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Borough of Telford and Wrekin

Joint Health Overview & Scrutiny Committee

Monday 10 February 2025

1.00 pm

Shrewsbury Room, Shirehall,

Shrewsbury, Shropshire, SY2 6ND

Democratic Services:	**Lorna Gordon**	**01952 384978**
Media Enquiries:	**Corporate Communications**	**01952 382406**

Committee Members: **Councillors G Elner (Co-Chair), F Doran (Co-Chair), N A Dugmore, D R W White, H Kidd, E Towers, S Fogell, H Knight, D Saunders, L Cawley (Shropshire Co-Optee), A Mitchell (Shropshire Co-Optee) and D Sandbach (Shropshire Co-Optee)**

	Agenda	**Page**
1.0	**Apologies for Absence**	
2.0	**Declarations of Interest**	
3.0	**Minutes of the Previous Meeting** To confirm the minutes of the previous meeting held on 16 December 2024.	**(Pages 3 - 8)**
4.0	**Shrewsbury and Telford Hospital Trust Progress Update** To follow up on the meetings of the Committee held on 7 August 2024 and 16 December 2024, to discuss and investigate with SaTH the progress of the work being undertaken to address the ‘Must and Should Dos’ highlighted by the CQC in their report in May 2024, with a focus on medical services provided by the Trust.	**(Verbal Report)**

The following will be in attendance to deliver a presentation to the committee -

Joanne Williams, Chief Executive Officer - SaTH, Ned Hobbs, Chief Operating Officer - SaTH, John Jones, Medical Director – SaTH, Paula Gardner, Chief Nursing Officer – SaTH.

Lorna Clarson, Chief Medical Officer at NHS Shropshire Telford and Wrekin.

5.0 Shropshire Community Health Trust - Virtual Wards **(Verbal Report)**

Following on from their meeting on the 16th December 2024 the Committee wish to learn more about and discuss the capacity and demographics of those patients using virtual wards and their expected outcomes and impact.

The following will be in attendance to deliver a presentation to the committee -

Patricia Davies Chief Executive- Shropshire Community Health Trust
Gemma McIver Deputy Director of Operations - Shropshire Community Health Trust.

6.0 Co-Chair's Update **(Pages 9 - 18)**

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 16 December 2024 at 2.00 pm in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors G Elner (Co-Chair), F Doran (Co-Chair), D R W White and E Towers.
Co-optees: S Fogell, H Knight and D Saunders

In Attendance: L Gordon (Member Support Officer) and S Foster (Overview and Scrutiny Officer)

Apologies: Councillor N A Dugmore and L Cawley

JHOSC1 Declarations of Interest

None.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 7 August 2024 be confirmed and signed by the Chair.

JHOSC3 Shrewsbury and Telford Hospital Trust Progress Update

In August 2024, at the last meeting of the Joint Health Overview and Scrutiny Committee, representatives from Shrewsbury and Telford Hospital Trust (SaTH) and Integrated Care Board (ICB) provided the Committee with an update regarding the work being undertaken to address the Must and Should Do's highlighted by the Care Quality Commission (CQC) in their report in May 2024, and the C4 Dispatches Programme released in June 2024. During that meeting, NHS representatives extended the offer to create a working group alongside Members of the JHOSC, to examine the must do's and should do's in greater detail. The Co-Chair advised that at the time of the meeting, three informal working group meetings had taken place. These meetings had focused on actions in Urgent and Emergency Care. There was a view to review medical and specialist actions arising from the CQC report at a later date.

The Chief Executive, Director of Medical and Interim Director of Nursing, SaTH provided the Committee with an overview of the work carried out to date. The Chief Executive assured Members that as the accountable officer for SaTH that they were aware of the work that needed to be done to build public confidence and that they were not complacent. The Interim Director of Nursing informed Members that all actions outlined in the CQC report had been cross referenced and added to the trusts relevant action plans. All must do's actions had been implemented, and of the 52 total actions, 34% have

been fully evidenced and embedded. It was noted that all actions were subject to internal assurance and reassurance.

During the discussions Members asked the following questions:

What are the outcomes for patients of the work that has been carried out so far, and how is that measured?

The Interim Director of Nursing advised that the SaTH leadership team and the ICB have regularly been carrying out regular walkabouts within the hospital where they are speaking to patients to ask for their feedback regarding the level of care. This was then fed back to their internal assurance groups to ensure the correct pathways were being embedded. Additionally, all action plans required that there was evidence provided before any action could be considered completed. However, the Director of Medical noted that some less data driven areas, such as evidence derived from walkabouts can be difficult to prove.

