

**HEALTH SELECT COMMISSION**  
**Thursday 24 February 2022**

Present:- Councillors Yasseen (Chair) Andrews, Atkin, Aveyard, Barley, Bird, A Carter, Elliott, Griffin, Havard, Keenan, Miro, Thompson and Wooding.

Apologies for absence:- Apologies were received from Councillors Baum-Dixon, Baker-Rogers, Haleem, Whomersley and from Mr. Robert Parkin.

The webcast of the Council Meeting can be viewed online:-  
<https://rotherham.public-i.tv/core/portal/home>

**62. MINUTES OF THE PREVIOUS MEETING HELD ON 03 FEBRUARY 2022**

**Resolved:-**

1. That the minutes of the meeting held on 03 February 2022 be approved as a true and correct record of the proceedings.

**63. DECLARATIONS OF INTEREST**

Cllr Miro declared a disclosable pecuniary interest in respect of items 7 and 8 as an employee of Rotherham NHS Foundation Trust.

Cllr A Carter declared a personal interest in respect of item 7, as a close family member was a current service user.

**64. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

The Chair confirmed there were no questions from members of the public or press in respect of any items of business on the agenda.

**65. EXCLUSION OF THE PRESS AND PUBLIC**

The Chair confirmed there was no reason to exclude members of the public or press from observing any matters of business on the agenda.

**66. ROTHERHAM HEALTHWATCH**

Consideration was given to a verbal update presented by the Manager of Healthwatch in respect of recent trends and inquiries from members of the public.

**Resolved:-**

1. That the update be noted.

**67. ROTHERHAM MATERNITY SERVICES**

Consideration was given to an update in respect of maternity services presented by the Deputy COO and the Head of Nursing and Midwifery of The Rotherham NHS Foundation Trust (TRFT). The update explained the recent journey and new approaches undertaken by the service in respect of continuity of care, as well as challenges, risks, and future goals for the service.

In discussion, Members requested clarification of the difference between numbers of women who book into the service versus those who give birth with the service. The response from the Head of Nursing and Midwifery was that many women book in because of the neighbouring catchments, and roughly one tenth may lose an early pregnancy. It was noted that efforts were made to market the success of the maternity unit to be able to make women feel more comfortable birthing in Rotherham. If births do go up at the unit, midwives will need to increase as well.

Further details were requested in respect of the six actions recommended by the CQC upon the recent inspection. The response described each of the recommended actions, indicating which were “must do” and which were “should do.” Timescales and progress in respect of each were described as well as which had been completed and signed off. Comparison with other similar units suggests these were not bad results at all.

Clarification around benchmarking of continuity of care operations as also requested. Targets and what would be required as far as midwife resource were described. It is estimated that in the region 100 midwives are needed, which is a lot of midwives. The model could not be run if maternity units were not safely staffed.

Further clarification was also requested around “complexity” of cases. It was acknowledged that it is known to practitioners which cases needed to be referred elsewhere, but many ambitions and workstreams had to be placed on hold during the pandemic, which was responsible for the percentages reflected in the report.

Assurances were requested around instances of particular conditions and risks associated with childbirth, as well as vital scores for babies immediately after birth. Details were provided in respect of how the unit performs in respect of each type of condition and assurances were given that the unit is not an outlier for infant brain injury.

Further assurances were requested around the wellbeing and retention of staff. Details were provided in respect of the involvement with the Professional Midwifery Advocates and the designation of leads in each service area of the unit who provide support for staff and safeguarding supervision. The continuity of care model would allow flexibility of scheduling for midwives which was believed to be attractive to the

workforce in terms of fatigue. Working patterns were currently being examined with a view to getting the two models working well together.

Members requested further information around recruitment strategies. Student placements had been increased, and the model whereby trainee nurses are paid is returning. This is not an immediate solution for the workforce. A big impact had been felt as a result of staff sickness. Staff turnover occasionally had had an effect, but there had been recent consultant recruitment to urgent care. The staff wellbeing and fatigue had been a concern following on from the pandemic.

