



Borough of Telford and Wrekin

Joint Health Overview & Scrutiny Committee

Tuesday 24 October 2023

1.00 pm

Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

Democratic Services: Paige Starkey 01952 380110

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Committee Members: Councillors G Elner (Co-Chair), O Vickers (Co-Chair),
D R W White, N A Dugmore, K Halliday and H Kidd
Co-optees H Knight, D Saunders, S Fogell, L Cawley
(Shropshire Co-Optee), L Price (Shropshire Co-Optee) and
D Sandbach (Shropshire Co-Optee)

Agenda

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1.0 Apologies for Absence

2.0 Declarations of Interest

3.0 Minutes of the Previous Meeting

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4.0 Shrewsbury and Telford Hospital Trust Performance

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To scrutinise the historic and current performance levels at Shrewsbury and Telford Hospital Trust and how they are being supported by the local and national system.

5.0 Co-Chair's Update

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JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Tuesday 4 July 2023 at 2.00 pm in Fourth Floor, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Councillors D R W White, N A Dugmore, O Vickers (Co-Chair) and K Halliday.
Co-optees: L Cawley, S Fogell and D Sandbach

In Attendance: G Robinson (Executive Director: Director of Delivery and Transformation, NHS Shropshire, Telford & Wrekin), S Worthington (Senior Democracy (Scrutiny), Telford & Wrekin Council), S Foster (Scrutiny and Overview Officer, Shropshire Council) and S Yarnall (Democracy Officer (Scrutiny) Telford & Wrekin Council).

Apologies: Councillor S Charmley
Co-optees H Knight, D Saunders and L Price

JHOSC1 Declarations of Interest

None.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 7 June 2023 be confirmed and signed by the Chair.

JHOSC3 Winter Planning

The Executive Director: Director of Delivery and Transformation, NHS Shropshire, Telford & Wrekin, provided an update on the Winter Plan for 2023/24 and the lessons learnt from previous years. The presentation highlighted the interventions that were introduced during the 2022/23 season such as the expansion of the local care provision and changed how services were provided.

The introduction of Virtual Ward, led by Shropshire Community Health Trust had been successful and over 500 hours of extended access appointments were offered per week in primary care.

For the upcoming winter, the plan was still in development, however, there was further investment and a procurement exercise was underway for support from the third sector for specific schemes.

Following the presentation Members asked the following questions:

What was the definition of 'No Criteria to Reside'?

When a patient had completed their medical care and had no further reason to need acute care in the hospital. These were patients who had no medical reason to remain in hospital.

What were the impacts of primary care, particularly access into primary care, during the winter?

The winter period was a difficult time for primary, this led to an examination of the structural capacity for primary and urgent and emergency care. It was identified that there were shortfalls in both Shropshire and Telford and Wrekin in these areas such as staffing and funding. There was a focus on how additional funding could be used to address these shortfalls in the system. There was recognition of constraints from national policy relating to funding from NHS England.

Schemes like Extended Access were not consistently provided across practices and members of the public were confused with the information available, how could this be improved?

Feedback on any scheme was welcomed and additional funding for the winter period would help to offer more Extended Access appointments, particularly on Saturdays.

For those who worked and missed the telephone consultation, what support could be offered?

This was down to individual practices, however, it was noted that some practices did not have the capacity to try more than once if a call was missed.

A discussion took place regarding the additional funding provided for winter and it was confirmed that £8million was offered on an annual basis.

Could members of the public access the GP Recovery plans?

The plan was scheduled to be submitted to NHS England at the end of July 2023 and would then be presented to the Integrated Care Board, at which point it would be available to the public.

What were the plans for 'Step Down' care?

One of the focuses for Winter Planning for 2023/24 was to provide 'Step Down' support following a period in an acute setting. Members were informed of upcoming plans to introduce additional capacity within the Royal Shrewsbury Hospital for step down beds.

How would the proposed hospital reorganisation impact on winter planning?

It was modelled as part of the Hospital Transformation Programme.

A discussion took place regarding the ambulance service and the impact this would have on emergency care.

There had been improvements in ambulance waiting times over recent months, however, it was acknowledged that further improvements needed to be made.

What had not gone well in previous years?

