HEALTH SELECT COMMISSION
Thursday 3 October 2024

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Bennett-Sylvester, Clarke, Garnett, Havard, Rashid, Reynolds, Tarmey and Thorp.

Apologies for absence:- Apologies were received from Duncan, Ismail and Hall.

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

21. MINUTES OF THE PREVIOUS MEETING HELD ON 25 JULY 2024

Resolved:-

That the minutes of the meeting held on 25 July 2024 be approved as a true and correct record of the proceedings.

22. DECLARATIONS OF INTEREST

The following declarations of interest were made:-

Member	Agenda Item	Interest Type	Nature of Interest
Councillor Garnett	Agenda Item 7 – TRFT Annual Report	Personal Interest	Employment with TRFT

Councillor Garnett did not participate in the consideration of this item as a result of the disclosed interest and retired from the Chamber.

23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or the press.

24. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda which required the exclusion of the press and public from the meeting.

25. INTRODUCTION AND OVERVIEW FROM KYM GLEESON, MANAGER, HEALTHWATCH ROTHERHAM

The Chair welcomed Kym Gleeson, Manager, Healthwatch Rotherham and Andrea McCann, Engagement Officer, Healthwatch Rotherham to the meeting.

The Healthwatch Manager explained that the structure of Healthwatch was similar to the structure of the NHS, with Healthwatch England sat above the 153 local Healthwatch offices in the UK. They set out Healthwatch's recently amended values; equity, collaboration, independence, truth and impact and explained the various models under which Healthwatch operated.

As Healthwatch England was now 10 years old, the operating model was to undergo evaluation to ensure that this reflected the best offer and to improve consistency.

Rotherham Healthwatch was hosted by Citizen's Advice, which was felt to offer additional benefits enabling those who consulted Healthwatch to simultaneously access other information and support services through Citizen's advice without the delay of a separate referral and intervention.

Notwithstanding the benefits of co-location and collaboration, Healthwatch Rotherham remained a totally independent service, with their own strategic board steering work and the development of priorities.

The service received enquiries from individuals or relatives of individuals seeking elements of care or support with a health condition. All enquiries were recorded anonymously, collated, and channelled appropriately. Healthwatch were also involved in the task and finish group to refresh the Health and Wellbeing strategy, ensuring that the voice and concerns of Rotherham residents were at its heart.

Healthwatch delivered 'Let's Talk' sessions in conjunction with community partners on topics of their choosing, including a CPR information session recently delivered in collaboration with Yorkshire Ambulance Service which provided reassurances to a heart support group regarding ambulance availability, call categorisation, CPR and defibrillation processes.

Andrea McCann had been upskilled to enable her to train community groups and empower them to become community ambassadors supporting specific groups such as those living with Diabetes. Healthwatch had also worked with public health to deliver sessions on smoking and vaping to college students. Further information concerning this work was accessible via the Healthwatch Rotherham website.

Healthwatch conducted 'enter and view' work, under powers still not fully understood by many health and social care services, which could only be refused by the subject service where it would significantly adversely impact delivery. In order to justify an enter and view visit, Healthwatch must have significant intelligence and cannot randomly select visit subjects. Visits this year had included a care home and a GP practice.

It was stressed that Healthwatch worked in partnership with services, with such visits providing constructive criticism and feedback enabling services

to understand the experiences of service users. Subjects received advanced notice of planned visits, and they were shared publicly with QR codes and other media encouraging wider public engagement and the completion of questionnaires. These were shared with both staff and service users.

Reports and recommendations were shared with the organisations visited prior to publication to provide them with the opportunity to refute or otherwise comment on the findings, in the interest of fairness.

Healthwatch Rotherham was a small team dealing with a broad scope of health and social care issues across the Rotherham borough, supported by volunteers. Their aim was to gather as much feedback as possible to enable them to understand the issues occurring in Rotherham, through the lens of those affected, acknowledging that often individuals are the experts on their own health and its associated impact.

