# Minutes of the Health Overview and Scrutiny Committee

## Council Chamber

## Monday, 17 October 2022, 10.00 am

### Present:

Cllr Brandon Clayton (Chairman), Cllr Frances Smith (Vice Chairman), Cllr Sue Baxter, Cllr Mike Chalk, Cllr David Chambers, Cllr Lynn Denham, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Chris Rogers, Cllr Kit Taylor, Cllr Richard Udall and Cllr Tom Wells

### Also attended:

Cllr Karen May, Cabinet Member with Responsibility for Health and Wellbeing
Mari Gay, NHS Herefordshire and Worcestershire Integrated Care Board
Vivek Khashu, West Midlands Ambulance Service University NHS Foundation Trust
Paul Brennan, Worcestershire Acute Hospitals NHS Trust
Rob Cunningham, Herefordshire and Worcestershire Health and Care NHS Trust
Paula Gardner, Worcestershire Acute Hospitals NHS Trust
Justine Jeffery, Worcestershire Acute Hospitals NHS Trust
Anita Roberts, NHS Herefordshire and Worcestershire
Tom Grove, NHS Herefordshire and Worcestershire

Mark Fitton, Strategic Director for People
Tanya Richardson, Public Health Consultant
Lucy Chick, Senior Public Health Practitioner
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 8 July 2022 (previously circulated).

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

### 1083 Apologies and Welcome

Apologies had been received from Cllrs Salman Akbar, Calne Edginton-White and Jo Monk.

## 1084 Declarations of Interest and of any Party Whip

None.

## 1085 Public Participation

None.

## 1086 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 8 July 2022 were agreed as a correct record and signed by the Chairman.

## 1087 Update on Improving Patient Flow and Winter Planning

Attending for this Item were:

NHS Herefordshire and Worcestershire Integrated Care Board (HWICB)
Mari Gay, Managing Director and Lead Executive for Quality and Performance

Worcestershire Acute Hospitals NHS Trust (WAHT)
Paul Brennan, Deputy Chief Executive

West Midlands Ambulance Service University Foundation NHS Trust (WMAS)
Vivek Khashu, Strategy and Engagement Director

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)
Rob Cunningham, Associate Director for Integrated Community Services

Worcestershire County Council (the Council)
Mark Fitton, Strategic Director for People

At the 8 July 2022 HOSC, Members had received information on plans to improve patient flow and improve performance on ambulance hospital handover delays. By way of update, the HOSC learned that the Worcestershire System continued to be in a very challenged position and ambulance delays were of greatest concern nationally. All partners were committed to the agreed Improvement Plan, however, delivery of the Plan had stalled, in part due to a spike in COVID-19 cases and workforce issues.

The Winter Plan, covering Herefordshire and Worcestershire, referred to specific geographical issues when required. It focused on national core objectives and actions and gave clearer responsibility for the HWICB.

Demand and capacity analysis had shown that before any of the winter schemes or urgent care improvements were implemented, there was a shortfall of 45 acute beds to effectively manage urgent care pressures. This figure was

an improvement on previous years when a shortfall of 80 to 100 beds had been reported.

Several immediate winter schemes were referred to, including additional pharmacy capacity, extra transfer teams to move patients out of the Emergency Department (ED), more discharge co-ordinators and a Matron to oversee long length of stay. In addition, hours had been extended at Minor Injury Units (MIU) and the 2 hour community response had been well utilised to respond to patients in their own home. Furthermore, a pilot scheme for virtual wards with a dedicated team and technology was to begin for frail elderly patients.

To improve handover delays, the adoption of the 'North Bristol Push Model' had been implemented in September, initially on the Worcestershire Royal site. The North Bristol Model required a minimum number of transfers of patients in each 24 hour period from the ED to assessment units and from those units to wards. The transfers required at least the equivalent number of safe and timely discharges. The Model had delivered some improvements, however further work was required to fully embed the Model before consideration would be given on possible introduction at the Alexandra Hospital.

