

## **Minutes of the Health Overview and Scrutiny Committee**

### **Council Chamber**

**Friday, 10 February 2023, 10.00 am**

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#### **Present:**

Cllr Brandon Clayton (Chairman), Cllr Frances Smith (Vice Chairman), Cllr Salman Akbar, Cllr Mike Chalk, Cllr David Chambers, Cllr Calne Edginton-White, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Chris Rogers, Cllr Tom Wells and Cllr Richard Udall

#### **Also attended:**

Cllr Karen May, Cabinet Member with responsibility for Health and Well Being  
Mari Gay, NHS Herefordshire and Worcestershire Integrated Care Board  
Rob Cunningham, Herefordshire and Worcestershire Health and Care NHS Trust

James Avery, Worcestershire Acute Hospitals NHS Trust

Simon Adams, Healthwatch Worcestershire

Rebecca Wassell, Assistant Director for Commissioning

Samantha Morris, Overview and Scrutiny Manager

Alison Spall, Overview and Scrutiny Officer

#### **Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Additional information on Herefordshire & Worcestershire ICS Demand, hospital delays v performance January 2023 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 13 January 2023 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

#### **1112 Apologies and Welcome**

The Chairman welcomed everyone to the meeting.

Apologies were received from Councillors Lynn Denham, Sue Baxter and Kit Taylor.

#### **1113 Confirmation of the Minutes of the Previous Meeting**

Health Overview and Scrutiny Committee Friday, 10 February 2023  
Date of Issue: 27 February 2023

The Minutes of the meeting held on 13 January 2023 were agreed as a correct record and signed by the Chairman.

## **1114 Declarations of Interest and of any Party Whip**

None.

## **1115 Public Participation**

None.

## **1116 Update on Improving Patient Flow**

In attendance for this item:

Herefordshire and Worcestershire Integrated Care Board (ICB)

Mari Gay, Managing Director

Worcestershire Acute Hospitals Trust (WHAT)

James Avery, Interim Associate Chief Nurse

Herefordshire and Worcestershire Health and Care NHS Trust (H&WHCT)

Rob Cunningham, Associate Director, Integrated Community Services

Worcestershire County Council (the Council)

Rebecca Wassell, Assistant Director for People

The Chairman advised that a representative from the West Midlands Ambulance Service (WMAS) was not attending the meeting. However, additional information on demand, hospital delays and performance had been provided and was tabled at the meeting and would be published with the Minutes.

The Interim Associate Chief Nurse (IACN) from the Worcestershire Acute Hospitals Trust introduced himself to the Committee.

The Managing Director (ICB) introduced the report and advised that December 2022 had been one of the most challenging months on record for the NHS nationally. This had resulted from a culmination of Covid, Influenza and Strep A (in children) and the extended use across the whole range of urgent care services. Primary Care saw some of the highest levels of demand and 111 calls tripled during this period; there were also serious concerns regarding the rising infection rates. Added to this, there were other factors such as the ambulance handover delays and the industrial action at this time.

The Panel was informed that just after New Year, the spike in demand reduced considerably and that from early January, there had been improvements with less ambulance delays and significantly reduced ambulance waiting times, which was allowing for the improvement work to be embedded.

The same day emergency care (SDEC) units were now fully functioning on the Worcestershire Royal Hospital (WRH) site, and the following week regional clinical experts would be working with the Trust and the ICB to carrying out a 'walk through' of the units to assess patient movement and to provide advice as to how to progress things forward. The Committee was reminded that the patients using the SDEC Units did not need emergency care but required a medical opinion.

The Managing Director (ICB) highlighted that there were still some areas to work on, including the high numbers of patients being discharged too late in the day after 6pm. The national initiative 'home before lunchtime' was being discussed and if successfully implemented would considerably reduce pressure on staff. The Committee was informed that progress on achieving the discharge targets had improved particularly for Pathway 1. Extra community surge beds had been made available in December and January and were proving to be very helpful. Some additional nursing home capacity had been spot purchased, resulting in a good nursing home capacity at present, which had increasingly been made use of. The Committee was informed that national winter funding had been received to assist with this extra provision.

The Associate Director, Integrated Community Services (ADICS) outlined details of the Urgent Community Response (UCR) service implemented 2 years ago, which had had significant impact during the past year. The service offered planned and responsive, simple and complex, nursing and therapy care delivered by 12 established neighbourhood teams which were aligned to the primary care networks. When a referral was received, the aim was to deliver a service, including assessment and treatment, within 2 hours and to provide ongoing care to avoid the need for the patient to be admitted to hospital, wherever possible. Since July 2022 there had been an increased use of the service, particularly from WMAS, and daily referrals were currently at an average of 40 referrals. The ADICS explained that there had been a few components which had led to the improvements in the UCR service:

- The appointment of a dedicated Operational Service Lead.
- The establishment of a dedicated clinical triage team based in Worcester, creating a single point of access (SPA) for emergency services.
- The service SPA contact WMAS at least twice a day, to actively review their 'stack' of people waiting for an ambulance, to see if they can be realigned to a neighbourhood team to deal with. In recent times, the contact has been more frequent in light of the additional demands on the service.

