JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 6 October 2025 at 2.00 pm in the Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors Radford (Co-Chair), F Doran (Co-Chair), D Husemann and D R W White.
Co-optees: S Fogell, A Mitchell, D Sandbach and D Saunders

In Attendance:

L Clarson (Chief Medical Officer, ICB), S Foster (Scrutiny Officer, Shropshire Council), L Gordon (Member Support Officer), M Neal (Programme Director and Senior Responsible Officer, SaTH), E Rysdale (Clinical Lead for HTP, STW NHS), J Williams (Chief Executive, SaTH) and G Wright (Deputy Director of Operations for UEC, STW NHS)

Apologies for Absence:

Cllr C Naylor, Cllr N A Dugmore, H Knight and L Cawley

JHOSC1 Declarations of Interest

None.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the previous meeting held on 10 February 2025 be confirmed as a correct record and signed by the Chair.

JHOSC3 STW Winter Preparedness

The Committee received an update on the Winter Plan for Shropshire, Telford & Wrekin, which had previously been presented at the ICB meeting in September. The Deputy Director of Operations for Urgent and Emergency Care (UEC) explained that planning for this winter had commenced much earlier than in previous years, beginning before the previous winter period had concluded. This approach was informed by lessons learnt from previous years, when the absence of additional national funding for winter pressures had placed the system at a disadvantage. Members heard that although no extra funding had been provided again this year, £740,000 of ICB funding had been allocated to support winter delivery.

The Deputy Director of Operations for UEC reported that winter planning was now embedded as a workstream within the overall improvement plan for Shropshire, Telford & Wrekin, with realistic objectives and a focus on sustainability beyond the winter period. He outlined several new high-impact

programmes, including the modular build and reconfiguration of beds at Princess Royal Hospital (PRH) to improve pre-admission processes and bed turnover efficiency, reinvestment of savings from repurposed rehabilitation sites, and a change of provider for out-of-hours services to support alternatives to emergency departments. Additional measures included increased discharge transport capacity, extended operating hours for urgent treatment centres, and a communications campaign to guide patients towards appropriate services through radio adverts, leaflets, and other outreach.

Members heard that the plan was structured around five stages: initial programme delivery, increased staffing focus over Christmas and New Year, a recovery phase in early January, sustained capacity through February and March, and a strong transition out of winter to avoid prolonged pressures. The Deputy Director of Operations for UEC confirmed that assurance processes had been completed, including visits by the NHS Midlands team and submission of board assurance papers to NHS England. Key milestones included transitioning to a winter-ready posture in October, launching the communications campaign in November, and completing implementation of high-impact programmes in December. Members were asked to note that while guarantees could not be given, the assurances received indicated improved prospects for patient safety and care compared to last year. The Chief Medical Officer for the ICB, added that vaccinations remained a key priority, with a focus on both residents and staff. The Committee were informed that outreach initiatives were targeting communities with low uptake, utilising mobile vaccination services where required. It was noted that workforce protection was a central objective, and efforts to increase childhood vaccination uptake included catch-up programmes delivered through schools and family hubs. The Chief Medical Officer advised the Committee that while seasonal illnesses cannot be avoided, proactive measures aimed to mitigate their impact.

During discussion, the Committee expressed confidence in the current Winter Plan, noting improvements in patient flow from primary care and querying whether increased triage and GP assessment at the A&E front door was being implemented and whether there was social care capacity to manage winter pressures and raised concerns about staff vaccination rates and targets. The Chief Medical Officer responded that there was an opportunity to increase workforce vaccination uptake and noted that some data may not reflect vaccinations received via GPs. The UEC System Lead, reported that over 1,000 staff had been vaccinated in the previous week, with a target set at 60 percent. She confirmed that there was a collaboration with ShropCom and Health Hero to reduce hospital admissions and outlined initiatives including two-hour domiciliary care bridging and additional weekend therapy cover, which went live the week prior to the meeting. Members heard that harm reviews were conducted for patients who had waited beyond the recommended ambulance times and that the bed capacity at PRH and RSH had been increased by 56 beds by December. It was noted that these beds were fully funded and staffed.

The Director: Adult Social Care confirmed that social care had been engaged early in the winter planning process and that the approach remained robust. He explained that the first principle was always to enable patients to return home, with temporary care options considered where necessary. However, Members raised concerns about continuing healthcare funding and the perception of cost-shifting between NHS and social care, The Director: Adult Social Care clarified that continuing healthcare budgets were managed by the ICB under strict criteria, with joint funding arrangements with local authorities where appropriate, and acknowledged increasing pressures across both health and social care.

The Committee enquired about the inability of GPs to reclaim vaccination costs for their staff and the knock-on effect it may have. The Chief Medical Officer agreed that the national decision on GP staff vaccination funding was regrettable and reiterated the importance of frontline staff protection. She confirmed that funding has been secured for community outreach vaccination initiatives, building on previous COVID-19 efforts. The Deputy Director of Operations for UEC added that flu and COVID vaccinations will be combined in care homes this year to improve efficiency.

Members queried contingency plans for phasing out the Pharmacy on Demand (PODS) programme. The Chief Medical Officer confirmed that offboarding practices was supported with training and digital champions to assist patients, and that friends and family ordering options will help mitigate digital exclusion challenges.