With just three members of staff, Healthwatch Rotherham had provided information to 189 individuals, issued a newsletter which reached 628 people, attended 680 engagement and outreach events, signposted people to 114 local and national organisations, attended 32 community groups and attended 203 meetings between April and October 2024.

Healthwatch believed high quality training underpinned staff's ability to deliver an optimal service, with 40 training sessions undertaken to support their work. More detail would be shared with the Commission concerning Healthwatch's extended reach and the work undertaken to grow this further following the publication of the Annual Report in June 2025.

The Healthwatch Manager requested that Members sign up to the Healthwatch newsletter, acted as ambassadors for Healthwatch and made their constituents aware of the services Healthwatch could offer. They requested that the Council considers adding Healthwatch Rotherham to its newsletter to extend reach.

They explained that services and advice could be accessed anonymously online, or in person every Thursday between 9.30 am and 12.30 pm at the Citizen's Advice offices in Rotherham Town Centre.

The Chair thanked Healthwatch Rotherham for the presentation and invited questions from members.

Councillor Havard stated that she was familiar with Healthwatch's work through her involvement in the carers group. They queried whether there were any challenges around engagement with the public and if so, how did Healthwatch overcome those.

The Healthwatch Engagement Officer advised that engagement is difficult, noting that perseverance was vital. They explained that there was the desire to reach underrepresented groups across Rotherham,

which they had addressed by making good use of Rotherham's strong networking, attending events and meeting people involved in various fields to develop a strong professional network, acknowledging that this will be constantly developing and evolving over time.

Councillor Havard queried whether officers could share information with the Neighbourhood Teams to include in their newsletters to ensure that links to Healthwatch were shared borough wide.

The Chair suggested that this could form a recommendation.

Councillor Garnett asked how Healthwatch intended to progress the emerging themes for 2024/25.

The Healthwatch Manager advised that there were several lines of inquiry being considered, and noted that a number of the areas highlighted as emerging themes reflected workstreams already under development outside of Healthwatch and it would be of no benefit to duplicate work being undertaken elsewhere. They used mental health as an example of a strong theme, not just within the borough, but nationwide, noting that Healthwatch worked with Rotherham, Doncaster and South Humber NHS Foundation Trust (RdaSH) in 2023 to look at the crisis service, so they had already fed into improvements in that area. They explained that Healthwatch would conduct a holistic review of all emerging themes in January 2025 to consider the way forward and noted that GP services was a significant issue. They were addressing the concerns raised by working with individual practices.

Councillor Garnett queried whether there were any plans to formally refer any of those emerging themes to the Health Select Commission for consideration.

The Healthwatch Manager advised that there were no plans to do this at present, but following full review in January, this was something Healthwatch would consider if there was any area that it had tried to address and where it felt unable to make significant progress. They welcomed the Health Select Commission's support in this.

Councillor Bennett-Sylvester welcomed Healthwatch's presence in the town centre, however they expressed concerns around the digital divide and the adverse impact on his ward's constituents in terms of their ability to access services. They asked whether Healthwatch had considered using the 'open arms' service through Rotherfed to increase the availability of face-to-face access to Healthwatch's services. Councillor Bennett-Sylvester also echoed Councillor Havard's suggestion of utilising the Council's neighbourhood teams and queried how much asset mapping had been done to identify the community resources at Healthwatch's disposal for community outreach work.

The Healthwatch Manager advised that they had tried a number of the 'open arms' surgeries and events, but unfortunately these had delivered a relatively low footfall and given the size of the Healthwatch team, impact and value was a key consideration. This was not to say that this would be entirely ruled out in future should the need arise. They further explained that in order to address digital exclusion, there was a range of information that Healthwatch could provide in person through its connections with numerous community groups, but they are open to further extending their network and in person reach.

