

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 13 November 2023

Present: Jeremy Pert (Chair)

Attendance	
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	John Jones
Chris Bain	Kath Perry, MBE
Richard Cox (Vice-Chair (Overview))	Bernard Peters
Ann Edgeller (Vice-Chair (Scrutiny))	Janice Silvester-Hall
Keith Flunder	

Also in attendance: Julia Jessel & Baz Tameez

Apologies: Val Chapman, Phil Hewitt, Leona Leung and David Williams

Part One

38. Declarations of Interest

There were no Declarations of Interest on this occasion.

39. Minutes of the last meeting held on 16 October 2023

The Committee agreed to make the following amendments to the minutes under item 34:

- A spelling error in the 2nd paragraph should read "within".
- The 4th bullet point should read "patient".

Resolved – That, subject to the amendments referred to above, the minutes of the meeting held on 16 October 2023 be confirmed and signed by the Chairman.

40. West Midlands Ambulance Service WMAS Performance Update

Vivek Khashu, Strategy and Engagement Director, Mark Docherty, Clinical Director, Nick Henry, Paramedic Practice and Patient Safety Director and Murray MacGregor, Communications Director, presented the West Midlands Ambulance Service Performance Update to the Committee.

The Committee received incidents, transport and conveyance data, operational demand and handover delay data and average Category 2

response times.

The Committee noted the following comments and responses to questions:

- The ambulance data incorporated Stoke-on-Trent.
- UHNM was a major trauma centre so response times around the hospital were likely to be lower due to the number of ambulances in and around the hospital.
- Handover delays were a system wide issue and were related to capacity within all parts of the system. More patients were accessing A&E as an alternative to primary care services and the committee discussed the need for more communications to highlight the most appropriate pathway for individuals and care. The West Midlands Ambulance Service (WMAS) had a public health strategy and were working with partners in the ICS. The Committee commented on the role for Public Health and Local Authorities to keep people healthier for longer.
- The ambulance activity was reducing over a sustained period as WMAS had found alternative pathways for patients.
- WMAS were recommending an independent review of the required resourcing to improve performance and present scenarios to WMAS of what the ambulance model could look like across the West Midlands. The last ambulance review in the region was in 2009. The Committee endorsed the proposal for an independent review.
- An ambulance crew would attend 7-8 jobs in a 12-hour period pre-COVID. The current Staffordshire average was 3.2 jobs in a 12-hour period. This was partially due to hospital handover delays; however, the other causes were unknown, and the independent review would identify these causes.
- The Committee noted that patients were triaged on arrival at A&E.
- Concerns were raised around patients who self-presented to hospital when they needed an ambulance but had made the journey independently due to high ambulance wait times. Their condition, particularly if driving, may have put themselves and others at risk.
- In some incidences, Category 2 or 3 calls had become Category 1 calls due to ambulance delays and the patient's condition had deteriorated.
- Walsall Hospital A&E handover performance was amongst the best in the country as they operated a different handover model within the hospital.
- Frail and elderly people were at risk of significant injury as a result of a fall. The WMAS had been working with the SSOT ICB to get more lifting aids in care homes for patients who had had a fall.
- SSOT ICB had commissioned the fire service to provide a falls service however these schemes were not usually sustainable due to short term funding. The fire service were not CQC registered to

provide patient care and without adequate training, a patient risked further injury.

- The Ambulance Service had also changed its guidance on patients who had fallen, where they had previously recommended that those patients did not eat or drink until the arrival of an ambulance crew. Now they recommend that the patient keeps hydrated and comfortable.
- The increased trajectory of lost hours as a result of hospital handover delays had been identified by WMAS, this was due to increased pressure in the summer months.
- There was a Community Rapid Intervention Service (CRIS) for patients at risk of needing admission to hospital who operate for 12 hours a day, 7 days a week, which is highly regarded by WMAS. WMAS commented the benefit if this service operated 24-hours a day to triage people out of the ambulance service if there was not an emergency need. The committee supported the concept.
- Due to the rurality of some towns and villages within Staffordshire, the low number of cases and lack of resource, ambulance response times for those areas would be unlikely to hit response time targets.
- When Community Ambulance stations were closed in Staffordshire, research found that the local resources only attended 5% of cases in the local area. Hospital handover delays had impacted response times in rural areas.
- Staffordshire was a net importer of ambulances as Staffordshire needed more ambulance resource which was supplemented from other areas of the West Midlands (as it was the regional trauma and a specialist centre).
- WMAS provided assurance that they prioritise on a case-by-case basis regardless of location/ rurality.
- Due to patient safety and governance arrangements, the landscape of Community First Responders (CFR) had changed, and a regulated qualification had been introduced across the West-Midlands. Due to training requirements and safety, it was not appropriate for CFRs to have blue lights or carry high grade drugs. It was reported that the school which delivered the training had been rated grade 2 (good) by OFSTED.
- There were hospital ambulance liaison officers in place in Staffordshire to coordinate the flow of patients at the hospital. They also ensure ambulance crews were using the right service.
- The Committee discussed facilitating a Summit meeting between Staffordshire health partners to share best practice and look at ways of optimising all parts of the health pathway.
- It was reported that best practice meetings between Walsall Hospital and Staffordshire Acute Trusts were ongoing.
- The Committee discussed if the KPIs were appropriate to highlight performance and identify ways of improving system flow and requested to receive comparative benchmarking data with other

areas in the West-Midlands. They also requested to receive data on the utilisation of ambulances per day and the number of people conveyed to hospital but not admitted.

- There was a need to triage calls and to reduce the number of calls requiring an ambulance. There were some examples of where an ambulance had been called and attended a patient which could have been prevented by other areas of the ICS.
- WMAS invited Members of the Committee and the SSOT ICB to experience a typical evening at WMAS.

Resolved – That (a) the performance update be received, and the Committee comments be noted.

(b) the Committee endorsed:

1. WMAS proposal for an independent review.
2. the proposal for lifting aids to be installed in care homes, with appropriate training.

(c) the Committee recommend further discussions between the ICB commissioner and WMAS regarding the extension of the Community Rapid Intervention Service operation hours.

(d) the Committee noted that discussions with the Commissioner regarding Community First Responders were ongoing and the Chairman asked to be kept up to date with progress in these discussions.

(e) the SSOT ICB Commissioner further investigate training provided to Staffordshire Fire and Rescue service officers to provide the commissioned falls service. The Chairman asked to be kept up to date with progress in these discussions.

(f) the Committee give further consideration to facilitate a Summit meeting with all relevant parties from within the Staffordshire ICS to identify ways of improving wider system flow for all parties in the system.

(g) the Committee would like to encourage parties to meet with Walsall Hospital to look at ideas to share mutual best practice on hospital handovers.

(h) the Committee requested WMAS to look at the KPIs and provide benchmarking data and information on the utilisation of ambulances within Staffordshire. The Committee requested to receive the numbers of people conveyed to an acute hospital but were not admitted.

Chair