

Minutes of the Health Overview and Scrutiny Committee

Monday, 9 May 2022, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr Frances Smith (Vice Chairman),
Cllr Salman Akbar, Cllr Sue Baxter, Cllr Mike Chalk, Cllr Calne Edginton-White,
Cllr John Gallagher, Cllr Natalie McVey, Cllr Jo Monk, Cllr Chris Rogers and
Cllr Kit Taylor

Also attended:

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care
Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing
Mari Gay, NHS Herefordshire and Worcestershire Clinical Commissioning
Group

Carol Rowley, NHS Herefordshire and Worcestershire Clinical Commissioning
Group

Paula Gardner, Worcestershire Acute Hospitals NHS Trust

Justine Jeffery, Worcestershire Acute Hospitals NHS Trust

Rob Cunningham, Herefordshire and Worcestershire Health and Care NHS
Trust

Dr Dhan Marrie, Herefordshire and Worcestershire Health and Care NHS Trust

Mark Fitton, Interim Strategic Director of People

Rebecca Wassell, Assistant Director - Commissioning

Matthew Fung, Public Health Consultant

Samantha Morris, Overview 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 9 March 2022 (previously circulated).

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

1057 Apologies and Welcome

The Chairman welcomed everyone to the meeting and explained that the meeting would be webcast.

Apologies had been received from Councillors David Chambers, Lynn Denham and Adrian Kriss.

Members were informed that Councillor Mike Johnson, Worcester City Council HOSC Member, had stood down from Worcester City Council at the recent election. As a consequence there was a vacancy on the Committee for a Worcester City Councillor. Thanks were given for Mike's commitment to HOSC over recent years.

1058 Declarations of Interest and of any Party Whip

None.

1059 Public Participation

None.

1060 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 9 March 2022 were agreed as a correct record and signed by the Chairman.

1061 Refresh of the Scrutiny Work Programme 2022/23

Members had been asked to consider suggestions for the 2022/23 HOSC Work Programme prior to it being submitted to Council for approval. It was agreed that the latest Work Programme was still valid, with one additional Item – Out of County elective surgery.

1062 Progress Update against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital Handover Delays

Attending for this Item were:

NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)

Mari Gay, Managing Director and Lead Executive for Quality and Performance

Worcestershire Acute Hospitals NHS Trust (WAHT)

Paula Gardner, Chief Nursing Officer

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)

Rob Cunningham, Associate Director Integrated Community Services

Worcestershire County Council (the Council)

Mark Fitton, Interim Strategic Director of People

Rebecca Wassell, Assistant Director of Commissioning
Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care
Karen May, Cabinet Member with Responsibility for Health and Well being

The Chairman explained that the Strategy and Engagement Director from West Midlands Ambulance Service University NHS Foundation Trust (WMAS) was unexpectedly unable to attend the meeting, however, had provided a summary for the attention of HOSC Members. WMAS was taking fewer patients to the two acute hospitals in Worcestershire, however, delays in hospital handovers remained a significant concern.

The summary discussion of the progress made against the recommendations from the Scrutiny Task Group Report included the following key points:

- The Health and Care System continued to be extremely challenged. WAHT Emergency Departments (EDs) were seeing many more walk in patients with more complex clinical needs, COVID-19 continued to be prevalent although there were signs that cases were beginning to fall. Workforce continued to be of national concern, with high rates of vacancies across the health and social care sector
- The System had recognised that ED capacity at the Worcestershire Royal Hospital site (the Royal) was not right. The new ED was anticipated to be open in December 2022, however, the enhanced Medical Assessment Unit (MAU), which would provide an additional 21/22 beds, had been delayed due to water sampling issues
- Since 25 April 2022, the System had adopted a different approach to patient flow, working through a Rapid Improvement Cell, which had Executive Leadership. The focus was on earlier discharges and identifying patients who could be discharged before 10am, known as 'golden' discharges. It was reported that on Friday 6 May, 50% of patients were discharged before midday and 90% before 6pm. This pace was commended but needed to be embedded and become usual practice
- Same Day Emergency Care was being delivered in key services and signposting to appropriate services, such as Minor Injury Units, was being undertaken
- Patients waiting in ambulances were checked on a regular basis, however, it was acknowledged that it often caused patient distress
- Performance in discharge to Home was very good and discharge to Community Hospital had increased, with the HWHCT opening an additional 20 beds. As a consequence, Staffing levels had been stretched
- Workforce across the health and social care sector continued to be of concern, both locally and nationally
- The situation continued to be run as an Incident and would run as such throughout the Summer until sustainable patient flow could be achieved.

