

HEALTH SCRUTINY AND PERFORMANCE PANEL

Monday 26 January 2009 at 6.57 p.m.

Panel Members present Councillor V. Woodruff (Chair)
 Councillor A. Paul
 Councillor I. Robertson

Officers present Dave Martin – Executive Director – Social Care & Inclusion
 Margaret Willcox – Assistant Director Social Care &
 Inclusion - Adult Services
 Mike Browne – Medical Director
 Yvette Sheward – Director of Corporate Development
 Phil Griffin – Associate Director of Primary Care
 Commissioning
 Sue Hartley – Director of Performance
 Paul Baylis – Divisional Commander – West Midlands
 Ambulance Service
 Marsha Ingram – Head of Corporate Affairs - Dudley and
 Walsall Mental Health Trust
 Craig Goodall – Acting Principal Scrutiny Officer

Others Present Jim Weston
 Doreen Russell

33/08 APOLOGIES

There were no apologies for absence.

34/08 SUBSTITUTIONS

There were no substitutions for the duration of the meeting.

35/08 DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor V. Woodruff declared a personal interest as an employee of Walsall Hospitals NHS Trust.

36/08 FORWARD PLAN

The panel noted the forward plan as previously circulated.

Dave Martin suggested that the Sub-Panel consider taking an item on new national guidelines around 'transforming community services: enabling new patterns of provision'. The Sub-Panel were happy with this suggestion.

Resolved

That the national guidelines on 'transforming community services: enabling new patterns of provision' be added to the Sub-Panels work programme.

37/08 EQUAL ACCESS TO PRIMARY CARE PUBLIC CONSULTATION

Members were advised of the outcome of the equal access to primary care public consultation exercise.

Phil Griffin reported that the Sub-Panel's response to the consultation had been reported to the tPCT Board on 24 July 2008. A copy of the report submitted to the board meeting on the consultation and the minutes to the meeting were attached to the report as an appendix.

(annexed)

He explained that the consultation responses had been supportive of the proposals to open three new GP practices in the north and west of the borough and the town centre. A provider for the new services had been procured and all services were set to be operational by 1 April 2009.

A Member commented that the new signposts for Waldoc at Goscote were difficult to follow for visitors as there were large gaps between each sign. Phil Griffin noted this and stated that he would investigate this matter further.

Phil Griffin explained that diabetes would become part of the urgent care centre in two years time. In relation to the Town Centre GP practice he confirmed that this would relocate to the Urgent Care Centre at the end of 2010.

Following a comment from a Member about the lack of GP provision in Short Heath Phil Griffin commented that this area was a part of the tPCT's wider planning processes.

Resolved

That Phil Griffin investigate the new signposts at Goscote for Waldoc.

38/08 WORLD CLASS COMMISSIONING

Yvette Thomas reported that as no feedback had received from the Strategic Health Authority she could not provide any further information on this issue and asked that the item be deferred to the next meeting of the Panel.

Resolved

That World Class Commissioning be considered at the meeting of the Sub-Panel.

39/08 PERFORMANCE MONITORING

A) HOSPITAL ACQUIRED INFECTIONS

Mike Browne reported that MRSA figures at the hospital had increased which meant that this years target on MRSA infection rates would be unachievable. Similar rates of MRSA infections were being experienced across the West Midlands. To reduce figures below those currently being experienced would probably require the development of new interventions.

With Clostridium Difficile (C-Diff) Mike Browne explained that figures for this infection had significantly improved during September-December 2008. In the last 18 months Walsall was the second best performer in this area in the region behind Burton.

In response to a question Mike Browne explained that the hospital was beginning to develop a universal screening process for MRSA colonisation for all emergency and elective admissions.

Following a question from a Member of the Sub-Panel on Norovirus infection rates Mike Browne stated that the loss of bed days had been kept to a minimum due to aggressive infection control strategies.

A Member of the Panel congratulated staff at the hospital for all their valuable work in limiting the spread of these infections.

B) TEACHING PRIMARY CARE TRUST COMPLAINTS

Yvette Thomas reported that complaints for the tPCT had reduced during the last quarter, with 32 complaints being logged. Two complaints had been received through the Healthcare Commission which were now being considered as part of the tPCT's complaints processes.

C) HOSPITAL COMPLAINTS

Mike Browne explained that the majority of complaints to the hospital concerned:

- Quality of clinical/medical care
- Staff attitude/behaviour
- Appointments
- Waiting times
- Unhappiness with general care

The following are the principle points from the ensuing discussion:

- Complaints against staff were spread so no specific issues had been identified.
- None of the complaints related to life threatening matters.
- There were no vexatious complainants.
- Thousands of patients were treated during the quarter under consideration
- The number of complaints was broadly similar when compared to other quarters
- Complaints were essential if improved services were to be provided in the future.
- Members suggested an article in Walsall Pride on the development of the new Hospital. The possibility of a joint public service publication for the area was also discussed.

D) AMBULANCE RESPONSE TIMES

Paul Baylis reported that ambulance response times for November and December had been below target. He explained that the Midlands had experienced the coldest

December for 30 years which had resulted in increased demand for ambulance services. On New Years Eve the ambulance service received 1300 calls in the first five hours of the New Year. Response times for January were nearer the expected standards. An action plan had been developed to improve the Walsall ambulance response times by March 2009.

In response to a series of questions from Members, Paul Baylis explained that:

- Some paramedics worked 12 hour shifts
- With ambulance response times category A (8 minutes) was for life threatening issues and category A (19 minutes) was for non-life threatening priority cases
- The WV11 area covered Essington
- There were three ambulance call centres in the West Midlands area: Brierley Hill (which was set to be enlarged); Tollgate (Stafford); Coventry/Warwickshire - Dale Street, Leamington

Resolved

That:

- 1. Hospital staff be congratulated on the excellent work being undertaken in keeping the numbers of hospital acquired infections to a minimum;**
and;
- 2. an article on the new Hospital be included in the next edition of Walsall Pride.**

32/08 DATE OF NEXT MEETING

The date of the next meeting was noted as being 6.00pm on 3 March 2009.

The meeting closed 7.45 p.m.

Chair:

Date: