

Health Scrutiny Panel

Minutes - 21 September 2023

Attendance

Members of the Health Scrutiny Panel

Cllr Carol Hyatt
Cllr Sohail Khan
Stacey Lewis (Healthwatch Wolverhampton)
Cllr Asha Mattu
Cllr Susan Roberts MBE (Chair)
Cllr Gillian Wildman

In Attendance

Cllr Bob Maddox (substitution)
Deborah Hickman (Chief Nursing Officer – Royal Wolverhampton NHS Trust)
Tracey Palmer (Director of Midwifery – Royal Wolverhampton NHS Trust)
Chris Masikane (Chief Operating Officer – Black Country Healthcare Foundation NHS Trust)
Jonathan Petty (Director of Governance – Black Country Healthcare Foundation NHS Trust)
Andrea Cantrill (Volunteer Officer – Healthwatch Wolverhampton)

Employees

John Denley (Director of Public Health)
Lee Booker (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
There were apologies from Vice-Chair, Cllr Paul Singh who was substituted by Cllr Bob Maddox.

Apologies were also received from Cllr Milkinderpal Jaspal and Cllr Rashpal Kaur.

Cabinet member Cllr Jasbir Jaspal gave apologies also.
- 2 **Declarations of Interest**
There were no declarations of interest.
- 3 **Minutes of previous meeting**

Resolved: That the minutes of the meeting held on 29 June 2023 be approved as a correct record subject to a Member's comment regarding the training for PPGs Chairs being still ongoing at the time of the meeting, rather than completed in full.

The Healthwatch Managed informed that Panel that she had been told there was still ongoing issues occurring with PPG chairs. She said for balance she had heard some good practices had occurred, so it wasn't all PPGs.

4 **CQC Inspection Report on the Black Country Healthcare NHS Foundation Trust Adult Acute Service**

The Director of Governance for the Black Country Healthcare NHS Foundation Trust gave a presentation (a copy of which is attached to the signed minutes). He covered the context of the inspection and the report. The Care Quality Commission (CQC) carried out an unplanned inspection in response to the Acute wards for adults of working age and psychiatric intensive care units as a response to media reports. The results were published in March 2023, with the service overall rating being downgraded from a "good" rating to "requires improvement". Identified good practice in the report included staff treating patients with compassion, understanding and kindness, managers overseeing staff and giving appraisal, as well as staff following good safe guarding practices. A number of areas were identified for improvement:

- A need to focus on the management of medication and closer working with pharmacists.
- Improve training rates in core skills
- Consistency and quality of care-planning.
- Recruit to vacancies within ward based MDT's.
- Continue work on the physical environment, refurbishment and removal of ligature points.
- Ensure that patients receive planned 1:1's and leave.
- Focus on awareness of new systems and teams within the Trust.

The Trust had received 10 must do actions and 5 should do actions detailed within the Care Quality Commission report and reproduced in the report presented to the Panel. The Director of Governance for the Black Country Healthcare NHS Foundation Trust displayed a diagram to the Panel setting out the Governance framework within the service. Quarter 2 2023 – 2024 Actions included Must Do and Should Do Actions, of which some were complete, some had not been started and a number were off track. The Trust met the CQC every quarter.

The Chair stated that following reports at Penn Hospital of failings in care towards vulnerable patients, the CQC conducted an unannounced inspection and downgraded the services rating from "good" to "Requires improvement". Staff were reported by the BBC to have informed the CQC rather than raise issues internally. She wanted to know if this was standard practice and if not, would the Trust be working on improving whistleblower safeguarding practices to ensure all staff could report concerns or issues with the service in a manner where their employment and standing was protected.

The Chief Operating Officer for the Black Country Healthcare NHS Foundation Trust replied that they operated a “Freedom to Speak Up” policy and that he felt the staff were quite open with the team being able to raise issues. He said staff were protected by anonymity if they chose to be and were not disciplined or dismissed if they raised issues.

