

# Agenda

## Health Overview and Scrutiny Committee

**Tuesday, 17 October 2017, 9.30 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844965 or by emailing [democraticservices@worcestershire.gov.uk](mailto:democraticservices@worcestershire.gov.uk)

# DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

## WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

## WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

## WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have  
a **pecuniary interest** in or **close connection** with the matter under discussion.

## WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

## DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR**  
relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

## DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## **Health Overview and Scrutiny Committee**

### **Tuesday, 17 October 2017, 9.30 am, County Hall**

#### **Membership**

**Worcestershire County Council** Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr R P Tomlinson

**District Councils** Mr T Baker, Malvern Hills District Council  
Mrs A Hingley, Wyre Forest District Council  
Mr M Johnson, Worcester City Council  
Mrs F Smith, Wychavon District Council  
Mrs S Webb, Bromsgrove District Council  
Mrs N Wood-Ford, Redditch Borough Council

#### **Agenda**

<b>Item No</b>	<b>Subject</b>	<b>Page No</b>
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 16 October 2017). Enquiries can be made through the telephone number/email address below.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
5	<b>Quality of Acute Hospital Services - Update</b>	1 - 8
6	<b>Cancer Services Update</b>	9 - 14
7	<b>Health Overview and Scrutiny Round-up</b>	15 - 18

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Monday, 9 October 2017

This page is intentionally left blank

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **17 OCTOBER 2017**

## **QUALITY OF ACUTE HOSPITAL SERVICES - UPDATE**

---

### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from the Chief Executive of Worcestershire Acute Hospitals NHS Trust (the Trust) on the quality of hospital services, and in particular, further progress to address improvements required by the Care Quality Commission (CQC), England's independent regulator of health and social care.
2. HOSC Members will be aware, from the previous update on 19 July 2017, that the Trust has been in special measures since November 2015 and remains so, following publication of the CQC's latest inspection report (in June this year), which relates to visits to the Trust's hospitals in November and December 2016.

### **Background**

3. The June 2017 CQC inspection report, which is the report following the inspection that occurred in November and December 2016, gave an overall rating of 'inadequate' and recommended that the Trust remained in special measures until further review.
4. The CQC inspects services by asking five key questions:
  - Is it safe?
  - Is it effective?
  - Is it caring?
  - Is it responsive?
  - Is it well-led?

A table of ratings for each key question against services, can be found at page 24 of the CQC inspection report, which is available on the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG5822.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf)

5. Overall inadequate ratings are given to:
  - Urgent and Emergency Services
  - Medical care
  - Services for children and young people
  - Outpatients and diagnostic imaging.
6. End of life care is rated as 'good', and each service is rated as 'good' against the key question 'Is it caring?'

## **Scrutiny to Date**

7. Although many members are new to the Committee, the HOSC has received regular updates on the quality of acute hospital services, as part of its role to monitor the impact of ongoing pressures experienced by many hospital trusts, such as increased activity, greater complexity of patient needs and financial constraints. Within Worcestershire, a further pressure has been the delay in finalising a reconfiguration of acute hospital services, which has resulted in an on-going period of uncertainty for the Trust.

8. Links to the minutes of these discussions are available in the background information section of this report.

9. The Trust's updates to the HOSC have focused on the initial inspection findings and progress to date, priority work streams and plans, as well as the negative impact of the on-going delay to the reconfiguration of acute hospital services in Worcestershire, which were finally approved in July 2017.

## **Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme**

10. Members will recall that the final decision on the Programme was taken by Worcestershire's Clinical Commissioning Groups at their Committee in Common on 12 July 2017.

11. The Trust is now able to concentrate on the next stage which would focus on the implementation of the recommendations.

12. A capital allocation of £29.6m from the Department of Health has been awarded to support the outline business case for capital development agreed as part of the FoAHSW recommendations. The formal funding agreement will be put in place once the Trust has completed the final business case later this financial year.

13. The capital developments include additional inpatient bed capacity, enhancements to the facilities for women and children's services and additional car parking capacity at the Worcestershire Royal Hospital site (Worcester) and upgrades to the theatres, endoscopy and the and the elective care facilities at Alexandra Hospital (Redditch).

14. Capital works are due to start in summer 2018 and the programme of works will be complete by May 2020.

## **Progress on Quality Improvement**

15. The CQC served a section 29A notice on the Trust in January 2017, requiring significant improvement by 10 March 2017. The CQC conducted a focussed assessment in early April to assess progress against the s29A notice and the results of that assessment were released in July 2017.

