

Health Overview and Scrutiny Committee

Wednesday, 27 April 2016, Council Chamber - 1.30 pm

Minutes

Present:

Mr A C Roberts (Chairman), Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Prof J W Raine, Mrs M A Rayner, Mr G J Vickery, Dr B T Cooper, Mrs F S Smith, Mr A Stafford and Mrs F M Oborski

Also attended:

Simon Trickett, NHS Redditch and Bromsgrove, Wyre Forest and South Worcestershire Clinical Commissioning Groups
Lucy Noon, Future of Acute Hospital Services in Worcestershire Programme
Dr Carl Ellson, South Worcestershire Clinical Commissioning Group
Chris Tidman, Worcestershire Acute Hospitals NHS Trust
John Burbeck, Worcestershire Acute Hospitals Trust
Peter Pinfield, Worcestershire Healthwatch

Jodie Townsend (Democratic Governance and Scrutiny Manager) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for 5 and 6 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 10 March 2016 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

778 Apologies and Welcome

The Chair welcomed everyone to the meeting. Apologies had been received from Cllr Tony Baker.

779 Declarations of Interest and of any Party Whip

None.

780 Public Participation

None.

781 Confirmation of the Minutes of the Previous Meeting

The Minutes of the meeting held on 10 March 2016 were agreed as a correct record and signed by the Chairman.

782 Future of Acute Hospital Services in Worcestershire - Update

In attendance for this item were:
Future of Acute Hospital Services in Worcestershire - Lucy Noon, Programme Director

Clinical Commissioning Groups

Simon Trickett, Interim Chief Officer (Redditch and Bromsgrove CCG and Wyre Forest CCG) and Chief Executive Officer (South Worcestershire CCG)
Carl Ellson, Chief Clinical Officer (South Worcestershire CCG)

Worcestershire Acute Hospitals NHS Trust – Chris Tidman
Interim Chief Executive

Simon Trickett, Chief Executive Officer (SWCCG) and Interim Chief Officer (RBCCG and WFCCG) introduced the presentation, intended to provide an update on the Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme.

The HOSC was shown a chart which captured a brief history of the programme, which had been initiated in 2012 by the Worcestershire Primary Care Trust, originally with the aim of completion before the introduction of clinical commissioning groups; over four years on, everyone agreed that the delay was regrettable, and in particular the impact on services.

Progress since the West Midlands Clinical Senate Report June 2015

Two particular areas of focus had been urgent care and associated paediatric elements of the model, which had been redesigned through an Emergency Care Redesign Group.

Engagement with clinicians and GPs was on-going, creating greater cohesion. Formal approval of the clinical model by all three CCGs was a significant step and reaffirmed the case for change.

Monitoring of patient safety, service quality and sustainability took place through a monthly multi-agency committee.

Emergency changes to gynaecology, maternity and

neonatal services had taken place on the grounds of patient safety – services had been centralised at Worcestershire Royal Hospital.

Activity and the capacity model were to be finalised by May 2016. The Clinical Senate had returned the previous week to review progress and it was very much hoped to receive their report by the end of May, and be in a position to complete the NHS England assurance process and proceed to public consultation in September. The HOSC's input to consultation plans would be sought.

The case for change centred around neonatal, maternity and emergency care, where workforce sustainability issues had been flagged up previously, and had proved to be true – however everyone involved would have wanted changes to evolve in a planned way.

Summary of the Clinical Model - The proposed model included:

- Delivering care locally for the majority of patients, with no change to the majority of existing services
- Separation of emergency and planned care to improve outcomes and patient experience
- Centralisation of inpatient care for children
- Centralisation of consultant-led births
- Centralisation of emergency surgery
- Creation of centres of excellence for planned surgery
- Adult-only emergency department at the Alexandria Hospital (the Alex) with robust arrangements for managing a seriously sick child if they arrive unexpectedly or their condition deteriorates whilst they are in the department
- Urgent Care Centre for adults and children at the Alexandria and Worcestershire Royal Hospitals
- The Alexandria Hospital will continue to care for undifferentiated adult medical patients - except heart attacks and strokes which are already centralised at Worcestershire Royal Hospital.

The West Midlands Clinical Senate had made recommendations around paediatric capacity, clinical risk, plans for a seriously ill child presenting at the Alex, and clinical engagement – all of which had been answered in full, although a small number of components would only be completed once the programme progressed.

Engagement with the frontline workforce had shown clinical consensus across the county that this was the right model for Worcestershire. All concerns had been responded to,

and staff had demonstrated awareness of the issues involved, for example shortages of specialist staff.

On transport, the Programme Board had been working hard, though there was still more to do. An Independent Transport Group, co-ordinated by Worcestershire County Council had made recommendations, which were being responded to, including scoping of the 350 bus service by Worcestershire County Council, promotion of alternative transport and staff cars moving off site to increase public parking.

