

Health Overview and Scrutiny Committee

Wednesday, 9 December 2015, - 10.00 am

Minutes

Present:

Mr A C Roberts (Chairman), Mr W P Gretton,
Mrs J L M A Griffiths, Ms P A Hill, Mr A P Miller,
Mrs M A Rayner, Mr G J Vickery, Mr T Baker,
Dr B T Cooper, Mrs F S Smith, Mr A Stafford,
Mrs N Wood-Ford and Mrs F M Oborski

Also attended:

Sue Harris, Worcestershire Health and Care NHS Trust
Mark Dickens, Worcestershire Health and Care Trust
Pete Jordan, Worcestershire Health and Care Trust
Carol Rowley, Worcestershire Health and Care Trust
Jenny Dalloway, Worcestershire County Council
Chris Tidman, Worcestershire Acute Hospitals NHS Trust
John Burbeck, Worcestershire Acute Hospitals Trust
Jane Thomas, Worcestershire Health and Care Trust
Marie-Noelle Orzel, Worcestershire Acute Hospitals NHS
Trust
Lisa Thomson, Worcestershire Acute Hospitals Trust
Simon Adams, Healthwatch Worcestershire
Joy Squires, Worcester City Council

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 4 November
2015 (previously circulated).

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

764 Apologies and Welcome

The Chairman welcomed everyone to the meeting.
Apologies had been received from Mr P Grove and Prof J
W Raine.

Suzanne O'leary (Democratic Governance and Scrutiny
Manager) was thanked for her contribution, as this would
be her last meeting before she moved to a new role.

765 Declarations of Interest and of

None.

	any Party Whip	
766	Public Participation	None.
767	Confirmation of the Minutes of the Previous Meeting	The Minutes of the meeting held on 4 November 2015 were agreed as a correct record and signed by the Chairman.
768	Adult Mental Health Transformation - Employment and Reablement Pathway	<p>Attending for this item were:</p> <p><u>Worcestershire Health and Care NHS Trust</u> Sue Harris – Director of Strategy and Business Operations Mark Dickens – Deputy Director of Operations and Adult Mental Health and Learning Disability Service Delivery Unit Lead Pete Jordan – Service Lead for Mental Health Employment and Reablement Jane Thomas – Head of Community and Patient Involvement Carol Rowley – Mental Health Commissioning Manager</p> <p><u>Worcestershire County Council</u> Jenny Dalloway – Lead Commissioner for Mental Health and Dementia</p> <p>The Director of Strategy and Business Operations introduced a presentation which set out redesign plans for Employment and Reablement services and specifically the vocational centres.</p> <p>This formed part of the overall redesign of Primary and Secondary Mental Health Services which the Committee had been briefed on, the intention being to provide further detail about each specific aspect. In early 2016 the Committee was due to look at redesign plans for Primary and Secondary Mental Health Services and Inpatient Services.</p> <p>Worcestershire Health and Care NHS Trust was the main provider of Adult Mental Health Services, and the 2016/17 budget was £23.5 million (health) and £8 million (social care). As with any redesign project in the current economic climate, there was an opportunity for savings, in this case of £2.37 million (7.5%), with real ambition to move across £500,000 to the voluntary and community sector.</p> <p>Other challenges included the transformation agenda,</p>

parity of esteem (between mental and physical health care) and financial pressures. There were a range of developments taking place to modernise services and manage challenges in the system; reducing resources, growing demand and changing care needs.

The case for change in vocational services was to develop a more modern service that would build on the significant developments of the previous 5 years, which had seen a shift away from traditional day centres. Helping people in their recovery from mental health through engagement in meaningful activities, particularly towards employment was key and service user feedback indicated a desire to access more 'normative' settings, with support. The Service Lead believed passionately in his service and stressed that employment and reablement was often a central part of recovery, rather than the 'end product'.

The Trust was constantly considering how best to ensure equitable access across the county and the plan was to extend and develop more outreach activities in the community with other partners and groups.

The £250,000 funding reduction, equating to a third of the budget, meant that change was inevitable for vocational centres, and realistically, meant fewer staff and less costs tied up in buildings. However there was a genuine desire to protect elements of facilitated recovery and integrate reablement and employment into the wider redesign of Mental Health Services.

The current service model focused on three vocational centres - Link Nurseries in Powick, Orchard Place in Redditch and Shrub Hill Workshop in Worcester. The centres provided a more supported environment to build confidence and skills before service users progressed to other community activities. There had already been success in starting linked community projects.

83 people had accessed the centres across November, usually for a day a week.

The Committee was shown a diagram which indicated the various sectors of the Mental Health Employment and Reablement Pathway.

