

Health Overview and Scrutiny Committee

Wednesday, 16 September 2015, - 10.00 am

Minutes

Present:

Mr A C Roberts (Chairman), Mrs J L M A Griffiths, 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 M Oborski, Mrs F S Smith and Mrs N Wood-Ford

Also attended:

Lucy Noon, Future of Acute Hospitals in Worcestershire Programme

Simon Trickett, South Worcestershire Clinical Commissioning Group

Jo Newton, Future of Acute Hospitals in Worcestershire Programme

Chris Tidman, Worcestershire Acute Hospitals NHS Trust

Andy Phillips, Worcestershire Acute Hospitals NHS Trust

Jo Galloway, Wyre Forest Clinical Commissioning Group

Peter Pinfield, Worcestershire Healthwatch

Suzanne O'Leary (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 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 15 July 2015 (previously circulated).

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

750 Apologies and Welcome

Apologies had been received from Mr T Baker, Mr W P Gretton and Mr A Stafford.

The Chairman welcomed everyone to the meeting.

751 Declarations of Interest and of any Party Whip

None.

752 Public Participation

None.

753 Confirmation of the Minutes of

The Minutes of the Meeting held on 15 July 2015 were agreed as a correct record and signed by the Chairman.

the Previous Meeting

754 Future of Acute Hospital Services in Worcestershire

Attending for this item were:

Future of Acute Hospital Services in Worcestershire

Lucy Noon, Programme Director
Jo Newton, Independent Chair of Programme Board

Clinical Commissioning Groups (CCG)

Simon Trickett, Chief Operating Officer, South Worcestershire CCG
Jo Galloway, Executive Nurse Quality and Patient Safety, Redditch and Bromsgrove CCG and Wyre Forest CCG

Worcestershire Acute Hospitals' NHS Trust

Chris Tidman, Interim Chief Executive
Andy Philips, Interim Chief Medical Officer

Lucy Noon, Director of the Future of Acute Hospital Services in Worcestershire (FoAHSW) Programme gave a presentation to update the HOSC on progress with the review process since the previous update just over a year ago.

Headline progress from this year included:

- work with West Midlands Clinical Senate to review the clinical model (modified option one)
- significant progress had been made towards a revised urgent care model
- thorough monitoring of patient safety, service quality and sustainability
- development of implementation plans by the Hospitals Trust
- on-going engagement with clinicians and GPs, with greater cohesion
- pre-consultation engagement programme and review of transport issues
- strengthening of the consultation.

Acknowledging a number of delays in the process, including purdah restrictions during the general election campaign, the aim of today's update was to focus on developments since the West Midlands Clinical Senate had reviewed the proposed model. The Senate was a group of 20 clinicians from across the country, whose role was to test the model for clinical safety and quality; finance was not a part of its role.

West Midlands Clinical Senate's Independent Review

The Clinical Senate had given overall support for the proposed clinical model, as being safe and appropriate. However, the Senate did not support the proposed model for emergency medicine at the Alexandra Hospital.

The Senate had made a number of recommendations:

- develop clear plans outlining how paediatric capacity will be provided at Worcestershire Royal Hospital (WRH)
- re-design emergency medicine at the Alexandra Hospital (AH)
- clarify how sick children would access appropriate services at both the AH and WRH sites
- communicate details of emergency paediatric services to public and staff
- demonstrate strong clinical support from front line clinicians for the model

Since publication of the report in June, there had been constructive engagement from clinicians at all levels. A clinician-led group had been tasked with the extensive process of redesigning emergency medicine at the AH to develop an enhanced service. Patient pathways for paediatric services and treatment of seriously ill children, including out of hours, had been clarified. The model had been shared with all hospital staff and stakeholders. The Clinical Senate had praised progress made, and the next six to eight weeks would be designated to complete further work required, including approval from clinicians across the health economy.

Quality and Safety of Services

Other work from the FoAHSW Programme over the year included monitoring the quality and safety of existing hospital services and keeping partners informed of any issues. The Quality and Service Sustainability Committee provided reports to the Programme Board, Worcestershire's CCGs, NHS England and the Trust Development Agency. Trigger points had been identified to track when a service became unsafe, using a generic timeline.

Currently, concerns focused on national workforce issues which had led to the recent temporary transfer of emergency gynaecology from the AH to WRH.

Next Steps

The presentation included a timeframe, although it was pointed out that some dates may potentially change. During October clinicians would be engaged in the

Emergency Department (ED) redesign, and a refresh of the pre-consultation business case. In November the Clinical Senate was due to review the ED model, and tasks would be completed to support the NHSE assurance process. It was hoped to receive sign-off from these two bodies in late 2015/early 2016, with a view to consultation and implementation during 2016.