Finally, Sustainability and Transformation Plans (STPs) were referred to, and it was clarified that they in no way changed plans for Worcestershire's acute services; the FoAHSW was a key building block in the process.

Main discussion points

During the discussion, HOSC members raised concerns about the need for consultation on the emergency extended temporary changes to maternity, neonatal and gynaecology services, the need for clear communications, staff morale, transport to hospitals and hospital capacity.

Concern was expressed about the need for formal HOSC consultation on the emergency changes to centralise maternity, neonatal and gynaecology services, changes which in February had been extended for the foreseeable future. Cllr Vickery asked why HOSC's view had not been sought and whether the Trust intended to honour the word 'temporary'?

Worcestershire Acute Hospitals Trust (WAHT) Chief Executive advised that the situation was being kept under review, however he did not see an end to the staff shortages for this sector. A reversal of current arrangements would not therefore be a positive move and was highly unlikely until at least February 2017. In reality services could only be reversed in the future if they were sustainable. The Trust had powers to make the temporary changes because of urgent clinical need, and had consulted internally with staff. The transition had been well ordered and feedback from patients and families was complimentary. Going forward, the Trust continued to actively recruit staff and manage clear communications. He confirmed that consultation would take place. It was regrettable, to get into a position of having to make service changes on safety grounds, but this was precisely the reason for the long journey to review services; he would make the same decision again.

The HOSC Chairman shared members' concerns about the way in which service changes had been made, and extended, and the fact that HOSC's view had not been sought, albeit because of urgent clinical need. However, he pointed out that HOSC members had been warned about the fragility of these services and since the review programme was due to be completed in 2016, the solution would seem to be to let matters take their course.

Peter Pinfield, Chairman of Worcestershire Healthwatch was invited to comment and he commended the openness of the FoAHSW engagement process. The issue was whether there would be an impact on service quality, which would be discussed under the separate agenda item.

HOSC members asked, in view of the situation, what would be consulted on? The fact that consultation would take place on changes, some of which had already evolved was contradictory, and even pointless?

Commissioners advised that there would be detailed conversations about consultation, including with the HOSC consultation would need to be proportionate as there was little option to reverse the changes which had evolved, unless the staffing situation changed, which was unlikely. However consultation would also be a powerful public communication tool, and part of a much wider public awareness exercise, for example to expectant mothers.

Acknowledging Cllr Hill's earlier suggestion that members could also help inform 'underground' communications, which were often inaccurate and damaging, WAHT's Chief Executive undertook to set up hospital information boards.

Staff at WAHT had been extremely frustrated by the 'impasse' of the review programme, and negative effect of speculation on staff morale, with some in more specialist areas feeling that the extreme pressure was detrimental to their own health. However, in general, staff were beginning to see light at the end of the tunnel.

WAHT's Chief Executive acknowledged the need to celebrate hospital staff to boost morale and also attract new workers.

Transport services would be needed for the whole of the county, and the Healthwatch Chair pointed to a number of initiatives which could be looked at, including community transport between sites.

Sustainable Transformation Plans were in their first round

of discussion and outcomes could not yet be known, however discussions between Herefordshire and Worcestershire staff were mutually beneficial. The context of STPs was to look at areas which are hard to staff, or where there are issues with catchment for certain services, for example stroke services.

When asked whether plans to extend the emergency department at WRH would improve ambulance handover times during busy hospital times, the WAHT Chief Executive pointed out that there were limits to expansion, and the longer term solution was for more integrated primary care and community based services, and to move away from the idea that a hospital bed is a place of safety. A more effective diagnostics and skilled staff base at the hospital door could treat, diagnose and get people home.

In summary, the Chairman complimented WAHT's work in the face of ongoing uncertainty and progress with the FoAHSW Programme to a position of relative certainty was pleasing. Further updates were requested, including on the extended temporary changes to maternity, neonatal and gynaecology services and the NHSE assurance process.

It was agreed that the Economy and Environment Overview and Scrutiny Panel would be asked to look at hospital transport issues and review of the Independent Transport Group's recommendations.

**783 Quality of Acute
Hospital
Services -
Update**

In attendance for this item from Worcestershire Acute Hospitals Trust were:

Chris Tidman, Interim Chief Executive
John Burbeck, Interim Chairman

Representatives from Worcestershire Acute Hospitals' Trust (WAHT) had been asked to provide an update on the quality of hospital services, and in particular with the Patient Care Improvement Plan.

Chris Tidman talked HOSC members through the Plan, which was also published on the Trust's website, and followed the standard approach required of any Trust where the Care Quality Commission (CQC) had asked for improvements to be made. It was important to note that alongside oversight by the HOSC, the Trust was held to account at various other levels.