How can we be assured that the must do and should do's outlined in the CQC report have been implemented and embedded, and won't be listed on future reports as still outstanding actions?

The Interim Director for SaTH advised that whist they could never guarantee that actions would not come up on future CQC reports but the Committee could be assured that the must do actions listed in the report have been implemented. There are some should do actions for urgent and emergency care that are still being looked at but overall they are working towards a good rating in future.

When improvements were being made to maternity services there was a lot of public reassurance as to how actions were being embedded but this doesn't seem to be the case regarding the improvements following the CQC report. Why is this, it would be more beneficial is the public could be re-assured?

The Chief Executive advised that this would be taken into consideration. At present they had been sharing changes with staff rather than publicly, but would look to review the methodology of their approach to see if it could mirror that used for maternity transformation.

If Dispatches were to return in a years' time, would you be happy for them to do that?

The Chief Executive SaTh informed Members that it would be their expectation that anyone who visited the hospital should be able to come and witness a could level of care. However,
we are currently heading into a difficult winter period, which had meant that the corridor at Royal Shrewsbury hospital was once again in use at the time of the meeting, but is now only being used out of necessity and work is being done to phase that out.

The length of waiting lists for cancer patients has been highlighted in the press recently. What is being done at SaTH to address this?

The Chief Executive noted that this is an area of focus for SaTH, but the solution could not be delivered over night. Members were assured that waiting times were expected to reduce in the new year, but and update could be provided to the Committee.

What has been done to improve the care received by patients in the fit to sit areas of the hospital?

The Director of medical advised Members that the fit to sit areas was there for patients that need to be in hospital, but don't necessarily need a bed, in order for them to be kept under observation. The Chief Executive added that in addition to staff who attend to patients is this area, there was also volunteers who ensure that they are receiving refreshments regularly and portable sinks are being considered in line with the hygiene protocol.

What is being done to get patients out of the fit to sit areas in a timely fashion?

The interim Director of Nursing advised that work was being carried out with Shropshire Community Hospital Trust, the ICB and the local authorities to see that patients were being discharged swiftly. There were plans for additional audit to take place for assurance and to allow for the process to be streamlined further.

Was there a operational policy for the fit to sit areas that details information, such as how long patients are expected to reside there and had the area been moved or expanded at Royal Shrewsbury hospital (RSH)?

The Chief Executive advised that there was an operational policy that detailed how many patients it can hold based on it's size. Members heard that the fit to sit area had not been moved at RSH, but had been expanded

RECCOMENDED - that

(a) The Committee will write to the secretary of state and local MPs to ask for their support in seeking continued improvement of our local health care systems, by working both with the Committee and with SaTH and the ICB.

(b) That SaTH provide regular progress updates to the JHOSC regarding the progress of improvement action plans.

JHOSC4 Winter Preparedness

The Operational Lead for Urgent & Emergency Care, ICB, informed members that this winter would be unlike previous ones, as the government has not

provided any additional funding for extra shemes this year. Previously, extra beds were funded. Members heard that this meant that in order to deal with the increase in demand that process improvement was necessary. There was a system-wide improvement plan that had been running for 7-8 months and was expected to continue until at least the end of the financial year. This plan was made up of five work streams; alternative to the emergency department, the Care Transfer Hub, schemes to reduce the attendance at the emergency department, earlier discharges, and significant signposting from pharmacies. Members were advised that the ICB had allocated £725,000 for winter pressure projects and additional schemes and funding were being sought, including utilising the use virtual wards through the Shropshire Community Hospital Trust. It was noted there was also an ongoing collaboration with the British Red Cross and mental health trust to support patients.

Delivering care closer to home and in the community is so important. Are there enough staff available to deliver this?

The Chief Executive of Shropshire Community Hospital Trust assured Members that there were adequate staffing levels, but they were always looking to recruit more. There were 167 virtual ward beds that they were responsible for delivering and at the time of the meeting they were operating at 70% occupancy, which was the highest in the country. It was noted that the Shropshire Community Hospital Trust also operated the rapid response and community teams and were always working to upskill their staff where possible.

The Chief Nursing Officer, ICB noted that there was a new frailty strategy being developed for next year, but will take while for this to be embedded. There were also respiratory hubs operating in Shrewsbury, and those were expected to be brought to Telford soon. Members were advised that there was a high demand on GP services, so it was recommended that patients sought the advice of the community pharmacist is the first instance.

