

Agenda

Health Overview and Scrutiny Committee

Friday, 10 February 2023, 10.00 am
County Hall, Worcester

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DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee Friday, 10 February 2023, 10.00 am, Council Chamber

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

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 9 February 2023). Enquiries can be made through the telephone number/email listed in this agenda and on the website.	
4	Confirmation of the Minutes of the Previous Meeting	To follow
5	Update on Improving Patient Flow	1 - 16
6	Work Programme	17 - 22

Agenda produced and published by the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Emma James / Jo Weston, Overview and Scrutiny Officers on 01905 844964/ 01905 844965, scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Thursday, 2 February 2023

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 10 FEBRUARY 2023

UPDATE ON IMPROVING PATIENT FLOW

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on patient flow, including how this will impact on ambulance hospital handover delays.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB), West Midlands Ambulance Service University NHS Foundation Trust (WMAS), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend this meeting.

Background

3. A Scrutiny Task Group looking at Ambulance handover delays was carried out in November 2021 and since that time the Committee has monitored patient flow and the impact on ambulance hospital handover delays.
4. The Committee remains concerned about the situation in Worcestershire and has requested regular updates.

Introduction

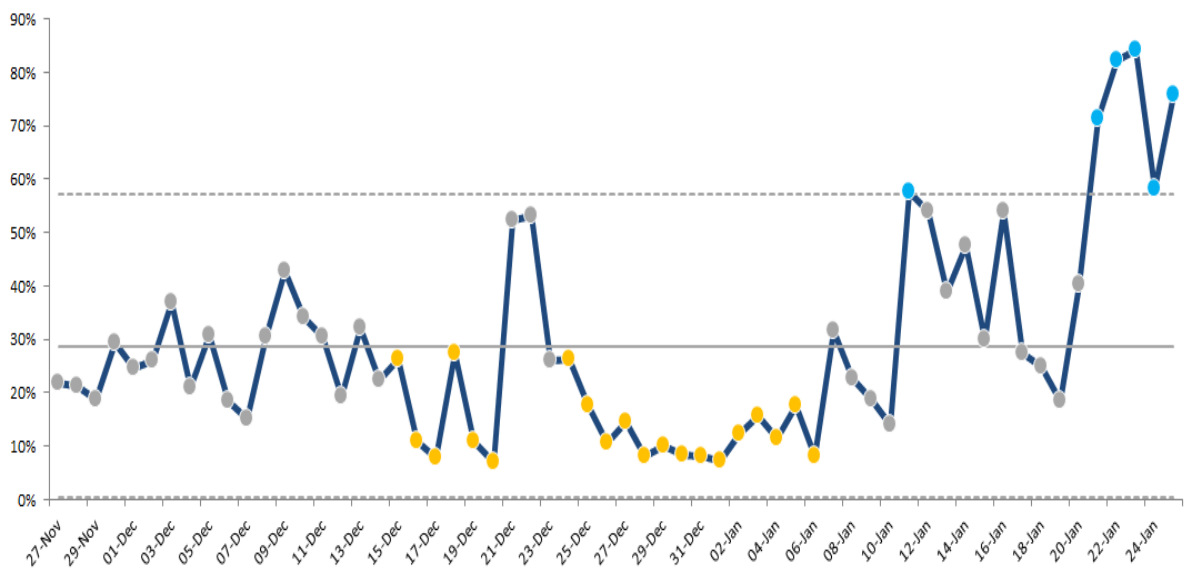
5. Every year the NHS prepares for winter pressures in urgent and emergency care by forecasting what the likely demand will be, developing schemes to mitigate that demand and improving on its coordination of escalation during high peak periods.
6. This year the NHS has faced additional pressures due to varying degrees of industrial action affecting WMAS and Nursing Unions, which have substantial impacts on the ability to manage flow.
7. During the late November and December periods, WAHT also experienced significant challenges in relation to COVID-19 and Influenza which at various times impacted around 150 in-patient beds.
8. Additional funding supplied through national and local routes, both to the Council and the NHS have been made available to system partners to help reduce levels of ambulance handover delays and improve patient flow.

Ambulance Handover Delays

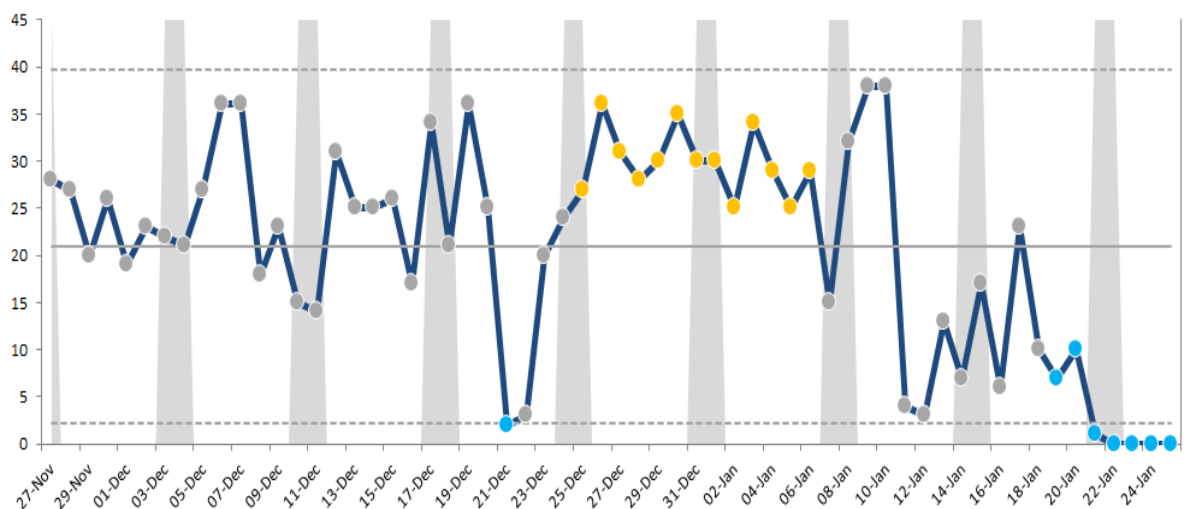
9. As detailed on page 2 of Appendix 1 (attached), there was little improvement in the reduction of 60 minute ambulance handover delays in December 2022 .

10. As a result of increased operational oversight, additional investment and delivery of winter initiatives, the levels of 60 minute ambulance handover delays as at 24 January have reduced to 639 with noticeable improvement from 11 January 2023 with 140 delays from this date. This reduction in delays is not a consequence of a significant reduction in overall activity (activity remains at the same level).

The chart below shows the significant recent improvement in the daily percentage of patients handed over within 15 minutes at WRH.



The chart below shows the recent improvement in the number of 60 minute handovers at WRH.

