

**Minutes of the Health Overview and Scrutiny Committee**

**Worcestershire Royal Hospital (Charles Hastings Education  
Centre Teaching Room 2), Charles Hastings Way, Worcester**

**WR5 1DD**

**Thursday, 15 June 2023, 10.00 am**

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**Present:**

Cllr Brandon Clayton (Chairman), Cllr Lynn Denham, Cllr Peter Griffiths,  
Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor, Paul Harrison,  
Emma Marshall and Cllr Christine Wild

**Also attended:**

Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust  
Richard Haynes, Worcestershire Acute Hospitals NHS Trust  
Matt Powls, Worcestershire Acute Hospitals NHS Trust  
Mari Gay, NHS Herefordshire and Worcestershire Integrated Care Board  
James Womersley, Herefordshire and Worcestershire Health and Care NHS  
Trust  
Vivek Khashu, West Midlands Ambulance Service University NHS Foundation  
Trust

Samantha Morris, Interim Democratic Governance and Scrutiny Manager  
Emma James, Overview and Scrutiny Officer

**Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 10 May 2023 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

**1141 Apologies and Welcome**

The Chairman welcomed everyone to the meeting, and paid tribute to Matthew Hopkins, as this would be his last Health Overview and Scrutiny Committee

(HOSC) meeting before he left his role as Chief Executive of Worcestershire Acute Hospitals Trust – he thanked him for his candid input to Scrutiny which was very much appreciated.

Apologies were received from HOSC members Councillors Salman Akbar, Richard Udall, Tom Wells, Cabinet Member Karen May and from Mark Fitton, Strategic Director, People.

## **1142 Declarations of Interest and of any Party Whip**

None.

## **1143 Public Participation**

None.

## **1144 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meeting held on 10 May 2023 were agreed as a correct record and signed by the Chairman.

## **1145 Update on Improving Patient Flow**

The Chief Executive (CE) of Worcestershire Acute Hospitals NHS Trust (WAHT) introduced the Agenda item and pointed out that whilst his time at WAHT had been a good period in his career, a personal disappointment was that he was moving on at a point when the challenges of improving patient flow had not been resolved completely.

Referring to HOSC members' visit to the new Accident and Emergency (A&E) Department that day, the CE explained that this was one element of several which needed to work well together for patient flow to improve, as well as working to keep people well at home. There was no lack of effort or focus, but WAHT was unusual in having been hit by every round of strike action.

Referring to the report, the Herefordshire and Worcestershire Integrated Care Board (HWICB) Managing Director explained that while the NHS was still recovering from the Covid pandemic, improvements were starting to be seen in cancer and diagnostics, as well as elective care. Some improvements were being seen in Urgent and Emergency (U&E) care, definitely in keeping people well at home including work with West Midlands Ambulance Service (WMAS). WAHT had been subject to many reviews, therefore areas of focus were clear, such as internal flow, speedy discharge, prevention, getting people home and care for Worcestershire's increasing elderly population. Performance for patients on pathways was really good but there was more to do on every part of the flow system. A system-wide review was looking at bed-base requirements for the future, and more would be needed.

The system had recently been subject to two reviews on patient flow which had produced specific recommendations and a system-wide action plan was being formalised.

WAHT's new Interim Chief Operating Officer (COO) highlighted the need to focus positively and build detailed plans for improvement around realistic stretch targets, which were embedded in the organisation, owned by the relevant departments and backed up by monitoring and governance. He envisaged that plans would be implemented across 1-12 months depending on whether they were short or long-term aims and would involve close working with HWICB and communication with stakeholders.

The HWICB representative explained that many aspects of the new 14 point improvement plan would be familiar to the HOSC from discussions to date. Worcestershire received additional support (as a tier two area) and she had asked for there to be no further external reviews if possible, but for support to be provided for any areas of improvement as required. Pace was the key approach moving forward.

