

STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL
HEALTH OVERVIEW & SCRUTINY PANEL MEETING

Minutes

WEDNESDAY, 27 JULY 2022

PRESENT: Councillor B A Hughes (Chair)

Councillors B Cawley, E Fallows, I Herdman, K Hoptroff, A Hulme, J Jones, L A Malyon, T Riley, P Routledge, J Salt, L Swindlehurst and P Wood

IN ATTENDANCE: M Trillo Executive Director
R Rourke Democratic Services Officer
P Trafford Democratic Services Officer

APOLOGIES: Councillors C Atkins and T Holmes

143 **NOTIFICATION OF SUBSTITUTE MEMBERS, IF ANY.**

Councillor Hoptroff was substitute member for Councillor Atkins and Councillor P Routledge was substitute member for Councillor Holmes.

144 **TO APPROVE THE MINUTES OF THE PREVIOUS MEETING.**

That the minutes of the meeting of the Health Overview and Scrutiny Panel held on 17 March 2022 be **APPROVED** as a correct record and signed by the Chair.

145 **URGENT ITEMS OF BUSINESS, IF ANY. (24 HOURS NOTICE TO BE PROVIDED TO THE CHAIRMAN).**

No urgent items were received.

146 **DECLARATION OF INTERESTS:**

Agenda No.	Member Declaring Interest	Nature of Interest
Agenda item not specified	Cllr T. Riley	Other – Family member is an NHS employee.
Agenda item not specified	Cllr P. Wood	Other - Family member is employed by the Moorlands Partnership Foundation Trust

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147 MINUTES OF THE LAST MEETING OF THE STAFFORDSHIRE HEALTH & CARE OVERVIEW AND SCRUTINY COMMITTEE.

The Panel noted the minutes of the meeting of the Health and Care Overview and Scrutiny Committee held on 30 May 2022.

148 QUESTIONS TO PORTFOLIO HOLDERS, IF ANY.

No questions were received.

149 WORK PROGRAMME.

Due to the deteriorating situation at West Midlands Ambulance Service it was requested that those responsible for operational matters within the service be invited to attend a future or Special Meeting of the Panel.

Reference was made to an initiative entitled, 'Making Every Contact Count' which aims to ensure that all contacts with service users of various organisations including local authorities and the health services are linked and it was suggested that the Council investigate how it could contribute to Making Every Contact Count.

DECIDED:

That the Work Programme be agreed, subject to the following items being added:

- 1; Representatives of the West Midlands Ambulance Service with responsibility for Operational Matters be invited to attend a future or Special Meeting of this Panel;
2. The Council give consideration to how it can contribute to Making Every Contact Count

150 ROYAL STOKE HOSPITAL ANNUAL UPDATE (VERBAL) - TRACY BULLOCK, CHIEF EXECUTIVE OFFICER.

Tracy Bullock, Chief Executive Officer for Royal Stoke Hospital provided members with an annual update and also responded to concerns expressed earlier in the meeting around WMAS.

Regarding performance, it was reported that the 4 hourly urgent care target was to be replaced by a number of emergency care standards which were being shadowed at the moment. The standards were not being met, and this was due to a mix of workforce issues and the effects of covid. The varying numbers of covid patients were set out, together with the resultant effects on other hospital services. It was noted that very few Trusts in the country, if any, were achieving the targets due to pressures on services. Regarding the 18 week referral to treatment target, at the onset of the pandemic, planned and elective care was stopped for a period of 9 months which resulted in an immediate backlog, which continued due to other surges in covid once this treatment recommenced. The Government directed that efforts should now be directed towards patients who had been waiting more than 2 years for treatment, and the Trust had eradicated all 2 year wait patients, with some nationally accepted exceptions. The Trust now had until March 2023 to address 78 week wait patients, which was challenging and would not be achievable if the covid surges continued due to impact on staff. It was noted that performance targets were nationally driven.

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Another effect of covid was pressures around bed occupancy, with the target being to have an 85% bed occupancy to allow for deep cleaning etc in other areas. Bed occupancy rate had been between 92% - 98% and sometimes up to 110% which was not safe from an infection control point of view. This level of bed occupancy also led to blockages in A & E and ambulances were unable to offload swiftly. Measures had been put in place to help mitigate, including the Community Rapid Intervention Service and referral to other services such as hospices for end of life care. It was noted that the issues around the ambulance service were not just that services' problem and effort was being put in to try and resolve the issues. In response to a question around end of life care, it was noted that the ICB commissioned places within hospices who were also funded via charitable donations.

Regarding finance, the Trust's financial position had improved significantly and it was no longer in financial special measures. Due to the difficult economic situation, efficiency savings were being sought which would be difficult and the financial situation may deteriorate.