The Director of Governance for the Black Country Healthcare NHS Foundation Trust stated that they worked with the CQC and were transparent with them in regard to the reported case. He said the Police were involved at their behest. He said that the Integrated Care Board had recognised that the Trust had had a challenging year but had commended the Trusts openness and transparency when dealing with the reported case.

The Chair asked the Director of Governance for the Black Country Healthcare NHS Foundation Trust to clarify if the BBC article was incorrect in stating that staff inside the Trust had gone straight to the CQC to whistle blow.

The Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust said he was not saying it was incorrect.

A Panel member asked if the CQC inspections occurred every year and on this basis, wanted to know if the actions the Trust had, would be completed by the next inspection.

Associate Director for Governance & Quality for the Black Country Healthcare NHS Foundation Trust explained that inspections did not occur annually by the CQC. He stated he had not been made aware of any plan to do an inspection in February 2024 and believed the actions which were listed as on track would be done within the planned time frame. He stated that those actions listed as off track remained off track.

Chief Operating Officer for the Black Country Healthcare NHS Foundation Trust informed the Panel that the CQC were in the process of changing how they conducted inspections; from a large inspection format to a more targeted inspection format.

A Councillor stated that on Page 6 of the CQC report it said that the service had high vacancy rates with an average of 22.4% as of January 2023. It was reported that the service did not always have enough nursing and support staff available. As a result of this, staff reported to the CQC that they were only having 30-minute breaks across 12-hour shifts, when they should actually be taking a total of 90 minutes break time spread out across their shifts. She stated that it was important that staff, like any employee in any sector, had their legal breaks so that they could carry out their duties well rested. She wanted to know what the Trust was doing to address this issue.

Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that they had a framework to ensure safe staffing levels and when they deviated from this it would be reported to the CQC. He said recruitment and staff retainment was a challenge, as it was across the whole NHS and that they were taking steps to try rectify the problem and would bring that information back to the Panel.

A Panel member raised her concerns about the multiple levels of staff failings covered in the Care Quality Commission report and wanted to understand how the Trust had got to this stage, if they claimed to self-report to the Care Quality Commission.

Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that these were flagged by the CQC because of a lack of consistency across the service delivery rather than a lack of doing it entirely. He asked for a refresher of further questions to answer.

The Councillor stated she would email the questions to them to get a reply.

The Chair stated that there would always be the risk of staff who did not act appropriately entering the work force and had anything been put in place to reduce the risk in regard to potential staff mistreatment of patients and ensuring the culture of conduct within Penn was of the highest standard.

The Chief Operating Officer Black Country Healthcare NHS Foundation Trust replied that he felt it was important to note that staff who did not act appropriately were in the minority. He said their Trust had been recognised for having caring and considerate staff. If they found out about any poor behaviour they would respond immediately and act accordingly.

The Chair referenced that it was reported that not all staff had received training for "Immediate life support and that staff training across the service was well below its target". She wanted to know what the Trust was doing to rectify this.

Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust explained that this would remain red until they were assured it was hitting target. He said it was an improving picture and that they were working to fix this area but that it would remain red until it was resolved.

The Chair asked when they would expect the training to be done by. Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that he would be unable to provide an answer at the present time as this was an off track objective and said it would depend upon staff availability.

The Chair asked if they could provide emails to the Panel with a timeline and updates on progress on all of the on going "Actions" the Trust had to implement. The Chair referred to a number of areas where staff failings were reported, these included:

"Staff did not always manage medicines safely and did not show they followed guidance from pharmacists."

"Staff did not always develop holistic, recovery-oriented care plans informed by a comprehensive assessment."

"Staff were not always able to provide a range of treatments suitable to the needs of the patients in line with national guidance about best practice. This was because

there were vacancies for occupational therapists and psychologists on some wards. The ward teams did not always include or have access to the full range of specialists required to meet the needs of patients."

She wanted to know what were the causes of these oversights? What was the Trust doing to tackle this?

The Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that they had a substantial list covering the Must and Should Do list. Each were checked and updated quarterly on their progress.