Discussion Points

The process

- Completion of the configuration model was almost complete, nonetheless further slippage could not be ruled out; the Clinical Senate must be absolutely convinced that the agreed model was the best possible solution.
- The ongoing delay, whilst frustrating for everyone involved, reflected the complexity and seriousness of the work.
- It was becoming increasingly challenging to sustain services due to the uncertainty caused by the ongoing reconfiguration and increased use of locum staff. The Acute Hospitals Trust would do everything possible to maintain services and whilst there was nothing imminent to suggest that changes to other services would become necessary, monitoring would continue.

The model

- HOSC members expressed concern about the model for emergency children's services at the AH, compared to WRH – what would happen in the case of a critically ill child presenting at the AH?
- Such issues were critical to the on-going development of the model and had formed part of the Clinical Senate's challenge. The Acute Hospitals Trust Interim Medical Director recognised that parents of a sick child would go to the nearest hospital, and consideration would be needed about how to signpost parents to the most appropriate centre, and to all the different possible scenarios - nonetheless it would only be a small number of cases where parents self-refer to the AH.
- Regarding proposals to centralise consultant-led births at WRH, there was an option of a midwife-led birthing unit in Redditch, since many women were likely to want to continue their care locally, although it was important to be clear that a stand-alone unit was very different to one co-located at a

hospital.

- Approximately 1600 babies were delivered each year at the AH, and commissioners would look at how to plan for this capacity.
- It was pointed out that the proposed service model was not unique, for example University Hospitals Birmingham referred emergency children's cases to Birmingham Children's Hospital. Facilities for trauma patient cases were only available at major trauma centres, which for Worcestershire was Birmingham.
- The Wyre Forest District Council HOSC member felt the consultation should make the benefits clear to the local population of proposals to increase elective surgery at Kidderminster Hospital
- The NHS representatives confirmed that increasing capacity for elective surgery at the Redditch and Kidderminster hospital sites was very much part of the overall solution.

Communications

- Several HOSC members gave feedback from constituents and their own observations at AH, where people were upset and worried that services would be lost in Redditch, and even that the hospital would close. One member had also heard people urging others to 'use or lose' its services. How could HOSC councillors get the right message across?
- The NHS representatives took on board this reminder that clear public messages were important, to reassure the public and dispel the 'rumour machine' – councillors also had an important role to help with this, and would appreciate some wording to use in such instances.
- It was emphasised that Worcestershire needed all of its three acute hospital sites at Worcester, Redditch and Kidderminster.
- Public consultation would need to be meaningful, and any subsequent revisions to plans may affect the timeframe.

Transport and access

- Transport and understanding how patients access hospitals across Worcestershire was crucial in the reconfiguration plans and issues picked up during pre-consultation engagement were being worked through.

- HOSC members questioned the availability of public transport, which had suffered from county council budget reductions, and stressed the importance of understanding how patients would access services, especially those without access to a car, who may take a sick child to an inappropriate centre because they couldn't afford a costly taxi fare.
- There was concern that transport issues would fall to the ambulance service, and divert resources away from emergency calls.
- Since transport was essentially a county council, rather than an NHS responsibility, HOSC agreed that there was a role for scrutiny in looking closer at county council transport decisions, perhaps in conjunction with the Economy and Environment Overview and Scrutiny Panel, which the scrutiny officers would look to facilitate.

Finance

- The delay of the reconfiguration process was costly in terms of time and resources of NHS professionals, and also brought increased financial pressures, especially paying for expensive locum staff. Given that finance had been one of the main drivers at the start of the process, it was a struggle for the Acute Hospitals Trust to continue to prop up services.
- There was no national funding available for the reconfiguration.

Healthwatch

- Peter Pinfield, Healthwatch Worcestershire Chairman, shared HOSC members' concerns, especially about the on-going delay, which was also expressed repeatedly by the public – and his view was shared by the NHS colleagues present today. He confirmed that throughout the process, those leading the Programme made every effort to involve patients and share information, and that they wanted the best solution for the community.
- Legislation in 2012 gave responsibility for such decision making to local leaders, and he would like Worcestershire MPs to take a more active role and to ensure that proposals also matched any national plans.
- Whilst the discussion had given reassurance that patients were safe, he urged HOSC to continue to focus on safety and quality.

The Chairman summed up the discussion, in

755 Quality of Acute Hospital Services

particular the focus on transport and access and communication. It was hoped that the process remained on track although the potential for slippage was a cause for concern.