Further details were requested around feedback from service users in respect of post-natal care. It was noted in response that women surveyed have indicated high satisfaction with the post-natal care they received. Details of post-natal care timescales and areas for improvement were cited, specifically, developing models through which those best positioned to provide that support are the ones providing the post-natal care, tailored to target those who are more vulnerable or at risk.

Additional assurances were requested around the provision of maternity services to teenagers. Details of dedicated staff leads and approaches to support were described in response, as well as challenges around collection of feedback, which is especially important for this specialised area of service.

Assurances were requested in respect of the service's response to the MBRRACE report in provision of maternity services to women of ethnic minority backgrounds. Assurances were provided that the reports had informed the transformation of the services to ensure those communities were being served well and outcomes were improving for BAME women. Work with partners such as Rotherham Ethnic Minority Association (REMA) had been undertaken to understand the perspective of service users. The service's rates of risk assessments were at 100%, which reflects the service's efforts to ensure that women at risk are identified so that they can receive targeted care. The Trust had also recruited an Access and Inclusion Lead and had commissioned a task and finish group to focus on health inequalities, particularly around elective access.

**Resolved:-**

1. That the report be noted.
2. That the improvement journey of maternity services in Rotherham be commended.
3. That the service liaise with Rotherham Healthwatch on inclusive future consultation work.

**68. PLACE RESPONSE - DISCHARGE PLANNING**

Consideration was given to a presentation in respect of the response of Place Partners to discharge planning. The Deputy COO of The Rotherham NHS Foundation Trust (TRFT) and the Acting Strategic Director of Adult Care, Housing, and Public Health presented information around discharge policy and practice during the pandemic, entering the recovery phase and up to the time of reporting. The presentation described recent decision-making, milestones, challenges, risks and goals.

In discussion, Members expressed hopes that refinements could be made to the policy around To Take Out (TTO) prescriptions which have created delays at times for discharged patients who would otherwise be ready to leave the hospital. The response from the TRFT noted the current options and noted the potential for further refinement. This is an area that can be challenging for Trusts nationally. Various models had been considered and implemented to try to expedite TTOs. Future scrutiny on this topic was invited.

Members also expressed interest in efforts to prevent deconditioning of patients whilst in hospital, with a view to enabling them to go back to their own homes without requiring a higher level of care. The response from the TRFT representative described the work that had been done in this area and cited specialist innovations in reablement. The response was supplemented by the Acting Strategic Director, who described the approach to prioritisation of patients and the combined wraparound approach which has yielded improvements despite a challenging period in the last two years. The work with specialists had added considerable value within care homes.

Members requested further information around the availability of beds. The clarification was offered by the Acting Strategic Director, who illustrated that the beds were already in existence and the capacity that had always been there – the question to be established regarding capacity is who pays.

Members requested assurances that care could be delivered to patients without land lines in their homes. The response noted the analog to digital switchover had meant that there were not barriers associated with having or not having land lines.

Members further inquired around the provision for elective patients to help reduce their time in hospital. The response from presenters identified initiatives in place and offered further detail outside the meeting.

Members also expressed interest in the planning for when the time-limited funding stops. The response noted that the funding eased the pressures associated with the pandemic but the pressure would now return to baseline.

**Resolved:-**

1. That the report be noted.

**69. WORK PROGRAMME****Resolved:-**

1. That the updated work programme be approved.
2. That authority be delegated to the Governance Advisor in consultation with the Chair and Vice-chair to make changes to the schedule of work as appropriate between meetings, reporting any changes back to the next meeting for endorsement.

**70. URGENT BUSINESS**

The Chair confirmed there were no urgent matters requiring a decision at the meeting.

**71. DATE AND TIME OF NEXT MEETING**

The Chair announced that the next scheduled meeting of Health Select Commission would take place on 7 April 2022, commencing at 5.00 pm in Rotherham Town Hall.