Could community hospitals such as Bishops Castle be utilised for additional beds and to support district nursing?

The Director of Nursing (ICB) advised that the Integrated Care Board has been working alongside the Shropshire Community Hospital Trust about how the neighbourhood teams to support in rural areas. The Director of Nursing (Shropshire Community Health Trust) advised that there has been some issues with teams in area such as Powys, due to border issues, but they would work with the wider district nursing team about this.

Following the debate it was agreed that the operational lead for UEC for the ICB would return to the Committee in April to discuss the internal review of the effectiveness of schemes, alongside an update on the 5 priority action plan. The Chair noted that an additional briefing session would take place with the Shropshire Community Hospital Trust to discuss their wider operations, and that the co-chairs would liaise with local authority comms to promote the vaccination programme and the community pharmacy offer.

JHOSC5 Co-Chair's Update

The date of the next meeting will be circulated in due course.

The meeting ended at 4.07 pm

Chairman: ....

Date: Monday 10 February 2025

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Dear Secretary of State,

We are writing to you as the Co-Chairs of the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee (Joint HOSC) on behalf of the members of this Committee.

We would like to request a meeting with you and representatives from our Health and Care system to discuss the concerns we set out in this letter in more detail and seek your assistance in working with the appropriate agencies to realise the availability of the help and resources that Shrewsbury and Telford Hospital Trust (SaTH) and the system locally require to attain sustained, continuous improvement and ensure good care and outcomes, including patient experience, for our communities. We also want SaTH to be recognised as a great place to work, in order to attract and retain the best talent. The timing of this request seems to us to be optimum given the recent change in leadership at SaTH and the opportunities this presents to move forward together.

As a committee, we work apolitically and effectively to provide robust critical friend challenge to improve health and care services for our communities. We amplify their voices and raise their concerns to local bodies. The Joint HOSC has been in place for 20 years, maintaining a clear and consistent view of health and care services across both local authority areas.

Our recent focus areas include:

- Winter planning (regular annual review of learning, impact and plans)
- Urgent and Emergency Care
- Shrewsbury and Telford Hospital Trust (SaTH) Quality and Performance
- Maintaining a view of the Hospital Transformation, including concern over the number of acute beds and the relationship with the Local Care Transformation Programme.

The Committee is deeply concerned about the ongoing poor performance at SaTH and the impact this is having on patients, their friends, family and staff. The most recent CQC report and the Channel 4 'Dispatches' programme, which aired in May, highlighted issues that we have been scrutinising for the past two years (and raising concerns about for more than a decade.) The programme vividly depicted the reality of the data and issues we have been challenging locally since before the pandemic and as part of the more recent NHS recovery work.

The Committee have also been working with the local health system to understand more about what appears to be a higher-than-expected number of excess deaths in the SaTH UEC departments. Although no conclusions have yet been drawn there is data to suggest excess death rates at SaTH run A&E services are significantly higher than they are expected to be and appear to be at higher levels in comparison with other Trusts. All the issues above, as well as the well-documented historic issues of inadequate care, poor outcomes, and distressing experiences for patients and their families within the Trusts maternity department risk a loss of confidence in the services provided by the Trust and

there is evidence of this occurring with patients already seeking care elsewhere. Just this week the media locally have shared reports that the acute hospitals were the second worst in the country for the number of emergency patients waiting more than 12 hours for a bed last month. The local press also reported the concerns of Donna Ockenden that the previous leadership of SaTH had failed to communicate effectively with families:

> *"The reason I am back here in Shrewsbury, meeting some of the affected and harmed families, is because families were really clear that the trust wasted two years in not communicating with them"*

Following the airing of the Dispatches documentary we initially considered writing to you in July 2024 but decided that we needed to ensure we had fully explored the matter at a local level first. Therefore, in August 2024 we held a formal meeting of the Committee where we met with representatives of SaTH and the ICB. The Committee were concerned when informed by the local NHS officers present that they were not surprised by the outcomes of the CQC report or the findings of the Dispatches programme. At this meeting we took up the offer extended by the NHS Shropshire Telford and Wrekin Chief Executive to create a working group alongside Members of the JHOSC, to delve into those must do's and should do's of the CQC report in greater detail and understand the improvement plans which would deliver them. However, following this work due to the ongoing performance at the Trust especially its UEC departments we felt that we needed to write to you.

