Shropshire Council

Joint Health Overview and Scrutiny Committee	Item Public

MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON 10 FEBRUARY 2025 1.00 PM – 3.50 PM

The recording of this meeting can be viewed by clicking on this link: Joint Health Overview and Scrutiny Committee - Monday, 10th February, 2025 1.00 pm

Responsible Officer: Amanda Holyoak
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Present
Shropshire Members: Councillor Geoff Elner (Chair), Councillor Heather Kidd, Lynn Cawley (co-optee) Anne Mitchell (co-optee) David Sandbach (co-optee)
Telford and Wrekin Members: Councillor Fiona Doran (co-chair), Councillor Derek White, Simon Fogell (co-optee), Hilary Knight (co-optee)

NHS attendees:
Lorna Clarson, Chief Medical Officer, NHS Shropshire Telford & Wrekin
Patricial Davies, Chief Executive – Shropshire Community Health Trust
Paula Gardner, Chief Nursing Officer, SATH
Ned Hobbs, Chief Operating Officer, SATH
John Jones, Medical Director, SATH
Gemma McIver, Deputy Director of Operations, Shropshire Community Health Trust
Joanne Williams, Chief Executive

Officers: Sophie Foster, Scrutiny Officer - Shropshire Council, Lorna Gordon – Telford and Wrekin Council, Paige Starkey, Senior Democracy Officer - Telford and Wrekin Council, Amanda Holyoak, Committee Officer -Shropshire Council

1 Apologies for Absence

Dag Saunders, Cllr Nigel Dugmore

2 Declarations of Interest

There were no declarations of interest.

3 Minutes of Meeting held on 16 December 2024

The minutes of the meeting held on 16 December 2024 were confirmed as a correct record, subject to David Sandbach and Anne Mitchell being added to the list of attendees.

4 Shrewbury and Telford Hospital Trust Update

An update on the CQC Action Plan for Medicine was presented to members at the meeting and is available to view here: SATH CQC Action Plan - Medicine. Corrections were made to pages 3 and 5.

Following the presentation, Members asked a series of detailed questions about: the progress and compliance with the action plan; how improvements were evidenced, monitored and audited; about the tools to improve discharge efficiency and patient outcomes; about recruitment and retention; training programs for staff; and how patient and relative feedback was measured and influenced care practices.

Members also asked questions about the discharge planning process; the long term issues around mental health care; dementia care and the need for specialised training and dementia-friendly environments; whether there had been a recruitment freeze for certain posts and if so what were the impacts of that.

SATH officers confirmed that actions could not be marked as green unless there was evidence available and audits were conducted to ensure effectiveness,. There were multiple layers of auditing involving ward staff, peer audits, audits by the corporate nursing team and quality matrons from outside of the area being audited. Lorna Clarson also reported that the ICB Independent clinical teams also assured outcomes and audits and insight visits were conducted involving patients, staff, families and other stakeholders.

With regard to recruitment and retention, SATH Officers reported on measures to create a supportive and attractive work environment. Introduction of recruitment days had been successful with 28 health care assistants and 31 registered nurses recruited in a recent event. Alternative timing of such events was being considered to optimise opportunities to target as wide a field as possible. A focus on career development was being highlighted to potential recruits and programmes allowing newly qualified staff to work in different areas would be attractive. Improvements to the work environment were also underway, addressing issues raised by staff and improving working conditions.

The Chief Executive emphasised her emphasis on creating a psychologically safe environment where staff felt comfortable speaking up about issues and concerns and were clear the Executive Team cared about them and listened to them. Engagement sessions with staff, particularly in high-pressure areas like the Emergency Departments (EDs), were being planned, to allow feedback directly to senior management. The Dispatches television programme had impacted on morale and a number of staff had moved on as a result.

In terms of measuring improvement of staff morale, this would be evidenced through changes to the staff retention rate and the results of the next staff survey due to be issued in March. The results of that would be in the public domain and the subsequent action plan could be shared with the committee. Good practice would be shared with staff and also patients, to minimise fears around attending hospital.

Responding to concerns raised around long standing issues around treatment for mental health, the Chief Executive was pleased to report on a very positive relationship with the Mental Health Trust. The Chief Nursing Officer emphasised the importance SATH placed

on mental capacity act training, particularly crucial for dementia care and recognising delirium. Training rates appeared to have dropped but his was due to the number of new starters who were yet to be trained.

Responding to questions about finances and recruitment freeze, the Chief Executive said that this would not apply to front line clinical posts but all other vacancies were reviewed on a weekly basis. New digital technology and the use of artificial intelligence would need to be utilised at pace to reform the workforce and achieve savings required.

On being questioned why the Trust had never manged to attain a ranking above 'requires improvement' the Chief Executive referred to the large amount of change the organisation had gone through and the need for cultural change. The clear aim now was not to achieve a 'good' ranking but an excellent one.