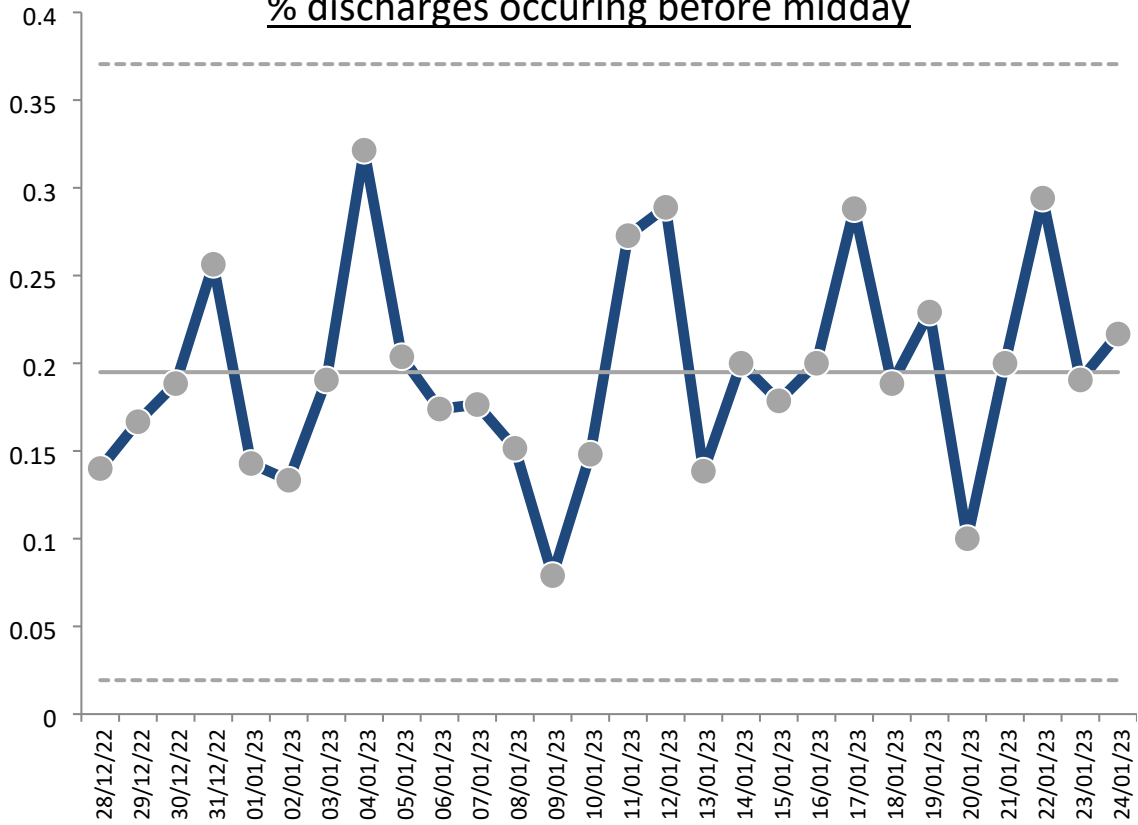


11. Among the factors driving reduced handover delays is the ability to see patients within 'Same Day Emergency Care Settings' (SDEC) which contributes to reducing the numbers of patients requiring an in-patient bed.
12. During December 2022, the first floor of the new Emergency Department opened. During the last three weeks of January the Unit has seen around 250 patients per week (during the same period last year this number was approximately 160). This is a promising start and during the second half of February the NHS will be working with national colleagues on how to further improve this.
13. Other key factors behind the improved ambulance handover delay position are as a result of recent improved levels of simple and complex discharges. These have been overseen by the Discharge Task Force which has been helped by additional capacity for complex discharge, including 24 additional community surge beds and 29 spot purchase placements.
14. Significant attention is now focussed on sustaining recent improvements into business as usual.

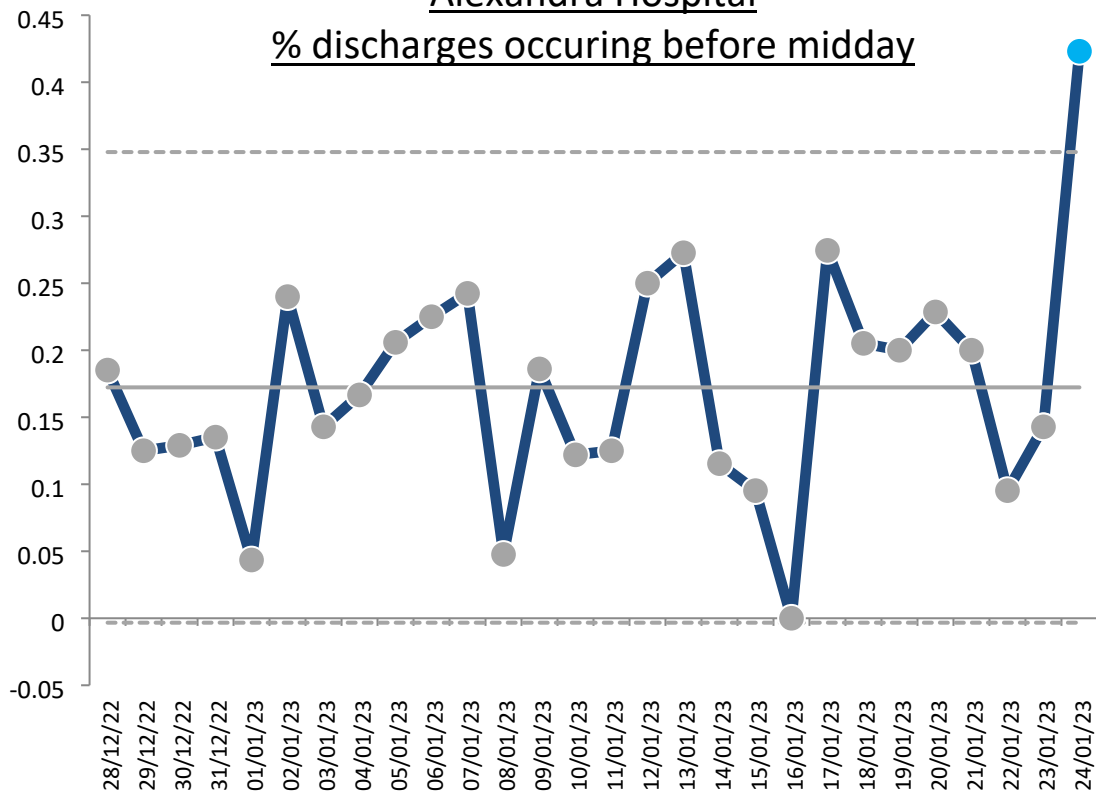
Patient Flow

15. The Worcestershire Home First Committee (which oversees key Urgent and Emergency Care measures for the Worcestershire system) has dedicated work streams focused on key themes. One of these themes is Optimising Patient Flow.
16. The establishment of the Discharge Task Force has helped fast track key elements of the Patient Flow Program, particularly levels and timeliness of discharge activity.
17. The graphs below show a mixture of improved consistency of discharge activity. They show the percentage of discharges taking place before midday at both Worcestershire Royal Hospital site and Alexandra Hospital site.

