

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

### **County Hall, Worcester**

**Wednesday, 11 October 2023, 10.00 am**

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#### **Present:**

Cllr Brandon Clayton (Chairman), Cllr Christine Wild (Vice Chairman),  
Cllr Peter Griffiths, Cllr Paul Harrison, Cllr Bakul Kumar, Cllr Emma Marshall,  
Cllr Chris Rogers and Cllr Tom Wells

#### **Also attended:**

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care  
Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing  
Matthew Hall, Herefordshire and Worcestershire Health and Care NHS Trust  
Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust  
Richard Keble, NHS Herefordshire and Worcestershire Integrated Care Board  
Dr Jules Walton, Worcestershire Acute Hospitals NHS Trust  
Mari Gay, NHS Herefordshire and Worcestershire Integrated Care Board  
Rob Cunningham, Herefordshire and Worcestershire Health and Care NHS  
Trust  
Margaret Reilly, Healthwatch Worcestershire

Lisa McNally, Director of Public Health  
Mark Fitton, Strategic Director for People  
Rebecca Wassell, Assistant Director for People Commissioning  
Samantha Morris, Interim Democratic Governance and Scrutiny Manager  
Jo Weston, 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 11 September 2023 (previously circulated).

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

### **1154 Apologies and Welcome**

The Chairman welcomed everyone to the Meeting.

Apologies had been received from Councillors Salman Akbar, Lynn Denham, Antony Hartley, Adrian Kriss, Jo Monk, Kit Taylor and Richard Udall.

### **1155 Declarations of Interest and of any Party Whip**

None.

### **1156 Public Participation**

None.

### **1157 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meeting held on 11 September 2023 were agreed as a correct record and signed by the Chairman.

### **1158 Vice Chairman**

The Interim Democratic Governance and Scrutiny Manager advised that following the nomination process by District Council Members, Cllr Christine Wild (Malvern Hills District Council) had been nominated as the Vice Chairman of the Health Overview and Scrutiny Committee. Approval of the appointment would be considered by Worcestershire County Council at its meeting on 9 November 2023.

### **1159 Hill Crest Mental Health Ward**

Attending for this Item were:

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)  
Chief Operating Officer  
Director of Strategy and Partnerships

NHS Herefordshire and Worcestershire Integrated Care Board (HWICB)  
Programme Director for Mental Health, Learning Disability and Autism

At its 15 March 2023 meeting, the Health Overview and Scrutiny Committee (HOSC) had received a Report on Hill Crest Mental Health Ward following concerns about safety and staffing raised by the Care Quality Commission (CQC).

Hill Crest was an 18 bed Mental Health Ward at the Alexandra Hospital site, Redditch for adults of working age (18-65) and was 1 of the 3 Acute Mental Health Wards which were part of the County provision operated by Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT). The other 2 Wards were located on Elgar Unit at Worcestershire Royal Hospital site and on Stonebow Unit at Herefordshire County Hospital. In addition, 4 Older Adult Acute Mental Health Wards were in operation throughout the 2 counties.

The HWHCT used its county wide provision flexibly resulting in patients being admitted to any of the 3 Wards, dependent on availability and patient need. Length of stay was generally around 30 days.

As a result of the CQC Inspections in July 2022, an Improvement Plan was developed. Over 200 tasks were identified and actioned and the Improvement Plan was now substantively complete with no critical outstanding issues.

Recruitment to this service remained a challenge, however, a number of newly qualified staff had recently started. Although promising, the registered vacancy rate at the end of September remained at over 50%. There were 10.81 whole time equivalent permanent Health Care Support Workers in place from a baseline of 17.2. Further success had been achieved with a block booking Agency contract where Registered Nurses and Health Care Support Workers worked almost exclusively at Hill Crest. Agency rostered staff were supplied with HWHCT uniform and received training and supervision as if they were employees. This had provided stability and continuity of care.