The HOSC Chairman invited questions and in the ensuing discussion, the following main points were made:

- WMAS had previously stated the risk level for Worcestershire was 25/25, which had now remained the same for 12 months. Some areas within the region were in a slightly better position than Worcestershire, but most areas were incredibly challenged
- At the 8 July HOSC, it was reported that a target for significant improvement had been set for 1 September. When asked whether this had been achieved, it was stated that it had not been possible to implement and Partners were now working with NHS regional and national teams to reassess the trajectory of improvement
- Despite the net capacity increase of 29 beds at Worcestershire Royal Hospital since July, there had been little or no impact on handover delays. The North Bristol Model had been in place for 4 weeks and did initially have a positive impact by moving 36 patients out of the Emergency Department in each 24 hour period, increasing to 54 patients after the first week. These moves were irrespective of capacity elsewhere and did mean some patients were boarded on wards without a bed. Despite this, ambulance handover delays remained and some patients were spending significant hours in the back of an ambulance
- The new Urgent and Emergency Centre, located in the Aconbury Unit of Worcestershire Royal Hospital, was set to open from 14 November. With other plans, the physical space available would be much larger and there was capacity to increase North Bristol Model numbers greater
- It was noted that WAHT could not improve the situation in isolation. The Urgent Community Response had been in operation for around 12 months. It initially had around 25 referrals each day and now there was routinely around 40 to 45 referrals each day, with some direct from WMAS call handlers or paramedics

- 12 surge beds, across the community hospitals, had been created to ease acute pressures
- When asked whether the Care Quality Commission (CQC) was content with care taking place in the corridor, it was reported that discussions had taken place. On occasions when the ED was caring for over 100 patients, there was a need to rebalance the risk across the acute hospital site. WMAS had also discussed the situation with the CQC and reported that the patient at greatest risk was the one when an ambulance could not get to them in a timely manner. WMAS and WAHT balanced risk as best they could
- A national briefing outlined collective core objectives to form part of winter planning. Locally, key risks to delivery included the impact of COVID-19 and other respiratory challenges, workforce issues and the local market for Care Home placements. WMAS was also concerned about its falls response
- A Member was extremely concerned about the very significant challenges that Worcestershire faced and asked why an emergency had not been declared. In response, WAHT was in receipt of a lot of support from the NHS national team and government was aware that the WAHT was under huge pressure. By May 2023, physical capacity would be almost double what it was presently and recruitment was not of concern at the moment
- In response to a query as to whether patients were discharged too early, it was reported that it was generally the opposite and patients were not discharged early enough. Worcestershire had good performance on long length of stay nationally and the re-admission rate was low
- At the time of the meeting, there were 98 COVID-19 positive patients across both acute hospitals, with 57 beds dedicated to COVID-19 patients, meaning around half of patients were on wards with other patients. 4 patients were in the Intensive Care Unit, however in those cases COVID-19 was incidental
- At the time of the meeting, 301 ambulances were on duty across the West Midlands region. 31 were in Worcestershire and 10 of those were at hospitals, with the longest wait being from 05:52am. Across the region, there were 225 calls outstanding, 27 across Herefordshire and Worcestershire. In September, the average handover time, over a 24 hour period, was 4 hours although across the region, it was not unusual for up to 20 hours to be experienced
- When asked how worried the HOSC should be, Members were informed that response times had improved marginally for Category 2 calls, however, there was concern over the Category 3 calls, which included falls. The HWICB was concerned, however was encouraged with the slight improvement and recognised the challenges ahead
- The HWICB rated the overall risk as red, with NHS national team discussions taking place weekly. Once approved, it was agreed to share the Risk Assessment with HOSC Members
- The HWICB had recently recruited a Director of People, to focus on workforce planning across the system. Different strategies for recruitment had taken place across the System, including international recruitment. There was also ongoing work looking at skill sets for

various posts and how people could be retained by looking at work/life balance and options to retire and return. It was suggested that HOSC may wish to look at workforce at a future meeting. WAHT acknowledged there were consultant recruitment challenges in some areas, such as stroke services and acute medical services, however, the example was given whereby cardiology recruitment was often oversubscribed. Recruitment to ED Consultants had been of previous concern, however, was now fully complete. It was reported that retaining staff was often more difficult than the recruitment of staff

- Staff wellbeing was vital as employees were often the best advocates for recruitment by promoting a positive message within their own professional networks. It was agreed that information on WAHT wellbeing packages of care would be shared with HOSC Members.
- HWHCT reported that they had also introduced different ways of working to retain staff and ensure staff wellbeing. To combat rising transportation costs, HWHCT was looking at mileage rates paid and exploring whether pool cars or electric vehicles was beneficial
- The Cabinet Member with Responsibility for Health and Wellbeing appreciated the issues faced, advising that a whole system solution for prevention was now required to assist with admission avoidance
- In response, HOSC Members were advised that system partners did work collectively and there were very positive cross organisation relations. The System wanted the same outcomes; however, it should not be overlooked that the population was growing, living longer and with increased acuity and frailty. Worcestershire benchmarked very well on prehospitalisation activity, including primary care. There were no concerns in relation to acute clinical care
- When asked whether Staff were committed to the North Bristol Model, it was reported that not all staff were fully engaged and there were concerns about rebalancing the risk across the hospital. On occasions, the North Bristol Model had to be suspended for safety issues and it had been anticipated that on implementing the model, discharges would be earlier in the day. This had not been the case and whereas 30% of discharges should be before midday, it had only been around 16%, although more recently was around 20%. In general terms, around 85% of discharges should be before 4.30pm, however most discharges took place between 4pm and 7.30pm. It was reported that discharges needed to be brought forward by 3 to 4 hours and it was hoped that additional physical space would help
- Data provided in the Agenda showed that there had been an improvement in significant ambulance handover delays in September, which could not be attributed to any one factor
- At any one time, around 50 patients were in community hospital beds and could not go home or go to a Care Home. Delays did occur, mainly when discussions over long term care had to take place as patient choice had to be taken into consideration, especially as decisions were being made on where the patient would possibly live for the rest of their lives
- In response to a query over conversations with families around discharging patients to their family support network when safe to do so,