Patients had been left waiting in inappropriate settings, which had been concerning. The previously discussed work on discharge would help to avoid this as far as possible.

Members discussed the impact of pharmacies in acute settings not operating a seven day service.

A multi-agency approach would be required to tackle this issue. Recently, there had been improvements in terms of the hospital operation and this was reflected in discharge rates. 62% of discharges were before 5pm but recognised there was more work to be done. Weekend discharges remained a national concern and issue due to staffing.

Why was the Falls Pathway provision no longer in place?

NHS England funded the pilot for three months and the pilot yielded positive results, however, the pilot had been more costly than expected. Further consideration was being given to how a similar service could be provided in a more cost effective way.

Members noted that some practices were not using the technologies available.

Individual practices had discretion to use technology as it suited them but the Primary Care Networks could inform and invest in services to support improvement and consistency. There was recognition that most practices should be using the online forms through the NHS website to submit health concerns and symptoms to support the doctors in diagnosing their conditions.

What was the impact of the Integrated Care System (ICS)?

At the time of the meeting, it was too soon to assess the impact of the ICS. It had helped with more open conversations with each respective Local Authority as well as hospital representatives. It was predicted that there would be greater targeted funding across the system to further the spread of funding.

It was reported that Shrewsbury and Telford Hospital Trust (SaTH) was one of the worst performing in the country, what improvement measures had been put in place for improvement.

There were financial issues involved in improving the services. In comparison to the rest of the country, SaTH was one of the smallest trusts which presented its own issues, however, it did allow for flexibility of services which would not be possible in a larger trust. A discussion took place regarding recruitment in the Trust and Members requested that further information regarding this be provided at a later date.

Where would the modular wards be located?

The modular wards were to be located at the Royal Shrewsbury Hospital site and would be managed by the Shropshire Community Health Trust.

Could further work and powers be given to local pharmacies to help ease the pressures on the system?

The commissioning has changed for pharmacies, they were now commissioned regionally rather than nationally. Further discussion on how pharmacies could support the system would be welcomed.

How had cancer diagnostics been addressed in the Winter Plan for 2023/24?

Cancer diagnostic remained a top priority.

JHOSC4 Co-Chair's Update

Members were informed that the next meeting of the committee was scheduled for 24 October 2023 and would be held in Shrewsbury.

The meeting ended at 3.41 pm

Chairman:

Date: Tuesday 24 October 2023

SATH – CQC Ratings changes: 2018/19 to 2021

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Agenda Item 4

Consolidated ratings – where we were (RSH)

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led
Medical Care (inc. Older peoples care)	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Children & Young People	Good	Good	Good	Good	Good
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Good	Requires Improvement	Inadequate
Surgery	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Maternity	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Not Rated	Good	Requires Improvement	Good

Consolidated ratings 2021 – RSH

Service	Safe	Effective	Caring	Responsive	Well Led	Overall
Medical Care (inc. Older peoples care)	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Children & Young People	Good	Good	Good	Good	Good	Good
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Surgery	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate
Maternity	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Not Rated	Good	Requires Improvement	Good	Requires Improvement
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate

Consolidated ratings – where we were (PRH)

Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led
Medical Care (inc. Older peoples care)	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Children & Young People	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement
Outpatients	Good	Not Rated	Good	Good	Good
Maternity (inpatient services)	Requires Improvement	Good	Good	Good	Requires Improvement

Consolidated ratings 2021 – PRH

Service	Safe	Effective	Caring	Responsive	Well Led	Overall
Medical Care (inc. Older peoples care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children & Young People	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Good	Not Rated	Good	Good	Good	Good
Maternity (inpatient services)	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate

Consolidated ratings – where we were (Trust)

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led
Medical Care (inc. Older peoples care)	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Children & Young People	Good	Good	Good	Good	Good
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Good	Requires Improvement	Inadequate
Surgery	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Maternity	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement
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Medical Care (inc. Older peoples care)	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Children & Young People	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
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Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement
Outpatients	Good	Not Rated	Good	Good	Good
Maternity (inpatient services)	Requires Improvement	Good	Good	Good	Requires Improvement

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Consolidated ratings – 2021 inspection (Trust)

