

Health Overview and Scrutiny Committee

Tuesday, 8 October 2019, - 10.00 am

Minutes

Present:

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr C B Taylor, Mr M Chalk, Ms C Edginton-White, Mr J Gallagher, Mr M Johnson and Mrs F Smith

Also attended:

Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust
Richard Haynes, Worcestershire Acute Hospitals NHS Trust

Sheena Jones (Democratic Governance and Scrutiny Manager) and Alison Spall (Overview and Scrutiny)

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);

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

938 Apologies and Welcome

Apologies were received from Prof J W Raine and Mrs J. Till.

939 Declarations of Interest and of any Party Whip

None.

940 Public Participation

None.

941 Quality of Acute Hospital Services - Update

The Chairman welcomed Matthew Hopkins, Chief Executive and Richard Haynes, Director of Communications and Engagement, representatives from Worcestershire Acute Hospitals NHS Trust (the Trust).

The Committee received the Trust's latest Care Quality Commission (CQC) report, following inspections in May and June 2019. The Chief Executive explained that the report contained details of a range of quality and safety improvements which had led the CQC to lift the Trust's overall rating to 'requires improvement' from its previous

rating of 'inadequate'. He also highlighted that the Chief Inspector of Hospitals had recommended that the Trust should be removed from special measures, but he stressed that with some of the ongoing challenges identified, this would only take place when a system-wide support package involving local and regional partners had been agreed. The Committee was advised that a meeting of partners was due to take place the following week to agree a support package, to then put forward to NHS England on 12 November.

The Chief Executive explained the details of the inspection process which had commenced in February and had involved 408 data requests being responded to; 40 inspectors carrying out core service inspections, and re-inspections in May/June; 35 well-led review interviews followed later in June with a wide range of personnel and then the draft report being received in August for a detailed accuracy check. In terms of the Core service inspections, the Committee was informed that Maternity, End of life and Critical Care had not been included in this inspection, as the ratings for these areas were not of concern.

Turning to the details of the report, the Chief Executive gave a presentation of the key findings incorporating the following:

- Improvements had been made across 41 of the 79 domains rated across 6 core services, with 9 of these going up 2 ratings. Previous ratings had been maintained in 35 other domains.
- Surgery and outpatients had been lifted up two ratings in 'well-led'.
- Every single service across all hospitals received at least a 'good' rating for 'caring'.
- Key findings showed that there had been some significant improvements in:
 - outpatient services and diagnostic imaging at the Alexandra hospital, with the latter now rated as 'outstanding';
 - services for children and young people at Worcestershire Royal Hospital
 - the overall hospital rating for Kidderminster.
- Other areas for further improvement were highlighted including medicines management, infection control and staff engagement. The Chief Executive was pleased that the CQC had noticed a significant improvement in terms of a culture of openness with staff who now felt much more engaged and able to speak out and be listened to.

- The CQC had recognised the improvements that were taking place with regards to leadership. The development programme had resulted in Managers feeling well supported, and with a renewed sense of purpose.
- A site by site comparison between 2017 and 2019 was shown to the Committee and Members were pleased to see that there was an overall improving picture. It was agreed that the colour versions of this data would be circulated to members. In respect of the reduced rating for Evesham hospital from a previous position of 'good', the Chief Executive explained that the Inspectors had viewed an issue regarding compliance with a policy, which had since been resolved, but which had directly led to the reduction in the rating.
- The Chief Executive reported that staff had been pleased with the CQC report's findings and particularly for the external recognition of their ongoing hard work and efforts to improve the performance of the Trust.
- In terms of areas for improvement, 4 Requirement Notices had been received covering 38 'Must do's'. These related to managing patient flow more effectively; the need to embed quality improvement work in patient care and treatment; consolidation and improvement of financial management and ensuring full compliance with mandatory and safeguarding training.
- The Chief Executive advised that they had already provided a response to the CQC report. Overall, he felt that great progress had been made, although there was still much more to do. In terms of the next steps, the Trust would be developing a detailed action plan using a regulated activity improvement tool (RAIT). Work on quality initiatives and key service initiatives such as Home First Worcestershire, which involved working with partners, would be crucial going forward. Alongside this, financial recovery and workforce transformation plans, development of the Clinical Services Strategy and support for the STP were all highlighted as key actions to take forward.