Over the years that the Committee have been working with the NHS locally on these and related issues there have been numerous changes to leadership in the organisations. Whilst change to senior staffing is not unusual, it is the experience of the Committee that despite their best efforts this churn has not resulted in changes discussed and expected, and that despite these efforts, ongoing performance issues at SaTH compel us to write to you.

Our respective local authority HOSCs have investigated contributory factors such as what is provided in communities including Primary Care. Shropshire Council conducted a system-wide investigation to understand issues and opportunities from prevention and primary care through UEC to discharge.

This investigation has informed the Joint HOSC's work programme for the past 18 months. We highlight our effective collaboration on these important matters and our understanding of the system's response to address the issues, including the roles of CQC and NHSE, while emphasising SaTH's responsibility and accountability.

In October 2023, we met with the Chief Executives of SaTH, the Integrated Care Board, and Shropshire Community Health Trust to understand SaTH's performance. While NHSE and CQC were invited, the CQC immediately declined with the NHSE deciding not to attend, as they believed system leads were best placed to answer our questions. However, the most recent CQC report, the Dispatches programme and our own findings indicate that the issues remain unresolved.

We believe the challenges of demography and geography in the Shropshire, Telford and Wrekin system need better national funding and support. For example, NHSE Midlands

identified our local system as the most challenged for UEC in the East and West Midlands. We are unable to see how this evidence has shaped action to deliver better, sustainable health and care provision needed to meet current and forecast local needs.

Following our meeting on the 16th of December 2024, we remain very concerned and have therefore decided to write to you.

In addition to the other points set out in this letter, the Committee are particularly concerned about the following issues that have been identified through their work, raised in the CQC report and shown in vivid reality and stark relief in the Channel 4 'Dispatches' programme.

We would be very keen to discuss these, and other matters related to improving our local acute hospitals with you.

- We were shocked to see the practice where a patient is left in the ambulance reception area at SaTH without any handover to the A&E staff in the Dispatches programme which was referred to as "Drop and Go". Surely this is not best practice, or even good practice. We believe it is high risk for the patient's safety and it also creates additional stress and pressure for those who are working in those areas. The Shropshire Healthwatch report into patient experiences of calling for an ambulance in an emergency provides an insight into this. Appendix 2

- The Dispatches programme highlighted concerns over leadership and the delivery of sustainable improvements. The CQC report highlighted that staff in the ED at RSH were not aware of the escalation level that they were working at. There is also the question over mandatory training not being completed, and the adequate staffing to deliver acceptable levels of care and safety.

  The Committee would like SaTH to be recognised as a great place to work, but this may be more of a challenge given the following data included in Appendix 1.

  The Committee is conscious that since the CQC report was published a number of new senior officers have joined both SaTH and the ICB. We see this as an opportunity to support them in making the sustainable changes required to improve performance.

- Suitability and appropriateness of 'fit to sit' in general and especially in relation to people with significant health concerns including heart conditions and suspected strokes.

- Regarding the NHSE statement at the end of the Dispatches programme. Prof Julian Redhead, NHS England's National Clinical Director for Urgent and Emergency Care, said what was seen at the Shropshire NHS trust in the programme:

  > *"not commonplace in A&Es across the country" and was "not acceptable"*

  We were both confused and somewhat perturbed by this NHSE statement at the end of the Dispatches programme which suggested that the issues raised at the Royal Shrewsbury Hospital A&E were not usual in other hospitals. This runs counter to the statements and opinions shared in the programme by Dr Adrian Boyle, President of the Royal College of Emergency Medicine who told Dispatches:

  > *"I don't think this is unique to this hospital by any stretch of the imagination. The things we've seen here today are clearly not just confined to winter. It was a year-round crisis in emergency care."*

  The findings of the Darzi report, as well as in many stories covered in national, regional and local media across England would suggest that these issues are a national challenge, but we are concerned that data in Appendix 3 shows that according to the Telegraph's NHS Trust Performance Tracker at the time of writing this letter SaTH is the worst performing acute hospital in England.

- We have extrapolated from information visible in the filming that the Dispatches programme appears to have been filmed during May 2024. This is over six months after we understand that the CQC inspection of SaTH took place in November 2023. We assume that CQC would have provided immediate feedback to SaTH on any concerns they had based on what they had witnessed? On this basis we do not understand what happened in those six months to deliver improvement. What was seen in the Dispatches programme could, in no way, be viewed as an improved/good service, or more worryingly was it an improvement on what CQC observed in November 2023? We would therefore suggest that the CQC return to SaTH to check whether improvements have been made and provide a baseline to the incoming senior team of the challenges they face to achieve true sustainable improvements.

