

Attendance

Members of the Health Scrutiny Panel

Cllr Obaida Ahmed
Tracy Cresswell
Cllr Bhupinder Gakhal
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Phil Page (Chair)
Cllr Susan Roberts MBE
Cllr Paul Singh (Vice-Chair)
Cllr Wendy Thompson
Dana Tooby
Rose Urkovskis

In Attendance

Cllr Jasbir Jaspal (Portfolio Holder for Public Health & Wellbeing)

Witnesses

Professor David Loughton CBE (Chief Executive – RWT)
Paul Tulley (Managing Director – Wolverhampton CCG)
Chris Masikane (Chief Operating Officer – Black Country Healthcare NHS Foundation Trust)
Dr Jonathan Odum (Medical Director – RWT)
Adrian Philips (Consultant Communicable Disease Control - Public Health England)
Yvonne Higgins (Deputy Chief Nurse – RWT)
Jayne Salter-Scott (Head of Engagement and Communications – CCG)
Alison Dowling (Head of Patient Experience and Public Involvement - RWT)

Employees

Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
David Watts (Director of Adult Services)
Becky Wilkinson (Head of Service – Adult Improvement)
Dr. Kate Warren (Consultant in Public Health)
Dr. Ankush Mittal (Consultant in Public Health)
Julia Cleary (Scrutiny and Systems Manager)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. Title

- 1 **Apologies**
Before the main business items commenced the Chairman asked the Scrutiny Officer to read Shakespeare's Sonnet 30 in an act of remembrance for the people in Wolverhampton who had lost their lives during Covid-19.

Shakespeare Sonnet 30

When to the sessions of sweet silent thought
I summon up remembrance of things past,
I sigh the lack of many a thing I sought,
And with old woes new wail my dear time's waste:
Then can I drown an eye, unused to flow,
For precious friends hid in death's dateless night,
And weep afresh love's long since cancelled woe,
And moan the expense of many a vanished sight:
Then can I grieve at grievances foregone,
And heavily from woe to woe tell over
The sad account of fore-bemoaned moan,
Which I new pay as if not paid before.
But if the while I think on thee, dear friend,
All losses are restored and sorrows end.

The Chairman on behalf of the Panel then paid tribute to the dedicated work of all health partners during the Covid-19 crisis.

Whilst Cllr Obaida Ahmed had sent her apologies in advance of the meeting, she was able to join the meeting and is therefore listed as present.

Cllr Linda Leach, whilst not a Member of the Panel, sent her apologies as the Portfolio Holder for Adults.

Vanessa Whatley, a Deputy Chief Nurse at the Royal Wolverhampton NHS Trust, whilst not a Member of the Panel, sent her apologies.

- 2 **New Health Appointments and Awards**
On behalf of the Panel, the Chair congratulated Rose Urkovskis on her appointment as Interim Healthwatch Advisory Board Chair and as a Co-opted Member of the Health Scrutiny Panel.

On behalf of the Panel, the Chair congratulated Paul Tulley on being appointed as Managing Director of Wolverhampton CCG.

On behalf of the Panel, the Chair congratulated Professor David Loughton CBE on being awarded a Professorship from the University of Birmingham.

- 3 **Declarations of Interest**
Paul Tulley, Managing Director of Wolverhampton CCG declared an interest as his wife worked for City of Wolverhampton Council.

4 Minutes of previous meeting

The minutes of the previous meeting held on 5 March 2020 were confirmed as a correct record.

5 Matters Arising

Cllr Roberts advised the Panel that she had not attended the PPG meeting at Probert Road Surgery as she had initially intended. This was due to the meeting falling during the Covid-19 crisis. She intended to attend a meeting of the PPG Group in the future.

6 Covid-19 - The Royal Wolverhampton NHS Trust

Dr Jonathan Odum, Medical Director of, the Royal Wolverhampton NHS Trust gave a presentation on the Trust's response to Covid-19. The Medical Director stated that there had been a number of preparatory meetings in the weeks leading up to the pandemic in the UK. The first confirmed case with Covid-19 at the Trust was declared on Saturday, 7 March 2020. Following the first confirmed case, the Trust setup their Silver and Gold Command meetings. The Silver and Gold Command meetings were attended by multi-disciplinary partners from within the Trust and elsewhere in the City. The Silver Command acted as the Operational Command for running the issues related to the pandemic within the organisation. The Silver Command meetings were held three times daily. The Gold Command acted as oversight and strategic management. Initially these meetings took place daily and were Chaired by the Chief Executive of the Trust. Eventually the Gold meetings were reduced to three times per week and as necessary.

The Medical Director remarked that during the course of the pandemic the Trust felt they had superb relationships with Partners within the City. He made particular reference to the good relationships with Public Health England, Public Health Wolverhampton and other teams within the Local Authority.

