# JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

## Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Tuesday 27 February 2024 at 2.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

**Present:** Councillors G Elner (Co-Chair), O Vickers (Co-Chair), K Halliday, H Kidd, D R W White and N A Dugmore.
Co-optees: L Cawley, H Knight and S Fogell

**In Attendance:** S Foster (Scrutiny and Overview Officer, Shropshire Council), S Froud (Director of Adult Social Care, Telford & Wrekin Council), L Gordon (Democracy Officer (Scrutiny), Telford & Wrekin Council), G Robinson (Director of Delivery & Transformation, Shropshire, Telford & Wrekin Integrated Care System), S Robinson (Divisional Manager Urgent Care, Shropshire Community Health NHS Trust) and (P Starkey (Senior Democracy Officer (Scrutiny))

**Apologies:** Co-optees: D Saunders, L Price and D Sandbach

### JHOSC1 Declarations of Interest

None.

### JHOSC2 Minutes of the Previous Meeting

**RESOLVED – that the minutes of the meeting held on 24 October 2023 be confirmed and signed by the Chair.**

### JHOSC3 Urgent & Emergency Care and Winter Planning Update

The Director of Delivery & Transformation, Shropshire, Telford & Wrekin Integrated Care System (ICS) presented Members with an update on Urgent & Emergency Care (UEC) and Winter Planning preparedness. The presentation focused on four areas which included key performance data, operational plan components and an overarching review of winter planning and virtual wards. It was highlighted that the health service would continue to experience the pressures as a result of the winter period until March 2024.

The Committee heard that following a recent review in December 2023 of UEC that out of 45 metrics, 33 had reported improvement, 9 were within 10% of national benchmarks and 3 had reported a variance greater than 10% when compared to data collated within the last year. There had been a clear improvement in ambulance handover times of 67.8% since November 2023 however performance had remained lower than the national average of 80% between April to June 2023.

The Director of Delivery & Transformation highlighted that a number of delays had still been experienced, however clinical processes were in place with reviews taken to ensure ambulances were offloading in clinical priority order. Members were informed that where there had been significant levels of ambulance offloads, patients had been transferred from the ambulance into the Emergency Department (ED) causing an increase in pressures. There had been a decrease in lost hours as a result of handovers that were greater than 15 minutes to 2,381 hours in December 2023 from 3,118 in November that same year. A&E performance showed that 18.4% of patients remained in the ED for longer than 12 hours compared to regional performance reporting only 12%.

The Committee were presented with further data which focused on inpatients with No Criteria to Reside (NCTR). The Director of Delivery & Transformation explained that during December 2023, on average there had been 137 patients per day having NCTR that had not been discharged. During January and February 2024 data had shown improvement with 110 patients having NCTR with 70 – 90 patients awaiting discharge.

The Director of Delivery & Transformation set out the overarching structure of the UEC System Operating Plan. Areas of focus included reducing length of stays, ward processes, virtual wards, reduction in NCTR, same day emergency care and sub-acute wards.

Members were informed that two new modular wards were due to be constructed on site at the Royal Shrewsbury Hospital with capacity for 64 beds. Due to time constraints, only 46 of these beds had been commissioned at the time of the meeting, with 20 beds at Princess Royal Hospital and 26 at the Royal Shrewsbury Hospital. A further 6 beds were due to be commissioned in March. The health service had experienced challenges over the Christmas period and January bank holiday with 16 interim beds provided at Robert Jones and Agnes Hunt Orthopaedic Hospital to accommodate for a high pressure period. Length of stay within SaTH had remained stable despite work that had been undertaken. Members were also informed of the recent opening of a Frailty Assessment Unit which would prevent patients remaining in ED for extended periods.

Members of the Committee posed the following questions:-

*Staff have been working hard to reduce the length of stay in hospitals safely, however it is clear that there are still patients waiting to be discharged. What was the criteria for the length of stay and what do you see as the main pressures?*

The Director of Delivery & Transformation explained that there were two types of discharge. If a patient had complex needs they would require ongoing support in social care and therefore the criteria for the length of stay would be more complex. It was highlighted that NCTR runs for a total of four days from the date that a patient is considered medically fit for discharge. The Director of Delivery & Transformation recognised that it was a system wide problem and

that the main pressures were a result of preparing patients to be medically fit for discharge and the process for finding places to be discharged to. Processes were much longer for pathway three patients due to the complexity of their needs however it was highlighted that a NCTR stay of two days was acceptable.

*Following a recent experience waiting in the ED at the Princess Royal Hospital for 8 hours, how long on average did it take for a patient to see a doctor after triage?*

The Director of Delivery & Transformation recognised the challenging circumstance of the Princess Royal Hospital. Members were informed that patients who were acutely unwell would be triaged immediately and prioritised ahead of other patients which can result in long waiting times for patients who may not require urgent treatment. Where patients have been asked to wait longer will have receive regular reviews to ensure that their condition has not deteriorated since their arrival. The Director of Delivery & Transformation also highlighted the importance of targets to ensure patients are kept safe and the quality of outcomes for each patient.

*There are 137 patients a day categorised as NCTR, how does the data compare to other hospitals?*

*Since the 62 beds have become available at the end of December 2023 there has been a reduction of 27 NCTR patients. Was this expected and if so, does this data reflect good or bad performance?*

The Director of Delivery & Transformation advised that there was no national data set and focus had been given to NCTR patient needs and that there was a clear correlation between patients waiting to be discharged and bed capacity. Considerations had been given to reducing escalation in capacity to ensure that patients could be transferred from hospital corridors to rehab and recovery wards to avoid impacts on the type of care provided.