Since March 2023, Hill Crest had temporarily been reduced to a 10 bed Ward (from 18) and as a result 5 beds had been commissioned at an independent hospital in Wrexham. To date, 13 patients had been admitted to Wrexham Hospital with their full consent. HWHCT was confident that the offer was well utilised and no patient nor carer had raised any concerns about the placement. HWHCT had considered increasing the Hill Crest bed base to 14, however, had agreed to remain at 10 beds.

The clinical environment and estate at Hill Crest were challenging and complicated. Although safety concerns had been mitigated, such as installing CCTV to combat blind spots, the area was not suitable for current nursing practice. During 2022/23, Government 'eliminating dormitories' funding had been used to rebuild Holt Ward (16 beds) and Athelon Ward (14 beds) – both on the Elgar Unit at the Worcestershire Royal Hospital site.

Members were reminded that Athelon Ward was intended as an Older Adult Acute Mental Health Ward, however, the Hospital at Home community team had been established which had significantly reduced the requirement for older adult beds. At the time of the meeting, 8 out of the 14 beds were empty. Due to other planned reconfigurations, Athelon beds would be fully utilised until February 2024 but could then be available for possible repurpose.

In August 2023, HWHCT proposed engagement with Staff about future options for Hill Crest. This included the possibility of providing care on 2 (rather than 3) sites (Stonebow and Elgar), building staff resilience and making best use of the HWHCT estate (including the 14 bed empty Athelon Ward from April 2024).

Informal staff and stakeholder engagement had taken place and 7 public listening events were planned for October 2023. Members were invited to attend and it was agreed to circulate further details.

HWHCT intended to develop proposals for an option to relocate the Hill Crest Ward from Redditch to the Elgar Unit in Worcester. However, this would only

be done following the conclusion of staff and public engagement. The HWHCT Board hoped to make a decision on a preferred option at its January 2024 meeting, however, any proposal was contingent on a safe staffing model.

It was suggested that if developed, the bed base across Herefordshire and Worcestershire would reduce from 55 to 51 (although 8 beds were currently temporarily removed from Hill Crest).

It was agreed that Members of the Committee would be given the opportunity to visit both Hill Crest and the Elgar Unit.

In the ensuing discussion, the following main points were made:

- A Member expressed concern about the cost of temporary staff and asked how long the additional costs would likely be required. In response, the HOSC was reminded that there was a national shortage of registered nurses and all NHS Trusts were struggling to recruit. Overall, vacancy rates were falling and HWHCT had seen a good cohort of new starters. Furthermore, internal apprenticeship schemes and opportunities for career progression were proving popular, however, it was anticipated that some temporary staff would be required for the next 4 to 5 years for inpatient services
- In response to a query as to how many Staff were 'hands on', it was clarified that everyone, including Managers, had an active role
- For clarity, it was noted that investment in Mental Health services had shifted from inpatient to community based services
- Generally, around 30% of Inpatient beds would be occupied by Redditch residents, with the majority of beds occupied by residents of Worcestershire's urban areas. Patients did not raise concerns about location and accepted that a bed was allocated on need and not geography
- If HWHCT determined that Hill Crest would relocate, the site would need to be retained to house other outpatient clinics
- When asked about the costs in relocating Hill Crest, it was reported that there were constraints on the budget, however, conversations were ongoing. It was clarified that no commitment could be made until a safe staffing model was in place and there was a commitment that Staff would be part of the process
- A Member asked whether the 14 bed Athelon Ward was sufficient, to be informed that there was no national formula to determine a figure, however, community mental health services was always the first option. HWICB and HWHCT would continue to have conversations about the total bed base and out of county placements would always be available, however, there was a need to continue the shift to community support
- It was noted that the level of demand for Inpatient beds has been similar for 5 years
- NHS England (NHSE) would have oversight on any developments and would work in collaboration with local organisations
- A Member asked what more HWHCT could do to encourage the shift from agency to permanent employment. It was suggested that some people were not driven by the benefits and security of permanent

employment, rather the desire to earn the maximum amount of money. HWHCT Staff would be entitled to, for example, up to 33 days Annual Leave, paid Bank Holidays, paid Sickness Leave, but for some, this was less attractive than an enhanced hourly agency rate