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led
Medical Care (inc. Older peoples care)	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Children & Young People	Good	Good	Good	Good	Good
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Surgery	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement
Maternity	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement
Outpatients	Requires Improvement	Not Rated	Good	Requires Improvement	Good

Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led
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Children & Young People	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Critical Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
End of Life Care	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Urgent and Emergency Services	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement
Outpatients	Good	Not Rated	Good	Good	Good
Maternity (inpatient services)	Requires Improvement	Good	Good	Good	Requires Improvement

Overall ratings - 2021

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate

Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate

Trust Overall	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement	Inadequate

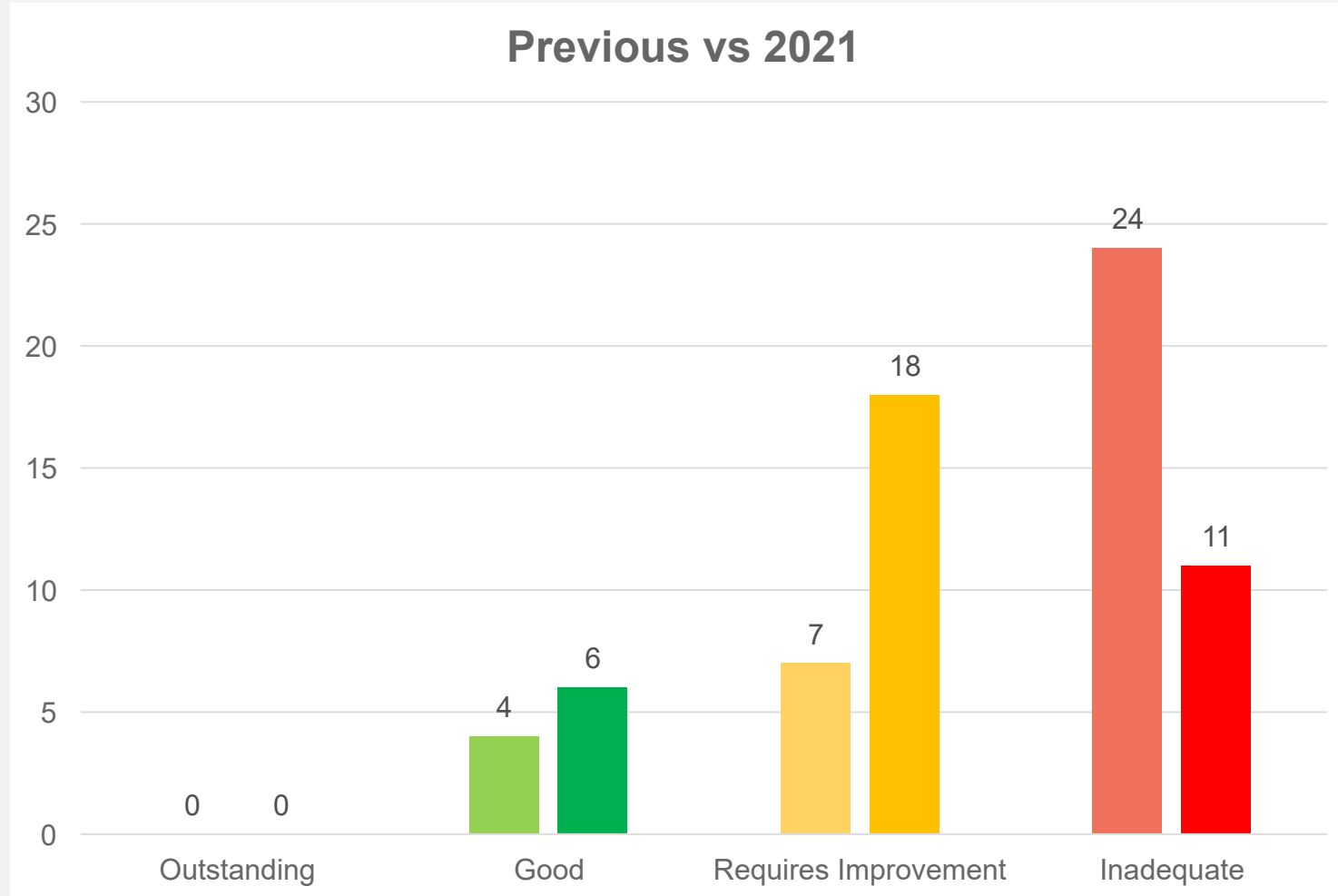
What's changed in the ratings

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Medical Care (inc. Older peoples care)	Inadequate ↔	Requires Improvement ↑	Requires Improvement ↔	Requires Improvement ↑	Requires Improvement ↑	Requires Improvement ↑
Children & Young People						
Critical Care						