RECCOMENDED - that the Winter Plan will be brought back to the Committee in six months for review and discussion of successes and lessons learned.

JHOSC4 Hospital Transformation Update

The Committee received an update on the Hospital Transformation Project (HTP). It was noted that the Committee had previously received a briefing on this subject, after which Members felt there were still key areas that required discussion in a public meeting. Jo Williams, Chief Executive of SaTH, Dr Ed Rysdale, Clinical Lead for HTP, and Matthew Neal, Programme Director and Senior Responsible Officer, attended to present the update.

The Clinical Lead for HTP addressed queries raised following the earlier briefing regarding ambulance transfers, explaining that there were three types of transfer: time-critical transfers for patients who have deteriorated, urgent transfers from PRH to RSH, and planned transfers, which will predominantly be from RSH to PRH for planned care. Members heard that the predicted numbers were based on audits and work undertaken with the ICS and SaTH for planned care. The Clinical Lead for HTP confirmed that urgent transfers would not routinely include a doctor unless clinically required, which reflected current practice. A full transfer protocol was to be implemented, and there was to be far fewer acute transfers as all emergency cases will be directed to Shrewsbury.

The Committee asked when definitive information on inter-hospital transfers would be available. The Clinical Lead for HTP advised that an audit had been completed 12 months ago and would be repeated over the coming months. It was noted that length of stay was currently being modelled and was expected to reduce to below seven days. Members queried whether figures would be available within two months and if they could be shared with JHOSC. It was confirmed that numbers could be shared, although they would remain subject to change as care closer to home was explored.

During the discussion Members raised concerns about out-of-county transfers for patients requiring stenting, noting longer waiting times and asking what plans were in place to improve treatment speed and outcomes. The Chief Executive of SaTH acknowledged that delays did occur and confirmed that transfers to Stoke and Staffordshire were being reviewed, with improvements expected by the end of the month. The Clinical Lead for HTP added that time-critical stenting cases were already automatically transferred to Stoke via ambulance if there was a threat to life as delivering this service locally would require recruiting sufficient cardiologists and installing two CATH labs. While space existed for a second lab, staffing remained a challenge, and a business case was being developed. Members were asked to note that these formed part of wider plans for cardiology services, rather than HTP specifically.

Member asked whether there was confidence that the necessary staff could be recruited and retained to deliver the HTP plans. The Clinical Lead for HTP responded affirmatively, noting that there are currently 80 to 90 consultants on the rota and that significant work had been undertaken to make SaTH an attractive place to work, including improvements to rotas. The Chief Executive added that recruitment numbers had increased and that efforts were being made to retain staff, including the launch of a staff survey and support for those moving between PRH and RSH. She confirmed that the aim was to provide flexibility for staff to remain at their preferred base where possible.

The Programme Director and Senior Responsible Officer provided an update on communication and public transport. He reported that extensive engagement had taken place, including 16 drop-in sessions, numerous focus groups for medical, surgical, and women's and children's services, and online events open to all. Additionally, 19 community events had been held, with more planned. He emphasised the importance of ensuring that communications did not confuse the public about current service arrangements versus changes planned for 2028. The Chief Executive noted feedback from previous meetings about the need for two-way engagement rather than simply presenting information and confirmed that this approach has been adopted.

Members heard that a park-and-ride service at RSH from Oxon had been introduced, available to patients and staff, while the existing AFC Telford park-and-ride remained staff-only. Work was ongoing with Network Rail and commercial operators to improve connectivity, alongside investment in bike storage and upgrades to routes from the train station to the hospital. The

Programme Director and Senior Responsible Officer informed the Committee that upcoming plans included modernised bus shelters with real-time information at RSH over the next year.

The Committee questioned whether there would be a bus service that would operate between the two hospital sites and raised concerns access for patients and visitors. The Chief Executive acknowledged these concerns and highlighted the role of community care in reducing the need for travel where appropriate. She stressed the importance of supporting visitors and ensuring wards remain contactable by phone, Members were informed that discussions regarding transport solutions for staff, patients, and visitors were ongoing with local MPs. The Clinical Lead for HTP observed that current split-site arrangements already created challenges for frailty and cardiology patients, and that planning will become easier once services were consolidated.
Members raised concerns about the communications around HTP, noting that despite extensive communication efforts, some individuals will inevitably miss key updates. The Chief Executive agreed and noted lessons had been learnt from other areas, such as Sandwell, where confusion persisted even after changes were implemented, emphasising the need to avoid premature messaging. The Committee suggested engaging local radio stations, such as BBC Radio Shropshire, to provide walk-throughs of services and practical information, including how to access medicines from pharmacies. It was also proposed that videos in GP surgeries could be used to reach those who are not digitally confident. The Chief Executive welcomed the suggestion and agreed to take it forward as an action, emphasising the importance of ensuring that communication did not exclude those without online access. It was requested that any materials be circulated to JHOSC Members and the town and parish council network so it could be utilised to share clear and simple information with those outside the digital sphere.

RECCOMENDED - that

(a) Any plans regarding transportation that are developed by SaTH by brought back to the Committee for further consideration
(b) SaTH provide regular progress updates to the JHOSC regarding the progress of the Hospital Transformation Programme
(c) SaTH will continue to provide concise communications to Members that can be shared with constituents.

The meeting ended at 4.07 pm

Chairman: ----------

Date: Monday 19 January 2026