Worcestershire Royal Hospital
% discharges occurring before midday

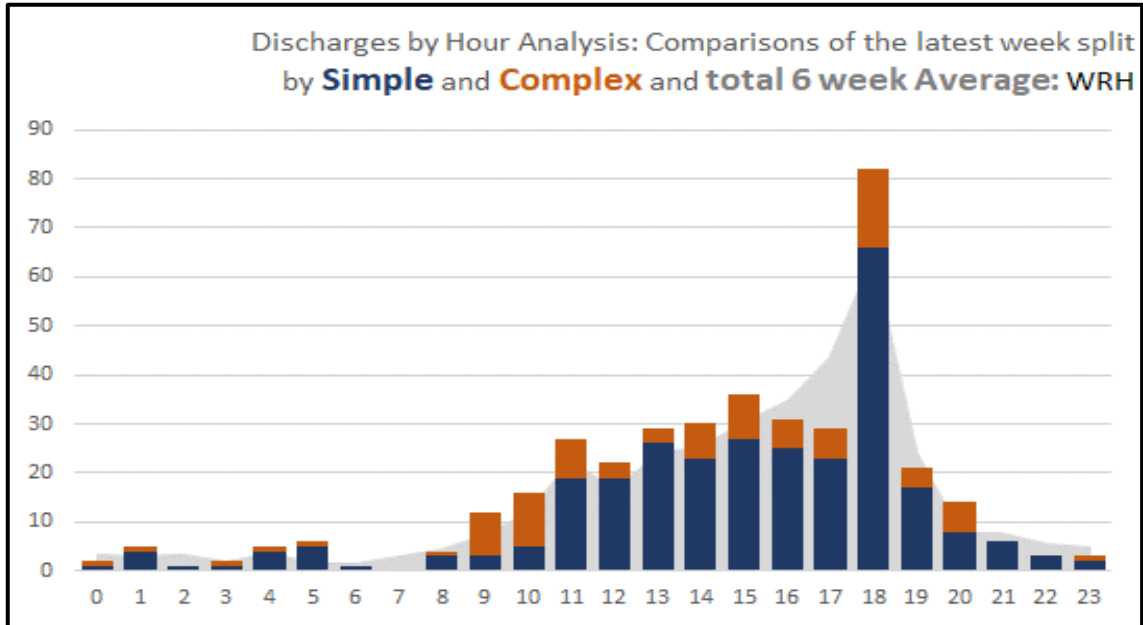


Alexandra Hospital
% discharges occurring before midday

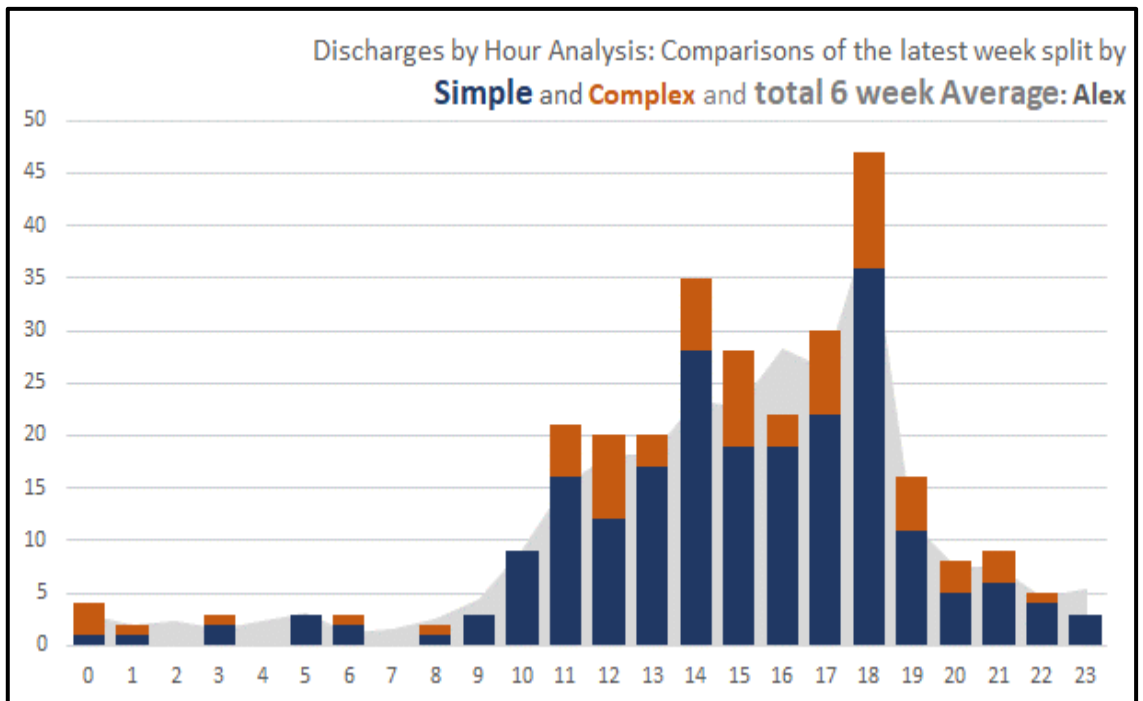


18. Although recent improvements to timeliness of discharge activity have been seen, the graphs below highlight that peak discharge activity occurs at 6pm. More focus is required to bring this forward to earlier in the day.

Worcestershire Site: Time of Day for Discharge



Alexandra Site: Time of Day for Discharge



19. Page 4 of Appendix 1 also details the latest position in respect to Length of Stay (LOS) which is a key metric when analysing patient flow.

20. Trust-wide length of stay is currently at 9.39 days, which is down from a peak of over 10 days.

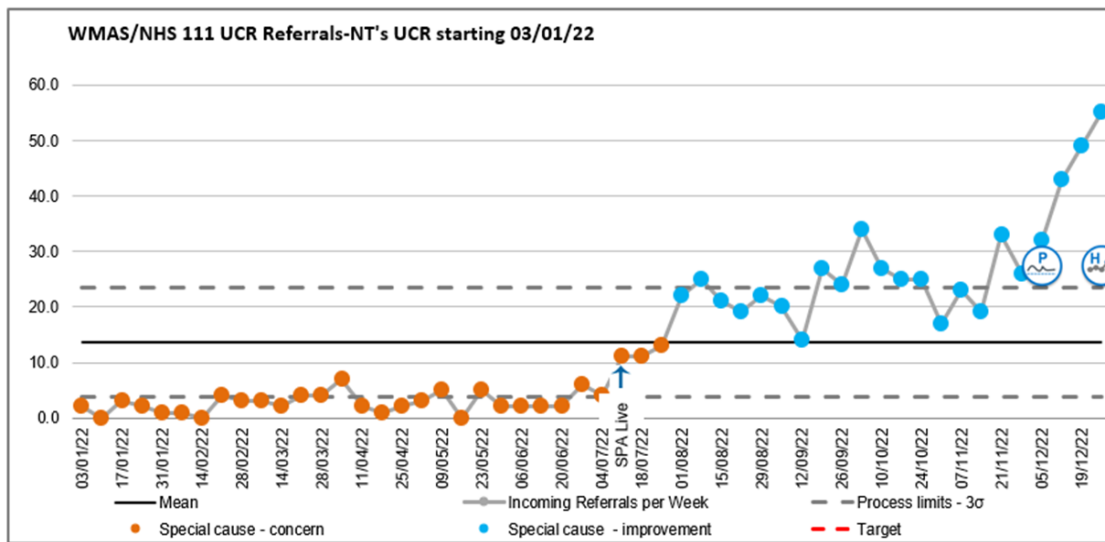
21. Urgent work is being undertaken through the Patient Flow Programme to understand the root causes of this increase and to identify bespoke programs of work to try to stabilise LOS and then return to normal levels.

Capacity and Resilience

22. Additional capacity/resource has recently been agreed to assist with winter pressures:

- New 29 space Acute Medical Unit (AMU) providing a net increase of 8 spaces
- Patient Discharge Unit providing an additional 21 spaces
- New Medical SDEC Unit providing an additional 16 spaces
- New Surgical SDEC Unit providing an additional 6 spaces
- Additional 24 community hospital beds
- 29 additional nursing of residential home placements

23. In addition to providing additional acute/community bedded capacity, another part of the plan is to reduce demand on acute services. A key scheme for the Worcestershire system is the Urgent 2-Hour Response. This service, which is clinically led, allows WMAS to refer patients to community teams to be cared for in their own homes. The graph below highlights that activity within this area is increasing as a result of significant investment into the service.