Attending for this item were:

Worcestershire Acute Hospitals NHS Trust

Chris Tidman, Interim Chief Executive
Andy Philips, Interim Chief Medical Officer

Clinical Commissioning Groups (CCGs)

Simon Trickett, Chief Operating Officer, South Worcestershire CCG
Jo Galloway, Executive Nurse Quality and Patient Safety, Redditch and Bromsgrove CCG and Wyre Forest CCG

Future of Acute Hospital Services in Worcestershire (FoAHSW) - Lucy Noon, Programme Director

Chris Tidman, Interim Chief Executive of Worcestershire Acute Hospitals' NHS Trust (The Trust) provided an update on the quality of acute hospital services - including progress on quality and safety, transformation of urgent care, feedback from visits of the Deanery and also the Chief Inspector of Hospitals, pressures on maternity and paediatric services, emergency surgery and the Good Governance Institute's report into allegations of bullying and harassment at the Trust.

Progress on Quality and Safety

The Trust had an open approach to the challenges faced and external relationships with stakeholders continued to be strong. The July CQC inspection saw an 'organisation with a heart'.

An Urgent Care Transformation Team was in place. An Action Plan was being worked to, arising from the Deanery's visit.

There were increasing pressures on maternity and children's services, although governance arrangements had been strengthened.

The hospital standardised mortality rate had begun to reduce, and the process to review mortality was on track.

As outlined to the Committee during the previous update, clear safety triggers had been established to monitor existing services.

Urgent Care Transformation

The newly established Urgent Care Transformation Team had a six month programme to transform processes and was starting to take effect. There was a focus on tackling custom and practice to 'break the cycle' and improve management of patient flow. £4 million capital funding had been approved for a bigger Emergency Department (ED) and discharge lounge, both of which were planned for February/March 2016.

The Trust was committed to moving away from previous incidences of patients queuing in corridors, and had invested in triage facilities and additional staff. Delayed transfers of care had reduced, although there were still some unusual spikes of high A&E ambulance activity, at both Worcestershire Royal Hospital (WRH) and the Alexandra Hospital (AH), up 17% on the same time the previous year – an audit was underway to understand whether this was merely 'a blip'.

The Trust was committed to achieving the A&E target of assessing, treating or discharging 95% of patients within 4 hours of entering A&E, which had not been attained all year and currently stood at 90%.

There was a focus on internal processes and getting 'fit to go' patients out of hospital, which was also in the patients' interests.

Deanery Visit – Medicine

Feedback from the Deanery included:

- issues around learning from incidents, induction, handovers and elements of training and supervision – work had taken place and there was now better support of junior doctors in place
- how the hospital works at night

Improvements to these areas were being led by the Chief Medical Officer, including a task group with staff of junior and senior level. Better support for junior doctors was already in place.

Chief Inspector of Hospitals' Visit

Feedback from the Inspector's visit, had indicated increased pride, energy and focus, as well as risk awareness, challenge and learning. Improvements were reported in the EDs at both hospital sites, which were 'unrecognisable' from the time of the initial inspection.

Next steps would include continued dialogue and reporting around the fragility of Maternity Services. A

Patient Care Improvement Plan included all actions from the CQC inspection and the Chief Inspector's subsequent visit; the plan would be updated fortnightly, with a quality summit expected at the end of October.

Maternity and Paediatric Services

Delays in reconfiguration of these services meant increased fragility, and there had been occasions when the planned rota number of 16 middle grade doctors across WRH and AH, had dropped to 7/8 in total. There was an over-reliance on temporary medical staff, who were inevitably unfamiliar with the services. A spike in incidents in May had been picked up and investigated by the CQC, with appropriate learning. However, when compared nationally, Worcestershire's services were average.

The Interim Chief Executive outlined what was being done to rectify the service fragility, which included:

- monitoring rotas on a weekly basis
- operational contingency plans and clear safety triggers
- closer liaison with external stakeholders
- external governance review, to check the right things were being done

The loss of Deanery Posts had triggered temporary changes to emergency gynaecology, which would remain in place for a number of months.

Emergency Surgery

A number of changes had been made to procedures for life-threatening instances and some higher risk procedures had already temporarily transferred from AH to WRH. West Midlands Ambulance NHS Trust had asked for clearer ambulance pathways to determine which centres patients should be transferred to – a model and operational plan agreed with the CCGs and WMAS was being finalised and would need staff communication. It was expected that the overall impact on bed numbers at hospital centres would be broadly neutral.

Good Governance Institute Report into Allegations of Bullying and Harassment

Although the Report had found no evidence of an 'endemic culture' of bullying and harassment, the Interim Chief Executive had found it an 'uncomfortable read' and did not want complacency. The Trust's zero tolerance of bullying had been emphasised to staff and work was required to make policies more accessible and

consistent. The staff survey put the Trust 'in the middle of the pack' when compared nationally.

