

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Minutes of the meeting of the Joint Health Overview and Scrutiny Committee
held on Monday 26 November 2018 10.00am at Meeting Point House, Southwater
Square, Telford**

Members Present:

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shingleton
Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Rob Sloan
Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders
Shropshire Co-optees: David Beechey, Paul Cronin

Others Present:

David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council
Amanda Holyoak, Committee Officer, Shropshire Council
Rod Thomson, Director of Public Health, Shropshire Council
Nigel Lee, Chief Operating Officer, Shrewsbury and Telford Hospital Trust
Deidre Fowler, Director of Nursing, Midwifery and Quality
Claire Old, Urgent Care Director, Shrewsbury and Telford Hospital Trust
Sarah Jamieson, Head of Midwifery, Shrewsbury and Telford Hospital Trust
Julia Clarke, Director of Corporate Governance, Shrewsbury and Telford Hospital Trust

1. Apologies for Absence

Apologies were received from Shropshire Co-optee Ian Hulme

2. Disposable Pecuniary Interests

Members were reminded that they must not participate in the discussion or voting on any matters in which they have a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

3. Minutes of the last Meeting

It was noted that the minutes of the meetings held on 19 September 2018 were approved.

4. Overnight Closure of the Emergency Department at the Princess Royal Hospital

The Co-Chair advised that following the previous weeks' announcement that the overnight closure of the Emergency Department at the Princess Royal Hospital had been avoided and the closure would not go ahead, the committee would still scrutinise the decision making process.

Ms Fowler stated the CQC had announced that the Trust had been placed in Special Measures. SaTH advised that they had been placed on the Challenged Provider list six months previously which recognised the fragility of the workforce. Prior to the CQC inspection, SaTH had acknowledged the challenges they had faced and had requested additional support.

Special Measures did attract some additional funding, as well as increased supervision and support from regulators. It was noted that it was not the CQC who put Trusts in Special Measures, this was done by NHS Improvement. In response to a question, Ms Fowler advised that the funding was not prescribed and decisions on how this was used was in conjunction with NHSI. The exact amount of funding the Trust would receive was still to be confirmed, but it was noted that other trusts had experienced some cost pressures with Special Measures previously. It was expected that the resources would be used as an 'invest to save' measure.

Members asked the following questions:

Had there been an impact on recruitment following the Special Measures announcement.

Ms Fowler advised that this was a concern but the way this was managed was very important. The number of leaks and the media attention around August had been more damaging to recruitment. Ms Clarke stated that measures had been put in place to ensure recruitment was sustainable and the trust were working closely with Health Education England.

Has Special Measures changed the recruitment plan?

Mr Lee stated that changes were already been in place. A number of ACPs were in training.

Where there any determining factors in the amount of funding that was granted?

Ms Fowler stated the additional funding had not yet been agreed. The Co-Chairs reported that they would be meeting the Improvement Director later in the week and would ask her about this.

The Members discussed the impact of the announcement of the overnight closure of the Emergency Department of the Princess Royal Hospital which had been called off.

The Co-Chair advised that the members of the JHOSC were disappointed they had not been consulted before, as the potential overnight closure had been discussed by SaTH for approximately 18 months.

How stable was the plan? What was the threshold for reinstating the plan? How sustainable was the situation in regards to senior and middle grade doctors?

Mr Lee advised that the Trust were delighted that the A&E was able to remain open. The new Urgent Care Centre had opened at the Princess Royal Hospital and a rota of regularly employed locums were in place until February. Additional pay had been offered for the locum doctors, and they had been offered longer contracts, of several months. The work that had been completed in regards to pathways was very useful, especially in regards to

direct access. Four substantive doctors would join the Trust in March. There would be a project review, and Members asked to have sight of this. Advice had been sought from the West Midlands Clinical Senate.

There had been criticism by other Hospitals regarding SaTH not accepting some opportunities for support.

Ms Clarke advised that the Trust had met with Wolverhampton University in respect of developing their own fellowship, however, it was noted that fellowships did not generally generate a significant amount of additional doctors for Trusts.

It was noted that recruitment of junior doctors was a national issue.

Mr Lee advised that there had been significant dialogue with Health Education England, however, the Trust were not only relying on this to increase recruitment. CQC had highlighted SaTH's medical education programme as a strength.

5. Proposals to Mitigate the Effect of Winter Pressures on NHS Services

The Co-Chair advised this was an annual process and highlighted that the NHS remained under pressure year round. Members discussed the aspirational nature of the plan.

Ms Old stated that it had been acknowledged that the 2017/18 winter had been particularly harsh. The Winter Plan looked to build on improvements and changes made. The Summary Winter Capacity Plan Bed Impact was discussed, there had been good work undertaken between the trust and the Local Authorities. Community Hospitals could be used for higher level of dependency if needed. It was noted that weekend discharges needed to be improved.