24. Improvements are starting to be seen across the three main areas of concern 1) handover delays 2) discharge levels and 3) time of day discharge.

25. These improvements which have previously been observed are now being sustained across a longer period which is a positive position from which to build upon.

Winter Schemes

26. The table below provides HOSC with the latest position around the initiatives.

Scheme	Lead	Start	Detail
Accelerated flow and discharge	WAHT	Live	<p>Additional pharmacy capacity, Emergency Department transfer teams, discharge coordinators, Stroke Rapid Artificial Intelligence; Long Length of Stay (LLOS) Matron, Intravenous (IV) Therapy at home additional capacity</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • LLOS matrons recruited • Discharge coordinators in place. • Additional Pharmacy hours • Additional Discharge Doctor in place • Other Posts in recruitment phase
Additional capacity	WAHT	Live	<p>New AMU Open, New Pathway Discharge Unit Open, New SDEC Floor, additional community capacity.</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • All spaces operational.
Handover delays	WAHT	Live	<p>Front Door Streaming, Utilisation of SDEC</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • Front Door Streaming taking place and New SDEC units open. • Walkthrough on 12/02 with national team to identify further opportunities to increase activity numbers.
Out of Hospital alternatives	HWHCT	Live	<p>Extended hours at MIUs and Urgent Community Response in-reach, extra surge capacity open during the winter in community hospitals.</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • All operational • Additional 24 community beds opened

			<ul style="list-style-type: none">• Additional 29 spot purchase placements made
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Purpose of the Meeting

27. The HOSC is asked to:

- Consider and comment on the information provided
- Determine future scrutiny needs.

Supporting Papers

Appendix 1 – presentation relating to emergency care

Contact Point

Chris Cashmore, Urgent Care Lead (NHS Herefordshire and Worcestershire),
christopher.cashmore@nhs.net

Background Papers

In the opinion of the proper officer (in this case, the Democratic Governance and Scrutiny Manager) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of the Health Overview and Scrutiny Committee on 1 December, 17 October, 8 July, 9 May and 9 March 2022, 18 October 2021, 27 June 2019, 14 March 2018 and 11 January 2017

[All agendas and minutes are available on the Council's website here.](#)



Worcestershire HOSC

10 February 2023

Home First Aims: Reduce Over 60 Minute Handovers

Latest Month (December 2022)

- ❖ WRH: **760 Over 60 minute** handovers in December 2022. A reduction from the previous month of **-137**
- ❖ The Alex: **381 Over 60 minute** Handovers in December 2022. A reduction of **-38** from the previous month

Chart 1: Weekly >60 min Handovers: WRH

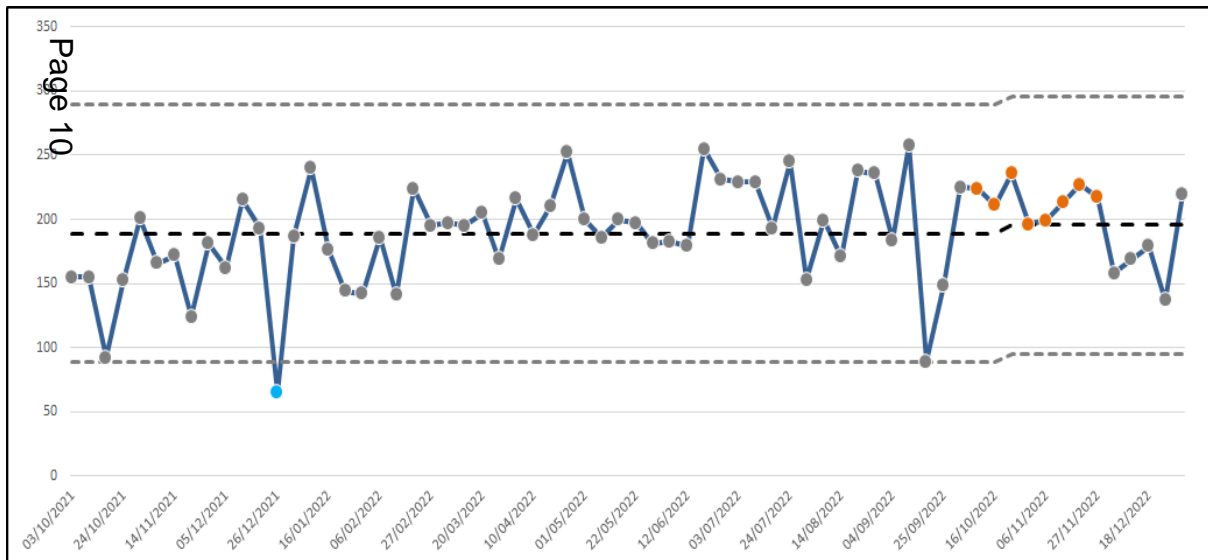
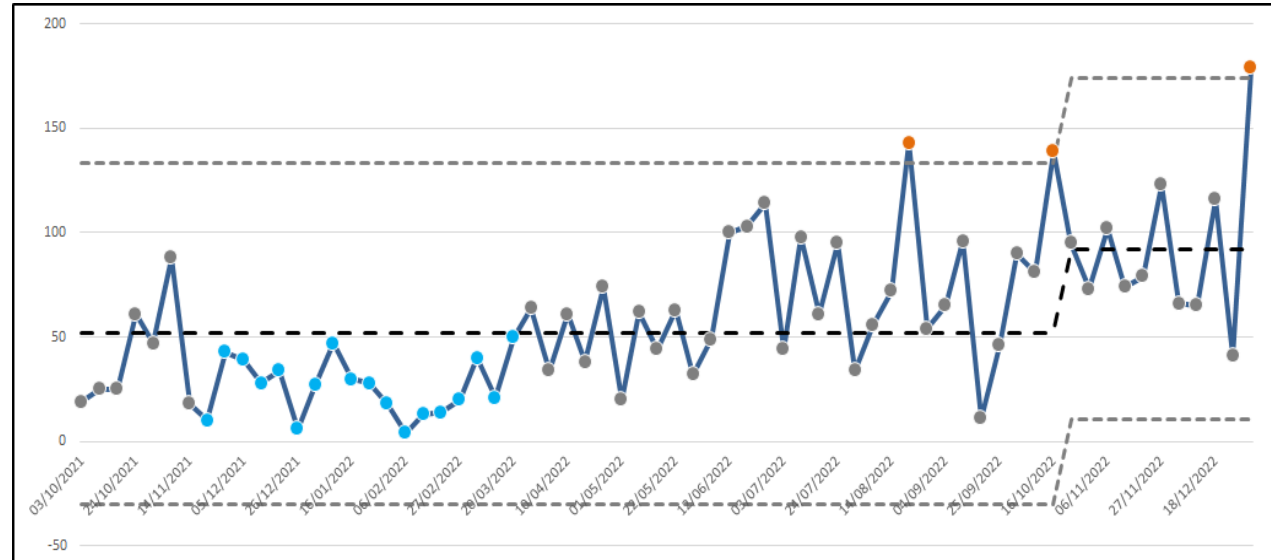


