

**Minutes of the**

**Health Overview and Scrutiny Committee**

**Lakeview Room, County Hall**

**Friday, 15 March 2024, 10.00 am**

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**Present:**

Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr Lynn Denham, Cllr Jo Monk, Cllr Kit Taylor, Cllr Tom Wells, Cllr Paul Harrison, Cllr Antony Hartley, Cllr Emma Marshall, Cllr Richard Udall and Cllr Christine Wild (Vice Chairman)

**Also attended:**

Robert Mackie, Director of Finance / Deputy Chief Executive Officer, Herefordshire and Worcestershire Health and Care NHS Trust  
Matthew Hall, Chief Operating Officer, Herefordshire and Worcestershire Health and Care NHS Trust  
Natalie Willetts, Director of Nursing, Herefordshire and Worcestershire Health and Care NHS Trust  
Sue Harris, Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust  
Racheal Skinner, Deputy Chief Nurse, NHS Herefordshire and Worcestershire Integrated Care Board  
Stephen Collman, Managing Director, Worcestershire Acute Hospitals NHS Trust  
Dr Julian Berlet, Acting Joint Chief Medical Officer, Worcestershire Acute Hospitals NHS Trust  
Martin Gallagher, Healthwatch Worcestershire  
Debbie Lamont, Healthwatch Worcestershire

Lisa McNally, Director of Public Health  
Mark Fitton, Strategic Director for People  
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 Meetings held on 9 January and 19 February 2024 (previously circulated).

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

**1187 Apologies and Welcome**

The Chairman welcomed everyone to the meeting. Apologies were received from Councillors Adrian Kriss and Bakul Kumar, and from the Cabinet Member with Responsibility for Health and Wellbeing, Karen May.

**1188 Declarations of Interest and of any Party Whip**

None.

**1189 Public Participation**

None.

**1190 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meetings held on 9 January and 19 February 2024 were agreed as correct records and signed by the Chairman.

**1191 Update on Outcomes of Care Quality Commission Inspection of Herefordshire and Worcestershire Health and Care NHS Trust (Including Hill Crest Mental Health Ward)**

At the Chairman's suggestion, consideration of this item was covered in two parts; the update on outcomes of the Care Quality Commission Inspection, followed by the update on Hill Crest Mental Health Ward.

The Deputy Chief Executive Officer (DCEO) of Herefordshire and Worcestershire Health and Care NHS Trust (the Trust), provided context to the CQC inspection update, and advised the Health Overview and Scrutiny Committee (HOSC) that from 14 April he would be taking over as Interim Chief Executive.

The Trust's Director of Strategy and Partnerships thanked the HOSC for the opportunity to provide an update on progress made since Trust representatives had previously addressed the HOSC about Hill Crest Ward, which had been followed by a further report to set out specific plans to potentially relocate this service. The report also set out next steps to take forward the work planned.

Overall CQC Inspection

The DCEO referred to the background set out in the Agenda report and explained that the process had started in July 2022 with an unannounced CQC inspection and concerns about Hill Crest had featured in the press. An Action Plan and response to that had ensued.

From February to May 2023, 4 core service inspections took place alongside the Well Led inspection in July. The final CQC report had taken longer than the Trust would normally expect, and the final report had been published in January 2024.

The CQC inspection report was not the report the Trust would like, was uncomfortable reading for the Trust Board and had required difficult decisions but had nonetheless been embraced in moving forward. The resulting Plan aimed to tackle two aspects, the Trust Improvement Plan, along with some specific actions requiring swift action. Very importantly, development of the Plan had involved widespread engagement with staff, service users, patients and partners, which had helped to frame the feedback from the CQC. The Trust was grateful to the Integrated Care Board (ICB) for its support in the form of capacity, from the Improvement Director. Further progress updates would be shared with HOSC.

The Trust's Director of Nursing outlined the main points from the Well Led Inspection Report which had taken place from February to June 2023. The Inspection started with core service inspections (adult mental health acute inpatient and psychiatric intensive care wards, adult mental health crisis and health-based place of safety suites, adult mental health community teams and physical health neighbourhood teams), which were chosen either because of their inadequate rating or to check evidence or data.

