**SHROPSHIRE AND TELFORD & WREKIN**
**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 24 October 2023 1.00 pm – 4.00 pm in the Shrewsbury Room, Shirehall, Shrewsbury**

**Members Present**:

Shropshire Councillors: Geoff Elner (Chair)
Telford & Wrekin Councillors: Ollie Vickers (co-chair) Derek White
Shropshire Co-optees: David Beechey, Lynn Cawley, Louise Price
Telford and Wrekin Co-optees: Simon Fogell, Hilary Knight, Dag Saunders

*Joined via Teams* (and therefore not able to be recorded as present, or able to vote)
Kate Halliday (Shropshire Councillor)

*Attending from Shrewsbury and Telford Hospital Trust*
Louise Barnett, Chief Executive
Sara Biffen, Chief Operating Officer
Hayley Flavell, Director of Nursing,
Dr John Jones, Medical Director
Nigel Lee, Director of Strategy and Partnerships
Helen Troalen, Finance Director

*Shropshire Telford and Wrekin Integrated Care Board*
Simon Whitehouse, Chief Executive

**Others Present:**

Sophie Foster, Overview and Scrutiny Officer, Shropshire Council
Lorna Gordon, Democracy Officer, Telford and Wrekin Council
Amanda Holyoak, Committee Officer, Shropshire Council (minutes)
Rachel Robinson, Director of Public Health, Shropshire Council (via Teams)
Paige Starkey, Senior Democracy Officer (Scrutiny), Telford and Wrekin Council

The recording of the meeting is available to view in two parts available from the links below:
Joint Health Overview and Scrutiny Committee - Tuesday, 24th October, 2023 1.00 pm (youtube.com)
Joint Health Overview and Scrutiny Committee - Tuesday, 24th October, 2023 1.00 pm Part 2 - YouTube

## 1. Apologies for Absence

Apologies were received from Councillors Heather Kidd, Kate Halliday (not able to be present in the room but joined via Teams)

## 2. Declarations of Interest

None declared.

## 3. Minutes of the last Meeting

Minutes of the meeting held on 5 July 2022 were confirmed as a correct record.

## 4. Shrewsbury and Telford Hospital Trust (SATH) Performance

The Chairman welcomed the representatives from SATH and NHS Shropshire and the Chief Executive of Telford and Wrekin Integrated Care Board, and thanked them all for attending the meeting. The Committee asked questions under the following headings:

*Quality Improvement and CQC Rating*

Members asked a number of questions about the amount of time that SATH had been rated as inadequate; the help and support provided to SATH since 2018: why University Hospitals Birmingham (UHB), a low performing trust itself had been chosen as an improvement partner by NHSE to support SATH; the actions agreed with NHSE to move forward to achieve an improved rating; whether these actions had been delivered as planned, whether it was possible to demonstrate the impact of the support in terms of effect on patients; and what would happen if SATH continued to be inadequate and still did not improve;

Responding to these questions, officers from SATH explained

- The national support programme had provided a team with a focus on culture change; as well as funding to support activity, fund specific roles and provide additional expertise for teams.
- UHB had provided oversight of quality improvement in nine different areas, supported with leadership capacity, and identified particular individuals to help take forward change.
- The choice of UHB to support SATH was one made by the regulators, an extremely positive outcome of that relationship had been the appointment of a high calibre Director of Nursing; A different Trust, Sherwood Forest, had provided maternity support
- Funding to support quality had been used for quality matron roles; increase support around dementia and falls and supported the safeguarding team. Two quality matron roles were now permanently funded.
- A Medical Director and Operational Director had been appointed to focus on delivery of services needed and ensure focus on a 'getting to good' programme.
- A consistent approach had been developed to incidents affecting patients with a more systematic approach to learning.
- It was difficult to measure success in terms of patient outcomes, it was easier to identify when things went wrong, but qualitative information from other organisations was used alongside more quantitative information such as number of infections and time spent in hospital.

- As well as consistent quantitative data, verbal feedback and qualitative information was used to understand progress
- The Trust was currently in the middle of a CQC assessment of core services including end of life, medicine and urgent emergency care. Initial feedback from the CQC team was that significant improvements had been made since the 2021 assessment.

The Chief Executive of the ICB believed that the reasons for an inadequate rating over such a lengthy period included silo working partly due to two acute hospital sites; serious site and estate limitations; different commissioning arrangements and complications of serving patients across two countries, all compounded by issues caused by delivering services in a rural area. He reiterated the determination to move forward to a rating that was good.

However, if SATH's rating were to remain as inadequate, the Trust and ICB would continue in segment 4 of the NHS Oversight Framework and remain within the NHSE Recovery Support Programme. Further work on the Recovery Plan would be needed and this would be the responsibility of all system partners as well as SATH, with a focus on delivering better integrated care allowing access to the right care in the right place at the right time.

The prevention work undertaken by the Health and Wellbeing Boards was crucial and work in local neighbourhood teams.

*Performance*

The Committee went on to ask questions about:

SATH's service performance against national standards – as it was repeatedly reported as being among the worst performing trusts; reasons for poor cancer performance and the reasons for this; the number of critical incidents - the causes of them; lessons learnt and how quantitative and qualitative feedback was used; and whether organisational culture and issues such as bullying had contributed to performance issues

Officers from SATH explained that

- Measuring performance required the collection and presentation of consistent data, but in addition verbal feedback and qualitative information was systematically collected to reflect patient experience;
- Critical incidents and overcrowded emergency departments were often a consequence of an excess number of patients who did not need to be in hospital, and work continued on preventing unnecessary admissions as well as discharging those who were medically fit for discharge. At the current time there were 150 patients with 'no criteria to reside', or fit for discharge - 100 of these were in beds ready to be discharged into an appropriate place of residence, and 50 were awaiting assessment.