The redesign plans had involved working with service users, staff and other interested groups through workshops, analysis and sharing of feedback. The Trust's Head of Community Engagement and Patient

Involvement explained the new approach taken, co-production, which involved working *with* the people involved and using their experience and expertise to find creative solutions.

Initial patient feedback had indicated a service which was working well but with room for improvement. The main themes emerging were the need for:

- a safe, supported environment
- confidence building activity
- a service accessible to the majority / staff are mobile
- a flexible service
- more peer support
- social connectedness
- more choice and opportunities
- more partnerships and community links

The proposed service model, intended to incorporate these themes, would be a hub and spoke model across the county. The 'hub' was likely to be in Worcester, and would offer a venue for the most vulnerable, from where service users could be assessed and care plans developed and reviewed. The 'spokes' would consist of activities in safe community venues supported by the Trust's staff providing introductory and back-up support to those starting out. Provision would therefore be shaped around activities and staff, rather than a static 9-5 service.

The Trust was partnering with a range of organisations and was confident that suitable community settings already existed – one example was St George's Park project in Wyre Forest, which had contacted the Trust.

From April 2016 Link Nurseries and Orchard Place Workshops would no longer provide NHS services, although Link Nurseries had expressed an interest in continuing independently. Shrub Hill Workshop would be used in the short-term.

The Committee was shown maps of some of the possible vocational locations across Worcestershire, to demonstrate the wider geographic coverage offered by the redesign plans. Much of the specific detail was being finalised and further updates would be provided.

In response to the Chairman's suggestion that the changes outlined constituted a substantial change, the Democratic Governance and Scrutiny Manager advised that the guidance did not specify what constituted a

substantial change; if the HOSC felt that it was, then this discussion could be considered as the Trust's consultation with the HOSC.

Discussion Points - the HOSC's comments on the model covered a number of areas including:

It was clear that a wide range of user engagement had taken place.

Whilst some members fully supported the direction of travel, others had reservations about a hub and spoke model, its sustainability and also its suitability for a shire county.

It was clarified that the redesign was around provision of reablement and employment opportunities, and in no way affected the overall mental health support available such as through community mental health teams, talking therapies, medication etc., much of which offered extended hours.

There was some concern that people could fall through gaps in the model, but the Trust's officers believed this was in fact less likely with the proposed model, which was not at all intended to be hands-off; staff would travel out to service users rather than being at the centres, and would be wrapped around the community activities. A similar redesign within the Council's Future Lives programme had been successful.

It was important that provision was county-wide, and whilst the proposed hub location in Worcester would not be easily accessible to everyone, the new model provided broader coverage than the three current centres, and travel training had been very successful in other projects.

The additional support for people as they joined community activities was welcomed, as well as the option for staff to meet service users in their local community.

There was concern that voluntary and community sector groups would need to be extended to enable the proposed model, as projects such as St George's Park had limited capacity and resources, and it was confirmed that activities would be supported by Trust staff. Members were encouraged to pass on knowledge about suitable groups.

It was acknowledged that here was more work and detail

to cover, and assurance was given that the timetable for transition had some flexibility. Discussions would take place with service users, some of whom would be looking to move on to other projects, with support – the intention was to provide bespoke, tailored plans.

Everyone acknowledged the role of sports groups and walks in mental health.

Mapping of numbers of people with mental health problems across Worcestershire and information about the role of employers in early intervention and prevention, requested by one member, would be picked up by the Chairman during his updates with the Trust. Overall the Committee was supportive of the way forward but requested a further update in the New Year.

The meeting was adjourned for 10 minutes.

769 Health Overview and Scrutiny Round-up

The Chairman had requested an additional urgent item – Item 7 (Quality of Acute Hospital Services), which would be considered ahead of Item 6 (Health Overview and Scrutiny Round-up).

Subsequently, the Chairman deferred item 6 until the next meeting.

770 Quality of Acute Hospital Services

Attending for this item from Worcestershire Acute Hospitals NHS Trust (the Trust) were:

Chris Tidman – Chief Executive (Interim)
Lisa Thomson – Director of Communications
Marie-Noelle Orzel – Improvement Director
John Burbeck – Deputy Chairman

The Chairman had added this item to the Agenda as a matter of urgency, for HOSC to be updated on the quality of services at the Trust following the Care Quality Commission's (CQC) decision to place the Trust into special measures, as a result of the planned inspection in July 2015.

The outcomes of the inspection had been published on 2 December shortly after publication of the Agenda; press releases from the CQC, the Trust and the Trust Development Authority (TDA) were attached as appendices.