The Medical Director stated that Wolverhampton had higher Covid-19 cases per 100,000 during the course of the pandemic than the England average. This trend was the same across the Black Country. He commented that early on in the pandemic it was clear that some patients had Covid-19 but had not tested positive for it from a swab test. They were however treated in exactly the same way. Early in the testing regime there had been a significant false negative rate and also some people could be positive and then later test negative. To date 914 patients had been admitted to the Trust with a positive Covid-19 test result. According to the slide, 44.59% were female and 55.41% were male. At the peak of the pandemic the Trust had in excess of 300 people being treated for Covid-19 within the organisation. The length of stay for each person was significant. The Medical Director described the demographics of the 914 patients that had been admitted to the Trust with a Covid-19 positive test result. 70% of the patients were classified as White-British. A breakdown was given of the ethnicities as follows: -

White British – 70.49%

Black Caribbean – 6.89%

Asian Indian – 6.01%

Not Stated – 9.51%

Asian Pakistani – 1.09%

Asian - Any Other Background – 0.55%

Black African – 1.97%
Black - Any Other Background – 0.77%
White – Any Other Background – 0.87%
Other – Chinese – 0.22%
White – Irish – 0.33%
Other – 0.87%
Mixed White/ Black / Caribbean – 0.44%

The first Covid-19 positive death at the Trust was reported on 8 March 2020. 282 people with a Covid-19 positive swab result had died at the Trust to date. 300 had been reported to the Covid National Reporting System because on the Medical Certificate Cause of Death, if Covid-19 had been included as a cause of death from the 25 April 2020, these had been reported. There had been some cases where it was believed the person had Covid-19 but had not tested positive. This was probably due to the testing system not being as accurate in the early days of the pandemic. People over the age of 65 were much more likely to die of Covid-19 when they had been admitted to the Trust. He presented a slide on the ethnicity of the 282 people who had died that had a confirmed Covid-19 test result. The breakdown was as follows: -

White British – 70.21%
Black Caribbean – 8.87%
Asian Indian – 6.38%
Not Stated – 9.22%
Asian Pakistani – 1.77%
Asian Any Other Background – 0.71%
Black African – 0.71%
Black Any Other Background – 0.71%
White Any Other Background – 0.71%
Other Chinese – 0.35%
White Irish – 0.35%

The Medical Director remarked that during March, April and May 2020 there was a much higher death rate at the Trust than in a normal year. The higher excess death rate was down to Covid-19. They were not seeing excess death rates in any other disease groups. The Trust had carried out a number of Mortality reviews for Covid-19 deaths. None of the deaths reviewed were classed as avoidable. They were about to commence an out of hospital (community) review of deaths during the pandemic, the results of which could be reported back to the Health Scrutiny Panel in due course. The Trust were also undertaking a review of mortality due to possible Healthcare Associated Infection (nosocomial infection / Hospital Acquired Infection).

The Medical Director talked at length about the risk assessments in place at the Trust. Initial risk assessments had been put in place for all staff deemed vulnerable to Covid-19 exposure including health risks and pregnancy, these were completed in March 2020. When it had appeared, there was some disproportionate impact, with Covid-19 more likely to have a poor outcome for those from a BAME (Black, Asian and Minority Ethnic) background, the Trust included it as a risk factor in the risk assessment. A system wide risk stratification tool had been put in place. All staff at RWT had received the risk assessment framework, with a mandate for staff across the organisation to complete it and discuss the results with their line manager so mitigations could be put in place. Redeployment and social distancing had been put

in place for high risk individuals. The matter had been taken very seriously by the Trust.

The Medical Director presented a slide on what had worked well at the Trust during the pandemic. The Staff at RWT had responded magnificently to the Covid-19 pandemic. The redeployment required to manage the situation had been substantial. All the rotas had been completely redone to ensure there was the correct provision. Digital innovation had been utilised to maintain business within the organisation. The use of Babylon (Digital Health System) had been very helpful. Virtual appointments and sessions had been undertaken.

The Medical Director stated that maintaining PPE (Personal Protective Equipment) provision during the course of the pandemic had been very difficult. PPE had been managed centrally by the Government Department for Health and Social Care. There had been daily issues in managing PPE and shortages. The Trust had redeployed 30 staff to work on internal production of protective visors. As of the date of the meeting the Trust had made over a quarter of a million visors. He paid tribute to the staff who had participated in the redeployment. During the peak of the pandemic over 20,000 were being made per week. They had supplied other Trusts with the visors, who had experienced shortages. They were now continuing to make a minimum of over 3,000 per week in preparation for a potential second wave of Covid-19. The Chief Executive of the Trust commented that early on in the pandemic they had become acutely aware of the UK's reliance on China for provision of PPE. The UK did not have the manufacturing capacity for the quantity of PPE required for the pandemic.

The Medical Director remarked that an area that had worked particularly well was the fact that the Black Country Pathology Service was on site. They had been able to use the laboratory for Covid-19 swab and antibody testing. The national testing process for managing testing had not been helpful in their view.