The Chairman invited discussion and the following main points were made:

- The Chairman noted that the additional funding for winter 2022/23 had ceased in April 2023 and asked about the implications for services. It was explained that one of the uses of funding for this winter was for the additional extra care beds with Herefordshire and Worcestershire Health and Care Trust (HWHCT) and some spot purchasing through Worcestershire County Council for nursing home beds to help improve patient flow.
- Regarding Minor Injuries Units (MIUs), the HWICB representative advised that a scheme to increase hours at some MIUs had seen considerable increase in their use, which was pleasing.
- Two HOSC members shared very different experiences of accessing primary care advice in their areas, with one member reiterating previous concerns of constituents' great difficulty in getting through to a GP, which could lead to them needing to go to A&E or call an ambulance, thereby exacerbating pressures on the system and on patient flow – however another HOSC member's feedback was the exact opposite.
- In response, the HWICB representative reassured the Committee that the system was held to account regarding patient flow, and primary care in Herefordshire and Worcestershire was classed as the second best in the country for access and quality of care. Feedback was also positive, however there were three practices which required support, mainly due to staffing issues.
- Evening access to primary care could be a problem and the ICB had provided funding to some surgeries boost access until 8pm. It was acknowledged that there were some people who would choose to go directly to A&E rather than approach the GP. In order to help access, GP practices now used a variety of methods such as online appointments or the option of a nurse appointment, however it was acknowledged that the primary care workforce was becoming challenged.
- A HOSC member commented that it may be increased capacity of GP telephone access which was required.

- WAHT representatives referred to the role of ambulance crews in treating people at home who did not require onward care at A&E, and work to raise awareness of NHS111.
- When asked about capacity of the NHS111 service, the WMAS Strategy and Engagement Director advised that there were no major problems with referrals from NHS111, which was now managed by the company DHU.
- A member referred to the graph showing the wait times for referred or admitted patients being able to leave the ED (GIRFT data) at Worcestershire Royal Hospital (WRH), which indicated this was 12 hours for the majority, and it was agreed that a further breakdown of data would be provided to understand how long some waits could be. Some waits could be very long however the new ED facility would help, and new facilities would enable better streaming of patients at the ED front door.
- The WAHT representatives highlighted the increased pressure arising from a change in approach by the Police nationally in dealing with mental health patients, which was likely to lead to potentially more people in EDs with needs other than physical health, and members commented they were unaware of this change.
- It was suggested that the absence of a separate MIU in Worcester city since closure of the walk-in GP surgery in 2015, may lead to residents going to the ED, however the HWICB representative explained that there was a GP Unit at WRH.
- The WMAS representative was asked about current data on ambulance hospital handover delays, and advised that delays were considerably better, with average delays of 2.5 hours for category 3 calls more recently, compared to over 5 hours in December, however delays were still more than they should be. Call activity was up as a result of people doing outdoor activities and an increase in respiratory problems.
- In response to a concern about delays in issuing disabled facilities due to referrals not coming through from occupational therapists, the HWHCT Head of Patient Flow and Care Navigation explained that backlogs in referrals had accumulated during Covid-19 whilst staff were redeployed elsewhere, however referrals were again coming through and the waiting lists had significantly improved, with 700 waiting the previous month, down from the 1400. Referrals were prioritised so that urgent cases took precedent over more routine cases, however the representative agreed strongly the importance of the grants in enabling people to live independently.
- A member referred to the 14 point Improvement Plan, in particular the requirement to increase Pathway 0 discharges for over 65s to 80% from 70% and whether this was attainable. The WAHT Interim CEO wasn't sure and needed a better understanding and would confirm once the plan had been fully reviewed;
- HOSC members agreed the importance of plans being achievable.
- The WAHT reiterated the need for all the key elements of the system to work together and having a full understanding of the data and what it demonstrated.
- A HOSC member pointed out the importance of sharing good practice within primary care and it was explained that Primary Care Networks

(PCNs) comprised 3 to 4 GP practices which provided resilience and also some peer to peer challenge and sharing of what worked well, which was how the 3 practices requiring work had been identified.

