Health Scrutiny Panel
7 November 2014

Time 14:00 **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3

Membership

Chair Cllr Claire Darke (Lab)
Vice-chair Cllr Paul Singh (Con)

Labour	Conservative	Liberal Democrat
Cllr Susan Constable	Cllr Zahid Shah	
Cllr Ian Claymore		
Cllr Milkinderpal Jaspal		
Cllr Bert Turner		

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Earl Piggott-Smith
Tel/Email Tel: 01902 551251 earl.piggott-smith@wolverhampton.gov
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square, Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

Website http://wolverhampton.cmis.uk.com/decisionmaking
Email democratic.support@wolverhampton.gov.uk
Tel 01902 555043

Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

1 **01_Health_Scrutiny_Agenda** (Pages 1 - 4)

2 **03_Minutes (draft) - 9 Sept 2013 - Health Scrutiny Panel** (Pages 5 - 12)

3 **05_General Fund Budget October 2013 Health Scrutiny Panel** (Pages 13 - 20)

4 **06_A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016 17** (Pages 21 - 38)

5 **07_The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 End of life care** (Pages 39 - 42)

6 **08_The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - Older People** (Pages 43 - 50)

7 **09_Patient Misuse of Hospital Services - 7 November 2013** (Pages 51 - 56)

8 **10_Substance misuse scrutiny report final** (Pages 57 - 62)

9 **11_Dudley Health Scrutiny Committee Vascular Reconfiguration update report 25.9.13** (Pages 63 - 100)

Health Scrutiny Panel

7 November 2013

Time 2.00pm **Public meeting?** YES **Type of meeting** Scrutiny

Venue Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Room Committee Room 3 (3rd floor)

Membership

Chair Cllr Claire Darke (Labour)
Vice-chair Cllr Paul Singh (Conservative)

Labour	**Conservative**	**Liberal Democrat**
Cllr Ian Claymore	No members	No members
Cllr Susan Constable		
Cllr Milkinder Jaspal		
Cllr Zahid Shah		
Cllr Thomas Turner		

Information for the Public

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Contact Earl Piggott-Smith
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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1. **Apologies for absence**

2. **Declarations of interest**

3. **Minutes of the previous meeting (19.9.13)**
[For approval]

4. **Matters arising**
[To consider any matters arising from the minutes]

DISCUSSION ITEMS

5. **Budget Review Draft Budget 2014-15 and medium term financial Strategy** [Mark Taylor and David Kane]

6. **A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17**
[Dr Morgans and Dr Odum, The Royal Wolverhampton NHS Trust]

7. **The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - End of Life Care** [David Loughton,Chief Executive, The Royal Wolverhampton NHS Trust]

8. **The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - Older People** [Cheryl Etches, The Royal Wolverhampton NHS Trust]

9. **The Royal Wolverhampton NHS Trust - Patient Misuse of Hospital Services** [Gwen Nuttall, Chief Operating Officer, The Royal Wolverhampton NHS]

10. **Substance Misuse Service – six months progress report**
[Juliet Grainger Joint Commissioning Manager Substance Misuse/ NACRO representative]

11. **Health Scrutiny Panel Draft Work Programme 2013/14**
[Earl Piggott-Smith, Scrutiny Officer]

INFORMATION ITEMS

12. **Development of Vascular Services Hub - Russells Hall Hospital** – *progress report*

EXCLUSION OF PRESS AND PUBLIC

Exclusion of press and public
[To pass the following resolution:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below.]

Part 2 – exempt items, closed to the press and public

Item No.	*Title*	*Grounds for exemption*	*Applicable paragraph*

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Health Scrutiny Panel Meeting

Minutes – 19 September 2013

Attendance

Members of the Panel

Cllr Claire Darke (chair)
Cllr Neil Clarke
Cllr Ian Claymore
Cllr Susan Constable
Cllr Milkinder Jaspal
Cllr Paul Singh

Other Councillors

Staff

Earl Piggott-Smith	Scrutiny Officer
Ros Jervis	Director of Public Health for Wolverhampton
Viv Griffin	Assistant Director (Health, Wellbeing And Disability)
Matt Vins	Graduate Trainee

Other Officers

Tracey Harvey	Dental Contract Manager (NHS England)
Jamie Emery	Patient Experience Lead (The Royal Wolverhampton Hospital NHS Trust)
Richard Young	Director of Commissioning, Strategy & Solutions (NHS Wolverhampton City Clinical Commissioning Group)
David Loughton	Chief Executive (The Royal Wolverhampton Hospital NHS Trust)
Trisha Curran	Interim Director - Strategic Support (NHS Wolverhampton Clinical Commissioning Group)
Dr Helen Hibbs	Chief Officer (NHS Wolverhampton Clinical Commissioning Group)

Part 1 – items open to the press and public

Item No.	*Title*	*Action*

MEETING BUSINESS ITEMS

1. **Apologies**

Apologies for absence were received from Cllr Zahid Shah and Cllr Thomas Turner

2. **Declarations of interest**

There were no declarations of interest received.

3. **Minutes of the previous meeting (18 July 2013)**

Resolved:

That the minutes of the meeting held on 18 July 2013 be approved as a correct record and signed by the Chair.

4. **Matters arising**

There were no matters arising from the minutes.

DECISION ITEMS

5. **Special Needs Dental Service**

Tracy Harvey briefed the Panel on developments since the new service started on 1.4.13. Tracy reported that too early to assess the impact of the service on improving patient outcomes. The early evidence shows that the system is working well and there are fewer inappropriate referrals. The feedback from patients has been very positive about the new service. The panel welcomed the report and the work being done to promote the service.

Resolved:

That the report be received. The panel accepted the recommendation to receive a further report on the health outcomes of the new service after April 2014

6. **The Royal Wolverhampton NHS Trust - Patient Experience**

Jamie Emery gave an overview of the range of information about patient experience of the services and quality care received and how it is used within the hospital to improve services. Jamie gave an overview of the different sources of information used by the Patient Advice and Liaison Service and the work done to act on complaints received.

Jamie explained the focus is not just on the numbers and types of complaints but also the overall view people have of the service.

Jamie explained the process for responding to complaints and overview of data presented. The quality of patient care is regularly monitored and information is presented to the Trust Board

The Panel queried how the performance of the hospital in the Friends and Family Test compares nationally. Jamie explained that the results for the hospital are comparable to those with a similar sized acute inner city trust hospital with a patient profile as the challenges they face are not the same. The hospital scores low when compared to national figures.

The Panel queried the views of Healthwatch about the quality of the service and the types of issues that they raise with the hospital about the quality of the service. Jamie explained that the hospital has a good working relationship with Healthwatch. The panel requested a report from Healthwatch on the information presented.

Jamie explained the results of the Friends and Family Test is not a science, but an indication about the quality of the service, which needs to considered with other information to provide an accurate picture.

The Panel queried how data about patient is picked up and interpreted. Jamie explained that complaints are referred to clinical specialist to consider and take action as appropriate.

Resolved:

That the report be received. The panel requested a further update on the progress in 12 months on the patient experience data presented.

Wolverhampton Healthwatch to be invited to comment on the information about patient experience and present a report to a future meeting.

7. **Public Health Services in the Local Authority - Children's Public Health and Transformational Change**

Ros Jervis gave an overview of the changes introduced as result of the establishment of Public Health England and the transfer of public health responsibilities to the local authority.

Ros explained that local authorities will be given extra responsibilities from April 2015 relating to childrens health. Ros highlighted concerns about the impact of the changes on children health care and the challenges facing the service.

Ros briefed the Panel on the establishment of the Transformation Fund. The fund has £1 million. The fund is ring fenced monies and is available to agencies that have ideas that could help improve childrens health outcomes. Ros advised that successful projects would be given funding for two years.

The Panel queried if the fund was open to the community and voluntary groups to submit bids. Ros confirmed that the fund was available to such organisations to apply to if the plan is likely to have a positive effect on childrens health. Ros explained that the scheme wants to encourage new ideas and creative thinking.

The Panel highlighted he challenges to generating the savings and the demand for the service to do more with less. Ros explained how data about the years of life lost for Wolverhampton is used to plan services to tackle the six 'big killers'

The panel queried the funding to deliver improvements to public health against which the performance will be monitored nationally. The Council is paid on a quarterly basis and public health has to report nationally how the money is being spent. Ros explained the budget is ring fenced allocation; this was initially for two years but has recently been extended for a third year.

Resolved:

That the report be received. The panel welcomed the report and accepted the recommendation.

8. **Update on the CCG response to Robert Francis - NHS Wolverhampton City Clinical Commissioning Group**

Trisha Curran gave a presentation on the findings and recommendations of the Francis Inquiry and links to previous national health reviews, which highlighted common themes. Trisha outlined the key themes from the Francis Inquiry and the work being done to address these, and implement the recommendations. Trisha listed a number of examples of the issues considered by the Board and details of future plans to

deliver the necessary changes.

Trisha commented on the significance of the findings nationally and the clear expectation on health bodies to make the necessary changes and the need to focus on the needs of the patient.

The Panel commented on the concern that the same issues have arisen from previous national reports / Inquiries and agreed that there were lessons for the wider public sector including Local Authority organisations about the need for openness and transparency. The Panel commented on the fear in some organisations in not admitting mistakes to avoid being labelled as a 'failure'. Trisha agreed with the comment and accepted the need to change the culture of organisations if progress is to be made.

Richard Young commented on the fact the issues highlighted in the Francis Inquiry will take a long time but there is commitment to implement the change, while accepting tackling the problem will be very resources intensive.

Resolved

That the report is received and the recommendations were accepted.

9. **Wolverhampton Clinical Commissioning Group(CCG) Proposal for quality and assurance report to the Health Scrutiny Panel**

Richard Young present report outlining a proposal for reporting progress against three balanced score card domains to provide assurance to the panel from Wolverhampton CCG. Richard proposed that the Panel receive quarterly update reports to satisfy itself that the strategic objectives are being delivered.

Resolved:

That the report be received. The Panel agreed to receive quarterly quality assurance reports based on the three domains presented at future meetings. Richard Young

10. **Health and Wellbeing Board - Joint Health and Wellbeing Strategy**

Viv Griffin presented a report which detailed the work of Health and Wellbeing Board. Viv outlined the priorities of the board and the work being deliver a whole system change. Viv highlighted the importance of early intervention as part of efforts to reduce demand

on the service.

The Panel welcomed the report

Resolved

That the report be received

INFORMATION ITEMS

11. **Choose and Book system** [1]

David Loughton (Royal Wolverhampton Hospital NHS Trust) briefed the Panel on the electronic system for patients to book outpatient appointments in a hospital or clinic. David outlined the current challenges with the system and the work being done with the Wolverhampton CCG to reduce the number of failed bookings.

The Panel welcomed the report

Resolved:

That the report be received

12. **Consultation on the Mid Staffordshire Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase Consultation**

David Loughton briefed the on the Panel on the draft recommendations from Trust Special Administrators on proposals for the future of Mid Staffordshire NHS Foundation Trust. The hospital will be considering its response to consultation document at a future meeting of the Trust Board.

David briefed the panel on the concerns about future financial challenges facing Mid Staffordshire hospital and the options being considered to address the problem in the short term.

David outlined current ideas for future of maternity services and the reconfiguration of services, including the transfer of patients to Cannock Chase Hospital.

David reported concern about not getting any of the recently announced national funding from the Government of £500 million to help relieve pressures on A&E. The Panel queried the impact of the limited reduced A&E consultant led service (the service is available between 8am to 10pm daily) at Mid Staffordshire Hospital

[1] Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

is having on the patient demands on services at Wolverhampton. David reported that the hospital is coping with the increased numbers.

David repeated concerns about the challenges facing the acute sector and the long term financial viability of acute hospitals serving populations below 200,000.

Resolved:

That the report be received.

13. **Health Scrutiny Panel Work Programme 2013/14**

Earl Piggott-Smith presented to a report detailing the agenda for future meetings of the panel. The Panel were invited to suggest topics they would like added to the work programme.

The Panel highlighted concerns about the difficulties in arranging GP appointments and the need to improve access to GP services to help reduce demand on A&E services. There was also concern about patients missing appointments. Dr Hibbs explained that the CCG does not commission GP services but would be happy to discuss specific details

Resolved:

That the report is received and the work programme revised to take account of comments at the meeting about future topics. Earl Piggott-Smith

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Agenda Item No: 5

Health Scrutiny Panel

7 November 2013

Report Title	Budget Review – Five Year Budget and Medium Term Financial Strategy 2014/15 to 2018/19
Cabinet Member with Lead Responsibility	Councillor Roger Lawrence Leader of the Council Councillor Andrew Johnson Resources
Wards Affected	All
Accountable Strategic Director(s)	Simon Warren, Chief Executive Sarah Norman, Community Keith Ireland, Delivery Tim Johnson, Education and Enterprise
Originating service	Strategic Finance
Accountable officer(s)	Mark Taylor — Assistant Director Finance Tel — 01902 55(6609) Email — mark.taylor@wolverhampton.gov.uk

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Recommendation(s) for action or decision:

The Panel is recommended to:

1. Provide feedback to Cabinet on the draft five year budget and medium term financial strategy 2014/15 to 2018/19, in particular those elements that are relevant to this Scrutiny Panel, including specifically:

    a. the proposals for investment in services detailed at Appendix A;

    b. the savings proposals detailed at Appendix B.

1. Purpose

1.1. The purpose of this report is to seek the panel's feedback on the draft five year budget and medium term financial strategy that was approved as the basis of consultation by the Cabinet on 23 October 2013, in particular the elements that relate to the work of this panel.

2. Background

2.1. At its meeting on 23 October 2013, the Cabinet considered a draft five year budget and medium term financial strategy for the period 2014/15 to 2018/19. Cabinet approved the draft budget strategy as the basis of budget consultation and scrutiny over forthcoming months.

2.2. The Cabinet report identified that the council needs to make savings of £97.6 million by 2018/19, due to a combination of reductions in resources and cost pressures. The report included a list of savings proposals amounting to £64.4 million to contribute to addressing this savings requirement.

2.3. As detailed in the Cabinet report, the five year budget and medium term financial strategy will be considered by scrutiny panels during the November/December round of meetings and the feedback from those meetings will be reported to Scrutiny Board on 17 December 2013, which will consolidate that feedback in a formal response to Cabinet on 8 January 2014. The feedback provided to Scrutiny Board will include questions asked by panel members, alongside the responses that they received. These arrangements have been endorsed by the Chair and Vice-Chair of the Scrutiny Board.

2.4. Scrutiny Board will consider the budget again in January 2014, following an update to Cabinet (Resources) Panel on the draft five year budget and medium term financial strategy and the local government finance settlement, which (report) is scheduled for December 2013. The purpose of this meeting will be to consider the response of Cabinet to the comments made by Scrutiny Board during the November/December round of meetings, together with any new savings proposals that may emerge. The outcome of this Board meeting will be incorporated into the final Cabinet budget report, scheduled for February 2014, ahead of full council considering the budget in March 2014.