The Medical Director made reference to the very good sickness rate across the Trust compared to other NHS Trusts in the West Midlands region. The highest sickness absence rate for RWT at the peak of the pandemic had been 16%. The sickness rate for the Trust at the date of the meeting was at approximately 4%. Emotional and psychological support had been put in place for staff, including the provision of "Wobble Rooms" (Time Out Areas). An onsite Supermarket had also been provided for the staff.

The Medical Director presented a slide on impediments and challenges during the pandemic. PPE and ventilators had been a massive challenge on a local and national level. The Trust had been able to use their anaesthetic machines and so had been able to cope. Constant changes to national guidance had also been a challenge. In one week, there had been seven national guidance changes in relation to Infection Prevention, which had been challenging and confusing for Trust staff. The initial turnaround time for swab testing results had been slow, with up to 14 days delay in some cases. This had caused some issues with patient placement. Once testing results were brought in house to the Black Country Pathology Service in April 2020, the time reduced to circa four hours.

The Medical Director stated that the discharge to Care Homes had been a very significant issue partly related to the clarity of guidance at the outset. It was a very

different position now but had been very challenging at the start of the pandemic. The Palliative Care Team would be in agreement that restricted visiting was an absolute necessity. It was however a very stressful and emotionally demanding time for patients and their relatives. The Trust had used digital technology to try and help.

The Medical Director commented that the ITU (Intensive Therapy Unit) Ward had been expanded. They were carrying out works to improve the infection prevention measures. The Trust were carrying out significant surveys and events in relation to Covid-19 to determine the psychological effects on staff. Some individuals would require significant help and were likely to be suffering from PTSD (Post Traumatic Stress Disorder). The Psychological and Emotional Wellbeing Support Team were providing the support. As a consequence of the pandemic significant hospital business had not been undertaken, such as work with cancer patients who would have suffered. Restating services would be slow and complex due to the infection prevention measures required.

The Medical Director presented a slide on the preparations for a second wave of Covid-19. Refurbishment work was underway to change the ICCU (Integrated Critical Care Unit) open plan layout to three separate areas in preparation for a second wave in order to hold different groups of patients depending on their Covid-19 status. There were two new wards with a 56-bed ventilator capacity. A bid had also been submitted for ten additional ICCU beds. An Occupational Health Test and Trace process would spot outbreaks amongst staff promptly. There would be an increase in Medical and Junior Doctor support at night. 316 volunteers had been trained (Staff – 156 and External – 160). They had been trained on bed making, laundry management, infection control, PPE and hand hygiene.

The Chief Executive of the Trust commented that on Sunday, 8 March 2020 he had decided in conjunction with the Director of Public Health that general visiting to Trust sites should cease immediately. His biggest personal regret was visiting did not cease for a further two and a half weeks as he had been pressured at a high level, not to halt visiting. He believed that not enough recognition had been given to the fact that the Black Country was just behind London in the pandemic trajectory. He estimated, although he would never be able to know for sure, that up to 25 deaths from Covid-19 may have been prevented within Wolverhampton if general visiting at the Trust had ceased on the 8 March 2020.

The Chief Executive stated that 250 ventilators had been delivered for use in Birmingham and the Black Country from China. They had not been fit for purpose as there was only two levels for oxygen control. This had been a particular low point for staff who had been promised more ventilators only to receive some that were unusable in a UK clinical setting. The country had not prepared for the pandemic as well as it should have done, preparations should have started earlier on a national level in December 2019. The Trust had the foresight to order some full hoods in the January, which were now next to impossible to obtain due to the huge demand. He paid tribute to the Trust's staff and the staff within the Council's Public Health team. There were however a number of mentally damaged Trust staff, who had to cope with unprecedented deaths in Intensive Care, some of which had not worked in the unit before. The Trust were doing everything they could to help these members of staff.

The Chief Executive thanked the Chairman of the Health Scrutiny Panel for his support throughout the pandemic. A conference call had taken place with him and the Vice-Chair of the Panel approximately every two weeks for a large part of the duration of the pandemic.

A Member of the Panel complimented the Medical Director on his presentation and the useful and important information that had been relayed. He commented that the ethnicity statistics of the 282 Covid-19 deaths given by the Medical Director tallied with the local ethnicity of Wolverhampton from the 2011 census. He commented that it was critical to keep up the preparations for a second wave of Covid-19 within the City. Where social distancing was not being maintained in the City, enforcement teams should take strong action.

A Member of the Panel commented that one of her son's had been receiving concerning reports from Italy throughout February. She asked why the Chief Executive of the Trust, thought the UK had not responded to the Italian experience quickly enough. The Chief Executive responded that they were fortunate to have employed a number of Italian Consultants who had returned to Italy. The Trust were therefore able to receive direct information from Italy about the situation. The Trust were able to learn directly from the experiences in Italy, at a time when the Trust were not receiving information directly from the UK Department for Health and Social Care. What had caused them alarm, from the information they had received from Italy, was the lack of treatment options for Covid-19. He commented that worldwide there was only four major suppliers of medical equipment. There had been numerous problems with trying to secure extra ventilators and he did not find the fact that the supply of them was taken on at a national level helpful. He had recently been informed that one of the suppliers of the antibody testing kits was reducing their supply to the UK by 40%. This was because they were an American company and the kits were now needed in the USA. This was a classic example of the vulnerability of health systems worldwide.