Members asked a range of questions about the detail of the report's findings and related issues:

- In terms of stroke provision, it was asked whether patients receiving a scan within one hour was feasible given the availability of radiographers out

of hours? It was confirmed that all stroke patients were reviewed quickly by a clinician, and although potentially CT radiographers were available out of hours, the target of a scan within the hour, was not always achievable.

- With reference to the length of time patients spent waiting in ambulances outside the Worcestershire Royal before being transferred, the Committee was advised that the target was a maximum of 15 minutes wait. There had recently been an increase in the demand for ambulances and the Trust was working with other agencies to ensure that only patients requiring emergency care were brought in by ambulance. With the West Midlands ambulance service regaining the 111 service from 5 November, and their clinical staff to be answering the initial telephone calls, it was anticipated that by the start of the New Year, improvements would start to be very noticeable. It was noted that a member of the National Ambulance Team was currently helping to review current practices to improve the flow. In addition, work was being done to ensure clear pathways were in place so that paramedics on the ambulances could be confident in the system and the process of transition would be speeded up.
- The lengthy delay between a patient being discharged and being allowed to leave the hospital was raised. The Committee was informed that this process was being reviewed to see how the process could be speeded up. It was also felt that communication about the length of discharge was key so that patients understood the likely timescales involved and the reason for the wait.
- A Member queried what the anticipated timeframe was for the improvement work. The Chief Executive explained that there were many examples of issues which would increase the efficiency of the service, for instance electronic prescriptions would free up staff time; a half day reduction in hospital stays would help with patient flow and efficiency levels and an increase in the recruitment and retention of permanent staff would save money and add to productivity.
- In response to a query, the Committee were informed that there had been an overall reduction in the vacancy rate from 13% to 9% so there was now less reliance on temporary doctors and nurses. A key focus for this year had been the recruitment and retention of nurses. The Trust had been working hard to try to encourage current

nursing staff to remain in post, whilst also seeking to increase recruitment at home and overseas. They had recently been successful in recruiting qualified nurses from India, which had significantly contributed to the vacancy rate for nurses being halved within 6 months. Upon arrival the nurses completed a 6-8 week orientation to the NHS working in the wards as healthcare assistants, following which they would be ready to carry out their allocated role.

- In response to a question, the Chief Executive explained that they were very much aware that when considering pathways of care, they needed to look at geographical areas and how organisations worked together in those areas. The NHS long term plan would see much greater integration of services and patients benefitting from seamless care. He was currently meeting regularly with other agencies and these occasions were used to challenge each other and work together in the best interests of health care locally. Quality of care was crucial, and his key focus was on ensuring that the Trust was providing this. He felt it was valuable to gain an external view of the service and saw the CQC report's findings as an opportunity to help the Trust improve.
- The impact of 'health tourism' was raised. The Committee was informed that due to the geographical location of Worcestershire, this was not a major issue locally. The Chief Executive explained that when the situation arose, Department of Health guidelines were followed to pursue the recovery of monies.
- In response to a query, the Chief Executive commented that staff had been placed under tremendous pressure in recent years and that a 'good' rating was a realistic ambition at this point. He stressed that with continued momentum and hard work, there was no reason why the top goal couldn't be reached in time.
- Fundraising by the voluntary sector for a specific piece of equipment was highlighted as an area of concern, in situations where the hospital later advised that the equipment wasn't able to be used. The Committee was advised that it was vital that a proper procedure was followed which approved the need for any specific new equipment, in advance of any fundraising initiatives, hence avoiding this type of situation arising.
- The issue of lengthy waiting times in the accident

and emergency department was highlighted. The Committee was informed that the Trust was currently working on reducing waiting times. It was highlighted that residents also needed to be made aware of the alternative options for treatment. If they were able to travel to a Minor Injuries Unit, for instance, the same treatment may be available, yet the wait may be much shorter.