- With the Dispatches focus on UEC, and considering the CQC report, the CQC rated the UEC at Royal Shrewsbury Hospital as 'requires improvement. Worryingly for our communities, they rated the UEC at the Princess Royal Hospital in Telford as 'Inadequate'.

Taking these ratings for the two acute hospitals into account, Members were particularly concerned to see that CQC had evaluated the UEC departments at both hospitals as 'requires improvement' for Caring. We are struggling to comprehend how a service with a primary purpose of providing care to those at their most vulnerable, in the vast majority of cases, when they need to access UEC services, can be rated as anything lower than 'Good', which appears to be the rating that most other UECs across the country receive.

- The pattern of CQC ratings for overall performance at SaTH shows that there has never been a rating of good or outstanding since the CQC introduced inspections in 2014 Appendix 4.

We look forward to receiving your response to our letter and hope to be able to discuss the issues and opportunities to help our communities have access to health and care services that are consistently good.

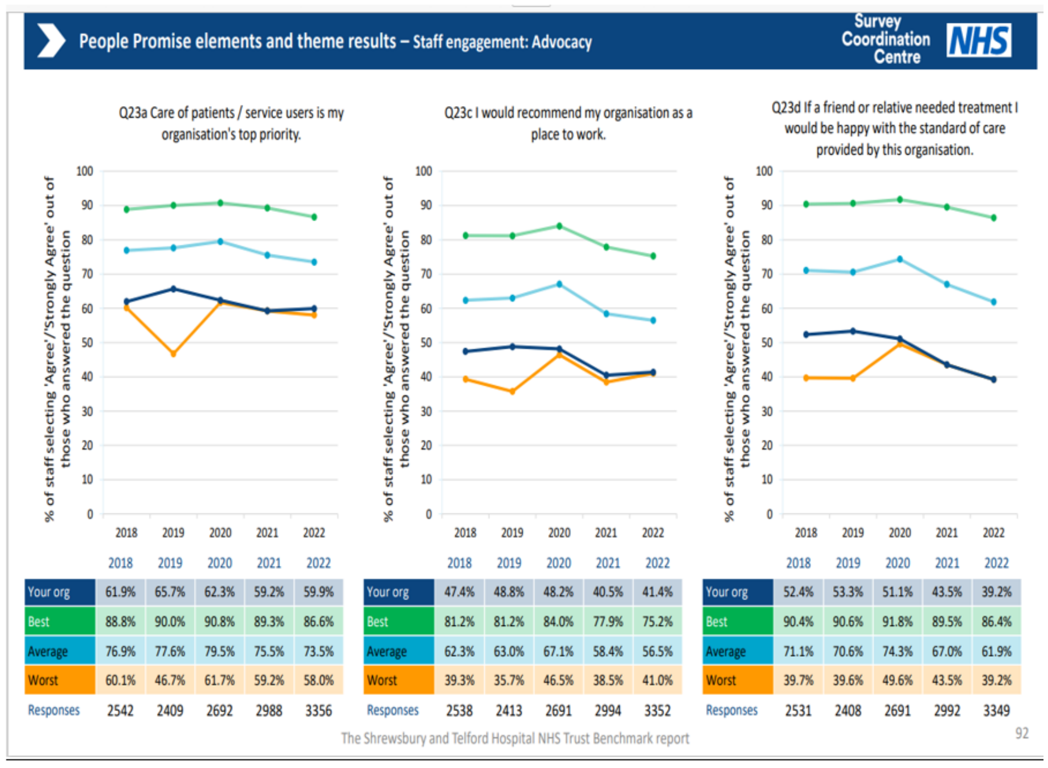
Yours sincerely,

Cllr Fiona Doran Co-Chair, Joint Health Overview and Scrutiny Committee

Cllr Geoff Elner Co-Chair, Joint Health Overview and Scrutiny Committee

Appendices

Appendix 1



Q23a Care of patients / service users is my organisation's top priority.