Members were invited to ask questions and in the ensuing discussion, the following key points were made:

- A Member asked why workforce issues had not been resolved given it had been of concern for some time. In response, it was reported that lack of Doctors was the biggest factor and was a nationwide issue. Locum Doctors were available but were an expensive option. WAHT had recruited a new Chief Medical Officer in November and was pleased to report that 2 Respiratory Consultants had been appointed since. It was agreed to provide the HOSC with the number of Doctor vacancies at present
- For the period December 2020 to December 2021, there had been 200 Nursing vacancies. At the time of the meeting, the figure was 99. WAHT had successfully recruited, mainly from India, Nurses who were also training across HWHCT and the Council. This rotational approach was positive for the System. Separately, there was a number of Healthcare Assistant vacancies, mainly due to attrition. It was reported that Retailers often paid a better hourly rate than was available with the NHS
- When WHAT opened an additional Ward, Staff were brought in to provide a stable workforce with their substantive positions being covered on a temporary basis
- HWHCT acknowledged that their workforce was aging. There were options to promote increased flexibility to retain experience in the organisation, such as offering a flexible retirement. In addition, as the work was community based and as shift patterns were not a main driver this allowed for a more flexible workforce. That said, the complexity of patient need was increasing resulting in the requirement for highly skilled nurses. It was noted that there had been success in overseas recruitment
- Additional investment by HWCCG in the Neighbourhood Teams had resulted in the equivalent of 70 whole time posts being recruited to, which was 90% of the requirement, with 30 vacancies remaining
- HWCCG acknowledged the workforce examples given and reported that it was of national concern. The People Director had recently been appointed to the Integrated Care Board and it was hoped that the links with the new University of Worcester Medical School would be beneficial in the future
- When asked how Partners would know when the system was working, Members were informed of the NHS Constitution Standards which required good access and good patient flow. In addition, Senior Leaders would look at numbers and types of complaints and incidents which would inform decision making. Each organisation also had a performance framework which was discussed at respective Executive Boards on a regular basis
- Referring to the performance on early discharges, it was reported that levels were often around 15-20% before midday, sometimes as low as 8-9%. The rapid improvement since 25 April was commended, however, it would need to be embedded and become sustainable. 8 discharge support workers, who had been COVID-19 vaccinators, had contributed to the improvement
- A Member requested that future HOSC reports included performance data and information on what impact any change was having. It was

agreed that performance information could be shared with HOSC Members after the meeting

- In response to a question about how organisations planned for recruitment for those Staff nearing retirement age, the HOSC was assured that organisations did not delay the process and adverts were placed when vacancies were known. Exit interviews were undertaken to determine why staff were leaving, although it was reported that turnover of staff was normally around 12%
- Social care recruitment and retention was no different to the NHS and was also affecting the independent sector. Central Government was trying to make the sector an attractive career path, however, when the retail sector was able to pay a higher rate of pay, this was a huge barrier
- A Member asked about progress with the Fire Authority's offer to assist with patient transportation, to be informed that the offer was no longer viable. However, Fire Authority Reservists and people employed as part of the COVID-19 vaccination programme were now involved in the hospital system, including ED transportation
- There had been a significant increase in the number of patients utilising the Urgent (2 hour) Community Response via WMAS. This was a positive step; however, it was noted that Minor Injury Unit numbers were not increasing at the same rate
- The ED at the Alexandra Hospital in Redditch received fewer ambulances as specialist services were based at the Royal and ambulance crews were aware of this. It had been previously reported that the ED at the Alexandra worked more efficiently and where possible ambulance were diverted to the Alexandra. The more complex cases, however, were directed to the Royal
- A Member referred to the Report, specifically the 1,074 ambulance handovers which had exceeded 60 minutes during March 2022, 876 of which were at the Royal. April figures were similar and 6 hospitals across the West Midlands were reporting similar performance
- Members were reminded that COVID-19 was still prevalent and the figures quoted coincided with the latest wave. It was agreed to provide HOSC Members with more COVID-19 inpatient data, however, at the time of the meeting, there were 75 inpatients across both acute hospitals, which was nearly 3 Wards. At the January 2021 peak, the figure was over 200
- It was confirmed that the role of a Discharge Lounge, was for medically fit inpatients to leave the Ward, go to the Lounge and wait for onward transport. It was noted that the Discharge Lounge was relocating to a more convenient location where hospital transport would not be needed
- The Medical Assessment Unit opening had been delayed, not due to building work, rather water testing samples which had failed. If it had opened, as expected, in March, an additional 28 beds would have been available. The Royal had freed up 21 beds to support the Discharge Pathway
- In response to a Member question as to why change had not occurred before now, HWCCG recognised that expert advice had previously been sought, however, the system was now working in a much more integrated way and an increased number of senior leaders were

