

Agenda

Health Overview and Scrutiny Committee

Thursday, 15 June 2023, 10.00 am

Worcestershire Royal Hospital

Charles Hastings Education Centre, Teaching Room 2

All County Councillors are invited to attend and participate

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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
Thursday, 15 June 2023, 10.00 am, Worcestershire Royal
Hospital (Charles Hastings Education Centre, Teaching Room
2), Charles Hastings Way, Worcester WR5 1DD

Membership

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr Peter Griffiths, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Kit Taylor and Cllr Tom Wells

District Councils

Paul Harrison, Wyre Forest District Council
 Emma Marshall, Redditch Borough Council
 Cllr Richard Udall, Worcester City Council
 Cllr Christine Wild, Malvern Hills District Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager 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 14 June 2023). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Update on Improving Patient Flow (Indicative timing: 10:05-11:05am)	1 - 6
6	Work Programme (Indicative timing: 11:05 – 11:15am)	7 - 12

Agenda produced and published by the Assistant Director for Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the [Council's Website](#)

Date of Issue: Wednesday, 7 June 2023

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

15 JUNE 2023

UPDATE ON IMPROVING PATIENT FLOW

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on patient flow, including how this will impact on ambulance hospital handover delays.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB), West Midlands Ambulance Service University NHS Foundation Trust (WMAS), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend this meeting.

Background

3. In November 2021, a Scrutiny Task Group looked at ambulance hospital handover delays and since that time, the HOSC has received regular updates to monitor patient flow and the impact on ambulance hospital handover delays.
4. The HOSC remains concerned about the situation in Worcestershire.

Introduction

5. It is normal, following the winter that the NHS focuses on preparing for the next winter. This is usually facilitated by falling demand for urgent and emergency care over the summer months, which allows more focus on strategic planning, estates works and service reconfigurations. Unfortunately, during recent summers there has not been the usual fall in urgent and emergency demand.
6. Throughout the late winter and early spring periods of 2022/23, WAHT also experienced significant challenges in relation to COVID-19, Influenza and Norovirus which at various times affected substantial amounts of in-patient beds. To add context to this, even small outbreaks on wards lead to partial or whole ward closures, meaning on occasions there might be empty beds but WAHT is unable to place patients into these beds due to infection control issues.
7. This year, the NHS has also faced additional pressures due to varying degrees of Industrial Action affecting WMAS and provider clinical staff, which have had substantial impacts on the ability to manage patient flow.
8. During winter 2022/23, additional funding supplied through national and local routes, both to the Council and the NHS have been made available to system partners, designed to help reduce levels of ambulance handover delays and improve patient flow. This additional funding ceased in April 2023.

9. Additional schemes included increasing virtual ward capacity, extended Minor Injury Unit opening, spot-purchase places and associated schemes aimed at improving the pace of discharge. While some schemes still remain in place in varying degrees, the additional investments mainly helped increase capacity. Many of the schemes will continue to operate but within routine levels of capacity.