Resolved: That the Black Country Healthcare NHS Foundation Trust would provide the Panel with the full report via email. The Panel would invite them back in the future should they deem it necessary to do so based upon the report.

5 **Maternity Services RWT**

The Director of Midwifery Royal Wolverhampton NHS Trust stated that staff retainment and recruitment was an issue, as it was across the country. This had been largely a post-Covid phenomenon but was slowly changing and improving recently. The Royal Wolverhampton NHS Trust had 12 full time midwifery vacancies, but had had a successful recruitment campaign and had now recruited into all those vacancies. These new recruits were set to join in September and be established around December. The Trust was doing work with Black, Asian and ethnicity minority groups to try to reduce inequalities. Work was being done to promote healthy life styles and there was an aim to tackle obesity and smoking.

The Director of Midwifery Royal Wolverhampton NHS Trust commented that further funding from Public Health had been provided to recruit two healthy pregnancy advisors to support community mid wives and healthcare workers. There was a 62% success rate in booking pregnant women in who were within 10 weeks of their pregnancy, the national average was 59% and the RWT aimed to achieve 70% by December. A new self-referral service had been launched in July to help increase this, with 1000 women so far having self-referred themselves to the service. The service was judged as fully compliant with all 7 Ockenden immediate and essential actions. The Trust Maternity Services had achieved 4th year in a row of the 10 safety actions.

The Chair asked how did the Trust promote early contact with General Practitioners to encourage engagement by pregnant women & people to visit within the first 10 weeks.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that the Maternity Services encouraged women to engage with their midwife in the first instance, with the aim to get them to book in within the first 10 weeks in line with the national recommendation.

A Panel member referred to page 37 of the report, where the Trust had worked with the Sahara group to work with Black ethnic groups. He said he saw no mention of an Asian group, which he cited as being the largest ethnic group in the Wolverhampton area, and wanted to know if there were any examples the RWT could give of groups

that worked specifically with Asian families.

The Director of Midwifery Royal Wolverhampton NHS Trust stated that the Equality, Diversity and Inclusion lead on their team worked with support groups that worked with all ethnicities. She said they were encouraging all ethnic groups to attend the support groups.

The Councillor wanted to know if they were able to give numbers of the uptake of Asian families or Asian women within these groups.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that she did not have that data available currently but would provide it to the Councillor via email afterwards.

A Councillor stated that he appreciated the report but said it was one of the largest he had read. He wanted to know if information in the future could be condensed.

The Chair disagreed and stated that she preferred a full report and that it was the personal choice of Councillors whether to read it all or not.

The Councillor referred to the report and discussed the disadvantages, deprivations and inequality associated with ethnicity and high levels of deprivation. He asked if this did not point towards a more co-ordinated response focused at the local ward-based level.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that they were looking at community hubs to try to target women more on a one to one basis in their local areas. As part of a longer term plan, she said they were aiming for a continuity model, with midwife teams making contact and working from the hubs.

A Panel Member praised the detail of the report and its appendices. She wanted to know if promotion and communication for the new Community Hub plan had been delivered.

The Councillor also asked them to look into using QR codes on pregnancy tests.

The Director of Midwifery Royal Wolverhampton NHS Trust said that the Community Hub had been advertised on GPs and chemists. She said that once women were booked onto the system, they would be emailed about the groups.

A Councillor enquired about page 3 of 11 of the Embrace report mortality rates graphs asking for an explanation.

The Director of Midwifery Royal Wolverhampton NHS Trust explained the graph meanings. She stated that Wolverhampton was still an outlier for neo-natal death rates, still birth rates were improving with a lower than average rate compared to national rates, the mortality rate for Wolverhampton was 5 percent higher than average rates for other Trusts and Boards.

The Councillor wanted to know what was being done to address the difference in rates.

The Director of Midwifery Royal Wolverhampton NHS Trust said they were working with their systems to improve their pathways. She said they were also part of a national program of work called "Saving Babies Lives" which was aimed at improving the health outcomes around births. This was proven to improve rates around mortality and morbidity rates.