Whilst the full report was not available until the end of the inspection process, weekly feedback was provided on any immediate concerns, which the Trust started work on straight away along with development of an action plan. Well Led inspections were much more focused, involving directors, staff, patients, and focus groups.

As a result of the inspection, ratings for the Trust's mental health adult inpatient wards and mental health community teams both rose from 'inadequate' to 'requires improvement.' Ratings for mental health crisis, health-based case for safety and community physical health teams all went from 'good' to 'requires improvement.'

For any services where the inspection raised 'must do' actions which were specific to maintain regulations and standards, these would always be rated as 'requires improvement.'

The Trust was now working very closely on the Improvement Plan and Action Plan, the broad themes of which were really important, and good progress had been made. There was a focus on culture change to ensure all voices within the organisation were heard. The CQC maintained regular contact and while reassessment was not expected in the near future, the Trust was keen for this.

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

- It was explained that anticipating the timing of a re-inspection was difficult, since while a two year framework was typical, the CQC was

embarking on a very different inspection approach, although it may be that it would use evidence supplied by the Trust to adjust ratings.

- A HOSC member acknowledged that the report was not all bad news, and pointed out the impact on morale of staff who worked extremely hard – and asked whether the report findings were a surprise, and if not, whether they could they have been avoided? The Trust representatives advised that parts of the feedback had been a surprise, which pointed to aspects now being addressed, such as culture, complacency and voices not being heard. However, the Trust was aware of particularly challenging services within its portfolio and issues with some governance arrangements and monitoring of staff appraisals, which it had been trying to address, but had not reached fruition.
- In response to being asked whether the pace of improvement would have been slower or quicker without the inspection, the DCEO felt improvements had been quicker and the report had also prompted re-assessment of the Trust's previous plans including those around the approach to equality, diversity and inclusion – the wide engagement had been positive and was key.
- A member sought reassurance about whether the report's reference to a closed culture meant that the organisation had an issue with racism and discrimination, to which the DCEO acknowledged the need for improvement. Feedback from staff had revealed they did not always feel as welcome and included as they should. In general, the NHS was a very diverse workforce although this was less so within the Trust, which reflected the local population. However for some, there was a lack of knowledge or understanding which had sometimes led to unconscious discrimination.
- Several members expressed concern about the need to make sure the Trust gave equal opportunities regardless of race, disability or any other protected characteristic – which were included in the Trust's improvement programmes but should be the standard treatment. The DCEO responded that much of this work was around fostering a culture which was very different to that of 10-15 years ago.
- A Member referred to the outstanding rating for specialist community mental health services and good rating for community mental health services for people with a learning disability or autism – yet highlighted experiences on the ground around delayed assessments stalling children's education paths. The Trust's representatives explained that these services had not been inspected by the CQC as part of recent inspections, therefore the ratings included in the summary matrix dated from whenever they had previously been inspected. Organisations had no control over when inspections took place, but this did not mean that any concerns were not taken seriously. The Covid pandemic had led to an increase in referrals, especially for autism, and a new criteria had been introduced to determine who was seen first. As part of partnership working, a neuro-developmental pathway group had been set up by the ICB to establish what needed to be reconfigured. Reference was also made to the Council's recent scrutiny review into Children and Adolescent Mental Health Services, and the new partnership engagement post to help make it easier for parents to navigate the system.