it was acknowledged that a national communication approach was needed to advise families of their responsibilities
- For clarity, winter plans were supported by new additional funding from the NHS regional winter pot
- A Member asked for further information on the role of HOSC in relation to the HWICB
- A Member was concerned about the length of time from a GP referral to treatment and asked whether there was any link to ED activity. By the end of March 2023, it was anticipated that no patient would be waiting over 78 weeks for treatment and there was no direct link to length of wait and ED activity, although urology services was of concern
- HOSC Members asked for their thanks to be passed on to all staff across health and social care organisations.

The HOSC Chairman brought the discussion to a close and thanked everyone for the update. Questions not asked during the meeting would be sent on to those present.

## 1088 Maternity Services

The Chairman agreed to take the Agenda out of order.

Attending for this Item from Worcestershire Acute Hospitals NHS Trust (WAHT) were:

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

Since the last report to HOSC, in May 2022, a number of improvements had been made, most significantly in workforce. Staff turnover had reduced, new recruits had been retained and there had been an increase in the number of student placements available. It was hoped that by February 2023, when the next cohort of students would qualify, the Service would have no vacancies.

Progress had slowed on the agreed actions from the Maternity Service Improvement Plan, although several engagement events had taken place over the summer and a number of actions had been completed. Following the publication of the Care Quality Commission (CQC) report in March 2021, of the 20 actions, 4 remained partially completed with work in progress. This was an improvement since the last HOSC update.

The Final Ockenden Report (the independent review of maternity services at Shrewsbury and Telford Hospital Trust) was published 30 March 2022. The Report highlighted 105 actions which Health Trusts were required to review and make improvements on, if actions were not already in place. This was a similar amount to the actions in the first Ockenden Report. WAHT had undertaken a risk assessment and gap analysis and was developing a single overarching service improvement plan to consolidate all actions in one document. It was acknowledged that nationally the spotlight on maternity services remained.

Members were invited to ask questions, with the following key points raised:

- When asked whether 1 Consultant Midwife was sufficient, it was clarified that at present it was a 0.5 full time equivalent post, which needed to be increased. The Ockenden Report recommended that consideration be given to maternity leadership requirements and funding had been secured to recruit a Deputy Director of Midwifery and other specialised midwifes. It was hoped that further funding would be secured for additional staff
- Members were concerned about the threat of national strike action over a fair pay deal and the possible impact on services locally. It was explained that WAHT would not know in advance how many employees may be involved in any strike, however, safety would be monitored around the clock. If at any point, staff were required they could be called for duty through an official process
- A successful international recruitment campaign for nursing staff had also introduced to midwifery and staff were being offered incentives to take additional 'bank' shifts, to reduce agency spend. Furthermore, WAHT was working with Wye Valley NHS Trust to explore career development opportunities for Health Care Assistants, which could result in enhanced pay for additional responsibility after 2 years of experience
- It was reported that 50% of midwifes leaving were completely retiring from the profession, which was a change from previous behaviour which saw midwifes return on an occasional basis. Other staff were leaving to return to previous careers
- When asked how students were encouraged to stay in Worcestershire, it was reported that new recruits had Mentor support for 6 months. Funding had also been secured for a 'retention midwife' to work with staff considering leaving and offering targeted support and well being
- When asked why staff considered leaving, it was suggested that although nursing and midwifery were rewarding careers, some patients presented with co-morbidities which could add to the pressure of work and on occasion it had to be acknowledged that situations could go wrong
- Work towards a Continuity of Carer model had established 6 teams over the last 2 years. As a result of actions arising from the Ockenden Report, 5 of the 6 teams had been retained
- WAHT needed 219 clinical midwifes and an additional 8 to fulfil training needs. At present, there were 218 in total and although there continued to be a reliance on 'bank' staff, the Service was in a much better position since new recruits started in September. Full Time Midwifes were employed for 37.5 hours each week and Managers were actively monitoring wellbeing by ensuring that breaks were taken and contracted hours were not overly exceeded. It was acknowledged that paperwork was sometimes competed after a shift, however the numbers staying on were decreasing
- The HOSC was assured that although WAHT Board considered the Maternity Service Improvement Plan in July 2021, it did receive monthly safety updates and progress updates. Furthermore, nursing and

midwifery staffing was discussed by the Board monthly and Trust Leaders were given a staffing situation report 3 times each day