Councillor Bennett-Sylvester asked if Healthwatch would be receptive to invitations to ward surgeries to consider the needs of constituents.

Healthwatch confirmed that such opportunities would be welcomed.

Councillor Thorp explained that they held concerns for individuals affected by epilepsy in terms of employment issues following diagnosis, and general public awareness of how to respond to seizures. He explained that he had become aware of some new materials available to support epilepsy awareness and queried whether Healthwatch could become involved in promoting and disseminating those materials.

The Healthwatch Manager explained that they understood that for someone unfamiliar with epilepsy, witnessing someone suffering a seizure could be a dramatic and distressing experience and very difficult for someone to know how to respond appropriately. As such, Healthwatch would very much welcome access to any materials and would be happy to promote services aimed at increasing epilepsy awareness.

They also advised that they would encourage any epilepsy sufferers experiencing difficulties gaining or sustaining employment post diagnosis to challenge employers to respond appropriately in line with their duties under the Equality Act which offered protection from discrimination.

Councillor Thorp explained that the epilepsy society would be sharing the materials with him and asked if Healthwatch was happy to have these forwarded.

The Healthwatch Manager confirmed that they would.

The Chair requested that Councillor Thorp also share these with the Governance Advisor so that they could be disseminated to the Health Select Commission as a whole.

Councillor Yasseen noted that within the presentation, the services priorities and the emerging themes were two very different lists. They queried the relationship between the two, and how emerging themes became priorities.

The Healthwatch Manager clarified that the emerging themes were the issues that were currently or recently coming through, whereas the priorities were those issues that Healthwatch had worked on over the previous year. They explained that the priorities were establish through a years' worth of engagements, with the prevalence of issues supporting the generation of Healthwatch's work plan. They cited the 'easy read' offer for people with autism as an example of this. Historically the availability of the 'easy read' offer had been very low, but had been grown significantly as a result of being a priority, which had led to Healthwatch supporting Rotherham Hospital with its easy read offer to assist in their communications with individuals with learning disabilities.

Councillor Yasseen explained that they were aware that there had been historical difficulties for Healthwatch around engagement with BAME (Black and Minority Ethnic) communities. They explained that this linked with an issue reflected in the subsequent agenda item, the TRFT Annual Report, in terms of health inequalities and therefore sought clarity around whether Healthwatch believed this was an area that should be strengthened and how Councillors could support Healthwatch in that area.

The Healthwatch Manager confirmed that the service did have links with a couple of groups that supported BAME communities, acknowledging that the service has had to work hard to build trust through consistent engagement in order to fully understand and represent the issues affecting BAME communities. They confirmed that this remains a priority for Healthwatch, which could be strengthened further.

Councillor Clarke queried how lived experience of poverty fed into the work of Healthwatch and how digital exclusion impacts on those living in poverty, asking if the service would welcome the experiences of constituents from her ward on how these hardships translate into health inequalities.

The Healthwatch Manager explained that whilst poverty was not within the remit of Healthwatch, associated factors of poverty and the health impacts of them are so they would be interested in hearing any relevant case studies. They confirmed that their host Citizen's Advice would likely be better placed to provide advice and assistance to support those living in poverty, citing this as one of the benefits of the collaborative working between the two organisations referred to within the presentation.

Councillor Clarke explained that they held concerns around the mental health impacts, and increased risk of infectious diseases to those experiencing hardship, particularly in the case of those affected by fuel poverty.

Resolved:-

That the Health Select Commission:

1. Noted the role of Healthwatch and the contents of the presentation delivered.
2. Requested that details of Healthwatch's offer was shared with all Councillors and relevant Council Officers for onward circulation to constituents via Neighbourhood Teams, to support the service's reach across the borough.
3. Requested that the information and materials shared with Councillor Thorp by the Epilepsy Society was shared with all Members of the Health Select Commission.

26. TRFT ANNUAL REPORT

In light of the declaration of personal interest made by Councillor Garnett, they left the Chamber during consideration of this item.