End of Life Care	Inadequate ↔	Inadequate ↔	Requires Improvement ↓	Inadequate ↓	Inadequate ↔	Inadequate ↔
Surgery						
Urgent and Emergency Services	Inadequate ↔	Requires Improvement ↑	Requires Improvement ↑	Inadequate ↔	Requires Improvement ↑	Inadequate ↔
Maternity						
Outpatients						

Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Medical Care (inc. Older peoples care)	Requires Improvement ↑	Requires Improvement ↑	Good ↑	Requires Improvement ↑	Requires Improvement ↑	Requires Improvement ↑
Children & Young People						
Critical Care						
End of Life Care	Inadequate ↔	Inadequate ↔	Requires Improvement ↔	Inadequate ↓	Inadequate ↔	Inadequate ↔
Surgery						
Urgent and Emergency Services	Requires Improvement ↑	Good ↑↑	Good ↑	Requires Improvement ↑	Requires Improvement ↑	Requires Improvement ↑
Maternity						
Outpatients						
Maternity (inpatient services)	Requires Improvement ↔	Good ↔	Good ↔	Good ↔	Requires Improvement ↔	Requires Improvement ↔

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What's changed in the ratings



Critical Incidents

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Critical Incidents 2022/23

- Critical Incidents: The Trust has declared Critical Incidents in light of extreme site pressures as follows:

2022	2023
o 14.04.2022	o 21.03.2023
o 12.05.2022	o 09.05.2023
o 21.06.2022	o 01.08.2023
o 04.07.2022	o 11.09.2023
o 08.07.2022	
o 26.07.2022	
o 11.08.2022	
o 27.09.2022	
o 18.11.2022	
o 05.12.2022	
o 20.12.2022	

SATH Cancer Performance

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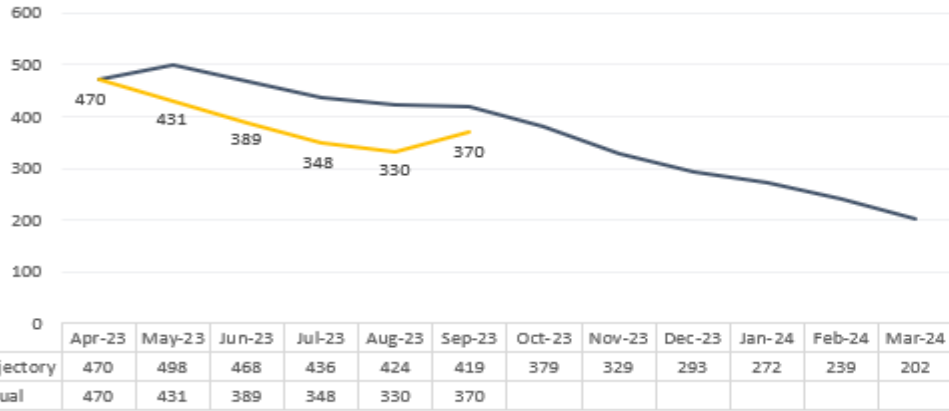