16. The CQC served a further section 29A notice on the Trust as a result of this assessment, which requires significant improvement by 30 September 2017. It is anticipated that the CQC will conduct another focussed assessment during October and the full further inspection of the Trust due at the end of the calendar year.

17. From the 19 July 2017 HOSC, Members will recall that the Trust finalised a Quality Improvement Plan (QIP) in June that contains six domains:

- a) Improving patient outcomes
- b) Operational improvement
- c) Governance
- d) Patient experience and engagement
- e) Safe care
- f) Culture and workforce

18. The September Key Performance Indicator (KPI) report is attached.

19. The section 29A notice identified nine specific areas where improvement was required. A number of these areas required specific action, for example ensuring that the mental health assessment room at the Worcester site met appropriate standards and that all Directors had completed the 'Fit and Proper Persons' process. These areas have been addressed.

20. To support improvement in a number of other areas, senior nursing staff spend each morning in the wards supporting staff in a range of areas to improve quality and safety, including ensuring patient risk assessments are conducted correctly and action taken for those patients who need additional support as a result of those assessments. Additional support has been made available to the Trust to increase safeguarding training.

21. There has been a clear focus on improving flow through the Worcester site to improve the patient experience and safety of those in the Emergency Department. It has been determined that flow is consultant-led and discharge centric. Internal professional standards have been mandated for implementation, discharge targets and times have been agreed, a new frailty pathway will be implemented in mid-October and a new streaming model at the front door, including enhancing the medical and surgical ambulatory emergency care option and collocating primary care after hours will be in place by mid-November.

22. A number of peer reviews have been undertaken across the Trust over the last month to test improvement. These reviews consistently find that patients are, generally, happy with the care provided, find improvements in a number of areas but work still to do to ensure that improvement is consistent across all wards and departments.

23. A range of external reviews have also occurred during this time as part of normal business unrelated to CQC inspection.

- a) A review of the stroke services occurred on 19 September 2017, conducted by the National Clinical Director for Stroke, Professor Rudd. The review report identified improvements across the service as a result of the decision to appoint stroke nurse specialists who provide seven day service and the centralisation of rehabilitation at the Evesham Community Hospital.

- b) The Anaesthesia Clinical Services Accreditation assessment was conducted last week and was very complimentary of the county wide working model and the quality improvement process conducted within the department.
- c) A review by the NHS Improvement Infection Prevention and Control lead has occurred which saw the Trust's overall assessment improve to 'amber' having been 'red' rated at the time of the risk summit held in December 2016.

24. Significant progression has been made on the workforce agenda. A People and Culture Board sub-committee has been formed to take carriage of this issue and provide assurance to the Board on actions. The Committee has met twice, has approved a recruitment and retention plan which builds on work already underway in this area and will approve a People and Culture strategy for the Trust at its next meeting, which incorporates staff wellbeing, workforce planning and the culture program. The culture program is advancing with the Trust's four signature behaviours launched on 6 October.

25. Given the time of year, winter planning is also well advanced. In addition to the items listed above, all of which are designed to decrease admitted patient activity at the Worcester site, the Trust is planning to increase capacity through opening of an additional ward area over winter.

## **Ambulance Performance**

26. The ambulance handover performance is improving across both sites especially at Worcester Royal. Comparing the period of Jan to March and April to September to date, there has been a 19% improvement in the number of handovers within 15 minutes improving from 34.42% to 54.08%. At the Alex there has been an 6% improvement for the same period time period.

## **Purpose of Meeting**

27. HOSC members are invited to consider and comment on progress being made to address the quality of services at the Trust.

28. In doing so, potential areas of enquiry may include:

- priorities for improvement
- how progress is being driven and managed since the 2016 inspections and the previous update to HOSC in July 2017
- winter pressures and how the Trust will cope with this particularly busy period
- other main issues or obstacles to improvement
- progress with bringing stability to the leadership team
- role of partnership working
- managing the impact on patients, families and staff.