The Chair welcomed Michael Wright, Managing Director, Sally Kilgraff, Chief Operating Officer and Helen Dobson, Chief Nurse, TRFT to the meeting and invited them to deliver the presentation.

The TRFT Managing Director advised the Commission that 2023/24 had been an exceptional year in terms of demands on the Trust's services, with the Trust managing a number of challenges and delivering successes, nonetheless.

Chief Nurse Helen Dobson explained that there had been significant improvements in relation to a range quality and patient experience issues over the previous twelve months, with emphasis and investment on continuous quality improvement with a programme of training supporting staff enablers driving improvements in infection prevention and control, resulting in shortlisting for a national award in this area.

Intrinsic to the ability to deliver high quality care was a stable and well-trained workforce. There had been huge successes in this area within midwifery and support workers, with significant improvements in retention and almost all vacancies filled. Emphasis was shifting from internationally educated nurses to local recruitment, including the ReSTORE programme which sought to integrate the refugee population with existing nursing qualifications from their home countries into the local healthcare system.

They outlined work undertaken through staff networks to promote and enhance diversity and inclusion, with TRFT preparing to hold its second annual cultural celebration event. This work had also resulted in a nomination for a national award.

TRFT had begun to introduce a series of 'joy in work' events, drawing on research which reflected that staff who were happy and enjoyed their jobs would be more productive. Events had a health oriented underlying themes as well as boosting morale, productivity and creating healthy competition between teams. The next planned event was veteran's awareness, linked to remembrance Sunday in November 2025.

The Trust had introduced a clinical accreditation programme over the last year which assessed a broad range of domains, allowing best practice to be identified.

Patient experience had also been a focus with a number of innovative initiatives implemented, some of which had drawn national attention, all with the aim of making time in hospital a more pleasant and dignified experience. The in-patient survey conducted produced data which identified the Trust as the most improved of 70 organisations who used that provider, and when compared with CQC (Care Quality Commission) Data the Trust were amongst the 7 most improved Trust's in England.

They acknowledged that there was still more work to be done to improve patient experience but cited that the Trust's focus was on being the best at getting better for the time being. In order to do this, the Trust had drawn information from a range patient experience data from a range of sources such as complaints and Healthwatch. For the coming year, the Trust would focus on the launch of a patient advice and liaison service and a carers charter and the Commission was appraised of data concerning the Trust's performance in that area during the previous year.

The Managing Director, TRFT, outlined the annual staff survey process and parameters, outlining that participation rates had improved from approximately 40% to 67%, with no Trust achieving more than 69% participation. The Trust had moved from the bottom quartile in respect of the areas assessed to the upper quartile in the past four years, approaching the best in country in some areas. The Trust was thrilled with these results and intended to build upon them.

They did note that one of the key challenges staff had faced was violence and aggression. As such, the Trust had invested in body worn video cameras for staff and had worked in collaboration with South Yorkshire Police to secure prosecutions where staff had been subjected to assaults. Work to eradicate poor behaviour toward staff continued.

The Chief Operating Officer cited that the background of industrial action against an increase in demand on services had provided a challenging year at times, particularly in maintaining service delivery across emergency and elective care. Despite this, progress had still been made in reducing waiting times.

Historically, TRFT had been one of the field test sites for the move away from the 4 hour emergency care standard, so after 4 years of working to

different standards the Trust returned to working to that standard last year. This required lots of work with staff, with different care pathways in place which staff needed to adjust to.

Despite this, improvements were made, with the Trust performing at 54.8% against the 4 hour standard at the start of the year, improved to 62.9% by the end of March. The Trust acknowledged that there was more to do to improve this further and work had been progressed with the ambulance service and community services pre and post treatment to improve flow to further enhance this further. The latest published figures from August 2024 stood at 68.7%.