The Managing Director (ICB) updated the Committee on a few other matters:

- The ambulance data on incident rates demonstrated that the situation was currently quite stable, which was welcome news.
- An Urgent Care Recovery Plan had just been launched nationally and most of the elements in that Plan were already contained in local plans. There were only a few small additions which would be needed to be progressed, for instance concerning virtual services.

- Workforce issues continued to be a big challenge, including staff sickness and recruitment issues.
- Overall, there were signs of improvement in most areas, but discharging patients from hospital earlier in the day, remained a crucial issue to tackle.

The Chairman referred to recent local newspaper reports about the process for patient handovers to the Worcestershire Royal Hospital during the recent industrial action by WMAS on 20 December 2022, particularly around patient safety. The IACN assured the Committee that communication with WMAS was good and was working well and that the work which had been carried out to improve patient flow would lead to a reduced pressure on the ambulance service 'stack' of calls waiting.

The Chairman invited questions from the Committee and the following issues were raised:

- In response to a question about the reason for the delay in discharging patients from hospital later in the day, the Managing Director (ICB) advised that the reasons were multi-faceted. Earlier preparation and planning was crucial especially with complex patients who would require support from families and appropriate equipment. Staff needed to liaise with patients' families at an earlier stage to enable sufficient time for options to be considered and plans to be put in place. The Committee was informed that there had been improvements with the pharmacy issuing of prescriptions, although transport issues still required improvement. The priority was safe discharge of patients, with home by lunchtime being the aim.
- The Committee was informed that the Integrated Discharge Support Hub was based in the Acute Hospital and was key to driving forward the discharge process by leading their teams in a co-ordinated approach. The new Emergency Department (ED) was due to open at the WRH in July, and work had already been initiated to assess the future demand so that a profile of need could be drawn up for planning services going forward.
- In response to a question about why the data showed that the Alexandra Hospital discharged more patients on Mondays than the WRH, Members were advised that this was currently being looked at to understand how the differences arose.
- A question was raised on the location of the surge beds. The ADICS explained that there were 8 beds initially which was then stepped up to 20 in total, split between Evesham, Bromsgrove and Tenbury Wells. On average 15-20 were in use at any one time. Due to the cost associated with the surge beds, they would be closed as soon as possible, with a review currently taking place to assess the number of beds needed going forward. The Managing Director (IBS) confirmed the Panel could receive details of this demand and capacity work once completed. In response to a question from the Cabinet Member with Responsibility for Health and Well Being as to whether the work was aligned to the South Worcestershire Development Plan, the Managing Director agreed to check and report back to the Committee.

- In response to Members' questions, the Committee was informed that 80-83% of patients went home from hospital with no onward care needs or were on Pathway 1. It was also advised that it was clinically safer for patients to await care inside the hospital rather than in an ambulance, but it was acknowledged that neither was a good experience for patients.
- A Member asked about the triage process used by the 111 service and how that connected to the UCR service. The ADICS advised that whilst he was not able to provide specifics about the 111 triage service, he explained that through close working and interaction with WMAS, and UCR being an option in the directory of services that all emergency staff had access to, the UCR service was accessed whenever it was felt to be appropriate.
- It was agreed that the Committee would be provided with number of patients that the % discharges occurring before midday (detailed on page 4 of the agenda report) related to.
- A Member queried how the public was informed of the importance of how to remain healthy through the ageing process. The Managing Director (ICB) agreed that this was an important issue to consider especially with the rising numbers of very elderly people and appropriate for a national campaign.
- In response to a question about the background to the recent improvements in ambulance handover delays compared to December, the Committee was informed that the improvement was due to a combination of factors including infection levels having returned to normal levels and an increased capacity on site at WRH. In terms of next steps, the Managing Director (ICB) advised that in order to meet the target in the National Recovery Plan of a 4-hour response time by the end of 2023, a 20% improvement was required. National funding was being made available to help with this.
- A query was raised about the potential health inequalities being created from patients being discharged from hospital too soon, particularly for those who could not afford to buy any extras needed to support them at home. The Committee was advised that patients were only declared medically fit for discharge to go home or to a community hospital if it was safe to do so. If a long-term package of care was required going forward, adult social care would provide that support.
- The impact of the recent industrial disputes and any potential tension resulting from these was raised. The IACN gave assurance that the relations were mutually respectful with effective meetings taking place to ensure that critical services were maintained. The cancellation of procedures had regrettably been necessary during the industrial action, but patients had received good notice of this.
- A Member sought clarification on the graph and table on page 12 of the report. It was explained that the length of stay (LOS) had risen in every hospital across the country, although the acute hospitals in Worcestershire were still benchmarking very well. The increased LOS was due to a range of factors including increased acuity of patients and high infection rates. Locally, LOS Matrons had been placed in the hospitals to focus on this issue where needed.