	2018	2019	2020	2021	2022
Your org	61.9%	65.7%	62.3%	59.2%	59.9%
Best	88.8%	90.0%	90.8%	89.3%	86.6%
Average	76.9%	77.6%	79.5%	75.5%	73.5%
Worst	60.1%	46.7%	61.7%	59.2%	58.0%
Responses	2542	2409	2692	2988	3356

Q23c I would recommend my organisation as a place to work.

	2018	2019	2020	2021	2022
Your org	47.4%	48.8%	48.2%	40.5%	41.4%
Best	81.2%	81.2%	84.0%	77.9%	75.2%
Average	62.3%	63.0%	67.1%	58.4%	56.5%
Worst	39.3%	35.7%	46.5%	38.5%	41.0%
Responses	2538	2413	2691	2994	3352

Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

	2018	2019	2020	2021	2022
Your org	52.4%	53.3%	51.1%	43.5%	39.2%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	2531	2408	2691	2992	3349

The Shrewsbury and Telford Hospital NHS Trust Benchmark report 92

Appendix 2

Calling for an ambulance in an emergency | Healthwatch Shropshire

Appendix 3

NHS tracker: England's best and worst hospitals ranked

Appendix 4

[All inspections: Shrewsbury and Telford Hospital NHS Trust - Care Quality Commission]

2024

Overview

Latest inspection: 10, 11 October 2023 and 12,13 November 2023 Report published: 15 May 2024

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Use of resources	Requires improvement
Combined Rating	Inadequate

2021

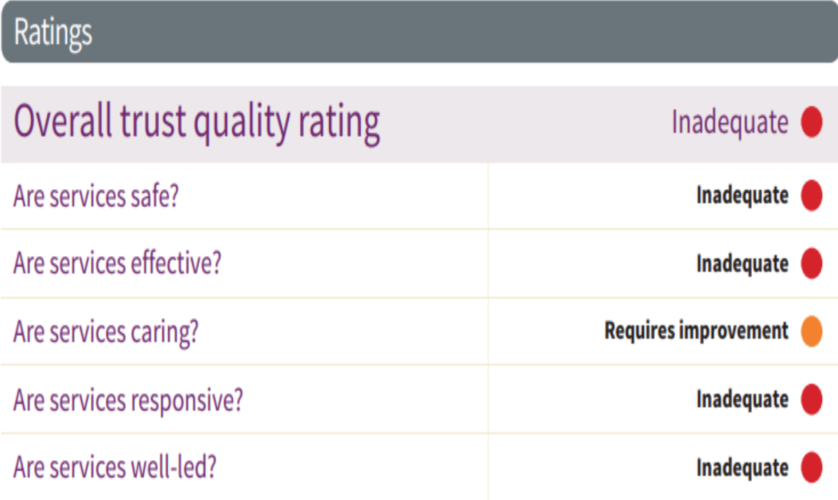
Mytton Oak Road
Shrewsbury
SY3 8XQ
Tel: 01743261000
www.sath.nhs.uk

Date of inspection visit: 6 July, 7 July, 13 July, 14 July, 19 July, 20 July 2021, 17 August, 18 August and 19 August 2021
Date of publication: 18/11/2021

Ratings

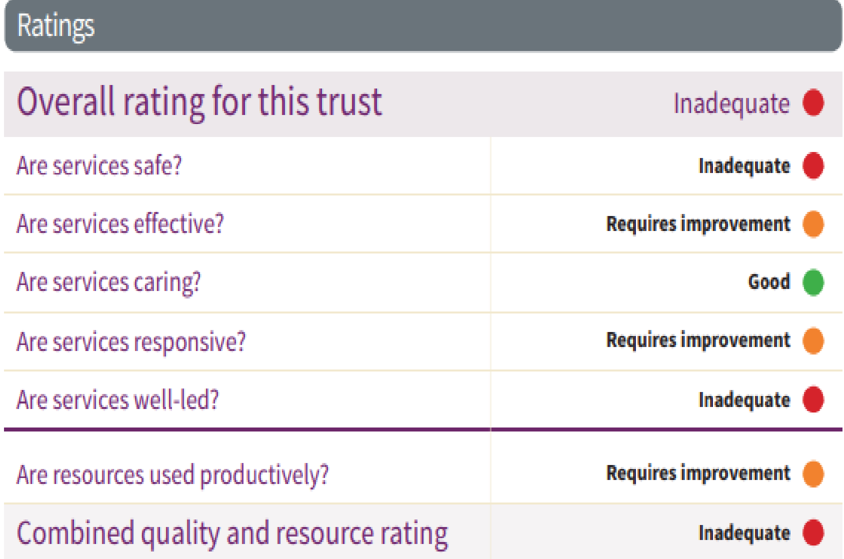
Overall trust quality rating	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive?	Inadequate
Are services well-led?	Requires Improvement