- The ICB Deputy Chief Nurse added that the ICB recognised these services were not where they should be and was committed to bringing improvement, which had prompted the co-produced new pathway. She chaired one of the working groups and all groups included experts by experience and family carers. This work was in its early stages but it was hoped to develop a transformation plan to improve services and waiting times was a very important element for children at such a critical time in their lives.
- A HOSC member asked about accountability at leadership level for the Inspection Report, given that ‘are services well-led?’ had been rated as ‘requires improvement,’ and the DCEO reiterated the need to do better and explained that there was a full training programme for Board members, as well as work to reset leadership throughout the organisation. From next week, a cultural awareness programme was being rolled out to 600 managers to promote a more inclusive and non-judgemental organisation.
- The Director of Strategy and Partnerships added that an external organisation was involved in helping develop understanding, which held the Board to account.
- The DCEO acknowledged the leadership failings but highlighted the importance of fostering a culture where people felt able to share learning and raise concerns.
- The Chairman asked about the input from the ICB regarding the requirement for improvement at management level, and the representative confirmed the ICB was responsible for commissioning good quality and safe services with continued improvement. It was key that the ICB was a critical friend and had oversight of progress taking place, as well as informing the Improvement Plan. The ICB had therefore provided additional capacity from an Improvement Director. The ICB also worked with the Trust on peer quality assurance reviews.
- In response to a question from the Chairman about how the inspection would influence financing of services, the ICB representative gave the example of mental health – the mental health collaborative which she was involved in, would take into account the areas where improvement was required and the direction of financial resources.
- A Member asked a series of questions relating to the planned training for managerial staff to embed the changes in culture and behaviour, and sought clarification on whether policies had been in place relating to the skills referred to, prior to the inspection and whether they were required of applicants during recruitment? The DCEO advised that a range of policies had been in place which were now being adapted, and that recruitment had included these skills.
- The Member then asked whether, prior to July the Trust had a training programme for staff in leadership roles regarding bias, discrimination and microaggression, and was advised that the programme had been there but had been less comprehensive.
- In a further follow-up question, the Member asked how the Trust could ensure compliance when there had been an apparent failure of policy, recruitment and training previously – and the DCEO pointed out that this was the aim of the big programme being set out to the HOSC. Whilst previous policies may not have given the outcomes required, the key

part was working towards a re-set of culture so that people felt enabled, and policies were being changed as part of that.

- When asked whether there was any legal body which ensured compliance of Trust policies, it was explained that several organisations had oversight such as the CQC itself, the ICB and NHS England, as well as the Trust's internal audit mechanisms. It was stressed that the Trust was really committed to take forward the changes.
- It was confirmed that the Improvement Director post had been appointed to from the ICB, whose input the Trust was very grateful of, and the fact that he remained an ICB employee was important.
- In response to a suggestion that policies and procedures had been in place, but had never been challenged, or monitored to ensure compliance, the Trust representatives advised that good monitoring processes had been in place but, importantly, were not all conducive to delivering the desired culture change.
- In response to questions about financing the improvements, the DCEO, who was also the Director of Finance, confirmed that he did not envisage problems with financing the situation and that it would not be at the detriment of services, although the financial situation was always tight.
- It was explained that although staff supervision had taken place it had been inconsistent therefore a standard supervision template had been introduced, along with staff surveys.
- A Member expressed shock at the report findings, having worked with the Worcestershire and wider NHS since 1989 and as a councillor had been involved in many meetings with senior health staff. There was concern at the number of aspects which had moved down in rating from being 'good,' and suggested there was a disconnect between senior managers and grass roots, which was concerning as staff were key.
- A question was asked about the patient experience, a significant percentage of whom would have protected characteristics – and the Trust representatives acknowledged that the improvements planned were absolutely about making things better for staff to bring better care for patients, and not just changing the CQC rating.
- It was explained that the patient voice was an important part of the Plan, and an example was given about independent advocates on mental health wards who gave same day feedback and the possibility of volunteers helping patients to give feedback. Other work included increasing feedback on care, which could be difficult to capture, involvement of Healthwatch, and triangulating feedback for services.
- A follow up question was asked, to ascertain how this work sought to hear the voice of patients or staff from different cultural backgrounds and the representatives referred to the potential for the practices of services which got this right to be applied to others, for example the Talking Therapies service monitored outcome rates related to a patient's ethnicity and other protected characteristics. The Trust was starting to be more conscious of who was accessing services and who was gaining a different outcome. The voluntary sector was very important, and the work of the district collaboratives. Regarding staff, the starting point was raising awareness, touching on unconscious bias

and restorative culture, and this work was being very much informed by staff networks and thinking about how to engage more broadly.