- A Member referred to a national newspaper headline in relation to the recording of stillbirths. It was agreed a written answer would be sent in response, however, the Agenda Report, Appendix 1, recorded the stillbirth rate for WAHT
- WAHT had no target for elective or emergency caesarean rate. It was explained that the Ockenden Report had found that it was not a good mark for safety and should not be reported. WAHT continued to monitor the rates on quality grounds and there had been an increase in the year to November 2021
- Members were informed that the reasons behind the centralisation of acute maternity services at Worcestershire Royal Hospital had not changed and workforce pressures remained. Continuity of community midwifery was secure and once a patient was discharged, appointments continued to be in the locality
- As a direct result of the actions arising from the Ockenden Report, there was an expectation that all 200 Maternity Services nationally would be inspected by the CQC in the next 6 months. In addition, several Health Trusts were reported to be struggling.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and reported that Women and Families appreciated the service they received. He added that the Continuity of Carer approach would have implications on staff and their wellbeing.

The HOSC Chairman thanked everyone for their contribution and asked for a further update in 6 months.

## 1089 Update on Stroke Services

Attending for this Item from Herefordshire and Worcestershire Integrated Care Board (HWICB) were:

Mari Gay, Managing Director and Lead Executive for Quality and Performance
Anita Roberts, Stroke Programme Manager
Tom Grove, Director of Communications and Engagement

HOSC Members had been provided with the Agenda Report, which had also been considered by the Health Scrutiny Committees in Herefordshire and Powys.

Stroke was a serious, life-threatening condition which required immediate urgent action. The Herefordshire and Worcestershire Integrated Care System (HWICS) wanted to ensure that high quality stroke and TIA (transient ischaemic attack or mini stroke) services were delivered across the 2 Counties and had prepared an Issues Paper highlighting the challenges currently faced and outlining potential solutions.

At present, across Herefordshire and Worcestershire, services were provided by Worcestershire Acute Hospitals NHS Trust (WAHT), Wye Valley NHS Trust

(WVT) and Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT). In addition, the Stroke Association was commissioned to offer stroke rehabilitation and support.

The population of the 2 Counties was growing, getting older and living with more long-term health conditions, meaning more people were at risk of having a stroke, most significantly after the age of 60.

Several service challenges were highlighted, including the ability to recruit staff with specialist stroke skills to provide 24 hours a day, 7 days a week services across the 2 Counties. At present, the service at WVT was reliant on 2 locum consultants and there had been times when the unit at WAHT was at risk.

The Herefordshire and Worcestershire Stroke Programme Board had outlined 4 potential solutions for Acute Stroke Unit (ASU) and Hyper-Acute Stroke Unit (HASU) services:

Option 1 – No change to the current service across Herefordshire and Worcestershire
Option 2 – 7 day HASU at 1 site and 7 day ASU at 2 sites
Option 3 – No HASU nor ASU in either County (HASU and ASU out of area)
Option 4 – 24 hour/7 day HASU and ASU on 1 site with stroke specialist consultant cover (potentially Worcestershire Royal Hospital)

The preferred clinical model was Option 4 as residents would access services locally, however a business case was required. An engagement exercise was in progress to gather early views of patients and stakeholders. Transport and population modelling were still required before further discussions at the Stroke Programme Board. Any potential solution would require various stages of governance, including a full public consultation on any proposed changes ahead of a final decision being made.