Chart 2: Weekly >60 min Handovers: AGH



Date in SPC charts is up until the w/e 1st Jan 2023

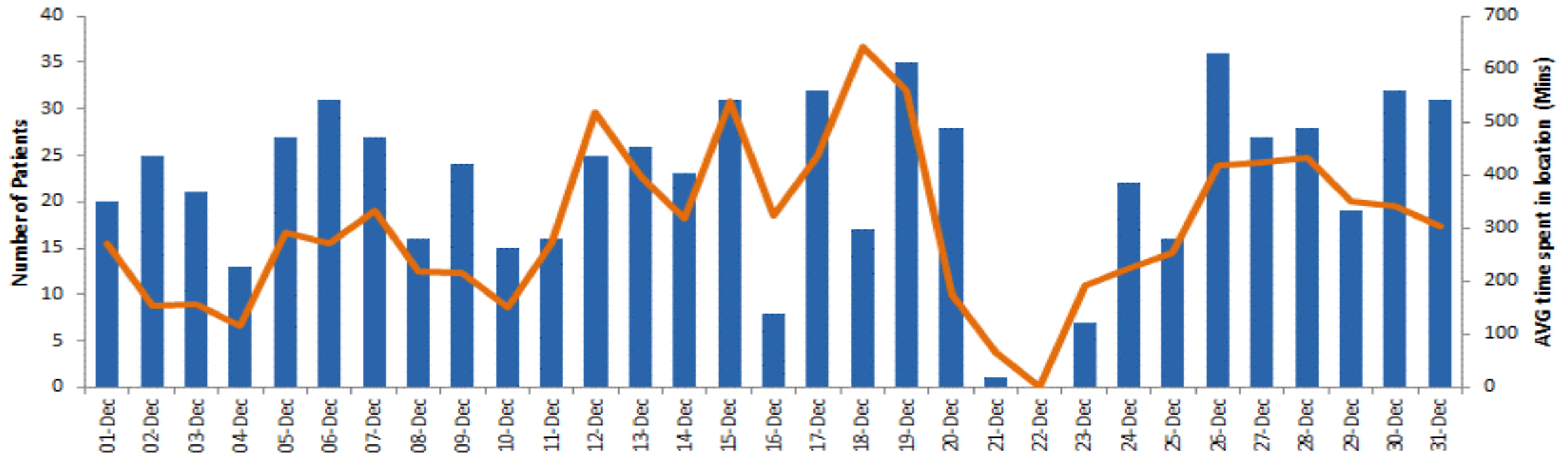
Home First Aims: Reduce Over 60 Minute Handovers continued

The information below looks at how long patients at WRH are recorded in the Location *"At ED on WMAS vehicle"* showing the AVG time spent in this Location for **those patients that spent over 1 hour in the location**. The first table shows AVG time per month for this cohort while the graph shows **December 2022** by day against the number of pts recorded in that location who spent over 1 hour in there.

Not all ambulance arrivals will be recorded in this location.

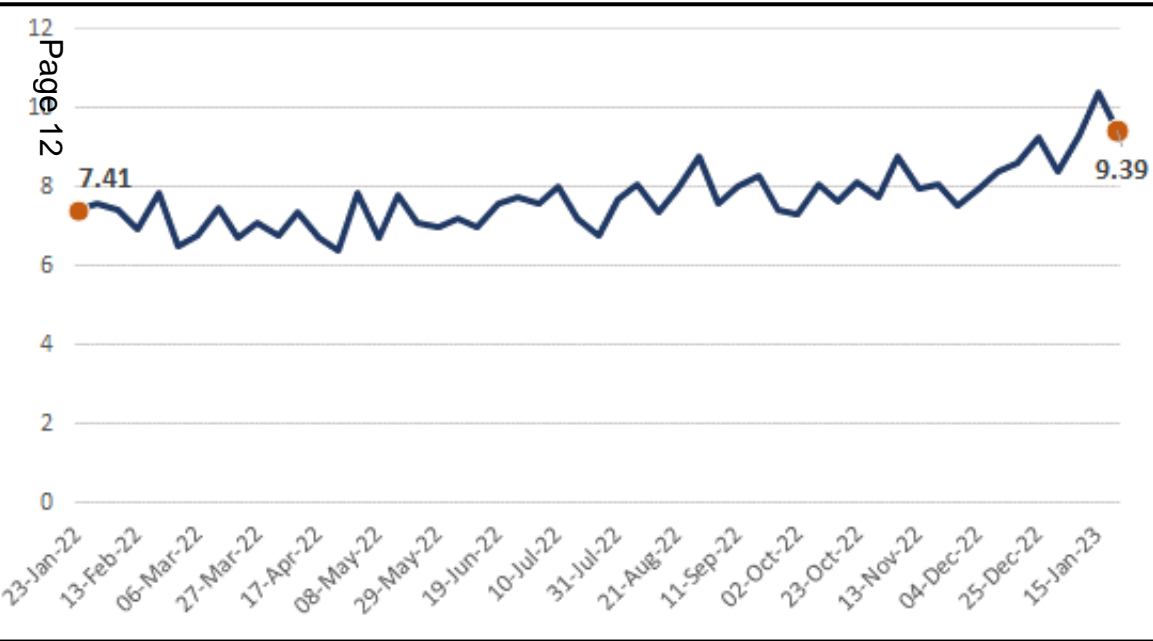
Month	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
AVG time	114	153	170	149	164	183	212	222	200	250	276	268	285	271	253	248	315	286	339

Number of Patients recorded in location of at **ED on WMAS vehicle > 60 mins** vs the **AVG time** spent in that location:
Dec 2022



Average LOS WRH w/e 22nd Jan 2023

- ❖ Of concern is an increasing **LOS at WRH** where the current week shows an AVG LOS of **9.39 days**.
- ❖ This is **+1.98 days higher** than the same week last year although has reduced from the previous week.
- ❖ Breaking this down, the AVG LOS for simple discharges has increased slightly week on week from 6.73 to 6.93 but is still **+1.4 days higher than this time last year**.
- ❖ There has been a reduction in LOS for complex pathways overall on the previous week in particular PW2 has reduced however PW3 has seen significant increase (+11 days on last week)



Site	Type	Week ending		Last year	Diff
		15-Jan-23	22-Jan-23		
Worcestershire Royal Hospital	Overall	10.40	9.39	7.41	+1.98
	Simple	6.73	6.93	5.54	+1.39
	Complex	17.74	16.56	15.13	+1.43
	PW1	16.67	12.77	13.73	-0.95
	PW2	18.94	16.59	15.80	+0.79
	PW3	19.33	30.86	19.50	+11.36