The number of stranded patients had reduced and a discussion was held regarding the impact of hospital stays on over 80s.

A discussion was held and members asked the following questions:

Where there concerns regarding the viability of the independent care sector?

The A&E Delivery Group included members from health and social care, the system was able to identify if any concerns were arising in this area. SaTH2Home were able to be flexible in the event of service need, for example, increasing the number of days support could be offered.

Handover nurses were now in place across both sites and a HALO in place at RSH. Work was being undertaken with the ambulance services in respect of preventing admissions.

What time was the latest a patient would be discharged?

Mr Lee advised that this would depend on circumstances and would be in liaison with the community teams and care homes. What time of day a patient would be discharged would depend on various factors, however, patient safety was the priority.

Was the Trust confident that there would not be boarding over the winter period?

Ms Old advised the Trust were confident, however, surges could never be avoided.

Additional beds would require additional staffing, were the staff available?

Ms Fowler advised that staffing remained a risk, however, this could be mitigated by using locum staff or deploying staff from other areas. It was important to note this would also include therapy and other support staff.

A discussion was held regarding the discharges from Powys.

Mr Lee advised that the Welsh health system did not have the same target as the English system, however, the Health Board were keen to meet the same targets. The Trust were in regular conversation with Powys Council and the Health Board.

What was the major risk of the plan?

Ms Old advised that the workforce was the major risk.

Was there support for people with long term conditions? For example, it was known there was a dedicated helpline for people with COPD, was this available for people with other long term conditions?

Ms Old advised there were a number of direct lines available, for example a Macmillan line.

It was noted that an Urgent Care Centre was due to open at PRH in November. Has this been opened?

Mr Lee confirmed this was now open. It had taken 9 months to build, however it was now fully operational. The Urgent Care Centre at RSH had already been established.

There had been previous issues in respect of the discharge lounge, what was the appropriate length of time for a patient to be in the lounge?

Ms Fowler advised that the discharge lounge at PRH had been in use for some time and had been successful in creating patient flow. It had recently been moved to a larger space. Currently, at RSH the discharge lounge was in Ward 27, however, it was possible the lounge could move to the new ward. It was noted that the ward was staffed by nurses, and ideally patients should not be in the lounge for more than 4 hours, although it was acknowledged some patients were there for significantly longer than this.

A question was asked in respect of the fragility front door.

Ms Old advised that the fragility front door was in place at RSH. At PRH, the paramedics worked to prevent people unnecessarily reaching the front door. It was noted that the paramedic in a car had prevented 60 hospital admissions in 2 weeks.

Were readmissions monitored?

Ms Old confirmed they were and that the Trust's readmission rate was relatively low.

6. Shrewsbury and Telford Hospital NHS Trust – Enforcement Action Taken by CQC and response taken by SaTH – Maternity Services

The Co-Chair stated that the members of the JHOSC had been disappointed that they had not been fully informed of the situation at previous meetings. It was confirmed that the final CQC Report was due to be published between 27 and 29 November.

A discussion took place and members asked the following questions:

Was there anything in the final CQC report which had not already been noted by the JHOSC?

Ms Fowler advised that the key themes had been discussed.

The maternity dashboard was showing a very positive figure, however, this was hard to square with the current level of scrutiny the trust was under. Were the trust measuring the right things?

Ms Jamieson advised that the dashboard was a snapshot of data and that the full dashboard had been based on the national directive. There had been a move away from RAG ratings.

Was the data presented the favourable data?

Ms Jamieson advised that no data had been hidden. A report had been taken to a recent Trust Board which had explained this more clearly.

What specifically had the CQC raised concerns about, in respect of maternity services.

Ms Jamieson advised that the details of what was included in the S.31 notice had been included in the agenda papers. In respect of Cardiotocography (CTGs) at the rural MLUs, concerns had been raised that these were monitored remotely and if low risk were signed off by a midwife. In respect of multi-disciplinary handovers of care, these had been taking place but could not be evidenced.

Had there been an improvement over the last 12 months.

Ms Jamieson stated that there had been. In respect of stillbirths, this had seen a reduction and there had been improvements in other areas, such as term admissions to the neonatal unit. Ms Fowler advised the Trust were committed to being transparent, and they had commissioned external investigators to offer a stronger level of assurance.

Members noted that service users confidence had been shaken. Had there been an increase in mothers wanting to deliver elsewhere?

Ms Jamieson advised that there have been concerns about this, however, these concerns had not been laid out with the results of the maternity survey. The team received good news stories on a daily basis and friends and families test results were positive. A maternity voices partnership was being developed.