2020



Ratings	
Overall trust quality rating	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

2018



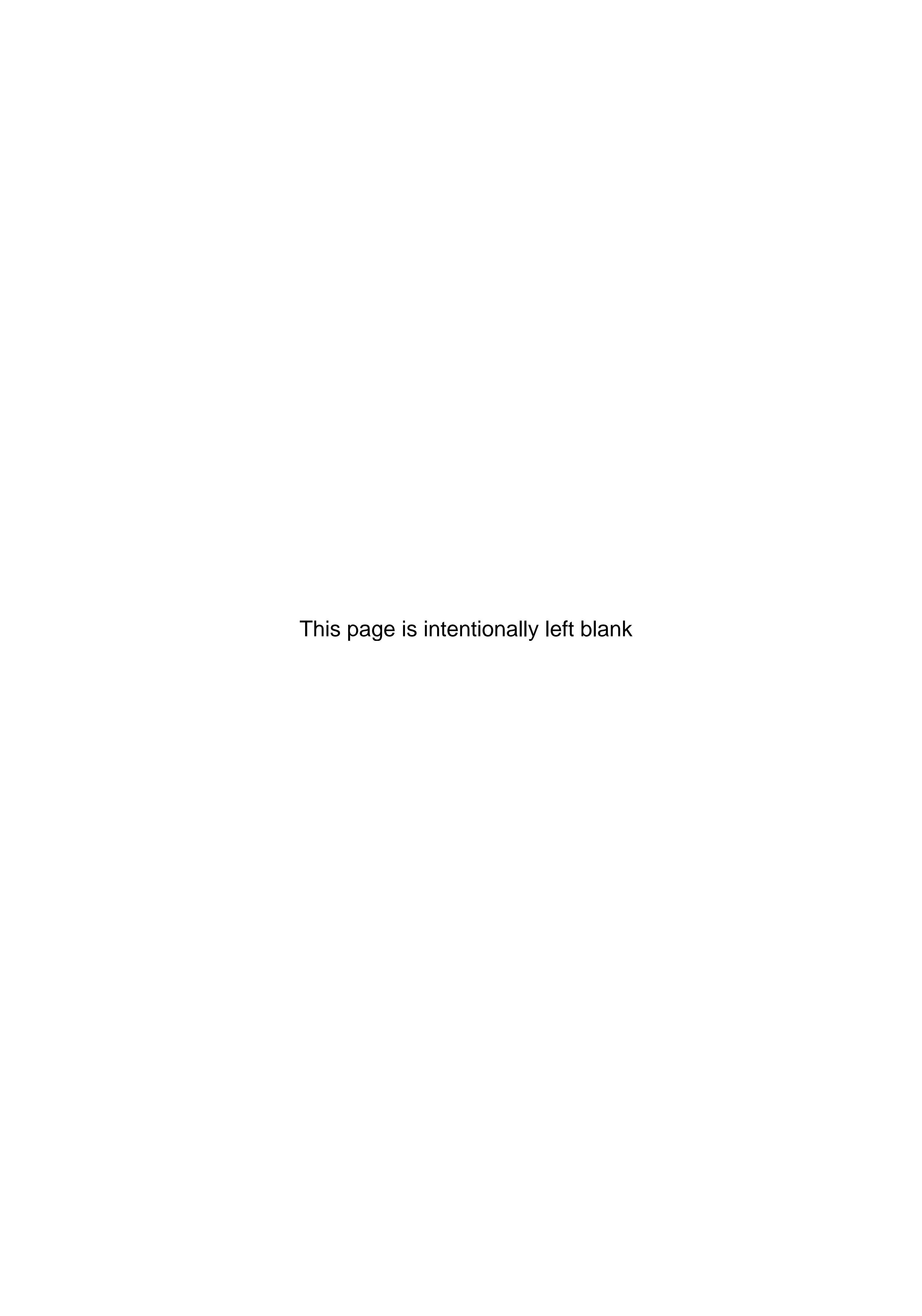
Ratings	
Overall rating for this trust	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate
Are resources used productively?	Requires improvement
Combined quality and resource rating	Inadequate

2017

Ratings	
Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

2015

Ratings	
Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement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