Chris Tidman, the Trust's Interim Chief Executive gave a

presentation which included the CQC inspection findings and an update on progress since the previous HOSC discussion in September.

The CQC report on what they find at that moment in time, and it was important to consider the report in a balanced way, and to look at the context of the organisation, which was challenging: sustaining services during the on-going review of future acute hospital service in Worcestershire, pressures on urgent care, finances and the impact on the organisation's reputation.

Attention was drawn to the many positive outcomes from the report, which it was important to recognise and share with staff, without wanting to gloss over the overall report findings. Staff were found to be caring, there was an open culture, and the organisation was clinically led. The need for stability at Board level was being addressed and whilst Accident and Emergency (A&E) remained busy, it was unrecognisable compared to the CQC's unannounced visit in March 2015.

Of the 115 domains rated, the Trust received ratings of outstanding in 2, good in 54, with 13 inadequate and the rest requiring improvement – for the latter this meant that consistency needed to improve, and not that all areas were poor.

The HOSC was shown a grid where services were rated against the key criteria, and shaded as green (good), amber (requires improvement) or red (inadequate). Two overall inadequate ratings (safety and leadership) resulted in an overall inadequate rating for the Trust.

At Worcestershire Royal Hospital (WRH), both Emergency Services and Maternity and Gynaecology Services were operating in very difficult circumstances and yet were judged to be good or outstanding for being caring. The services needed to be managed in a more planned way and taking into account lessons learned. A midwifery expert was assisting with this work.

The recent temporary change to relocate emergency gynaecology services from Redditch's Alexandra Hospital to WRH had been controversial, but had improved staffing resilience. Much of the progress needed within urgent and emergency care was in the gift of the Trust and currently there were still too many times when corridor space had to be used.

There was a similar situation at The Alexandra, with the

main areas of concern being women and children's services.

Ratings for Kidderminster Treatment Centre and Evesham Community Hospital were much better, with the exception of Outpatients and Diagnostics Imaging, where steps had been taken.

It was clarified that being put into special measures did not mean that the hospital trust was failing – but that it needed enhanced support. Since May 2015 a Trust Development Authority (TDA) appointed Improvement Director, had been in place, and the Trust would also have access to peer support from other trusts, and a small pot of money towards improvements – earmarked for training and governance. The Chief Executive hoped that the Trust would be out of special measures in 12 months' time.

Patient Care Improvement Plan

HOSC would be aware of the Patient Care Improvement Plan from the earlier update, and its focus on:

- Urgent Care Improvement Plan – good progress had taken place since June, with more effective patient discharge needed
- CQC inspection - governance and safety action plan
- Women's and children's improvement plan – the service was more resilient, with better systems
- Infection control peer review action plan
- Mortality and morbidity improvement plan – rates were reducing but remained above the national average and more investigation was underway
- Health Education West Midlands visit – medicine division
- Good Governance report – review of dignity at work policy
- Outpatient and diagnostic improvement plan
- High Dependency Unit review

65% of the 'must do's' had already been delivered or were in progress.

The Chief Executive talked through actions taken against each of the CQC's five lines of questioning.

Regarding safety, improved learning and communication from incidents had seen a massive reduction in patient safety incidents. Extended maternity assessment unit hours were in place, with increased maternity triage

staffing.

Regarding effective services, learning and prevention strategies had meant no 3 or 4 grade pressure ulcers in the last two months. The update from Health Education West Midlands reported significant improvements and progress, which now needed to be sustained, as well as good feedback from trainees about the support they receive.

Recognition for the care of services was very pleasing, especially the special mention for Maternity and Avon ward staff. A 'Big Conversation' approach with staff aimed to take 'good' ratings to 'outstanding'.

Responsiveness of urgent care was not yet on target, and was unlikely to be so this winter, along with many other hospitals. An 18% increase in ambulance visits over two years was an important factor and a challenge.

Work to improve leadership of services had included strengthening medical and maternity leadership, a review of governance systems and establishment of safety trigger points and actions. There was a need to tackle issues raised in outpatients and diagnostics. The Trust would seek external expert support where appropriate.

Next steps included:

- recruitment to permanent appointments at Board level
- reducing overall recruitment challenges
- stabilising finances
- doing the basics well
- agreeing the clinical strategy with stakeholders and implementing revised pathways

Stability was what was needed, which would attract good doctors and nurses, which in turn would bring stability and improve the financial situation. A substantial part of financial problems were due to expensive locum staff. Worcestershire remained a great place to live and work and it was important to recognise that constant negative campaigning by well-meaning groups was unhelpful, and counter-productive.

HOSC members were urged to read the full CQC report.