- A Member referred to the Out of Hospital alternatives referred to in the report (page 7), querying what the extended hours were at the MIUs. The ADICS advised that the extended hours initiative was a pilot being carried out over the winter specifically at Bromsgrove and it included radiology at the weekends. It was being promoted through social media, posters etc. The ongoing pilot was currently being reviewed to determine whether it should be continued or widened going forward.
- In response to a question about whether there had been a policy change with regard to whether ambulances remained outside of hospital with patients onboard or discharged them into the hospital to wait in the corridors, it was confirmed that the 15-minute handover was still the target.
- A Member expressed a concern that people might be reluctant to move out of acute care to a nursing home if they didn't like the home that was being offered. The Committee was informed that very small numbers of patients went directly from acute care to a nursing home. Over 80% of acute hospital discharges were simple, whereas from community hospitals they were largely complex discharges. Processes were in place to speed up the discharge from community hospitals, and the number of delayed discharges had reduced in the last few weeks. Currently, half of the delays were linked to nursing home options. Early communication with families and managing expectations were seen as the key factors to reduce these delays going forward.
- In response to a query, the ADICS advised that if a patient refused all of the options offered to them, ultimately, in liaison with Adult Care, an eviction order would be served to release the bed space. This would be a very last resort measure, which was used on an extremely rare occasion.
- A Member praised the NHS teams for the work they performed under tremendous pressure. The issue of how qualitative data was measured was then questioned and in response the Managing Director (ICB) explained that the driver behind all data was the premise of what was best for patients, both in terms of safety and quality. The IACN then gave examples of a range of quality indicators used by the urgent and emergency care teams, such as reporting of incidents where medicines were not given at the correct time and the promptness of pain relief measures when required. There was also qualitative feedback received from the friends and family score, through patient feedback and complaints.
- The extra surge capacity opened during the winter in community hospitals was being staffed through a mix of agency and bank staff, overtime, ongoing recruitment and at times moving staff from other services when needed. It was reported that the pressure on staff had been very significant. The extra capacity was funded through national monies received for winter schemes. It was currently being determined whether the additional beds would be needed going forward, and if so, whether they would be better sited in one location or several.
- Referring to the Worcester Walk-in GP centre which had closed in 2014, a Member questioned how many of these patients were now able to access GP services. The Managing Director (ICB) advised that there were alternatives for those patients including the Primary Care Team at

the WRH site, extended access hubs and acute respiratory hubs which allowed for more direct appointments. Primary care data was very strong, benchmarking very favourably with others in the region for attendances and admissions per 100,000. Further details would be shared with the Committee.

- A Member asked why there were less discharges from hospital on Mondays. The Committee was advised that sometimes it was connected with patients being admitted over the weekend and also there were some operational issues within the Trust which needed changing.

The Chairman invited the Healthwatch Managing Director (MD) to raise any questions. Healthwatch had two areas of concern, in relation to patient safety and the patient experience:

1. Healthwatch had been made aware that during the WMAS industrial action in December, ambulances had offloaded patients at the WRH, in response to a national directive. Healthwatch had concerns about this process in terms of patient safety and had arranged a meeting with the Chief Executive of the WHAT to discuss their concerns. The Managing Director (ICB) advised that it would be for WMAS and the Chief Executive of the WHAT to respond to this issue.
2. The Healthwatch MD referred to the limitations of the data currently provided in respect of discharges and that a more complete picture was needed. It was suggested that the data provided to the Committee should include the time lapsed between a consultant agreeing that a patient was medically fit for discharge and the date that they were discharged, readmission rates within 30 days of discharge as well as mortality rates following discharge. The Managing Director (ICB) confirmed that there was more detailed outcome and benchmarking data that would be made available.

In summing up, the Chairman thanked the attendees for their contribution to the meeting. He felt there were reasons for optimism and asked that a further update be provided to the Committee in May or June.

## **1117 Work Programme**

The Chairman drew Member's attention to a couple of alterations to the Work Programme that he had agreed as part of the agenda planning process:

1. Hill Crest Mental Health Ward would be added to the Work Programme and considered at the March Panel meeting.
2. Community Pharmacies, which was already on the work programme, would be considered at the April meeting.

At the request of a Committee Member, it was agreed to add Podiatry services to the Work Programme.