2.5. In order to limit the volume of paper used as part of the budget reporting process, the Cabinet report has not been appended to this covering report. Panel members are instead requested to bring their copy of the Five Year Budget and Medium Term Financial Strategy 2014/15 to 2018/19 report, which was circulated with the 23 October 2013 Cabinet agenda. Detail of individual savings proposals can be found on the council's website at: http://www.wolverhampton.gov.uk/budgetsavings.

3. Proposals relating to the work of this panel

3.1. Included in the draft budget and medium term financial strategy are investment in services and savings proposals relating to the remit of this panel. These are listed at Appendix A and B respectively. The panel is requested to provide and record its comments on these proposals, for submission to Scrutiny Board and then Cabinet.

3.2. In addition to comment on investment in services and savings proposals, the panel may also request additional information or clarification. Any such requests will be noted separately, either for consideration by the panel at a future date, or for information to be forwarded to the panel members concerned.

3.3 More detailed information on each of the savings proposals is included in the document 'The Cuts – Facing Reality: Your Guide to Wolverhampton City Council's 5 year budget proposals for the period 2014-2019' which can be found on the council's website.'

4. Financial implications

4.1. The financial implications are discussed in the body of the report, and in the report to Cabinet.

[DK/28102013/S]

5. Legal implications

5.1. The legal implications are discussed in the report to Cabinet.

[JH/28102013/F]

6. Equalities implications

6.1. The equalities implications are discussed in the report to Cabinet.

7. Environmental implications

7.1. The environmental implications are discussed in the report to Cabinet.

8. Human resources implications

8.1. The human resources implications are discussed in the report to Cabinet.

9. Schedule of background papers

9.1. Five Year Budget and Medium Term Financial Strategy 2014/15 to 2018/19, report to Cabinet, 23 October 2013

APPENDIX A

Inflationary Pressures							
Reference	**Budget Pressure**	**Annual Ongoing Increase**					
		2014/15 £000	**2015/16 £000**	**2016/17 £000**	**2017/18 £000**	**2018/19 £000**	**TOTAL £000**
Community							
PI-Com01	Leisure & Communities, Leisure PFI utility pass through costs anticipated to rise in line with energy costs nationally. The increased costs are not as a result of greater use or an increase in facilities provided. A 3% inflation figure has been used to calculate costs going forward.	82	85	88	90	92	**437**
Total Community		**82**	**85**	**88**	**90**	**92**	**437**
Total Inflationary Pressures		**82**	**85**	**88**	**90**	**92**	**437**

APPENDIX B

Summary of Savings Proposals 2014-2015 - Efficiency

Ref.	Saving Proposal Title	2014-15 Staffing Impli-cation FTE	2014-19 Staffing Impli-cation FTE		2014-15 Base Budget Saving £000	2015-16 Base Budget Saving £000	2016-17 Base Budget Saving £000	2017-18 Base Budget Saving £000	2018-19 Base Budget Saving £000	TOTAL Base Budget Reduction Over 5 years £000
	Community									
0010	Renegotiation of funding for Independent Living Service	0	0		150	0	0	0	0	**150**
0027	Subsume the Sports Development Team into the Public Health workforce	0	0		206	0	0	0	0	**206**
0045	Reduce Staffing in Carers Support Team	2	2		80	0	0	0	0	**80**
0071	Review of Jointly-Funded Services (Council and NHS)	0	0		100	0	0	0	0	**100**
0080	Restructure of Mental Health Care Management - Social Work Teams	0	6		0	0	100	100	100	**300**

APPENDIX B

Summary of Savings Proposals 2014-2015 - Efficiency

Ref.	Saving Proposal Title	2014-15 Staffing Impli-cation FTE	2014-19 Staffing Impli-cation FTE		2014-15 Base Budget Saving £000	2015-16 Base Budget Saving £000	2016-17 Base Budget Saving £000	2017-18 Base Budget Saving £000	2018-19 Base Budget Saving £000	TOTAL Base Budget Reduction Over 5 years £000
0083	Explore options to reduce costs of Mental Health in-house provision	0	30		0	125	0	0	0	**125**
0087	Mental Health Care Assessment and Care Management - Packages of Care	0	0		0	75	100	150	222	**547**
0137	Commissioning of Early Years and Children's Services using Public Health funding	0	0		350	650	0	0	0	**1,000**
	Community Total	**2**	**38**		**886**	**850**	**200**	**250**	**322**	**2,508**
	Efficiency Total	**2**	**38**		**886**	**850**	**200**	**250**	**322**	**2,508**

APPENDIX B

Summary of Savings Proposals 2014-2015 – Growth Avoidance

Ref.	Saving Proposal Title	2014-15 Staffing Impli-cation FTE	2014-19 Staffing Impli-cation FTE		2014-15 Base Budget Saving £000	2015-16 Base Budget Saving £000	2016-17 Base Budget Saving £000	2017-18 Base Budget Saving £000	2018-19 Base Budget Saving £000	TOTAL Base Budget Reduction Over 5 years £000
	Community									
0068	Review the Care Packages of People Leaving Hospitals More Quickly	0	0		100	0	0	0	0	**100**
0183	Management of demographic growth through NHS Partnership for Adult Services	0	0		0	2,000	2,000	2,000	2,000	**8,000**
	Community Total	**0**	**0**		**100**	**2,000**	**2,000**	**2,000**	**2,000**	**8,100**
	Growth Avoidance Total	**0**	**0**		**100**	**2,000**	**2,000**	**2,000**	**2,000**	**8,100**

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Agenda Item No: 6

Health Scrutiny Panel

7 November 2013

Report Title	A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	Wolverhampton Clinical Commissioning Group and the Royal Wolverhampton NHS Trust
Accountable officer(s)	Dr Morgans — WCCG Governing Body Member, GP lead Dr Odum — RWT Medical Director Tel — 01902 444878 Email — r.modiri@nhs.net *Media enquiries are handled for Wolverhampton CCG by the Central Midlands CSU Media Team - telephone: 0121 612 3888 email: mediacsu@nhs.net*

Recommendation(s) for action or decision:

The Health Scrutiny is recommended to:

1. Support the proposals set out in the strategy document;
2. Supports the consultation document and engagement plan.

Recommendations for noting:

3. Accept the recommendations from the Health and Well Being Board on 6 November 2013 (a verbal update will be provided at the meeting);
4. The limitations for the consultation process.

Purpose

1.1 To provide the Health Scrutiny Panel with the draft Urgent and Emergency Care Strategy for Wolverhampton. The strategy will be presented to the Health and Well Being Board for approval on 6 November 2013 and a verbal update following the meeting will be provided at the Health Scrutiny Panel on 7 November 2013.

1.2 The Urgent and Emergency Care Strategy has been developed for the city of Wolverhampton and for patients who reside elsewhere but who use our services. The strategy describes a cohesive response to the significant pressures seen within the urgent and emergency care system to ensure that the future system can flex to manage surges in activity, is high quality and affordable for the local health economy.

1.3 The existing system was not designed to cope with the levels of activity being seen at urgent and emergency care services across the city and can be confusing and complex for patients to navigate. Doing nothing is not an option.

1.4 In anticipation of the Health Scrutiny Panel's support for the strategy and the limitations on possible dates for consultation, a communication plan has been developed together with a consultation document to prepare for the consultation process. Patients have helped us to develop these documents.

2.0 Background

2.1 Wolverhampton Clinical Commissioning Group (WCCG) and the Royal Wolverhampton NHS Trust (RWT) are wholly committed to improving the health and wellbeing of our population. We have worked with our health and social care partners to develop a joint urgent and emergency care strategy for patients from Wolverhampton and for those who use our services.

2.2 The pressure seen by the urgent and emergency care system in Wolverhampton is unsustainable. Performance on a number of important indicators has worsened over the winter period in 2012 and has continued into 2013. Indicators including how quickly patients are seen, discharged or admitted at the Emergency Department (ED) are particularly affected. This deterioration is also reflected in the experience and quality of care patients receive.

2.3 This strategy is centred on improving service provision by examining the whole urgent and emergency care system and describing the proposed arrangements for the future system in Wolverhampton until 2016/17. The strategy focuses on urgent and emergency care however it is interlinked with other strategies being developed for the city such as primary care, long term conditions, mental health, end of life care, health inequalities and intermediate care amongst others. Short to medium term solutions are being developed alongside the strategy and will be delivered in 2013/14.

2.4 This strategy intends to improve quality and translates local and national policy into action, outlines the local context, current activity and defines how the vision for urgent and emergency care will be delivered through a simplified, proactive and flexible system that directs patients to the right service in the right place at the right time.

2.5 There are 4 phases to the delivery of the strategy including:

Phase 1 – Consult (Dec 13- Dec 14)

- Publish strategy and consult to understand patient & stakeholder views
- Work with patients and local partners to develop regular and consistent communication methods & promotional campaigns
- Work with equality leads to undertake an equality impact assessment
- Include the outcomes of the consultation to develop an implementation plan

Phase 2 – IMPROVING PRIMARY CARE (Nov 13 - Dec 16)

- Work with our patients and partners to make changes in Primary Care including a GP home visiting scheme and improving timely access to GP practices
- Improve the quality and integration of out of hours services into the new Urgent Care Centre in 2016
- Develop the required primary care provision required at the front door of ED, test and embed the model working towards 2016
- Develop improved high quality, integrated pathways of care across primary and secondary care supported by telephone access through NHS 111 and Wolverhampton Urgent. Care Triage and Access Service
- Undertake focused work on over 65 years (including care homes) and 0-5 years

Phase 3 – IMPROVING SECONDARY CARE (Nov 13-Dec 16)

- Work with our patients and partners to make changes in secondary care including service provision and improving timely access
- Work together to develop the new ED
- Develop standards of care including senior decision makers at the start of the patients journey from ED
- Work with local authority partners to improve rapid access to social care and seamless service provision across health and social care including care homes
- Work with mental health partners to improve urgent and emergency care provision and response times for patients in crisis

Phase 4 – REVIEW and AMEND (On-going)

- On-going review of system capacity during changes in phases one to three and identify additional changes required to respond to surges in activity
- On-going review of efficiencies and reinvest finances to manage future growth
- Continually develop the IT systems and information sharing required ensuring data is accurate, timely and routinely used

- Monitor activity to identify negative impacts on services further to changes being implemented
- Work with other commissioning areas to develop the urgent care elements of strategies (mental health, social care, end of life, public health, etc) to prevent ED attendance and emergency admissions
- Continue to work with partners and providers such as public health and West Midlands Ambulance Service(WMAS) to deliver improvements in the quality of service provision for patients

2.6 A consultation plan and supporting patient consultation document has been developed with patients, for patients. The timescales for the consultation are not yet confirmed however are expected to start in December 2013. The consultation process must end before the Councils 'Purdah[1]' period begins, this is likely to be at the beginning of May 2014 It is envisaged that once the public consultation is complete, a feedback report will be available to update the public on any changes to our plans.

2.7 The Health and Well Being Board and Health Scrutiny's support is vital in taking the strategy work forward.

3.0 Progress, options, discussion, etc.

3.1 The Joint Urgent and Emergency Care Board have considered the valued feedback from members of the Health and Well Being Board in July 2013 and work has been undertaken to further develop the joint Urgent and Emergency Care Strategy to incorporate the required changes.

4.0 Financial implications

4.1 The strategy provides the strategic direction for urgent and emergency care in Wolverhampton. Any savings and financial implications of the strategy will be developed within the implementation plan for strategy delivery.

5.0 Legal implications

5.1 Procurement and legal implications will be incorporated as part of the programme planning work and will included within the implementation plan.

[1] Purdah is the period between the notice of the election and the date of the election. During this period central and local government departments are prevented from making announcements about any new or controversial government initiatives which could either be seen to be advantageous to any candidates or parties in the forthcoming election, or which may commit any incoming new administration to policies which it wouldn't support.

6.0 Equalities implications

6.1 The Urgent and Emergency Care Board is fully committed to promoting equality of opportunity, eliminating unlawful and unfair discrimination and valuing diversity, so that we can remove or minimise disadvantages between people who share a protected characteristic and those who do not.

All Urgent and Emergency Care services will ensure that services are appropriate and do not discriminate on the basis of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or beliefs, sex and sexual orientation. Where services are required based on age, the reason will be on the grounds of service provision such as children's services or services aimed specifically at older adults due to the nature of their conditions.

Further details can be found in Appendix 1 of the Draft - A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton document. The rights and pledges contained in the NHS Constitution will be upheld at all stages of the patient journey through Urgent and Emergency Care.

7.0 Environmental implications

7.1 Procurement and legal implications will be incorporated as part of the programme planning work and will included within the implementation plan. The new Emergency Department building will be required as part of the strategy work to support the system changes required.

8.0 Human resources implications

8.1 Workforce planning will be part of the individual service changes.

9.0 Schedule of background papers

9.1 Version 10 of the Draft - A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton was presented to the Health and Well Being Board in July 2013.

9.2 Health Scrutiny Panel - Urgent Care Development of a joint urgent care strategy for Wolverhampton City – 28.3.13

10.0 Key Risks

10.1 Key risks relating to the strategy process

10.1.1 The consultation period must start in December due to the limitations on consulting during the Purdah period (dates not yet known);

10.1.2 The development of the business case for the new Urgent and Emergency Centre is required by March 2014 due to the enabling and building works to facilitate the new Urgent and Emergency Centre opening in early 2016. Any delays in the strategy sign off or the consultation process will cause significant consequences to the business case approval and subsequently the building process;

10.1.3 The existing contracts for services such as the walk in centre at Showell Park and the GP Out of Hours service are due to expire in 2014. Decisions must be made by December 2013 to support the future of commissioning of these services.

