Minutes of the Health Overview and Scrutiny Committee

Council Chamber

Monday, 13 March 2023, 10.00 am

Present:

Cllr Brandon Clayton (Chairman), Cllr Sue Baxter, Cllr Mike Chalk, Cllr David Chambers, Cllr Lynn Denham, Cllr Calne Edginton-White, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Jo Monk, Cllr Kit Taylor and Cllr Tom Wells

Also attended:

Cllr Karen May, Cabinet Member with Responsibility for Health and Well being

Sue Harris, Herefordshire and Worcestershire Health and Care NHS Trust
Natalie Willetts, Herefordshire and Worcestershire Health and Care NHS Trust
Gemma Diss, Herefordshire and Worcestershire Health and Care NHS Trust
Jack Lyons-Wainwright, Herefordshire and Worcestershire Integrated Care Board
Hannah Wilson, Herefordshire and Worcestershire Health and Care NHS Trust
Kate Pike, Herefordshire and Worcestershire Health and Care NHS Trust
Kate Harris, Worcestershire Acute Hospitals NHS Trust
Benjamin Thomas, Worcestershire Acute Hospitals NHS Trust
Matthew Hopkins, Worcestershire Acute Hospitals NHS Trust
Suzy James, Healthwatch Worcestershire

Lisa McNally, Director of Public Health
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 10 February 2023 (previously circulated).

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

1118 Apologies and Welcome

Apologies had been received from Councillors Salman Akbar, Chris Rogers, Frances Smith and Richard Udall.

1119 Declarations of Interest and of any Party Whip

None.

1120 Public Participation

None.

1121 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 10 February 2023 were agreed as a correct record and signed by the Chairman.

1122 Hillcrest Mental Health Ward

Attending for this Item were:

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)
Sue Harris, Director of Strategy and Partnerships
Natalie Willetts, Director of Nursing
Gemma Diss, Associate Director of Specialist Mental Health and Learning Disabilities

Herefordshire and Worcestershire Integrated Care Board (HWICB)
Jack Lyons-Wainwright, Senior Programme Lead – Mental Health

Members were reminded that the Care Quality Commission (CQC) had carried out an inspection of Hillcrest Mental Health Ward in July 2022 which had resulted in a notice of possible urgent enforcement action under Section 31 of the Health and Social Care Act 2008. In response to the concerns raised, an improvement plan had been developed and a multi professional task force established.

Hillcrest Ward, one of 3 Acute Mental Health Wards in the County, was originally designed to have 25 beds, however in August 2021, this was reduced to 18 to be more manageable. The improvement plan focus resulted in the number of beds reduced to 10 and that number continued to be in place.

Improvements included a new leadership structure, changes to staffing, including regular agency staff, increased therapy, greater patient voice and advocacy and enhancements to the structure of the building.

The CQC had recently revisited Hillcrest and although the full report had not yet been published, it was suggested that Inspectors had recognised that improvements were being made and there were no immediate concerns.

Members were invited to ask questions and in the subsequent discussion, the following points were raised:

- As appropriate staffing levels was of concern, a Member asked about the pool of locally qualified staff. In response, it was reported that there was a shortage of nurses nationally, however HWHCT actively recruited from local schools, colleges and universities and promoted training opportunities, including apprenticeships. In addition, HWHCT had proactively worked with some agency staff to ensure regular shifts were covered which would provide better continuity at Hillcrest. The other Mental Health Wards were almost fully staffed
- Staffing requirements at Hillcrest was outlined as a total of 35 professionals required, with 17.5 currently recruited. Figures related to the 18 bed model
- HWHCT had worked with HWICB to determine that 10 beds was appropriate for Hillcrest. This had resulted in 5 patients being moved out of area. Patient Flow continued and all usual safeguards were in place with care co-ordination and discharge planning as appropriate
- If staffing levels were fulfilled, Hillcrest could increase its bed base, however HWHCT was committed to first making and embedding the improvements set out. A decision to return to 18 beds would be multifactorial, including whether recruitment was fulfilled, listening to patients and carers and whether staff felt it was safe to do so
- Nationally, length of stay for inpatient care averaged 28 days, with Worcestershire often better than average with the goal of the patient returning to their usual place of residence or looking at funding for appropriate longer term placements when needed
- When asked whether Hillcrest was split into Male and Female areas, it was reported that there was clear national guidance which was followed
- The agency staff programme had resulted in a commitment between some agency staff and HWHCT that regular shifts would be offered and covered for a period of 3 to 6 months. Furthermore, all agency staff were part of the team, had access to policies and plans and provided support to the virtual ward
- When asked whether there was enough leadership capacity, it was clarified that additional funding had been secured and the Quality Improvement post was a brand new role
- Members were informed that inpatient care was difficult and although Hillcrest staffing was a root cause for concerns raised there wasn’t enough regular staff and the physical environment was not ideal. The layout was not good with too many wings and no clear line of sight, creating blind spots. The environment could be improved and the area maintained, however, safe outside space was also missing
- HWHCT had been working with the CQC before the inspection and internal peer review had already identified areas of concern
- The CQC had carried out a recent ‘well led’ inspection and although the full report was not due until late May, no immediate concerns had been highlighted
- When asked whether staff had enough time to undertake their roles effectively, it was reported that there had been an increased acuity following the COVID-19 pandemic and due to the nature of the roles, staff generally would only work a few years on an inpatient ward before moving to community settings

