

Social Care and Health Overview and Scrutiny Committee

Thursday 20th January 2022 at. 6.00 p.m.

Council Chamber, Walsall Council.

Committee Members Present

Councillor Hussain (Chair)
Councillor Ditta
Councillor Gandham
Councillor Kaur
Councillor Murphy
Councillor Sears
Councillor Waters

Portfolio Holders Present

Councillor K. Pedley – Adult Social Care
Councillor S. Craddock – Health and Wellbeing

Officers

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| Mrs K. Allward | Executive Director Social Care for Adults |
| Professor David Loughton | Joint CEO of the Royal Wolverhampton Trust and Walsall Healthcare Trust |
| Lisa Carroll, | Director of Nursing, Walsall Healthcare Trust |
| Mrs N. Gough | Democratic Services Officer, Walsall Council |

74/21

Apologies

Apologies were received on behalf of Councillors Cooper and Rasab.

75/21

Substitutions

Councillor Kaur substituted on behalf of Councillor Johal for the duration of the meeting.

76/21

Declarations of Interest and party whip

There were no declarations of interest or party whip.

77/21

Minutes of the previous meeting

The minutes of the meeting that took place on 9 December 2021 were discussed.

Resolved

The minutes of the meeting held on 9 December 2021 were agreed as a true and accurate record, subject to the inclusion of Councillor W. Rasab as in attendance.

Update on Proposals for Acute Urology Services at Walsall and Wolverhampton

The Joint CEO of the Royal Wolverhampton Trust and Walsall Healthcare Trust introduced the report and highlighted the salient points (annexed). Members were informed that the transfer of emergency urological cases to Royal Wolverhampton Trust (with low complexity transferred to Walsall) was originally planned to take place in December 2021, however this had been delayed until April 2022.

In response to questions from Members, the reasons for the delay were described, largely due to ongoing pressures caused by the Covid-19 pandemic. Supply chain difficulties, staff and patient care pressures had been experienced. These issues had caused delays to building work at the Royal Wolverhampton Trust and ongoing pressure to NHS services.

Challenge was provided in relation to the impact of the delay on patients, the Joint CEO stated that there would be no impact on patients - there had been very few cancellations for elective operations and this situation continued to improve. Walsall had performed well and had one of the best records for delayed transfers of care (in the Midlands). Further clarity was sought on the reasons for this, and the Committee were informed that the 'Walsall Together' partnership was key to this success. Alongside this Walsall had a good performance in terms of 'Accident and Emergency' and ambulance offload times.

Members questioned if the planned revised transfer date for urological services was realistic, and the Committee were informed that currently this was on track however, challenges in relation to staff sickness (due to Covid) continued to pose a risk. Although it was acknowledged that staff sickness levels were reducing.

A discussion was held in relation to Staffordshire patients, and the Committee were informed that Cannock Hospital had been used for elective purposes with no emergency medicine this allowed transfer of patients. It was intended that this would be further developed to manage elective waiting lists.

Assurance was sought from a Member that the transfer of urology services would happen at projected timescales, the Joint CEO stated that this was on track however guarantees could not be provided due to staff sickness and the risk of staff being dismissed (due to lack of vaccination). The dismissal of significant numbers of staff due to lack of vaccination was a national issue, and could prevent services from being delivered effectively.

The Chair thanked NHS staff on behalf of the Committee for their continued hard work and dedication. It was acknowledged that staffing was an existing issue prior to the pandemic. The Joint CEO stated that over two hundred nurses had been recruited at Walsall Healthcare Trust, however a significant number of Members of staff could refuse to be vaccinated. Staffing issues were further discussed and it was confirmed

that staff sickness was improving however further work needed to be done at Walsall Healthcare Trust on the management of long-term sickness.

A Member questioned the extent of the urology waiting list at Walsall Healthcare Trust and it was confirmed that this had built up over a long period of time (prior to the pandemic). The Trust had procured a third robot to deliver urological services, however the demand for robotic surgery was high, and this needed managing across the West Midlands.

The Portfolio Holder (Public Health) acknowledged the success of Walsall Together and the work of Partners, and questioned if the vaccination rate in the general population improved, what impact that would have on the Trust. The Joint CEO stated that the situation with the hospital was improving and vaccination rates in Walsall were positive. A further discussion was held on Covid testing, the Joint CEO stated that community rates were not currently translating into hospital admissions. It was suggested that the Omicron variant did not have the same impact on the hospital as previous strains of the virus. The number of inpatients, ITU patients and deaths were monitored on a daily basis. It was stressed that the number of inpatients were starting to reduce in Walsall.

Resolved

That the Update on Proposals for Acute Urology Services at Walsall and Wolverhampton be noted.

79/21

Assurance report regarding Walsall Healthcare CQC Inspection of March and July 2021.

The Director of Nursing presented the report and highlighted the salient points (annexed). The Committee were reminded that the CQC carried out an unannounced focused inspection of the Trust on 9 March 2021, and this led to a section 9a warning notice to Walsall Healthcare Trust indicating that significant improvement was needed. Further to this the CQC undertook an unannounced inspection of maternity services at Walsall Healthcare Trust on 28 July 2021 and the overall rating for the service remained as 'required improvement'. It was noted that areas of good practice were also identified, actions identified (within action plans) were either complete or the Trust were on track to complete them.

The Committee were advised that in response to the inspections recruitment to key roles had taken place, this included the recruitment of international nurses, and support had been provided to these members of staff. Improvements to the hospital environment had been made, along with a review of governance processes. Investment had been made in the Leadership development programme for nurses. The CEO described the infrastructure that had been put in place to support international nurses.

A Member sought assurance that the issues raised within the inspections would not be repeated in the future and that progress was monitored. The Director of Nursing stated that quality standards were audited, peer

reviewed and reported to Trust Board to ensure clear oversight. Vacancies were robustly monitored and the Trust were focusing on the reduction of the use of agency staff. Strong leadership, staff forums (to allow concerns to be raised) and other safeguards were described. The use of agency staff was discussed, and prioritisation was being given to reduce this, and it was noted that maternity services across the country were under pressure.

A Member challenged what was being done to bridge the training and skills gap identified in the inspection. The Director of Nursing stated that ten Practice Educator Facilitators had been recruited - nurses that focused on education but within the clinical environment. These staff worked alongside nurses and the wider workforce, significant investment had been made into education and training. It was suggested that restrictions placed on the Trust when it was placed in 'special financial measures' had impacted on training and development of staff.

A Member asked for further clarification that the CEO was satisfied that issues raised within the inspection had been resolved and how these actions were monitored. The Director of Nursing confirmed that the necessary changes had been made and evidence had been submitted to the CQC, who were satisfied with this. Ongoing monitoring took place at a number of levels up to the Trust Board. It was acknowledged that continuous improvement was always needed, and key to this was recruitment.

A Member asked for timescales on improvements in maternity, the Director of Nursing stated that there were no timescales for improvement however the Trust had a detailed action plan, of which many of these actions were now completed, with ongoing monitoring. The maternity service had been reviewed by NHS England and was rated as 'good' with extremely positive feedback and sustained improvement.

The CEO stated that the physical environment of the hospital required improvement to make the maternity service more accessible, this included the relocation of the Midwife Led Unit, to provide immediate access to the consultant led unit. In response to a query from a Member, the Director of Nursing confirmed that recruitment to midwifery had taken place and provided further detail on this.

Resolved

- i. That the Assurance report regarding Walsall Healthcare CQC Inspection of March and July 2021 be noted.
- ii. That a further update be provided within 6 months.

80/21

Areas of Focus

Members reviewed the areas of focus proposed for the committee.

Resolved

The areas of focus was agreed.

81/21

Date of the next meeting: 3 March 2022.

Termination of Meeting

The meeting terminated at 7 p.m.

Chair:

Date:.....