10.2 Key risks relating to the Strategy:

10.2.1 If change to the system is not delivered, key quality measures are likely to be missed;

10.2.2 Our patients have told us that they are confused about how and where to access urgent and emergency care and are using ED as a default. Without the changes to simplify the system there will continue to be additional pressure over sustained periods of time – patients using the Emergency Department, walk in centres, GP Practices and the West Midlands Ambulance Service will be particularly affected;

10.2.3 Patients are using the ED in the out of hours period rather than accessing the GP out of hours service due to difficulties with accessibility, location and confusion on operating hours and accepted conditions. Existing contracts are limiting changes being made to service provision – this cannot be sustained;

10.2.4 The existing Emergency Department was not designed to cope with the existing level of patients using the service. A new centre is required to reduce risk to patient care due to limited space. The building will also provide the opportunity to bring services together and deliver the national agenda for services to provide a 24/7 urgent and emergency care response to patients using services;

10.2.5 There are significant financial implications for the health economy resulting from the increases in activity and particularly the Emergency Department. The future system must be affordable for the future;

10.2.6 The implications of changes at Mid Staffordshire NHS Trust are not yet known however there is a risk that the existing system in Wolverhampton will not cope with additional activity from neighbouring CCG's unless change is made;

10.2.7 The increased pressures and the onset of winter will result in a further decline in the quality of patient care.

NHS
Wolverhampton
Clinical Commissioning Group

The Royal Wolverhampton NHS
NHS Trust

Presentation to the Health Scrutiny Panel

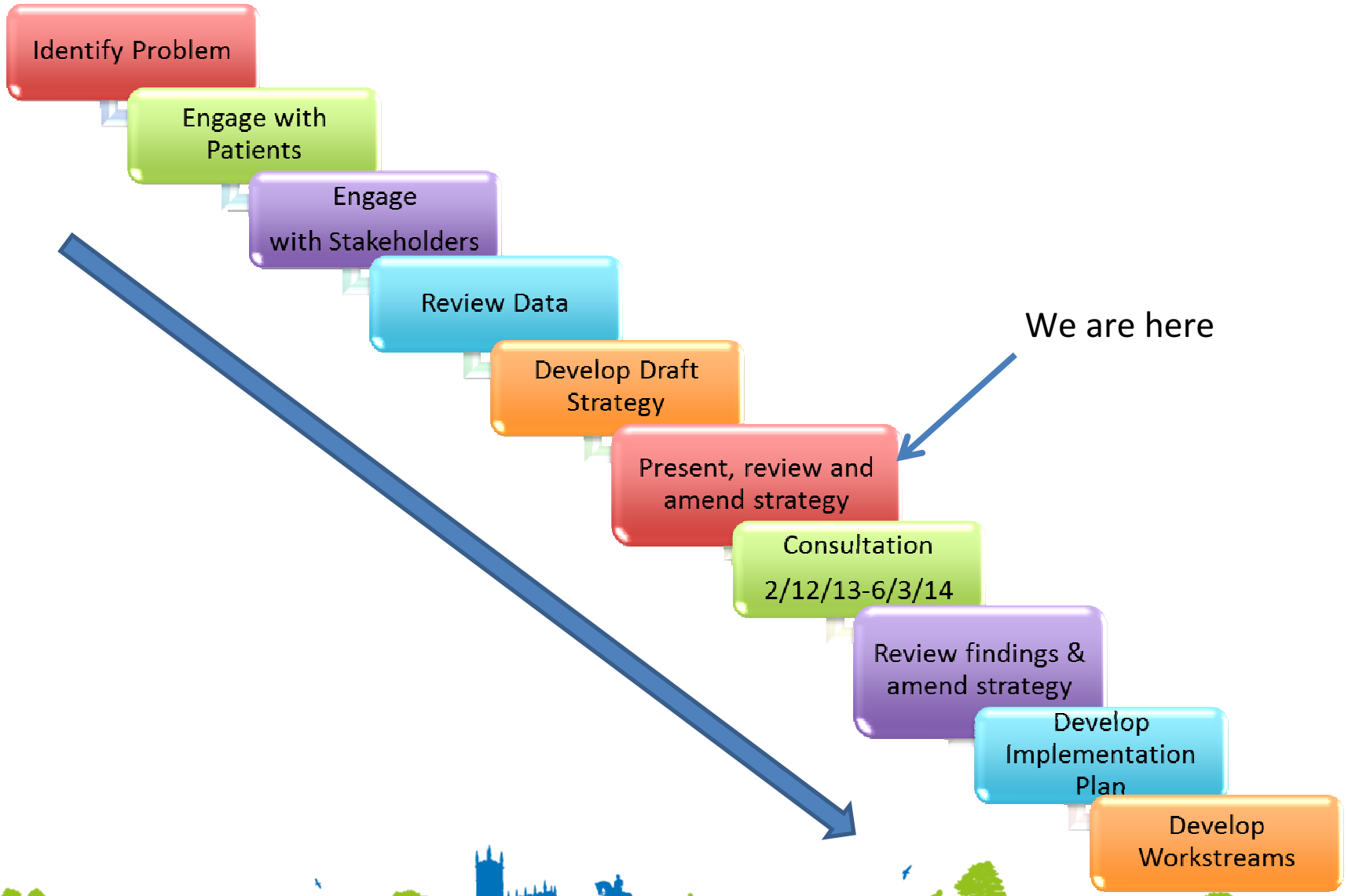
7th November 2013

A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17:

Strategy development

- **Significant challenges** faced within urgent and emergency care;
- **System was not designed to cope** with the levels of activity being seen across the city;
- Patients tell us that it can be **confusing and complex** to navigate – they are not sure where to go;
- The strategy describes the pressures experienced within the existing system and describes the direction of travel for urgent and emergency care for Wolverhampton to 2016/17;
- ***Doing nothing is not an option - we must do things differently.***

The Journey So Far



Progress

- H&WBB recommendations incorporated within v13.1;
- Additional engagement undertaken with partners;
- Draft consultation plan developed;
- Draft consultation document developed with patients for patients;
- Patient working group challenge – ‘they said, we answered’;
- Significant limitations on consultation due to ‘purdah’ and new ED build.

A phased approach

2013	2014	2015	2016	2017

Phase 1 – CONSULT (Dec 13 – Dec 14)

- Publish strategy & consult to understand patient & stakeholder views
- Work with patients & local partners to develop regular & consistent communication methods & promotional campaigns
- Work with Equality leads to undertake an equality impact assessment
- Include the outcomes of the consultation to develop an implementation plan

Phase 2 – IMPROVING PRIMARY CARE (Nov 13 -Dec 16)

- Work with our patients and partners to make changes in Primary Care including a GP home visiting scheme and improving timely access to GP practices
- Improve the quality and integration of out of hours services into the new Urgent Care Centre in 2016
- Develop the required primary care provision required at the front door of ED, test and embed the model working towards 2016
- Develop improved high quality, integrated pathways of care across primary and secondary care supported by telephone access through NHS 111 and WUCTAS
- Undertake focused work on over 65 years (including care homes) and 0-5 years

Phase 3 – IMPROVING SECONDARY CARE (Nov 13-Dec 16)

- Work with our patients and partners to make changes in Secondary Care including service provision and improving timely access
- Work together to develop the new Emergency Department
- Develop standards of care including senior decision makers at the start of the patients journey from ED
- Work with local authority partners to improve rapid access to social care and seamless service provision across health and social care including care homes
- Work with Mental Health partners to improve urgent and emergency care provision and response times for patients in crisis

Phase 4 – REVIEW & AMEND (On-going)

- On-going review of system capacity during changes in phases 1-3 & identify additional changes required to respond to surges in activity
- On-going review of efficiencies and reinvest finances to manage future growth
- Continually develop the IT systems and information sharing required ensuring data is accurate, timely & routinely used
- Monitor activity to identify negative impacts on services further to changes being implemented
- Work with other commissioning areas to develop the urgent care elements of strategies (mental health, social care, end of life, public health, etc) to prevent ED attendance and emergency admissions
- Continue to work with partners and providers such as public health and WMAS to deliver improvements in the quality of service provision for patients

Expected Benefits of Strategy

The true benefits of this work will emerge over time however the initial aspirations include:

•Better Health Outcomes for all and improved quality of care;
•Improved patient access and experience;
•Empowered engaged and well supported staff ;
•Inclusive leadership at all levels;
•20% of current ED attendances to be diverted to the new UCC by 2016;
•The sustainable delivery of the 95% ED target will be achieved 98% of the time;
•Reduced Emergency Admissions by 2016;
•Patients who arrive at ED by ambulance will be assessed by a clinician within 15 minutes;
•An increase in GP appointments for urgent requests by 2016/17;
•Improved mental health response times within the ED to improve urgent care provision for patients in crisis by 2016/17.

Success will result in a reconfigured urgent and emergency care system that is organised, effective and efficient and where our patients can find the right care, at the right time, first time. Communication will be improved and our patients will be empowered to know the right service available for their needs.

NHS
Wolverhampton
Clinical Commissioning Group

The Royal Wolverhampton NHS
NHS Trust

October 2013

Draft Communications, Engagement and Consultation Plan

Communications to tell the story

A schedule of communications will take place between October and December in order to inform clinicians and staff within our organisations, partner organisations, patient/community groups and the public about the forthcoming consultation. The objective will be AIDA – to get attention, leading to interest, leading to people's desire to take part, and leading to action – i.e. attending an event or completing a feedback form.

Message principles and process

- All messages will be agreed and issued jointly by WCCG and RWT;
- Communications will be shared across 'owned and earned channels' – the free things like internal newsletters and social media, but also through local media and information cascades within community and patient groups.
- All written pieces will include a quote from clinical leads from both organisations.
- All messages will uphold the NHS communications values:
    - Clear and professional: demonstrating pride and authority in what we do.
    - Cost-effective: showing that budgets have been used wisely.
    - Straightforward: avoiding gimmicks and over complicated design or wording.
    - Modern: portraying the NHS in a way that is up to date.
    - Accessible: understood by the target audience and easily obtainable and, where appropriate, available in other languages, symbols or formats.
    - Honest: avoiding misleading information or false promises.
    - Respectful: showing respect for our audience, avoiding unfair stereotypes, acknowledging the different needs of individuals and populations.

Activity

There will be the following communications messaging activity (please note timescales will be determined when the project timeline are confirmed).

Audience	Date	Action	Key message
Public	*Oct 13 – March 14*	*(Part of another strategy)* *Choose well campaign will run across various media – twitter, web, press, radio and phone app.*	• *Encourages residents to choose the right service for their urgent and emergency care.*

Internal	Late Oct 13	Joint message to GPs and staff within the CCG, social care and public health – this will be run through respective internal communications channels: • Team W (GPs – 23 Oct) • Practice Managers Forum (29 Oct) • CCG intranet	• Explain the review, reasons for undertaking it and set out overarching consultation approach.
Stakeholder /public	Late Oct/early Nov 13	Message to key stakeholders including councillors, providers, neighbouring CCGs and patient groups through the CCG's **Partner News** newsletter	• Explain the pressure we see as we head into winter; • Urge people to 'choose well' and why it's important; • Explain the review, reasons for undertaking it and set out overarching consultation approach.
Public	Late Oct 13	Media release featuring a quote from key clinical leads, linked to pressures or something else seasonal/topical	• Explain the pressure we see as we head into winter; • Urge people to 'choose well' and why it's important; • Explain the review, reasons for undertaking it and set out overarching consultation approach.
CCG staff	13 Nov 13	Team meeting	• Presentation to reiterate the review, share feedback from Health and Wellbeing Board, and explain the consultation process/timescales.
Stakeholder /public	Mid November 13	Filming key clinical leads and members of public	• Ask public about their experiences and pull-out key issues and themes; • Film clinical leads explaining the proposed solutions.
GPs	27 Nov 13	Team W presentation	• Presentation to reiterate the review, share feedback from Health and Wellbeing Board, and explain the consultation process/timescales.
Public	Late Nov 13	Web content	• Main banner on web home page to dedicated to the forthcoming urgent care strategy.

Public	Early Dec 13	Media release	• Promoting season messages around access; • Trailing the consultation, inviting people to have their say on urgent care through a 12 week public consultation.
Public	Late Dec/Early	Express and Star advertorial in the 'new year, new you' promotion	• We will promote the consultation events and invite people to complete a survey.
Consultation runs 6 January – 6 April			
Public	Jan 14	12 Hours in A&E – live tweeting	• Live tweeting from A&E to highlight the pressures, problems, mis-use and heart-warming stories over a 12 hour period; • Promote opportunities for people to have their say.
Public	w/c 6 Jan 14	Media release	• Promote the start of the consultation. Offer an interview with clinical leads or senior management figures to explain the vision for urgent/emergency care and how people can get involved.

Communications tools

The following communications tools will be developed in order to support understanding of the changes we are proposing and reasons for making them:

- Consultation document that explains the problems, proposals for change and how to take part;
- Single page fact sheet that summarises the consultation document for sharing across staff/stakeholder/public groups;
- FAQ database – this will be added-to when new questions arise;
- Social media including Facebook, Twitter and Netmums – these will offer debating forums where views can be captured;
- Videos – include interview with key clinical leads and patients/members of public (talking heads);
- PowerPoint pack to help PPGs, patient and community groups to cascade information on the consultation;
- Web site (www.wolverhamptonccg.nhs.uk/urgentcare) containing information, all key documents and also survey;
- Blog by clinicians and staff at urgent/emergency care centres allowing feedback and discussion with members of the public;
- Web survey, replicating the survey at the back of the consultation document

- A6 post cards promoting the consultation in 'light engagement' venues such as school nurseries, libraries and other community venues;
- Advertising in local media, billboards and cinemas will be explored.

Consultation methodology (all to run within the consultation period)

- 3 locality 'round table' meetings – South East, South West and North East – primarily aimed local residents;
- One city-wide event at a central venue – aimed at partners/stakeholders, patients and public;
- Drop-in sessions/a stand at the key urgent and emergency care centres through-out the consultation period;
- Information will be shared throughout all of the CCG's engagement groups (see below), providing advice and the opportunity for people to take part:
    - Joint Engagement Assurance Group (JEAG)
    - GP Practice Partnership
    - Patient and Public Partnership
    - Clinician and Allied Professionals' Forum
    - Community Leaders' Forum
    - GP Locality Groups
    - PPG Locality Groups
    - Patient Partners (members scheme)
- We will consult the Wolverhampton Equality Forum to ensure our consultation is accessible for hard-to-engage groups;
- The consultation will meet the requirements ad principles contained within the One City Community Engagement Strategy.

Key stakeholders

- Service users and public
- Carers Service
- GPs and practice staff
- Staff (broken down to staff group if necessary i.e. frontline, commissioning etc)
- Management: senior managers, Governing Body members
- Other Primary Care colleagues (dentists, pharmacists, opticians)
- Local committees (Medical/Dental/Pharmaceutical/Ophthalmic)
- Wolverhampton Public Health
- City Council including councillors
- Other civic partners such as police, fire and ambulance
- Businesses/employers e.g. Chamber of Commerce
- Overview and Scrutiny Committee (OSC): Carl Craney (Carl.Craney@wolverhampton.gov.uk)
- Health and Wellbeing Board: Earl Piggot-Smith (earl.piggott-smith@wolverhampton.gov.uk)
- Local Councillors and MPs – contact the Communications and Engagement Team for the latest list of these including information on their key areas of interest
- Healthwatch Wolverhampton (Chair: Maxine Bygrave - mbygrave@me.com)
- Other NHS partners (providers, neighbouring CCGs, NHS England)
- Media
- Third and voluntary sector
- Community and social groups (e.g. residents' associations)

- School, college and university students
- Nursery schools

Feedback Requirements

Further to the consultation process, a feedback document will be developed for patients and stakeholders to update them on the outcomes of the consultation process.