- HWHCT was undertaking a piece of work on its estate and the entire pathway, which would be reported to HOSC in due course
- Families and Carers feedback was welcomed and a very important strand to improvement. The sharing of positive feedback from other Wards was also encouraged as learning tools. Following the inspection, direct engagement with families and carers was undertaken
- The Cabinet Member with Responsibility for Health and Well being was invited to comment and highlighted that across the health and social care sector there was a need to attract staff to Worcestershire and ensure that those studying locally stayed in the County, with questions around how to recruit and retain across the sector
- Members heard that there was a particular joy of being a Mental Health Nurse, however, due to the challenging circumstances, burnout was a significant problem. It had been proven that the overall employment offer was important in recruitment, such as really good supervision, rather than salary alone. Career options historically had been quite fixed, however, to attract staff, new posts were being created
- The Health and Wellbeing Board had agreed its priority of good mental health and wellbeing in Worcestershire, one which the HOSC was in agreement
- A Member referred to media articles between 2018 and 2022 highlighting that issues were historic, not improving and showed a serious failure. In response, it was acknowledged that the press surrounding Hillcrest was not helping, however, HWHCT was proactive in their ongoing improvement plan and was reacting to comments made.

The HOSC Chairman invited the Representative from Healthwatch Worcestershire (HWW) to comment on the discussion. The following points were made:

- For clarity, HWW interest was patient safety and in recent weeks, current patients had raised concerns with HWW as they were having difficulties in raising their own concerns
- HWHCT was thanked for their openness, however, patients had reported to HWW that they felt there may be a penalty for speaking up
- Patients reported that staffing shortages caused difficulties in getting the help they needed as staff were unable to spend appropriate time with them and there had been instances of self-harm on the ward
- HWW had seen the recent activity as a real opportunity to support advocacy and promote positive experiences.

In response, HWHCT reported that it was absolutely committed to working with HWW and was already doing so. It was recognised that improvements were needed fast and HOSC Members were encouraged that HWW was receiving feedback.

The HOSC Chairman asked for an update on the Improvement Plan for the Hillcrest Mental Health Ward at an appropriate time in the future.

1123 Physiotherapy Services

Attending for this Item were:

Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT)
Sue Harris, Director of Strategy and Partnerships
Hannah Wilson, Deputy Director of Allied Health Professionals / Therapies
Kate Pike, Associate Director for Integrated Community Services

Worcestershire Acute Hospitals NHS Trust (WAHT)
Kate Harris, Head of Therapies
Benjamin Thomas, Physiotherapy Lead

Members were briefly reminded of the key points within the Agenda Report, mainly that Physiotherapy was one of the 14 Allied Health Professions (AHPs) and physiotherapists worked at all stages of the patient pathway from prevention to acute care and rehabilitation and play a vital role in reducing dependence on long-term care services by enabling people to live well for longer. Services in Worcestershire were provided by HWHCT, WAHT, Primary Care and private providers working across a number of settings. The Agenda Report provided an overview of all services available.

In the ensuing discussion, main points included:

- Physiotherapy Services for children would be provided via paediatric teams, however, self-management and self-care for children were mainly through primary care
- Full time equivalent (FTE) staffing numbers, split across HWHCT (119), WAHT (122.32) and Primary Care (23.6) were documented, however, it was unclear on the numbers working privately in other settings. Nationally, it was predicted that around 70% of physiotherapists worked within the NHS
- In relation to recruitment and retention, the HWHCT People Plan had clear policies that supported flexible working. Historically, there was less flexibility as clinics may have operated only in traditional office hours, however, there had been a shift towards extended hours and 7 day working, all of which supported flexible employment. WAHT also had a flexible working policy and support for staff was robust. Opportunities to return to practice were welcomed and apprenticeships were available
- It was agreed that future reports should include data on workforce and patient profiles to provide the HOSC with a clearer picture of services offered
- In relation to waiting times, HWHCT reported that the routine musculoskeletal physiotherapy target was 18 weeks and urgent cases was 2 weeks
- Community physiotherapy was delivered successfully through Neighbourhood Teams and supported Pathway 1 discharge from hospitals and Reablement services. Bromsgrove Neighbourhood Team delivery was more of a challenge