Healthwatch Worcestershire

Healthwatch Worcestershire's Chief Operating Officer, Simon Adams, was present and invited to comment. He

described Healthwatch's role as being one to ensure safe and accessible services in Worcestershire; but not to lobby for particular services at particular sites.

Healthwatch had reported its concerns to NHS England, prompting the CQC inspection. The rating of inadequate was very disappointing, although it was recognised that improvements had been made, some of which had not been captured by the report. Healthwatch understands it was very rare to receive a rating of 'inadequate', but with good ratings for care.

Healthwatch was very critical of how long the review of future acute hospital services in Worcestershire (FoAHSW) was taking and it needed a prompt resolution. The Healthwatch view was that the delay was preventing the Trust from moving forward, and the review was the responsibility of the clinical commissioning groups (CCGs) and NHS England. The delay meant that in effect, Worcestershire 'was sleepwalking' towards implementation of the review's recommendations, without proper consultation, for example, the temporary relocation of maternity and emergency gynaecology services.

Healthwatch had contacted the CCGs about bringing forward resolution of some of the issues involved that mitigated impact on patients, such as car parking and public transport. Healthwatch recognised that this was not just a Redditch issue, it was a Worcestershire issue and there was a need for a safe, affordable solution for Worcestershire. Healthwatch understands that Staff have been deterred from working at the Trust because of poor reputation, associated in part by media coverage. It was possible that campaigns by local organisations were having a counter-productive effect.

Main discussion points

- There was HOSC consensus that it was essential to complete the delayed FoAHSW review, to end the uncertainty for patients and staff
- the Improvement Director acknowledged that an inadequate CQC rating for safety prompted concerns from the public. The example was given of a sharps box on the floor – which was potentially a risk, even though no child had ever been injured
- HOSC praised the Trust and its Chairman for sustaining services in very challenging circumstances, and was impressed with the

measures taken to improve, and an innovative approach - further progress within the Trust going forward hinged on the review outcomes

- the Trust's Deputy Chairman was impressed with improvements made so far and the benefits brought by working together with stakeholders
- tackling recruitment was a vital issue, including to the leadership posts at Board level, and the Deputy Chairman spoke about a fundamental change in the Trust's recruitment approach to actively promote opportunities, training and support, which also included links with student bodies. The Trust was doing everything it could to fill the current nursing vacancies; nonetheless there was a national shortage of some specialist roles. A number of non-executive board members were due to change but this was normal as contracts were only for two years
- a HOSC member felt that the Secretary of State should be asked to consider breaking up the Trust, bearing in mind its CQC rating, recruitment problems and debts. A solution did not necessarily have to be the same for all parts of the county, and services could be provided by other hospital trusts - those involved should give greater consideration to the views of other local authorities and Members of Parliament for areas such as Stratford, Redditch and Bromsgrove, among whom he believed there was consensus for an alternative solution
- other HOSC members expressed the need for a Worcestershire-wide solution because if a CCG turned elsewhere it would impact on other geographical areas of what was a small hospital trust
- a HOSC member clarified that although some Kidderminster patients may opt to have treatment in Dudley or Wolverhampton, because of family links, public transport links were very poor
- effective communications were important to give clarity to the public but some local media had been very responsible in their reporting
- the Trust's Deputy Chairman pointed out that the Trust had faced the uncertainty caused by the review for four years and felt that no one had come up with a more realistic solution which could be implemented within the available timeframe. Clinicians had all signed up to the proposed service model. A break up of the Trust may be an option in the future but would take a long time to implement and solutions were needed now – in

the meantime patients could be put at risk because brave decisions were not being made. Issues remained, but there was no 'white knight' solution and across the country 90% of hospital trusts had significant debts

- the CQC had been challenged by the medical profession on its methodology, with some doctors calling it 'unfit for purpose'
- it was clarified that review of pathways for ambulances was to ensure patients presenting with specific criteria were taken to the appropriate centre, to avoid having to be transferred later. Consultants in geriatric care were also being brought into A&E to try and head off unnecessary hospitalisation
- a member's observation about equipment needs within A&E at WRH were taken on board and it was hoped extension plans would improve capacity and resources
- when asked about the frequency of matrons' observational sessions, the Improvement Director had found commitment of all staff to be second to none, with very close ward leadership
- a HOSC member referred to infection control and was advised that there as a rapid response cleaning team to deal with any reported issues. Hand cleanliness was encouraged. The Improvement Director explained that several studies had shown no evidence of infection risk from staff wearing uniforms to and from work.

The Chairman thanked everyone for their attendance and candid discussion. It was agreed that the HOSC would receive a further update on the Patient Care Improvement Plan.

The meeting ended at 1.25 pm

Chairman