The meeting ended at 11.40 am

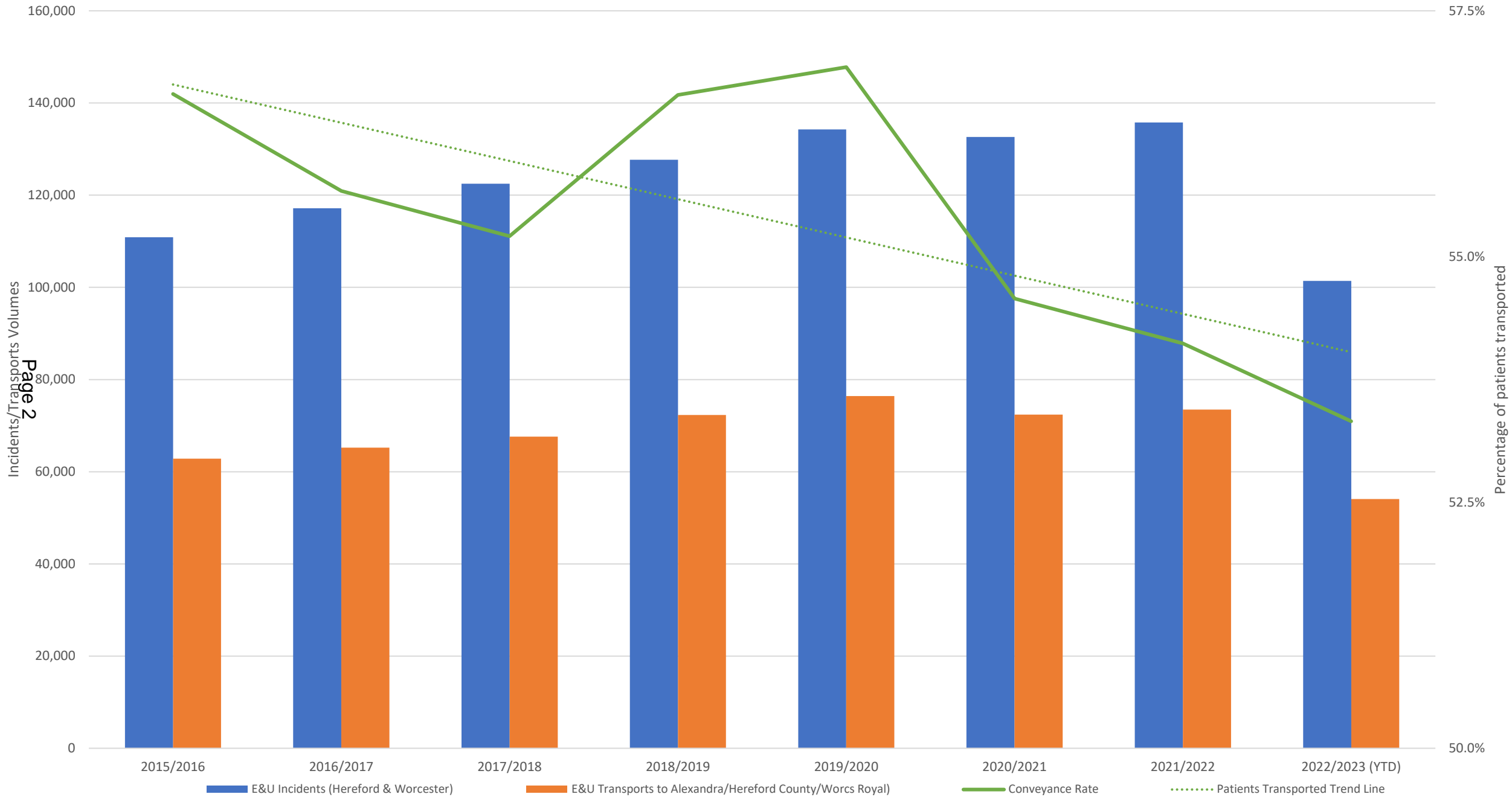
Chairman .....