- To give an example, it was suggested that a Registered Nurse agency rate could be up to 2.5 times more than a permanent member of staff. Additional costs, such as National Insurance would be arranged by the Agency
- In relation to budget pressures and uncertainty on service demand, there was still a duty on HWHCT to present a balanced plan
- When asked for one suggestion to improve the service, a longer term central Government financial settlement for Mental Health, both Capital and Revenue, was suggested
- It was clarified that if Hill Crest were to relocate to Athelon Ward, it would have 14 beds and the current requirement for the 5 beds in Wrexham would cease.

The Cabinet Member with Responsibility (CMR) for Health and Wellbeing was invited to comment on the discussion and asked again whether the proposed bed base across Herefordshire and Worcestershire was sufficient. It was agreed to share bed base numbers from similar sized authorities for comparison.

HWHCT's aspiration was to have a CQC Good rating for Inpatient Services. Nationally, only 1 provision was rated Outstanding. There was confidence that if the CQC were to inspect Hill Crest now it would be rated as Good as it was consistently delivering good service.

When published the final CQC Report would be shared with Members and an update would be scheduled for the next appropriate HOSC meeting.

The CMR also stressed the importance of good, affordable local housing for future employees, a theme which the Health and Wellbeing Board was developing.

The Cabinet Member with Responsibility for Adult Social Care raised concern about the additional cost to provide out of county provision.

The Representative from Healthwatch Worcestershire reported that they were involved in the engagement process and would continue to work with HWHCT whilst proposals were developed.

In conclusion, the HOSC Chairman asked whether Members supported the direction of travel and the public engagement to inform any move of the beds at Hill Crest to the Elgar site in Worcester. In response, it was agreed that the Members did support the direction of travel.

## **1160 Children's Hearing Services (Paediatric Audiology)**

The Deputy Chief Medical Officer of Worcestershire Acute Hospitals NHS Trust (the Trust) provided a summary of the Agenda Report, explaining that the Trust

had identified issues around the accuracy of some children's hearing tests, specifically auditory brainstem response (ABR) tests, which the Trust provided across the County. ABRs were mainly carried out when a baby failed a newborn hearing screen and on average 4 ABRs were conducted each week.

The Trust had reviewed 462 tests taken since 1 April 2018 and 115 children had been identified to have their hearing retested. To date, 7 cases of moderate harm and 16 cases of greater harm had been identified, such as language and development delay or providing appropriate intervention such as a cochlear implant.

Every family had been given a full explanation and apology and those affected were directed to seek further advice if required. Plans were also being developed to identify affected children born between 2015 and 2018.

Nationally, concerns had been raised with NHS England (NHSE) around the failings in the standard of hearing tests and a national paediatric hearing service review was underway as similar issues had been identified in other NHS Trusts.

Retest appointments were being conducted by, or under the supervision of, a clinician from a separate United Kingdom Accreditation Service (UKAS) approved audiology service. The Trust was providing support and mentorship for its own Audiology Department and was working towards achieving UKAS accreditation.

The Chairman invited questions and the in the ensuing discussion, the following points were raised:

- As the Trust had self-identified the issue, it was further forward in its action plan than other Trusts identified as part of the national review
- It was clarified that the 23 cases of moderate or greater harm reported was from the 462 tests reviewed, rather than the 115 children identified to have their hearing retested
- Families, alongside special schools and speech and language services, were engaged and there had been minimal uptake of advice and guidance available
- NHSE had advised that the initial review period start from 1 April 2018. Plans were being developed to review cases between 2015 and 2018 and when complete, it was anticipated that older tests would be reviewed. It was recognised that older children may potentially be already known to other services
- When asked how big the issue could grow, it was reported that nationally the Trust's performance was not an outlier and statistically there was no reason for concern. It was reiterated that the Trust had self-identified the issue and had swiftly acted on its findings
- A Member asked whether these findings could affect the cognitive development of affected children, to be advised that it was possible that hearing loss may already be identified and services, such as speech and language, were already involved. Some children may have