A Member of the Panel complimented the excellent partnership working that had taken place amongst health partners during the course of the pandemic. She paid particular tribute to the work of RWT and the Council's Public Health Team. She hoped that messages were going to the Department for Health and Social Care and Public Health England with the concerns that the Trust had about the national response. The Chief Executive of the Trust confirmed that he had raised his concerns at a high level including some of them with Simon Stevens, the Chief Executive Officer of NHS England. He did not wish to point all the blame at NHS England though, many of the problems had resulted from too much reliance on China for essential medical equipment. The difficulties with not permitting visitors had been partially mitigated by the purchase of hundreds of iPads to allow families to see their sick relatives via virtual means. Considerable effort had been put into the Trust's Bereavement Service during the pandemic.

The Director for Adult Services commented that at the weekly meetings with the MPs, they had raised concerns about any key points during the course of the pandemic. He emphasised the importance of local control of actions.

7

Covid-19 - Epidemiology

The Director of Public Health asked the Consultant in Public Health to introduce the report on Covid-19 Epidemiology. The Consultant in Public Health remarked that

there was a group of Public Health specialists who regularly reviewed different data indicators from all available sources. Although data access had been a challenge at some points during the pandemic, they were now in a good position. They were able to access data from Public Health England, NHS Digital and live access to data sources at RWT. She reiterated the importance of people being tested if they were showing symptoms of Covid-19, as it was the only way they could keep track of the spread of the infection within the community.

The Consultant in Public Health stated at the time of writing the report Wolverhampton had 1,385 confirmed Covid-19 cases. The latest figure as of 23 July 2020 was 1,404. Presently, on average, they were seeing two confirmed Covid-19 cases per day. The case rate was therefore low and stable with no immediate cause for concern. Careful monitoring was taking place to ensure any rise in cases or patterns could be picked up quickly. About 2-3% of people currently being tested for Covid-19 within Wolverhampton were testing positive. This was a relatively low ratio compared to the peak of the pandemic.

The Consultant in Public Health stated that to date, 300 deaths of Wolverhampton residents had been attributed to Covid-19 on the Medical Certificate Cause of Death. 71% of those deaths had occurred in hospital. The age standardised mortality rate in the City was comparable to other surrounding areas. Mortality rates in the City were now back to normal levels for the time of year, there was therefore no longer any excess deaths due to Covid-19. During the peak of the pandemic most of the cases diagnosed were through the hospitalised cases and also through the large-scale testing of health and social care staff, if they had become symptomatic. This consequently meant the confirmed cases were more severe, with men over represented and a high proportion of older people.

The Consultant in Public Health stated that when looking at the ethnicity data it was important to take into account the age profile of the Black and ethnic minorities groups, which tended to be younger than the White population. When taking this into account the City was seeing more Covid-19 cases and deaths from Black and ethnic minority groups than would be expected.

The Consultant in Public Health stated there was now a national framework for the action that should be taken if there was a rise in local Covid-19 cases or particular patterns of concern within the City. The first stage was to engage with Public Health England and the Joint Bio-Security Centre at a national level, where a deep dive into the local epidemiology would take place. Local testing availability would be ramped up and more messaging would be delivered to local communities about additional action required to contain the cases. If the cases were not able to be controlled, only then would further restrictions or a potential local lockdown be required.

The Director of Public Health commented that partnership working had been critical to the local response to the pandemic. The joint approach to data and the relationships between partners had led to better and quicker decision making. He hoped these same relationships would help them respond early, quickly and efficiently to any uptrend in Covid-19 cases within the City.

A Member of the Panel asked the Consultant in Public Health to write to him with further information about the age standardised rate of Black and ethnic minority cases and deaths of Covid-19.

8 **Wolverhampton Covid-19 Outbreak Control Plan**

The Director of Public Health gave a presentation on Wolverhampton's Covid-19, Outbreak Control Plan. He stated that all Local Directors of Public Health had been notified on 22 May 2020 to develop and publish Covid-19 Outbreak Control Plans by 1 July 2020. Wolverhampton's plan was co-signed by health partners demonstrating the continued theme of partnership working throughout the pandemic. The aim of the plan was to reduce the spread of Covid-19 and to save lives. In addition, to helping as many people as possible return to normal life, in a way that was safe, protected the health and care systems and supported the Wolverhampton economy to recover. A return to normal life did not necessarily mean a return to normality as the world was still living with Covid-19. This was a challenge for the health system. The two aims of the plan meant they would:

- Prevent the spread of Covid-19 wherever possible.
- Improve engagement with local residents to encourage participation in prevention and build trust and confidence in the City's outbreak response.
- Identify outbreaks and complex cases early and respond quickly to prevent further transmission.
- Build on existing partnerships and expanding networks of stakeholders to ensure system capacity and capability.
- Reduce health inequalities linked to and amplified by Covid-19.