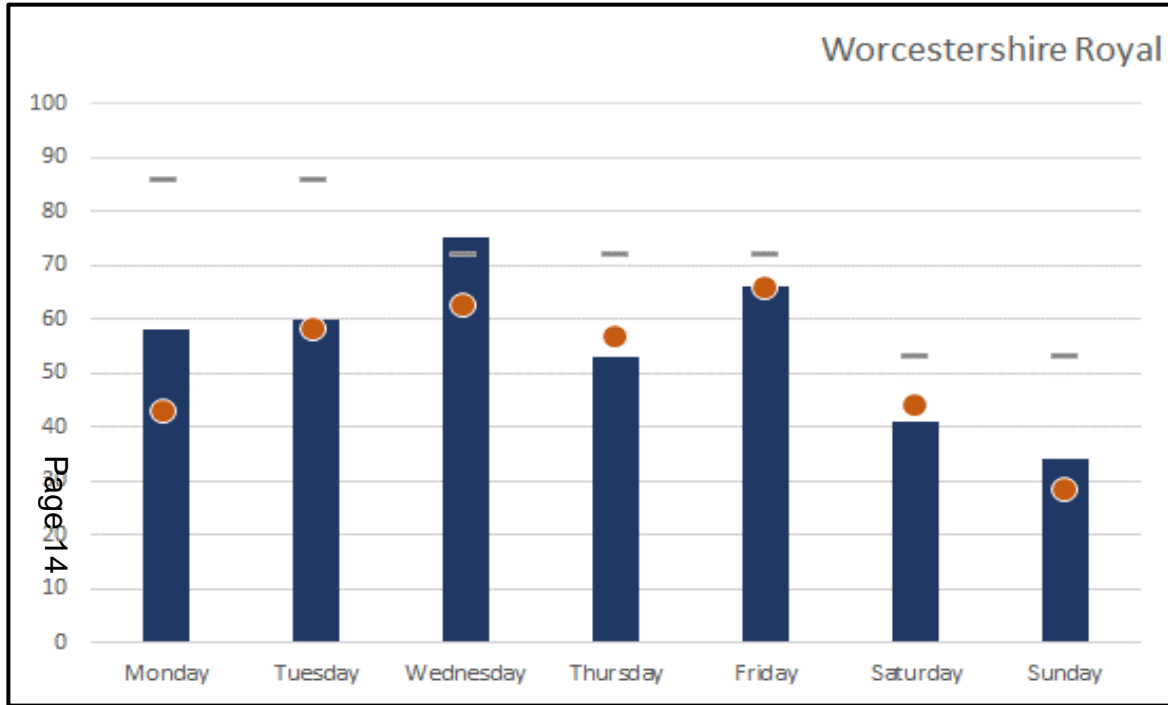
General and Acute Discharges – Trust Wide

- ❖ Trust wide **92.3%** of the discharge target was achieved (680/737). This compares to an achievement of 83.6% based on the average for the last 6 weeks and is an increase on the previous week.
- ❖ Simple discharges achieved **89.5%** compared to 83.8% for the last 6 weeks on average while complex achieved **101.8%** compared to 83.0% for the last 6 weeks.
- ❖ Mondays continue to be the one day where discharges are significantly lower than required

Page 13

Site	Type	Per day for latest w/e 22nd Jan 2023							W/e 22-Jan-23	6 Wk AVG
		Mon	Tue	Wed	Thu	Fri	Sat	Sun		
Total	Simple	59	81	92	83	87	60	50	512	479
	Target	101	101	85	85	85	65	50	572	572
	% achieved	58.4%	80.2%	108.2%	97.6%	102.4%	92.3%	100.0%	89.5%	83.8%
	Complex	17	37	33	23	31	19	8	168	137
	Target	30	30	25	25	25	15	15	165	165
	% achieved	56.7%	123.3%	132.0%	92.0%	124.0%	126.7%	53.3%	101.8%	83.0%
	Total	76	118	125	106	118	79	58	680	616
	Target	131	131	110	110	110	80	65	737	737
% achieved	58.0%	90.1%	113.6%	96.4%	107.3%	98.8%	89.2%	92.3%	83.6%	

Discharges – By Day w/e 22nd Jan 2023

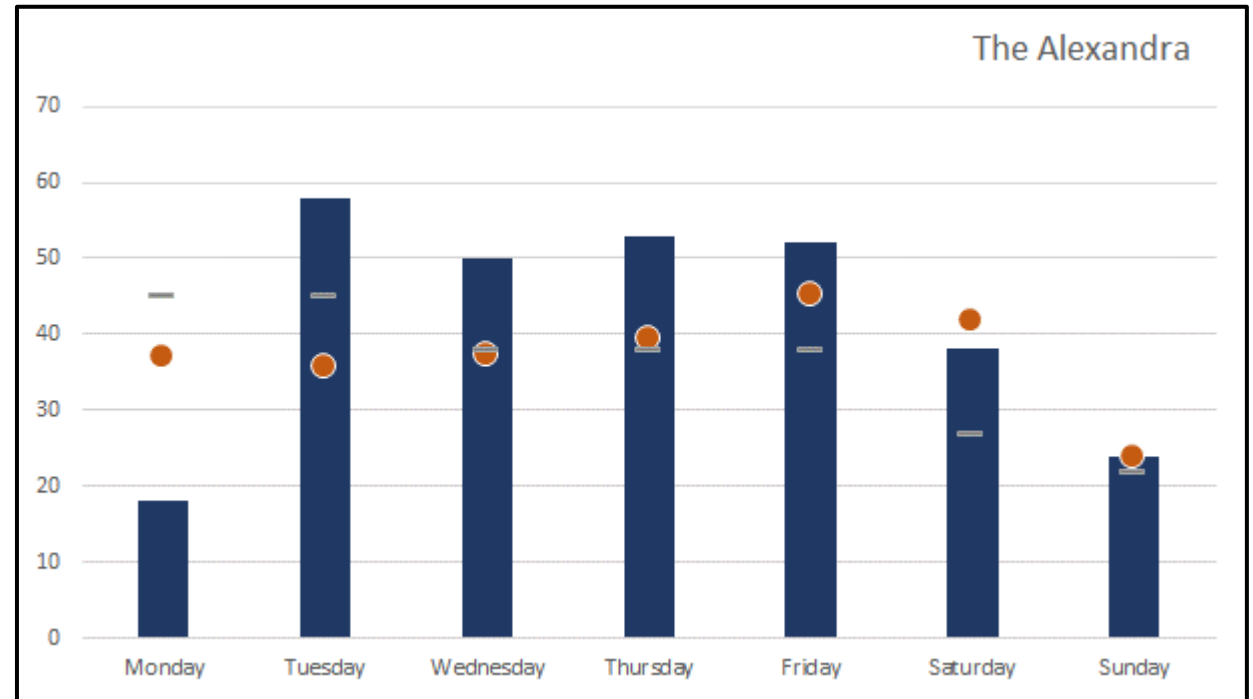


AGH

Looking at the last 7 days the Alex achieved there discharge targets on 6 out of 7 days with the exception being on Monday where discharges were particular low. Compared to the 6 week average 3 out of 7 days were under this value. Tuesday through to Friday in particular saw higher than expected number of discharges.

