

Health Overview and Scrutiny Committee

Monday, 26 September 2016, County Hall, Worcester - 10.00 am

Minutes

Present:

Mr A T Amos, Mrs J L M A Griffiths, Mrs A T Hingley, Mr A P Miller, Mrs F M Oborski, Mrs M A Rayner, Mrs F S Smith and Mr G J Vickery

Also attended:

Future of Acute Hospital Services Programme Board
Simon Trickett, Interim Chief Officer of Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Group

Lucy Noon, Programme Director

Claire Austin, Communications and Engagement Lead

Wyre Forest Clinical Commissioning Group

Heather Macdonald, Operations Director

Worcestershire Health and Care NHS Trust

Jan Austin, Interim Lead – Community Care North

Worcestershire Acute Hospitals NHS Trust

Rab McEwan, Chief Operating Officer

Julian Berlet, Divisional Medical Director

Caragh Merrick, Chairman

Lisa Thomson, Director of Communications

Healthwatch Worcestershire

Peter Pinfield, Chairman

Worcestershire County Council

Simon Mallinson, Head of Legal and Democratic Services

Jo Weston, Overview and Scrutiny Officer

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts (circulated at the Meeting);
- C. The Minutes of the meeting held on 19 July 2016 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes,

802 Apologies and Welcome

The Chairman welcomed everyone to the Meeting. Apologies had been received from Councillors Baker, Biggs, Cooper, Grove, Hill and Wood-Ford.

803 **Declarations of Interest and of any Party Whip**

Councillor Oborski declared an Interest as a Member of the Future of Acute Hospitals in Worcestershire Public Participation Involvement Group. Councillor Amos declared an Interest as a relative was employed by Worcestershire Acute Hospitals NHS Trust.

There was no Party Whip.

804 **Public Participation**

None.

805 **Confirmation of the Minutes of the Previous Meeting**

Subject to the following amendment, the Minutes of the Meeting held on 19 July 2016 were agreed as a correct record and signed by the Chairman.

Minute 800: Adult Mental Health Transformation
The Committee discussion point three, was changed to read 'When asked whether mental health nurses were available in all GP surgeries, it was clarified that the commissioning model would provide a Gateway Worker service for every GP Practice by October 2016. Gateway Workers are experienced mental health nurses or mental health practitioners.'

806 **Scrutiny Approach: Consultation Plans for the Future of Acute Hospital Services in Worcestershire**

The Chairman reminded the Committee that the review to reconfigure acute hospital services was in its final stages and that the following Agenda Item sought HOSC approval of the draft consultation document. However, it was first necessary for HOSC to agree its approach, in particular whether a joint Committee was required or desirable.

Members had to consider the legislation in place when considering substantial changes and whether to exercise their discretion to have a joint committee should be applied in this particular case.

The Head of Legal and Democratic Services (HLDS) advised that the legislation was complex but clear on the issue of joint committees. Under Regulation 30, the legal duty to have a joint scrutiny committee was only triggered if the responsible health body carried out Regulation 23 consultation with more than one local authority. If it did not, there was a discretionary power to appoint a joint scrutiny committee if the authorities wished to delegate functions to it. As Health were not so consulting with other neighbouring local authorities, there was no legal duty upon the Council to form a joint scrutiny committee to consider the proposals. This left a discretionary power to form a joint scrutiny committee if

HOSC considered it appropriate.

In the discussion, the following main points were made:

- The Chairman confirmed that if a joint Committee were to be formed, it would be Chaired by Worcestershire County Council. However, taking into account the need for political balance (confirmed by HLDS where there were 3 or more nominations), some Members were concerned that the Worcestershire voice would be marginalised
- From the neighbouring authorities, Herefordshire and Birmingham were supportive of a joint Committee, yet Warwickshire and Solihull shared the view that the proposals were not substantial to their populations
- One Member agreed that although there was no legal obligation, there was a strong moral obligation to work with neighbouring authorities and favoured a joint Committee. The Member went on to state that documentation had been received from University Hospitals Birmingham NHS Foundation Trust (UHB) which strongly suggested that there were concerns over the proposals
- One Member suggested that as a way forward, Members from neighbouring authorities could be invited to a meeting, in order that Worcestershire HOSC could hear their views and inform their decision-making process. The HLDS advised that if HOSC invited observers from other authorities to attend and participate but not vote, this would not affect political balance issues
- The Chairman clarified that if Members wanted a joint Committee, it would delay the consultation process and he felt this was inadvisable at this stage in the process.