29. Following the discussion, HOSC members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny at this stage.

## **Supporting Information**

Appendix 1 – Quality Improvement KPI Dashboard

## Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

## Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)








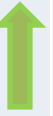









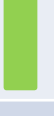















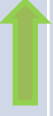




## Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 19 July 2017, 27 April, 19 July and 26 September 2016, 16 September and 9 December 2015, 27 April and 16 November 2016  
<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=141>
- Worcestershire Acute Hospital NHS Trust Press Release, 20 June 2017  
<http://www.worcsacute.nhs.uk/news-and-media/625-worcestershire-acute-hospitals-nhs-trust-response-to-the-cqc-inspection-reports>
- Care Quality Commission report on Worcestershire Acute Hospitals Trust (June 2017)  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG5822.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf)
- Care Quality Commission report on Worcestershire Acute Hospitals Trust (December 2015)  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAD7712.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7712.pdf)

This page is intentionally left blank

# KPI Dashboard

Improving patient outcomes	Operational improvement	Governance	Patient experience & engagement	Safe care	Culture & workforce
PMR completion 	Bed Occupancy (G&A WRH) 	Daily ward documentation audit compliance 	Number of mixed sex accommodation breaches 	Have all prescribed medications been administered 	Board net leadership score 
VTE completion 	Bed Occupancy (G&A ALEX) 	National audit compliance- audits with a current action plan 	Number of bed moves between 2200-0600 	Medicines stored within the recommended temp in fridge 	Trust pulse score 
NEWS calculated correctly 	Theatre Utilisation (WRH) 	No of overdue risks 	Complaints response within 25 working days (%) 	Resus trolley check compliance 	Medical vacancy recruitment requirement 
PEWS calculated correctly 	Theatre Utilisation (ALEX) 	Compliance with Fit and proper persons process 	Number of PALS responses 	Cdiff cases 	Staff turnover 
Sepsis screening in ED 	Beds occupied by NEL stranded patients 	Improvement training metrics 	Trust-wide friends and family score (inpatient) 	MRSA cases 	
Sepsis treatment in ED 	Trust length of stay (Average) 		% of patients receiving care in ED corridor per month 	Hand hygiene audit compliance 	
Serious incident relating to missed deterioration in patients	Number of patients treated on AEC pathways 			Trust mandatory training 	
	Emergency access standard 			Children's safeguarding compliance 	
				Adult safeguarding compliance 	
				Grade 3 & 4 avoidable pressure ulcers 	
<div> <div>22</div> <div>8</div> <div>7</div> </div> <div>06/10/2017</div> <div> <div>↑</div> <div>↓</div> </div> <div> <div>Key:</div> <div>Improvement in the KPI in August compared to previous month</div> <div>Deterioration in the KPI in August compared to previous month</div> </div>					

This page is intentionally left blank

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **17 OCTOBER 2017**

## **CANCER SERVICES UPDATE**

---

### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on Cancer Services in Worcestershire, in terms of the new changes made in cancer pathways, performance against the national cancer standards and developments both nationally and locally.
2. Representatives have been invited from service commissioners the Worcestershire Clinical Commissioning Groups (CCGs), and from service providers at Worcestershire Acute Hospitals NHS Trust (WAHT).
3. The update will inform HOSC members of progress since the previous discussion in November 2015, and also inform the Committee's new members, following the County Council elections.

### **Background**

4. Approximately 350,000 individuals are diagnosed with cancer each year in the UK. By 2020 it is expected that 47% of people will get cancer at some point in their lives and around half of these diagnoses will be linked to the most common cancers, breast, lung, prostate, and colorectal.
5. Cancer survival is at its highest ever with more than half of people receiving a cancer diagnosis now living ten years or more, the total number of people living with cancer in the UK is around 2.5 million. Survival has improved significantly for some cancers e.g. breast and prostate cancers but not for all cancers, with lung and pancreatic cancer survival rates still being low.
6. More people are living longer after being diagnosed with cancer, due to better diagnosis and treatment and the NHS needs to consider how best to support those patients surviving cancer. The CCGs are working with WAHT to look at new ways of providing services to patients.
7. Improving patient outcomes for cancer has been the subject of an Independent Cancer Taskforce, which published its report 'Achieving world class cancer outcomes; a strategy for England 2015-2020'.
8. That document set out a range of objectives that the NHS would be required to meet including the Government has pledged that by 2020, 95% of people with suspected cancer will be diagnosed within 28 days of being referred by a GP.

9. The other main policy driver with regard to cancer is “*Delivering the Forward View*” which contains nine must do objectives were set for the NHS, with regard to cancer those must does were defined as:

**“Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; two week and 31 day cancer standards...”**

10. These objectives in the Cancer Taskforce Report and the Forward View documents have been incorporated into the local Sustainability and Transformation Plan.

11. The Commissioning and provision of cancer services is a complex area of NHS activity. In terms of Commissioning, some aspects of the service are commissioned locally by Clinical Commissioning Groups, whilst other aspects like radiotherapy are commissioned by NHS England.

