

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday 8 April 2024 at 11.00 am in Council Chamber, Third Floor, Southwater One, Telford, TF3 4JG

Present: Councillors G Elner (Co-Chair), O Vickers (Co-Chair), K Halliday, H Kidd and D R W White.
Co-optees: H Knight

In Attendance: K Evans (Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust), S Foster (Scrutiny and Overview Officer, Shropshire Council), L Gordon (Democracy Officer (Scrutiny)), B Lodge (Director UEC, Shropshire, Telford & Wrekin Integrated Care System) and P Starkey (Senior Democracy Officer (Scrutiny))

Apologies: Councillor N A Dugmore
Co-optees: D Saunders, S Fogell and L Cawley

JHOSC1 Declarations of Interest

None.

JHOSC2 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 27 February 2024 be confirmed and signed by the Chair.

JHOSC3 Urgent & Emergency Care and Winter Planning Update

The Committee received an update from the Director of Delivery & Transformation, Shropshire, Telford & Wrekin Integrated Care System (ICS) on Urgent & Emergency Care (UEC) and Winter Planning preparedness at its last meeting held on 27 February 2024. In light of representatives who were unable to attend the meeting, the Committee requested for an additional meeting of the JHOSC to be arranged to continue the discussions on UEC.

Following brief introductions, the Committee posed the following questions to the Director of UEC, Shropshire, Telford and Wrekin Integrated Care System (ICS) and the Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) who attended the meeting:-

There continues to be large numbers of ambulances waiting outside A&E departments at hospitals for up to 8hrs at a time. When will residents begin to see improvements in ambulance handover times?

The Director of UEC, Shropshire, Telford and Wrekin ICS advised the Committee that hospitals had recently signed up to the Minimum Care

Standards (MCS) for patients as provided by NHS England. Escalation processes to offload ambulances quickly had also been implemented to evidence full commitment to MCS.

Could a breakdown of the improvement plan and proposed timescales be provided to the committee?

The Committee were advised that the improvement plan was underway and was projected to see 6 new areas. Considerations had been made with regards to the Hospital Transformation Programme to avoid setting up services that would not be aligned. Subject to sign off from NHS England, a copy of the improvement plan would be circulated to the Committee at a later date.

Historically, hospitals have not been able to engage with GP practices to ensure patients are directed via the most appropriate pathway. How did hospitals continue to work with GP practices to ensure patients are referred to the most appropriate care pathway considering access for patients living in rural areas of Shropshire, Telford and Wrekin?

The Committee were informed that the monthly Clinical Advisory Group had been well attended and GP practices had been involved in designing the winter plan. The Director of UEC, Shropshire Telford and Wrekin ICS informed Members that they had been a regular attendee of the GP Board to discuss UEC.

Following the closure of Bishop's Castle Community Hospital, did the impending reopening of the inpatient ward alleviate bed pressures at Royal Shrewsbury Hospital?

The Director of UEC, Shropshire, Telford and Wrekin ICS informed the Committee that an update on the status of Bishop's Castle Community Hospital would be provided at a later date.

What services were available at the Princess Royal Hospital and how were services communicated publicly?

The Committee were advised that residents could access information relating to services available at both Hospitals online, by calling 111 or speaking to their local GP practice who could direct them to the most suitable service. Patients had been encouraged to use 111 online or call 111 if they require urgent care but do not need to attend A&E.

How will one operational A&E in Royal Shrewsbury Hospital improve patient waiting and discharge times?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) informed Members that the Emergency Department at the Royal Shrewsbury Hospital had been redesigned to manage the expected increase

in level of demand, however urgent care services would be available to patients at the Princess Royal Hospital located in Telford.

In 2017/18, the Princess Royal Hospital was ranked by the BBC as 3rd worst hospital for A&E services and patients continued to receive a poor service. Why did SaTH continue to have higher patient death rates?

The Director of UEC, Shropshire, Telford and Wrekin ICS recognised the morale injury to staff as a result of poor patient experience and informed Members that hospitals were continuing to use data produced through the Getting It Right First Time (GIRFT) programme to establish the number of avoidable deaths as a result of overcrowding in A&E departments.

Was GIRFT data publicly available and if so, how was it accessible?

The Committee were informed that GIRFT data was publicly available and the Director of UEC, Shropshire, Telford and Wrekin ICS confirmed that figures could be provided directly to the Committee at future meetings.

The minutes of the meeting held on 27 February 2024 referred to 62 beds becoming available by the end of December 2023. Can the Deputy Chief Operating Officer confirm if the correct total of beds was 46 with 20 beds at the Princess Royal Hospital and 26 beds at Royal Shrewsbury Hospital?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) confirmed that following the conversion of the Dialysis Ward at Princess Royal Hospital into a Rehab and Recovery Ward, a total of 20 beds would be available at the Princess Royal Hospital with a complete total of 46 beds across the Trust.

What was the total number of excess deaths associated with A&E services?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) suggested that there were approximately 70 excess deaths for one site in a year.

Historically there have been delays in beds becoming available due to pressures in social care. Have there been improvements to bed capacities?

