

Health Overview and Scrutiny Committee

Tuesday, 17 October 2017, County Hall - 9.30 am

Present:**Minutes**

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Prof J W Raine, Mr C Rogers, Mr A Stafford, Mr R P Tomlinson, Mr T Baker, Mrs A T Hingley, Mrs F S Smith and Mrs N Wood-Ford

Also attended:

Michelle McKay, Worcestershire Acute Hospitals HNS Trust
Simon Gartland, Redditch and Bromsgrove, Wyre Forest and South Worcestershire Clinical Commissioning Groups
Dr C Marley, Wyre Forest CCG
Adel Makar, Worcestershire Acute Hospitals NHS Trust

Sheena Jones (Democratic Governance and Scrutiny Manager) and 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 19 July 2017 (previously circulated).

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

856 Apologies and Welcome

Apologies had been received from Mr P Grove, Mr M Johnson and Mrs M A Rayner.

857 Declarations of Interest and of any Party Whip

None.

858 Public Participation

Mr K Greenway, a member of the public, addressed the Health Overview and Scrutiny Committee (HOSC) about the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP).

Key points included:

- Concern over intended new models of care by April 2019 alongside a new form of commissioning and procurement as stated by the Redditch and Bromsgrove Clinical Commissioning Group on 28 September 2017

- Query whether there would be any public consultation or Council discussion on this approach, especially given experience elsewhere in the UK whereby an NHS Accountable Care Organisation had collapsed presenting a substantial financial risk to that Local Authority
- Lack of public reporting following the public consultation of the STP, in particular no scrutiny of the STP by HOSC since November 2016 and no County Council discussion
- Query over local media reporting of the STP, in particular, a 44% reduction in community beds and whether HOSC was aware of the current position.

The Chairman thanked Mr Greenway for his participation and promised a written response to his queries.

859 Confirmation of the Minutes of the Previous Meeting

Subject to the following amendment, the Minutes of the Meeting held on 19 July 2017 were agreed as a correct record and signed by the Chairman.

Minute 855 refers to Quality of Acute Hospital Services. The last key point on Page 6 to read:

'The Committee also acknowledged that the Trust had been rated as Good in the Caring Domain of the CQC regulatory framework in both the July 2015 and November 2016 inspections'

860 Quality of Acute Hospital Services - Update

The Chief Executive of Worcestershire Acute Hospitals NHS Trust (the Trust) attended for this Item, reminding Members of the Quality Improvement Plans that had been developed and put in place since the last Care Quality Commission (CQC) visit. Members had received these at the HOSC on 19 July 2017 when Trust Board Members attended.

The Chief Executive made reference to the following points from the Plans:

- There was a clear focus on quality and safety for senior nursing staff
- A series of standards had been agreed and implemented
- Patient Flow was vital, especially through the Worcester site
- Discharge targets were to be introduced
- A new frailty model was being developed with partners
- NHS Improvement, along with Healthwatch

Worcestershire had helped in monitoring improvements

- The number of medical vacancies within the Trust had dropped, with a reported 40% of current vacancies being filled by the end of 2017
- There was a decrease in the use of agency staff
- A culture shift was required and a programme of four signature behaviours (4ward) had been introduced for all Staff. 4ward consisted of:
 - Do what we say we will do
 - No delays, every day
 - We listen, we learn, we lead
 - Work together, celebrate together.

During the subsequent discussion, points included:

- The footprint of the A&E unit in Worcester would increase to enable some patients to be seen by a consultant earlier. This had proven to have better outcomes for patients, as seen with paediatric services, with a 15% reduction in admissions in children since the reorganisation
- There would be co-location of Primary and Out Of Hours care
- Although there was a time lag between the CQC visit and published report, the Committee was reassured to hear that verbal feedback was given to the Trust immediately following the latest inspection
- Concern was raised about the number of medical vacancies and the premium paid for Agency cover, however Members learned that the Worcestershire position was not unusual and was in line with other Trusts nationally
- It was hoped that the progressive link with the University of Worcester would reduce the number of nursing vacancies in the future and although the nursing vacancy rate stood at 10%, this was in line with the rest of the region. When challenged by Members the Chief Executive responded that whilst some practitioners considered this to be an acceptable rate, she considered this was too high and that Worcestershire should aim for full staffing
- All present agreed that although Worcestershire was a lovely place to live and

work, the uncertainty around the Future of Acute Hospital Services and the Trust being placed in Special Measures had impacted on the situation