difficulties which were not recognised as being as a result of a hearing deficit

- Retests were being undertaken alongside the normal workload of the Audiology Department and ABRs were performed across 3 Trust sites
- When asked how many children had missed out on cochlear implants, it was reported that up to 3 children had been identified, however all had already been treated by Birmingham Children's Hospital
- In relation to contacting families, of the 462 tests reviewed, all families had been traced and there had been 100% attendance in retests. Although no hard to reach groups had been identified to date, the Trust recognised that it could be more difficult in the older groups, although schools would then be able to support the Trust
- For clarity, the ABR was a national standard test and NHSE was separately undertaking a national paediatric hearing service review
- To provide some context, it was agreed to provide the HOSC with the number of children born in the County each year since 2018
- A Member suggested that levels of harm encountered by a 5 year old would be different to an 8 year old and asked what support was available at each age. In response, Members were advised that numbers would likely be smaller in older children as they may already be in receipt of additional support, however, it was acknowledged that an additional need may have been identified as behaviour, for example, rather than audiology.

The Director of Public Health reminded the HOSC that this was a national issue. Furthermore, there was always a disparity in health outcomes for hard to reach groups, however, working as a system could assist in identifying concerns.

The HOSC Chairman invited the Representative from Healthwatch Worcestershire to comment on the discussion and in doing so, it was reiterated that no concerns had been raised nationally prior to the Trust self-identifying the issue. When asked what resource implications there were across the health system as a result of the findings, it was reported that the Trust's Ear, Nose and Throat service may have an increased workload and non-acute speech and language services would likely be impacted.

The Deputy Chief Medical Officer was asked to pass on the Committee's thanks to the Audiology Department, in particular the individual who recognised the issues around the test results.

## **1161 Planning for Winter**

Attending for this Item were:

NHS Herefordshire and Worcestershire Integrated Care Board (HWICB)  
Managing Director

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)  
Director of Intermediate & Urgent Care

Worcestershire County Council (the Council)  
Strategic Director for People  
Assistant Director for People Commissioning

Members were advised that the Chief Operating Officer of Worcestershire Acute Hospitals NHS Trust (WAHT) was due to attend, however, was needed to support clinical areas.

The HOSC had received an Agenda Report which outlined progress on winter planning and winter preparedness. NHS England (NHSE) had identified 10 areas which were considered to contribute to effective patient flow and these, alongside the local response, were aligned to the System Plan on improving flow which was presented to the HOSC on 15 June 2023. The Local Winter Plan had been developed with stakeholders and submitted to NHSE.

The new Emergency Department at Worcestershire Royal Hospital was due to open on 16 October and work on hospital flow continued to be a priority for WAHT.

The 'Home before Lunch' campaign would launch in November 2023 emphasising the importance of early discharge of patients. It was agreed that the plans for this campaign would be shared with the HOSC. In addition, 20 additional beds would be open from October 2023 to March 2024 to support increased demand. Same Day Emergency Care (SDEC) would be utilised to its full extent and a single point of access for clinicians would assist in patient flow.

The HWHCT and the Council were supporting the community and social care response by advocating the right care in the right location. The Onward Care Team continued to support WAHT colleagues. 20 additional community hospital beds would be available during the winter period and the community response service would be enhanced by, for example, embedding palliative care nurses into the service.

To co-ordinate activity across the system, the System Control Hub was in operation 7 days a week. It would manage urgent and emergency care escalation and oversee the impact of industrial action. The Centre was co-ordinated by HWICB.

The 2 hour Urgent Community Response was well developed, with triage undertaken at the Hub. Furthermore, the Hub had access to the ambulance call stack to identify any patients that would benefit from that particular course of action.