The Committee were informed that capacity levels had lowered considerably due to a reduction in patients waiting to be discharged with No Criteria to Reside (NCTR). Average lengths of stays were at a total of 6 days at the start of 2024 which had since reduced to an average of 1.9 days in exceptional cases. The Committee also heard that there had been improvements in patients that had stayed over 14 – 21 days and a key area of focus for hospitals was to begin to discharge earlier in the day.

There was previously a high turnover of staff including leadership positions. Is the current staff culture another contributing factor towards issues within hospitals?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) advised Members that one of the areas in the EC Transform Programme includes a specific stream around culture and ensuring staff feel supported and are able to escalate issues which could be extended into other areas such as the Medicine Division. Members also heard that the Trust had been successful in recruitment and will continue to collaboratively work with staff to ensure there is visible leadership support.

Were staff and patients no longer required to wear PPE when in A&E or hospital?

The Committee were advised that infection control processes were in place at both hospital sites and routine reviews are undertaken to determine if PPE should be worn by hospital staff and patients.

The Committee has previously requested excess death data from the West Midlands Ambulance Service. Was this data now available?

The Director of UEC, Shropshire, Telford and Wrekin ICS advised that the ICS have continued to engage with West Midlands Ambulance Service (WMAS) with regards to transparency of data publicly available.

What was the current bed gap in hospitals?

The Committee were informed that beds were monitored on a daily and hourly basis and there had been a current gap of 80 beds at the time of the meeting.

What impact did the additional 6 beds at the Royal Shrewsbury Hospital have on the bed gap since being commission in March 2024 and what impact would the two new modular wards have when available?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) informed Members that the 46 beds that had been commissioned as part of the new modular wards will move to a new building once available.

As two new wards will be created as part of the Hospital Transformation Programme, what will happen to the ward currently in use?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) confirmed that the ward will continue to be used following the work that is to be undertaken and will be regularly reviewed in terms of bed space.

Were additional beds provided for patients who required frailty care?

The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) advised that additional beds had not be provided however services within both hospitals had been realigned to create a frailty unit to ensure patients who had been identified as frail received the correct support and were assessed to understand if admission to hospital was required.

How would a patient who requires frailty care be admitted into the system?

The Director of UEC, Shropshire, Telford and Wrekin ICS informed Members that admission would be dependent on initial assessment of care required. If the patient called 999 they would be admitted via the Hospital's Emergency Department and attended to by the Frailty Team with care and treatment administered under the Frailty Consultant following admission to the ward. Patients can also be referred to the relevant pathway by the appropriate care coordination centres.

National statistics show that 64% of patients who visit A&E are treated by the Emergency Departments with only 2,000 – 4,000 patients attending minor injury or urgent care centres.

The Director of UEC, Shropshire, Telford and Wrekin ICS confirmed that patients are screened by a trained Nurse upon arrival to the Emergency Department (ED) to determine if the patient can be referred to an Urgent Treatment Centre or needs to be treated by ED. Members heard that some of the data available does not reflect opening or closing times of ED with many patients arriving during the evening to seek urgent treatment.

Did the West Midlands Ambulance Service provide advanced paramedics on ambulances and were they able to redirect patients to primary care pathways?

The Committee were informed that there had been little consistency in providing advanced paramedics as part of the ambulance service, however, advanced paramedics are available if requested by the crew and have previously provided triage for category 2 calls.

Was there a recruitment freeze within Hospitals and how many staff were employed currently?

The Committee heard that a recruitment freeze had been put in place at the Shrewsbury and Telford Hospital Trust (SaTH) but was currently in its final stage. The Deputy Chief Operating Officer, Shrewsbury and Telford Hospital NHS Trust (SaTH) confirmed that SaTH were in a position to review recruitment with all vacancies going through a triple lock process initiated by NHS England and would be able to provide staffing numbers outside of the meeting.

At a Board Meeting, two areas of concern were flagged for Urgent & Emergency Care which saw the Winter Plan identify a bed deficit of 21 with mitigations in place to reduce impact. When was it assumed that the Winter Plan was not working?

The Director of UEC, Shropshire, Telford and Wrekin ICS advised that some elements of the Winter Plan had been a success however other areas showed no evidence of impact. The Winter Plan had been reviewed and showed improvement when compared to previous years. Members also heard that Virtual Wards had an occupancy of 72-76% with 118 patients receiving treatment at the time of the meeting and that the Outpatient Parenteral Antimicrobial Therapy (OPAT) service launched in January has improved capacity in hospitals, enabling patients to finish antibiotic causes at home.

Can GP practices admit patients to Virtual Wards?

The Director of UEC, Shropshire, Telford and Wrekin ICS confirmed that GPs and paramedics were able to refer patients to Virtual Wards.

What proportion of patients are being 'stepped up' and 'stepped down' from Hospital?

The Director of UEC, Shropshire, Telford and Wrekin ICS suggested that 60% of patients had stepped up and 40% of patients had stepped down and a further breakdown of data could be provided to the Committee following the meeting.

JHOSC4 Co-Chair's Update

The Chair informed the Committee that the next informal meeting of the Joint HOSC would take place on Monday 22 April 2024 via Microsoft Teams with representatives from the West Midlands Ambulance Service in attendance.

The meeting ended at 12.58 pm

Chairman:

Date: Thursday 16 May 2024