The Manager of Healthwatch Wolverhampton stated that the statistics showed that pre-birth deaths among Black women were 3 times higher than White women. She said this needed to be addressed. She also referred to National Data and reports which implied institutional racism towards Black women. She wanted to know if the Director of Midwifery Royal Wolverhampton NHS Trust was able to give assurances that this would be addressed.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that it was not possible to give 100% assurance. She said they had an EDI mid-wife who targeted vulnerable and ethnic groups to try engage with them early with the service. She said that any racism would be dealt with, without delay, through the processes that the Trust operated by. She said there was no data displaying themes of racism within the Royal Wolverhampton NHS Trust maternity services.

The Volunteer member of Healthwatch Wolverhampton stated that she had been fortunate enough to have a good birth. She said this was because she knew the importance of and was in a position to have a healthy lifestyle, with a good diet and exercise. She wanted to know how the RWT was trying to reach other women and people to communicate this, in the aid of reducing difficult births. Obesity and smoking amongst pregnant people were particular areas of concern.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that such advice was given by midwives during pregnancy but recognised that these issues applied pre-conception also. She stated that it would be important for GPs to give out that information to people seeking advice about conceiving a baby beforehand. This information was also given to women & people after they had given birth, in case they planned to have another child in the future. She admitted more work needed to be done to ensure the right healthcare professional gave the right advice pre-conception.

The Director of Public Health stated that it was important when considering Health and outcomes of the population to approach as a interdependent, multi-faceted issue. He said for example, when looking at the diets of patients, this could not just be the responsibility of the Maternity Services. He said partnership approaches were required for all services, as all fed into the other. He said it was important that the City of Wolverhampton achieved a coherent, functioning system, where partnerships all reinforced each other's work. He said there were areas out of the hands of the Local Authority and partners, such as a person's relationships, whether they had a supportive partner or not.

A Councillor said he felt the report did not make mention of caesareans and felt this was an important area to report on. He also wanted to know how the Trust was promoting its breast feeding community outreach hubs, as he believed it was only promoted through the RWT's website.

The Director of Midwifery Royal Wolverhampton NHS Trust stated that she was happy to provide the Councillor with any information relating to that if he was more specific. She said they no longer emphasised caesarean rates post-Ockendan review, as other Trusts had been found to prioritise keeping those rates low but had a higher morbidity level, so the emphasis on caesarean rates had been ended. She said that RWT caesarean rates were at around 35%. She said in reference to breastfeeding groups, whilst there was lots of information online, she recognised this was not available to those without internet access. She said that there were support groups that went out into the communities to try reach out to those women without internet access. These groups were also advertised in GP surgeries.

The Councillor replied that he wanted caesarean rate data, relative to national rates and local Trusts, as well as rates broken down by race/ethnicity.

The Volunteer member of Healthwatch Wolverhampton asked if there had been an increase in breastfeeding.

The Director of Midwifery Royal Wolverhampton NHS Trust stated that the rates of breastfeeding were stable but these could vary over the months. Improvement was noted on women who continued to breastfeed.

6

RWT Quality Accounts

The Chief Nursing Officer gave a presentation (A copy is attached to the signed minutes) and gave a brief overview of the purpose of Quality Accounts for the benefit of new Panel members. She reported that despite the issues Covid-19 had created within the service, they had managed to achieve or were making good progress on their 2022/2023 aims which were contained within priority areas which included; patient safety, clinical effectiveness, and patient experience. 2023/2024 priorities were based upon a joint Trust strategy. The Royal Wolverhampton Trust (RWT) recognised the areas of praise and concern covered by the City of Wolverhampton Council's (CWC) Health Scrutiny Panel statement on the RWT Quality Account and stated that they had plans in place to drive for further improvement in those areas of concern raised which were: Infection Prevention, diagnostics, cancer performance, Referral to Treatment, improvements in staff satisfaction and retention.