It was critical to remember that every individual had their part to play to keep themselves and other people safe. Wolverhampton residents had a higher smoking rate, higher long-term illness, higher levels of people overweight, higher under-75 all-cause mortality rate, higher diabetes and a higher proportion of BAME than the national average. There were two main methods available currently to reduce the spread of Covid-19, lockdown and testing with communication. They had worked with the CCG and RWT to identify the most vulnerable people within Wolverhampton and help them stay at home during the pandemic. They had predicted a higher mortality rate in Wolverhampton, this had probably not occurred because of the collective action that had been taken within the community.

The Director for Public Health stated that there were seven themes to the Wolverhampton Outbreak Control Plan. These had been identified by the Local Government Association and the Department for Health and Social Care. He thought it was a good approach. The seven themes were listed as follows: -

- Theme 1 – Care Homes and Education Settings
- Theme 2 – High Risk Workplaces, Locations and Communities
- Theme 3 - Mobile Testing Units and Local Testing Approaches
- Theme 4 – Contact Tracing in Complex Settings
- Theme 5 – Data Integration
- Theme 6 – Vulnerable People
- Theme 7 – Local Governance

None of the themes operated in isolation, they all interconnected with each other and would continue to evolve over time. He presented a slide on the Governance system

and on how the plan would be communicated. The Public Health Team in Wolverhampton in conjunction with Public Health England would lead on the communications in the event of a Covid-19 outbreak within the City. It was also important to have effective communication during a low and stable rate of Covid-19 cases in order to avoid a local lockdown. He identified the next steps as follows: -

- Continue building on what they had been doing with an emphasis on partnership working.
- Ensure everyone knows how to play their part to keep themselves and each other safe.
- Maximise the local response for local people.
- Affect the things we can do and do them well (citing previous examples of working in partnership with health partners, setting up a drive through testing site, establishing a community swabbing team, testing all Social Care staff working in Care Homes and residents).

A Member of the Panel asked about asymptomatic testing of Covid-19 within the City, particularly in key areas, given national reports of 50-80% of people not showing any symptoms. The Director of Public Health responded that it was not currently Government policy to have widespread asymptomatic testing in the UK population. He thought targeted testing within the City in potential problem areas was key. They were developing a number of pilots in certain areas or settings, to gain assurance. These pilots would be going live within the next two weeks. The Director of Adult Services commented that they had identified a Covid-19 outbreak within a Care Home in Wolverhampton through asymptomatic testing, where none of the residents had been showing symptoms. Within care settings, asymptomatic testing was particularly worthwhile.

A Member of the Panel asked about whether homeless people were still in the hotel rooms that they had been allocated temporarily during the pandemic. The Director of Public Health responded that many of them had been supported into new accommodation or into a treatment or support pathway.

9 **Covid-19 - Adult Services Presentation**

The Director of Adult Services introduced a presentation on the work of Adult Services during the Covid-19 crisis. He expressed his appreciation to all health partners in the City who had worked closely with Adult Social Care in response to the Covid-19 pandemic. He paid particular tribute to the Infection Prevention Team and the Rapid Intervention Treatment Service from RWT. He also praised the approach of Public Health and the CCG to testing which played a huge part in helping them to identify and manage early outbreaks in care settings within the City. He praised all the Care staff working within the City Council, Providers Services and also the Independent Sector who had faced an unprecedented level of deaths and illness. Social Workers and Commissioners had adapted to help support the Care staff and it was important to recognise all their work. He spoke warmly of the Food Distribution Hub and the Stay Safe, Be Kind Helpline, which had helped reduce demand on Social and Health Care services.

The Head of Service for Adult Improvement commented that the Chairman of the Scrutiny Panel had requested specific information on Hospital Discharge, Infection Prevention within Care settings, Personal Protective Equipment, Public Health and

Partner relationships and Public Health funerals. She stated that there had been some issues relating to hospital discharge particularly in the earlier stages of the Covid-19 pandemic. There had been considerable guidance changes which were often issued late in the day. They had adhered to national guidance and had put a new pathway in place with partners. They met a couple of times each week to resolve any issues. Where necessary additional steps had been agreed amongst partners. As an example, they had provided extra staff and financial support to allow people to self-isolate for 14 days within Care Homes. Prior to the pandemic there was sometimes 12 hospital discharge delays a day, since the pandemic they were now consistently at zero.

The Head of Service for Adult Improvement commented that the work that had taken place on infection prevention had been a huge partnership effort. The CCG had made sure every Care Home had received the right level of training on infection prevention. They had robust outbreak control management and proactive action had been taken, with a daily Sitrep report from Care Homes. The daily collection of data meant Care Homes which needed the help the most could be targeted, Safe and Well checks could be prioritised and Infection Prevention Teams sent to the site if required.