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Agenda Item No: **7**

Health Scrutiny Panel

7 November 2013

Report Title

Quality Accounts 2012 /13 – progress report against priority: end of life care

Classification	Public
Cabinet Member with Lead Responsibility	Sandra Samuels Health and Well Being
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	The Royal Wolverhampton NHS Trust
Accountable officer(s)	David Loughton Chief Executive Tel 01902 695950 Email David.loughton@nhs.net

Recommendations for action

The Panel is recommended to:

1. Comment on progress made to improve end of life care provision at Royal Wolverhampton NHS Trust.

2. Receive details of the national recommendations on the Liverpool Care Pathway when published and to brief the panel on its response

1.0 Purpose

As part of the current review and update of the End of Life Strategy for Adults in Wolverhampton, a small working group co-ordinated by NHS Wolverhampton City Clinical Commissioning Group (CCG) are looking at objectives and quality markers to further develop the service offered for patients considered to be within the last year of their life, these include:

- Facilitation of Preferred Priorities for Care or Advance Care Plans to involve the individuals, families, carers in decisions about their care and to allow professionals to be aware of the wishes and feelings of those receiving end of life care
- Improved communication between the different agencies through the development of shared record detailing an individual's preferences for care at the end of life
- Development of the workforce across all settings to ensure they have the necessary skills to deliver individualised care such as effective symptom management

2.0 The overarching principles include:

1. People approaching the end of life will be encouraged to express their wishes and feelings about how they would like to be cared for at the end of life and where possible, efforts will be made to deliver care in accordance with their wishes and feelings.
2. People approaching end of life or in the end of life care phase will be treated with dignity and respect at all times.
3. Family and carers will be encouraged and empowered to be involved in decisions concerning the care and support to be provided to their loved ones.
4. Where possible arrangements will be made to care for people at the end of life in their usual place of residence.
5. To eliminate un-necessary, avoidable admissions to hospital through Advance Care Planning and good communications between services.

It is planned that a launch of the reviewed strategy will take place in late 2013 or early 2014, by holding an Event for key stakeholders, which will be co-ordinated by the CCG.

The completed strategy will be presented to the Royal Wolverhampton Hospital Trust Board once the strategy is completed.

The Trust intends to establish an internal working group, which will be acute and community focused. This group will be set up after the launch of the End of Life Strategy for Adults in Wolverhampton with a view to implementing the identified objectives in the strategy that are purely hospital related. This objective of this group will be to ensure the hospital based priorities receive attention and focus. There is no intention of this group to work outside the agreed strategic objectives or work out with local partners, whom are key to the delivery of good end of life care.

3.0 Progress to date

Independent review of the Liverpool Care Pathway (LCP)

Nationally there has been criticism of the use of the LCP from relatives, which has been widely portrayed in national media. Therefore an expert panel, chaired by Baroness Neuberger reviewed the use and experience of the LCP in England. Subsequently the report, 'More Care Less Pathway' was published by the DoH. The review made 44 recommendations, most of which relate to the need to change national policy. In July 13, the Health Minister Norman Lamb MP wrote to Trusts stating that the principles of care underpinning the LCP are sound and when used appropriately, the LCP supports good care for the dying.

Consequently the Trust reviewed every patient that was on the LCP to find out if they were on it appropriately. No concerns were found with only one patient being on the LCP, which was consultant initiated. Guidance has been sent out to clinical teams on the principals of the End of Life Care Packages by the Medical Director, Dr Jonathan Odum and a paper was submitted to the hospital Trust Board in September detailing all the actions taken.

The national recommendations on the LCP are expected in February 2014 and this will obviously have an impact on Trust and Community planning for end of life care.

National End of Life Quality Markers

The Department of Health published its End of Life Care Strategy Quality Markers and Measures for End of Life Care in July 2008. During its development, the then Strategic Health Authority End of Life Care Pathway Chairs identified that commissioners and providers needed support in delivering improvements in care. The resultant Quality Markers provided a useful framework for tracking progress against them.

Palliative Care Funding Pilot (PCFP) Project - Royal Wolverhampton NHS Trust Wolverhampton and Shropshire.

A project manager current leads the development and delivery of the national funding pilot for palliative care services on behalf of the NHS and independent sector partners across Wolverhampton and Shropshire. This includes: Royal Wolverhampton NHS Trust, Shrewsbury and Telford Hospitals, Shropshire Community Trust, Compton Hospice, Severn Hospice and Atholl Nursing Home in Wolverhampton. The lead also acts as the key contact with the Department of Health with regard to this project. The following is progress to date:

- Bimonthly site strategic steering group meetings
- Engaged clinicians in each organisation outlining the benefits and outcomes of the pilot
- A method of collection of the data agreed across all organisations
- Information governance requirements have been met nationally and locally for the projects
- Developed a local sharing protocol for Information governance

- Submitted information to the Department of Health
- Developed a process to collect information. This includes data for individual data set for inpatients and community data collection
- Progress made on phased rollout across the site and all partners - implementation of social care project is now taking place

End of Life Care Workforce Education and Training Bid

The Trust submitted a bid in respect of the funding of up to £25,000 that is available to acute hospitals via the end of life care workforce programme. This will implement the 'rapid discharge home to die' key enabler within the Trust. The Trust has not yet been informed of the outcome of this bid.

4.0 Conclusion:

Clearly, the focus on providing good end of life care for all has rightly become more topical and a national priority. This is to be welcome.

This report provides a high level update on developments and improvements that the Trust is working on solely and more importantly with other key stakeholders and agencies to improve the services, care and understanding about skills required to ensure that end of life planning can be effective and compassionate for those involved.

The committee are asked to note the developments across the End of Life priority.

Agenda Item No: **8**

Health Scrutiny Panel

7 November 2013

Report Title	The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - Older People
Classification	Public
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Cabinet Member for Health and Well Being
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	The Royal Wolverhampton NHS Trust
Accountable officer(s)	Cheryl Etches — Chief Nursing Officer Tel — 01902 695950 Email — gayle.nightingale@nhs.net

Recommendation(s) for action or decision:
The Panel is recommended to:

1. Comment on progress made to improve the quality of care for older people – a key area for improvement in the Quality Accounts 2012-13

1.0 Purpose

1.1 The purpose of this report is to update the Scrutiny Panel on one of the key priority areas for the Trust – Care of the Older Person

2.0 Background

2.1 The population of Wolverhampton will change over the next 20 years with older age groups making up the a bigger proportion of the population for example the office for national statistics suggests by 2028 over 70s will comprise 36.5% of the city's population.

We know that the elderly use more health care services than any other group so it is essential that care is designed appropriately for our biggest service user.

3.0 What we set out to achieve

3.1 Care of the elderly encompasses a wide range of essential care standards that helps us to focus on keeping older people safe both in hospital and when being cared for at home therefore the trust has concentrated on four key areas as detailed below.

Falls	To reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13
Pressure Ulcers	To reduce the number of health care acquired pressure ulcers both in the hospital and community settings
Nutrition	No patient unintentionally loses weight whilst in our care
Preventing Infections	Reducing the number of device related infections and patients who test positive for Clostridium Difficile

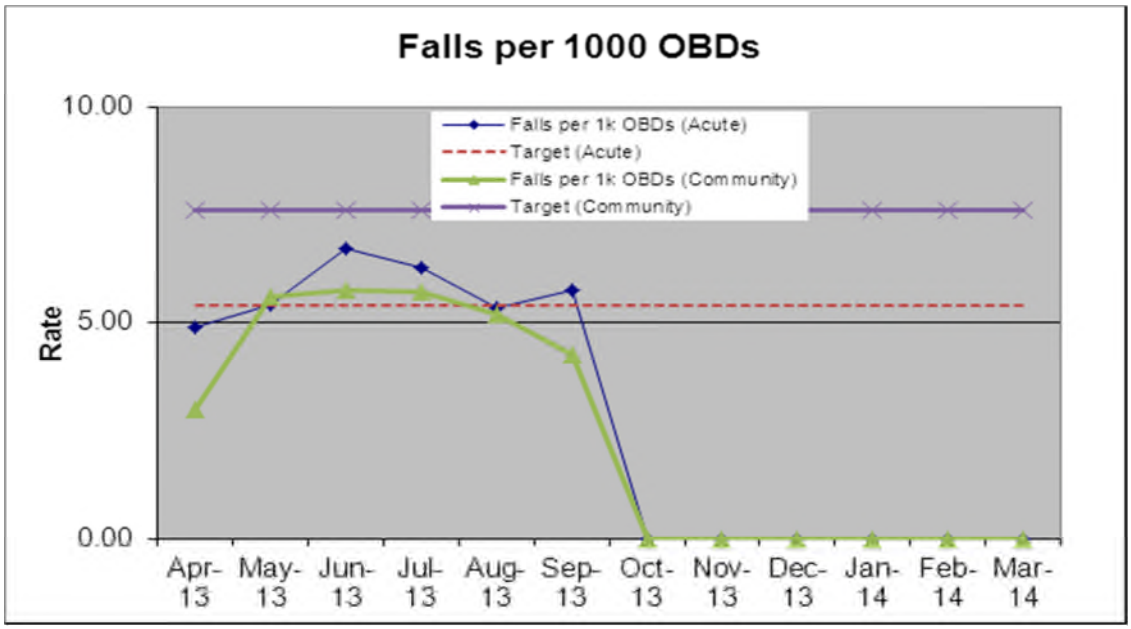
4.0 Key Achievements 2012/13

4.1 Falls

We have reduced the number of patients who fall by 20% and the number of unwitnessed falls has reduced to 23% which is a marked improvement of last year's figure of 40%

- Actions that have contributed to this reduction include.
- Ensuring that patients are risk assessed for falls within 6 hours of admission.
- The introduction of a falls care bundle.

- Changes to the ward environment that has allowed nurses to spend more time at the bedside.



4.2 Pressure Ulcers

In 2011/12 there were 732 pressure ulcers and in 2012/13 there were 973.

It is highlighted that reporting systems year on year are quite different and so the two figures are not comparable and there has been an increase in activity.

The Trust is focused on reducing avoidable pressure ulcers and risk assessment and preventative processes are firmly embedded across the organisation. These include

- An accountability framework to hold matrons and ward managers to account when an avoidable pressure ulcer is identified.

- A dedicated tissue viability nurse working in the Acute Medical and Emergency Department resulting in risks being identified at the very start of the patient's hospital journey.

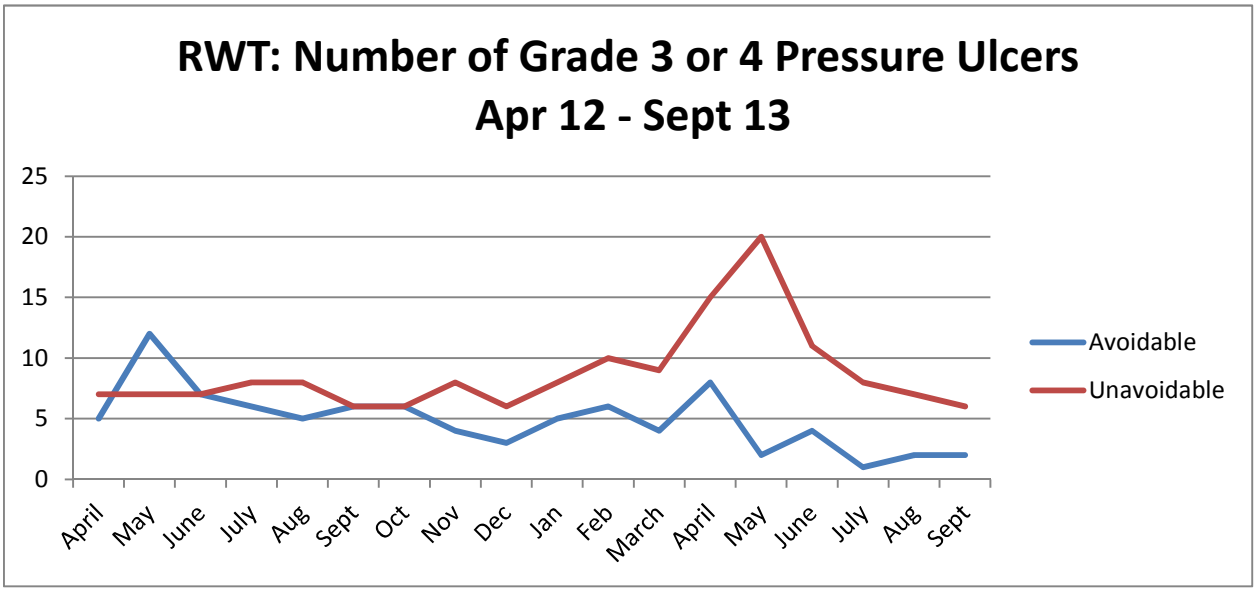
- Education and awareness programmes have facilitated earlier detection of skin damage which is now being successfully reported.

- The practice of comfort rounds is well established in the Trusts in patient areas.

- Easier access to pressure relieving equipment.

- Increased use of telemedicine, digital cameras.

- Implementation of an early warning system in community aimed at identifying patients with early pressure damage resulting in the teams ideas and actions being recognised by the Midlands and East Strategic Health Authority and winning them the most inspirational team award.



4.3 Nutrition

It has proved to be challenging to measure and achieve no unintentional weight loss given the variables involved in each patients care however in 2012/13 we have built on our previous work.

- We have met our target of 95% of hospital patients undergoing nutrition risk screening on admission and plans are in place to improve our % of rescreening with a target of 100% being set.

- All wards continue to operate a protected meal time policy and work is ongoing to audit compliance with pre – operative fasting.

- Artificial feeding – guidelines have been updated and training packages reviewed.

4.4 Infection Prevention

Specific achievements against last year's objectives include

- Establishment of an Intravenous Resource Team.

- Additional electronic training packages.

- Development and initiation of plans to reduce the use of urinary catheters and chronic wounds.

- The set up and delivery of an Outpatient Parenteral Antibiotic Therapy (OPAT) Service to enable the monitoring and safe care of patients requiring long term antibiotic therapy that can be given in the community rather than hospital.

4.5 Working Closely With Our Partners

"If we are to meet the challenges ahead we must work collaboratively to revolutionise the way we organise and deliver care"

Royal College of Physicians 2012.

The Trust hosted an event to provide an opportunity for individuals from different organisations to meet and consider the older person's experience across the whole health and social care system and identify a long term vision that will provide sustainable and effective services for the elderly population of Wolverhampton in both the acute and community setting.