The Chairman invited Simon Trickett, Interim Chief Officer of Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Group to comment on the Item and discussion.

Mr Trickett reminded Members that the role of HOSC was to scrutinise, and in particular to ensure that the level of consultation that was being undertaken in relation to service changes that impact on Worcestershire's population was appropriate. Neighbouring Clinical Commissioning Groups had decided that they did not want to jointly consult their populations, but rather respond to the consultation. The Programme Board was

807 Future of Acute Hospital Services in Worcestershire

aware that the main provider in Birmingham (UHB) was concerned, but the situation was being monitored following the temporary emergency changes to services that had already taken place earlier in the year. It was important to put the situation into context and it was suggested that over the last twelve months, residents from Redditch and Bromsgrove arriving at UHB A&E had increased by 21%. This equated to an additional 47 people per month, which, as one Member highlighted, could have been the closest A&E to their workplace, not necessarily due to the temporary changes in Worcestershire.

In addition, it was important to note that the consultation plans would include engagement activity outside of the County and all neighbouring residents would also have the opportunity to contribute to the consultation.

It was moved and seconded that no joint HOSC be created, and this was agreed upon being put to the vote. HOSC then unanimously agreed to invite neighbouring HOSCs to a future session to inform Worcestershire HOSC's consideration of these proposals as non-voting participating observers.

The Chairman hoped neighbouring authorities would engage with the Worcestershire HOSC.

Attending for this Item were:

Lucy Noon, Programme Director
Claire Austin, Communications and Engagement Lead
Simon Trickett, Interim Chief Officer of Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Group

Members were reminded that after being initiated in 2012, the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme was now in its final stages. It was hoped that NHS England would shortly provide assurance and in doing so allow public consultation to begin.

It was important to be mindful that essentially, there was just one clinical model to consult upon and the main proposed changes had not only been discussed at previous HOSC meetings, but were also outlined in the Agenda.

The draft public consultation document had been drawn up in association with the Patient Participation Stakeholder Advisory Group, which included

representation from a neighbouring authority. HOSC Members would be invited to comment on the draft and further drafts as they became available.

In relation to timescales, it was hoped to start the full 12 week public consultation at the end of November 2016, however, taking the Christmas period into consideration it was planned to extend this to 14 weeks.

Mindful of County Council Elections in May 2017 and Purdah commencing on 23 March 2017, the 3 Worcestershire Clinical Commissioning Groups may not be able to make a decision until after May 2017.

In the ensuing discussion, the following points were raised:

- Although the draft consultation document suggested locations for public events, these were not confirmed as dates were yet unknown, rather provided an indication of the geographical spread. Events would also take place across County borders to engage with those residents
- It was noted that other organisations were organising their own engagement events, with Redditch Borough Council holding a range of public meetings to inform their response to the consultation
- Members continued to be concerned about the availability of transport between Hospital sites
- In response to questions around accessibility of the consultation documentation, the Committee was informed that it would be widely available and accessible to everyone including those whose first language was not English
- The Committee was pleased that the process was hopefully drawing to a close after so many years of uncertainty.

The Chairman of Healthwatch was invited to comment and added that Healthwatch had been proactively involved in shaping the documentation before the Committee.

The Committee welcomed the opportunity to comment on the draft consultation document and unanimously agreed to its publication once the finer details had been confirmed. HOSC Members would receive a final draft before publication.