Key issues from the CQC's inspection report centred on:

- Outpatient Strategy

- Women and Children's services
- High Dependency Unit Review Emergency Surgery Reconfiguration
- Governance and Safety (All Divisions)

A return visit by the CQC in November would determine whether the Trust could move out of special measures, and green ratings across the board were aspired to.

Key achievements

- Within Women and Children's Services, huge strides had been made in terms of safety, governance and lessons learned, which was recognised by the CQC and the 'buddy' Trusts. Caesarean birth rates had reduced considerably.
- Infection control was much better
- Health Education England had greater assurance in the Trust's work with junior doctors
- There was good progress with the reconfiguration of acute hospital service programme.

Emergency Departments had shown greater resilience over a very challenging winter, because of building blocks which had been put in place. As discussed under the previous agenda item, capacity issues for ambulance handover would be further improved by continuing to move away from the perspective of a patient needing to be admitted to a bed to receive treatment. More effective triage would help.

A 'big conversation' approach was changing the working culture, including more work with internal communications.

Work streams

The three big priorities were:

- urgent care and patient flow
- avoidable mortality
- organisational development / staff engagement

The Chief Executive talked through workstreams for each priority area, and improvements to date, and a graph showing numbers of Primary Mortality Reviews completed between June 2015 and February 2016 was an example of how far the Trust had improved.

Staff training was hugely important to retain and attract staff. Work was continuing on recruitment and retention, including links with training colleges.

Culture and honesty were key, and the Trust had learned the importance of different levels and approaches of communication.

Next steps – included:

- Improvement framework agreed, with a 'bottom up' approach
- Support in place for full development of project plans and improvement trajectories in time for May 2016 QORG meeting
- Mock inspections to prepare for the re-visit from the CQC in November
- Stability of leadership Team – Chair, Director of Finance and Chief Nurse soon to be appointed and there were strong interim arrangements in place.

Main discussion points

The Trust was congratulated on its work to address the areas identified by the CQC, and set out the processes in place to ensure there were no other issues 'bubbling away', which included support from various hospital committees, staff surveys and looking at best practice elsewhere.

People in hospital waiting areas were being surveyed in order to better understand numbers and reasons for those turning up at the wrong places. Education and signage would be part of communication plans, for example to highlight A&E facilities for adults only at the Alexandra Hospital, however there would always be instances where patients came to the wrong place and therefore protocols and contingency arrangements were very important, in liaison with ambulance services.

When considering inappropriate patients presenting at acute hospitals, the Chief Executive was aware that care homes were a particular source, perhaps because of increased nervousness in this sector; work with commissioners and GPs around out of hours 111 services could help, as well as continued messages to the public about pressures on hospitals.

The Trust Chair pointed out that the Trust's overall communications were better, including more efficient channels such as social media and two-way communication with staff. Better communications would improve public confidence, leading to better recruitment

and improved services.

HOSC members welcomed efforts to listen to staff feedback, and perceived increased transparency and honesty in the Trust's approach.

The importance of stability at Board level for executive and non-executive members was stressed.

Worcestershire Healthwatch's Chair acknowledged that everyone wanted the Trust to be successful, which could only be possible with input from all partners involved. Feedback from the CQC and progression of the NHS England assurance process were awaited.

The Chair thanked everyone for their attendance and input to the discussion.

784 Quality Accounts 2015 - 16

The Committee agreed the approach for providing comments on draft Quality Accounts of local organisations providing NHS services in 2015-16.

Once received, Quality Accounts would be circulated to HOSC members, and lead members (those nominated by HOSC to have oversight of an organisation) would be asked to draft an initial statement, which would be circulated to the Committee. Other members would then be invited to add comments and after consultation, the Chairman would agree the statement for submission within the 30 day consultation period.

785 Health Overview and Scrutiny Round-up

Cllr Smith, Vice-Chair reported that Worcestershire's community hospitals would now all have a matron.

From Wyre Forest, Cllr Rayner expressed concerns about the impact on staff of plans to close the GP-led unit in Kidderminster. The Chairman advised that the scrutiny team was liaising with commissioners and Cllr Oborski (as Wyre Forest District Council HOSC member, who had alerted the Committee to this issue), and an update would be provided.

Cllr Vickery expressed concern about performance of the NHS111 contract, which the scrutiny team would follow up for possible scrutiny.

Cllr Cooper asked about plans to scrutinise the Health and Wellbeing Board, and the Democratic Governance and Scrutiny Manager advised that this had been a popular suggestion from the recent work programme

consultation exercise, and would be included in the overall scrutiny work programme which would be discussed by Council at its meeting in May.

The meeting ended at 3.35 pm

Chairman