

Health Overview and Scrutiny Committee

Monday, 26 November 2018, County Hall, Worcester - 10am

Present:

Minutes

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Mr A Stafford, Mr R P Tomlinson, Mr T Baker, Mr C Bloore, Mr M Chalk, Mr M Johnson, Mrs F Oborski and Mrs F Smith

Also attended:

Mari Gay, Worcestershire Clinical Commissioning Groups
Paul Brennan, Worcestershire Acute Hospitals NHS Trust
Vicky Morris, Worcestershire Acute Hospitals NHS Trust
Jackie Edwards, Worcestershire Acute Hospitals NHS Trust

Avril Wilson (Interim Director of Adult Services),
Matthew Fung (Public Health Consultant), Sheena Jones
(Democratic Governance and Scrutiny Manager) and
Jo Weston (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for the Item on Quality of Acute Hospital Services - Update (circulated at the Meeting)
- C. The Minutes of the Meeting held on 19 September 2018 (previously circulated).

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

900 Apologies and Welcome

Apologies were received from Mrs M A Rayner and Mr C Rogers.

901 Declarations of Interest and of any Party Whip

None.

902 Public Participation

None.

903 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 19 September 2018 were agreed as a correct record and signed by the Chairman.

**904 Evaluation of
Winter
Pressures on
Urgent Care -
Update on the
System Plan**

Attending for this Item were:

Clinical Commissioning Groups

Mari Gay, Chief Operating Officer and Lead Executive for Quality and Performance

Worcestershire Acute Hospitals NHS Trust

Paul Brennan, Chief Operating Officer and Deputy Chief Executive

Worcestershire County Council

Avril Wilson, Director of Adult Services

Matthew Fung, Consultant in Public Health

The Chairman welcomed Paul Brennan to the meeting and explained that he had come to Worcestershire after a number of years' experience at the John Radcliffe Hospital in Oxford.

By way of presentation, which had formed part of the Agenda papers, Members were updated on the health and care system plan for the winter period, from 1 December 2018 to 31 March 2019. Planning for this had commenced in May 2018.

The Plan's themes included increased resilience to provide safe and effective care, sufficient capacity to meet likely demand and appropriate signage and support for patients and carers.

Plan partners were working to embed learning from previous winters, initiate robust daily monitoring, concentrate on prevention and take steps to work better across the whole system.

The Plan aimed to enable patients to experience a more seamless journey through the system, release extra capacity for the winter period and improve performance.

The Worcestershire Clinical Commissioning Groups had commissioned consultancy Carnall Farrer to undertake a system wide demand and capacity analysis. The result, based on a bed occupancy rate of 92%, which was an ideal number for patient flow, suggested a 1 bed shortfall across the Worcestershire Acute Hospitals NHS Trust during the Plan period. However, this varied between sites. At the Worcestershire Royal Hospital it was estimated that there was a 41 bed shortfall, meaning that the Alexandra Hospital in Redditch would have a surplus of 40 beds. This was shown on pages 13 and 14 of the

presentation.

As a result of this analysis, further improvements had been identified, including:

- the opening of an Urgent Treatment Centre at the Alexandra Hospital from 3 December 2018
- surge capacity across both Worcester and Redditch hospital sites, resulting in an extra 40 beds overall
- an additional 16 beds at Evesham Community Hospital
- a trial in Redditch where the Fire Service would support patients to settle at home after discharge
- maximising the Kidderminster site to maintain elective surgery
- additional pharmacy staff
- utilising all staff, including clinicians in non-clinical posts, who would spend 20% of their time working in front line services.

Monitoring was well planned, and would need to be robust, with daily management systems in place and weekly forums across all A&E Delivery Board partners to access the situation and agree the system wide operational plan for the week ahead. A live evaluation would also be undertaken of the Plan by the Commissioning Support Unit.

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

- In response to a question, Members were informed that the capital work to build a link bridge at the Worcester site was still progressing, however, the work was delayed by four weeks and would not be completed until 16 January 2019. A Member asked about whether any compensation would be due, to be informed that this did not form part of the contract
- It was known that frailty was a factor in delayed discharges, however, these patients would be discharged to another setting, such as the step down unit. The frailty assessment unit at Redditch would operate 12 hours per day
- When asked if there was enough Staff, it was reported that up to 130 additional nursing staff were being brought in. A Member was concerned about the staff at Evesham Community Hospital, who last Winter, were drafted to the Acute Hospitals. As the proposal this year was for an additional 16 beds at

Evesham, it was proposed that the situation would not be repeated. However, workforce was identified as a key risk due to recruitment and retention challenges, potential for escalation of sickness rates and impact of consistent pressure.

- Officers present were still concerned, despite the intense planning period. The analysis was a very useful tool, but the reality of a situation was different.
- The Trust believed it was unacceptable for patients to be cared for as an inpatient in either an assessment unit or in a corridor. Action was being taken to manage the situation and keep assessment units for their purpose
- The working relationship between the Acute Trust and the Health and Care Trust was good and the recently introduced Neighbourhood Teams were also working well. As a result of this, step down and rehabilitation was more streamlined
- A Member suggested that time was wasted when Ambulance Crews carried out tests, for the same tests to be repeated on arrival. In response, it was reported that this had not been raised by the Ambulance Trust in recent discussions. Paul Brennan, the Chief Operating Officer and Deputy Chief Executive, undertook to raise this with the Ambulance Trust to check its validity and address appropriately
- The Committee was very disappointed to hear that the uptake of the Flu Jab across NHS Staff was between 50% and 60% locally and were reminded that all vulnerable groups should be vaccinated. Shortages of the vaccine for those aged 65+ had been reported, although this was no longer the case. The Director of Adult Services encouraged Members to increase uptake across their communities and remind residents of the different healthcare options available to them and members of the Committee urged those representing the Acute Trust to promote the flu jab take up within the organisation too
- When asked about the capacity at the Kidderminster site, it was reported that there were 4 theatres and 1 ward, with stays of up to 36 hours anticipated
- The Trust was working closely with one Nursing Home which would take patients nearing end of life where patients had chosen a nursing home for end of life care

- The Consultant in Public Health was concerned about the effect of any outbreak of infections such as norovirus, for example, to be informed that the modelling did not account of this, but if an outbreak did occur, 12 beds would be automatically taken out of the system. Work had been done on infection control and deep cleans had been undertaken
- The Trust was seeing year round pressure, yet staff were recognised as being caring. It was often difficult, especially when caring for patients in inappropriate places. The Trust Board accepted the challenges faced and had tried to create extra capacity
- Members agreed that residents required clear communication of planned changes and expectations needed to be managed. A clear and consistent message was needed around the opening times and facilities of Minor Injury Units across the County, urgent care, ambulatory care and frailty services
- In terms of how elected Members could support the health economy, it was suggested that they could:
 - Champion those at risk having the flu jab
 - Emphasise the safe avenues of care available so that members of the public did not go to A&E
 - Consider how specific issues could be addressed over the longer term, for example developing a strategy to improve the attractiveness of working in social care and health overall.

The Chairman and Chief Operating Officer of Healthwatch Worcestershire were invited to add to the discussion, making the following key points:

- Healthwatch had been highlighting the public's concerns for a number of years and gave credit to the Trust for their working relationship and reacting to points made. A report on corridor care had resulted in 38 recommendations, with the Trust producing an Action Plan to address them. However, on a future visit by Healthwatch, it appeared many of the actions had not been implemented or were not consistently applied. This had been discussed with senior managers at the Trust and was now being addressed
- Resident feedback and official reports generally referred to the quality of care, with organisation, hygiene and outpatient appointments faring less

**905 Quality of Acute
Hospital
Services -
Update**

favourably. However there was sometimes a lack of context given to support performance data, an example being cancer reported as poorly performing but the West Midlands had the highest number of prostate cancer referrals

- The Healthwatch Board had recently written an open letter to the Chairman of the Trust on Stroke Services about the potential to implement some initiatives immediately and was awaiting a reply
- The work of Healthwatch was varied and provided an 'eyes and ears' view of healthcare across Worcestershire.

The HOSC Chairman thanked those present for an informative discussion. The Committee asked to consider the evaluation of the effectiveness of the Plan in due course.

Attending for this Item from Worcestershire Acute Hospitals NHS Trust were:
Vicky Morris, Chief Nursing Officer
Jackie Edwards, Deputy Chief Nursing Officer.

By way of presentation, Members were reminded of the Care Quality Commission (CQC) activity since 2015, most recently the unannounced inspection of urgent care in March 2018, which was reported on in June 2018.

Over time, there had been a number of positive findings and frequent references to caring, compassionate staff who provided emotional as well as clinical support.

The negative findings and areas for improvement were well documented and to address these, in May 2018, the Trust Board had agreed a 3 year Quality Improvement Strategy (QIS). In addition, each of the 5 Divisions also had a plan to underpin the QIS.

The Trust believed that the workforce was key to driving improvement and had developed a People and Culture plan. Activity focused on the now established 4ward behaviours of:

- Do what we say we will do
- No delays, every day
- We listen, we learn, we lead
- Work together, celebrate together.

Systems had improved, quality audits had taken place since July 2017, and the Trust had introduced ward accreditation to support wards which showed strong leadership. Members learned that Senior Leaders were

also actively engaged with day to day activity, such as listening in to handovers, undertaking walkabouts and, with Trust Board commitment, having 20% of the week as clinical time and being part of a team. Reducing the amount of meetings was also an aspiration.

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

- One Member commented that the lag between the CQC inspection and their published report was months and questioned whether feedback was given at the time. In response, Members were told that the process followed a national framework and factual accuracy checks were made, however, verbal feedback was given at the time.
- It was important to work with staff on the implementation of action plans and focus on embedding and driving improvement. Incentives, such as the ward accreditation and the 'back to the floor' initiative were welcomed
- In response to a query about CQC engagement outside of inspections, Members learned that there was a new regional team, but monthly meetings took place through a Quality Improvement Review Group
- The Committee commended the 'back to the floor' approach for Managers and wished for its success
- It was acknowledged that sustaining improvement was a challenge, however, with strong leadership was achievable
- Members agreed that the Trust was planning for a positive future but stressed the necessity of embedding improvements made whilst continuing to work to improve others. It agreed to review the progress of the Quality Improvement Strategy at an appropriate time in the future.

906 Health Overview and Scrutiny Round-up

There was nothing to report at this time.

The meeting ended at 12.25pm

Chairman