In respect of elective care, the Trust had focussed on the return to the 18 week referral to treatment standard post Covid. Given the impact of industrial action, targets had moved into this year however, by the end of March 2024 the Trust had only 22 patients waiting over 65 weeks. By the September 2024, 65 week waits were eliminated in line with the national ask.

Cancer standards changed in year, reducing from 10 to 3 standards. These were in respect of diagnosis and treatment times. The Trust had made real progress against those and had introduced stretch targets to exceed the national ask, including no more than 1% of patients waiting more than 6 weeks for a diagnostic test.

As an integrated Trust with a number of community services, the Trust had consistently achieved the 2 hour urgent community response standard and had made great progress with increasing virtual ward capacity with strong step up and step down pathways. The Trust had also worked with health and social care partners alongside the voluntary sector over the last year to develop a ‘transfer of care hub’.

TRFT’s Managing Director confirmed that the Trust had achieved its financial plan, noting that this was a deficit plan of £4.715 million, achieving £11 million in efficiency savings and spent £12.3 million of capital on investments in estate, IT infrastructure and medical equipment.

They explained that TRFT had a partnership with Barnsley Hospital NHS Foundation Trust, with Dr. Richard Jenkins as Chief Executive of both, a joint strategic partnership group and joint delivery group which considered opportunities for collaboration, synergy and efficiencies which had delivered a joint gastroenterology service, considered clinical services reviews, commissioned a joint leadership development programme and explored commercial opportunities such as joint tendering to realise better value for money.

The Chair thanked TRFT for the comprehensive report and presentation and invited questions.

Councillor Bennett-Sylvester drew on personal experience and noted inconsistency in care ranging from very good to so poor that care was sought elsewhere. He queried whether those who had elected to seek care elsewhere were considered as a driver of improvement, given that this might represent difficulties around engagement but mindful of the learning opportunities those experiences might provide.

The Chief Nurse advised that where the Trust is aware that service users had sought care elsewhere due to dissatisfaction, this was looked at. They explained that this was why they encouraged patients and family members to come forward and share their views and experiences, acknowledging that complaints were a valuable tool for driving service improvements. Written responses were offered to complaints where required, however, local resolution meetings were preferred to allow those affected to communicate their experiences face-to-face.

Councillor Bennett-Sylvester noted that the complaints data reflected in the report and presentation appeared to have remained stable in terms of numbers, however, given that this was against a backdrop of increased demand, queried whether this was indicated of a reduction in complaints in real terms.

The Chief Nurse confirmed that this was a reduction in real terms.

Councillor Havard noted that the report and presentation made mention of a new public health Consultant. They asked for more information about that role and their focus, aside from the working groups outlined in the presentation.

The Managing Director advised that Andrew Turvey was a joint appointment working across the Trust and RMBC, who had been in role for just over a year. They explained that a lot of work had been done around patients who failed to attend appointments, they had worked with the quit team in relation to smoking cessation and managed the healthy hospitals team and prevention work in conjunction with Ben Anderson, Director of Public Health, RMBC.

The Director of Public Health, RMBC advised members that Andrew had been a good addition to the place team in terms of public health, supported by the Better Care Fund prevention programme working across the community, primary and acute sectors and leading on the development of the update of the health and wellbeing strategy.

Councillor Havard queried how the Trust engaged with GP services e.g. in terms of training etc.

The TRFT Managing Director explained that he worked with Dr. Jason Page who was a GP and the Medical Director for the South Yorkshire Integrated Care Board (ICB), Rotherham Place, who provided advice and support as required. TRFT's Medical Director and Deputy Medical

Director were closely linked with GP practices, and the out of hours service included GPs. The Chief Nurse added that training opportunities delivered by the Trust accommodated wider participation across all primary care as appropriate.

Councillor Thorp asked why the decision had been taken to close down staff accommodation, querying whether this was solely based on costs or whether there were other factors involved and if the Council had been approached to see if anything more could be done to allow those properties to remain in use.