The Head of Service for Adult Improvement on the matter of PPE stated that the Council did not just wish to rely on the national systems that were in place. They wanted to ensure every care setting that needed PPE in Wolverhampton would be able to access it and hence why they had put their own system in place. A tremendous amount of work had taken place in the distribution and allocation of PPE throughout the pandemic. The Procurement Team had worked exceptionally hard to ensure the Council had good value for money. An emergency seven days a week system was in place to ensure PPE could be sent to any Care Provider within Wolverhampton if required.

The Head of Service for Adult Improvement remarked that partnership working had gone well during the pandemic. Provider Support meetings had taken place every day at the start of the pandemic. They had made sure all the messages that were sent to Care Homes were consistent through working with RWT and the CCG.

The Head of Service for Adult Improvement commented on Public Health funerals. There had been an increase in these since the start of the pandemic. In the same quarter last year there had been 8 Public Health funerals, for the same quarter this year there had been 13. All of the funerals had been managed in a dignified way.

The Head of Service for Adult Improvement remarked that Covid-19 was forming a key part of their normal winter planning process. In addition to the normal winter pressures of Flu and Norovirus, there was now the added pressure of Covid-19. A working group was in place that was looking at capacity, PPE and advice and guidance to Care Homes.

10

Wolverhampton CCG - Organisational Changes

Paul Tulley, Managing Director of Wolverhampton CCG updated the Panel on the recent organisational changes at Wolverhampton CCG. He stated that the four CCGs across the Black Country and West Birmingham now had a single Accountable Officer and a single Senior Management Team. The first of the Stakeholders Briefings had been circulated with the agenda for the meeting. Paul

Maubach was the Chief Executive of Wolverhampton CCG and he was also the Chief Executive for the other three CCGs covering the Black Country and West Birmingham. Each of the four CCGs had their own Managing Director. Some senior management posts were shared across the four CCGs. Alongside the changes to the management structure, the four CCGs were increasingly trying to work on a collaborative basis at a Black Country Level. Consequently, the Governing bodies for the four CCGs were now meeting in common, as were some of the Committees. These arrangements had been in place since April 2020, although some of them had been in abeyance due to Covid-19.

The Managing Director of Wolverhampton CCG stated that they had started at the beginning of the week a conversation on the potential for the four CCGs to merge and create a single Black Country and West Birmingham CCG. This was something which could be discussed at length at a future meeting.

A Member of the Panel asked for any report on the potential merging of the four CCGs to be received at the next meeting of the Health Scrutiny Panel, provisionally scheduled in September, to contain ten reasons why a merger would be good for Wolverhampton.

11

Covid-19 - Wolverhampton CCG Response

Paul Tulley, the Managing Director of Wolverhampton CCG presented on the CCGs response to the Covid-19 crisis. A report had been circulated with the agenda for the meeting. The pandemic had been run on a national emergency incident basis by the NHS, which had suspended some of their usual planning and decision making. Where ordinarily they would receive national guidance, they had instead been acting on national and regional instructions.

The Managing Director stated that as a CCG they had established a single incident room, working with partners across the Black Country to coordinate the local CCG response. This had shown the value of collaboration in key areas such as Covid-19 testing, Care Homes, a system wide plan for hospital capacity and a useful conduit for communication between the Black Country system and the regional team. Some CCG staff had been redeployed to work for NHS 111, to help with swab testing at the Wolverhampton Science Park and some staff with a clinical background had returned to frontline work within hospitals. They had setup a central buying and distribution point for PPE equipment, for use by General Practice across the Black Country. He praised the effective joint partnership working that had taken place in Wolverhampton.

The Managing Director remarked that GP Services had dramatically changed since the start of the pandemic. Telephone triage was the new normal. Many consultations were now taking place via video call or via the telephone. A red site had been established in Ettingshall, which had initially been a seven-day service for seeing patients with suspected Covid-19. Levels of activity in primary care had been lower than usual as had referrals into hospital services, including two week wait cancer referrals. The CCG had concerns about the impact of the reduced use of local health services. They had been working with Communication Teams across the system to try and relay messages that the NHS was still open for business, alongside the preventative messages relating to Covid-19.

A Member of the Panel asked for an update on the financial position of the CCG. The Managing Director of Wolverhampton CCG responded that the financial position within the NHS had completely changed in the last few months. The payments to the hospitals had been on a block contract basis, the value of that block had been calculated nationally. The CCG allocations had been adjusted to ensure that each CCG had enough money to pay the hospital the required block funding. There had also been other routes where hospitals and other providers could claim funding for additional Covid-19 related costs which were over and above the core level of funding, this included the Local Authority. The current financial position of the CCG was that it was broadly in balance in terms of the new national rules.