The Chief Nursing Officer gave an update on future 2023/2023 priorities (detailed within the presentation document). The future changes as part of Patient Safety were led by changes at the national level. For clinical effectiveness, nationally recruitment and retention of staff were a challenge but the Chief Nursing Officer said that the RWT were in a healthy position with their vacancy rates, fluctuating but averaging at 2% due to proactive recruitment. Their main challenge was retention of staff, which was a focus to improve in the future. This was primarily based on career advancement opportunities and not a negative reflection of the workplace. For patient experience, a huge project was underway to tackle inequalities within the healthcare service, the EDI team was playing a role in this; it was also multi-stakeholder.

The Chief Nursing Officer informed the Panel that they aimed to hit the national target and were on target to reduce the 62 day waiting list on cancer treatments in May 2024. They had launched a "further, faster" program to streamline patient pathways. She recognised the need for continuing improvement. They were liaising with other stakeholders to increase elective surgery. The Trust was partaking in

Infection Prevention research regionally and nationally to understand some of the rises of some bacteria and they had quality improvement initiatives underway to tackle it. The Virtual Ward had been expanded and was being continually reviewed to check the patients experience and outcomes.

A Councillor referred to page 10 of the Quality Account, citing discrepancies between the 2022/23 aims and end of year goals. It was reported they aimed to create a mental health strategy, but this was not mentioned in the outcomes. The Councillor wanted to know if this meant the Trust had not developed a mental health strategy. She said that the Trust was now responsible for 7 GP practices but couldn't understand why they were not a part of the report.

The Chief Nursing Officer stated that the GP practices would have been a part of the Quality Account process. In reference to the mental health strategy she said that as an acute provider they had a memorandum of understanding with their mental health colleagues as its presence was growing as a health issue in the country. She stated that in collaboration with Walsall hospital they had created a mental health team within the organisation. They had not had a mental health team within the Trust prior to 2022/2023 and this reflected that they had implemented some mental health strategy. The Councillor thanked the Chief Nursing Office for her reply but asked her to note that in future reports, when something was identified as a priority, that the follow up information was given in the Quality Account.

The Chair stated that the RWT Quality Account stated that one of the reasons for the backlog in cancer treatments was industrial action which had occurred across the year and continued to do so. She wanted to know if the Trust was engaging with its workforce trade union representatives to ensure a recovery plan would be underway for when the dispute ended.

The Chief Nursing Officer said she would need to defer the question to the Chief Medical Officer. The Chair agreed with the Chief Nursing Officer this information would be sent via email response.

The Chair referred to page 49 of the Quality Accounts where it showed patient experience data. In 2021 (the most recent figure available) only 54% of patients were informed of the purpose of the medication they were being discharged from hospital with to use in a way they could understand. The Chair felt this was a very low figure for a vital part of a patient's medical treatment. She wanted to know what the Royal Wolverhampton Trust was going to do to address this, and stated that she would want to see an action plan rectify it.

The Chief Nursing Officer stated that behind all survey results, there were actions put in place to address them. Reconciliation and support from Pharmacies in and around Wolverhampton had been delivered to help support the nurses with the discharge process to support queries around medication and patient support. She said she was happy to send the action plan around this.

A Councillor stated that organisations like the NHS liked outputs to be a measure of quality but the report, he felt, missed other important areas. He wanted to know what other areas of value these experiences could inform in reports. He said page 10

stated the Trust sought to target mental health support in all ages. He wanted to know what age groups had been targeted and what progress had been made on this.

The Chief Nursing Officer replied that they had bespoke surveys they undertook and had volunteers who did mystery shopper surveys to gather more localised data. They had co-production occurring looking at different groups needs. They had an array of feedback which was not just based on National data. They used National data for benchmarking, which could not be done with local level surveys. In response to the question about mental health support; the Chief Nursing Officer stated that under 18s were engaged with through paediatric pathways. They had employed in the last few months additional colleagues to their mental health team. The team worked within the organisation with expertise and knowledge focusing on mental health. Increased visibility of key colleagues in key areas had also been focused upon. They had also put emphasis on working with the EDI team to ensure those most marginalised were engaged with and given appropriate support with the RWT. The team was new, but the Trust was building upon it.