In November 2012 representatives from Clinical Commissioning Groups, Local Authority, West Midlands Ambulance Service, the voluntary sector, Trust staff and Shadow Governors, came together and recognised both the need and desire for all agencies across the social and health economy to work more closely together.

It was agreed to develop a strategy that encompassed the themes identified throughout the stakeholder event and establish a programme board that will provide the strategic oversight for the Care of Older People programmes across the Trust.

- Person centred care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital Care kindness and a respectful attitude
- Education training and innovation

5.0. Key Objectives for 2013/14

In November 2011 the Trust launched the Creating Best Practice programme, a programme that has looked at all the activities that take place on a ward during the night and daytime and made changes to ensure that the patient always comes first.

The programme continues during 2013/14 and includes prevention of falls and pressure damage, infection prevention and nutrition within its 11 work streams.

5.1 Falls – Plans for 2013/14

- To continue to identify measures which help reduce the incidence of falls and to work towards all wards introducing the practice of nurses based in bays.

- To reduce the number of patients falls resulting in serious patient harm to less than 15 in 2013/14.

5.2 Pressure Ulcers – Plans for 2013/14

- The Trust will continue to document evidence of fundamental elements of care which support pressure ulcer prevention.

- The Trust will evaluate early findings of early intervention within the Acute Medical and Emergency.

- Introduce a public campaign highlighting the need to “stop the pressure “for patients at home aimed at formal and informal carers.

- Continue formal education and training for all nursing home staff to reduce the risks of nursing home acquired pressure ulcers.

5.3 Nutrition – Plans for 2013/14

- To meet our target of 100% for re screening and care planning.

- Artificial feeding – to introduce mandatory training for Drs who join the trust.

- A new hospital menu will be launched in 2013/14 and all dishes will have undergone nutritional analysis.

5.4 Infection Prevention – Plans for 2013/14

- The implementation of an annual programme of infection prevention working towards 9 strategic aims focusing on surgical site infection, emerging infections, use of devices and investigation of new methods for treatment and control MRSA (meticillin-resistant staphylococcus aureusis) and Clostridium Difficile.

5.5 Working closely with our partners – Plans for 2013/14

In addition to developing a draft strategy the Royal Wolverhampton NHS Trust began a process of collating existing projects / programmes of work that are either being planned or are in progress across the Trust and that underpin and can be aligned to the key objectives of the Care of Older People Programme.

CCG and Local authority colleagues were invited to contribute to this process with the clear objectives of

1. Providing an overarching directory of projects and schemes across the City.

2. Identify shared areas of interest and highlight opportunities to work together.

3. Providing a gap analysis against the programmes identified work streams.

This piece of work has clearly highlighted not only opportunities for colleagues across health and social care to work closely together but also the significant risk of duplication. in managing and reporting of projects through the established Local Authority's Older Peoples Partnership Board and the proposed RWT Older Peoples Programme Board.

Discussions are underway between the two organisations with a view to formulating an implementation plan for the strategies in the respective organisations and areas of joint working.

Background

23.5.13 Health Scrutiny Panel – The Royal Wolverhampton NHS Trust Quality Accounts/ Annual Report 2012/12

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Agenda Item No: **9**

Health Scrutiny Panel

7 November 2013

Report Title	Patient Misuse of Hospital Services
Classification	Public
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	Royal Wolverhampton NHS Trust
Accountable officer(s)	David Loughton Chief Executive Tel 01902 695958 Email David.loughton@nhs.net

Recommendation for action:

The Panel to comment on the progress made in managing the demand on hospital services by encouraging people to use the most appropriate place to receive treatment and care.

1. Introduction

The Royal Wolverhampton NHS Trust (Trust) report to the committee last year stated that the hospital had seen an increase in attenders to the Emergency Department (ED) in 2011 to 2012. This pattern has continued into 2013. The increase in 2013 is approximately 4% and this is the equivalent of an additional 15 days' worth of ED activity.

2. Background.

The Trust is obligated to assess every patient that registers at the ED department and is commissioned to ensure that 95% of patients are assessed, treated, discharged or admitted within 4 hours of arrival. With the pressures experienced over the winter and spring months there was deterioration in the number of patients the Trust treated in 4 hours.

The Trust performance against the 95 per cent standard has improved since June 13. Although in July the Trust experienced the highest ever number of attendees (381patients) in the ED department in 24 hours. The Trust is currently achieving the expected standard of 95 per cent

The rolling 12 month average is that approximately 18 per cent of the patients that attend the ED department are admitted and the rest are discharged.

Of the patients discharged, over 60 per cent are discharged following assessment and treatment. This could include referral to other departments, such as the eye hospital, fracture clinic, referral back to their GP for review and assessment or referral to other services such as mental health trust, other community support or other hospital services.

There is the need for improved and increased multi agency work between primary care, ambulance service, local authority, mental health trust, community services, and voluntary sector to ensure that patients can be seen and assessed quickly in an alternative setting, so that the last resort is not a trip to the ED department.

Having registered in the department three – four per cent of patients leave the department without waiting to be seen. This is a waste of some resource, mainly administration but also occupying space in an often busy waiting area.

Approximately six per cent of patients are re-attenders. These are patients who return to the department for a review in the see and treatment clinic, patient who do not have a registered GP or some patients who are very well known to the department and regularly return. There are case management reviews of patients who are well known to the department and who have complex health issues, often mental health related illness.

There are approximately 10 per cent of patients who attend the ED department who do not need to be seen in that environment at all. These are patients who could attend for example a pharmacy for advice, the dentist or use walk in centre or the 111 service.

Given that the numbers of patients attending the ED department are increasing overall, it can be deduced that proportionately the numbers of patients who could be treated in another location are also increasing. However, the challenges the Trust faces is not especially in relation to these patients, it is more about the complexity and increasing co-morbidity of the other patients who require acute care.

3. The Royal Wolverhampton NHS Trust Action.

Last year the Trust stated that a series of actions were being implemented. These were:-

- Advice to patients about alternative options for treatment: There are two walk in centres in the City, Showell Park and the Phoenix Centre, GP practice, dentists, and local pharmacies that can and will advise on alternative treatments for patients with colds, coughs, flu like symptoms.

- March 2013 saw the introduction of the new national helpline for advice and guidance on health issues, 111. This was a replacement for NHS direct and there was a national campaign to ensure that there is appropriate information and signposting to patients, so that they are aware of the existence of this number and what it can be used for.

- Constant media campaigns:- The Trust regularly engages with newspapers, radio stations to advise and remind patients that for minor ailments and conditions there are alternative places for treatment.

- GP registrations. All patients are encouraged to register with GP as first point of contact.

- GP engagement: - The Trust continues to work with the Clinical Commissioning Group (CCG) to develop alternative pathways for treatment. Discussions have taken place with the CCG to encourage the provision of rapid assessment slots within GP practices for patients to be seen quickly and effectively.

- In addition, the Trust is in discussion with the CCG about the development of a Primary Care presence in the existing ED department. This development is currently part of the new model of care for the proposed new Emergency Portal. The final business model is still under discussion.

- Mental Health Services and Response: - Close engagement with Mental Health Trust to ensure that patients are seen and assessed quickly in the community, before they reach crisis point and have to attend ED.

- Social Care: - The Trust has good relationship with Wolverhampton Social Care department and there is close liaison and working between teams in the acute trust and across the community. There are regular forum for review and case management of patients that are known to have complex problems.

4. Impact of the Schemes

Given that the numbers of people who attend ED continues to increase it could be viewed that the above schemes have had little impact and therefore the numbers of patients who could be perceived to be misusing the ED is also increasing.

It is interesting to note that numbers of patients attending the Phoenix Walk in Centre has decreased. There has been no change to opening times.

There has been much media coverage of the 111 non- emergency system (The NHS 111 service is for situations where someone urgently need medical help or advice but it's not a life-threatening situation). However, there is little evidence that the introduction of 111 has led to increased ambulance conveyances to the Trust.

GPs across the city are seeing more patients in their surgeries than before.

5. Risks

Apart from the failure to achieve national standards with regard to seeing and treating patients within 4 hours, there are other elements for the Health Scrutiny panel to be aware of of:-.

- The ED department at the New Cross site is too small for the numbers of patients it currently sees. As modern medicine develops it is likely that we will all live longer, with increased co-morbidities. It is likely that more people will attend hospitals, even with alternative options and admission avoidance schemes established. The panel is aware of the Trust plan for a new Emergency Portal and a future committee will discuss the business case.

- Social Care reductions or cuts may also mean that the Health Service is required to act as a safety net for some patients.

6. Conclusion:

The vast majority of people who attend ED are seen and treated appropriately.

There is a wider health economy need to ensure that pathways for patients, often with complex needs, are well developed and understood by all who work in the health and social care environment. The streamlining of patients pathways and appropriate signposting for patients, carers and health sector workers will ensure that patients receive more timely intervention in the appropriate place.

However, there are some patients that use the ED department, either because they are not aware of alternative options or they choose not to use the alternative option. The Trust advises all such patients of alternative options; however it is not legally able to turn such patients away.

It is essential that all health and social care partners continue to work together with all the respective challenges that we face in order to ensure that patients are aware of the most appropriate place to receive treatment and care.

7. Background

Health Scrutiny Panel – Patient misuse of hospital services. To consider the work undertaken to reduce the number of patients who could use alternative forms of treatment. 7.2.13

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Agenda Item No: XX

Health Scrutiny Panel

7 November 2013

Report Title	Substance Misuse Service Contract Award – Six Month Review Update
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Well Being
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	Public Health

Accountable officer(s)		
	Ros Jervis	Director of Public Health
	Tel	01902 554211/551372
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	Juliet Grainger	Public Health Commissioning Manager
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Recommendation(s) for action or decision:
The Panel is recommended to:

1. Scrutinise the information provided on the performance and mobilisation of the first six months of the contract.

2. Identify a delegation from the panel to attend the service's presentation of its new branding and delivery model on 28 November 2013 at 10 am, Dunstall Racecourse.

1.0 Purpose

1.1 The purpose of the report is to provide an update on the first six months of the new, specialist drug and alcohol treatment service contract between the Council's Public Health department and NACRO (National Association for the Care and Resettlement of Offenders - a national substance misuse and crime reduction charity)

2.0 Background

2.1 Following a ten month procurement programme Wolverhampton City Council commenced an initial three-year contract with substance misuse and crime reduction charity NACRO to deliver a new, consolidated drug and alcohol treatment service for young people and adults on 1 April 2013. The contract is delivered by NACRO in partnership with Birmingham and Solihull Mental Health NHS Foundation Trust and Aquarius.

2.2 Prior to the tender the three previous drug and alcohol services; Addiction Services, Black Country Partnership NHS Foundation Trust, YMCA Bridge and Aquarius were resourced from ring-fenced NHS and Home Office grants. Locally some Council funding was also provided through Social Care and the Community Initiatives Team to support the Aquarius alcohol service. National NHS and local resources allocated for treatment services were consolidated for the tender. The public health grant included the NHS funding in the national allocation from 1 April 2013.

2.3 The contract formally commenced on 1 April 2013. However, following a statutory period of management of change with the workforce and subsequent recruitment, the new model of delivery went live on 1 August.

2.4 The model reflects a co-produced, local service specification which was based on national guidelines but widely consulted upon during 2011-12 with service users, the public, professionals and service providers.

2.5 NACRO's response provides for a culturally sensitive whole person and recovery focussed integrated system of care and treatment for: adult drug users, adult alcohol users, young substance users and those affected by familial misuse.

2.6 The development of a wider recovery community drawing on peer leaders, volunteers and also generic services. Specific links to housing, employment and training opportunities are also an integral part of the service delivery model.

2.7 Adult and young people's services are separate at the point of delivery. For young adults between the ages of 18-24 there will be a specific and targeted focus on transitional arrangements to socially reintegrate this group or towards onward, supported referral into adult services.

2.8 Services are designed to meet the needs of a wide range of drug/alcohol dependency issues and include a family focussed approach when engaging both young and adult service users.

2.9 A Single Point of Contact (SPoC) team acts as the gateway to all services.

3.0 Progress and Performance

3.1 Public Health England [PHE] estimates show that there are 2,135 opiate/crack users (OCUs) and 5264 dependent drinkers in Wolverhampton. Currently there are 1393 adults in effective drug treatment, 61 young people receiving treatment for addiction and 553 adults in alcohol treatment in Wolverhampton. National benchmarks are set around achieving successful outcomes for those in treatment.

3.2 Nationally validated performance feedback on drug and alcohol treatment from PHE is received quarterly and the summary from the latest release is as follows;

- In terms of breaking down the overall figure for Wolverhampton, when considered as a % of the whole treatment population, the successful completion rate of opiate and alcohol users has remained static. Clients being treated for non-opiate use have decreased. The partnership needs only to increase by an additional 10 clients to meet the cluster top performers but an additional 50 non-opiates would be required. The re-presentation rate needs some focused attention to ensure clients are not being pushed out of the system too quickly.

- The planned exit rates are behind the cluster top quartiles of 10-13% opiate users at 8.4% and 47 - 61% non opiate users at 36.4%.

- The local PHE and National Drug Treatment Monitoring Service teams are keen to support Wolverhampton to maintain data quality and high performance during the embedding of the new treatment system and providers. The on-going development of a recovery oriented treatment system, in which Wolverhampton has always been keen to invest, should drive visibly improved delivery for clients, families and the wider community.

3.3 The public health grant contains an element of funding based on successful discharges from drug treatment. Therefore the local contract includes a payment by results [PbR] indicator set based on successful discharges from treatment free from drugs and dependant alcohol use. A payment is also aligned to sustained outcomes at 28 days. At the six month review meeting on 9 October the service had yet to achieve the contracted performance anticipated year to date. There are a number of contributing factors and responses to this;

- The extensive management of change process to transform the workforce from around 100 to 70 staff and radical changes to the historical delivery model between April – July 2013, has delayed the implementation of a new data and

case management system. This has led to some initial gaps in recording as well as in delivery as staff transferred and then in some cases left the service.

- Data cleansing and staff training have since been implemented to address some of these issues but activity levels in year will be cumulatively affected by the initial transition period. To get a more accurate picture of the data and activity undertaken since the new model commenced in August public health has agreed with NACRO that quarter three data is presented as a stand-alone as well as a cumulative position. This is to clearly identify whether performance issues are related to delivery rather than the impact of establishing new systems and ways of working. Appropriate action will be taken once an accurate position has been established.

3.4 Despite the challenging issues for the service in relation to the transition period NACRO has been extremely responsive to the prominence of the safeguarding agenda in the City and has invested time and resources in developing integrated policy and guidance documents. A workforce training programme is being rolled out and an external quality assurance process around the children and families element of the model has been undertaken from which an action plan has been developed and is now being implemented.

