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CITY OF DONCASTER COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

THURSDAY, 23RD NOVEMBER, 2023

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the , DONCASTER on THURSDAY, 23RD NOVEMBER, 2023 at 10.00 AM

PRESENT:

Chair - Councillor Glynis Smith

Councillors Martin Greenhalgh, Linda Curran, Julie Grace and Sue Knowles

ALSO IN ATTENDANCE:

City of Doncaster Council.

- Phil Holmes – Director of Adults, Wellbeing and Culture (DASS)

External.

- Richard Parker – Chief Executive – Doncaster & Bassetlaw Teaching Hospitals
- Ailsa Leighton – Director of Transformation (NHS South Yorkshire ICB)

		<u>ACTION</u>
7	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies for absence were received from Councillor Laura Bluff, Councillor Jake Kearsley and Councillor Sean Gibbons.	Note
8	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	Note
9	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON THE 28TH SEPTEMBER 2023</u>	
	RESOLVED: That the minutes of the meetings held on the 28th September 2023 be agreed as a correct record and signed by the Chair.	Note
10	<u>PUBLIC STATEMENTS</u>	
	There were no public statements made.	Note

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UPDATE FROM DONCASTER AND BASSETLAW TEACHING HOSPITALS (DBTH)

The Panel received a presentation from the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals, which covered the following areas;

- Urgent and Emergency Care
- Emergency Access
- Ambulance Handover
- Improvement Work
- Winter Plans
- Reducing Long Waits
- Non-surgical Oncology
- Estates and Infrastructure

There was a discussion held and the following areas were highlighted;

Ambulance Handover Times – A Member referred to information reported last year on ambulance times and was pleased to see that the metrics for measuring ‘Ambulance Handover Performance’ had improved. References were made to the importance of releasing ambulances and creating flow and capacity to deal with unexpected challenges.

There was a brief outline of issues around bed capacity at Doncaster Royal Infirmary and that they had the highest bed occupancy in South Yorkshire. It was explained that there were challenges around working with partners, in order to make that flow work, however it was noted that improvements had been seen.

Emergency Care Access - It was noted that although the performance of Emergency Care Access for September (seen within 12 hours), appeared good at 4.97%, this, meant 460 people. Reference was made to the recent experience of a Panel Member of attending Accident and Emergency (A&E). Feedback from this experience referred to concerns around cleanliness, potential health hazards and facilities for families with children, particularly when waiting for prolonged periods.

It was acknowledged that the example provided was not the standard nor the ambition of care that the hospital was looking to provide. It was explained that certain times and days of the week presented significant challenges. Members heard that the department had been built to take 220 patients per day. It was explained that there were children’s waiting areas within the hospital and efforts were being made to maintain hospital policies and procedures to minimise risks.

ACTION: That information from the Panel Member be provided direct to the Chief Officer of Doncaster and Bassetlaw Teaching Hospitals.

Senior Governance Officer

Another Member made reference to their own experience when in the A&E waiting room, of feeling intimidated by other individuals present. It was recognised that there were times, such as during the weekend and in the evening when there could be more challenges. It was responded that this was managed through staff roles addressing these situations as they developed.

It was recognised that frustrations often occurred when booking into A&E or after waiting for long periods of time. Members were informed that there was an additional building near reception, with a space to be used as a secondary waiting area. It was noted that the solution and aim was to keep queues low and see people within 4 hours.

Increase in Minor Injuries - It was acknowledged that there had been a rise in attendance at the Emergency Department (ED) because of minor injuries. Reference was made to challenges of accessing GPs that often resulted in more people going to the ED as they believed it was a quicker way of accessing medical advice or treatment. It was noted that if used in the right way, the whole system could be in a better position to respond more effectively. It was felt that it was about looking at alternative local solutions and working to a greater extent in partnership with others. An example was shared how a NHS Community Diagnostic Centre (CDC) had opened in a Barnsley shopping and leisure destination, The Glass Works. It was reported that as a result of this service changing (alongside greater communication with the public), Did Not Attend (DNA) had fallen by 50% and people taking up the screening invitations had increased by 33%. It was noted that often attendance at ED was from those residing in the most deprived communities and it was felt that more needed to be done in terms of stabilising the service and moving towards prevention. There was a brief discussion about issues such as inequalities, the challenges of getting people back to work and the impact of long waiting lists.

From a public health perspective and prevention services, Members heard about School Nursing Visits and working with parents to prevent injuries and accident.