- The WMAS representative added that H&W had one of the highest number of GPs per population in the country, although could not comment on whether that level was sufficient. Overall GP numbers, nationally were declining as GP's leaving the profession exceeded those in training – a graph to illustrate this trend would be circulated to the HOSC.
- The representatives were asked to clarify how people were kept informed about GP referrals to specialists, and it was acknowledged that this had been a massive issue during the pandemic as backlogs grew while services were closed, however backlogs had now been brought down. GP referrals were now electronic and whilst previous practice had been to send letters of confirmation, texting had been introduced to inform and update patient – the WAHT representatives would verify what communication and methods were used with patients and also between consultants.
- Regarding numbers in acute care at any one time, it was clarified that bed occupancy was well over 100% (not including patients on the ambulance for in the ED corridor), which would equate to 15-20 in the corridor and 22-25 waiting for a bed.
- A HOSC member expressed concerns that some members of the public were unsure how to contact their GP or did not favour telephone or online appointments and therefore delayed contacting GPs, which could lead to further deterioration in their health. The ICB representative explained that methods of contact and appointment varied locally and nationally and also varied in popularity, however GPs should inform patients about how to access primary care and this would be reported back.
- When asked what the solution was to improving patient flow, the representatives believed sticking to one plan (the 14 point improvement plan) would help, in order to make the most of additional capacity now that previous diversions such as Covid-19 and ED walk-in patients were reducing. The WAHT CE was uncertain what the current situation would be without the changes and initiatives prompted by events of the past three years - it would also be helpful if those responsible for taking plans forward were not also having to plan for the ongoing industrial action, and anything the Committee could do in this respect, would be most appreciated.
- Regarding the impact of workforce issues from industrial action due to unresolved pay disputes, Cllr Denham asked for it to be placed on record that she had raised previously raised the possibility of the HOSC writing to the Secretary of State to urge a resolution to this situation, however this had not been accepted by other Committee members – and the HOSC Chairman explained that it did not seem appropriate for the Committee to get involved in another organisation's pay negotiations.
- HOSC members appreciated the WAHT CE's positive influence on health services and wished him luck in his future role.

In concluding the discussion, the Chairman requested that the Committee receive the 14 point improvement plan and information on bed based community planning.

**1146 Work Programme**

The HOSC Chairman asked the WAHT Chief Executive (CE) to set out leadership arrangements for his departure. The CE referred to the collaborative approach with other acute hospital trusts over recent months, which would be the direction of travel for WAHT. South Warwickshire University NHS Foundation Trust had been working on a provider model with the Wye Valley Trust and George Elliot Hospital Trust, with WAHT being part of a pilot. The WAHT Board would now seek formal membership of the Group from 1 August, pending consideration by the various Trust Boards involved and this would also bring continuity at Chief Executive and Chair level. A Managing Director would then be appointed to WAHT, hopefully by the end of July. Importantly, the WAHT Board would remain an organisation in its own right and the staff set of conditions for success had been shared with the Group Chair. The governance arrangements would need to be discussed, since WAHT was 70-80% of the size of the other hospital trusts combined, however the outgoing CE believed it was the right direction for Worcestershire.

The HOSC Chairman also sought an update on the Garden Suite Ambulatory Chemotherapy Service and the WAHT CE reminded members the Service had been temporarily moved from Redditch to Kidderminster Hospital at the start of the pandemic as part of infection control measures, but had since been moved back to adequate facilities at the Alexandra Hospital in Redditch. Feedback from staff and patients was positive, and WAHT was working on how to continue to provide chemotherapy quickly and close to patients' homes, to meet rising cancer diagnosis rates.

In light of this update, it was agreed to remove this item from the Work Programme.

The meeting ended at 11.25 am

Chairman .....