- No further detail on waiting times was available due to issues with Carenotes (electronic patient record software). It was reported that since August 2022, a national issue had affected 1,000 organisations and recovery had been staggered in the subsequent months. An interim solution was in place and as the national situation had been resolved, it was anticipated that the system would be live very soon. Challenges would remain, especially in supplying performance data. It was agreed to provide HOSC with further information on this issue
- A Member queried why the demand for physiotherapy services was increasing, to be informed that it was recognised that an ageing population, who was encouraged to keep well for longer at home, would need support
- Staff did not require a degree to undertake physiotherapy, with some staff progressing through a career pathway. Options also included working towards a foundation degree
- As the physiotherapy workforce was already working across organisational boundaries, it was suggested there would be fewer challenges following the introduction of the Integrated Care System
- When asked who determines whether a patient is routine (18 weeks) or urgent (2 weeks), it was clarified that all cases were clinically assessed, however, musculoskeletal and community patients were usually 18 weeks with self-care offered through website links. Inpatients and stroke patients were often treated same day as their needs were documented. Urgent factors which could get worse over time were also taken into consideration
- A Member asked where Wyre Forest residents would access services, to be informed that there was a different provider to HWHCT. Explanation was given that if an acute outpatient appointment was required, the contract was owned by multiple GP surgeries in the area
- Explanation was given for 'Home First' whereby for any patient admitted to an acute hospital, the aim was to discharge them to their home, or usual place of residence. 'Person Centred' was ensuring that what was being provided was suitable, for example, if a patient resided in a bungalow, less focus may be put on building up stair and step work
- Residents could make a self-referral to physiotherapy services and receive a GP referral for the same issue; however, it would not be a duplication as two referrals would be flagged by the service and become one case
- Following the COVID-19 pandemic, referral to treatment of 18 weeks was more usual, however, self-care was improving and the pandemic had accelerated new ways of working, such as remote consultations
- It was agreed to provide further information on the costs for residents using Osbourne Court pool. WAHT also had a hydrotherapy pool and charities had access to water based therapy
- Population health and health inequalities was moving forward however the situation was complex. The Cabinet Member with Responsibility for Health and Well being agreed and referred to asset based community development (the ABCD model), suggesting that there was a duty of care to protect residents and promote self-help. Place shaping was undertaken at District level; however, prevention was key

to ensure fewer problems upstream and keep people well and independent for longer

- In response to a question as to what elected Members could do to help, it was reiterated that community support and social activities were vital to wellbeing. The voluntary sector was heavily relied upon and there was a general Public Health message which required ongoing promotion. The Public Health falls exercise programme was given as a positive example.

1124 Elective Recovery Programme

The Chief Executive of Worcestershire Acute Hospitals NHS Trust (WAHT) provided a summary of the elective recovery programme as outlined in the Agenda Report.

Elective Recovery was the process of working to eliminate long wait times for elective care, including hospital appointments, investigations and treatments. Prior to the COVID-19 pandemic, the target from GP referral to definitive treatment was 18 weeks. The current situation was a consequence of decisions taken nationally during the pandemic and lockdowns when all activity ceased, other than cancer and a very limited number of planned surgery. The Report was a good news story and showed the progress made in Worcestershire.

NHS England (NHSE) had developed a plan to eliminate waits of over 2 years by July 2022, waits over 18 months by April 2023, waits over 12 months by March 2025 and have 30% more elective activity by 2024/25 than before the COVID-19 pandemic.

Due to lengthy waiting times, the NHS was now seeing unmet health needs, alongside other physical and mental health requirements.

In Worcestershire, the delivery of elective recovery had been in place for 12 months, with a number of initiatives to increase capacity. One example was increased theatre capacity across WAHT which was now around 85%, compared to around 75% last year.

On the day of the HOSC meeting, Junior Doctors nationally were starting industrial action across a 72 hour continuous period. The Chief Executive reported that one third of WAHT Junior Doctors had reported for duty and as a result of the action, nearly all 4,500 outpatient appointments had been cancelled across 3 days. All operations were going ahead at the Alexandra Hospital in Redditch and 39 out of 46 operations were going ahead at the Kidderminster Hospital and Treatment Centre. With other health professions also involved in industrial action in recent months, including doctors, nurses and ambulance staff, a resolution was sought as it was starting to significantly impact on the people of the County.

The Herefordshire and Worcestershire Integrated Care System (HWICS) was working with WAHT to plan to reduce waits to 65 weeks by April 2024 in line with government expectations, however, this target had not taken into

consideration any industrial action. Availability of workforce was the main risk for the HWICS.