The Chief Medical Officer commented that from an ICB perspective, no matter how strong leadership and culture was at SATH, good system relationships were imperative to ensure supportive, integrated real change. This had worked well over the winter across SATH, Community Health Trust and Social Services.

A member said it was understood that there was a planned reduction of 19.62 FTE staff in medicine and the impact of that was questioned along with ratio of nurses to patients. The Chief Nursing Officer said the ratio of nurses to patients was rich with good rotations. Skill mix would be reviewed and a regular review demonstrated safe staffing. Ratios of staffing were triangulated using tools and took into account acuity, fill rates, and rotas alongside professional judgement.

Members also asked about incidents around handovers and discharges. The Chief Executive reiterated that there was a good relationship in place with the Community Health Trust and any incidents or discharges late in the evening would be reported to her and the Chief Operating Officer. Improvement was still needed around discharge and she was working with Healthwatch to ensure the voice of the patient informed this work.

Colleagues from SATH were thanked for attending the meeting and reporting on progress, and the Committee looked forward to the next report.

5 Shropshire Community Trust – Virtual Wards

The Committee had wished to learn more about Virtual Wards and thanked Patricia Davies, Chief Executive and Gemma McIver, Deputy Director of Operations and a consultant providing clinical care within the virtual ward for attending the meeting.

The virtual ward initiative began in 2019 and had since evolved to include a rapid response offer, initially launched in Telford and Wrekin and then rolled out in Shropshire. The rapid response service aimed to stabilise and treat patients within the first 72 hours to avoid hospital admissions. After this period, patients could be admitted to the virtual ward for longer-term care.

The virtual ward served both as an admission avoidance measure and as a step-down option for patients discharged from hospitals like SATH. The service benefited from strong

community support and included various pathways such as respiratory and diabetes support.

The virtual ward team comprised around 90 staff members, including GPs, advanced clinical practitioners, pharmacy technicians, and others. The caseload demographics showed that about 54% of the activity was focused on admission avoidance, while 46% was on step-down care.

The virtual ward had admitted 6,184 patients, and occupancy rates were discussed. The team was working to understand and meet targets, despite the lack of a specific virtual ward acuity tool. The average was about 68% across the year, there were more medically unwell patients compared to other virtual wards and greater levels of frailty.

Discussion covered the challenges faced by patients with Welsh postcodes who may not qualify for virtual ward services or district nurse visits. The virtual ward covered all registered GPs in Shropshire and Telford and Wrekin, and there were cross-charge agreements with other areas when needed. The virtual ward could only respond to referrals and the Chief Executive asked any councillors who were aware of individuals who had experienced issues with service to encourage them to report their story. Healthwatch were providing assistance in obtaining rich data regarding experiences of those who had experienced virtual ward care.

The committee noted that the virtual ward service operated until 8 pm, after which patients might need to rely on out-of-hours GP services or return to hospital if very unwell. There had been no virtual ward cover in the out-of-hours specification

The discussion also touched on the importance of raising awareness about the virtual ward among GPs, chemists, and the general public, and the importance of publicity showing it to be a safe and effective service. The virtual ward has shown positive outcomes in preventing patient deterioration and has had a significant social and economic impact.

Overall, the virtual ward is seen as a crucial element of community support, treating patients with high acuity levels and aiming to increase occupancy rates and target more patients to prevent inappropriate hospital admissions. An acceptable hospital readmission rate was deemed to be about 20% and Shropshire's rate was 8% .

Community Health colleagues were thanked for the update.

6 Co-Chairs Update

The co-chairs referred to the letter they had sent to the Secretary of State on behalf of the Committee, asking for a meeting concerning the performance of SATH, the issues raised in the CQC report and Channel 4 Dispatches programme and reports of inadequate care, poor outcomes and distressing patient experiences. The letter had been shared widely and sought assistance in addressing the challenges of the local care system and reiterated the need for better funding and support. Members would be updated when a reply was received.

The Co-Chairs went on to address significant concerns that had been raised following the ICB's notice of intent to award the out of hours GP contract to a company called Medvivo.

Members and the general public had felt the existing service had worked very well over a long period of time. A member said there were concerns that the preferred provider appeared to have mispresented itself as it appeared to be part of a multi national company, and would not understand the geography of Shropshire and rural issues.

Dr Clarson reported that the process had been transparent, fair and proportionate, the service specification had remained the same and the decision was not about cost-cutting but quality of care. She explained that she was not able to discuss contract details until the end of the 'standstill' period allowing bidders to challenge the decision. There was a commitment to work closely with the public and address their questions with evidence from the provider when this was possible.

The importance of maintaining high standards of care was emphasised by the committee which expressed its commitment to closely monitor the situation.

Chair : _____

Date: _____