Community Unit

Heather Macdonald, Operations Director, Wyre Forest Clinical Commissioning Group
Jan Austin, Interim Lead – Community Care North, Worcestershire Health and Care NHS Trust
Simon Trickett, Interim Chief Officer of Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Groups

The Committee was reminded that the Wyre Forest Integrated Intermediate Care Programme was a multi agency programme, established in 2014, to look at how best to provide intermediate care for the population of Wyre Forest.

Currently, the Wyre Forest Community Unit, based on the Kidderminster Hospital site (Block A) has 20 beds and is managed by Worcestershire Acute Hospitals NHS Trust (WAHT). It is able to take referrals direct from GPs to support admission avoidance and also support, often elderly patients, who are not ready to return home.

Due to a number of factors, including a shift towards a more integrated community model, the condition of the building and a view from WAHT that they no longer wanted to manage the provision of the service, the current model was unsustainable.

Stakeholders were keen to retain a presence on the Kidderminster Hospital site and the Alliance Board and GP Practices favoured a 16 bed proposal, in the Robertson Centre, which would provide increased integration with community teams.

Following an appropriate procurement process, it was agreed that this new provision would be managed by Worcestershire Health and Care NHS Trust starting 1 October 2016.

A number of Stakeholder engagement events had been held to listen and further understand any concerns patients may have. In addition, newsletters had been published and widely circulated.

Unfortunately, construction delays to some necessary building work have meant that the new Unit will not be operational on 1 October, although the new service will be provided by Worcestershire Health and Care NHS Trust from that date.

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

- There was concern that the number of beds was being reduced from 20 to 16, however, it was noted that the length of stay would also reduce due to increased support in the home
- Some Members suggested that there had been a degree of concern locally, especially with older patients, who were worried they would be discharged before feeling fully confident, however, the Members were pleased to report that the level of public and patient engagement was high
- It was clarified that this move had full clinical support and was not a cost saving initiative. However, any savings would be reinvested in the community teams, including night sitters for example
- When asked about the deterioration of GP Premises in Wyre Forest, it was stated that this was a Clinical Commissioning Group priority with almost all GP Practices now enhanced. Funding had been sought for Stourport through a national funding scheme for primary care premises, which would close the gap locally
- In relation to Community Hospitals, such as Evesham, a different medical model was in place, however, the ethos of rehabilitation was the same. Members were informed that there was a shift towards seven day therapy, with therapists being recruited to cover early and late shifts, enabling staff to work with patients at key times, such as getting up and preparing breakfast
- Members learned that Community Nursing Teams would have increased technology by the end of the year, enabling more fluid communications between health and social care
- When querying the level of help in the house, it was suggested that technology had a huge part to play and advancements were occurring constantly
- GPs in particular were confident that 16 beds was the right number, although the new premises do not allow for more, and it was seen as a positive move that the beds can be kept on the Kidderminster Hospital site
- Members had confidence in Worcestershire Health and Care NHS Trust as they operate other County Community Hospitals.

The Chairman thanked everyone for a useful discussion and wished for an update in due course as it was important to monitor the impact of these changes on the local community.

809 Health Overview and Scrutiny Round-up

Members were invited to comment on activity in their own District. It was mentioned that in Wyre Forest, although the newly opened Health Centre in Kidderminster was welcomed, there was concern about the steep ramp access.

All Members had been invited to become a HOSC Lead Member for one of the local health bodies. It was clarified that the role was informal, but included the opportunity to attend Board Meetings as an observer, report back to the HOSC and therefore expand the collective knowledge of the Committee. All organisations were now covered and the Chairman thanked colleagues for volunteering.

From recent Board Meetings, it was noted that distribution of paper copies was ever decreasing, a fact which many Members found frustrating given the quantity of documents under consideration. Councillor Vickery reported that he would circulate some notes from recent Board Meetings attended.

The Chairman reported that following the last HOSC, he was pleased to report that signage around County Hall now indicated that it was a 'no smoking and no electronic cigarettes area'.