SATH Cancer - Weekly Waits reduction Update @ 08/10/2023. 62 day and 104 day

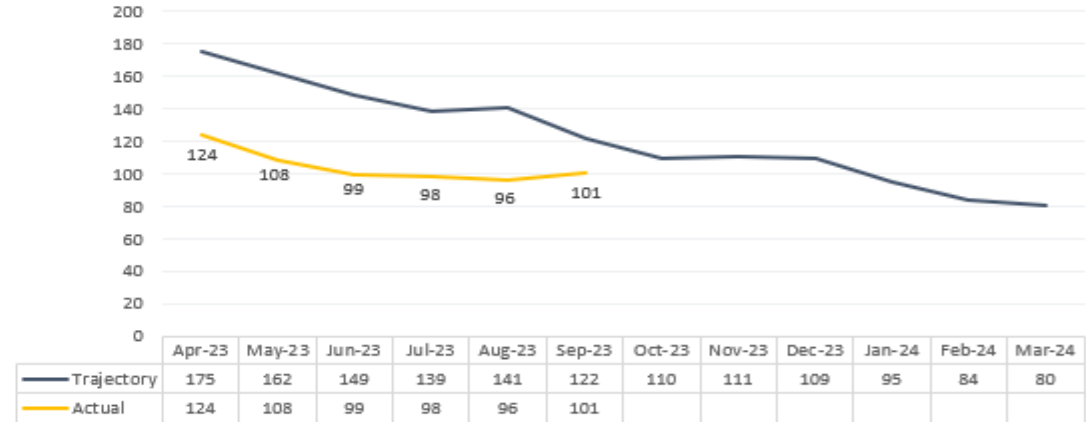
62d+ Backlog: 364 (Weekly Change -6)

Mar-23		Apr-23		May-23		Jun-23		Jul-23		Aug-23		W/E 01/10/2023		W/E 08/10/2023	
48.1%		39.7%		45.8%		38.7%		48.5%							
Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Actual
550	432	416	460	498	431	468	389	436	351	424	330	409	370	399	364

62d Backlog Trajectory (Inc 23-24 Trajectory)



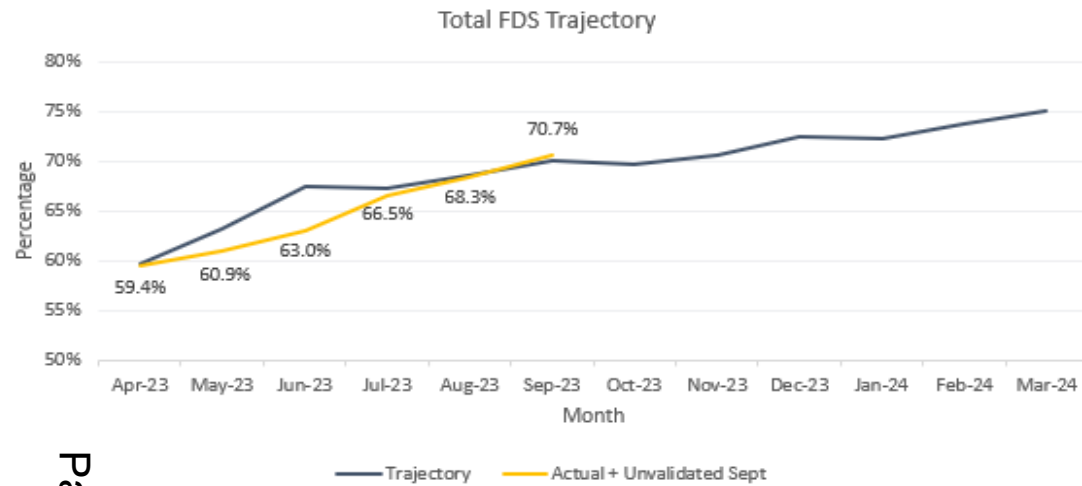
104d Trajectory



Combined Backlog DTT & No DTT



SATH Cancer - Faster Diagnosis Standard Trajectory Update @ 01/10/2023



FDS%		
Cancer Site	Current Unvalidated Septe	September Trajectory
Breast	95.9%	93.1%
Gynae	51.1%	31.2%
Haematology	33.3%	42.9%
Head & Neck	51.8%	69.6%
Colorectal	48.2%	61.7%
Lung	69.4%	47.7%
Skin	93.8%	83.3%
Upper GI	89.1%	71.1%
Urology	56.2%	55.0%
Total	70.7%	70.0%
Data Completeness	105.1%	N/A

Based on the Current Position & recent impact of Strike action.

- **August – Plan 68.5% vs Actual 68.3%**
- **September FDS for 2WW patients** stands at **70.7%** as at week ending 8th October 2023. This is an un-validated position.

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