Regarding quality, the Trust was rated as 'requires improvement'. An inspection took place during the pandemic, and the rating improved with the Trust being rated as 'outstanding' for caring and 'good' for being well led, together with improvements around other service lines. A successful quality improvement programme had been introduced, which included training for staff a department at a time, to ensure that everyone was working in the same way.

Around staff, members were advised of the pressures on staff particularly throughout the last 2 and a half years, with massively reduced numbers of staff dealing with the same number of patients. Staff morale was poor and sickness levels high amongst staff, and the economic challenges had led to an inadequate pay rise and pressures around costs. Wellbeing programmes were established for staff throughout the pandemic which would continue. Financial wellbeing packages were being put in place for staff, including foodbanks, increased mileage rates etc. There were pressures around recruitment and retention of staff, particularly in relation to catering, cleaning roles etc.

In response to a query regarding patients' notes, members were advised that notes were updated on a daily basis, Occasionally, when a patient was admitted as an emergency, the notes would not be on hand and a second set created and notes married up with the original, but that these were isolated incidents. Regarding 1:1 care and falls risks, where a patient was assessed as being a falls risk, the desire was that that patient had 1:1 care, however, due to the current staffing pressures this could not always be provided. In these cases, falls risks patients would be allocated to dedicated bay. In response to a query regarding the placing of a non-covid patient on a covid ward, members were advised that where patients were admitted with covid like symptoms, they were placed either in a covid ward in a side room or that the covid positive patients would be in a side room.

Regarding staff car parking and fines, during covid, staff members were not required to pay for parking, but charges had been re-introduced from 1 July in the absence of a national strategy. Fines were only issued to repeat offenders, and if not paid would be referred to a debt collection agency. Any staff members who had difficulty in dealing with a fine should speak to the hospital administration in the first instance.

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Regarding ambulance off-loads, an additional 6 spaces had been created for ambulance drop offs, but staff shortages did not allow for additional areas to be created. The usual practice if all 6 spaces were full was for one crew to remain to manage the area, freeing up the other 5 to leave the hospital. In response to a further query around ED practices, members were assured that all ED practices were governed by protocols and procedures.

Regarding any impact of the high occupancy rates on infection control, there had been no impact on infection rates, but it had contributed to the spread of covid within the hospital. Messages to the community were to consider hands – face – space, use services in the right way and be mindful of the public health messages around healthy lifestyles etc. There had been an increase in the number of patients with malnutrition, and work was on-going with public health partners,

Regarding staffing levels, the Trust had recruited over 250 international members of staff over the last 2 years but retention was a problem and vacancies remained the same. The numbers of nurses training were increasing although it would take time to reap the benefits. In response to a query, members were advised that the shortfall in the number of beds at the new hospital had been addressed by the use of retained estate.

RESOLVED:

That Chair thanked Tracey for her presentation and attendance.

151 **TEMPORARY CLOSURE AND REOPENING OF LEEK MINOR INJURIES UNIT - (PRESENTATION)**

Liz Lockett, Chief Nurse and Director of Quality and Clinical Performance and Lisa Agell, Operations Director for unplanned Care & Mental Health at Moorlands Partnership made a presentation to the Panel around the Leek Moorlands Hospital Minor Injuries Unit.

The Minor Injuries Unit was a nurse-led service open every day and provided treatment of minor illness and injury. During the pandemic, the MIU had been suspended and the Haywood walk in Centre hours extended to take minor injuries. The MIU re-opened in June 2021 with reduced hours and had been since temporality suspended twice, both due to a high level of covid-related staff sickness absence and difficulties around being able to source additional staffing due to the highly specialised skillset of the nurse-led workforce. During service suspensions, Moorlands residents were able to attend Haywood Walk in Centre. An additional 10 staff had been recruited to facilitate the reopening of the MIU and to deliver the extended opening hours of the Haywood WIC, although these staff had been recruited from Stoke's ED which impacted on ED staffing. There was a development programme in place to support Registered Nurses to become Emergency Care Practitioners, but this was not an immediate fix. Leek MIU's operating hours were to be reviewed.

In response to a query regarding staffing numbers across the MIU and HWIC, members were advised that there were 34 registered nurses with 7 current vacancies. The vacancy rates were increasing, with an ageing workforce, a number of different opportunities were being investigated to increase the work force in a competitive market, including international recruitment. There was a rolling

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programme of training for emergency nurse practitioners, and an additional number of staff were being put through the training currently, who would be expected to work across both locations. Regarding the recent closure, it was confirmed that communications had been undertaken with relevant agencies, but it could not be guaranteed that the service would not be closed in the future for numerous reasons including safety of staff and patients.

RESOLVED:

That the presentation be noted.

The meeting closed at 4.05 pm

_____Chairman _____Date