*The ICS work with Powys Teaching Health Board. Can you provide an update on the work that has been undertaken as part of winter planning?*

The Director of Delivery & Transformation recognised that Powys was a key issue however there had been continued engagement and recent data had demonstrated the ability to escalate capacity constraints and that working relationships with Discharge Liaison Nurses had considerably improved.

*Processes have been put in place to reduce the waiting time for NCTR patient discharges. Are there any further actions planned as part of the review?*

The Committee were informed that additional actions had been outlined within the presentation circulated to Members and if there was an expressed interest, the full UEC Programme summarising the actions of the winter plan could be shared with the Committee.

*Were there set hours for patient discharge?*

The Director of Delivery & Transformation highlighted that discharging patients overnight demonstrated a high risk approach and therefore discharges outside of the hours 8am till 10pm were rare. However, if there was a requirement for a bed for another patient, discharges overnight were possible.

*What was the impact of operational performance on patient experience and outcomes?*

The Committee heard that £1.4m had been invested into an integrated Discharge Team to assess resources and further improve the discharge process. The Director of Delivery & Transformation advised that a further review into the impact on patient experience would be needed however stated they were open to feedback on patient journey experiences. The Divisional Manager for Urgent Care informed Members of processes which could be implemented to assist with planning which included initial assessments upon entry to wards to help undertake patients needs and ensure a support system is in place, further helping to overcome concerns.

The Divisional Manager Urgent Care, Shropshire Community Health NHS Trust presented an update on Shropshire, Telford and Wrekin Virtual Wards following its implementation in August 2022.

Over the past 18 months the service has provided over 3,000 patients with the relevant care and treatment from the safety and convenience of their own home rather than from a hospital environment, with patients monitored centrally by senior clinicians between the hours of 8am – 8pm. The key aims of Virtual Wards included providing multidisciplinary approach to patient care, treatment and case management, to serve as a communications hub for all those involved in the care of complex patients and to offer intuitive working systems that appeal to both patients and clinicians.

Members posed the following questions:-

*Has the video on Virtual Wards now been finalised and is it publicly available?*

Members were informed that the video had be utilised for training purposes and that patient leaflets had been disseminated to GP practices.

*Why were Virtual Ward referrals higher during the summer months than during the winter months?*

The Divisional Manager Urgent Care informed Members that this data would be compiled and circulated at a later date.

*Hospitals and GP are stretched financially and some patients cannot be discharged into their own home if they are not confirmed as medically fit. Only 75% of beds are being used, why was the service not at full occupancy and*

*what happens to patients who cannot be discharged home but do not require social care?*

The Divisional Manager Urgent Care explained that the service had increased their work with GPs and hospitals and that work was currently underway to gain a better understanding of patient pathway to be able to provide assurance and confidence to patients. A further review would need to be taken to understand what is happening in settings where referrals are created however the service would be open to taking on patients if capacity is available and to release pressure from hospitals.

*When a patient moves from acute hospital setting to a virtual ward setting, did their Consultant remain the same or were they assigned a new Consultant?*

Members were informed that Virtual Wards operates with a Lead Consultant for SaTH with experience working in acute hospital settings.

*It has been positive to see the low number of readmissions within 30 days. Were there any improvements that could be made to the service?*

The Director of Delivery & Transformation explained that alternative pathways were still very new and new clinical pathways had recently been introduced to support with additional numbers. Different cohort of patients was also challenging for acute hospital settings; however, it was hoped that overall impact would be highlighted as the service runs for a longer period of time.

*Was it possible to provide a further breakdown of the average contacts per patient be provided?*

Members were informed that a further breakdown could be collated and circulated at a later date.

*How much funding has been invested into Virtual Wards?*

The Divisional Manager Urgent Care advised that approximately £4.4m had been in invested into Virtual Wards and a further breakdown of budget allocations for each service could be provided.

*How many patients were currently using the service?*

There were 145 patients currently using the service.

*What was the average time a patient spends on the virtual ward service?*

The average amount of time that a patient spends on the virtual ward service was between 11 – 14 days.

*Who financed equipment and home adaptations that might be required?*

The Shropshire Community Health NSH Trust provide temporary adaptations to ensure each patient's home life is as functional as possible. Further decisions are made in respect of large scale adaptations.

In light of representatives who were unable to attend the meeting, the Committee requested for an additional meeting of the JHOSC to be arranged to continue the discussions on UEC.

**JHOSC4 Rural Proofing in Health and Care**

The Chair of the Shropshire Health and Overview Scrutiny Committee presented the report of the Health and Care Task and Finish Group following their investigation into options to effectively 'rural proof' the amendment or introduction of strategies, plans, policies and provision in health and care in Shropshire.

The report set out key findings, conclusions and recommendations following the work of the Task and Finish Group.

**RESOLVED – that:**

a) **the use of the Rural Proofing for Health Toolkit be recommended to all partners of Shropshire's Health and Care system and be adopted for use by the HOSC and JHOSC to review any changes or new services that are being implemented to ensure they have been 'rural proofed'; and**

b) **a deep dive be carried out into recruitment and retention policies and practices in the local health system by the Joint Health Overview and Scrutiny Committee including a review of best practice nationally encompassing the approaches recommended by the Rural Services Network to see if they would work in Shropshire and Telford and Wrekin.**

**JHOSC5 Co-Chair's Update**

The Chair informed that Committee that a Member question had been submitted to the Committee for consideration. The question related to the potential for officers to prepare a regular report that detailed a wide range of performance parameters relating to SaTH and the ICS. Members of the Committee agree to consider the viability of this in an informal workshop setting after the meeting.

The meeting ended at 4.22 pm

**Chairman:** ----------

**Date:** Monday 8 April 2024