

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Thursday 10th March 2016 at 6.00 p.m.

Conference Room, Council House, Walsall

Committee Members Present

Councillor M. Longhi (Chair)
Councillor E. Russell (Vice-Chair)
Councillor G. Clarke
Councillor D Coughlan
Councillor T. Jukes
Councillor I. Robertson
Councillor J. Murray
Councillor I. Shires
Councillor E. Hazell

Portfolio Holders Present

Councillor E. Hughes (Care and Safeguarding)
Councillor R. Martin (Public Health and Well Being)

Officers Present

Fran Steele –Portfolio Director Fran Steele (Trust Development Agency)
Richard Kirby – Chief Executive (Walsall Healthcare Trust)
Amir Khan – Medical Director (Walsall Healthcare Trust)
Salma Ali – Accountable Officer (CCG)
Sally Roberts – Lead Nurse (CCG)
Keith Skerman – Executive Director (Adult Social Care)
Sophia French – Media and Communications Officer
Kate Goodall - Communications
Nikki Gough – Committee Business and Governance Officer.
Sophia French – Communications Officer
Kate Goodall

61/15 Apologies

Councillors J Rochelle and Councillor A Hicken gave their apologies for the duration of the meeting.

62/15 Substitutions

There were no substitutions for the duration of the meeting.

63/15 Declarations of interest and party whip

There were no declarations of interest or party whip.

64/15 Local Government (Access to Information) Act 1985 (as amended)

To agree that the public be excluded from the private session during consideration of agenda item 11 indicated for the reasons shown on the agenda

65/15 Minutes of Previous Meeting

Members considered the minutes of the meetings held on 28th January 2016 and 11th February 2016.

Resolved:

That the minutes of meetings held on 28th January 2016 and 11th February 2016, copies having been previously circulated, be approved as a true and accurate record.

66/15 Walsall Healthcare Trust Special Measures and Recovery Plan.

The Chair addressed the committee stating that Walsall Healthcare Trust (WHT) had been placed in special measures by the Care Quality Commission (CQC). To consider the matter in detail, representatives from WHT, Clinical Commissioning Group (CCG) and the Trust Development Agency (TDA) had been invited to attend the meeting. A briefing note was tabled (annexed).

Walsall Healthcare Trust

The Chief Executive of WHT stated that the Trust were aware that real improvement was needed and were committed to doing so. He emphasised that some parts of the Trust were performing well such as community services. Members were informed that the organisation was under a lot of pressure from accident and emergency. The Trust had also experienced additional pressure due to the failure of a newly implemented computer system. These factors culminated in a difficult culture for the organisation. The Trusts response to the report was based on eight priority areas as contained within the CQC report (annexed). A programme called 'listening into action' assisted the Trust to understand what mattered to staff and re-engage individuals. Members were informed that a non-executive Director with human resources skills had been appointed. In conjunction with this the Senior Leadership Team would include clinical staff in the future.

The Committee were informed that 45 additional midwives had been appointed to deal with difficulties in the maternity service. The Trust was also working with

colleagues in other hospitals that were taking on additional births to reduce the pressure on the Trusts maternity service whilst improvements were made.

The Chair asked how the Trust found itself in a situation where services were judged “inadequate” by the CQC and then placed in special measures? In response, the Chief Executive stated that the Trust had misjudged an increase in maternity activity and failed to understand the pressure that the frontline was under. In addition, the Trust became accustomed to operating under pressure.

Concern was expressed that the Trust had not adhered to policies and that executive leaders were not visible despite the fact that ‘leadership’ featured in the objectives set by the Trust for 2015. The Chief Executive of the Trust stated that work to deal with these issues was ongoing but should have been implemented more quickly. and Lessons had been learnt from this. In response to queries raised regarding Trust finances, it was acknowledged that the Trust was spending more than it was earning. The Trust planned to respond to issues raised with the CQC report without putting the financial viability of the Trust at risk.