- Agency staff were included in all the work planned.
- It was clarified that no service rating had deteriorated more than one level, and for some services, such as community physical health services, the requirement to improve governance meant that despite an otherwise extremely positive review, the overall rating was 'requires improvement.'
- Trust leaders had recently attended a national conference on the Freedom to Speak Up (FTSU) national Policy and were working to develop a culture where staff felt empowered to speak up, knowing that action would follow, for example introducing FTSU Guardians.
- Comment was invited from the Healthwatch Worcestershire representative, who advised that Healthwatch would also be meeting the Trust Chair to ask questions about the CQC report. He felt it important to recognise the resource implications faced by the organisation, although a number of the observations made during this discussion were not necessarily about resources. Issues with services such as adult mental health had been known about for some time, and were concerning, and his personal observation was that there needed to be clear mechanisms at middle management level to ensure messages from the top led to overall culture change.
- The Director of Public Health referred to the CQC website which stated that services should be inspected every five years, including those rated as good, and yet some on the report matrix had not been inspected for nine years. She therefore asked about the oversight role of the ICB, and when commissioners had first become concerned and what action had been taken. The ICB representative responded that the ICB would have had the same awareness as the Trust and was part of the Quality and Safety Committee.
- When asked by the Director of Public Health why an Improvement Director had not been appointed earlier, the ICB representative acknowledged the appointment had been in response to the CQC concerns and that the ICB had not been aware of the full extent of for example the reality for staff, since at that point it was also not known by the Trust itself. When asked what learning would take place about this lack of awareness, the ICB representative explained there had been a lack of insight, which had subsequently been brought to life by the BBC and the Unions, but she also pointed out the notorious difficulty for an organisation in recognising such issues, which was therefore even more difficult for commissioners, being one step removed. She agreed that while commissioners were not regulators, there was a responsibility for all those commissioning to ensure services were safe, which was done by working in collaboration, but without duplication and placing additional demand on services.

The Chairman acknowledged the continued concerns and therefore a further progress update was requested in six months' time on the four core service inspections.

#### Hill Crest Mental Health Ward

The Trust's Chief Operating Officer referred to the previous update to the HOSC in October 2023, about the Improvement Plan, the desire to relocate the service to the new build Elgar Unit (in Worcester) and the related engagement taking place.

At that time, the Trust was satisfied with the quality of care that was being provided at Hill Crest Ward, and its sustainability. Some HOSC members had subsequently visited the Hill Crest site (Redditch) and the Elgar Unit (Worcester) and were aware of the inherent limitations due to the site design, for example the layout and the lack of nearby acute mental health wards to help, should multiple incidences occur at any one time.

The Trust remained satisfied with the quality of the service and there were no known outstanding human resource issues. Patient feedback through outside advocacy was good and there was a good activity programme. The number of beds had increased to 14 which was the maximum level believed appropriate for the site. Although staff vacancy rates remained high at 51%, use of agency staff who had previously worked at Hill Crest had been successful, and staff received the same training, uniform etc as permanent staff.

The main messages from public engagement about relocation plans related to parking on the Worcestershire Royal Hospital site and transport costs for family members in Redditch visiting patients in Worcester. The relocation plan remained but a decision at Board level had been deferred to May to allow more time to engage with staff.

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

- HOSC members agreed the visits had provided more insight into the sites and the extent of mental illness being treated.
- It was confirmed that the intention was to relocate the service to the Elgar Unit, but with less speed to give more time to liaise with staff about what was possible for them, since the majority lived in Redditch and surrounding areas and did not want to relocate. This engagement would form part of the Board's discussions.
- The Chairman appreciated the concerns about Hill Crest as a standalone unit on its current site at Redditch, although from the perspective of family members visiting patients, he could see the merit of having one site in the north and south of the County.
- A member asked whether the reduced bed count at Hill Crest was increasing pressure to discharge patients earlier and what consideration had been given to post discharge care across the county as part of the relocation plans. The CEO advised that patient numbers were fairly consistent with typical stays of 32 days which was the national average. Post discharge provision was an important consideration and work had also looked at barriers to discharge, the main one being appropriate accommodation and it was hoped that earlier discharge planning would help, in discussion with the ICB. A challenge was that access to the County Council's



Reablement service would no longer be available which had historically helped people with severe mental health illness.