3.5 A joint workforce event is also being held between the substance misuse service and the Council's children, young peoples and families service - Children In Need/Child Protection teams on 27 November to further develop joint working practice around vulnerable children and families with support needs arising from parental substance misuse.

3.6 NACRO and its partners now wish to formally launch the new branding for Wolverhampton Substance Misuse services and the new delivery model. A public event is being held at Dunstall Racecourse 10 am -12pm, 28 November and members of the Panel are invited to attend.

4.0 Financial implications

4.1 The contract value is £5.5 million per annum, subject to review. This is funded by the Public Health ring-fenced grant and the Police Crime Commissioner allocation to the Council. [AS/18102013/Q]

5.0 Legal implications

5.1 The new service is subject to contractual terms and conditions developed by the Council's Legal Team to ensure it meets the commercial requirements of the service going forward. [RB18102013/C]

6.0 Equalities implications

6.1 A 12 week, Tier 1 Statutory Public Consultation was undertaken during November 2011 - February 2012. An equality analysis is available as part of the consultation evaluation documentation.

7.0 Environmental implications

7.1 There are no direct environmental implications resulting from this report.

8.0 Schedule of background papers

REPORT TO THE CABINET (RESOURCES) PANEL - Substance Misuse Procurement Programme. Tuesday 21 February 2012

REPORT TO CABINET - Section 75 Agreement With Wolverhampton City PCT. Wednesday 11 April 2012.

REPORT TO HEALTH SCRUTINY PANEL - Wolverhampton Substance Misuse Services Consultation Findings. Thursday 12 April 2012.

REPORT TO THE CABINET (RESOURCES) PANEL - Substance Misuse Procurement Programme. Tuesday 27 November 2012

REPORT TO HEALTH SCRUTINY PANEL - Wolverhampton Substance Misuse Services Contract award and Mobilisation. Thursday 7 February 2013.

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Black Country Vascular Network

The Dudley Group NHS
NHS Foundation Trust

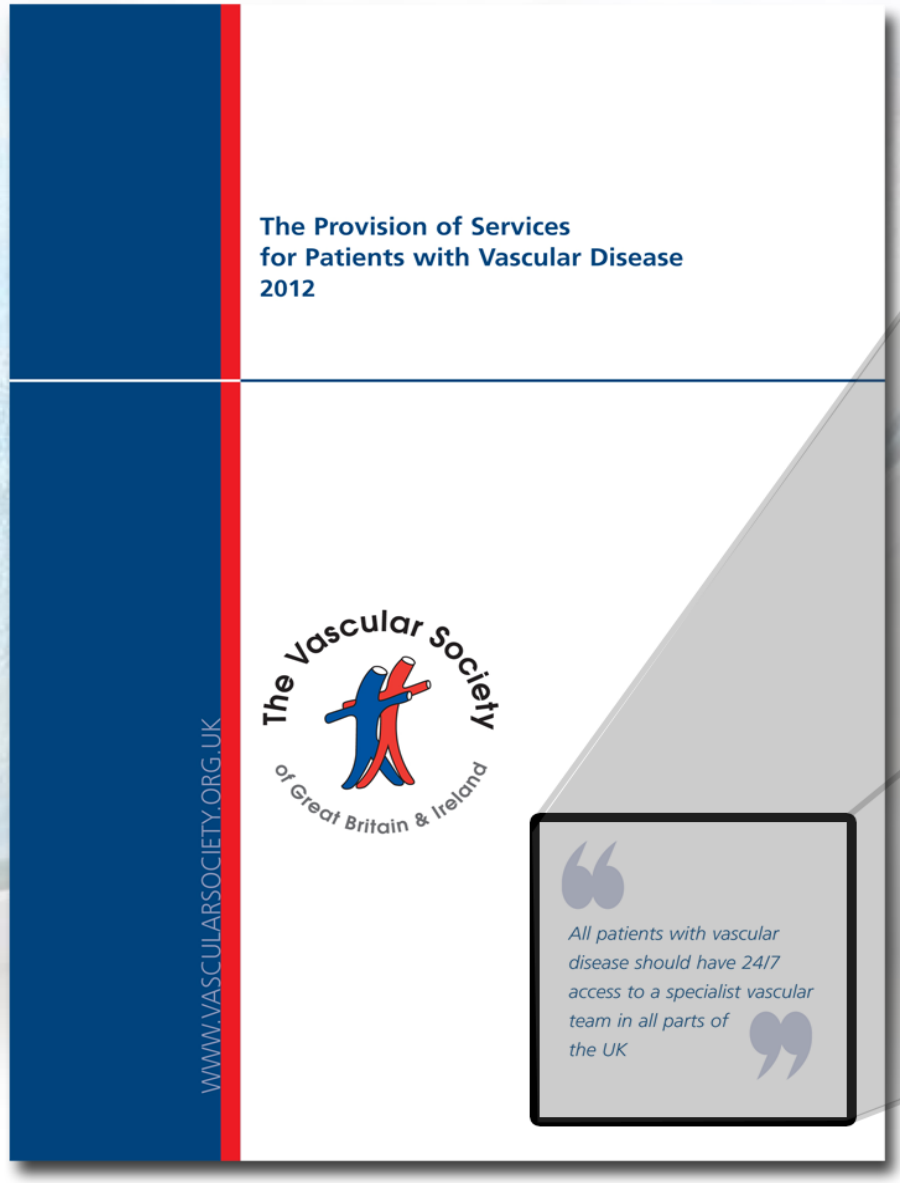
Dudley Health Scrutiny Committee

Vascular Reconfiguration update

25th September 2013

Mr Atiq-ur Rehman MSc, FRCS
Consultant Vascular & Endovascular Surgeon
Medical Service Head, Black Country Vascular Centre

Kelly Pettifer
Operational Manager Black Country Vascular Centre



All patients with vascular disease should have 24/7 access to a specialist vascular team in all parts of the UK

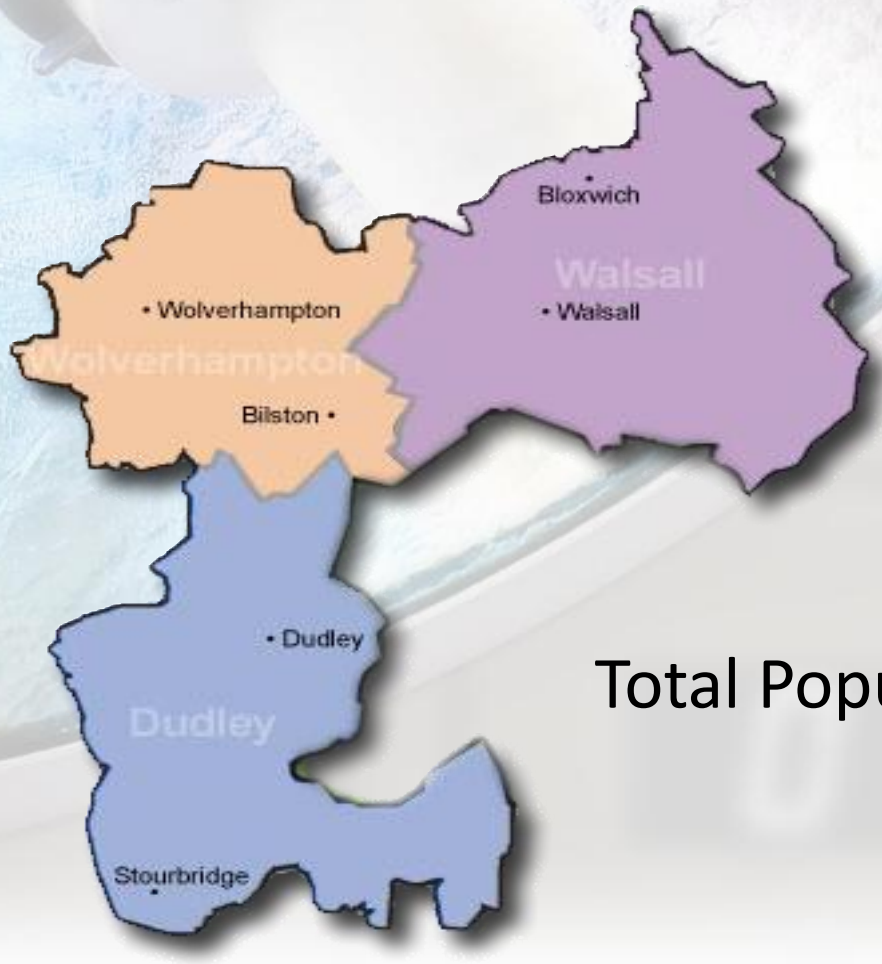
Black Country Vascular Network

The Dudley Group NHS
NHS Foundation Trust

Vascular HUB – Russells Hall Hospital, Dudley

How are things different since 16th July 2012?

The Black Country Vascular Centre



Total Population over 800,000

Major Arterial Surgery at HUB

All Index Vascular Procedures (Elective & Emergency)

- Aortic Aneurysm Repair
- Carotid Endartrectomy
- Infra-inguinal Bypass
- Major Amputations

Services Spoke Sites

- New Cross Hospital, Wolverhampton
- Walsall Manor Hospital

What is delivered at spoke sites?

- Out patient clinics – 80% need medical management

- Pre-operative investigations
  - MRI
  - CT
  - Arterial ultrasound
  - Echocardiogram and lung function tests

- Day case surgery

Implementation of Phase 1 & 2

- Phase 1 – 16th July 2012
  - Emergency vascular surgery
  - Elective aortic surgery
- Phase 2 – 1st April 2013
  - Major arterial surgery
    - Carotid Endarterectomy
    - Infra-inguinal bypass
    - Major amputations

World Class Vascular Service

- Abdominal Aortic Aneurysm Surgery
  - Endovascular Aneurysm Repair (EVAR) Keyhole
  - Open

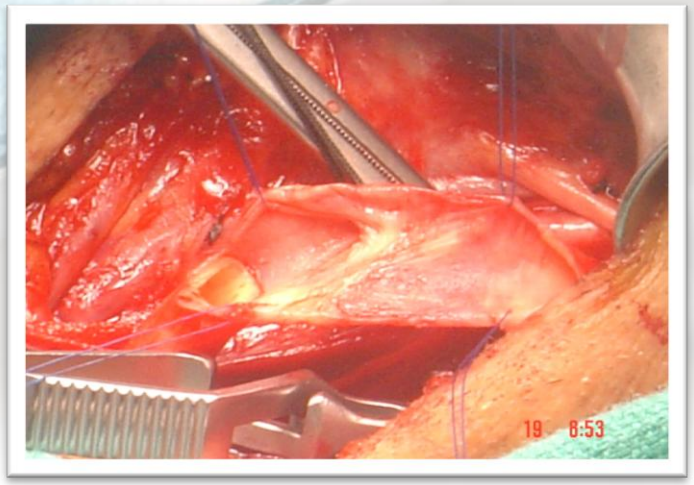
Prevent death

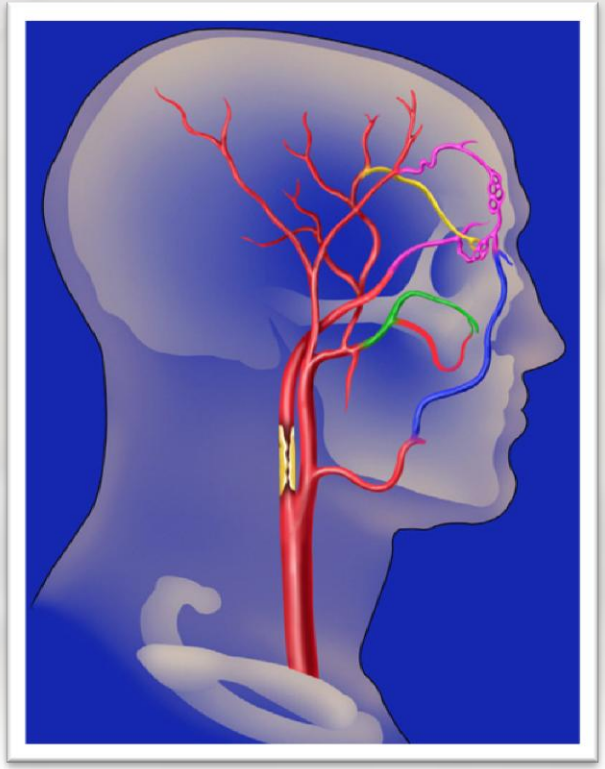
(Mortality < 3.5% - 2014)

World Class Vascular Service

- Carotid Endarterectomy – from onset of symptoms
  - 2 weeks 2014
  - 48 hours 2017
  - Surgery to prevent stroke

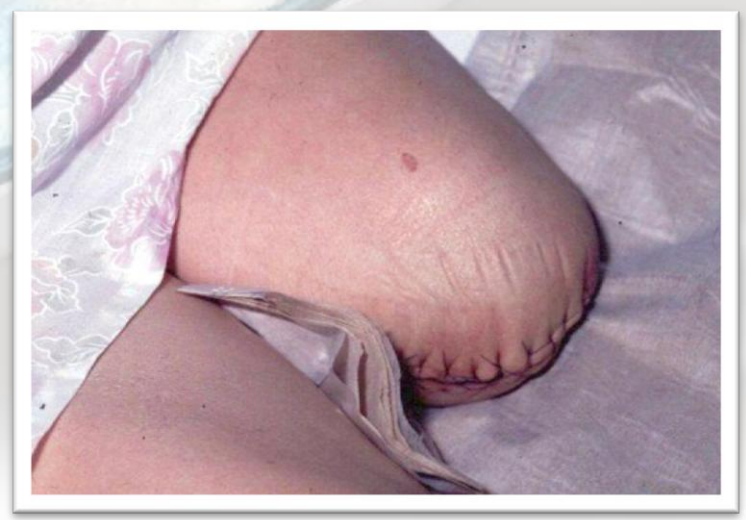
  (1 – 3% risk of peri - op stroke)

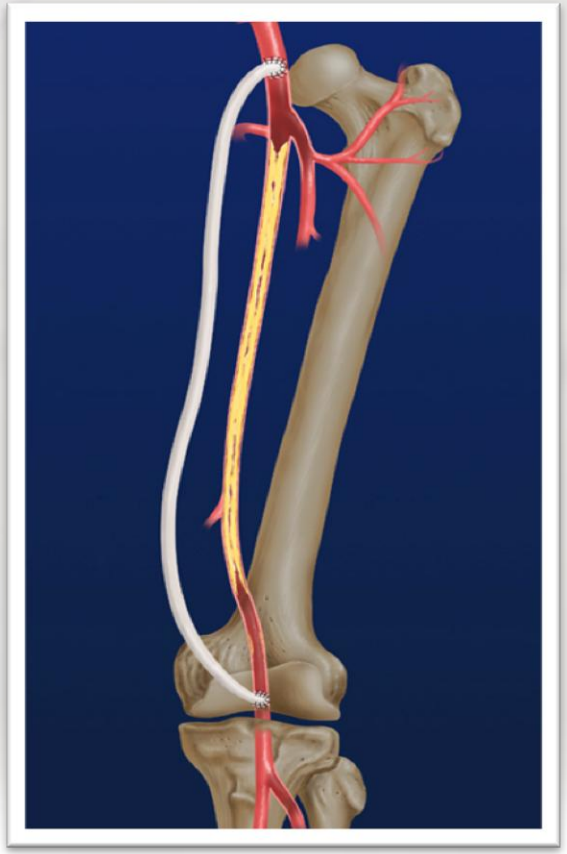




World Class Vascular Service

- Peripheral Vascular Intervention
  - Surgery and Intervention Radiology
    - Infra-inguinal bypass and Angioplasty
  - Prevent amputations