WRH

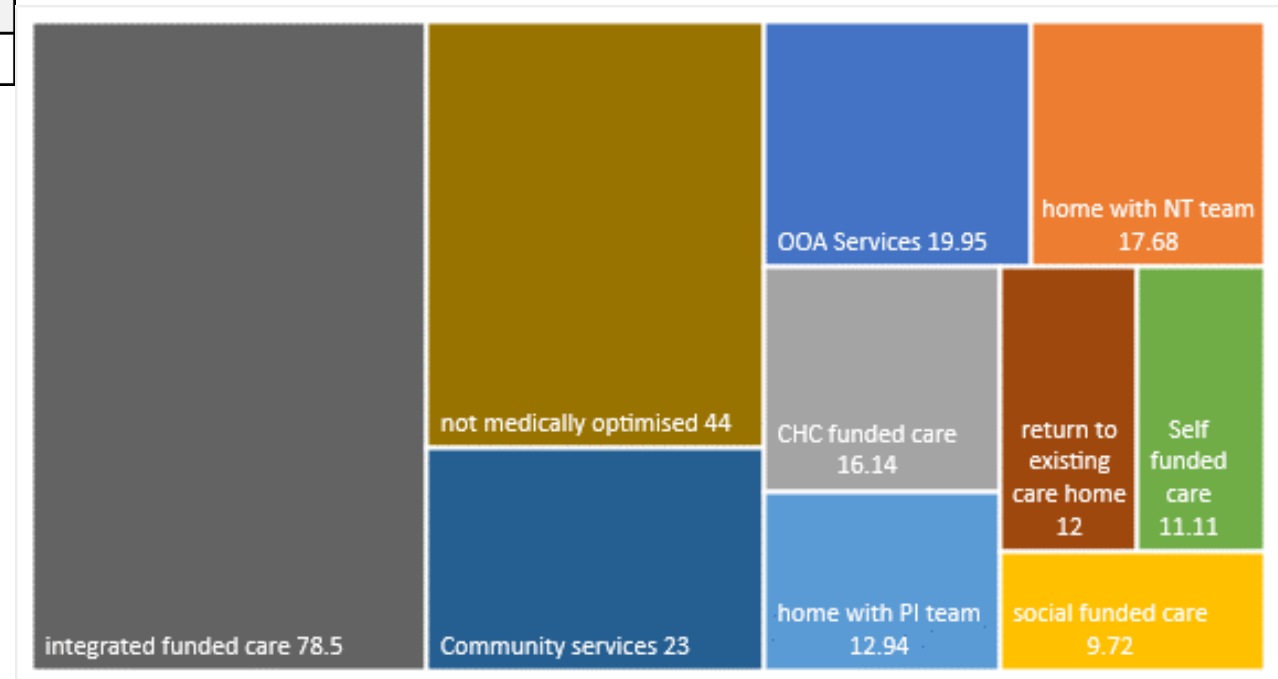
Looking at the last 7 days for WRH it shows that for 6/7 days the targeted number of discharges was not achieved with the exception of Wednesday. While still low at 67% there was an improvement in the number of discharges on Monday. which is normally a poor performing day, which exceeded the 6 week average. However This eek Thursday numbers and across the weekend were lower than what they should be



Complex Discharges PW1: w/e 22nd Jan 2023

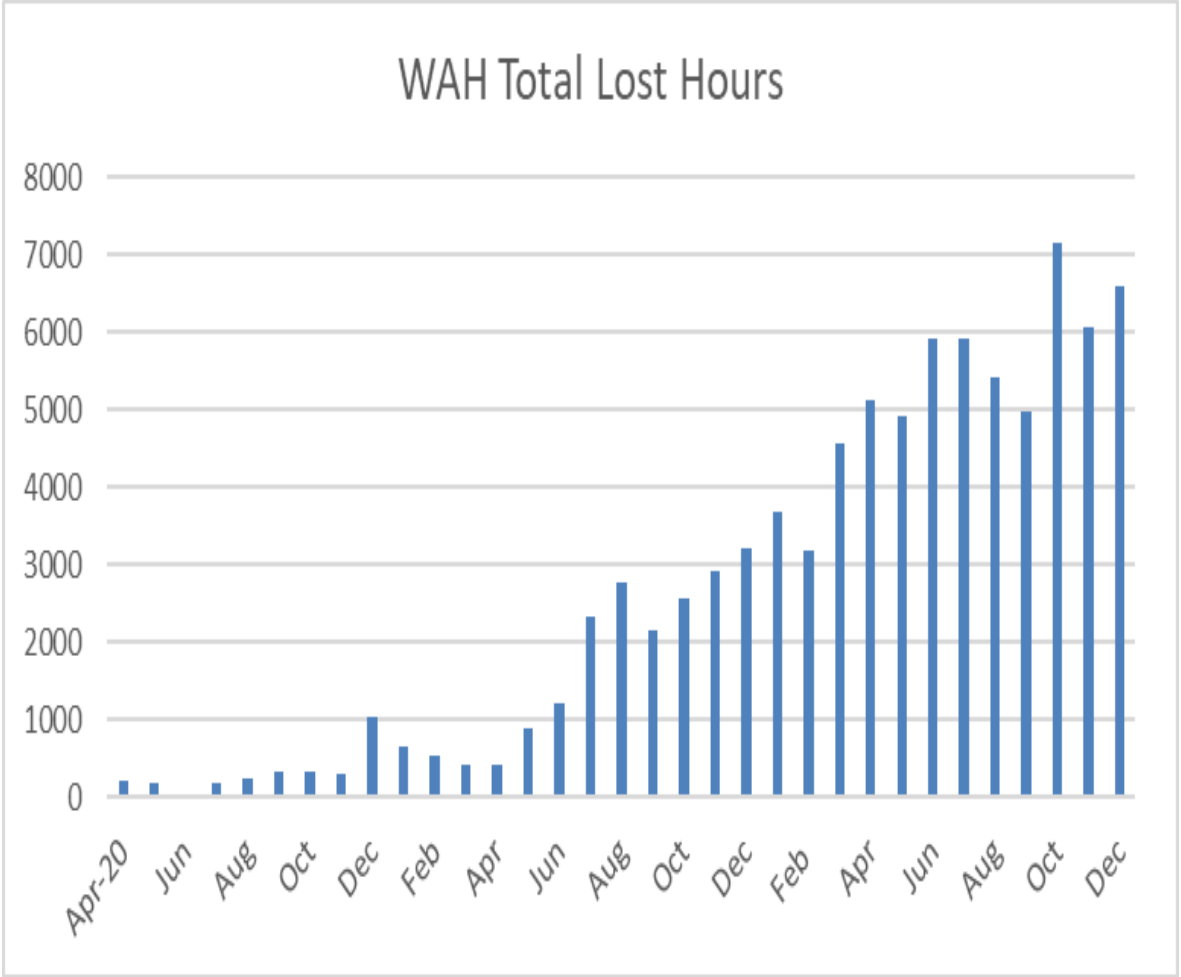
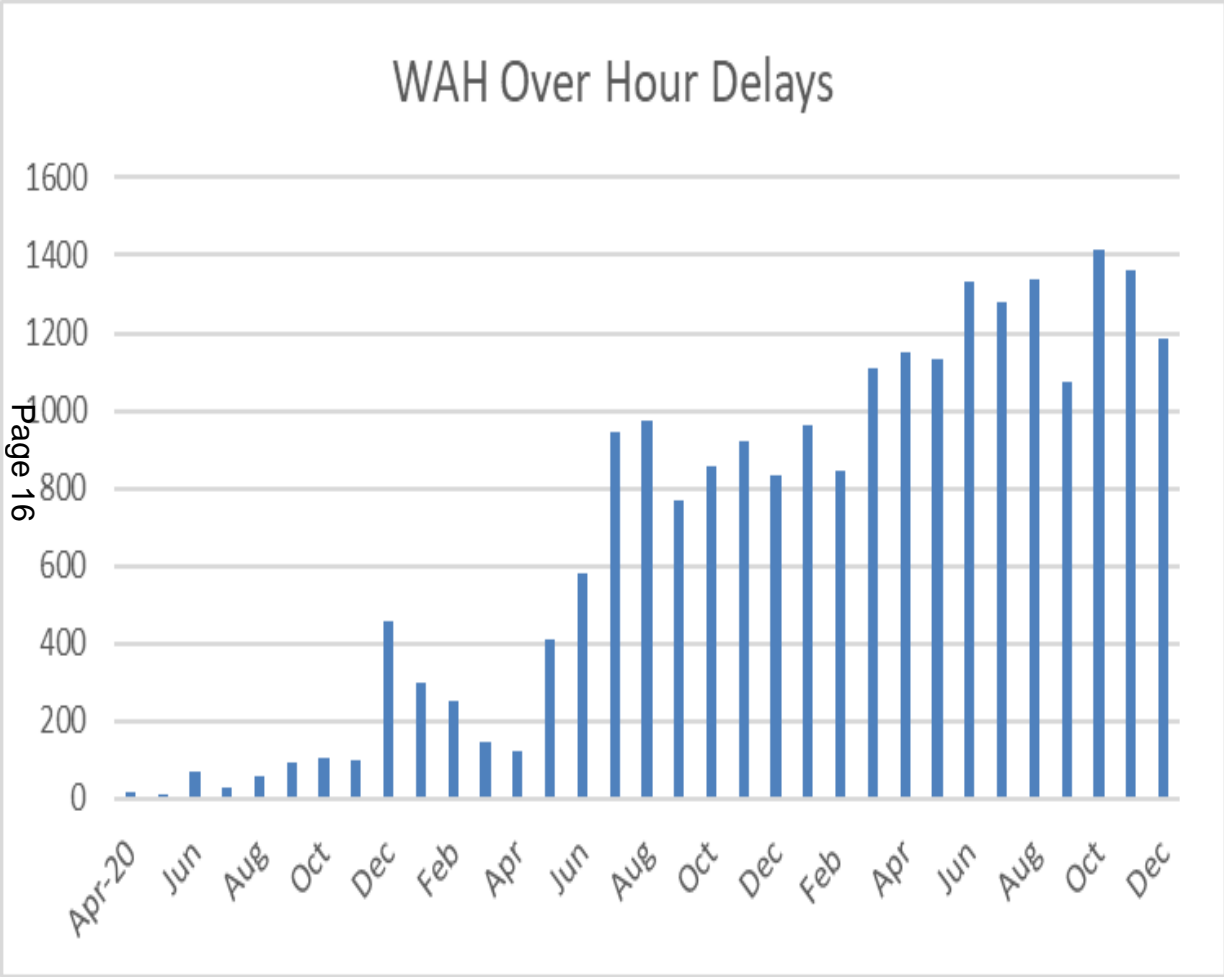
Local Code	WRH	AGH	Total	AVG LOS
home with PI team	42	31	73	11.2
OOA Services	2	5	7	19.1
CHC funded care	4	3	7	19.7
social funded care	1	4	5	5.0
home with NT team	4	1	5	17.4
Self funded care	0	2	2	7.0
Community services	0	1	1	22.0
Total PW1	53	47	100	12.4
Weekly Target	66	35	101	
% of target achieved	80.3%	134.3%	99.0%	
6 week Average	42	35	77	14.4