- The Director of Strategy and Partnerships referred to the new strategic lead for health and housing, who worked with housing providers.
- The representatives reminded the HOSC that a further report on broader adult mental health inpatient services redesign was being brought to the HOSC's meeting in June.

The Chairman thanked everyone for attending and a further update on relocation plans for the Hill Crest Ward was requested in six months' time.

## **1192 Acute Dermatology Services Provision**

In introducing the report on Dermatology, the Managing Director (MD) of Worcestershire Acute Hospitals NHS Trust (the Trust) acknowledged this was classed as a fragile service and concerns were set out in the report. He was keen to cover processes in place to keep patients safe.

Dermatology had become a fragile service following the departure over a period of time, of a number of consultants who had retired or moved elsewhere. Subsequently, the Trust had been unable to recruit due to the fact that it is a very challenged speciality nationally, plus it was recognised that there were cultural issues. There reached a point where there were no consultants and the Trust took action to work with external companies which brought in staff to keep the service going, and recently this had been streamlined to one company. Options to restore the long-term stability of the service were being explored with a preferred option for the service being to be run by Wye Valley Trust, which was now part of the Foundation Group.

A very important point was that while clinicians would be employed by Wye Valley Trust, services would remain in Worcestershire and there was no expectation for patients to travel to Wye Valley Trust hospital.

It was explained that fragile services were those which may have a small number of clinicians or where there were challenges nationally recruiting. The Trust looked into whether there may be issues coming through performance or staff surveys, and this work was being done across the Foundation Group, in order to identify solutions.

A learning point from Dermatology was that staff within a small specialist unit could feel more isolated, making it harder to recruit.

Some examples of data were provided, and more would be forwarded to the HOSC. For April 2023, referrals for skin cancer two week waits (urgent referrals) were around 500 which was normal, but for the previous two months, figures had risen to 780, which was high. Conversations with Primary Care suggested that this reflected the fact that as staff had left, there had been a slight drop in confidence of the service, but this was now returning.

The number of patients who had waited over 62 days for skin cancer against this (national) 62 day wait target, had risen to 78 in February but was currently 36 and on a trajectory to below 10, which was better than performance prior to the problems.

The waiting list for other procedures was 2358, which was similar to previous performance, although this was not to say that wait times in some of the time frames given were good. A lot of work was taking place on waiting times for all services from the Trust and collectively, the NHS. A key target was to have no patient waiting over 104 weeks, which was now being achieved.

The Acting Joint Chief Medical Officer (JCMO) added that in reflecting on the two year period leading up to the point where there were no Dermatology consultants in post, he believe a contributing factor had been the Covid pandemic and clinicians seeking a portfolio based rather than cancer-based career.

The representatives were extremely grateful to the staff who had sustained the service and were delighted that Dermatology provision was now on an improvement trajectory and wanted to reach a good, sustainable place.

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

- A member sought to understand how the fragility of the service may have impacted on a patient referred for skin cancer in terms of waiting times and treatment times, over the period of months before performance was turned around, and it was confirmed that cancer treatment pathways would have been interrupted, which would have been very difficult for patients. However, this was being monitored retrospectively where any risk or potential for harm was identified as part of the overall patient safety and quality Strategy and to date they were not aware of any directly attributable significant harm.
- The JCMO explained that now in a position of better staff resources, the Dermatology Team was undertaking focus reviews of higher risk patient waiting groups or those undergoing treatment to proactively identify any patients who were more at risk of harm.
- It was pointed out that cancer treatment was always prioritised clinically, therefore this impacted on treatment times for other patients.
- A member referred to the impact of cancer prioritisation meaning that 2500 had lived with non-life threatening but very uncomfortable conditions and asked how clinical risks had been managed. The JCMO agreed that it had been very concerning for staff who were aware of the risks, and the significance for patients. While incidences of significant harm had not emerged to date, the harm review process would pick up harm which could be psychological or exacerbation of symptoms. In terms of clinical support, the substantive service had been led by a nurse consultant with a number of clinical nurse specialists working alongside, and since the summer there had been a number of consultants working. As much support as possible had been provided which although not necessarily the best in terms of clinical practice, had given the stability required.