810 Radiology

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

Rab McEwan, Chief Operating Officer
Julian Berlet, Divisional Medical Director
Caragh Merrick, Chairman
Lisa Thomson, Director of Communications

By way of presentation, the Chief Operating Officer provided some background to the issue, the action already being taken and the plan moving forward.

In July 2016, the Care Quality Commission (CQC) held an unannounced inspection of Radiology, which found a backlog of X-rays yet to be reported on by Radiology, including 5,574 from January to August 2016 and 6,986 from 2014-2015.

WAHT had since developed an action plan, which would tackle the backlog and clear the 2016 films by October 2016. The Trust had also commissioned the Royal College of Radiologists to undertake a review to ensure best practice was being followed.

Although a clinically led review in 2013 suggested no harm could be found as a result of delays in radiology reporting, a formal harm review would be now conducted and as the backlog was cleared, any incidental findings would be logged for review on national software (DATIX). If any potential harm to patients was identified it would be reviewed by the WAHT Quality and Governance Committee.

Since May 2016, when WAHT became aware of the increasing backlog, 8 radiographers had been successfully recruited and a Consultant Radiologist was currently being advertised. In addition, in July 2016, 500 X-ray reports per week were outsourced for reporting, with the figure doubling from August. Demand and capacity was under constant monitoring and regular updates were being provided to CQC.

It was reported that the current situation was more positive, with no further 2016 plain film X-rays outstanding, however, 1,000 images would not be reported on in this programme as the patients had subsequently died.

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

- It was clarified that all X-rays are looked at, with the requesting Clinician initially looking and assessing the X-ray. The backlog refers to the Radiologist reports, where they would do a second report to confirm the Clinician's assessment and look for secondary information, which may be out of scope of the Clinician's expertise
- It was also clarified that all GP requested X-rays were reported on in a timely manner
- The volume of work was increasing, including the more specialist work of MRI and CT scans for example. The picture nationally was similar to that of Worcestershire and there was a recruitment concern across the profession. Members commented that the review of Acute Hospital Services could only add to the issue, however, were pleased to hear that 8 Radiographers had been recruited
- Concerns were taken seriously and there was a duty to provide assurance to the Trust Board, patients and all stakeholders that the situation would not be repeated. Governance arrangements had been strengthened and by working with the Royal College of Radiologists,

there would be no repeat of the extensive backlog experienced. Despite this, Members felt that there was some way to go to reassure patients

- The backlog was to be cleared in a specific order, with 2016 films being reported first, followed by those from 2015. Films from before 2013 would not be reported on, however, Members were reminded that in the vast majority of cases, the images would have been seen by the ordering Clinician
- When questioned why it took a Whistleblower to highlight the issue, it was stated that there was growing management concern from 2013 and despite measures that had been put in place, WAHT could not cope with the increasing demand. From here on, it was suggested WAHT would compare favourably with other Trusts
- From the CQC inspection, one of the required outcomes was a need to agree a set of standards with Clinicians and abide by them. This change in policy was suggested to be a clear message which was now understood. The Standard was for routine reporting to be undertaken within 2 weeks or within 48 hours if urgent
- Some Members were concerned with the risks associated with the delay in reporting and were informed that a harm review had been undertaken and would be repeated later in the year. Patients and their GP's would be contacted if there was anything untoward
- In relation to the 1,000 films which were not reported on and patients had subsequently died, it was clarified that they would be reviewed in due course but the Trust was not expecting to find significant levels of harm
- One Member queried whether any equipment failures had influenced the situation, to be informed that was not the case

The Chairman of Healthwatch Worcestershire was invited to comment on the discussion and stressed that Healthwatch was equally concerned with the evolving situation. However, it was important to move on and ensure that it does not happen again.

The newly appointed Chairman of the Trust, Caragh Merrick, stressed that patient safety was non-negotiable and the perception of patient safety was vital. It was a regrettable situation, however, moving forward, lessons had been learned and a clearer governance arrangement was now in place.

The HOSC Chairman thanked all those present for a useful discussion and called for a further update at an appropriate time in the future.

The meeting ended at 1.15 pm

Chairman