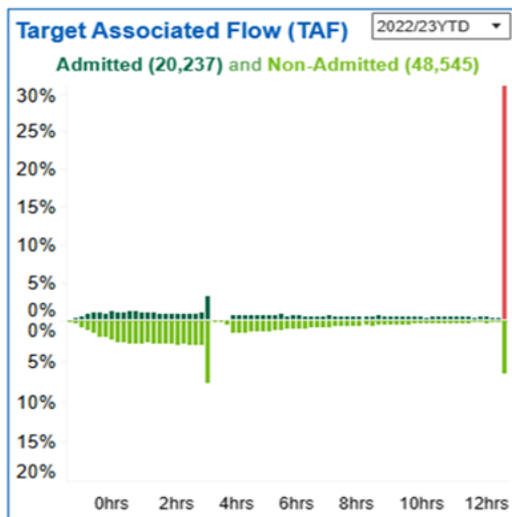
Ambulance Handover Delays

10. An Ambulance Handover Delay is commonly defined as any ambulance attending the Emergency Department (ED), which is not handed over to the department within 15 minutes. This report focuses on delays which are 1 hour or longer across both WAHT EDs at Worcestershire Royal Hospital (WRH) and Alexandra Hospital.
11. As important as maintaining good levels of patient flow is to reducing levels of ambulance handover delays, it is also important to have robust management processes in place. These processes can include Front Door Streaming – this is the process of quickly identifying the most appropriate care for patients presenting to the ED and transferring the patient to the appropriate setting – which helps reduce overcrowding within the ED and facilitates prompter ambulance handovers.
12. Any ambulance which is delayed at a hospital is unable to attend to new 999 calls, thereby impacting on patients within the community who are yet to receive any assessment, care or treatment.
13. It was previously reported that over 1 hour handover delays across WAHT peaked at 1,198 during December 2022. The delays reduced to 740 during January 2023, and 710 during February 2023. Unfortunately, these improvements (reductions) in handover delays were not sustained, for March 2023 with the number increasing to 1,046, before reducing again to 696 for April 2023.
14. The latest position (May) shows a deteriorating position on April but remains below the December 2022 peak.
15. The main factor causing ambulance handover delays is overcrowding in the ED, more so at WRH, resulting in no physical space in the Department to place another trolley, or no staff available to see and treat patients.
16. At WAHT, patients waiting outside on ambulances remain under the care of paramedics and are reviewed every 15 minutes by an experienced ED nurse using a Global Risk Assessment Tool (GRAT) to ensure they are not deteriorating whilst held outside. Patients are brought into the Department in clinical priority order rather than in order of arrival time, and sometimes patients in the waiting room are brought in ahead of the ambulance patients as they are more acutely unwell.
17. Among the factors driving reduced handover delays post December, was the ability to see patients within 'Same Day Emergency Care Settings' (SDEC) which contributes to reducing the numbers of patients requiring an in-patient bed.
18. During December 2022, the first floor of the new ED opened at WRH. During January the Unit saw around 250 patients per week (during the same period last year this number was approximately 160). This was a promising start. However,

despite improvements in streaming patients to both medical and SDEC, the EDs remain regularly overcrowded.

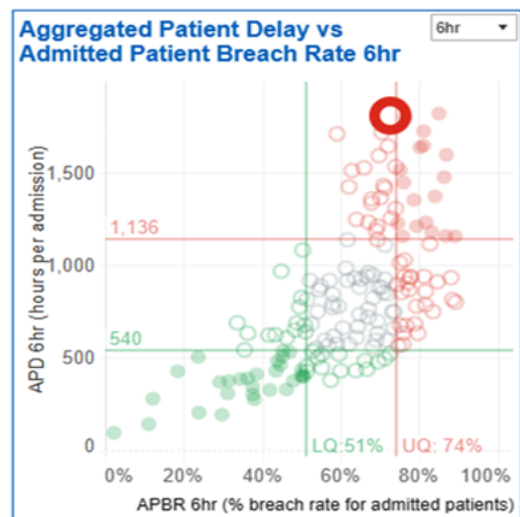
19. The main cause of ED overcrowding is often referred to as 'exit block' which is where patients requiring admission are unable to move to downstream wards because of a lack of available beds. These patients mainly need admission under the medical specialties for conditions such as sepsis, heart failure or chest infections. Exit block is less of an issue for surgical specialties with the exception of some trauma cases.
20. The graphs below show that the majority of referred or admitted patients only leave the ED after 12 hours, indicating significant exit block or a non-functional admitted pathway and that WRH ED is a national outlier. (GIRFT (Getting it Right First Time) is a national programme designed to improve the treatment and care of patients.