The frailty Virtual Ward was able to support 12 patients in their own homes, currently in Wyre Forest District Council area. HWICB had agreed to fund a further 12 high acuity beds – likely to be in the south of the County possible for respiratory patients.

In the ensuing discussion, the following points were made:



- It was clarified that the Consultant led SDEC was not available for public access, rather for patient referrals from GPs and other healthcare professionals
- When asked whether the new Emergency Department at Worcestershire Royal Hospital was adequate, it was suggested that the patient experience would be vastly improved, however, for it to succeed, it would rely on other parts of the system. Generally, there was a need to reduce length of stay overall
- HWICB had oversight of the Winter Plan on behalf of the Integrated Care System, however, each organisation was responsible for delivery of its own Plan
- A Member was concerned about the viability of the Home for Lunch campaign when there had been reported delays in hospital pharmacy. HOSC had previously been informed of gaps in cover on weekends, however Members were informed that ideally pharmacy requests should be ordered the day before discharge
- In relation to Infection Control, there were very clear policies in place and each organisation was complying with national guidance. Mask wearing in clinical areas had recently been introduced as an additional response. In addition, the Seasonal Flu and COVID-19 Booster vaccine programme was underway
- Community Hospitals had the opportunity to work with healthcare professionals to keep patients out of an Acute Hospital and step up patients to their care, if appropriate
- When asked how easy it was for a frail elderly patient to be cared for at Home under the Virtual Ward, Members learned that digital monitoring was not solely reliant on Internet access and in collaboration with the Neighbourhood Team, home visits could be up to 4 times a day and there was also an evening and nights service
- A Member asked how engaged GPs were with the Winter Plan. Despite individual concerns, Worcestershire benchmarked well on access to GP services and across the County GPs were fully committed. In Wyre Forest District Council area, GPs operated the Virtual Ward and it was hoped the proposed additional Ward would be operated on the same basis
- The Cabinet Member with Responsibility (CMR) for Health and Wellbeing being pointed out that GP access was a challenge for some residents and asked whether that was in the Winter Plan. It was agreed to share the Primary Care Plan with the HOSC
- Following a resident's account to them, a Member asked whether NHS 111 would be able to advise on services offered and opening times of Minor Injury Units. In response, NHS 111 would use a Directory of Services, which was kept up to date. HOSC noted that additional HWICB funding had been given to extend opening hours at Bromsgrove MIU
- A Member raised concerns about Disabled Facilities Grants (DFG) which were allocated to District Councils and the lack of Occupational Therapy support in the County. It had also been raised as a concern by the Health and Wellbeing Board. The CMR expressed a desire to look further into the DFG's as there was concern that money was not being accessed in a timely manner by District Councils. HOSC Members and

both CMRs agreed that there was a better way of working together as a County

- The Strategic Director for People agreed there could be a different approach to the DFG, such as the Grant conditions
- HWICB was working with 3 GP Practices to improve services to residents and there was now more Peer Reviews being undertaken to improve services. In comparison to the situation nationally, the number of GPs in Worcestershire was at the right level for the population
- For clarity, there were 233 core beds across 7 community hospitals. An additional 6 beds could be added as surge beds and if required, a further 9 beds could be deployed in a critical emergency. The 2 Acute Hospitals could add up to 18 additional beds
- When asked whether hospitals were operating dedicated Wards for COVID-19 positive patients, it was explained that the practice was no longer national policy. Rather, infection protection control measures had been put in place, such as barrier nursing. It was reported that generally patients who tested positive for COVID-19 were in hospital with another condition, rather than admission due to COVID-19.

## **1162 Work Programme**

The Work Programme was considered and the following Items were added:

- Hill Crest CQC Inspection
- Access to Primary Care

The Overview and Scrutiny Performance Board (OSPB) had asked Scrutiny Chairmen to invite their Members to make suggestions for topics for a future Scrutiny Task Group. It was agreed to propose the topic of Disabled Facilities Grants to the OSPB.

The meeting ended at 12.55 pm

Chairman .....