

Health Overview and Scrutiny Committee - 2nd March 2020

Members initially attended a pre-meeting in order to determine what outcomes they hoped for from the session.

The first organisation that presented was the **Worcestershire Acute Hospitals NHS Trust**. Mr Hopkins, representing the Trust, explained that it was a different Care Quality Commission (CQC) inspection that had given the poor result and that in May 2019 things were acceptable but by December the situation had deteriorated.

Members were also informed that there had been an 8% increase in Accident & Emergency (A&E) demand and that the A&E department at The Royal Worcester Hospital was too small and needed additional buildings. The Alexandra Hospital is to lose 6 theatres during a refurbishment and it is anticipated that there will be more building at The Royal Worcester Hospital. The IT system needs major improvement but there would be no initial move to 5G. The main problem was through flow of the hospitals with more 'out' than 'in' needed and approximately 40 patients who do not need an acute bed. The opinion of the Committee was that the CQC report showed that any improvements being made were taking too long.

Worcestershire County Council (WCC) – Adult services at WCC were learning from other authorities and intervening with regular patients who are admitted to hospital to try to reduce their admissions. WCC are working to improve the general health of the population but the data for Worcestershire was complex and therefore it is difficult to move forward. They had managed to reduce hospital stays from 8 to 5 days by working with patients from admission. They have 3 pathways to move patients on from hospital but they are reliant on patient's wishes, particularly when it comes to moving to the self-financing accommodation. NHS care is free, care homes cost the resident, this results in a delay.

Worcestershire Health and Care NHS Trust relate to the Community Hospitals who find it difficult to fill the beds due to limited access to specialist care. They have 31 neighbourhood teams that are active 24/7. They would like to see more specialist care in community hospitals (Persore has fractures and Evesham has stroke care). They would like to be able to pre-order care packages.

HealthWatch Worcestershire is an independent organisation that has the ability go into hospitals and talk to the patients with the anticipation of improving the system at a strategic level. They are able to attend a range of Committees, investigate various issues and produce targeted reports. They have put forward suggestions to help with trollies in corridors by asking for more communication, signage and access to food and drink. They have also made recommendations for

fracture clinics to be more patient focused. What they want is consistency, and have suggested that the regular change in executive positions gives rise to problems.

West Midlands Ambulance Service - The 111 service takes 22 seconds to answer and 999 takes 4 seconds so there is no delay whichever number you use. Their clear, long-term plan for the future is to own their buildings have a clear career path. The service has told the CQC that there are problems with the hand over. They are disappointed not to have won the "Moving On "contract and are concerned for patient care.

West Midlands Ambulance Service would like everyone to have the "respect form", so that the ambulance staff will know how to treat the patient.

Worcestershire Clinical Commissioning Group has been trying for 3 to 4 years to reduce the demands on admission but there is still a 3% increase per annum. There is more work with primary care and an extra 130 beds available. With a new board they are holding all areas to account.

Mr Hopkins of the **Worcestershire Acute Hospitals NHS Trust** returned to say that the board was making improvements and these were sustainable. On coronavirus there are plans in place with an increase in the number of respiratory beds with experts at a national level to help. Overall there is a need for a culture change.

The O&S Committee came to the following conclusions:

1. There is a lack of space in both A&E departments.
2. There is a lack of space in paediatrics.
3. IT must be improved.
4. Access to care packages more choice/options would reduce bed blocking.
5. Extra beds available in community hospitals.
6. Leadership needs to manage the situation to produce improvements.
7. Develop the "Respect" agenda.
8. More consistency.