WRH ED NHS GIRFT data for January 2023



The graph shows that the majority of referred or admitted patients (dark green, red) only leave the ED after 12hrs, indicating significant 'Exit Block' or a non-functional admitted pathway

WRH ED NHS GIRFT data for January 2023

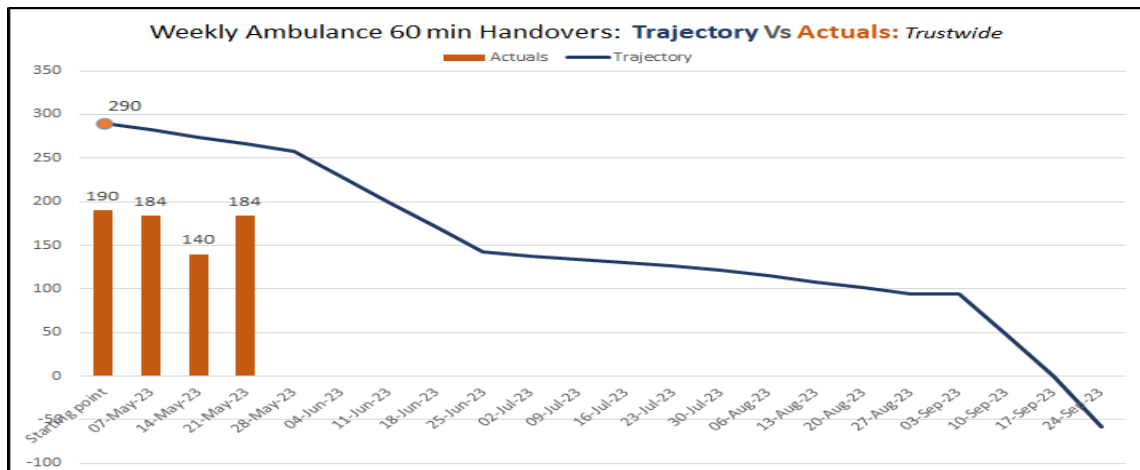


The graph shows that WRH ED is a national outlier in terms of the functioning of the admitted pathway, with an APD6hr of 1804 (English mean 933)

21. Patients waiting to be admitted can be housed within the minors area, majors area or the corridors, and account for the bulk of the 'aggregated patient delay' (APD 12) which is the number of over 12 hour patient waits in the department from arrival to exit. These patients can have a poor experience of care.
22. It is a quality priority to reduce ED overcrowding by reducing 'exit block'. The only way to do this is to increase the number of beds or to discharge patients more quickly. Demand and capacity modelling work is underway locally to better understand the number of beds required within the acute setting.
23. Although reductions in delays have been inconsistent, there has been a continued improving trend in discharge activity. For the last reporting period (last rolling 6 weeks) WAHT achieved 95% of its discharge target. This is promising and is showing signs of consistency and would normally mean sustained improvements, (reductions) to handover delays. A key challenge however is that only 19.5% of this discharge activity occurs prior to midday (against a target of 33%). Significantly, slightly over 50% of discharge activity occurs post 4pm and leads to

considerable blockages in ability to flow from the ED to base wards throughout the day.

24. The timeliness of discharge activity is crucial in preventing delays building up throughout the day. Current performance indicates 20% of discharge activity is prior to midday, whereas the system target is 33%.
25. The ICB, working with WAHT, has agreed to an improvement plan, with the aim of a timed gradual improvement of handover delays by September 2023. This is also the timeframe for the opening of the new ED.
26. The key requirements of this improvement plan include:
 - Increasing Pathway 0 (PW0) discharges for Over 65's to 80% from 70%
Increase the number of patients discharged to usual place of residence
 - Increasing wards to discharge 33% of patients by midday
Reducing build up of ambulances and associated delays
 - Reducing referral times for Pathway 1 (PW1) and Pathway 2 (PW2) patients to March 2022
Reducing occupancy levels
 - The timely transfer of patients from Acute Medical Unit to specialty wards within guided Length of Stay of either 12 or 24 hours
Reducing exit block from ED and associated overcrowding
 - Moving frailty patients to separate assessment areas
Reducing exit block from ED and associated overcrowding
 - Increasing Same Day Emergency Care activity
Reducing exit block from ED and associated overcrowding.
27. The improvement trajectory and performance to date is detailed below:



28. Performance against the improvement trajectory will be overseen by the system's Chief Operating Officers.

Patient Flow

29. The Worcestershire Home First Committee (which oversees key urgent and emergency care measures for the Worcestershire system) has dedicated work streams focused on key themes. One of these themes is 'Optimising Patient Flow'.

30. As detailed in the below table, the system performs very well in terms of length of stay (LoS) and patients no longer requiring an ‘overnight acute bed’.

