

Agenda

Health Overview and Scrutiny Committee

Wednesday, 16 September 2015, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کر سکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

کوردی سۆزانی. ننگیر ناتوانی تێبگهی له ناوچێزکی نهم بپلگهی و دهستت به ههچ کس نایگات که وهیگێزێتوه بۆت، تکلیه تملظۆن بکه بۆ ژمارهی 01905 765765 و داوای رینۆینی بکه (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

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 3rd 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
Wednesday, 16 September 2015, 10.00 am,

Membership

Worcestershire County Council Mr A C Roberts (Chairman), Mr W P Gretton,
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 and
Mr G J Vickery

District Councils Mr T Baker, Malvern Hills District Council
Dr B Cooper, Bromsgrove District Council
Mrs F Oborski, Wyre Forest District Council
Mrs F Smith (Vice Chairman), Wychavon District Council
Mr A Stafford, Worcester City Council
Mrs N Wood-Ford, Redditch Borough Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation <i>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 15 September 2015). Enquiries can be made through the telephone number/email address below.</i>	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Future of Acute Hospital Services in Worcestershire	1 - 4
6	Quality of Acute Hospital Services	5 - 20
7	Health Overview and Scrutiny Round-up	21 - 24

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 16 SEPTEMBER 2015

FUTURE OF ACUTE HOSPITAL SERVICES IN WORCESTERSHIRE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be updated on the Future of Acute Hospital Services in Worcestershire (FOAHSW) programme, including progress of the emergency care redesign group, the NHS England assurance process and the timetable going forward.
2. Representatives from the FOAHSW programme have been invited to the meeting, as well as from Worcestershire's Clinical Commissioning Groups and Worcestershire Acute Hospitals NHS Trust.

Background to the review of acute hospital services

3. For the benefit of new HOSC members, the review of acute hospital services in Worcestershire, initiated in 2012, was prompted by a number of needs, including national evidence that certain services can be provided to a higher standard if they are centralised, a lack of doctors specialising in certain services and the increasing challenge of meeting the needs of an ageing population with more complex and long-term conditions.
4. The initial (Joint Strategic) review identified two potential options from a long list, which satisfied the criteria of achieving clinical sustainability. In March 2013, a firm proposal was reached that the focus of the changes would be on Accident & Emergency (A&E) and women's and children's services and would involve looking at centralising consultant-led maternity services, overnight children's services and full A&E services on the Worcestershire Royal Hospital site.
5. The three Clinical Commissioning Groups in Worcestershire, Worcestershire Acute Hospital NHS Trust, NHS England and the NHS Trust Development Authority have all committed to work together to develop and improve the configuration of hospital services for the population of Worcestershire. As part of this process they asked for an independent external review of the proposed models of care.
6. The Independent Clinical Review Panel reported in January 2014, supporting a modified version of Option 1, and a number of related recommendations, the next stage being to carry out detailed modelling, including looking at clinical sub-groups and the financial implications. The Panel recommended:
 - Creation of a networked 'Emergency Centre' at the Alexandra Hospital
 - Consultant led maternity services be centralised at Worcestershire Royal Hospital but Redditch and Bromsgrove CCG should consider commissioning a stand-alone midwife-led birth centre for north Worcestershire

- Paediatric inpatients should be centralised in Worcester but a day-time consultant-led paediatric assessment unit at the Alex would accept referrals from GPs and other professionals
- The CCGs and Worcestershire County Council should review the public transport links between North Worcestershire and the Worcestershire Royal Hospital.

7. NHS England completed a successful strategic sense check of proposals in May 2014, after which the FOAHSW programme was given permission to progress to a formal NHS England Assurance Panel at the end of July.

8. In announcing its support for the proposed clinical model in August 2014, NHS England then referred the model to the West Midlands Clinical Senate for further sign off to comply with required national assurance processes, before public consultation would be able to commence.