12

Covid-19 - Black Country Healthcare NHS Foundation Trust

Chris Masikane, the Chief Operating Officer of the Black Country Healthcare NHS Foundation Trust gave a presentation on the Trust's response to Covid-19. He thanked all of their stakeholders and in particular the acute Trusts for the support that they had given to them during the Covid-19 pandemic. They had established an operational structure to manage the response. This included a Gold Command, Silver Command, an Incident Management Team (7 days a week) and an Ethical Decision Making Group. Due to the sheer amount of guidance the Trust had received they had to make considerable changes to their normal ways of working. This had led to the creation of the Ethical Decision Making Group, as the changes they had to quickly make could not go through their normal governance process. The pandemic had led to improved relationships with the acute Trusts and the CCGs.

The Chief Operating Officer stated that in March 2020 they had 15 - Covid-19 positive inpatients, 16 in April, 12 in May, zero in June and 1 in July. This was a total of 44 cases. He presented a slide on what had worked well for the Trust during the pandemic. He was particularly pleased with how well patient testing had gone, working in conjunction with partners. Whilst the guidance surrounding PPE had been initially confusing, the Trust had eventually got to grips with its appropriate use. Managing the anxiety of patients was a particular challenge. The Trust had to change the way beds were configured into red (Covid-19 Positive or Symptomatic) and green zones. Enhanced training had to be given staff regarding physical health. Visiting restrictions had to be applied in accordance with national guidance. A total of 66 service changes were introduced during the course of the pandemic. One of these had been to introduce a 24 hours a day seven days a week helpline. The pandemic had demonstrated how changes could be made fast when there was a will to do so.

The Chief Operating Officer paid tribute to the work of the staff of the Black Country Healthcare NHS Foundation Trust during the course of the pandemic. A staff self-isolation process and staff testing programme has been developed. They had developed a staff health and wellbeing offer across the Trust and also to Primary Healthcare partners. This included activities such as Yoga, exercise sessions and Zoom sessions on coping with isolation and stress.

The Chief Operating Officer commented that Support Services played a key part in the Trust's response to the Pandemic. He cited enhanced cleaning, a central process for PPE, improving remote IT access and distributing laptops for staff.

The Chief Operating Officer stated at the time the slides had been produced, 2020 staff had received a Covid-19 antibody test. 275 (13.5%) of them had tested positive

for Covid-19 antibodies. They were currently still not permitting visitors to the Wards, due to the continued risk. They were however supporting patients by using innovative IT solutions such as Skype. The Trust were increasing their admission threshold to ensure they had capacity in the future. They were undertaking building risk assessments and adapting sites to increase Covid secure status. The Trust were working on restoration and recovery but also the Reimagine Programme. The Reimagine Programme was trying to ensure that good practice developed during the pandemic remained. Risk Assessments had now been completed for approximately 90% of Trust staff. The CCG had been most helpful in creating extra local bed provision to ensure that patients were not placed out of area. The Trust were mindful that Shielding was expected to stop from the 1 August 2020. They were aware that there had been a recent increase in Covid-19 cases in Sandwell and so they were carefully monitoring the situation.

The Chief Operating Officer presented a slide on lessons learnt during the pandemic. He stressed the importance of clear communication, which he thought the Trust had done well, but it had been a challenge with the extent of information coming through to the Trust. With reference to the BAME response, he felt organisations had waited to be told what action to take, rather than pressing on with what they thought was right for their staff, meaning that the response was too slow on a national scale. The pandemic had proven that change could happen quickly when it was wanted. He didn't want to lose the momentum for change and partnership working, which the pandemic had accelerated. He cited managing the human dimension of change and supporting staff as being very important. The pandemic had shown that the resilience of Trust staff at all levels was very high.

A Member of the Panel asked how the practice of ECT (Electroconvulsive Therapy) had been reviewed, which had been referenced on the slides. The Chief Operating Officer responded that the Trust had received extensive guidance on the practice during the pandemic because it was an invasive procedure. The Trust had therefore had to review how they carried out the procedure to ensure they were in compliance with the new guidance, such as wearing the correct PPE equipment.

A Member of the Panel asked for the figures of how many Wolverhampton residents who were a patient at the Trust had tested positive for Covid-19. The Chief Operating Officer responded that he could provide the figures directly to her by email.

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Covid-19 - Healthwatch Wolverhampton

The Healthwatch Manager presented on the work Healthwatch had undertaken during the Covid-19 crisis. She stated that the Healthwatch Wolverhampton staff had started working from home a week before the national lockdown had commenced. They had contacted community groups and Care Homes to let them know that they were still working but under new arrangements. Much of their engagement work had been through the utilisation of social media, which they had also monitored on a regular basis. One of the areas they had been alerted to was with reference to the messaging regarding the Red General Practice site. The information that had been put out initially had been confusing to the public, but this was rectified when they contacted the CCG. They had made improvements to the Healthwatch Wolverhampton website, with a specific Covid-19 page containing the latest national and local information.

The Healthwatch Manager commented that much of the initial feedback in the beginning of the pandemic had surrounded confusion regarding the differences between self-isolation and shielding. They had supported people where they could, which had included people with mental health issues. They had been able to provide information to people regarding shopping deliveries for those that did not wish to shop in person. Some Healthwatch staff had supported the Community Support Team with the collecting and delivering of medications for people self-isolating and shielding. They had also supported the Social Prescribing Team in carrying out welfare checks. Some staff had also joined the NHS responders Team.