- ❖ The latest week shows that PW1 across the Trust achieved **99%** of the required discharges.
- ❖ This was split as 80.3% achieved at WRH and 134% achieved at the Alex.
- ❖ AVG Los for PW1 patients was 12.4 days with the majority of patients being discharged with "Home with PI Team"



- ❖ Based on the last 7 weeks the area with the longest length of stay patients is those that are discharged to PW1 with an **integrated Funded Care**

Over hour delays and total lost hours



HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 FEBRUARY 2023

WORK PROGRAMME

Summary

1. From time to time the Health Overview and Scrutiny Committee (HOSC) will review its work programme and consider which issues should be investigated as a priority.

Background

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The 2022/23 Work Programme has been developed by taking into account issues still to be completed from 2021/22, the views of Overview and Scrutiny Members and other stakeholders and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
 - Local NHS bodies and health services (including public health and children's health).
6. The scrutiny work programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 29 June and agreed by Council on 14 July 2022.

Dates of Future 2023 Meetings

- 13 March at 10am
- 18 April at 10am
- 10 May at 10am
- 15 June at 10am
- 10 July at 2pm
- 11 September at 2pm
- 11 October at 10am
- 13 November at 10am
- 7 December at 10am

Purpose of the Meeting

7. The HOSC is asked to consider the 2022/23 Work Programme and agree whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

Supporting Information

Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2022/23

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Democratic Governance and Scrutiny Manager), the following are the background papers relating to the subject matter of this report:

[Agenda and Minutes for Overview and Scrutiny Performance Board 29 June 2022](#)

[Agenda and Minutes for Council 14 July 2022](#)

All Agendas and Minutes are available on the Council's website [weblink to Agendas and Minutes](#)

SCRUTINY WORK PROGRAMME 2022/23

Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
10 February 2023	Update on Improving Patient Flow*	1 December, 17 October, 8 July, 9 May and 9 March 2022, 3 November and 18 October 2021	
13 March 2023	Physiotherapy Services		Suggested at 19 July 2021 Meeting
	Out of County Elective Surgery		Requested at 9 May 2022 meeting
18 April 2023	Mental Health <ul style="list-style-type: none"> - the impact of COVID on children and young people - Dementia Services - Preventative measures, for example peri-natal mental health - Mental Health Needs Assessment (when complete) 	21 September 2021 19 September 2018 (CAMHS)	Ongoing updates on restoration of services during the Covid pandemic have also been provided (from June 2020 - present)
March/April 2023	Update on the Integrated Care Strategy		Requested at 2 November 2022 meeting
May 2023 TBC	Workforce	10 June 2022	Requested at 17 October 2022 Meeting
Ongoing	Monitoring temporary service changes (and new ways of working) as a result of COVID-19	10 March 2021 19 July 2021	
Ongoing	Integrated Care System (ICS) Development	10 March 2021 12 January 2022	
Possible Future Items			
Early 2023 – date TBC	Community Paediatric Services		Suggested at Agenda Planning 23 August 2022

Early 2023 – date TBC	Screening (Cervical/Antenatal/Newborn/Diabetic Eye/Abdominal Aortic Aneurysm (AAA)/Breast/Bowel)		Suggested at 19 July 2021 Meeting
Early 2023 – date TBC	Commissioning Arrangements under the ICS		To include the plans for the commissioning of Pharmacy, Dentistry, Optometry, Specialised Acute, New Arrangements for Mental Health, Specialist Mental Health and Prison Health
Early 2023 – date TBC	Community Pharmacies		Agenda planning September 2022
Early 2023 – date TBC	Routine Immunisation		Suggested at 19 July 2021 Meeting
Early 2023 – date TBC	Hospital at Home Service		Requested at 10 June 2022 meeting
TBC	Update on Garden Suite Ambulatory Chemotherapy Service	19 July 2021	
TBC	Stroke Services – update		
TBC	Update on Dental Services Access		Requested at 9 March 2022 meeting
TBC	End of Life Care		Requested at 10 June 2022 meeting
TBC	Onward Care Team		
TBC	Prevention		Suggested at 17 October 2022 Meeting
TBC	Glaucoma Services		Suggested at 17 October 2022 Meeting
April/May – date TBC	Maternity Services (to monitor progress of the Acute Trust’s Action Plan for improvement)	9 May and 17 October 2022 and 21 September 2021	Requested at 17 October 2022 Meeting
TBC	NHS Health Checks Programme		Requested at 13 January 2023 meeting
Standing Items			
TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		

TBC	Annual Update on Health and Wellbeing Strategy	17 October 2022	
TBC – January/July	Public Health Ring Fenced Grant (PHRFG) – Twice Yearly Budget Monitoring	8 July 2022	
TBC	Performance Indicators		
TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	
TBC	Review of the Work Programme		

*Scrutiny of patient flow is a continuation of the Scrutiny Task Group in November 2021

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