West Midlands Clinical Senate

9. Subsequently, completion of the clinical review was then pushed back to December 2014, with further delay in publication arising from restrictions in the run-up to the May 2015 general elections. In June this year, the West Midlands Clinical Senate published its review of the model put forward by the FOAHSW programme. The Senate supported the majority of the proposals in the clinical model and endorsed the 2014 Independent Clinical Review panel's findings that there should be:

'Creation of a networked 'Emergency Centre' at the Alexandra Hospital. Hospital based emergency services across Worcestershire will be networked and led by consultants with an 'Emergency Centre' at the Alexandra Hospital and a 'Major Emergency Centre' at the Worcestershire Royal Hospital'

10. However it has not supported the detail of the proposed model for emergency care and the Programme Board is now undertaking more detailed work on emergency care pathways for the county so that a model which has widespread clinical support can be finalised.

Latest stages of the review

11. The Programme Board has established an Emergency Care Redesign Group which is chaired by Dr Kiran Patel from NHS England to undertake the work. The work is being led by Gary Ward in his role as lead for urgent and emergency care and the group is expected to complete its work in September. It is expected that the revised model for modified option one will be approved by the West Midlands Clinical Senate which will enable the Programme Board to seek assurance from NHS England in October/November before proceeding to public consultation in December/January.

12. In the meantime the safety of services is being monitored by the Programme Board's Quality, Safety and Sustainability sub-committee.

Purpose of the meeting

13. Members are invited to consider an update on progress with the future of acute hospital services for Worcestershire residents, and in doing so, may wish to discuss the following areas:

- The latest stages of the review and timetable going forward
- What efforts are being taken to complete outstanding areas of work, in order to bring the review to conclusion?

14 The Agenda includes a separate discussion on the quality of Worcestershire Acute Hospitals Trust Services, which will include consideration of how risks to service safety and sustainability caused by the on-going delay and uncertainty are being managed, particularly in the key areas of paediatrics, obstetrics and emergency surgery.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Commercial and Change) the following are the background papers relating to the subject matter of this report:

- Health Overview and Scrutiny Committee on 4 July, 6 November 2012, 24 January, 25 June and 8 October 2013, 22 January, 22 January, 15 July, 8 October and 5 November 2014 - agenda and minutes available on the Council's website at: www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agendas.aspx
- The Future of Acute Hospital Services in Worcestershire – Report of the Independent Clinical Review Panel (January 2014) and the West Midlands Clinical Senate Report (June 2015) – both available on the FOAHSW website: www.worcfuturehospitals.co.uk
- Future of Acute Hospital Services in Worcestershire Programme Stakeholder Newsletters: June, August, September and October 2014: www.worcfuturehospitals.co.uk

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

16 SEPTEMBER 2015

QUALITY OF ACUTE HOSPITAL SERVICES

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive a progress report from Worcestershire Acute Hospitals NHS Trust (WAHT) on the quality of service provision.
2. Representatives from the Trust Board have been invited to attend the meeting.

Background

3. Given the ongoing review of Acute Hospital Services in Worcestershire, the HOSC will wish to assure itself that acute services continue to be safe and good quality, and that risks are being managed, particularly in paediatrics, obstetrics and emergency surgery.
4. The HOSC will be aware of developments over the past few months concerning the quality of services, including:
 - CQC unannounced visit in March and the patient care improvement plan (progress since July)
 - Good Governance Institute Report into allegations of bullying and harassment, commissioned by the Trust Development Agency in March 2015
 - CQC planned inspection in July 2015
 - Actions taken in A&E to respond to conditions placed on the Trust's registration
 - The Trust Development Agency bringing in an Improvement Director, tasked with improving services and embedding changes
 - The Future of Acute Hospital Services in Worcestershire (discussed under Agenda Item 5).

Purpose of Meeting

5. Members are invited to consider and comment on the action being taken to address the quality of services at the Trust. In doing so, members may wish to consider the following areas:
 - Mortality data – at its last meeting members requested an update on work to tackle higher than expected figures
 - Patient flow – how is this improving?
 - Co-ordination and monitoring of the Patient Care Improvement Plan
 - Position on staff recruitment and retention to ensure sustainable, safe services and staffing levels across the board. [Concerns have been reported over low numbers of annual appraisals for hospital doctors]

- In relation to the Emergency Department: speed of triage for patients, security improvements, numbers of staff consistently available, maintenance and use of equipment, capacity, ambulance handover and patient flow
 - Resilience and sustainability of women's and children's services
 - Developments in urgent care
6. Following the discussion, HOSC Members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny.