The Healthwatch Manager remarked that they had setup Zoom meetings with their volunteers during the course of the pandemic, which they had found useful. A care package had also been personally delivered to each of their volunteers at the start of the pandemic. As lockdown was now being eased more people were coming forward with concerns to Healthwatch.

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Quality Accounts - The Royal Wolverhampton NHS Trust

Deputy Chief Nurse, Yvonne Higgins and Alison Dowling, Head of Patient Experience and Public Involvement gave a presentation on the final Quality Accounts of the Royal Wolverhampton NHS Trust.

The Deputy Chief Nurse commented that the official release date for the publication of the Quality Accounts had been moved to December 2020 because of Covid-19. However, they had felt it important as an organisation to stick to the original publication date, so they could identify their priorities for quality improvement in the next twelve months and see where they were in terms of quality. She thanked the Panel for their comments on the draft accounts, which had been incorporated into the final publication. The priorities for the Trust for the next twelve months remained the same as the previous year. There were three generic priorities, these were Workforce, Safe Care and Patient Experience. The Trust were proud of the reduced vacancies within the job types of nurses, midwives and health visitors, which went against the national trend.

The Deputy Chief Nurse stated that the Trust had won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards. She was also pleased to report that 140 Fellows now worked for the Trust. The award-winning Fellowship Programme was now recognised by Health Education England as a recognised training Programme. They were delighted that the results of the Staff Survey had shown significant improvement from the previous year.

The Deputy Chief Nurse remarked that there had been a reduction in the number of serious events and never events causing low harm. There had been a significant reduction in the number of falls resulting in serious harm. The Trust had seen a reduction of SHMI (Summary Hospital-Level Mortality Indicator) to within the expected range, through a range of improvements at the Trust. Medication safety was a priority for the Trust, some areas had been identified in the CQC report Action Plan.

The Head of Patient Experience and Public Involvement presented on Priority Three – Patient Experience. A key achievement for the previous year had been the implementation of the Trust's new strategy – Patient Experience, Engagement and Public Involvement Strategy. PALS concerns had reduced for the second

consecutive year. There had been a 24% reduction when compared with the previous year, which was testament to the good work that had been carried out throughout the previous year regarding the early resolution of complaints at a local level. 72% of the formal complaints to the Trust had not been upheld. No cases had been fully upheld by the Ombudsman which gave them an assurance of their work.

The Head of Patient Experience and Public Involvement commented that they had lost much of their normal volunteer base during Covid-19 because of their age profile, health conditions and national guidance. The Trust had however advertised for new volunteers and they were fortunate to have recruited 350 volunteers. They hoped some of the original volunteers would return when it was felt safe for them to do so. The Trust had received the results of the PLACE Assessments where all areas across all sites from the Trust had scored higher than the national average. The NHS initiative of 'Always Events' had been piloted within Paediatrics and key always events designed as part of a co-production events approach with patients. In the last year the Trust had introduced the Bereavement Hub at New Cross Hospital in collaboration with Compton Hospice.

The Head of Patient Experience and Public Involvement remarked that the National CQC Adult Inpatient Survey results had been published in July 2020. 62 questions had been asked, with the Trust scoring as follows:-

Top 20% – 10
Middle 60% - 48
Bottom 20% - 2
No Comparison - 2

The results had seen a significant improvement from the previous year. There were some areas that had been identified where the Trust could improve. These included, discharge information including support and advice and notice of discharge, changes in admission dates and noise disturbance in the hospital at night by other patients.

The Head of Patient Experience and Public Involvement summarised the Trust's achievements in Primary Care. They had doubled the volume of health checks for the year, which had raised their national score from the previous year. Governance structures had been implemented for all practices to ensure a consistent approach across the Trust. They had engaged with practices about the Carers register.

A Member of the Panel asked about pressure ulcers. She asked the Deputy Chief Nurse to comment on the Trust's approach, as she wanted to see an improvement. The Deputy Chief Nurse agreed that the Trust could do better and was always looking for improvement. The reporting mechanism had changed nationally, from her point of view one pressure sore was one too many.

The Chairman thanked all health partners and Members of the Panel for their contributions to the meeting. Members congratulated the Chairman and the Scrutiny Team for the efficient operation of the first Virtual - City of Wolverhampton Council, Health Scrutiny Panel meeting. They thanked health partners for their contributions during the pandemic.

The Portfolio Holder for Public Health and Wellbeing congratulated the Chairman on a well-run meeting. She also paid tribute to the work of all health partners during the

Covid-19 pandemic. She also thanked all staff across the Council for their work during the pandemic. It was important that everyone continued to take their responsibility seriously in order to avoid a future local lockdown.

The Chairman thanked the Scrutiny Team for their contribution to the meeting.

Meeting closed 4:03pm.