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

- When asked the extent of the impact of ambulance handover delays on stroke patients, it was clarified that patients conveyed with a potential stroke would be taken from the ambulance quickly for diagnostic testing, however a delay may occur if no HASU bed was available. Time waiting for an ambulance was unknown, therefore it was vital that patients with any symptoms immediately called 999
- Service centralisation was not unusual. It was an attractive model for the recruitment of specialist staff, which under the current system was of concern
- WAHT had clinical nurse cover 24 hours a day and potential strokes would be confirmed by a CT scan. Around 70% of strokes were ischaemic strokes
- It was suggested that 3 patients each day were brought into Worcestershire from Herefordshire and Powys. Residents of Worcestershire were mainly conveyed to WAHT hospitals, however,

residents in the North could be taken to Birmingham or Dudley for example and in the South, to Gloucester

- Clarification was given that stroke services covered the whole pathway including community care and potential requirements for Care Homes or NHS Continuing Healthcare (CHC) funding
- In relation to rehabilitation, there was concern whether patients had capacity to make decisions and whether family members fully understood the decisions being made
- When asked why the Alexandra Hospital in Redditch was not being considered as a location, it was explained that Worcestershire Royal Hospital was geographically more central to the whole of Herefordshire and Worcestershire and the Alexandra Hospital lacked the space required
- A Member asked for clarification of a 'golden hour' which was given as the goal for onset of stroke symptoms to treatment time of 60 minutes or less to improve outcomes from an ischaemic stroke. The thrombectomy rate within this timeframe was about 10% however should be around 20%
- Currently 12 Consultants were required to cover Herefordshire and Worcestershire and if the service was centralised, 6 Consultants would be required. New posts could be created to enhance the offer and attract additional staff
- A business case would have to be developed and a funding bid, for both capital and revenue, would have to be submitted. Regionally, the current situation was high on a risk register
- When asked about the level of current early engagement, the Director of Communications and Engagement was invited to provide the update. Members were told that HWICB had given this a lot of thought. Information had been shared through existing networks, stroke survivor groups and social media and focus groups were planned. Literature was available in various languages, including Welsh, and was included on the vaccination buses. In addition, all relevant health scrutiny committees had discussed the issues.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and advised that he was a Member of the Stoke Programme Board. Some incidents which Healthwatch had been alerted to had helped to influence the work being undertaken. It was known that some suggestions did not sit comfortably with clinicians, such as increased telemedicine, however, it was generally agreed that the preferred solution would improve the situation for patients across Herefordshire and Worcestershire and Healthwatch was in full support of Option 4, despite the financial challenges faced.

## 1090 Worcestershire Joint Local Health and Wellbeing Strategy

Attending for this Item were:

Cllr Karen May, Cabinet Member with Responsibility (CMR) for Health and Wellbeing
Dr Tanya Richardson, Public Health Consultant
Lucy Chick, Senior Public Health Practitioner

The CMR introduced the Item by reminding Members of the development of the Worcestershire Joint Local Health and Wellbeing Strategy (the Strategy). The overarching priority of good mental health and wellbeing was supported by the 1,627 consultation responses. The Strategy supported collaborative working and although it covered 10 years, it was a moving document to keep it relevant for the time. HOSC Members were thanked for their support with the consultation process and there was a commitment for ongoing engagement.

The Strategy was agreed and adopted by the Health and Wellbeing Board (HWB) on 27 September 2022 before being considered by Cabinet on 27 October 2002. Its ambitions were:

- Good Mental Health and Wellbeing
- Healthy Living at all ages
- Safe, thriving and healthy homes, communities and places
- Quality Local Jobs and Opportunities.

The Managing Director of Healthwatch was a Member of the HWB and commented that the approach to tackling health inequalities was vital.

The HOSC Chairman was pleased with the engagement undertaken and agreed the response was positive. In opening the discussion to questions, the following key points were made:

- A Member asked how, in 10 years, the CMR would know the Strategy had been successful, to be informed that there would be less people in hospital and more independent living. 10 years was short in health terms, yet there was an urgent need to tackle health inequalities and that prevention was an important factor
- When asked what the role of HOSC was in relation to the Strategy, it was suggested that HOSC could look and challenge the Plans and data that sat below the Strategy. It was further suggested that HOSC could request an annual update to hold the CMR and partners to account
- A Member was concerned about the mental health of young people and students, especially in relation to social media and was assured that plans would be developed around these issues. In addition, domestic abuse was raised as a possible gap, however, Members were assured that many interlinking plans were vital to the overarching Strategy and the HWB would discharge its duty to the next level of partnership for appropriate action
- In response to a suggestion that some people would fall outside of the remit of the Strategy, the CMR clarified that the Strategy was an enabler for creating opportunities to address need and that prevention was better than cure
- A Member advocated the need to encourage residents to move around, especially if their work was based sitting, to reduce long term health needs. Furthermore, promoting active travel was an area the CMR supported.

The HOSC Chairman wished the CMR good luck in delivering the Strategy over the coming years.

## 1091 Work Programme

It was agreed that Glaucoma services would be added to the Work Programme.

The meeting ended at 1.25 pm

Chairman …….