'Big conversation' events with staff had started, to create a more open culture and to ensure that staff were supported through the inevitable tensions of high expectations alongside financial pressures. These exercises were not intended to be used to re-open previous cases.

Discussion Points

HOSC members reiterated concerns raised during the previous agenda discussion, about the dangers of the 'rumour machine' within hospitals and local communities. NHS representatives acknowledged this reminder about the importance of clear communications to reassure the public about continuation and location of services.

It was clarified that recent media reports about capacity problems and patients being referred outside of Worcestershire had not conveyed the full picture; there had been a 15% increase in referrals to WAHT, and because there were waiting lists for some specialised treatments, which may impact on the national 18 week 'referral to treatment' target, commissioners had contacted GPs about the need to be clear with patients and to discuss all options for referral. Some patients were happy to go elsewhere and this had also allowed WAHT to clear treatment backlogs. The HOSC Chair reminded the Committee that ambulance activity in Worcestershire had increased by 13%.

In view of some delays in discharge from hospital being caused by long waits for medication, Members suggested that hospital pharmacies could learn from commercial pharmacies, which seemed to operate more efficiently. Cllr Hill read out a letter from Cllr Pat Witherspoon, who was a former HOSC member. Cllr Witherspoon had been referred to A&E with chest pains, and although the initial advice and doctor contact had been helpful, she had then endured a very long wait during which there had been confusion about whether a second blood test had been completed and she had left the hospital feeling very stressed and uncared for. The letter raised concerns about overall care levels.

Concern was expressed about patient waiting times in the existing patient discharge lounge, for seemingly avoidable reasons such as retrieval of personal medication and completion of case notes. The Interim

Chief Executive agreed that systems needed better management, which was being looked at before introduction of an expanded lounge facility.

The Interim Chief Medical Officer agreed that better use could be made of appropriate IT devices to safely access and transfer patient information, and avoid unnecessary patient journeys; some clinics did this already and there were opportunities to be had.

The process of managing staffing levels and vacancies was explained. Where substantive appointments failed or people left, the Trust employed locum staff, and it was inevitable that they could not be relied on in the same way as permanent staff, irrespective of their skill. The Trust planned as much as possible, however there was a national shortage of GPs and it was understood that they tended to take up employment in hospitals offering the greatest breadth of experience.

Reports of long waiting times at Kidderminster Minor Injuries Unit would be looked into.

The condition of some parts of the Kidderminster Hospital buildings was being reviewed but there were no plans to move services.

The Trust was in dialogue with landlords of buildings adjacent to Worcestershire Royal Hospital, to explore opportunities for expansion of the site.

The Worcestershire Healthwatch Chair reported a noticeable shift in atmosphere and openness from the Trust over the previous six to eight months. The Trust had been successful in pushing forward a £4m expansion plan, despite frustrations with car park plans.

The Healthwatch Chair cautioned that recent winters had brought increased pressures which no one would want to see repeated.

Decisions about services may be best left with clinicians. However, whilst commissioners had given reassurance today that services were safe, safety must be the continued focus for monitoring by the HOSC.

The Chairman thanked the NHS representatives for the latest update on service quality and for their frankness. The next area of interest for the HOSC would be the outcome of the July inspection.

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Reports from the Districts

From Wychavon, Cllr Smith had looked into concerns about plans to reduce Evesham hospital's restaurant services, however it looked as though the changes would go ahead.

There was concern amongst Redditch residents that services moving from the Alexandra Hospital to Worcestershire Royal would not return.

Cllr Oborski, the Wyre Forest member, was involved in work on childhood obesity, through the Children's Trust.

As a member of the Kidderminster Hospital Action Group, Cllr Oborski would contact local MPs about the concerns raised during today's discussion about progress with the review of acute hospital services – as suggested by the Worcestershire Healthwatch Chair.

Lead member reports

Worcestershire Health and Care Trust – Cllr Smith reported that the last meeting had looked at the constitution, and the estates strategy. There were also plans to create hubs to facilitate co-location of integrated services provided by the Trust and social care partners.

West Midlands Ambulance NHS Trust – Cllr Rayner's personal experience of ambulance services had been very impressive, although on arrival at Worcestershire Royal Hospital she had had to spend time in the corridor.

Joint County and District Council Scrutiny on Increasing Physical Activity – Cllr Vickery invited Committee members to join him and the Scrutiny Task Group this Friday, on a health walk starting at St Peter's Baptist Church.

The meeting ended at 12.20 pm

Chairman