- HOSC members understood why a private provider had been brought in, although there were some concerns about privatisation and higher costs and reassurance was sought. It was explained that the relationship with the company Harmoni involved was very good and was also the best deal commercially, on a six month, extendable contract. There would be a handover period to allow Wye Valley to have in place the right volume of staff in place.
- A HOSC member expressed gratitude that assistance from independent companies had been available to sustain Dermatology but asked about ways of encouraging staff to retrain into Dermatology to enable the Trust to become more self-sufficient. The representatives explained there was exciting work with the University of Worcester to provide training in specialities such as Dermatology, Diagnostic Radiology, Cardiology and Allied Health Professionals, since students were then more likely to take up posts in Worcestershire, and strong staff teams were more easily recruited to.
- The Chairman sought reassurance that the Service would not reach the same point again and was advised that the Trust now had really good processes in place to assess services where there were concerns. There were many other services within Worcestershire Acute Trust where colleagues from other trusts sought support, and while this could be a challenge, it could only be a good thing to build on strengths.
- The Vice-Chairman raised the importance of preventing skin cancer in the first place and asked whether the Trust had a role in this, and the MD explained that while this was not traditional role for the Trust, there could be a much wider role for clinicians in commissioning of services for areas like this as well as diabetes and obesity management. He was also keen to explore making every contact with a health professional count, and reducing demand for care was so important.
- When asked what confidence there was in Wye Valley being able to recruit dermatologists when recruitment was so difficult, it was explained that there would be awareness amongst clinicians that Wye Valley's Dermatology Team was in a better place, which would therefore more attractive to applicants.
- Comment was invited from the Council's Director of Public Health, who agreed with the importance of preventative work in skin cancer and referred to work taking place with the Trust on a joint improvement plan, for example staff health and how to maintain the health of people on waiting lists. She felt very positive about the new Trust's management team and approach, with the mitigation of issues in Dermatology being a key example, and the transparent, solution focused approach was helpful to her as commissioner for public health services.
- Further data on patient numbers and wait times would be provided.

The Chairman agreed that the Trust's approach to tackle issues with Dermatology had been helpful, although he cautioned the need to not overload another provider and requested a further update in 6-8 months as appropriate, on progress with working with Wye Valley Trust.

The representatives acknowledged that the Plan was not yet enacted and reassured the HOSC they would be linking in with Wye Valley Trust clinical leaders, and as recruitment within Dermatology improved, it may be possible to reduce use of the partner Trust's resources.

## **1193 Refresh of the Scrutiny Work Programme 2024-25**

The Chairman explained that as part of refreshing the Committee's Work Programme, he would like to take a more joined up approach to reports, so that discussions were around care pathways. This would mean that representatives would be present from all the relevant organisations, rather than scrutinising specific services in isolation.

A Committee member suggested that a way of making meetings more outcome focused may be to reflect on the salient points and agree key areas of enquiry to refer back to in subsequent discussions, which would help monitor what progress had been made.

Another Committee member suggested a longer timeframe for scheduling further updates, since it took time to change performance, and the Interim Democratic Governance and Scrutiny Manager advised that timeframes and prioritisation of reports were negotiated with health colleagues, in liaison with the Chairman.

The Chairman pointed out the importance of monitoring service changes and the Vice-Chairman was keen to know that the Committee was making a difference to services which were a concern to local residents.

Regarding future meetings, it was suggested that the report on Cancer Pathway may need to focus on one or two specific cancers, and this would be discussed at the next agenda planning session for the Chairman and Vice-Chairman. A concern about funding for breast cancer specialist nurses, would also be looked into.

Dentistry was suggested as an area of concern, and it was noted that this was already on the Work Programme.

The meeting ended at 12.37 pm

Chairman .....