The TRFT Managing Director explained that the Trust had conducted ongoing assessments of the accommodation, and more recently fire risk assessments which had identified that significant amounts would have to be spent to maintain the buildings. They explained that annual capital available to the Trust as outlined in the presentation was £12 million, which included all medical equipment, maintenance, wards and strategic works. As such, the costs associated with maintaining the accommodation was not affordable.

Councillor Thorp asked whether the Trust had any plans to address parking issues at the hospital which were affecting residents in neighbouring properties. They also asked whether consideration had been given to building a mutli-storey parking facility.

The TRFT Managing Director advised that parking had been an issue for some time, which had seen the Trust invest in ANPR technology to manage parking more effectively, alongside creating additional spaces a short distance away from the hospital building and encouraging the use of public transport where possible. They stated this remained and ongoing challenge which the Trust would continue to review.

Councillor Keenan advised the Commission that the accommodation closure was an area which had prompted concerns and invited Council officers to provide further information concerning the Council's readiness to respond.

The Governance Advisor outlined that as a result of concerns raised the Chair had consulted with Councillor Baker-Rogers, Cabinet Member for Adult Social Care who had in turn contacted TRFT, and Health and Ian Spicer, Strategic Director of Adults, Housing and Public Health. As a result the Chair was advised that the Trust had conducted listening events and were conducting one to ones with staff members affected by accommodation closures to understand individual needs and develop solutions. Likewise, the Council's Homeless Team was available to offer advice and support to those affected.

Councillor Thorp asked whether there was any potential to seek external investment in both the accommodation and/or car parking, through the Council or otherwise to resolve the issues for Rotherham residents with

financial neutrality from the Trust's perspective.

The TRFT Managing Director advised that he did not believe that had been explored and could be considered and was aware of other hospitals using outsourced parking functions and multi-storeys. There would likely be significant costs associated with any multi-storey development, but agreed that TRFT would discuss this further.

Councillor Yasseen queried whether the Trust intended to demolish the high rise blocks, or the single storey accommodations or both.

The TRFT Managing Director confirmed that there were no plans for any of the accommodation to be demolished. Due to the costs associated with maintenance the three apartment blocks were to remain unoccupied until such time as the longer term strategy was fully understood.

Councillor Yasseen wanted to understand what had caused the increase in demand for TRFT services, noting the progress against the 4 hour urgent and emergency care standard despite this and alongside the shift in policy. They also noted that the target had not been met and, whilst acknowledging the significant progress, wanted to understand what was being done to achieve that.

The Chief Operating Officer explained that the increased demand had presented in terms of both walk in patients and ambulance arrivals. There was work ongoing with the new Public Health Consultant to understand levels of deprivation and how that affects services accessed. They explained that the mindset shift when reverting to the 4 hour standard had proved more challenging than expected, however discussions with other field test sites had reflected that their experiences were similar. Further work was underway looking at pathways pre-hospital, within the hospital and within the urgent and emergency care centre. Eight additional doctors were recruited over the Summer and rotas were redesigned in order to demand match. These changes were implemented in August and the impact was beginning to be seen. Work had also been undertaken to strengthen the community offer which had also begun to make a difference.

Councillor Yasseen queried how having GP services within the urgent and emergency care centre was supporting overall service delivery.

The TRFT Chief Operating Officer explained that the urgent and emergency care delivered an out of hours GP service overnight, and the Trust had co-located some community services in the urgent and emergency care centre (UECC) overnight and at the weekend linked to the NHS 111 service. The Trust had also employed some GPs to work in the UECC during normal hours servicing those patients who presented with a primary care need.

Councillor Yasseen asked whether they had understood correctly that industrial impact had less significant for Rotherham Hospital than elsewhere.