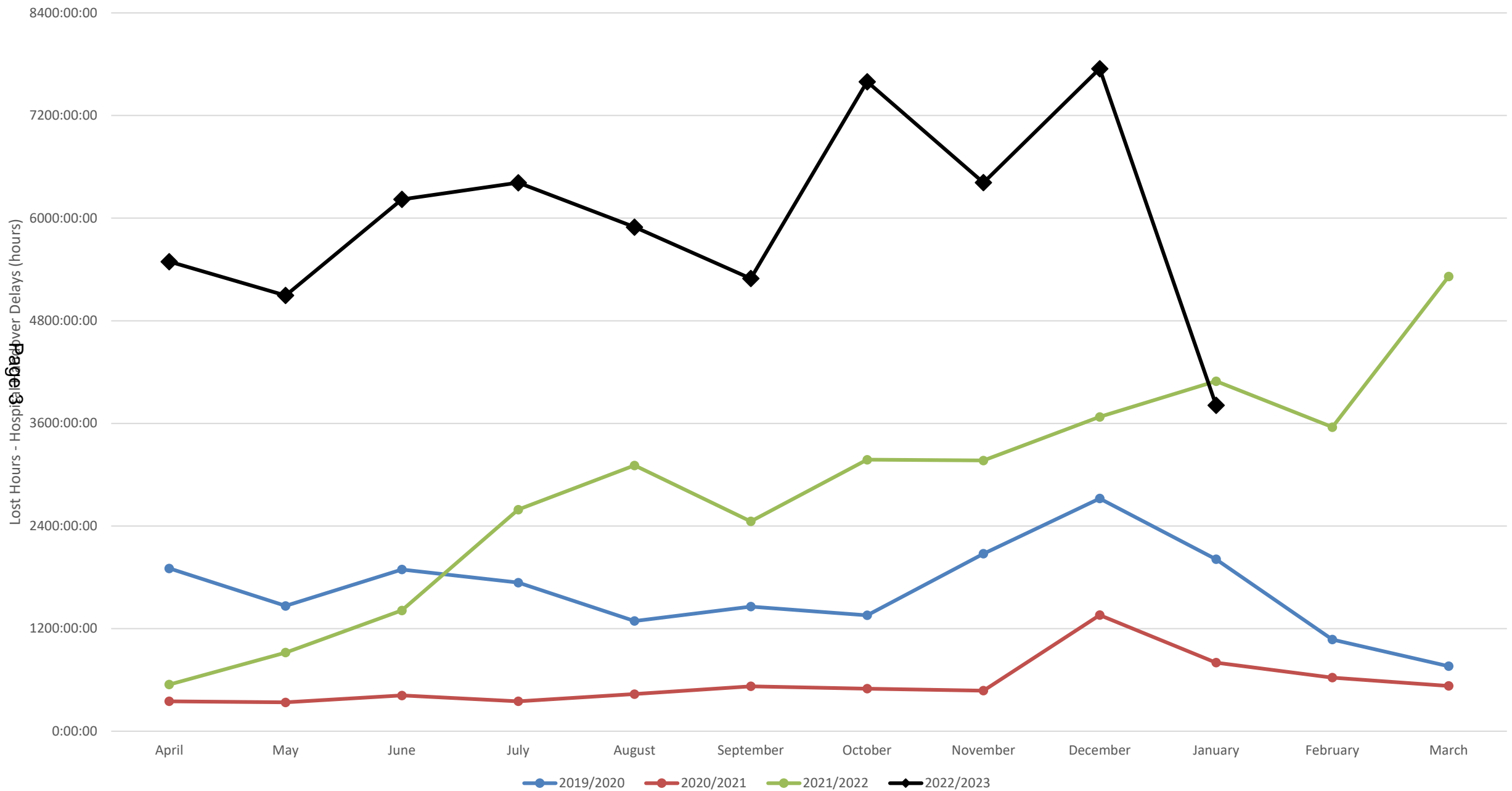


# Herefordshire & Worcestershire ICS Demand, hospital delays v performance January 2023

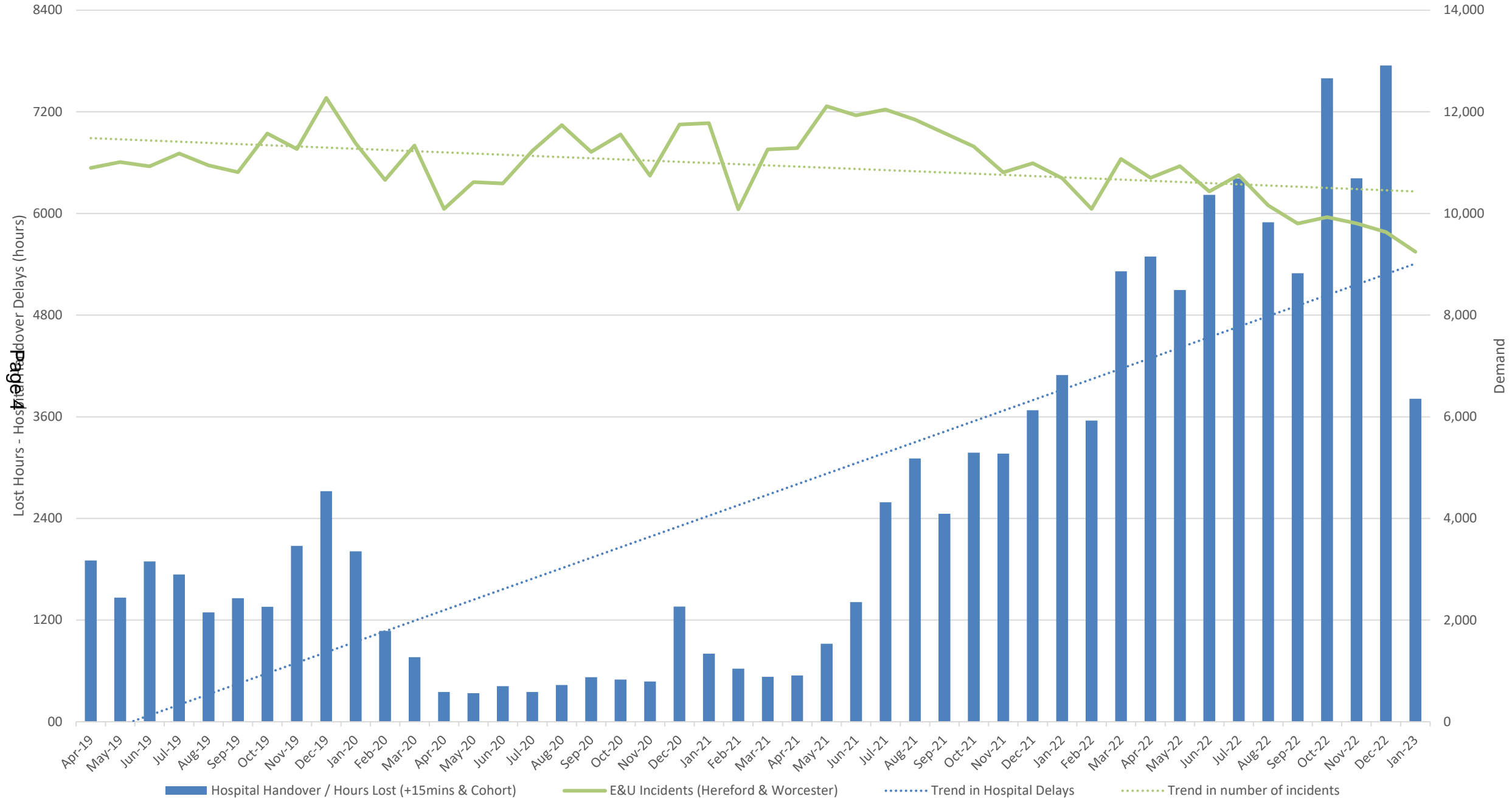