Patient Initiated Requests to Move Provider (PIDMAS) - A brief overview was provided of the PIDMAS initiative (which allows NHS patients to request a move to a different hospital for earlier care or treatment). Members learnt about its potential positive outcomes, which included how it aimed to reduce the length of time and number of patients on waiting lists. Concern was raised for those individuals that may lose their jobs or benefits whilst waiting for treatment.

Members were informed that PIDMAS could have a positive impact on budgets as the hospital would be able to treat another patient instead. It was explained that the costs of treatment chosen were paid for through a national resource. It was noted that it was important to try

	<p>and ensure that it was fair, equal, and accessible for all as, for example, patients would need to fund their travel costs up front. It was clarified that this formed part of mutual aid with Barnsley, Rotherham and Sheffield. Examples were shared of what was currently taking place in South Yorkshire, for example, mutual aid being provided to Sheffield from Leeds to treat spinal cases.</p> <p>Consultations (with Vulnerable Adults) – Concern was raised regarding the standard and level of consultations being undertaken, for example, through Easy-Read documents with a broad range of adults considered as being more vulnerable. It was questioned why Easy Read was not undertaken more routinely for all consultations and included more within our communities. Members were informed that efforts were made to try and provide information across a range of areas. Reference was made to the differences arising from where a service was located and that it was about being accessible and affordable. It was viewed that there had been positive implications arising from digital advancements and intelligence information.</p> <p>Artificial Intelligence (AI) – It was explained that the Doncaster and Bassetlaw Teaching Hospital Foundation Trust, would have an Electronic Patient Records (EPR) system implemented 2025/26. Reference was made to progress made in Artificial Intelligence across South Yorkshire, which included blood tests results that could be viewed by any Clinician in South Yorkshire.</p> <p>RESOLVED that the Panel note the information provided.</p>	
12	<p><u>HEALTH AND SOCIAL CARE: WINTER PLANNING IN PARTNERSHIP</u></p>	
	<p>The Panel received an overview from the Director of Adults, Health and Wellbeing and Director of Transformation, NHS South Yorkshire ICB, Doncaster Place. The following areas were raised as part of the discussion.</p> <p>Discharge Planning – A Member raised concern about the pressures placed by winter on discharge planning. Enquiries were made about the Discharge Unit and availability of packages of care, in light of feedback provided around an individual being discharged without a pack.</p> <p>Members were assured that although that should not be happening, a situation might have taken place when pressures had occurred, and the pack may have been provided after. It was acknowledged that winter placed more pressure on wards which created challenges around discharges. There was a brief discussion about the process and what should take place and it was acknowledged that this service was operating in a more reactive manner at present. Members were pleased to hear that there were initiatives and opportunities going</p>	

	<p>forward within each of the workstreams and benchmarking information available to help measure performance.</p> <p>Public Health Winter Predictions – Members expressed concern around reduced handwashing, post Covid and felt that more could be undertaken to encourage this practice, particularly with children and young people within schools. It was acknowledged that good infection prevention and control was important. In terms of national infectious diseases, Members heard that measles had been on the increase nationally although there were presently no cases in Doncaster and that prevention was key.</p> <p>Comparisons in Data and Performance with Neighbouring Local Authorities – There was a brief discussion around comparison with neighbouring Local Authorities and the reasons behind the differences in performances and data.</p> <p>Communication – Members were assured that information was being placed where it would reach those who needed it the most and were provided with examples of what was taking place. Assurances were given, that this would be evaluated to ensure it was happening and was effective.</p> <p>RESOLVED: The Panel recommended that consideration be given to delivering wider publicity (including a school campaign), to encourage greater handwashing to prevent viruses from spreading.</p>	
13	<p><u>OVERVIEW AND SCRUTINY WORK PLAN AND COUNCIL'S FORWARD PLAN OF KEY DECISIONS</u></p>	
	<p>The Panel gave consideration to the Overview and Scrutiny Work Plan and the Council's Forward Plan of Key Decisions.</p> <p>Action: The Senior Governance Officer noted the Doncaster Adult Social Care Local Account 2024 and offered to circulate it when it became available.</p> <p>There was a brief discussion around the Yorkshire Ambulance Service and the Chair outlined that she would like the Panel to consider this as part of the future workplan from a Doncaster perspective.</p> <p>RESOLVED: that the report, be noted and that the Yorkshire Ambulance Service be added to the workplan.</p>	Senior Governance Officer

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