To ease the backlog and plan for the future, from May 2023, all planned surgery would take place at either the Alexandra Hospital in Redditch or Kidderminster Hospital and Treatment Centre. Worcestershire Royal Hospital theatres would only undertake emergency operations. The plan did have risks; however, it was seen as a positive step in reducing waiting times.

In the ensuing discussion, the following main points were raised:

- 19% of patients received treatment out of County, either due to patient choice, such as geography or shorter waiting times, or due to the specialist nature of the procedure required, such as neurosurgery and specialist cardiac surgery. HWICS was responsible for monitoring waiting times for patients on out of County lists. Worcestershire traditionally had longer waiting times than neighbouring hospital trusts, however, there was an agreement with HWICS that when WAHT had capacity it would repatriate patients back into the County. Further information was sought and it was agreed to provide the HOSC with data on patients being treated out of County
- In Autumn 2022, WAHT had invested in robot assisted surgery for prostate cancer and was now looking at other opportunities for future usage as it was known that certain procedures had better outcomes as a result of robotic surgery. Two existing urology surgeons had undertaken training and two colorectal surgeons were due to undertake training, however no timeframe had been set to begin the expansion programme
- WAHT currently had 7 operating theatres at the Alexandra Hospital, with 2 new theatres being built and a further 4 due to be built. Although this would bring the total to 13, it was suggested that, subject to staffing, the number would be utilised to reduce the waiting list and then decisions would be taken on the overall number required in the longer term. The Kidderminster Hospital and Treatment Centre had 4 operating theatres and would continue to focus on short stay and day cases. The Chief Executive agreed to provide a report to HOSC on the operating theatres programme in due course
- Worcestershire was a ‘Tier 1’ system for elective care, which related to the size of the waiting list. The position had improved as WAHT had been 6/7th highest in the country and was now outside of the top 12 position. Weekly oversight meetings had provided focus and financial assistance had been welcome to utilise the private sector. In addition, WAHT facilities had been utilised at weekends to reduce waiting times further
- The current focus was moving to eliminate wait times of 65 weeks by April 2024. One consideration was staff, who may be willing yet would have additional tax and pension burdens if weekends were worked
- Examples of digital transformation were given, such as remote monitoring of respiratory patients. NHSE was looking at digital dictation and the merits of a national contract to streamline the process. Evidence suggested that for WAHT, digital dictation could potentially

increase outpatient appointments from 1,500 to 1,800 per day without an increase in staff numbers
- WAHT was looking at the potential to merge the current sterile services from 3 services into 1 service
- The main constraint on improvement was theatre nurses, although WAHT had recently successfully recruited from the Philippines and India
- In relation to the Junior Doctors industrial action, it was reported that the current situation was deeply worrying and the coming days would be very challenging. All decisions taken were clinically led, however, the Chief Executive stated that inevitably there would be harm, not least the psychological stress of treatment being cancelled. In addition, all industrial action had an impact on WAHT being able to deliver the targets set as no improvement plan had industrial action built in
- Neighbouring hospital trusts often had shorter waiting times and patients could choose those locations, however, finance followed the patient
- Before the COVID-19 pandemic, payment had been on a tariff basis – a set amount paid per activity undertaken. During the pandemic and the 2022/23 financial year, a set amount of funding had been received, similar to a block contract. In 2023/24, a tariff system was set to return and there was a further incentive to increase activity above the levels described in the improvement plan. It made good business sense to work the HWICS to provide better opportunities in the future, however, lower waiting lists was a priority
- When asked how WAHT would address the consequences of not eliminating waiting lists as written, it was reported that it was difficult to quantify the harm that decisions made nationally in 2020 (to stop outpatients and planned surgery), however, the recent winter period had seen a larger number of patients coming through the system who had a delay in care
- The Chief Executive hoped that a long term plan would involve 6 week routine outpatient appointments and 18 weeks from referral to treatment however there was no detailed plan for 2024/25 to reduce waiting times as WAHT did not yet know what finance was available. WAHT Board had made a commitment to prioritise reducing waiting times over achieving a balanced budget and there was a significant planned deficit for 2023/24.

1125 Refresh of the Scrutiny Work Programme

A Member asked whether the HOSC Chairman would write, on behalf of the Committee, to the Secretary of State for Health and Social Care expressing the HOSC's concerns. Some Members suggested that this was not within scope, advising that individual Members could correspond directly. The HOSC Chairman agreed to seek advice outside of the meeting and report back.

The Cabinet Member with Responsibility for Health and Well being introduced the newly appointed Director of Public Health, Lisa McNally.

The HOSC agreed to add the following its Work Programme:

- Long Term Plan for WAHT Theatres
- Carenotes Electronic Patient Records outage
- Update on HWHCT CQC Inspection
- Progress against targets for the elective recovery programme and future plans

The meeting ended at 1.10 pm

Chairman …….