Ms Clarke advised that the Trust had received support from a Senior Regional Communications Director, who was surprised by the level of inaccurate media coverage. The local response had been hugely supportive.

Ms Fowler stated that there had also been an impact on the staff, who were often residents of Shropshire themselves. The impact had been unrelenting and often very personal. It was noted that NHSI had 'buddied' the Trust with the Princess Alexandra Hospital in Harlow, which was an outstanding trust.

7. Shrewsbury and Telford Hospital NHS Trust – Enforcement Action Taken by CQC and response taken by SaTH – A&E

A discussion was held and members asked the following questions.

What concerns did the CQC have in respect of A&E?

Ms Fowler advised that concerns were raised in respect of:

- Fragility of the workforce and the impact of locums
- End of Life Care
- 7 day working
- Training and Education
- Mental Health
- 7 day working in the intensive care environment
- Cohesion of the Senior Leadership Team

What issues remained?

Ms Fowler stated that the Trust had asked if NHSI had felt assured with the progress made, which they confirmed they were. Boarding was not taking place in the ward environment. Due to Special Measures, there would be a re-inspection within a year.

The media had reported the concerns around Mental Health being illegal detention.

Ms Fowler advised that in the letter of intent, concern had been raised in respect of deprivation of liberty, however, once the Trust had responded, this had been removed from the S.31 notice.

The data provided indicated that some measures had deteriorated.

Ms Fowler stated that in respect of the 10pm checks, these were causing challenges, as 10pm was a particularly busy time.

A discussion was held in respect of the Baseline Exemplar.

Ms Fowler advised that this was used to identify challenged wards and to put in additional support for them. It was noted that it was important to differentiate between the care not being delivered and the care not being documented. Members requested sight of levels of locum staff for worse performing wards.

Why did it take the CQC to raise their concerns and the Special Measures to be put in place for there to be a focus on these areas?

Ms Fowler stated that processes were in place before the CQC inspection. A lot of the risks the CQC reported were known and included on the Trust's Risk Register.

It was noted that boarding stopped following the CQC inspection.

It was acknowledged that this took place, however, plans were already in place and it was coincidental that the remedial fire safety works were completed to allow the additional capacity. It was noted that boarding had become normalised and it was vital that this did not happen again.

The Co-Chair announced that questions would be taken from the floor.

Councillor Arnold England, Cabinet Member for Health and Wellbeing, Telford & Wrekin Council, expressed his thanks to everyone who worked to save the accident and emergency from closure overnight. He discussed the relationship between the Trust and the Local Authority, and the need for there to be a good working relationship between the Mental Health Trust and SaTH.

Mr Lee noted that the Local Authorities were part of the A&E Delivery Board.

Ms Sylvia Jones, Clunbury Parish Council, asked who the providers were for the Urgent Care Centres.

Mr Lee advised the provider for the UCC at RSH was IMH (Part of Malling Health), who were contracted by Shropshire CCG. The provider for the UCC at PRH was Shropdoc and they were directly contracted by SaTH. It was hoped to align the two contracts the following year.

Gill George, Shropshire Defend Our NHS, asked if it was wise to reduce beds given the increased pressure on services. Ms George stated that she believed that Shropdoc had only one doctor on duty after midnight for Shropshire, Telford and Wrekin.

Mr Evans stated that the contract for Shropdoc was to provide out of hours care and he did not believe that only one doctor was on duty, but also that Advanced Nurse Practitioners (ANPs) were on duty as well as GPs. Ms Old stated that it was important to focus on people spending less time in bed and to reduce the length of stays.

Another question was asked in respect of palliative care and a reason why a palliative care plan could not be carried out.

Ms Fowler said that the plan should be complied with.

8. Proposed Next Steps for Joint Health Overview and Scrutiny Committee

The Co-Chair advised that the Chairs would be meeting with the Improvement Director.

The following information had been requested by the Committee:

Question	Who to Answer	Deadline
Viability of EED In February	SaTH	As soon as available
Review of Winter Plan	SaTH CCGs	February JHOSC Meeting (date to be arranged)
111 Capacity Report	SaTH	As soon as available
Neonatal Report to be presented to JHOSC	SaTH	January JHOSC Meeting (date to be arranged)
GP Cover level for Shropdoc	CCG Shropdoc	As soon as available

A Member also said that with the necessary recent focus of attention on acute services, mental health was an area that the Committee had not considered for some time. He suggested that this be added to the work programme for the coming year.

9. Co- Chairs' Update

The Chair advised that the next meeting of the JHOSC would be held on 3rd December 2018, where the Committee would receive the Future Fit Consultation Report, as well as an update in respect of the midwife led service and learning disability service.

The meeting concluded at 1.03pm.

Chair: _____

Date: _____