operations in Staffordshire, trading as Staffordshire Doctors Urgent Care (SDUC) in 2012. This was followed by Bath and North East Somerset, trading as Bath and North East Somerset Doctors Urgent Care (BDUC), in 2014. Vocare expanded to Yorkshire, Somerset and East Leicestershire and Rutland in 2015, trading as Yorkshire Doctors Urgent Care (YDUC), Somerset Doctors Urgent Care (SDUC) and East Leicestershire and Rutland Urgent Care (ELRUC) respectively.