Supporting Information

7. Patient Care Improvement Plan, which is attached at Appendix 1.

Contact Points

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Email: 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:

Press Releases from Worcestershire Acute Hospitals NHS Trust on 17 February, 30 April, 16 June, 14 and 27 July, 17 and 27 August 2015:

www.worcsacute.nhs.uk/news/press-statement-ae-consultant-resignations

www.worcsacute.nhs.uk/news/worcestershire-acute-hospitals-nhs-trust-welcomes-improvement-director

www.worcsacute.nhs.uk/news/trust-statement-on-publication-of-cqc-report

www.worcsacute.nhs.uk/news/improving-the-experience-for-emergency-patients

www.worcsacute.nhs.uk/news/resignation-of-chief-executive-penny-venables

www.worcsacute.nhs.uk/news/temporary-relocation-of-emergency-gynaecology-services-from-alex

www.worcsacute.nhs.uk/news/independent-review-findings-and-recommendations-published

NHS Trust Development Independent Review into allegations of bullying and harassment - Findings and Recommendations Report:
www.ntda.nhs.uk/blog/2015/08/27/independent-review-findings-and-recommendations-published

BBC News Report on 17 April 2015:
<http://m.bbc.co.uk/news/uk-england-hereford-worcester-32327475>

Agendas and Minutes of the:
Health Overview and Scrutiny Committee on 3 March and 15 July 2015, 17 June, 26 February and 22 January 2014, 24 January, 25 June and 4 September 2013, 4 July and 6 November 2012

Worcestershire Health and Well-being Board on 12 May and 15 July 2015

These are all available on the Council's website at:
www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agendas.aspx

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Patient Care Improvement Plan

August 2015 Progress Report

(Prepared August 7th 2015)

Sarah Smith, Director of Strategy, Planning and Improvement

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1. Programme Overview

PATIENT CARE IMPROVEMENT PLAN (PCIP)	Executive Lead: Sarah Smith, Director of Strategy, Planning and Improvement
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Overall objective(s):

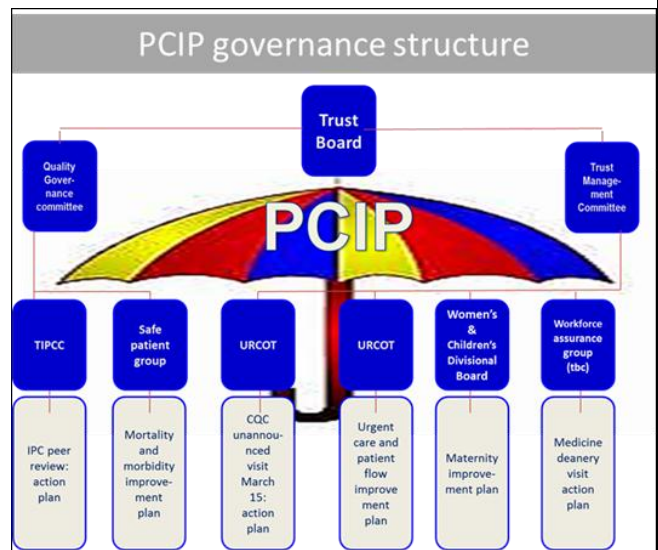
- To improve the quality and resilience of services impacted by the patient care improvement plan
- To ensure improvements in quality and resilience are recorded and demonstrable

Overview:

WAHT’s patient care improvement plan (PCIP) comprises work plans established in response to external visits, inspections and reports or other high profile events which require a change programme. The PCIP provides an easy reference document which brings disparate, but critical, plans together in a single programme. Each plan has an executive sponsor and a management lead.

PCIP monitoring

PCIP progress is monitored through its constituent plans’ boards or committees. Each have an identified governance framework, reflected in their terms of reference. In addition, the Executive team meets with each plan lead, fortnightly, to confirm and challenge progress. These also provide an escalation route for project or programme issues when necessary. The PCIP framework currently encompasses the plans in the governance framework shown to the right.



Delivery of the PCIP’s plans is tracked and supported by the Trust’s PMO. An initial dashboard has been developed and is being refined as each project confirms its objectives and relevant metrics for both plan process and outcomes.

Additional plans

The Trust is revising the content of the PCIP and its constituent plans to incorporate additional actions from its recent CIH visit and the GGI report - this update will be available at the next reporting point.

Current PCIP status

All PCIP plans have been reviewed to establish or confirm objectives, timescales to completion and metrics to measure progress and outcomes. The PCIP dashboard is being developed alongside this process to ensure the Trust’s plans are making a measurable difference to patient care.

Trust-wide Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A
<p>Progress this period:</p> <ul style="list-style-type: none"> • Initial dashboard developed • Governance framework agreed • Initial objectives established for all PCIP plans 			<p>Planned activity for next period:</p> <ul style="list-style-type: none"> • Develop and refine objectives for all PCIP plans • Inclusion of CIH / GGI actions in constituent plans • All delivery plans to be risk assessed • Risk scores to be included in this report where greater than 16 		

2. Infection Control Peer Review

INFECTION CONTROL PEER REVIEW ACTION PLAN			Executive Lead: Mari Gay, Interim CNO Project Lead: David Shakespeare, Associate Director, Infection control		
<p>Overall project objective(s):</p> <ul style="list-style-type: none"> • Improve IPC leadership and engagement to ensure infection control is everyone’s business • Increase uptake of mandatory training for IPC and hand hygiene • Increase rigour of monitoring, investigation and audit within infection prevention and control • Improve consistency and completion of IPC documentation, Trust-wide, to increase assurance provided through monitoring processes 					
Progress This Period	RAG Status	G	Planned Activity (Next Period)	RAG Status	G
<p>Progress this period:</p> <ul style="list-style-type: none"> • Hygiene code - new report has been designed for TIPCC, reflecting new process of assessment against code, and will be used for first time at August TIPCC • Ward/departmental audits – audit tool re-designed and now includes cleaning of the environment including dust, and medical devices • Link practitioners – new terms of reference drafted to formalise link practitioner meetings • SI investigations – process re-designed to increase divisional ownership of IPC incidents. IPC team to continue to lead cross-divisional investigations • Lavender Gynaecology ward – deep cleaned post TDA visit on 2nd July. IPC measures re-emphasised to staff 			<p>Planned activity for next period:</p> <ul style="list-style-type: none"> • Revised escalation policy for housekeeping to be signed off and implemented (when a room can’t be accessed for clinical or other reasons) • Mandatory IPC training – baseline position to be established and develop action plan to achieve Trust standard of 95% attendance. Hand hygiene training already at 95% • “Monit” process to be reviewed to incorporate TDA comments of 2nd July • Develop and implement “quick checklist” for matrons and Associate CNO to address issues at ward manager away day and launch revised IPC audit tool • Develop and implement revised bed space checklist • Protective covers for computer keyboards to be sourced • Obtain assurance from ISS re their internal review of assurance process • TIPCC to review and agree future assurance provided to board on infection control and cleanliness 		

3. Mortality and Morbidity Improvement

MORTALITY AND MORBIDITY IMPROVEMENT PLAN			Executive Lead: Dr Andrew Phillips, Interim CMO Project Lead: Dr Stephen Graystone, AMD Patient Safety		
Overall objective(s): <ul style="list-style-type: none"> Establish routine review of all adult inpatient deaths at WAHT and develop improvements in care as a result. Develop and implement changes required to increase patient safety and patient experience Develop a links from mortality and morbidity review and incident investigation 					
Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A
Progress this period: <ul style="list-style-type: none"> System established to identify and review all adult patient deaths except deaths within the Emergency Department Process agreed to collate themes for shared learning across the trust Mortality and Morbidity Group Terms of Reference have been reviewed and rolled out Secondary Review process established, first returns expected August 2015 Metrics established 			Planned activity for next period: <ul style="list-style-type: none"> Agree process to review adult deaths in Emergency Department Continue to monitor implementation process Collate and present improvement themes Agree approach to implementing improvement themes 		

4. CQC Unannounced Visit

CQC UNANNOUNCED VISIT (MARCH 2015)			Executive Lead: Rab McEwan, Interim COO Project Lead: Robin Snead, Divisional Director Ops		
Overall objective(s): <ul style="list-style-type: none"> Within the Trust's emergency departments, to meet consistently and sustainably the staffing, security and equipment requirements of CQC regulations 12 and 15 					
Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A
Progress this period: <ul style="list-style-type: none"> Appropriate referrals now arriving directly in assessment areas rather than ED SOPs for admission areas in draft form and are currently being evaluated Scrutiny of balance between walk-in patients and ambulance patients called for triage improved - early improvement seen in meeting 15 minute standard but not maintained Inconsistencies in nursing documentation addressed via staff meetings and improved monitoring New nursing documentation being piloted Recruitment to vacant posts completed (subject to agreement of start dates) and on-going assessment centres in place to ensure over-recruitment to agreed level Staffing escalation policy introduced, supported by Datix reports when required escalation staff not available 			Planned activity for next period: <ul style="list-style-type: none"> Return PAA at WRH to CDU function Finalise SOPs Re-visit work on balancing walk in and ambulance arrivals called for triage to regain improvement in achievement of 15 minute standard Introduce "NEWS" to replace "PARS" scores Introduce specific care and comfort nursing documentation Implement supervisory nurse in charge role Review Datix data to monitor effectiveness of staffing escalation policy 		

5. Urgent Care Improvement Plan

URGENT CARE IMPROVEMENT PLAN			Executive Lead:	Rab McEwan, Interim COO		
			Project Lead:	Robin Snead, Divisional Dir Ops		
Overall project objective(s):						
<ul style="list-style-type: none"> Deliver safe, effective and timely Emergency/Urgent Care at WAHT Deliver national Emergency Access Standard 						
Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A	
Progress this period: <ul style="list-style-type: none"> Escalation (distributive risk) policy trialled during Breaking the Cycle initiative & examples of good practice from other Trusts obtained. Draft SOP developed. Further work required. Updated SOP to be taken to August UrCOT meeting. Senior Review process agreed in principle at UrCOT. Extra resource agreed for evening cover 7 days a week. Communication of senior review process has begun. Geriatricians trialling reviewing of elderly patients at front door of A&E with a remit to appropriately avoid admission. It was agreed that we could not trial the re-establishment of the CDU during the Breaking the Cycle initiative. Agreed clinically this will be re-established during a period of stability in August. Standard of one hour response from specialities was trialled during Breaking the Cycle WRH ED lead for Trauma appointed The project to expand the existing WRH ED footprint (as an interim solution) is progressing through the design & procurement phases in accordance with the plan. Critical milestones in train, including planning consent, PFI variation & approval of application for capital support. Urgent Care & Patient Flow Transformation Team has undertaken an initial assessment of current practices & will brief directorate on these findings. Current practice analysed. Agreed Communications & Implementation plan in place. Best Practice Ward Round Group established and meets on a fortnightly basis. Exemplar wards x 5 identified. Preparation for this work has 			Planned activity for next period: <ul style="list-style-type: none"> Roll out use of the distributive risk policy. Evaluate and UrCOT to decide next steps for policy. Analyse the working practices for the ED departments against the SOP, provide a brief to directorate meeting. Arrange launch sessions with staff groups to embed practice. Agree formal launch date and communicate. Analyse the senior review process, provide a brief to directorate meeting. Communicate senior review process to staff and agree launch date. Urgent Care and Patient Flow Transformation Team to work with Geriatricians to understand impact their trial. Collect metrics for senior review. Re-establish first stage of CDU is working with Medicine Division. Review requirements for stage two CDU. Division to review response times weekly, analyse beaches and report to divisional leads. Division to continue to redesign workforce to achieve one hour speciality review. Division plan to go to UrCOT. JD and Person Spec to be obtained from trauma network. Advert will be placed for expressions of interest internally to appoint permanent cross-county lead. Improvement plan to be presented to UrCOT. OBC for ED expansion to be finalised. Determine triage tool used for clinical triage and agree through Trust governance processes in September. Launch standardised SOPs. Continue work on identified care bundles, care pathways and ambulatory care pathways; provide a brief to UrCOT on progress. Communication with key staff on the identified exemplar wards to commence. 			

commenced. Pilots will now take place in September and October (this has moved due to annual leave of staff in August).