Challenges – Vascular Services

- Ageing population – diversity in Black Country
- 50% – urgent or emergency vascular presentations
  - Out of hours
- Consultant delivered service
- Specialist Vascular Team
- Junior medical staff
- Basic Vascular Services – spoke hospitals

Infrastructure

- **Diagnostics**
  - Vascular Ultrasound Scan
  - MRI and CT scan

- **Operative & Endovascular intervention**
  - Operating Theatre
  - Endovascular Suite

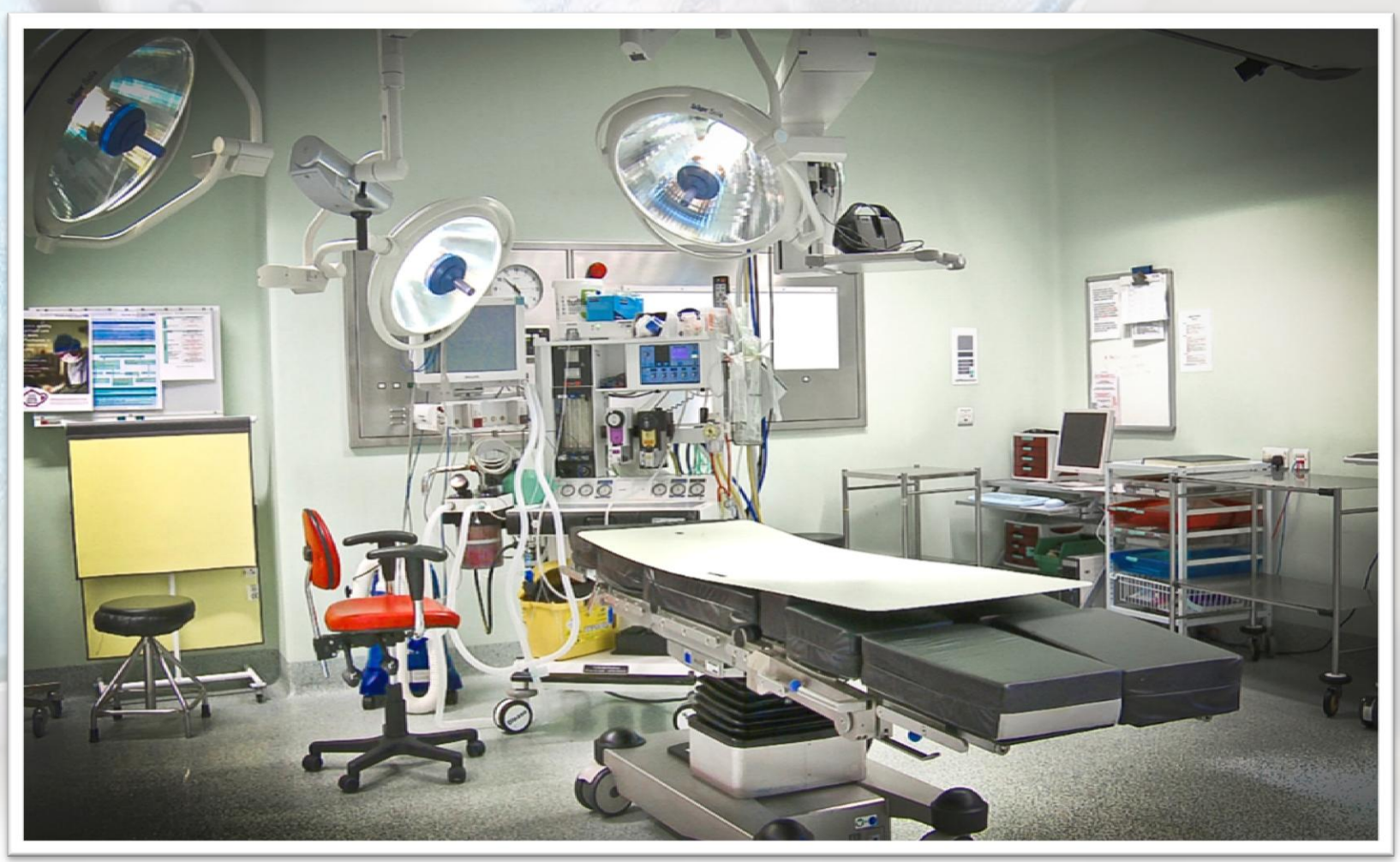
- **Post anaesthesia care unit**
  - Vascular Anaesthetist
  - Critical Care Unit

- **Vascular wards**
  - Specialist Nurses

- **Rehabilitation facilities**
  - Physiotherapy and Occupational Therapist

Endovascular Suite

Vascular Theatre



Workforce

- Vascular Surgeons – Vascular specialists 8
  - Open Surgery
  - Endovascular
- Vascular Interventional Radiologists 6
  - Sub-specialty
  - Team work (Dudley and New Cross hospital)
- Vascular Anaesthetists
  - Elective
  - Emergency
  - Intensive care unit

Workforce – support team

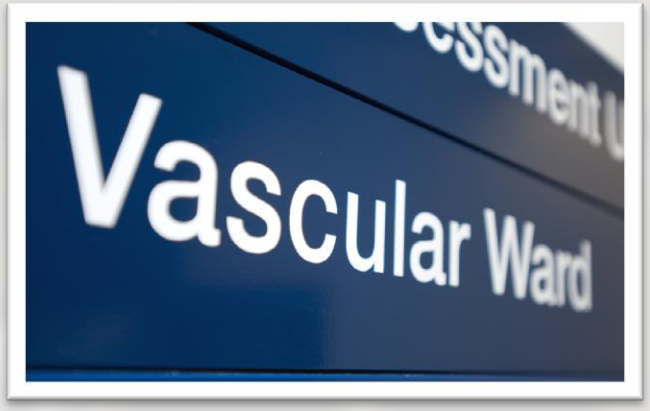
- Physicians: stroke, renal, cardiology, diabetalogist, chemical pathology
- Vascular lab scientists
- Physicians: Clinical Nurse Specialist, theatre nurses, tissue viability nurses, ward nurses, palliative care team
- Physicians: physiotherapy, occupational therapy, podiatry, speech and language, psychology, dietetics, orthotics, social workers

How does the vascular team work?

- Emergency on call 24/7 cover shared by 8 Vascular Surgeons
- Monday to Friday 8am – 6pm Consultant Vascular Surgeon on duty with no elective commitment
- Monday to Friday Night on call different Vascular Surgeon each night
- Weekend on call surgeon Friday 6pm – Monday 8am
- Consultant delivered service
- Daily consultant ward round including weekend

Achievements

- Implementation of Phase 1 & 2 (Black Country Vascular Centre)
  - Clinical workforce (Vascular Surgeons, Anaesthetists, Radiologists & Nurses)
  - Resources – dedicated vascular ward
  - Multidisciplinary Team (MDT) meetings
  - Mortality and Morbidity (M&M) meetings
  - Audit & Governance
  - Education and Research
  - Excellent outcomes



- National AAA Screening Programme – April 2012

Performance – Carotid Endarterectomy

(No of operations & timing)

Achievements

- Number of carotid endarterectomies performed per unit per year
  - **88** cases undertaken in the past 12 months.
  - Target is to perform a minimum of 30 per year

Areas for further focus

- Time from first event (stroke or TIA) to carotid endarterectomy (percentage of appropriate symptomatic cases operated on within 2 weeks)
  - Pre Hub – which was 19.2%
  - Post Hub – we have achieved 62%
  - 2014 – 100%

Performance – Carotid Endarterectomy

(Reported complications)

Achievements *continued*

- Stroke rate (self-reported, 30 day) — Disabling
  - 12 months before Hub — Nil
  - Post Hub to date - — Nil

- Stroke rate (self-reported, 30 day) — Non-disabling
  - 12 months before Hub - — Nil
  - Post Hub to date - — Nil

- 30 - days mortality
  - 12 months before Hub - — Nil
  - Post Hub to date - — Nil

- Post-operative length of stay (median)
  - 2 days pre and post Hub

Performance – Aortic Surgery

Achievements *continued*

- Ruptured open infra-renal aneurysm mortality rate: Emergency
  - 12 months before Hub 28.6%
  - Post Hub to date 26.7%

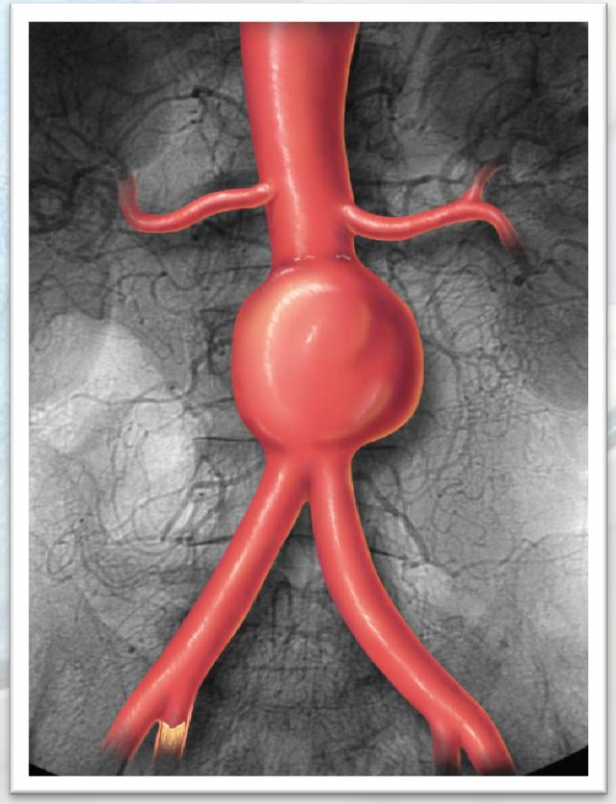
- EVAR Mortality rate: Elective
  - 12 months before Hub Nil
  - Post Hub to date Nil
  -

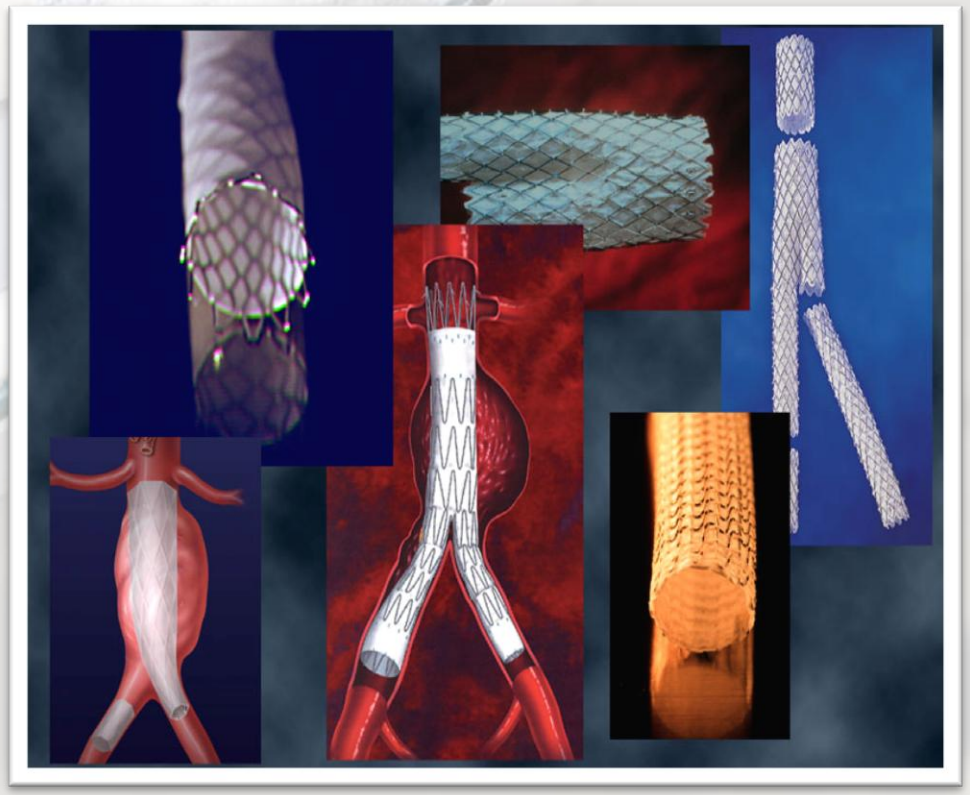
- Length of stay (median) post Hub:
  - Elective (All) 6 days
  - Elective (EVAR) 3 days
  - Elective (Open Repair) 8 days

- Number of cases operated on per year per unit
  - **125** cases undertaken post hub to date. Target is to perform a minimum of 33 per year
  - 97 elective & 28 emergency

Endovascular Aneurysm Repair (EVAR)

"Keyhole Operation" (Elective)



