

**Overview and Scrutiny Management Board – 11<sup>th</sup> December, 2014**

**Report of the Lead Officer**

**Russells Hall Hospital – Parking and Transport Issues**

**Purpose of Report**

1. To give consideration to ongoing parking and transport issues concerning Russells Hall Hospital and the surrounding areas.

**Background**

2. On 22<sup>nd</sup> September, 2014, the Health Scrutiny Committee considered an update on the progress towards the opening of the new Urgent Care Centre (UCC) at Russells Hall Hospital. Minute No. 16 of that meeting is attached as Appendix 1. The reports submitted to the Health Scrutiny Committee are available on Committee Management Information System on the Council's website
3. The minutes of the Health Scrutiny Committee were submitted to full Council on 13<sup>th</sup> October, 2014. In response to questions at that meeting, the Chair of the Health Scrutiny Committee indicated that the issue of parking had wider implications for partners. It was considered appropriate that this matter should be referred to the Overview and Scrutiny Management Board for consideration. An update on the UCC was given at the Health Scrutiny Committee on 20<sup>th</sup> November, 2014 (Minute No. 32 is attached as Appendix 2)
4. Parking/transport issues in connection with Russells Hall Hospital have been long standing items of community concern. On 17<sup>th</sup> March, 2014, the Castle & Priory/St James's and St Thomas's Community Forum received concerns from residents about parking on the Russells Hall Estate who were requesting that a multi storey car park be built on land opposite the hospital. Residents were informed that Parking Management Officers enforce the restrictions that have been made by the Council. Land to the rear of the hospital is covered by a number of nature conservation designations and in some areas is Green Belt all of which makes development in this location difficult. A proposed residents parking scheme for Russells Hall was rejected by the community when consulted upon. The Council has undertaken to continue to seek ways of mitigating the problems caused by parked vehicles from the hospital. The Council have held talks with the Chief Executive and representatives of the Hospital and have offered to assist where possible in addressing their problems with accommodating parking demand.

5. On 3<sup>rd</sup> November, 2014, the Netherton, Woodside & St Andrews/Quarry Bank and Dudley Wood Community Forum raised concerns about the withdrawal of the 297 bus service to Russells Hall Hospital and the impact this decision had on citizens of the Borough. Discussions were requested with representatives of Centro and National Express.
6. Concerns have also been expressed at the Brierley Hill/Brockmoor and Pensnett Community Forum concerning the centralisation of the Urgent Care Centre at Russells Hall Hospital due to the cost of parking and the effect this will have on the surrounding areas. Problems of traffic congestion at peak times have also been raised by local residents.
7. An invitation to this meeting has been extended by the Lead Officer to the Dudley Group of Hospitals NHS Foundation Trust, Deputy Director of Operations (Estates and Facilities); the Area Manager (Black Country) – Centro and the Head of Traffic and Transportation (Directorate of the Urban Environment).

### **Finance**

8. The detailed financial implications of any future proposals will need to be quantified and reported to the appropriate decision makers as and when necessary.

### **Law**

9. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.
10. The Health Scrutiny Committee carries out the scrutiny powers relating to health and these are included in the Health and Social Care Acts 2001 and 2012, and associated Regulations and statutory guidance. The Local Government and Public Involvement in Health Act 2007 enables local authorities to scrutinise other partners. Much of this legislation was consolidated in the Localism Act 2011.
11. The Council's scrutiny arrangements are set out in Article 6 of the Constitution (Scrutiny Committees) and the associated Scrutiny Procedure Rules and Protocols.

### **Equality Impact**

12. Provision exists within the scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

### **Recommendation**

13. That the Overview and Scrutiny Management Board consider the ongoing parking and transport issues concerning Russells Hall Hospital and the surrounding areas taking account of this report and the verbal submissions made at the meeting.



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**Ron Sims**  
**Lead Officer**

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**List of Background Papers**

Reports and minutes of the Health Scrutiny Committee and Community Forums  
(available on the Council's website – [www.dudley.gov.uk](http://www.dudley.gov.uk))

**Extract from the Minutes of the Health Scrutiny Committee**

**Monday 22<sup>nd</sup> September, 2014**

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**16 Update on Urgent Care Development**

A report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

Mr Evans, Dudley Clinical Commissioning Group in presenting the report updated Members on progress made since the last meeting. He informed the Committee that they had contacted Centro with a view to consideration being given to improving public transport to the hospital.