- During Breaking the Cycle we increased the use of the current discharge lounge.
- 21 training sessions for discharge and patient flow have been arranged across the Trust (each site). Sessions have commenced to reinforce revised discharge processes and provide clarity to ward staff.

- Continue delivering training sessions on discharge.

6. Maternity Improvement Plan

MATERNITY IMPROVEMENT PLAN			Executive Lead: Rab McEwan, Interim COO Project Lead: Cathy Garlick, Divisional Director Ops		
Overall project objective(s):					
<ul style="list-style-type: none"> Maintain safe, effective and sustainable maternity care across the county. 					
Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	G
Progress this period: <ul style="list-style-type: none"> Compliance of Consultant's attendance at evening Labour Ward rounds audit process completed. Results supplied to CQC Interim arrangements for the Divisional Director of Nursing post completed. SI investigation process feedback provided to Divisional governance meeting. Locum doctor competencies and induction process presented with evidence of compliance to Divisional governance meeting and sent to CQC. Medical staffing rotas process embedded. K2 monitoring screens relocated. External review of SIs and potential serious concerns held. Report expected 10/09. Divisional and directorate governance effectiveness process under review. Datix information storage process distributed. Record keeping standards distributed and training sessions set up. RCA and Human Factors training schedules developed. External support for Foetal Monitoring training obtained. Divisional and Directorate working relationships facilitation sessions arranged. Maternity triage policy presented and reviewed. Audit on handover sheets completed and presented. Escalation Trigger Protocol for obstetrics/gynaecology/neonatology - draft completed and subsequently put into action 			Planned activity for next period: <ul style="list-style-type: none"> Align and review reports for SIs and serious concerns. Review governance processes within division. Audit response rate to Datix process distribution. Record keeping audit findings, draft of Maternity Safe Staffing Policy and training schedules to be presented to Divisional governance meeting. Review handover feedback from governance team. Newsletter with CQC requests to be drafted and distributed. Maternity triage policy to be updated and distributed. Draft Escalation Trigger Protocol to be reviewed and agreed with external stakeholders 		