## **Cancer Services in Worcestershire**

12. In terms of the provision of services, the large proportion of services, such as surgery, chemotherapy, radiotherapy, palliative care and supportive services are delivered locally in Worcestershire by a number of organisations such as Worcestershire Acute Hospitals NHS Trust (WAHT), Worcestershire Health and Care Trust (WHACT), the three Hospices in the County and by primary care.

13. Worcestershire Acute Hospitals NHS Trust provides cancer services from a range of locations; the Worcestershire Oncology Centre on the Worcestershire Royal Hospital site provides radiotherapy services for patients in Worcestershire, some aspects of specialised radiotherapy are provided at regional centres such as University Hospital Birmingham.

14. Since its opening in January 2015, it is estimated that Worcestershire Oncology Centre has started more than 2,800 patients on radiotherapy treatment and now has an eleven strong team of oncologists in place. The Centre provides radiotherapy treatments to cancer patients covering the majority of tumour sites.

15. In April 2016, the Centre started treating Head & Neck cancer patients with radiotherapy alone, and in July 2017 introduced concurrent chemo-radiotherapy treatments, with a full Multi-Disciplinary Team (MDT) approach.

16. The Acute Trust provides chemotherapy services at each of its three hospital sites in Worcester, Redditch and Kidderminster. The services are delivered from dedicated chemotherapy suites at each location. The service continues to see an increase in patient activity in 2017 (comparison to same period 2015-16).

Site	Patient Numbers Oct 2015 – Oct 2016 (Mosaiq)	Patient Numbers Oct 2016 – Oct 2017 (Mosaiq)	Increase
Rowan Suite WRH	9180	9754	574 = 6.2%
Garden Suite ALX	5253	5885	632 = 12%
Millbrook Suite KTC	5919	6550	631 = 10.6%

\* Figures provided include supportive therapies (scheduled appointments)

17. Surgical oncology services are also provided by Worcestershire Acute Hospitals NHS Trust. A range of palliative care services are provided across the County by the three local Hospices, St Richards, Kemp and Primrose as well as by WAHT and there are some services provided by Worcestershire Health and Care Trust.

18. All the Cancer Multi-Disciplinary Teams are now well embedded as countywide MDTs.

## Cancer Services - Performance and Patient Experience

### Performance

19. Set in the context of increasing incidence of cancer and a national focus on the achievement of the cancer standards there has been concern across all organisations in Worcestershire with regard to the performance against waiting time standards that are being achieved at Worcestershire Acute Hospitals NHS Trust.

20. The CCGs have worked closely with WAHT to develop actions to improve performance and have conducted Deep Dive exercises for Colorectal, Breast and Urology cancers, to better understand the challenges with regard to delivering better access times for patients.

21. There are a range of cancer standards (see below) and whilst some of those standards are being achieved on a consistent basis some of the standards are not. Where there has been underperformance, such as in two week waits, two week symptomatic breast and 62 day waits, we are now seeing some indications of improvement.

22. WAHT current waiting times' performance and reporting for 2017-18 is set out below. Performance against two week waits has improved from 64.9% in April to 78.6% in August and two week symptomatic breast that has gone 34.38% in April to 89.3% in August.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
Two Week Referral Service - 93%	64.90%	66.03%	72.81%	79.14%	78.61%
Two Week Referral Service - Breast Symptomatic - 93%	34.38%	27.37%	76.19%	84.38%	89.31%
Time from decision to treat to treatment (31 day first treatment) - 96%	97.67%	96.40%	98.14%	98.05%	97.83%
31 day subsequent treatment - Surgery - 94%	92.00%	89.13%	94.00%	100.00%	94.00%
31 day subsequent treatment - Radiotherapy - 94%	100.00%	100.00%	100.00%	100.00%	100.00%
31 day subsequent treatment - Drug Treatment 98%	96.43%	100.00%	100.00%	100.00%	100.00%
Time from urgent GP referral to treatment (62 day standard) - 85%	70.66%	61.78%	70.88%	75.52%	76.58%
Time from referral from screening to treatment (62 day standard) - 90%	90.91%	95.00%	92.68%	94.12%	85.71%

23. The overall picture is broadly an improving one but the CCGs and WAHT recognise that there is still progress to be made, we have agreed trajectories for improvement and have an agreed action plan for improvement, that has been shared with NHS England and that is monitored on a monthly basis.