- A query was raised regarding plans to cope with Winter pressures. The Chief Executive explained that interestingly Summer was no longer a quiet period with July this year having the highest ever figures for attendances. The Committee was informed of plans to cope with extra pressure which included extra capacity in A&E and the opening of a further ward in the Aconbury building in 2 weeks-time. The overall increase in capacity would be over 100 new beds at the Worcestershire Royal site.
- A Member asked what would happen if the Trust did not come out of Special Measures as recommended by the CQC. The Chief Executive advised that it was unusual, but not unheard of, for NHS England to disagree with the CQC recommendation. If that were to happen, however, the Trust would continue on the path it was currently taking, focusing on the 3 key priorities and accelerating progress wherever possible. They would continue to work together with the other local agencies and the NHS Regional team which had been very supportive.
- In terms of the meeting the following week with partner agencies, the Committee was informed that the key areas of focus would be on discharge planning and Home First. It was highlighted that much more was now able to be done in the Community teams and staff needed to be aware of the capabilities in all areas, so that they could work more closely together for the benefit of patients and the health service as a whole.
- The sharing of good practice was raised, as to whether there was provision for this to be being carried out across all the sites. It was confirmed that leadership teams were currently carrying out performance reviews to look at the consistency of service across the different sites. The Director of Communications and Engagement also referred to the Respect programme which had a clear plan to bring all parts of the health and care system together.

**942 Worcestershire
Acute Hospitals
NHS Trust
Clinical
Services
Strategy**

The Committee received an update on the development of the Trust's Clinical Services Strategy. The Trust was developing this strategy in line with its strategic purpose of 'Putting Patients first' and to support its overall strategic objectives. The aim of the strategy was to help secure the safest, highest quality, sustainable hospital services for patients from across Worcestershire and neighbouring counties.

The Chief Executive of the Trust gave a presentation of the key aspects of the development process:

- Referring to the pyramid diagram of 'Putting Patients First' he explained that this demonstrated the way in which services would become financially and clinically sustainable in the future.
- Whilst the overall focus of the Strategy was based on a 5-year plan, it was also underpinned by 3 year and 12-month plans.
- In response to a query, the Chief Executive explained that the usual annual planning process would still be continued and would be the process by which a refresh of these plans was carried out. The Trust would continue to be scrutinised through various means, including through the Non-Executive Directors on the Board, the Kings Fund and through confirm and challenge conversations between the services.
- The Chief Executive wanted to make it clear that this process was not about closing sites or services, but instead was about recognising the need to be responsive to the changing needs of the population. This would mean that there would be some changes particularly around ensuring more integrated care taking place outside of the main hospitals. The ambition was to reduce outpatient appointments by a third. The changes could also involve highly specialised care being managed as part of a network/partnership arrangement where appropriate. It would be crucial to make the most of the hospitals and the 42 service areas that the Trust currently had, but also to future proof the service. Details of any proposals in this regard would be brought to HOSC.
- In terms of the out of county specialist care, referred to above, which was an area that had grown over the years, the Chief Executive advised that the current arrangements were currently being reviewed to establish what worked best for

patient outcomes and ease of access. Once this had been completed a view would be taken as to future arrangements.

- Staff had responded very positively to the development of the Clinical Services Strategy and had been proactive in drawing up plans for their areas and taking back control.
- The stakeholder and public engagement events in August and September had proved to be very well attended and the Board received useful feedback to help them shape future services. The next key stage was consideration of the strategy at a private Trust Board meeting in October, to be followed by a public Trust Board meeting in November, where detailed plans would become available.
- The Chief Executive set out the 3 key drivers to this process, and 4 imperatives, based on Frailty, Access, Cancer care and End of Life care. The Chief Executive explained that it was crucial that end of life care was planned for, to ensure it was provided in the right place. If a patient was on an End of Life plan in a care home, it was inappropriate that they should be hospitalised. On an occasion when such patients were admitted to hospital, a stay of more than a couple of days was not helpful. Where a patient had no relatives, continued work with community and social care colleagues was looking to improve the situation for these patients.