7. Medicine Deanery Visit

MEDICINE DEANERY VISIT			Executive Lead: Dr Andrew Phillips, Interim CMO Project Lead: Robin Snead, Div Dir Ops		
<p>Overall project objective(s):</p> <ul style="list-style-type: none"> To ensure Worcestershire Acute Hospitals NHS Trust retains its status as a Teaching Hospital. Actions address areas of concern that were raised following a review of Acute Medical Training provision by Health Education England - West Midlands. 					
Progress This Period	RAG Status	A	Planned Activity (Next Period)	RAG Status	A
<p>Progress this period:</p> <p>1. Patient Safety</p> <ul style="list-style-type: none"> Pre Assessment Area improved through reducing number of patient accommodated in the area, each area is curtained and has a patient buzzer. MAU operational procedure introduced Review of Medical rotas underway with view to implementing second on call rota or buddy system to ensure effective cover available Developing an electronic 'app' to track medical outliers Each ward has a designated medical team to review medical outliers. Handover Protocol under development with Senior Trainee Sign in sheet introduced at handover Local MAU induction introduced 'Patient First' System currently being tested in MAU Senior Medical Consultants advised, unqualified trainees will not undertake consent for interventional radiology and endoscopy procedures All consent for stroke thrombolysis to be undertaken only by staff qualified to undertake thrombolysis Review of outpatient service provision undertaken to confirm consultant attendance at all clinics. Escalation process established for outpatient staff to highlight any clinic where consultant supervision is not taking place <p>2. Educational Governance</p> <ul style="list-style-type: none"> Non-Executive Director with responsibility for Education announced Director of Healthcare Education role under development with the University of Worcester <p>3. Escalating Concerns</p> <ul style="list-style-type: none"> Feedback system established to junior doctors following Datix incident reporting <p>4. Trainee Feedback</p> <ul style="list-style-type: none"> Medical Senior Divisional Team now attend Junior Doctor Forum Meetings CMO schedule includes Junior Doctor induction 			<p>Planned activity for next period:</p> <p>1. Patient Safety</p> <ul style="list-style-type: none"> Pilot electronic tracking 'app' Seek alternative accommodation for Handover Meeting Improve MAU Induction in response to feedback on newly introduced induction Complete 'Patient First' testing, planned implementation - September 2015. Audit of consents for IR and endoscopy procedures planned Thrombolysis consent audit August 2015 <p>2. Educational Governance</p> <ul style="list-style-type: none"> Advertise Associate Medical Director (Education) post Develop Director of Healthcare Education Role <p>3. Escalating Concerns</p> <ul style="list-style-type: none"> Audit feedback to junior doctors re Datix submissions <p>4. Trainee Feedback</p> <ul style="list-style-type: none"> Monitor attendance by senior medical staff at Junior, forums and induction <p>5. Rota Design</p> <ul style="list-style-type: none"> Redesign Hospital at Night provision <p>6. Rota Compliance</p> <ul style="list-style-type: none"> Monitor <p>7. Inappropriate Tasks</p> <ul style="list-style-type: none"> See action 5 <p>8. Clinic Attendance</p> <ul style="list-style-type: none"> Audit compliance <p>9. Teaching</p> <ul style="list-style-type: none"> Review and amend teaching as required <p>10. Post Take Ward Round</p> <ul style="list-style-type: none"> Audit promptness of ward round starts and attendance. <p>11. Workforce Planning</p> <ul style="list-style-type: none"> Continue workforce review Redesign out of hours workforce to release Advanced Nurse Practitioners from non-clinical 		

<p>and Junior Doctor Forum</p> <p>5. Rota Design</p> <ul style="list-style-type: none"> • Review of Hospital at night provision on-going <p>6. Rota Compliance</p> <ul style="list-style-type: none"> • On-going work with HR team and Junior Doctors to ensure accurate recording of hours worked. Feedback system established <p>7. Inappropriate Tasks</p> <ul style="list-style-type: none"> • Hospital at Night System under review. This will establish a system to filter calls to junior medical staff at night <p>8. Clinic Attendance</p> <ul style="list-style-type: none"> • Outpatient clinics scheduled into to Junior Doctors rosters <p>9. Teaching</p> <ul style="list-style-type: none"> • Establish review and feedback of current teaching provision <p>10. Post Take Ward Round</p> <ul style="list-style-type: none"> • All post take ward rounds to include attendance of the full medical team now scheduled to take place at 08:00 <p>11. Workforce Planning</p> <ul style="list-style-type: none"> • Workforce review currently underway 	<p>duties</p> <ul style="list-style-type: none"> • Work with University of Worcester to review and integrate role of Advanced Nurse Practitioners in care delivery • Review resources requirements to develop 24 / 7 Critical Care Outreach capacity
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8. Report Rating Criteria

Red, Amber Green rating criteria used in this report

Blue	Complete
Green	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present the project to overrun.
Amber/Red	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
Red	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 16 SEPTEMBER 2015

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 Scrutiny Committee

Background

2. In order to ensure that Members of the Scrutiny Committee 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 Scrutiny Committee 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 Scrutiny Committee.

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 Health Overview and Scrutiny Committee, an oral update will be provided on such activities by District Councillors at each meeting of the Scrutiny Committee.

NHS Board Meetings

6. To help Scrutiny Committee Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' 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 Health Overview and Scrutiny Committee 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 Scrutiny Committee 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 Scrutiny Committee "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 Scrutiny Committee at any time to call a special meeting of the Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the Scrutiny Committee to requisition a special meeting of the Scrutiny Committee. 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 Scrutiny Committee'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 Democratic Services Unit at least two weeks in advance of a scheduled meeting of the Scrutiny Committee.

Contact Points

County Council Contact Points

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Specific Contact Points for this Report

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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 on the Council's website here](#)

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