# Incidents, Transports & Conveyance Rate Year on Year



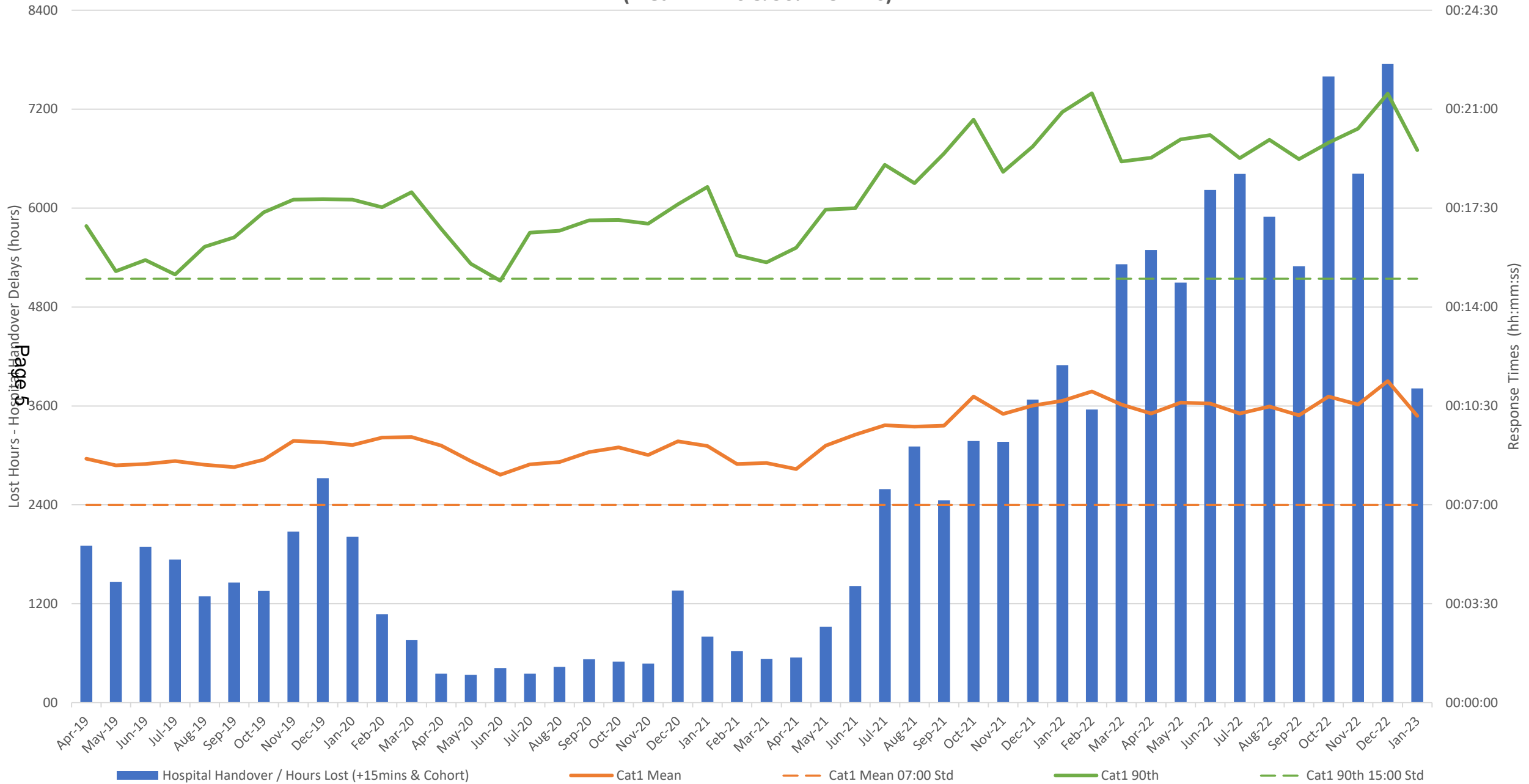
# H&W Hospitals Handover Delays >15mins (inc cohorting) - Total Hours by Month