focussed on improvements. There was general acknowledgment that improvement was needed at the Royal, however, Worcestershire was out-performing other Trusts in the region for Pathway 1 discharges

- There was general acknowledgement that rapid improvement was not a quick fix, but it was hoped that over the next 2 to 3 years stability and continuous improvement would occur
- The Cabinet Member with Responsibility for Health and Wellbeing and the Cabinet Member with Responsibility for Adult Social Care added to the discussion commenting that there was a need to change public perception of the health and social care sector. They were also concerned about workforce pressures and hoped that all partners would be proactive in attracting students from the University of Worcester to stay within the County
- An example of collaborative working was given, whereby regionally Stroke Services was under recent pressure. Through regional joint working, Consultant cover was secured and WAHT had subsequently been able to attract 2 Consultants after they experienced the working practice in Worcestershire
- System wide, it was hoped that there was a potential to attract a new workforce, including those involved in the COVID-19 vaccination programme who were perhaps on furlough from other employment and would wish to stay working within the sector.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and echoed the concern over workforce pressures, which had also been highlighted as a national concern. In addition, Healthwatch was pleased to learn that the new Chief Medical Officer was supportive of WAHT undertaking research, which should be attractive to future clinicians.

The HOSC Chairman thanked everyone for an informative discussion and asked for all partners to report back at the 8 July 2022 HOSC.

The Meeting adjourned for 5 minutes.

1063 Patient Flow

Attending for this Item were:

NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)

Mari Gay, Managing Director and Lead Executive for Quality and Performance

Worcestershire Acute Hospitals NHS Trust (WAHT)

Paula Gardner, Chief Nursing Officer

The previous Item and discussion had covered much of this Agenda Report; however, it was reiterated that rapid improvement had been seen as a result of focussed work to discharge patients early in the day.

Simple discharges, those patients without any ongoing health or social care need, may be medically fit, however, they were often still poorly. A project to

provide wrap around care for 24 hours was underway. Capacity at the Royal would be increased to support the ED and was expected to open in the coming months.

Member questions were invited and key points included:

- The Chairman highlighted that there was no mention of delays to discharge due to Pharmacy and it was previously reported that provision was not an issue. In response the Managing Director HWCCG explained that there were few delays resulting from Pharmacy provision and as part of the rapid improvement cell, where possible pharmacy was dispensing medicines the day before discharge
- The bigger challenge was related to transport. Hospital transport needed to be booked earlier and where possible families encouraged to collect relatives, rather than relying on hospital transport
- There was no delay to occupational therapist support and if there was such a delay, steps were in place for it to be escalated immediately
- It was agreed to provide HOSC Members with further information on patient flow Key Performance Indicators, which were nationally mandated, alongside performance information over time to show trends. The target for Pathway 1 discharges was 80% within 24 hours
- A Member asked whether patients would stay in hospital if adaptations were needed in their own home, to be informed that patients did not remain in hospital if adaptations were required at home except in a few instances eg if a patient lived outside of Worcestershire. A risk based approach was taken and if needed Community Hospital beds would be used
- There were currently 253 Community Hospital beds open and the Council had commissioned further transition beds to ease patient flow. It was reported that the financial investment in Pathway 1 had been huge both in and out of County.