The TRFT Chief Operating Officer advised that doctors did take industrial action however, lots of planning was undertaken to allow the hospital to maintain its urgent and emergency care services safely and maintain elective services. The Trust had had to cancel some theatre and outpatient work to maintain emergency services, but had minimised the impact effectively which was the key difference to experiences elsewhere.

Councillor Yasseen noted that the report detailed that 14% of patients from deprived areas were likely to miss their appointments versus 7% of patients from more affluent areas. They queried whether the Trust understood the causes of that disparity, and asked what they were doing to address those health inequalities.

The TRFT Manager advised that Andrew Turvey had commenced work to understand those reasons which could be employment based, transport based or otherwise in order to develop solutions. They noted that work was in its infancy.

Councillor Yasseen commented that there were differences across hospital departments in relation to how appointments were communicated, with some being via the NHS app, some via text message or email and some via hard copy correspondence. She queried whether those communication inconsistencies across services within the same hospital contributed appointments being missed and if so were there plans to address this.

The TRFT Chief Operating Officer explained that the Trust was moving to include more services in the app, considering the different booking processes currently used.

Councillor Tarmey noted the improved position around staffing level and questioned what the Trust had done differently to fill vacancies and plug gaps in rotas.

The TRFT Chief Nurse explained that this had been an area of focus for the Trust for a couple of years and the work undertaken was reflected in the data. Particularly the work done around retention had been picked up by NHS England and the Trust's shortlisting for the nurse employer of the year award was connected to the work done around retention. There had been a focus through the people and culture strategy on the working environment, involving clinical teams and ensuring the Trust was engaging staff and focussing on the basics. There was also a lot of work undertaken around leadership, inclusion and safety which had predominantly focussed on nursing staff but which was being extended to other staff groups. The Trust had arrived at a position where UECC, midwifery and community nursing had waiting lists of individuals wanting

to join the Trust.

Councillor Tarmey noted that in his experience, outsourced car parking facilities at hospitals resulted in higher costs for service users and that had the potential to widen health inequalities further and asked if TRFT would factor that into any future parking solutions.

The TRFT Chief Nurse referred the Commission to the launch of the carers charter detailed in the presentation and added that concessionary rates would be offered to carers which would assist in that area. They also noted that in feedback provided both to the hospital and through Healthwatch, service users had reported wanting to see the return of reliable public transports links to the hospital which had yet returned to pre-covid levels.

Councillor Havard explained that constituents had reported having to access services at Bassetlaw Hospital due to a lack of available beds at Rotherham and had noted difficulties around information transfer between the hospitals and queried whether there were issues around this.

The TRFT Chief Operating Officer explained that it was unusual for an ambulance to divert from Rotherham to Bassetlaw, but this could occasionally happen when a particular hospital was experiencing exceptional pressure. In terms of record sharing, this was easier the more records become electronic and was easier when transfers were planned. They explained that they would raise this with the IT Director as they were conducting work around records integration across the wider geographical area. They also noted that there had been significant progress made in relation to accessing GP records, but that record sharing generally remained a challenge and particularly across Counties.

Resolved:-

1. That the Health Select Commission noted the TRFT Annual Report for 2023/24.

27. HEALTH SELECT COMMISSION WORK PROGRAMME - 2024/2025

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed to undertake full scoping and prioritisation of the three items under consideration for a full review as identified in the work programme, and agreed to convene a meeting for this purpose.
3. Agreed that the Governance Advisor be authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and reporting any such changes back to the next meeting for endorsement.

28. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Resolved:-

That the Health Select Commission:

1. Noted the postponement of the 5 September South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee meeting.
2. Noted that an update and minutes from the rescheduled meeting on 10 October 2024 would be brought to the to 21 November 2024 Health Select Commission meeting.

29. URGENT BUSINESS

The Chair requested that Members consider the current pre-meeting schedule and whether this was prohibitive to participation and to share views with the Governance Advisor for collation and consideration, noting that any suggestions would be welcomed.