- Cancer performance had declined, with a backlog partly caused by patients choosing not to attend during covid, and a downward trajectory over 62 days for treatment. Diagnostic equipment now included mobile CT and MRI scanners, two endoscopy rooms were in operation and a business case for recurring funding for three in total had been submitted. Radiographers were in short supply nationally and international recruitment efforts had taken place. It was anticipated that performance would meet the standard required by end of March 2024.

In responding to questions about organisational culture, the Medical Director said that in any organisation employing 7,000 people, problems and challenges such as bullying would be a feature. However risks were greater in a health care organisation and action had been taken to support good relationships and establish a culture where staff felt safe to speak up, with the ability to do so anonymously. He was confident that an open and consistent approach was taken when concerns raised about bullying, harassment and poor conduct were raised.

*Service Development*

The Committee asked questions about:

Future bed provision and whether planned numbers would be adequate to meet the needs of a growing population with an older demographic; impact of less money than expected being available for hospital reconfiguration; specialist services delivered on a hub and spoke model and what ambitions there were to retain specialist services in Shropshire where SaTH would be a hub rather than a spoke meaning that people would have to travel further as was the case with urology and neurology.

In responding to these, NHS officers reported that:

- Extensive capacity and demand analysis had been undertaken for the next ten years, taking into account information such as Cancer UK projections and developments in treatments and options, for example, some treatment that five years ago would require overnight admission could now be undertaken as a day case.
- SaTH was committed to provision of services as close to home as possible, however workforce challenges and the numbers needed to provide a service meant that some specialised provision needed to be grouped together across hospitals - meaning that people would have to travel further to access it. People having to travel further within the county rather than out of the county was always the preferred option.
- Despite less money than originally anticipated being available for the reconfiguration, core objectives could still be met and the strategic outline case commensurate with £312m had been approved. Increasingly places of work

were for integrated teams, involving social care, mental health staff and others. Other funding had been identified for the elective hub.

*Questions for Integrated Care Board*

Responding to questions from the Committee regarding the timeframe for strategic planning in the NHS, drivers for this and how plans complemented each other at a strategic level, the Chief Executive of the ICB reported on the establishment of Integrated Care Boards through the 2022 Social Care and Health Act. A Joint Forward Plan had been published earlier in the year which set out how all partners in the Integrated Care System would work together to deliver the priorities jointly agreed over the next five years., taking the view of communities into account.

Members referred to presentations about maternity services provided to the Committee on previous occasions and expressed disappointment that the opportunity to report on neo-natal mortality data had not been taken at these meetings, to allow the chance of questions around reasons for higher rates than the national average.

The Committee wished to support the NHS in understanding and addressing problems as they occurred and would rather have heard about this issue and others directly, rather than from the media. The Chief Executive of SaTH and her colleagues made a commitment to work with the committee going forward and thanked members for the opportunity to attend the meeting, recognising the committee had an important role to play in addressing key issues.

Committee members had also asked questions in relation to the following during the course of the meeting

Please provide in a table format what investment both capital and revenue has been made into the cancer/diagnostic service.

1. What investment has been made?
2. What has been purchased with it?
3. What was it expected to deliver?

How many critical incidents there have been and how does this compare with other similar hospitals?

The Chief Operating Officer had agreed to provide this information

A member had asked if minutes taken at meetings of the common committee with University Hospital Birmingham be made available now that the arrangement with UHB had concluded be made available to the Committee?

The Chief Executive, SaTH had said she would look into this.

The Committee also said it would welcome sight of the Hospital Transformation Plan.

The Chair and Committee thanked such a large contingent of SaTH representatives for attending the meeting, along with the Chief Executive of the ICB. This had been much appreciated and members looked forward to working together on a positive basis into the future.

The Committee then went on to discuss its next steps in light of the discussion at the meeting. Discussion covered:

- The possibility of the committee developing a data set that could be easily refreshed and understood to allow focus and allay concerns;
- how best to utilise reports available online regarding SaTH performance and outcomes;
- The need to understand fully why patients with no criteria to reside were consistently between 110 and 160 ;
- The need to talk to the Community Health Trust about admission prevention and discharge;
- The need to take up the issue of the social care situation and impact on discharge with each council;
- The reasons for assessment delays impacting on discharge rates;
- The possibility of buying community step down beds in a way that is sustainable for those supplying them, to facilitate discharge;
- Issues around lack of therapists and lack of incentivisation to join or return to therapy services;
- The need for advanced communication from Trusts when issues arose;
- The possibility of meeting CQC to ask about 'red flags'

It was agreed to recommend that each authority's HOSC should undertake further work on numbers of patients remaining in hospitals with no criteria to reside and that further work leading on from today's meeting be conducted along the following themes: the nature of reports needed from SaTH showing performance and outcomes; finance, virtual wards, recruitment and securing information from CQC in relation to understanding 'red flags'.

## 10. Co-Chairs Update

The Chairs said that consistent common areas could be reported back to Joint HOSC Informal sessions which could then be used to prioritise and plan to get the best out of formal meetings.

.

The meeting concluded at 4.00 pm.