There had been a slight delay in choosing the final provider and work was currently underway to consider the submissions of two providers with a view to selecting one of the two final bids and it was hoped to award the contract during October or November. It was explained that the selection process was complex and rigorous and had involved a large number of Panel members that had to judge and score the providers on their submissions which had inevitably led to some delays as Panel members had differing views and had to reach an agreement.

Arising from the presentation of the report and in responding to Members' queries representatives of the Dudley Clinical Commissioning Group made the following points:-

- Initially there had been expressions of interest from twenty providers and varying submissions had been made from both profit and non profit organisations. There was a limit to the amount of profit that could be made by the provider; it was a modest amount set by NHS contractual terms and a document detailing the legal and governance rules applicable could be provided, if required.
- In terms of patient confidentiality and access to records it was explained that it was essential that providers were Care Quality Commission registered as they are then governed by the rules. It was pointed out that non-clinical staff had to access patients records, however, patients had the option to have their records restricted by writing to NHS England. It was also commented that during the consultation process strong views had been expressed that the UCC should be able to access patients' medical history and General Practitioner (GP) records for efficiency purposes.
- An explanation was given on the process involved when patients attended the UCC and it was stated that patients could turn up to the centre at anytime but it was hoped that the 111 service would also be used so that patients could be directed to other appropriate services.

- With regard to the number of staff that would be available at the UCC at any one time it was commented that both providers' submissions contained varying numbers and levels of staff. However, it was confirmed that there would be in excess of fifty staff although that number of staff may not be on site and available at the same time.
- It was confirmed that there would be continual reviews and audits of processes would initially be undertaken on a daily basis to ensure a smooth and efficient service was being provided.
- Patient data was available which aided the determination of a safe ratio of staff and an assurance was given in that the service specification stated that the UCC should always have sufficient numbers of staff available. Monitoring processes were in place and penalties would be issued if it was found that there were staff shortages.
- When patients were initially assessed this would be conducted by a Senior Nurse and the patient would be streamed with a view to being assessed as an urgent or non urgent case. Insofar as the level of experience of the nurse it was stated that the specification specified Band 7 which was of a high level.
- Although there had been some delay in the procurement process owing to meticulous legalities it was anticipated that the scheduled timings would still be adhered to. However, if there were to be any slippage there was provision to extend existing contracts, if required.
- In relation to car parking it was pointed out that a number of actions had been taken to alleviate the problems including "freeing up" the maternity car park that had originally been allocated for staff. Since these further spaces had become available for public use there had been no noticeable issues with car parking, however, it was acknowledged that there were problems with broken barriers which caused traffic to tailback. Alternative plans for staff car parking were being pursued to include the introduction of a Travel Policy.

Some Members disagreed and commented that there were parking problems as they had received several complaints from members of the public. It was further commented that because of parking fees and parking problems people were parking in the surrounding roads which caused nuisance to residents. It was considered that provision should be made for a multi-storey car park.

- In response to a query on whether there would be provision for car parking spaces to be made available directly at the front entrance, particularly for patients that were elderly or had children, it was stated that although there were no allocated spaces, there would be a drop off and pick up point.

Members considered that patients, particularly in emergency situations, should not be burdened with the worry of parking their cars and then having to walk to the main entrance. A Member suggested that a marshalling service should initially be provided at the front entrance to assist elderly and unwell patients and it was considered that volunteers that currently worked at the hospital could be utilised.

