

Health and Adult Social Care Scrutiny Committee – 25th February 2014

Report of the Lead Officer to the Committee

Responses arising from previous Committee meetings

Purpose of Report

1. To consider progress updates and responses arising from previous Committee meetings.

Background

2. Information requests from members are regularly experienced as part of the scrutiny of Dudley's health, care and wellbeing services; with the aim of securing improved outcomes and experiences across the sector. Clearly some queries cannot be answered immediately with some prompting further investigation, or consultation, prior to being reported back to Committee.
3. To keep members briefed, updates and responses arising from previous meetings including resulting proposals are presented at appendix 1.

Finance

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

Law

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

Equality Impact

7. The work of the Committee can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to

ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendation

8. Members approve proposals at Appendix 1.



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Documents used in the preparation of this report:-

1. Minutes of January 2014 Committee.

Appendix 1

West Midlands Ambulance and 111 Service

Background

WMAS have been commissioned by NHS England to 'step-in' to deliver the 111 Service following termination of the initial contract with NHS Choices. Arising from consideration of performance metrics members queried the incidence of delayed handovers experienced at Russell's Hall (RHH) Emergency Department; and resulting impact on service capacity to maintain patient safety.

Response

There is a national agreement and target of 30 minutes in regards to the turnaround of ambulances at an Emergency Department (ED). It is agreed that in the vast majority of cases, it should take no more than 15 minutes to hand the patient over to the care of the hospital and this leaves a further 15 minutes for the ambulance crew to complete their patient documentation and tidy the vehicle in preparation for the next call/patient.

Statistics for RHH show from April 2013 to Jan 2014 **average turnaround** of all crews is **29 mins 50 secs** which is within standard.

However, during this period there have been **544 over hour delays**, which is the second highest of the all hospitals within the WMAS region. The **longest delay** being **2 hrs 38 mins**.

The total number of lost hours of ambulance crews available time (over the national 30 min standard) totals at 1783 hrs. This equates to over 74 days lost or 148 crews working 12 hour shifts. This has had a direct impact on our ability to achieve our nationally set performance targets in the Dudley area.

In regards to the number of crews that can be delayed at RHH, it would be difficult to give a definitive number by hour of the day or day of the week as this is quite fluid. There are regular occasions that there are **8 resources delayed** in the department when the capacity is very tight at the hospital and given the peak ambulance output from the **Dudley hub is 14 ambulances**.

Moreover delays at one hospital may have a knock on effect in other areas too. As a regional organisation, WMAS is able to flex the regional response to provide a safe service. In practical terms, this means using ambulances from other areas to make up the shortfall in, for example, the Dudley area. However, this means that there are fewer ambulances in that area too.

Regular performance meetings are held between the Trust, Russells Hall and local commissioners geared to improve vehicle turnaround.

Proposal:

It is proposed that members note the above responses and engage scrutiny as appropriate.

Background

Arising from consideration of CCG's vision forward for Urgent Care, the cost of consultation was queried.

Response

Cost of consultation activities carried out by the CCG (documents, meetings, web developments, advertising) amounts to approx £6,500. However, it should be emphasised that this figure does not include any cost for the significant time commitment by CCG staff, senior managers and GPs throughout the consultation.

In addition, there is the cost of the separate piece of work commissioned from Healthwatch which was just under £12,000.

As such the total cost (adjusting for staff commitments mentioned above) equates to £18,500 for the consultation. It is felt that this represents CCG good value in view of the scale of activity and width of intelligence and insights attained in shaping the vision forward.

Members will have an opportunity to explore the implications of final proposals with key stakeholders, including Dudley Group of Hospitals and West Midlands Ambulance Services at a special scrutiny meeting envisaged early April.

It is proposed that members note the above and refer any observations to the April meeting.