The Councillor thanked the Chief Nursing Officer and stated he hoped emphasis was also placed on children who were suffering with long term illness being engaged with, as they were highly likely to develop mental health issues whilst dealing with their illness and the processes of trying to treat that.

Resolved: That the Royal Wolverhampton Trust produce an action plan to address the low rates of patients leaving the hospital having been informed of the purpose of their medicines.

7

Healthwatch Annual Report

The Manager of Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual report (April 2022/2023). She explained to the Panel that Healthwatch Wolverhampton had limited resources and a small team with which they had to deliver their service. In addition to the manager, their staff count was 3 members in size, with one vacancy. 2 positions were paid and 1 was voluntary. Across the year they had supported over 2500 people to get advice on local services, which the report detailed. The most viewed report they had done was their survey and report on improving access to GP services. They had also delivered reports on quality within care homes. The report also touched upon Healthwatch's information and sign posting service. They had received a higher percentage of phone calls and email communications from people that year, which they felt showed their profile had been raised.

The Manager of Healthwatch Wolverhampton remarked that their social media profile had grown, with more content and more followers. Further figures from the report were covered. Healthwatch employed a partnership working approach and had worked with them to make sure patient voices were heard. They had worked with numerous boards, services within the Royal Wolverhampton Trust (RWT), charity organisations and the University of Wolverhampton. Healthwatch Wolverhampton had fed 100 articles to the national Healthwatch organisation which had informed the Government. Healthwatch Wolverhampton had provided work experience to people,

with the volunteers being cited as strong working examples of that. The year ahead was continuing to look at access to GP services, with an additional focus on online. They were looking at mental health practices, with an emphasis on people with autism. They would also be looking more at care homes.

The Chair stated that the Government was removing the requirement for the NHS to monitor cancer treatment waiting times, she wanted to know in light of this, if Healthwatch Wolverhampton would be able to focus any time to monitor patient access to cancer treatments in Wolverhampton.

The Manager of Healthwatch Wolverhampton stated they would not have the capacity to do that due to their limited resources. They said they could contribute to the request if it was in supporting partners who were taking the lead, but not as a project of their own.

The Chair referred to page 19 of the Healthwatch report where it stated that Healthwatch Wolverhampton had received £1200 from the Care Quality Commission (CQC) to support the work of board member recruitment. Recently the Healthwatch board had been dissolved. She wanted to know how the funding was now going to be used.

The Manager of Healthwatch Wolverhampton said they were currently in the process of creating and forming a new Community Panel, based off positive examples in other local authorities, to replace the board. The funding would be used for this subject to consultation with the CQC to gain permission to use the funds for the new Community Panel.

A Councillor asked if Healthwatch could attend PACT meetings with the Councillors. He also enquired if Healthwatch would go to places of worship to engage with different communities. The Manager of Healthwatch Wolverhampton stated she was aware of PACT meetings and that it was on the list of things to do. She stated they had attended a few faith events previously.

The Volunteer member of Healthwatch Wolverhampton stated she was looking to recruit volunteers to enable them to have a wider reach to engage with these community groups.

The Director of Public Health stated it was important to recognise patients were residents and vice versa. He said working in partnership would allow them to explore the opportunities to engage with communities. He said he supported exploring this with Healthwatch.

The Volunteer member of Healthwatch Wolverhampton commented the new Community Panel would include delegate representatives from community groups to enable a broader input from across the City.

The Chair referred to the report, page 21, to enquire which care home service providers did not respond to Healthwatch's recommendation. She wanted to know if they had incorporated the recommendations yet.

The Manager of Healthwatch Wolverhampton stated that service providers must respond to their recommendations. They had given reminders to these services that they needed to respond. They reminded the care homes of their duty to respond, but they still did not respond. She then informed them she was due to report it to the CQC, and they had now responded to Healthwatch. The report would be updated to include those responses.

8

Date of next meeting

The date of the next meeting was confirmed as 14 December 2023.