- Active recruitment of clinicians from outside of the UK had proved successful
- Ambulance waiting times continued to be inconsistent, with a programme in place to try and alleviate pressure on A&E. Patients who arrived by ambulance may be assessed as 'fit to sit' enabling the crew to leave. Although the facility in Redditch was different to Worcester, improvements had been made. On occasion the Trust would move a patient to a ward in anticipation of another patient being discharged for example.
- One Member asked about Staff morale and was informed that surveys had taken place and would continue to do so. It was important to recognise the part that individuals played in the big picture and look for key behaviours across the organisation
- Members agreed that it was clear that the new Chief Executive had provided some strong steady leadership since her appointment in March 2017
- In addition, it was noted that the substantive Board was assessing their own effectiveness
- The Committee was pleased to learn that £29.6m capital funding had been secured from the Department of Health, however, it was unfortunate that it was suggested that this funding would be allocated subject to a further business case. The Trust, with high level engagement with Stakeholders, was hopeful for a successful outcome and it was planned to have the capital works completed by May 2020
- The Chairman understood that MPs had written to the Minister and he would attempt to obtain a copy, or to establish the latest position
- When asked about the Trust's position in relation to Winter Pressures, it was reported that a plan was already in place, including increasing capacity by introducing an extra ward on the Worcester site and working with partners to look at access of the Out of Hours GP Service. The Trust was also encouraging all appropriate people to have the Flu vaccine
- When asked whether the Sustainability and Transformation Plan would have any impact on the Improvement Plan, it was suggested

**861 Cancer
Services Update**

- that it was too early to say when changes would be considered by the HOSC
- On a positive note, the Birth Centre was recently recognised as being the UK's best.

The Chairman of Healthwatch Worcestershire was invited to comment and explained that Healthwatch had exposed some of the challenges the Trust had, making 38 recommendations to the Trust Board.

The HOSC Chairman summed up by stating that there were signs of improvement and the Trust was moving in the right direction under the leadership of the Chief Executive. It was obvious that the capital funding was vital to move forward and increase capacity across the Trust.

Attending for this Item were:

Worcestershire Clinical Commissioning Groups
(Commissioner)

Simon Gartland, Associate Director of Contracting
Dr Clare Marley, Chair and Clinical Lead

Worcestershire Acute Hospitals NHS Trust (Provider)
Mr Adel Maker, Consultant Surgeon

The Committee had asked for this item to be considered in order to follow up a previous review and see what progress had been made. Mr Maker provided some background on the development of cancer services in Worcestershire, reporting that after a number of years, the large proportion of services was now delivered in Worcestershire across various sites and by a number of health economy partners. For some aspects of specialised treatment, services continued to be provided in regional centres, such as University Hospital Birmingham.

The Worcestershire Oncology Centre on the Worcestershire Royal Hospital site was opened in January 2015 and was built with five bunkers, four of which were used for radiotherapy treatment and one which could be equipped in the future.

There had been a year on year increase in patient activity of chemotherapy services, which were delivered across all three hospital sites and this trend was unlikely to change.

The Committee considered the report included with the

agenda, which set out further detail about cancer services in Worcestershire.

Commissioners reported on performance, with some targets being met and some not. It was suggested that some targets could be missed due to patients not taking referral appointments within the target timescales and instead choosing an appointment for convenience rather than speed. This was also the picture nationally.

Like other disciplines, workforce was key and positive feedback was received. New pathways were being introduced, enabling more multi-disciplinary team working and would move towards improving performance which was monitored with partners on a monthly basis.

As part of the Sustainability and Transformation Planning process, a Cancer Steering Group had been established and was clinically led.

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

- In response to a query about types of referrals, it was reported that around half of patients were referred by GPs, with about 10% presenting to A&E with acute symptoms and others through non-specific appointments
- The introduction of screening programmes had seen numbers rise
- Public Health had a role to promote healthy living and potentially prevent cancer cases rising
- Members recognised that first appointments could be missed due to patient choice and learned that once diagnosed performance against targets was met
- 9 out of 10 GP referrals did not result in a cancer diagnosis
- When asked what would help improve performance, it was very much about staff and equipment. There was a risk that diverting resources to meet 2 week referral targets would disadvantage the 50% of patients who came to the services via other routes
- Patient Experience was encouraging, with results from an annual cancer patient experience survey showing that on average 8.7 out of 10 patients rated their care as good. Lessons could always be learned to improve statistics.

Mr Paul Crawford, a patient representative, was invited to

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Round-up**

comment on the discussion and reported that the cancer provision locally was welcomed by patients. However, it was felt that psychological support was in need of strengthening. Commissioners agreed that this area required improvement and that it was an integrated commissioning service. Unfortunately, there was no national tariff to fund this emotional support, however, working with County Hospices and organisations like Macmillan Cancer Support, some provision was available. Alongside this, some self-help groups had formed, with the example given of the County wide Prostate Cancer group.

The Chairman thanked those present for a useful discussion.

Members were asked if there was anything to report at this time.

It was noted that Wychavon District Council was actively promoting Public Health and that another public meeting at Evesham Hospital was due to take place shortly on the future of local health services.

The meeting ended at 11.40 am

Chairman