It was agreed that a further Report would be scheduled for the 8 July HOSC.

1064 Maternity Services

The Chairman had agreed to change the Agenda order. Attending for this Item from Worcestershire Acute Hospitals NHS Trust (the Trust) were:

Paula Gardner, Chief Nursing Officer
Justine Jeffery, Divisional Director of Midwifery

Members had received a comprehensive Agenda Report, highlighting the progress made on Maternity Services since the Trust's last HOSC Report in September 2021.

As a result of the Care Quality Commission (CQC) inspection in December 2020, the Trust had developed an Improvement Action Plan to meet all of the CQC recommendations. At the time of the meeting, only 5 actions were

outstanding with an expectation that these would be completed by September 2022.

Workforce issues remained, however, there had been excellent progress in recruitment. Nationally, there was a shortfall of 5,000 midwives, yet in Worcestershire, there would be no vacancies by February 2023, if the same level of recruitment was undertaken.

Good progress was being made against Key Performance Indicators in clinical outcomes and Staff had been responding to the recommendations in the Ockenden Reports. These Reports followed the independent review of Maternity Services at Shrewsbury and Telford NHS Trust and Worcestershire had 92% compliance against the Reports immediate actions.

In the ensuing discussion the following key points were made:

- The Trust did not have any timeframe on a full CQC re-inspection of Maternity Services, however CQC monitoring visits had taken place and progress reports were taken regularly to the Trust Board for scrutiny
- In response to a member question about whether the use of beds were designated and dedicated for use in particular area eg antenatal or postnatal, the Committee was advised that as physical space was limited, if a patient needed care, it would be provided in the bed that was most appropriate and available at the time. It was more important that a patient received the most appropriate care
- Midwifery students graduated twice a year and it was hoped that students would stay local, however, neighbouring Trusts were also attractive propositions. The Trust was active in engaging with the University early
- A Member asked for data to be included in future reports. It was agreed that the Key Performance Indicators from the Improvement Action Plan could be shared with the HOSC now
- The Trust acknowledged that Staff morale continued to be very low. This was a national picture with challenges in recruitment, the concern from the review in Telford and Shrewsbury, capacity and demand and the ongoing implications of absence due to COVID-19. The Trust had recognised International Day of the Midwife, was due to recognise International Nurses Day and was committed to building morale across the Trust
- The number of midwives retiring was low, however, from exit interviews it was suggested that midwives were leaving the profession or moving to national organisations, rather than moving to another Trust
- In response to a question as to why people were not joining the midwifery profession, Members learned that overall there were fewer training places available but no shortage of people wanting to join the profession. In Worcestershire, the number of training placements had been increased and the Trust hoped to retain Staff by adopting greater flexibility to ensure a better work/life balance
- At the time of the meeting, there were 19 midwifery vacancies and 14 support worker vacancies. Offers had been recently made to 7

students, to start in September 2022. The Trust was confident all vacancies would be filled

- HOSC Members learned that an audit was carried out every 3 years to determine fully funded staffing levels for the area
- The Cabinet Member with Responsibility for Health and Wellbeing asked what the Trust had learned as a result of the Ockenden Reports. The Trust had made contact with families of past cases and one family had welcomed a case review from a number of years ago.

The HOSC Chairman thanked everyone for a useful discussion and requested a further update on progress at the November HOSC.

1065 Dementia Services in Worcestershire

Attending for this Item were:

Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG)
Carol Rowley, Dementia Services Lead

Herefordshire and Worcestershire Health and Care NHS Trust (the Trust)
Dr Dhan Marrie, Consultant in Older Adult Mental Health

Worcestershire County Council (the Council)
Matt Fung, Public Health Consultant

By way of introduction, a summary of the Agenda Report was provided. Members learned that prevention was an important work area and a number of lifestyle interventions, such as limiting alcohol use, reducing obesity and controlling blood pressure, may prevent or delay dementia onset.

During the COVID-19 pandemic, funding had been received to enhance the memory assessment service. Clinical Staff had been redeployed and there was a backlog of cases, however the additional funding had been used to manage the service which was now operating at pre-pandemic levels.