24. Diagnostics is inextricably linked to cancer pathways; therefore, poor diagnostic performance affects cancer performance at WAHT and there has been a significant and long term issue with Endoscopy waiting times; which is a significant concern to the CCGs. This has shown recent improvement with the current insourcing project. Radiology capacity and reporting continues to be monitored through the appropriate channels and action plan developed.

### **Patient Experience**

25. Whilst cancer waiting times are clearly a crucial aspect for consideration, so too is the patient experience and all providers in the country participate in an annual Cancer Patient Experience Survey.

The main headlines to note from that patient survey are:

- When asked to rate their care on a scale of 0 (very poor) to 10 (very good), respondents gave an average rating of 8.7
- 78% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 84% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- 85% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 93% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 84% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.

26. The patient survey is extensive the CCG and WAHT will be reviewing all aspects of the report to both acknowledge those areas that are positive and indicate a high level of patient satisfaction, as well as any areas where the percentages are lower than the national average.

27. Whilst there are already plans in place to address some of the issues, as part of the regular workings of the cancer team and operational teams within Worcestershire Acute Hospitals NHS Trust, these plans are now going to be refreshed in the light of this year's findings.

28. Cancer Services are doing a tour of the MDT meetings to present bespoke results of the survey for individual specialities.

29. The patient comments from the survey are currently being analysed into themes.

30. The patients' experience of their journey enables us to further shape our services and ultimately to improve the lives of everyone living with cancer.

## Developments since 2015

### Sustainability and Transformation Programme (STP)

31. In recent months, organisations across Herefordshire and Worcestershire have worked together and continue to work together to develop a robust cancer plan aimed at delivering the requirements set out in to the Cancer Taskforce Report and the Five Year Forward View.

### Governance

32. In terms of governance and oversight of cancer service and waiting times, since 2015 this has been strengthened significantly, the CCGs review all aspects of performance at their monthly Elective Care Executive, there is also a Worcestershire Cancer Board as well as WAHT's performance monitoring by their Board.

33. On a quarterly basis a detailed report on cancer services is sent to the Governing Body of each CCG.

34. The CCG and WAHT have a joint Clinical Quality Review Group, attended by clinicians and any issues with regard to the quality of cancer services are reviewed and addressed by that group.

### Plans to improve performance

35. In addition to the STP cancer plan there is also a local, agreed action plan to address the areas where the required performance standards are not being met.

In summary the main areas of focus of the plan are around:

1. **Workforce** – ability to recruit to existing vacancies as well as avoiding further vacancies, in critical areas such as Radiology, Dermatology and Respiratory
2. **Diagnostics** – lack of internal capacity and available external capacity impacting a number of performance standards, specifically endoscopy.
3. **Over reliance on Waiting List Initiative clinics and locums** – need substantive capacity in place to cope with the demand
4. **Day to day management** – patient tracking, planning and matching capacity to demand.
5. **Investment requirements** – investment required to clear backlogs and deliver trajectories.
6. **A need to redesign cancer pathways and consideration of new service models** – the Trust need to work with the CCGs and NHSI to develop innovative models for service delivery.

## **Purpose of the Meeting**

36. HOSC members are invited to consider and comment on the information provided on Cancer Services.

37. Following the discussion, the HOSC is asked to agree whether any further information or scrutiny is required at this time.

38. In doing so, HOSC members may want to reflect on:

- Worcestershire's service performance since the previous update to HOSC
- the need to find effective ways to support people surviving cancer
- how to mitigate the impact of on-going pressures on Acute Hospital Services in Worcestershire
- The need for effective links between all providers of cancer services and the need to ensure that patients have a key role in shaping and informing how cancer services are developed.

## **Contact Points**

Worcestershire County Council; 01905 763763  
Worcestershire Hub: 01905 765765

### Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 4 November 2015 – available on the County Council's website [here](#)

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **17 OCTOBER 2017**

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP**

---

### **Summary**

1. To receive a round-up of information on:
  - County Council activities in relation to health
  - District Council activities in relation to health
  - NHS Board meetings
  - Consultations in Worcestershire
  - Urgent health issues in Worcestershire; and
  - Items for future meetings of the Health Overview and Scrutiny Committee

### **Background**

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

### **County Council Activities in Relation to Health**

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the HOSC.

### **District Council Activities in Relation to Health**

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

## **NHS Board Meetings**

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

## **Consultations in Worcestershire**

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

## **Urgent Health Issues in Worcestershire**

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

## **Items for Future Meetings**

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

## **Contact Points**

### County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 [which can be accessed here](#)

This page is intentionally left blank