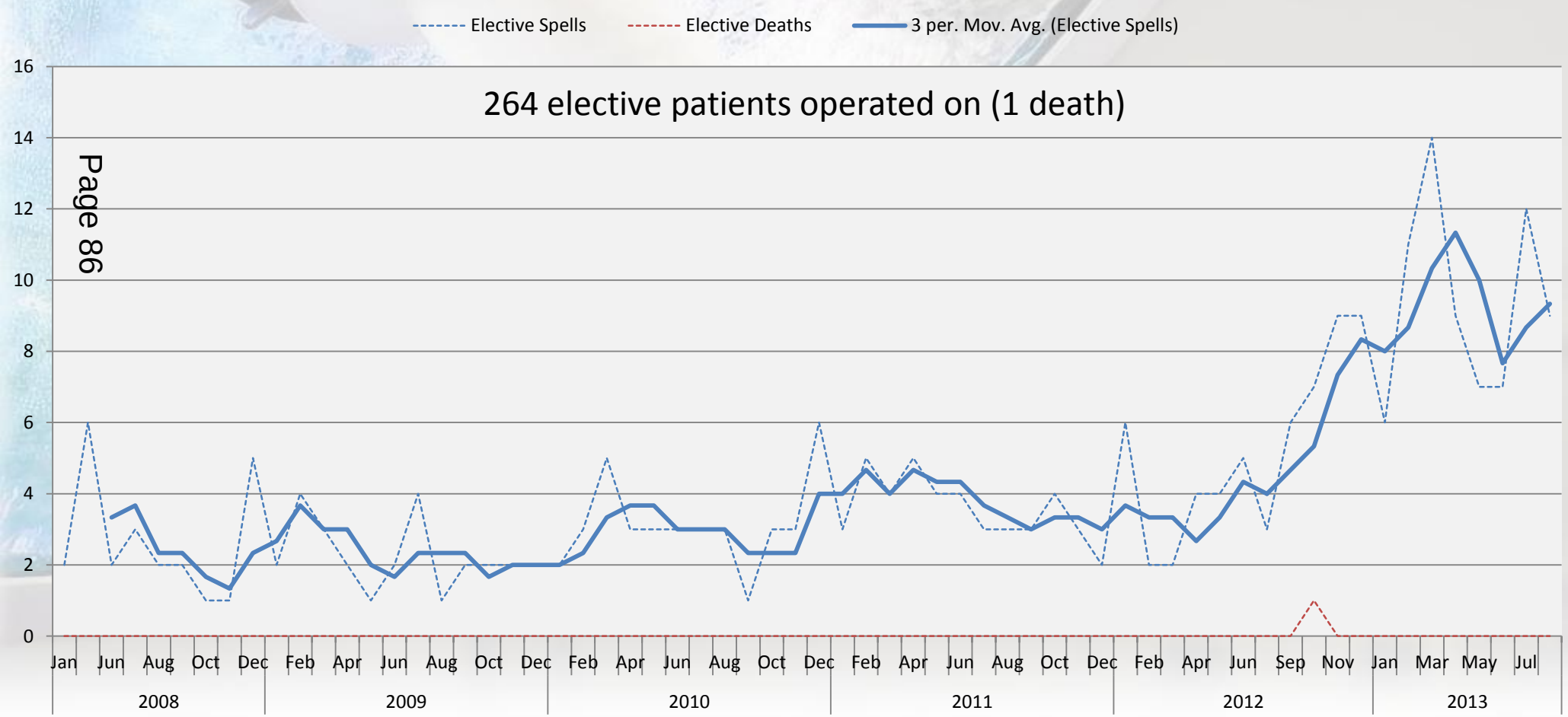


Black Country Vascular Network

The Dudley Group NHS
NHS Foundation Trust

Mortality Following Elective AAA Repair: January 2008 - Present

Elective AAA Repairs: Number of Spells (Blue) vs. Number of Deaths (Red)



Source: Data warehouse

Performance – Infra-inguinal (leg) bypass

Achievements

- 30 days mortality (data for in-hospital mortality only)
  - 12 months before Hub 4%
  - Post Hub to date 2.5%
- Post-operative length of stay (median): Elective
  - 12 months before Hub 7 days
  - Post Hub to date 6 days
- Post-operative length of stay (median): Emergency
  - 12 months before Hub 13 days
  - Post Hub to date 9 days

Since Vascular Hub Implementation July 12

Emergency leg bypass procedures	65
Elective leg bypass	61

Performance – Major Amputation

Achievements

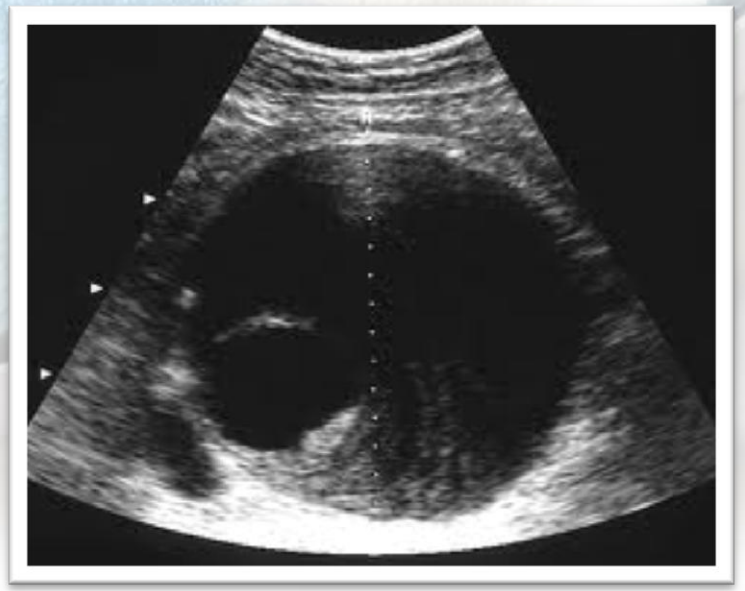
- 30 day mortality (data for in-hospital mortality only)
  - Recent reductions in 30 day mortality.
  - 12 months before Hub — 18.8% mortality rate
  - Post Hub to date — 8.6% mortality rate

- Length of stay
  - Recent reductions in amputation length of stay. Recent performance is now better than national average.
  - Elective length of stay
    - 12 months before Hub — 37 days
    - Post Hub to date — 17 days
  - Non Elective length of stay
    - 12 months before Hub — 56 days
    - Post Hub to date — 29 days

Rupture Abdominal Aortic Aneurysm

Mortality 50%

Detect early – Screening



National AAA screening programme

- Programme for Black Country – delivered by RHH
- Commenced – April 2012
- All men on 65th birthday – to attend local GP for scanning
- If found AAA > 5.5 cm – referred to vascular surgeon
- To be operated within 8 weeks from diagnosis
- If small AAA – surveillance through programme

- To Prevent rupture

National AAA screening programme

Statistical information

- Total number of men screened: 6567
  - Number of invited subjects: 5344
  - Number of self referrals screened: 1223
- Current uptake rate: 83% of invited cohort
- Surveillance (small to medium aneurysms): 85
- Referrals to the Vascular Service: 13

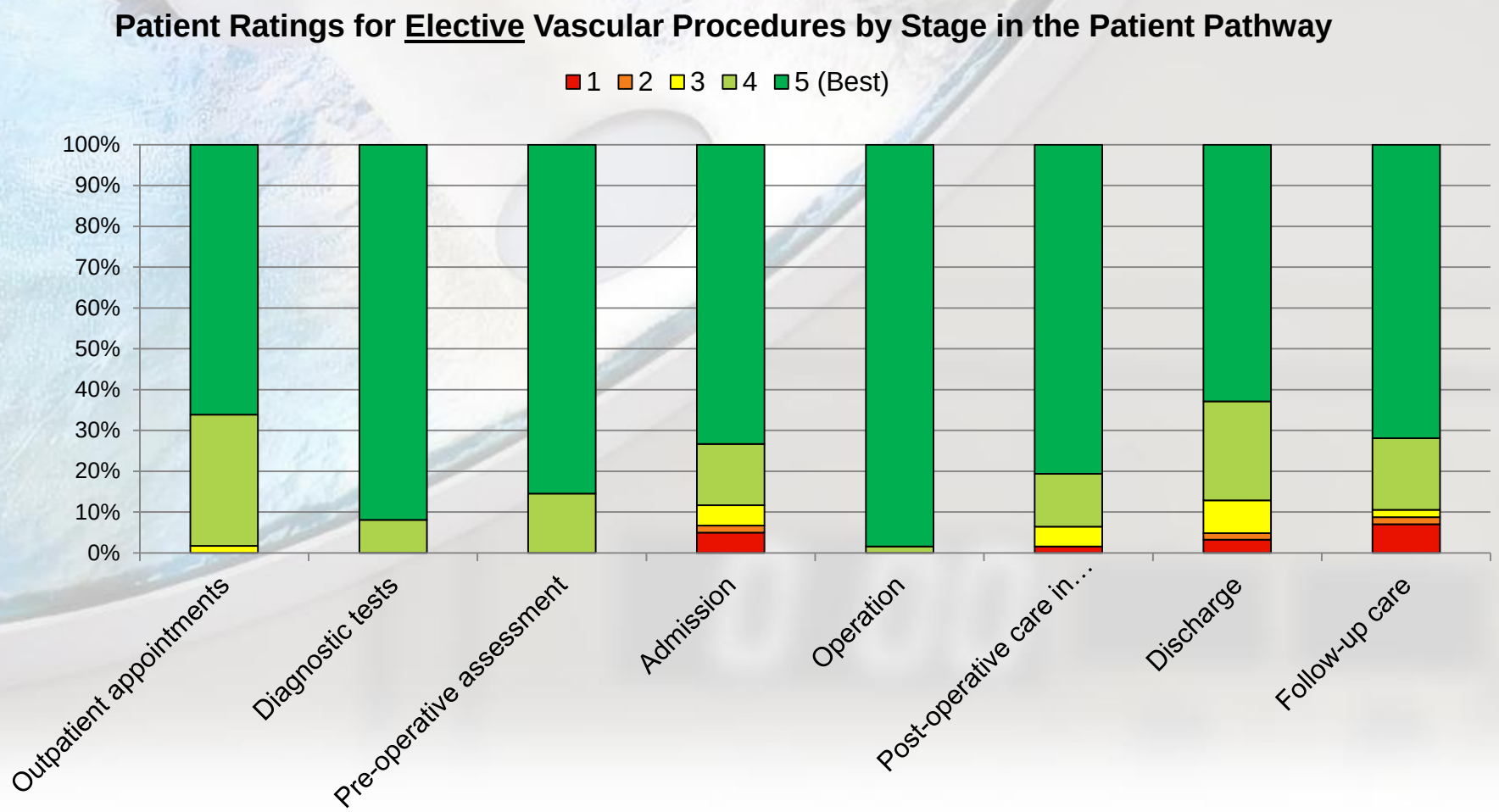
  EVAR: 7

  Open: 6

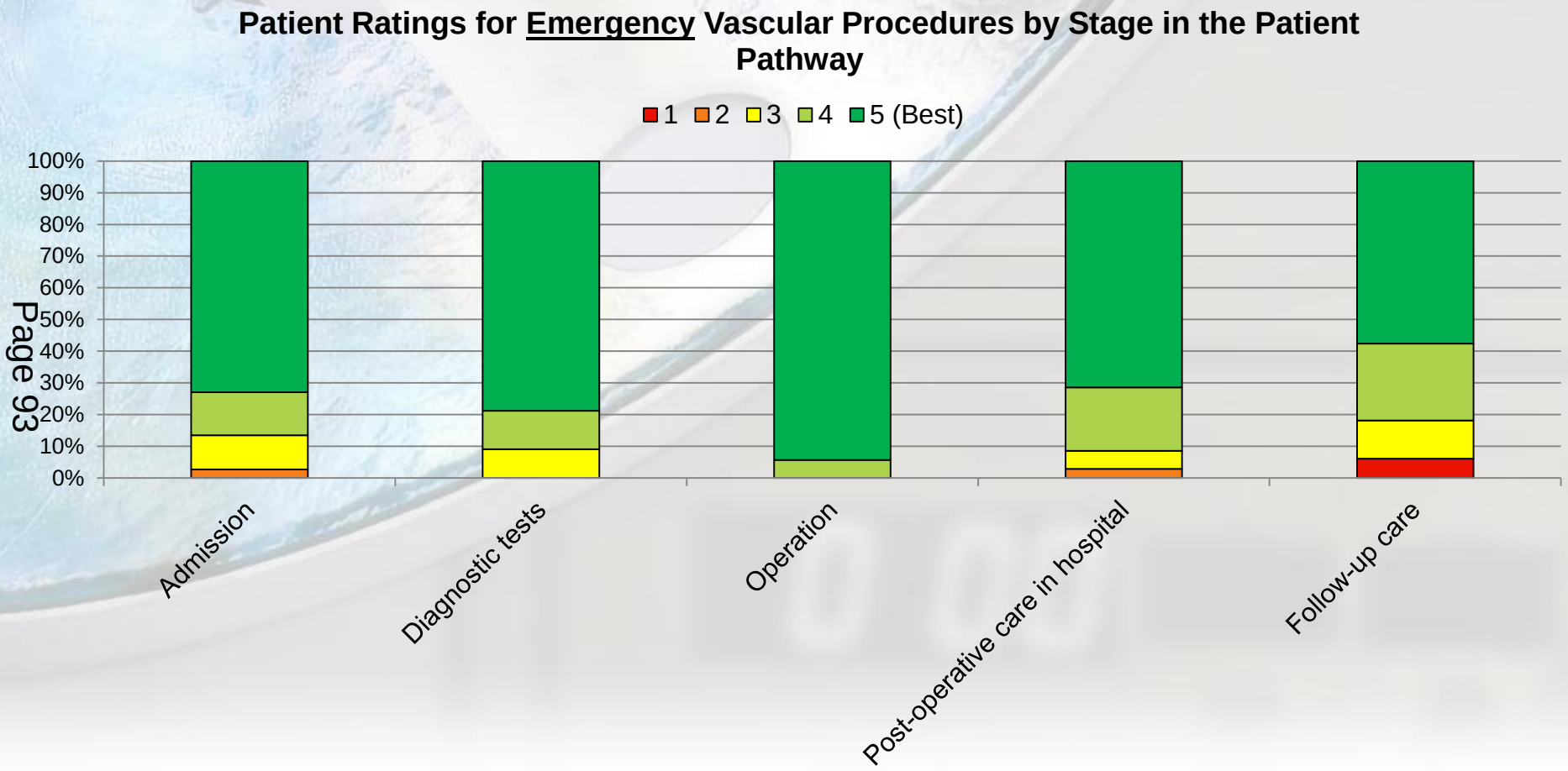
Clinic Locations

- Dudley 13 clinic locations
- Wolverhampton 10 clinic locations
- Walsall 14 clinic locations

Patient experience - Elective care



Patient experience – Emergency care



Patient experience – AAA Screening

- 100% happy with allocated screening location
- 88% happy with the appointment
- 98% received enough information about the screening programme before they attended

Patient experience – AAA Screening

- 100% given opportunity to ask questions about any concerns or worries
- 100% received explanation of test and results that they understood
- 100% given enough privacy when screened
- 100% would recommend screening

Future Plans

- World Class Vascular Centre – Consolidation of vascular services – Hub and Spoke Model
- State of the art Hybrid Theatre
- Integrated Vascular Centre
  - Quick diagnostic and interventional (Open and Endovascular) Service

Transforming a dream – Hybrid Theatre

World Class Vascular Centre – Black Country Vascular Centre

Thank You

Dudley Health Scrutiny Committee

Vascular Reconfiguration update

25th September 2013

Mr Atiq-ur Rehman MSc, FRCS
Consultant Vascular & Endovascular Surgeon
Medical Service Head, Black Country Vascular Centre

Kelly Pettifer
Operational Manager Black Country Vascular Centre

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