Members questioned whether the Chief Executive was comfortable with the Senior Leadership Team remaining the same. In response, Officers confirmed that there had been changes in the team and in the way it worked. The Medical Director stated that the organisation is moving to a clinically led model, which means senior clinicians will be held responsible and accountable for decision making, performance and finance.

The Chief Executive stated that the mortality review had been helped by the insight of scrutiny and it was hoped that scrutiny could assist in the recovery of the Trust following the CQC inspection rating. It was highlighted that this year had been successful for the Trust in terms of a reduced number of acquired infections. Members noted that although the Chief Executive acknowledged that frontline staff were hard working and caring individuals, it was unfortunate that staff did not feel that this was his view. It was questioned how the Trust would regain the confidence of staff? In response, Officers stated that they would talk and listen to staff as they had experience of what worked to try to improve the situation.

Following a discussion on finances the Chief Executive stated that although extra funding would allow improvements to be made, this was not the primary focus of the CQC report.

The Trust stated that it would be working with local institutions to consider the skills needed for jobs in Walsall. Within the Trust work was ongoing with apprentice programmes and the development of transitional roles. A Member emphasised the need to support new staff and the Chief Executive welcomed this advice.

The Chief Executive confirmed that the Trust had not been involved with the appointment of the new Chair of the Board.

At the invitation of the Chair, a Member of the public addressed the committee. He noted that it was a critical time for Walsall Healthcare Trust and asked to receive a copy of the initial mitigation plan. The Chief Executive confirmed that this could be

circulated. Issues were raised around the management of the computer system failure and asked about the ratios of Doctors to patients quoting the figure of 1 Doctor to 4 patients at Wolverhampton. The Chief Executive agreed that the failure of the computer system was due to the failed management of the system. He confirmed that he would need to obtain more clarity around Doctor to patient ratios as these ratios needed to be put in the context of certain specialisms.

In response to a question from the Chair 'how is the recovery to safe and sustainable services for local people to be made in the local hospital?' the Chief Executive stated that this would be achieved by managing the number of births at the Trust to allow it to recover, extending the estate and ensuring that staffing levels were appropriate. In addition to this leadership and culture would need to be clear where the organisation would be in 5 years.

Clinical Commissioning Group (CCG)

The Chair explained the role of the CCG as commissioners of services which included acute hospital services. Alongside this, they held a role to monitor contracts. The Accountable Officer gave the Committee an overview of the CCG. She advised that it was relatively new and consisted of clinicians who were local GP's. The CCG commissioned healthcare and this was translated into contracts which meet national requirements and local needs. As part of their role, the CCG support the Trust when it is not assured that standards were being met. The CCG has a duty to work with the Trust to improve services. The CCG works closely with the Board and Leadership Teams to pool intelligence for the quality committee which monitored the quality of services. This informed which areas of priority needed immediate attention.

Members were informed that the CCG were party to the inspection and worked with the CQC. They are aware of the issues and what action was being taken to recover the Trust. The Accountable Officer stated that although they were aware of certain issues they were not expecting the scale of difficulty that was exposed.

Problems with maternity had arisen because more women were choosing to have their babies at WHT than the service was commissioned to deliver. This highlighted issues around demand and the size of the estate. The Trust were leading a set of improvements which included the recruitment of a number of midwives. The CCG as commissioners were working with the Trust to help the system recover. This included the transfer of women to Wolverhampton.

The Chair expressed concern that demand management had not taken place and the Accountable Officer for the CCG acknowledged that more could have been done. It was also recognised that there were learning points for the CCG. Members asked if there had been any early warning signs particularly in terms of ratios. Officers confirmed that problems were identified 12 months ago and they had been working with the Trust to support them with this.

Members considered the number of people attending A and E and questioned access to GPs as a potential reason for higher attendances. The Accountable Officer for the CCG stated that there were issues with some practices. However the

main increase in activity was thought to be due to transport by ambulance. Work to understand this increase was ongoing. It was acknowledged that demand for health services had risen nationally.

It was asked if the CCG considered that it had failed in its role as a result of the Trust being placed in special measures. The Accountable Officer stated that the issues were picked up and they supported the Trust. It was also stressed that the CCG were not in charge of operating WHT.

The Portfolio Holder for Care and Safeguarding expressed frustration that the CCG did not act sooner to divert maternity activity to another Trust. Despite issues being raised the commissioning plan did not change. The Accountable Officer accepted that the CCG could have acted sooner and stated that this would be managed better in the future.

Trust Development Agency (TDA)

The TDA circulated a presentation to the Committee (tabled).

An Officer from the TDA stated that following a comprehensive inspection, CQC, via the Chief Inspector of Hospitals, recommended that WHT was placed in special measures because the Trust was rated 'inadequate' in 3 domains. The formal decision for the Trust to enter special measures was made by the TDA following the quality summit which was held on 1st February 2016.

The Committee heard that as part of the improvement of the Trust the following would take place:

- Intensive support to the Trust to improve including the appointment of a TDA improvement Director to work with the Trust on a 12 month plan to support the Trust to come out of special measures,
- A formalised partnership with a high performing organisation known as 'Buddy support' (Dudley and Sandwell and West Birmingham),
- Regular updates would be sent to the Department of Health and the TDA would provide an update on the recovery of the Trust directly to the Secretary of State,
- An oversight group had been established which included key stakeholders,
- A number of assurance deep dives would be scheduled through the oversight group

It was clarified that the role of the Improvement Director was to increase capacity in the Trust to allow the delivery of the improvement plan. A key programme of work was already underway and it was hoped that the appointment of the new Chair would act as a catalyst. In response to this the Committee raised concern that the appointment of Chair to the Board was made without any apparent open and transparent process. The Portfolio Director noted the concerns and stated that the Chair was appointed by the 'TDA Appointments Committee'. The appointment needed to be made speedily to support the Trust fully and allow for continued

partnership working. Further questions were made around the appointment of the Trust Chair including advertisement and process.

Resolved:

- 1. That standing orders be suspended to continue past 9.p.m.**
- 2. The Chair write to the TDA Appointments Committee and the Secretary of State to express concern around the procedure for appointing a Chair to a Trust in special measures,**
- 3. The item is added to the work programme of the Committee and a report detailing progress is received at a future meeting.**

67/15 Corporate Financial Performance - Quarter 3 financial monitoring position for 2015/16

Officers informed the Committee that the report summarised the forecast revenue and capital outturn position for 2015/16, based on the financial performance for the first 9 months of the financial year, for services within the remit of the Social Care and Health Overview and Scrutiny Committee.

The Portfolio Holder stated that it would be helpful for the Committee to receive information on the challenges facing the directorate at future meeting.

Resolved:

That a report is taken to a future meeting to inform the Committee of the financial challenges faced by the directorate.

68/15 Links to Work and Day Opportunities.

Officers explained that the report [annexed] detailed the high level plan of actions to be carried out following the decision by Cabinet on 3rd February 2016, to give officers the delegated authority to develop Centres of Excellence for Links to Work and Day Opportunities. Members expressed concern that the Committee had not had sight of any details of opportunities open to clients. The Executive Director for Social Care and Inclusion stated that clients would receive individual reviews. The outcomes of these would be needed in order to provide the level of detail requested. Concern was expressed that without the links to work service carers of individuals may not receive any rest from their caring responsibilities. Officers confirmed that information on such opportunities should be available in the coming weeks and invited Members to visit Goscote and Failings Heath.

Resolved:

That the report was noted.

Exclusion of Public

Resolved:

That during consideration of the remaining item on the agenda, the Committee considers that the item is exempt information by virtue of paragraph 1 of Part 1 of schedule 12A of LGA, 1972 (as amended) and accordingly resolves to consider this item in private.

69/15 Minutes of previous meetings

The minutes of the meeting that took place on 11th February 2016 were approved as a true and accurate record.

Termination of Meeting

There being no further business the meeting terminated at 9.25 p.m.

Signed:

Date: