



Committee and Date
Healthy and Adult Social
Care Scrutiny Committee

24 March 2014
10.00am

Item No

3

Public

**MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE
MEETING HELD ON 3 FEBRUARY 2014**

Responsible Officer Martin Stevens
Email: Martin.Stevens@shropshire.gov.uk Telephone: 01743 252722

Present

Mr J S Cadwallader, Mr G L Dakin (Chairman), Cllr J M W Kenny, Mrs P Moseley, Mr P Nutting, Mrs M Shingleton and Mrs V Parry.

Also in Attendance

Mr L Chapman (Portfolio Holder)
Mrs K D Calder (Portfolio Holder)

In Attendance

Jo Banks (Associate Director of Nursing - SaTH)
Sarah Bloomfield (Acting Director of Nursing and Quality - SaTH)
Julie Davies (Director of Strategy and Service Redesign - Shropshire CCG)
Darren Fradgley (Operations Director – West Midlands Ambulance Service)
Nick Holding (Quality Improvement Programme Manager - SaTH)
Martin Stevens (Committee Officer)
Rod Thompson (Director of Public Health)
John Wright (West Midlands Ambulance Service)

35. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Cllr Simon Jones and Cllr Peggy Mullock. There were no substitutions.

36. DISCLOSABLE PECUNIARY INTERESTS

There were no new disclosable pecuniary interests declared.

37. MINUTES

RESOLVED: That the minutes of the meeting held on 9 December 2013 be confirmed as a correct record.

RESOLVED: That the minutes of the meeting held on 16 January 2014 be confirmed as a correct record subject to the resolution reading:-

To investigate with the Health and Well-Being Board the opportunities “The Better Care Fund” might offer on NHS Continuing Health Care.

38. PUBLIC QUESTION TIME

The Chairman stated that a number of questions had been submitted with regards to the West Midlands Ambulance Service. These would be taken at the appropriate point in the meeting.

39. MEMBER QUESTION TIME

Cllr Karen Calder had submitted one question on the West Midlands Ambulance Service. The Chairman advised this would be taken at the appropriate point in the meeting.

40. THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST – QUALITY ACCOUNTS

The Associate Director of Nursing stated that last year one of the priorities established in the quality accounts was to reduce pressure ulcers. There had been a significant reduction in 2013 /2014 to date, with no grade 4 avoidable pressure ulcers so far in the year. The reduction in pressure ulcers was particularly pleasing for the Trust. All pressure ulcers were revived via root cause analysis and the learning then disseminated. Reducing inpatient falls was also a key priority. The aim was to reduce falls resulting in harm by 25%. Although overall there was a decrease in reporting of all falls in the current year, there had been a slight increase in the amount of falls resulting in harm. The Trust was very aware of the number of falls and had an overarching action plan to combat the problem. There had been a particular issue with the use of bed rails. Improvements had been made to the risk assessment process for the use of bed rails. This was included in the new nursing documentation. The use of bed rails required a cultural change amongst staff.

The Associate Director of Nursing stated that improvements had been made to the handover process. This included handover audits taking place covering safety briefings and handover at bedside. The Trust was aware that improvement was needed in the area of blood transfusion. Improvements were needed in reducing blood component wastage, training compliance and reducing sampling errors.

The Associate Director of Nursing stated that she was pleased that the Red Tray System, used to mark the people requiring assistance with eating their food, had been implemented. There were mealtime buddies on most wards to support this process. On the subject of patient feedback, the Friends and Family test had been rolled out to Accident and Emergency, Maternity and Paediatrics. The plan was to extend this to outpatients during the course of 2014. More work was however required in Renal and Neonatal. The Ward to board surveys had uncovered that patients believed the need for the Trust to improve how they explained medication, side effects, and the care plan for patients. It was believed that the outcome of the Nurse Staffing Review would have a positive impact on morale. The Chief

Executive and Senior Management Team had good visibility within the organisation. One of the priorities from the previous year had been around the discharge process, improvement had been made to procedures and the time of discharge. On the subject of MRSA screening, there had only been one case of an MRSA blood infection within the current year. MRSA screening remained consistent at 95% plus. Screening was very important and the Trust was aiming to improve this further.

The Associate Director of Nursing stated that moving forward, the priorities for the quality accounts in 2014/15 included end of life care, dementia care, reducing harm to patients, the patient, relatives and carers experience and improving patient care through safe and effective staffing levels. The Acting Director of Nursing and Quality stated that as a consequence of the staffing review, there would be 90 more nurses recruited for the hospital.

The Chairman asked about patient falls and how the risk was being reduced. In response the Associate Director of Nursing stated that they had introduced risk assessments and those more likely to need extra support were positioned closer to the Nursing station. Further questions were asked on the subject of diabetes and HALO. The Acting Director of Nursing and Quality stated that the diabetic team had run a campaign which had caused compliance to significantly improve. HALO had not been dropped as a policy but was presently too expensive for the Trust to fully roll-out.

41. WEST MIDLANDS AMBULANCE SERVICE – MAKE READY REVIEW AND RESPONSE TIMES

Mr Wright stated that the Make Ready process had introduced some significant changes. After reviewing the changes it had been decided to convert some of the cars into ambulances. A posting plan would in some cases allow ambulances to be replaced when out on a call in certain areas. The recent changes would be monitored closely. Make Ready had been a whole process change for the ambulance service to try and reduce pressure points. Vehicles were cleaned to a high standard in an efficient manner to ensure they could be put back into use.

A Member stated that he was generally pleased with how the Make Ready System had been working. Prior to the changes the red targets had never been met. He asked if the recent changes in Market Drayton could be monitored closely and changed back to having a response car, if required. In response Mr Wright stated that the changes would be monitored closely and potentially a car and ambulance could be based in the same area in the future instead of having just an ambulance or a car.

The Director of Strategy and Service Redesign CCG stated that the CCG would be keeping the changes to the ambulance service under review, as there were always unintended consequences in any change programme. It was clear that the demand was growing every year. It was important to work with patients for the whole of the county including frequent users, care homes and ShropDoc. Later in the year she hoped there could be a mature debate on response times that were achievable. It was important to model the work and to see what was affordable. It was necessary to convey the message to the public. The Chairman stated that he welcomed the idea of holding a public meeting on the expectations for ambulance response times in the north and south of the county. He also suggested that once

a review on the response times with the CCG had taken place, Members should visit the Ambulance control room at Brierley Hill.

A Member stated that it was worth speaking to the Fire Service about attracting extra funding from central government. The Fire Service had been successful in attracting some extra funding recently. The Director of Public Health stated that the Council had recently written to Owen Paterson highlighting the challenges faced by a rural county. He was also aware that Central Government had indicated that some funding would be available to help with services working collaboratively together to improve the level of service.

A Member of the public had submitted a question regarding the ambulance provision in Bridgnorth where it had recently been announced that there would be an ambulance based in the town. She asked if this would remain in place in the long-term. In response Mr Wright stated that there were currently no plans to reduce ambulance cover within the Town.

A Member of the public had submitted a question regarding the closure of the ambulance station at Craven Arms and in summary was asking why this decision had taken place. In response Mr Wright stated that the station at Craven Arms was very large and was much bigger than was operationally necessary. A considerable amount of money would have had to have been spent to bring the station up to standard. It was therefore considered a better option to look for an alternative site.

A Member of the public had submitted a question in advance of the meeting regarding the location of the two main ambulance hubs in Shrewsbury and Telford, arguing the point that they should be located in a different area to reduce the response time to the extremities of the County. In response Mr Wright stated that they tried to locate the Hubs as close to the acute setting as possible. The service however did believe in the need to get vehicles out to the more rural parts of the county. It was important to think of the logistical picture as a whole when considering the location of the two main hubs.

A Member of the public had submitted a question regarding the status of the ambulance station at Longden Road. They were under the impression that this was a serving station and would not be used for emergency responses with the exception of the occasional local incident. They believed it was not operating in the intended way. In response Mr Wright stated that it was not a primary response station. The near miss incident involving an infant child at a pedestrian crossing referred to in the question had been highlighted to the school. He understood the concerns regarding the noise of ambulances but reiterated that the Longden Road station was not a primary response station.

A Member of the public had submitted a question regarding lengthy ambulance response times to the area of Newcastle-on-Clun. Mr Wright stated that they were reviewing provision at Craven Arms. They also had cross border agreements and were trying to kick-start community based schemes which would start clinical treatment earlier. The service intended to speak to people locally about ambulance provision and whilst he could not give any short-term assurances it was hoped that in the future there would be provision in Craven Arms which would reduce the response time to Newcastle-on-Clun.

A Member of the Committee stated that Wem should have ambulance provision. It was strategically located to other areas and had an ageing population. Mr Wright in response stated that Wem was an area which they were looking at potentially in the future having some sort of provision.

Cllr Karen Calder had submitted a question in advance of the meeting regarding the price per incident which was the highest in the region and the relative cost paid by Commissioners. In response Mr Wright stated that he would submit his answer in writing when he had established the correct information.

42. WEST MIDLANDS AMBULANCE SERVICE – QUALITY ACCOUNTS

Mr Wright stated that Make Ready had achieved some significant success. The Care Pathways could always be improved as some people that went to hospital by ambulance were not admitted. The Service was working with ShropDoc where significant improvements were being made.

Mr Wright stated that he would endeavour to obtain the figures for how many people from Shropshire were Members of the West Midlands Ambulance Trust. The Chairman asked about the services plans in the area of workforce development. In response Mr Wright stated that the Service was committed to workforce training and were giving staff opportunities to up-skill. The service were ensuring that all staff received their mandatory training. The Service worked with the universities to train paramedics. It was intended to continue to have universities training staff and in house training.

Mr Wright confirmed that they were still using their specialist falls vehicles. There was however a two week referral period.

The Director of Strategy and Service Redesign, Shropshire CCG stated that it was important the ambulance service was appropriately taken into account as part of the broader clinical services review taking place. Mr Wright stated that he was confident that the Service working with the CCG would choose the right options moving forward.

43. DATE OF NEXT MEETING

The date of the next meeting was confirmed as Monday, 24 March 2014 at 10:00am.

Chairman:.....

Date:.....