Trust Name	7+ LoS occupancy %	14+ LoS occupancy %	21+ LoS occupancy %	% beds occupied by patients NOT meeting criteria to reside
Midlands	42.6%	24.6%	15.7%	11.5%
Chesterfield Royal Hospital NHS Foundation Trust	39.6%	25.9%	12.3%	20.3%
George Eliot Hospital NHS Trust	59.8%	32.1%	17.8%	6.7%
Kettering General Hospital NHS Foundation Trust	52.9%	31.3%	19.0%	6.8%
Northampton General Hospital NHS Trust	57.2%	37.8%	26.4%	23.0%
Nottingham University Hospitals NHS Trust	44.8%	27.0%	17.5%	15.7%
Sandwell and West Birmingham Hospitals NHS Trust	51.3%	32.6%	23.8%	10.4%
Sherwood Forest Hospitals NHS Foundation Trust	45.2%	26.3%	17.1%	16.6%
South Warwickshire NHS Foundation Trust	30.7%	16.6%	9.5%	16.4%
The Dudley Group NHS Foundation Trust	42.4%	23.3%	12.6%	8.3%
The Royal Wolverhampton NHS Trust	41.4%	22.7%	12.5%	11.1%
The Shrewsbury and Telford Hospital NHS Trust	43.8%	24.1%	13.7%	16.5%
United Lincolnshire Hospitals NHS Trust	38.5%	23.6%	16.2%	14.7%
University Hospitals Birmingham NHS Foundation Trust	47.5%	27.0%	17.0%	5.7%
University Hospitals Coventry and Warwickshire NHS Trust	45.4%	26.2%	18.2%	17.1%
University Hospitals Derby and Burton NHS Foundation Trust	39.7%	22.9%	14.0%	8.3%
University Hospitals of Leicester NHS Trust	40.2%	23.0%	14.5%	10.8%
University Hospitals of North Midlands NHS Trust	42.6%	23.5%	15.0%	8.2%
Walsall Healthcare NHS Trust	37.2%	16.6%	8.3%	15.5%
Worcestershire Acute Hospitals NHS Trust	39.1%	21.2%	13.2%	7.2%
Wye Valley NHS Trust	38.5%	20.6%	13.0%	18.6%

31. The measures in the above table show the % of patients residing within an acute setting for 7, 14 and 21 days. WAHT performs among the best within the region with reference to this measure, indicating that patients are being discharged in a timely manner.
32. The additional metric within the above table shows the % of patients who ‘no longer meet the criteria to reside’ within an acute setting. Again, WAHT performs second best within the region on this measure, which further illustrates patients are being discharged in a timely manner.
33. Against national benchmarking, WAHT performs well in terms of length of stay for emergency admissions with an average length of stay in the lowest quartile.
34. Despite this there remains the potential and indeed the necessity to further reduce unnecessary admissions, reduce length of stay and increase the daily numbers of discharges. The system has recently been subject to two reviews in relation to Patient Flow. The first review focused on the Onward Care Team (OCT) which is the team which manages Patient Flow for patients requiring support on discharge or those patients being discharged to a community setting.

35. This review highlighted general good practice within the OCT, with specific recommendations on refining the offer and improving performance in distinct areas such as therapist reviews and referral processes.
36. One aspect of work following on from the above review is further refinement of the Intermediate Care offer. A small task force is being established to identify ways to link up disparate components of the out of hospital offer, such as urgent community response and at-home pathways. This review will also importantly focus on the 'admission prevention' aspect and improving coordination across teams.
37. The second review, again in relation to Patient Flow, focussed on the entire patient journey for those patients who do not require support on discharge and those patients who do.
38. The outputs of this second review are currently being formalised into a system wide action plan, however the general theme of the conclusions suggests that improvements can be made in internal hospital flow. It also noted that Worcestershire will continue to improve its primary care access and will focus on integrated frailty services to match the growing demographic.
39. The outputs of this second review will be subject to system wide monitoring and oversight in relation to recommendations will be at an Executive Level.