The Chairman referred to the capital expenditure proposals at Worcestershire Royal and Alexandra hospital sites totalling £29M:

Worcestershire Royal Hospital

Area of cost	Estimated Cost £M
Maternity Services (including 2nd Obstetric Theatre)	2.3
Paediatric services (including PAU)	1.7
General and acute bed capacity	16.9
Car parking	0.5

Alexandra Hospital

Area of cost	Estimated Cost £M
Elective Care centre (including Ophthalmology theatre)	2.8
Endoscopy	1.7
Paediatric ambulatory care centre (outpatients)	0.3
Theatres	3.3

One of the projects, included in the total general and acute bed capacity at Worcestershire Royal, was nearing completion and he asked about progress with the others. The Chief Executive responded that the business case for endoscopy at the Alexandra Hospital would be considered at the Trust Board shortly and the other 3 projects there were out to procurement.

The Chairman invited the Health Watch representative to address the Committee. Mr Pinfield reported that he and his colleagues were very regular visitors to the Trust's sites as part of their role. He advised that the view from the public was that improvements were being seen across services, but that there was still much to be done. The public engagement exercises had been positively received and worked well. It was hoped this would continue to be built on in the future.

A Member queried whether the strategy included dealing with new areas of development? The Chief Executive advised that they had tried to use the Sustainability and Transformation Partnership's future projection data to future proof their plans. It was understood that the population of Worcestershire was expected to increase by 100,000 by 2025. It was suggested that the Trust might wish to be closer to the discussions that took place regarding future developments. In response to a further query, the Director of Communication confirmed that the PFI projected growth projection calculations had had to be readjusted in recent years.

The Chairman thanked the WHAT Representatives for their attendance and the detailed presentation, which was much appreciated. Members congratulated the staff on their achievements and expressed support for the progress made. It was noted that the Trust would provide updates to the Committee as required.

943 Health Overview and Scrutiny Round-up

No updates were received.

944 Work Programme 2019/20

The Committee received details of its current Work programme to review and the following issues were discussed:

- **Mental Health/CAMHS.** The Democratic Governance and Scrutiny Manager (DGSM) advised that the issue of emergency mental health care provision had been raised at Children and Families Panel. Meanwhile following an overview in September 2018, CAMHS was on the HOSC work programme to be reviewed in the near future. The Overview and Scrutiny Performance Board was supportive of the proposal that both these issues could be usefully considered jointly by HOSC and the Children and Families Panel. A Member suggested that the provision of emergency mental health services between Friday evening and Monday morning urgently needed reviewing. The Chairman asked that the link to the Committee's previous consideration of this topic be circulated to members, so that they could be reminded of previous discussions.
- **Ambulance Trust.** The Chairman commented on the recent very good performance of the Ambulance Trust. He asked that a letter be sent to congratulate them on remaining the leading Ambulance Trust and also for their successful bid for the 111 contract. This was supported by the whole Committee.
- **Trust's Action Plan in response to the CQC report.** In response to a query, it was clarified that the November Acute Board meeting would be the point at which the Action Plan would be made available to the public.
- **New housing developments factored in to planning for acute health services.** This issue was being raised as District Councils were currently considering local development plans or revisions to them. An explanatory note prepared by a Planning Officer at the County Council on this issue was asked to be circulated to the Committee. The DGSM

commented that after reading the explanatory note, Members might feel that there was a role for HOSC to review the process and establish how health service provision was taken into account. It was suggested that the Planning Officer could be asked to attend the next HOSC meeting, if required.

- **Sustainability and Transformation Partnership (STP).** An update on the work and structure of the partnership was requested.

The meeting ended at 12.05 pm

Chairman