Nationally, there was a recommendation to diagnose dementia within 12 weeks and statistically, Worcestershire was measured as having a diagnosis rate of 67%. This was explained as a prediction that around 8,000 residents were aged 65 or over and two thirds would expect to have dementia. There were currently around 4,600 diagnosed residents, meaning that an additional 1,350 patients would need to be found. Worcestershire was currently performing at around 50%. A recent NHS England study suggested that diagnosis rates were higher in urban areas.

Work on the County Dementia Strategy had paused during the COVID-19 pandemic; however, activity was restarting and professionals from various sectors were actively engaged. Activity and awareness raising was encouraged and a mapping exercise had taken place to establish what services were available across the County to identify any gaps in provision.

Care Home diagnosis rates would be expected to be around 80%, however, some Worcestershire Care Homes had figures as low as 40%. This was currently a piece of focussed work.

Members were invited to ask questions and the following points were made:

- When asked to what extent GPs were trained, it was reported that across Herefordshire and Worcestershire the level of understanding was high, with very experienced GP Leads. Lunchtime education sessions for GPs were being developed and some GPs were able to diagnose
- Low Care Home diagnosis rates was of concern; however it was suggested that the focus was on early detection and residents in Care Homes may have more advanced dementia
- The Council and HWCCG were working together to better understand the national modelling to determine whether the 67% estimate was a true reflection of the situation in Worcestershire. Members learned that only age and sex were used in the modelling and no account was taken on other factors such as social isolation, levels of deprivation or any hearing loss. There was a known link between hearing loss and dementia. People with hearing loss generally became withdrawn resulting in the brain becoming less stimulated
- NHS England reported that urban areas usually achieved, or exceeded, the target of 67% diagnosis. When asked whether the working life of a resident could be of relevance, it was reported that it could and the risk factors could be more prevalent
- Although the target for Worcestershire was 67%, it was known that Staffordshire had a higher diagnosis rate
- Prevention was key and promoting healthy lifestyles could benefit residents. The increase in update of NHS Health checks was one area which was of particular focus
- Members sought clarity on the Dementia Pathways learning that there were 2 ways of diagnosis. For early intervention, proactive pre-assessment with support and opportunities in the community was available. For residents who had loss of function, the Community Mental Health Team would become involved and adaptations would benefit. An example could be the use of assistive technology to manage medication
- In response to a query as to how COVID-19 had affected the onset of dementia, it was reported that all work areas had been affected by the pandemic, however, the number of referrals dropped during the early stages of the pandemic
- A pilot project was in place with Advanced Nurse Practitioners looking at the low rates of dementia within Care Homes. It was reported that clinicians did not believe it was right to screen all Care Home residents and diagnosis was often given at the same time as another referral
- In response to a question as to the effectiveness of treatment in slowing down dementia, it was reported that oral medication was not that effective. Research had shown that living independently for as long as possible before moving to residential care helped. Other examples included treating other ailments as quickly as possible and the

introduction of talking therapies. There was also no strong link between Hormone Replacement Therapy and dementia prevention

- A Member commented on the wide ranging diagnosis rates across each of the District Council areas
- When asked how dementia diagnosis was performing against the 12 week target, it was reported that it was performing well and back to pre pandemic levels, however, it was unlikely to reach 100% as patient choice had to be factored in. For clarity, it was reported that assessments were now undertaken in a timely manner, however GPs would often have to rule out other ailments before a referral. It was agreed to provide the HOSC with recent further information on performance
- When asked about trends in early onset dementia, it was reported that around 400 Worcestershire residents were diagnosed, the youngest being 29. Memory services were more involved at this stage as the needs of this group of patients was different as they may have families, employment and other responsibilities for example
- The Addenbrooke's Cognitive Examination was a tool used to determine the level of memory loss and resources were available. Workstreams included the Dementia Well Pathway.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and referred to the support available to the 400 residents with early onset dementia and whether it equitable across the County. It was clarified that the 400 figure would form part of the 67% target rate and rates were in line with national figures as of 2019.

The Chairman thanked everyone for a useful discussion and asked for an update at an appropriate time in the future.

The meeting ended at 1.10 pm

Chairman