- Regarding redirecting patients from the UCC and the danger of a potential increase in patients being redirected it was stated that the payment mechanism in place would prohibit this from happening and would be to the providers' disadvantage. Further details of financial incentives were available in the UCC Commissioning Standards document and could be circulated to Members for information, if required.
- There were various key performance indicators in place and random sample checks would be undertaken to ascertain that patients were appropriately redirected. However, following redirection to a third party provider or service outside of the UCC it was not possible to check whether the patient had attended.
- The rules relating to recharging patients from other areas and patients from abroad were explained. It was pointed out that when treating patients from other areas the relevant General Practitioners' Clinical Commissioning Group were recharged. It was stated that anybody could turn up to the Accident and Emergency section and the first point of call was to ensure the patient was safe and treated appropriately. General tariffs that were charged were given and a list of charges for all procedures and operations could be made available, if required.
- When a patient was initially registered a record would automatically be created and any follow up action recorded.
- Following the opening of the UCC there would initially be rigorous monitoring on a daily basis and data could be provided on patients at anytime. In response to a request it was confirmed that data information could be made available to Members with a view to providing updates on performance of the UCC.
- It was confirmed that there would be a sufficient number of GP's available and further information on the staffing structure could be made available once the contract had been awarded. It was also stated that staff employed at the current walk in centre would have the option to transfer if they so wished.
- It was confirmed that the provider was obligated to abide by the specification requirements including delivering a primary care service to children and ensuring that paediatric training and safeguarding awareness was a key component of the clinical and non-clinical UCC staff team.

A Member referred to the recent review of specialised mental health services for children and young people and asked if a copy of the report could be made available to Members.

The Chair requested that a further report be submitted to a future meeting of the Committee detailing information on the number of patients attending the UCC to include information on how they were assessed, whether treated or redirected. The report should also include information on the numbers of staff that were available over a twenty four hour period.

## **Resolved**

- (1) That the information contained in the report and Appendix to the report on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley, be noted;
  - (2) That a further report detailing information on the number of patients attending the UCC to include information on how they were assessed, whether treated or redirected and information on the numbers of staff that were available over a twenty four hour period, be submitted to a future meeting of the Committee.
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**Extract of the Minutes of the Health Scrutiny Committee**

**Thursday 20<sup>th</sup> November, 2014**

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**32 Update on Urgent Care Development**

A verbal report of the Chief Accountable Officer was submitted on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley.

In presenting the oral report the Chief Accountable Officer stated that discussions to consider challenges and best solutions were still taking place, there were delays to the building but that the service would still be operational from 1<sup>st</sup> April, 2015. It was reported that "Man in Health" had been the successful tender and that all parties had been impressed by their culture and attitude and were of the opinion that they would work particularly and effectively well with GP's and patients.

Arising from the oral presentation, and in responding to Members' queries and comments, the following points were made:-

The service would be in place and running from 1<sup>st</sup> April, 2015. However, there were delays to the building due to changes to the design and the requirement to submit a planning application.

It was expected that the design of the service would free up capacity and therefore help to improve the quality of service to people and also help to reduce delays in ambulance turnaround.

Discussions had been held around car parking and consideration was being given to expand the parking at the hospital and also the availability of buses to and from the hospital was being explored. It was pointed out that there were only eight car parking spaces at the current walk in centre.

With regard to consultation rooms the Committee were informed that if the designated rooms to be located near the Accident and Emergency Department were not ready and available by 1<sup>st</sup> April, 2015, other rooms situated elsewhere in the hospital could be used.

In relation to drawings or a model of the plans for the UCC the Chief Accountable Officer stated that it was intended to produce plans and that clear information would be publicised as it was imperative that members of the public were made aware of expectations.

Ms Emery (Healthwatch) reported that once the UCC was operational they would undertake a survey with a view to collating information to gauge people's experiences.



The Chief Accountable Officer undertook to submit a report to the Chair to provide an update on discussions held with “Man in Health”. It was also requested that an update report be submitted to the meeting to be held in July, 2015 detailing information on performance, any associated problems particularly in relation to timescales and car parking together with information to be collated from the survey to be undertaken by Healthwatch.

**Resolved**

- (1) That the information contained in the verbal report on progress made towards the opening of the new Urgent Care Centre (UCC) in Dudley, be noted;
  - (2) That a further update report to include information on performance, problems encountered, particularly in relation to timescales and car parking, together with information collated from the survey by Healthwatch be submitted to the meeting of the Committee to be held in July, 2015.
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