

## **JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

### **Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Wednesday 9 November 2022 at 2.00 pm in Fourth Floor, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

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

**In Attendance:** S Tilley (Director of Urgent & Emergency Care and Emergency Planning, NHS Shropshire, Telford and Wrekin), H Flavell (Executive Director of Nursing, Shrewsbury and Telford Hospital), A Lawrence (Director of Midwifery, Shrewsbury and Telford Hospital), S Worthington (Senior Democracy Officer (Scrutiny), Telford & Wrekin Council), T Dodds (Scrutiny Manager, Shropshire Council) and S Yarnall (Democracy Officer (Scrutiny), Telford & Wrekin Council)

**Apologies:** D Saunders

#### **JHOSC1 Declarations of Interest**

None.

#### **JHOSC2 Minutes of the Previous Meeting**

In regard to minute number 4, a committee Member stated that there was a discussion on how consultation could impact and change policy. Members requested the following to be added to the minutes:

*'Members discussed the importance of consultation, ensuring that it could influence and change policy and raised concerns that this was not addressed in the presentation and that the consultation would not be considered for policy change. Members were happy to be further involved in the consultation process of the Integrated Care System (ICS) and would be happy to see any consultation documents as part of the scrutiny process.'*

**RESOLVED** – that the minutes, subject to the above amendments, of the meeting held on 12 September 2022 be confirmed and signed by the Chair.

#### **JHOSC3 Winter Preparedness**

The Director of Urgent & Emergency Care and Emergency Planning, NHS Shropshire, Telford and Wrekin gave a presentation on the Winter Plan Overview. It summarised the plan as a whole, including the engagement process and the overall model.

Members were informed of how the plan was developed and the engagement process to refine the document. Planning had started in June 2022 and the plan continued to evolve throughout the year.

The Director of Urgent & Emergency Care and Emergency Planning advised on the assumptions made within the plan and how these were determined. A discussion took place regarding the historical trends and it was noted that the period between March 2020 and April 2021 was excluded from the data due to the impact of the coronavirus pandemic. A Discussion took place regarding mitigating actions in the plan.

Members discussed the presentation and posed some questions.

*Plans change regularly within the healthcare system, what was the difference now in comparison to previous schemes?*

It was explained that this is a winter plan and that the difference is that further forward planning was utilised.

*Members questioned the risk factor of the winter plan and how was risk minimised?*

The Committee was advised that case studies and models from other areas were used to calculate the risk factors

*Were services proportionate to those in rural areas in contrast to urban areas?*

The Director of Urgent & Emergency Care and Emergency Planning, said for those in rural areas, there are different mitigating pathways to enable equal access between those in rural and urban areas.

*Were there benchmarks and evidence that could be shared with the committee?*

It was agreed that further benchmarks and evidence could be shared with the committee following the meeting.

*A Member raised concern that there was already a deficit within the system.*

It was confirmed that there was already a deficit however as part of the plan there are mitigations in place to relieve the pressure.

*Would the Winter Plan aid with appointment times and availability?*

There were a number of different appointment times and types available for the public to aid with availability.

*Members asked about staffing levels in the plan, including the virtual wards and raised concerns over the need for extra space.*

Different models had been explored to aid staffing levels and work was ongoing to recruit additional staff.

*A further question was asked about contract hours and if there was further evaluation into this by the NHS.*

This continued to take place to ensure the right staffing levels were in place.

#### **JHOSC4 Ockenden Review Update**

The Executive Director of Nursing and the Director of Midwifery, Shrewsbury and Telford Hospital Trust, presented the Ockenden Review update to the committee.

The final Ockenden report had been published in March 2022 and contained 158 actions, which were broken down into numerous sub-actions. The report was a harrowing read, highlighting the significant failings within maternity services. The presentation included an update on the actions taken so far in regards to implementing the actions.

A discussion took place and the following questions were asked.

*Members asked about staffing levels and maintaining the staffing levels within the maternity service at SaTH.*

The Committee was advised that different avenues were used to recruit and maintain staff, and that in recent years SaTH had managed to maintain their staffing team with little turnover. Other schemes to support the recruitment and retention of staff included an apprenticeship scheme and an international recruitment scheme.

*Members asked about changing the culture in SaTH.*

Changing culture within the organisation was difficult, however, this was a key focus of the management team, and that external support had been arranged to support this. The leadership team since the publication of the report had bought consistency with staffing.

*Members noted that similar concerns were being raised at other trusts across the Country. Was there any co-working taking place?*

The Trust had engaged with the trust in East Kent and had been working alongside them.

*Given that similar concerns were being raised across the country, was there a problem with the basic training that midwifery staff received?*

The profession had been underfunded for many years, and the service had been regularly understaffed. Continuing Professional Development had taken

place with staff, however, it was often a cultural issue, rather than a training issue which led to the concerns raised.

*Members asked about the RAG rating and if timescales were realistic?*

There was no one particular method to provide evidence for the RAG rating and they work closely with the Maternity Transformation Programme Group (MTPG) and Maternity Transformation Assurance Committee (MTAC) to determine realistic time frames. Audits and forward action plans were used to provide evidence for the RAG rating actions that are presented to the Ockenden Report Assurance Committee (ORAC).

*Members said about mothers have felt nervous about maternity services in the region.*

The NHS responded that engagement with media and relations teams had taken place to provide public information on how the services have improved.

*Members asked if it was possible for the RAG rating to reverse?*

The Committee was advised that it was possible however the system would let them know and they could then identify what has gone wrong and how to improve. It was heard that they aim to never go beyond the 'amber' zone on the RAG rating.

#### **JHOSC5 Co-Chair's Update**

Members discussed areas of inquiry for the committee for future meetings and discussed how to continue their work within scrutiny.

The meeting ended at 4.45 pm

**Chairman:** .....

**Date:** Tuesday 29 November 2022