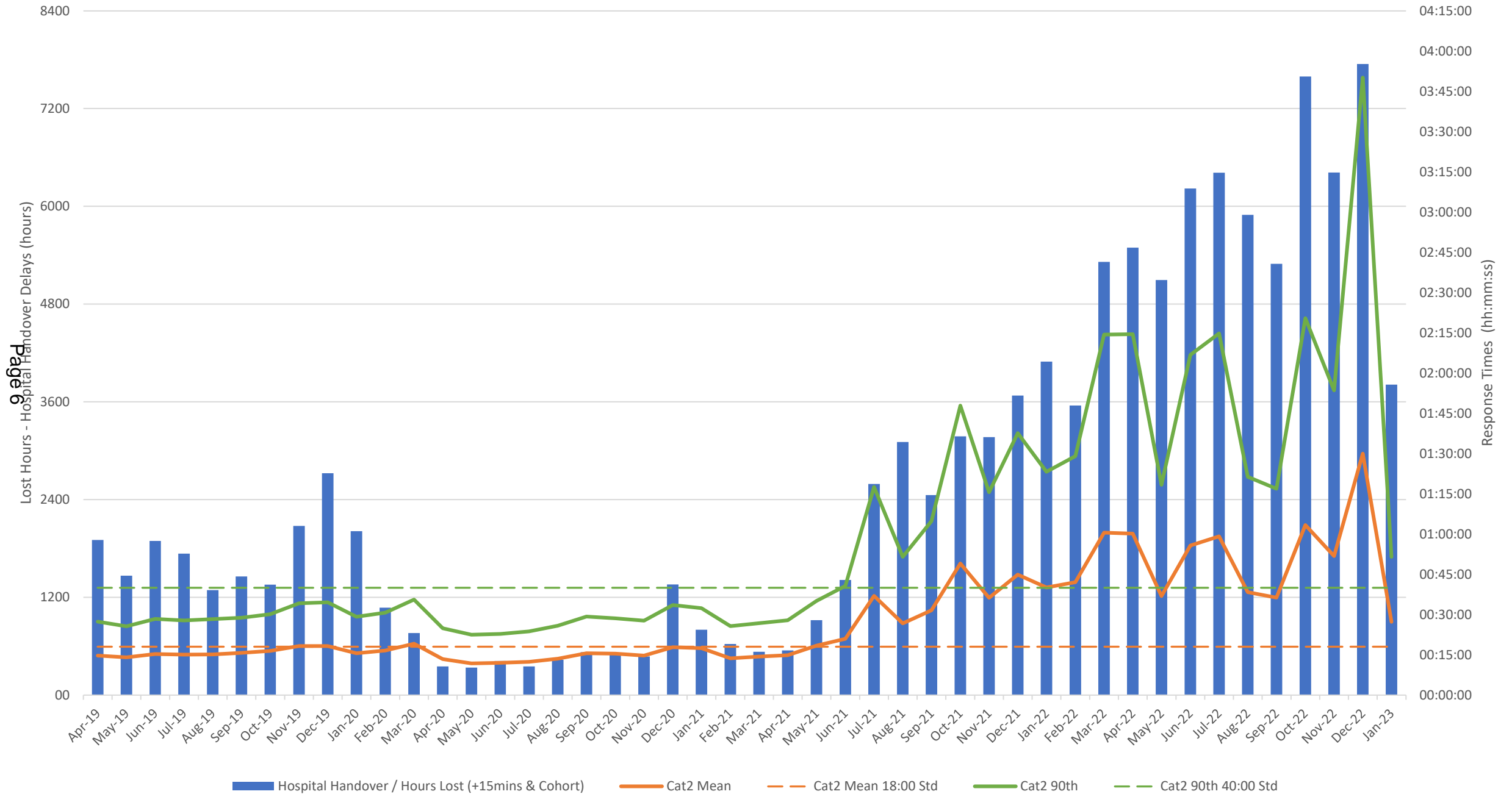
# Operational Demand & Handover Delays



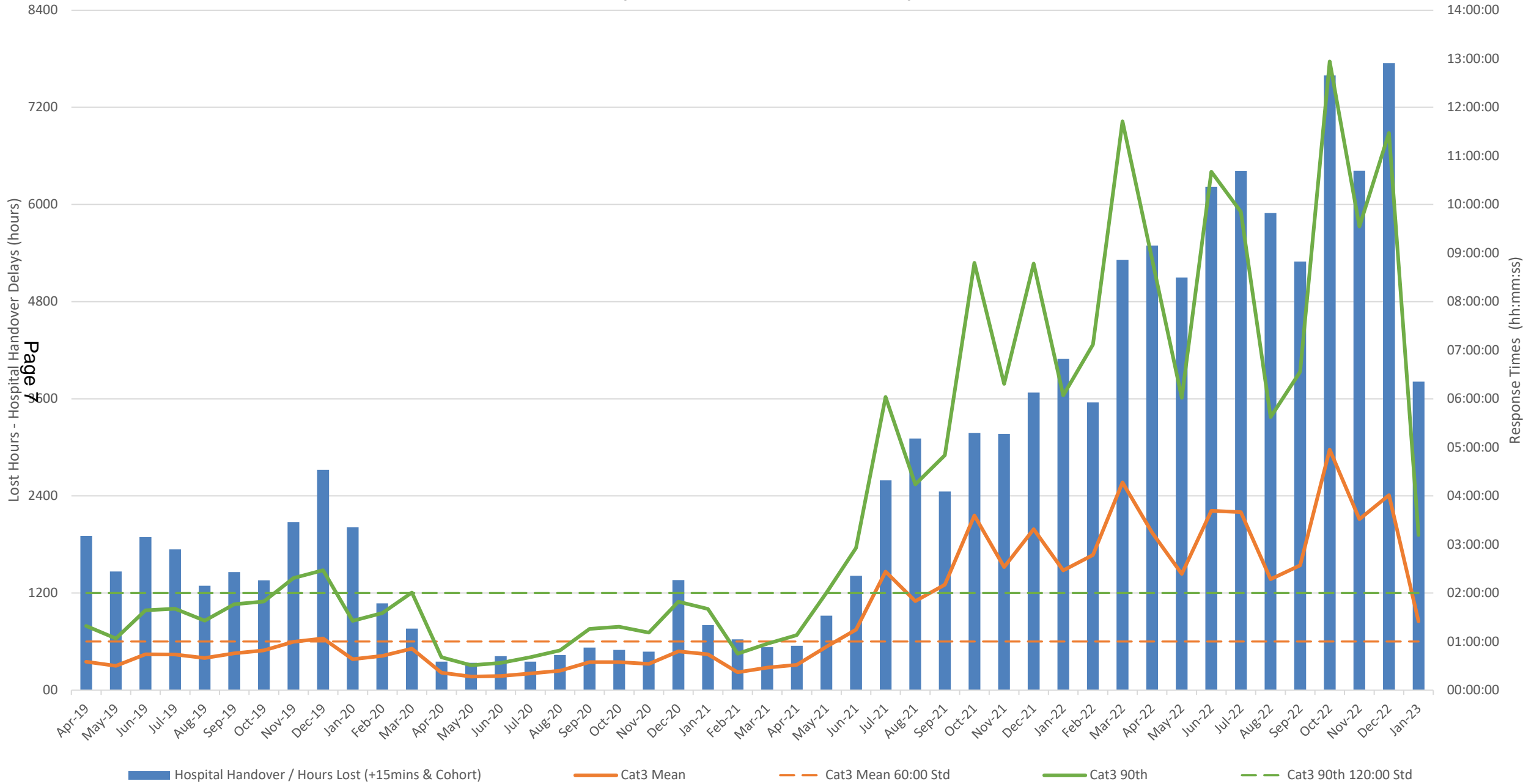
# Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat 1 (mean 7mins & 90% 15mins)



## Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat 2 (mean 18mins & 90% 40mins)



## Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat 3 (mean 60mins & 90% 120mins)



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