Purpose of the Meeting

40. The HOSC is asked to:

- Consider and comment on the information provided
- Determine whether any further information or scrutiny on a particular topic is required.

Contact Point

Chris Cashmore, Urgent Care Lead (NHS Herefordshire and Worcestershire),
christopher.cashmore@nhs.net

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case, the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of the Health Overview and Scrutiny Committee on 10 February 2023, 1 December, 17 October, 8 July, 9 May and 9 March 2022, 18 October 2021, 27 June 2019, 14 March 2018 and 11 January 2017

[All agendas and minutes are available on the Council's website here.](#)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

15 JUNE 2023

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The draft 2023/24 Work Programme has been developed by taking into account issues still to be completed from 2022/23, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health).
6. The scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 28 April and was agreed by Council on 18 May 2023.

Dates of Future 2023 Meetings

- 10 July at 2pm
- 11 September at 2pm
- 11 October at 10am
- 13 November at 10am
- 7 December at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the 2023/24 Work Programme and agree

whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2023/24

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Assistant Director for Legal and Governance), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board on 28 April 2023](#)

[Agenda for Council on 18 May 2023](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

SCRUTINY WORK PROGRAMME 2023/24

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
15 June 2023	Update on Improving Patient Flow* (to include Onward Care Team and Integrated Intermediate Care Service)	10 February 2023	Requested at 10 February 2023 meeting
10 July 2023	Worcestershire Mental Health Needs Assessment	21 September 2021 19 September 2018 (CAMHS)	Following the discussion of the Needs Assessment the priorities for further scrutiny will be identified
	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 January 2023	
11 September 2023	Progress against targets for the elective recovery programme and future plans	13 March 2023	Requested at 13 March 2023 HOSC
	Integrated Out of Hours Urgent Care	18 October 2021 as part of general Primary Care (GP) Access	Suggested by the Cabinet Member
	Planning for Winter	17 October 2022	Agenda Planning May 2023
	Your Health Service (new Public Health campaign)		Agenda Planning May 2023
11 October 2023	Update on CQC Inspection (including a range of mental health and physical health services and the Hillcrest Mental Health Ward)	13 March 2023	Agenda planning March 2023
	Adult Mental Health Inpatient Services Redesign		Suggested by Herefordshire and Worcestershire Health and Care NHS Trust on 17 April 2023

Possible Future Items			
Ongoing	Integrated Care System (ICS)	10 May 2023, 2 November 2022	Requested at 10 May 2023 meeting
2023	Commissioning Arrangements under the Integrated Care System (ICS)		Including Pharmacy, Dentistry, Optometry, Specialised Acute, new arrangements for Mental Health, Specialist Mental Health and Prison Health
2023	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022
2023	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 meeting
2023	Routine Immunisation	19 July 2021	Suggested at 19 July 2021 Meeting
2023	Hospital at Home Service	10 June 2022	Requested at 10 June 2022 meeting
TBC	Update on Workforce Pressures	10 May 2023, 10 June 2022	Requested at 10 May 2023 meeting
TBC	Haematology		Suggested at 10 May 2023 Meeting
TBC	Neurology		Suggested at 10 May 2023 Meeting
TBC	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	To review service relocation from February 2023
TBC	Stroke Services – update	17 October 2022	
TBC	Update on Dental Services Access	9 March 2022	Requested at 9 March 2022 meeting
TBC	End of Life Care	10 June 2022	Requested at 10 June 2022 meeting
TBC	Prevention Work in Health and Social Care		Suggested at 17 October 2022 meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting

TBC	Podiatry services		Requested at 10 February 2023 meeting
TBC	Long Term plan for WAHT Theatres		Requested at 13 March 2023 HOSC
TBC	Update on Community Pharmacies	18 April 2023	Requested at 18 April 2023 HOSC
TBC	Resistance Bands Programme		Agenda Planning May 2023
TBC	Maternity Services	10 May 2023, 17 October and 9 May 2022, 21 September 2021	
Standing Items			
When required	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Annual Update on Health and Wellbeing Strategy	17 October 2022	
January/July	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	13 January 2023, 8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
March	Review of the Work Programme	13 March 2023	

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

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