

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 23 January 2023 at 2.00 pm in The Telford Room, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors D R W White (Co-Chair), S Charmley (Co-Chair) and S J Reynolds, K Halliday and H Kidd.
Co-optees: F Doran, H Knight, L Cawley, L Price and D Sandbach

In Attendance: R Boyode (Executive Director of People and Organisational Development, Shrewsbury and Telford Hospital Trust), T Dodds (Scrutiny Manager, Shropshire Council), C McInnes (Director of Operations for Women's & Children's Division, Shrewsbury and Telford Hospital Trust), S Vangenderen (Lead Consultant Psychologist, Shrewsbury and Telford Hospital Trust), K Williams (Deputy Director of Midwifery, Shrewsbury and Telford Hospital Trust), S Worthington (Senior Democracy Officer (Scrutiny), Telford & Wrekin Council) and S Yarnall (Democracy Officer (Scrutiny), Telford & Wrekin Council).

Apologies: Councillors N A Dugmore and Co-Optee D Saunders

JHOSC1 Declarations of Interest

Co-Optee, D Sandbach, declared that he received an NHS pension.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 19 December 2022 be confirmed and signed by the Chair.

JHOSC3 SaTH Maternity Services - Our Improvement Journey

The Executive Director of People and Organisational Development, the Director of Operations for Women's & Children's Division, the Lead Consultant Psychologist and Deputy Director of Midwifery, from the NHS Shrewsbury and Telford Hospital Trust (SaTH) provided an update on the improvement journey of the maternity services within the Trust. The presentation highlighted the changes from the publication of the first Ockenden report to date in relation to Maternity Services at SaTH. The update focused on how staff wellbeing had improved, opportunities for staff to provide feedback, the governance of maternity services at SaTH and improved culture of the organisation. The Trust had introduced the implementation of clinical psychologists to support nurses and midwives with their mental health. Members were updated on how staff could provide feedback in different ways to highlight concerns and issues

that staff face; such as the 'Improvewell' app, an online platform for nurses and midwives to anonymously provide feedback.

Following the presentation, Members asked the following questions:

Would the psychological support on offer to staff be accessible for patients and was it solely a support system for maternity services?

The services of psychological support were available for patients, parents, their families and friends. The Chief Psychologist at SaTH had helped to implement the support for staff and the service was expanding; there were plans for psychologists in the neonatal division and more clinical psychologists throughout the different divisions at SaTH.

How would feedback be received from patients who were less likely to provide feedback following an incident?

Matrons and ward managers would meet regularly and determine if there have been any incidents that have been raised; matrons and ward managers would then speak with the mothers or families to hear their feedback. Spot checks with patients could be utilised to help identify potential issues and to receive further feedback.

Had bank staff been used for vacancies and short-term shortage of staff?

Bank staff were rarely used and avoided when possible. It was explained that staffing levels were managed through weekly ward manager meetings to plan a 10 day forecast of staff to address any shortages. For long term shortages and vacancies it was said that vacancies for international recruitment would be used as well as advertising student places and apprenticeships.

The first Ockenden report highlighted concerns over levels of knowledge and experience amongst staffing levels; had this now been addressed?

There were now band 7 midwives on site that supported and provided knowledge and expertise that was otherwise missing.

Recently there was a letter from the Chief Nurse suggesting to abandon the Continuity of Carer; has this been done and when will any changes be implemented?

This had been completed and work was currently underway on alternate provisions.

When looking at the published staff survey results across the divisions at SaTH, maternity services appeared to be the worse division in the last year, why was this the case?

The results were reflective of the changing culture in the division, many changes had been made to the service since the survey had been completed.

It was explained that the current survey had recently been completed but the results were currently embargoed however, the trends showed a positive improvement.

SaTH is currently not included in a Local Neonatal Maternity Network (LNMS), when will the trust be a part of one?

Work was underway for the Trust to become part of an LNMS, and this was ongoing. The Committee would be notified should the Trust join any LNMS.

Was there currently an audit on the use of BadgerNet across maternity services and were mothers being trained on how to use it?

Midwives showed patients how to use the system, however, an audit procedure had not yet been implemented.

When it came to the staff surveys were the changes implemented across the whole of SaTH?

The 'Improvewell' system that staff in maternity used to provide feedback was currently only used by the maternity division, with the 'making a difference' platform used by the remainder of the trust for staff to provide feedback. The difference between the two was explained; the 'Improvewell' feedback system was more clinical and specific to maternity

Members requested further examination of funding in maternity services at SaTH and requested that this be provided at a later date.

This was agreed.

Had staff withdrawn their feedback to the Ockenden Team or not provide it for fear of repercussions that they might face and what was in place to prevent this from occurring?

Members were assured that any surveys were anonymous and that the surveys are managed by external organisations to further anonymise any staff feedback.

Could patients self-refer themselves to psychological support or would a formal complaint be necessary to access this support?

Support was available to every patient, however, the level of urgency determined where the support was offered first due to the capacity of staff.

How did the system support mothers where English was an additional language, particularly when there had been issues with their care. Members raised particular concerns regarding mothers who had received outcome letters where they had not previously been aware of any concerns around their care.

Members were advised that significant investment had been made into the 'language line' and that they had implemented tablets to support mothers for whom English was not their first language. Members were assured that all patients were initially contacted by telephone, a letter would only be sent if they could not be reached on the phone.

When looking at the services provided during triage and across maternity, would mental health support be included?

It was confirmed that mental health support was available across the service for patients and staff.

How did the Trust provide support for staff that was burnt out and would this impact on their future role?

Staff were encouraged to seek help before they reached this stage and to normalise seeking help. Members were advised that support was discrete.

JHOSC4 Mid-Term Work Programme Review

The Scrutiny Manager, Shropshire Council, and the Senior Democracy Officer (Scrutiny), Telford & Wrekin Council, provided an update on the work programme to the committee. An overview of each item was discussed and discussion over future items were also considered to aid with the committees future work programme.

The Hospital Transformation Programme (HTP) would be an ongoing item for the Committee and it was suggested that the focus needed on a whole system approach with links to care in the community and adult social care.

Members discussed urgent and emergency care and felt that the focus should be on funding and investment into the area. Members also requested an update on virtual wards, with a particular focus on the costings and running of the wards.

Members requested to have a future item that focused on mental health support across the region.

JHOSC5 Co-Chair's Update

Members were advised that the next meeting of the committee would be the 9 March 2023 at Shirehall, Shrewsbury.

The meeting ended at 4.26 pm

Chairman:

Date: Thursday 9 March 2023