Public Board Question Log – 30 July 2020

| QUESTION NO. | MEETING DATE | QUESTIONER | QUESTION | ANSWER |
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| 2020/01 | 28/05/20 | Gill George | **Cancer Care**<br><br>Relating to the period 1st January 2020 to the present:<br><br>How many cancer patients have had their treatment delayed during this period? Who took decisions on this? What criteria were in place to determine who would be treated and who would not?<br><br>I understand a decision was also taken to withhold diagnostic information from some patients (i.e. they were not told of a newly diagnosed cancer). Their treatment was therefore also delayed. How many patients were affected? Again, who took decisions on this, and based on what criteria?<br><br>Were the Medical Director, Chief Executive and Board aware of the decisions to delay diagnostic information and treatment to some cancer patients? | An extract from the minutes of the Board of Directors' meeting on 28/05/20.<br><br>At the beginning of the pandemic (March 2020) there was a clear national steer to cancel as many inpatient, ambulatory appointments and procedures as possible, in order to protect vulnerable people and create the capacity to deal with any potential surge due to the pandemic.<br><br>Whilst SaTH maintained a number of urgent surgical procedures and a full programme of radiotherapy and chemotherapy, in responding to the pandemic, the Trust recognised there have been a number of cancer patients whose diagnostics and treatment have been delayed. The Trust is not aware of any patients where the outcome of their cancer diagnosis was deliberately withheld. If you have evidence of such information being withheld, the Trust would ask you to forward it to David Holden, Interim Director of Governance (David.holden7@nhs.net). It will be investigated and the appropriate action taken. |
| 2020/02 | 8/07/202 | Gill George | **CQC Report** | At the time referred to, effective governance systems were not in place to ensure all director files were complied with the 'fit and proper persons' regulation. The |

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| | | | The April 2020 report (from a 2019 inspection) is quite damning. It shows a failure to improve in very many areas, and a deterioration in some.<br><br>The 'well led' domain continues to be rated as inadequate. The report notes that the Trust breached its CQC registration with regard to 11 regulations. These included 'Regulation 5: Fit and Proper Persons- directors'; 'Regulation: 17: Good Governance' and 'Regulation 20: Duty of Candour'. These areas are fundamental.<br><br>Without strong and principled leadership, the Trust will of course struggle to provide high quality clinical care. Major weaknesses in leadership were identified by the CQC in November 2018. Many of those concerns evidently remained a year later.<br><br>What were the 'Fit and Proper Persons' breaches in November 2018? What steps were taken to resolve these? What were the 'Fit and Proper Persons' breaches a year later, in November 2019? Do these breaches still exist?<br><br>A lack of understanding of Duty of Candour has caused great distress in the past, not least in the Trust's handling of avoidable deaths and harm in the maternity service. What is the evidence that the current leadership team has meaningful commitment to the Duty of Candour, including a willingness to fight for a culture of openness and transparency across the organisation? Does the current Board recognise there have been damaging failures around candour in the recent past? | Trust could not therefore be assured that all directors were 'fit and proper' to carry out their responsibility for the quality and safety of care.<br><br>The Trust has since improved governance including the review of the Fit and Proper policy. The Trust commissioned its newly appointed auditors to ensure systems and processes are up to speed and good practice is being followed and maintained. |

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| | | | Public board meetings since November 2018 have failed to identify ongoing weaknesses around leadership. Why? Has the Board been unaware? Or did the Board choose to withhold concerns around leadership from the public?<br><br>Is the Board confident that leaders with the skills to achieve fundamental transformation at SaTH are now in place? Assuming the answer is 'Yes', what is the basis for that confidence? | |
| 2020/03 | 30/07/20 | Gill George | **Former Chief Executive**<br><br>What external support has SaTH received from Virginia Mason in the last year?<br><br>Has this included any input from former SaTH Chief Executive Simon Wright? | Simon Wright has not had any input into SaTH through his Virginia Mason work. |
| 2020/04 | 30/07/20 | Gill George | **Staff Survey**<br><br>The 2019 staff survey showed particular weaknesses around 'themes' of Health and Wellbeing and Staff Engagement. What steps is the Board taking to ensure that staff feel valued, listened to and supported through a difficult period?<br><br>Will the Trust seek to ensure the involvement of **all** staff in current and future service changes, encouraging staff to see themselves as the champions of patient care and safety, and placing staff at the heart of change? The history has perhaps been one of over-reliance on a small group of senior medical staff. | The Trust has recognised and now focused on the issues that impact staff. These include ensuring staff feel valued, listened to and supported.<br><br>The health and wellbeing of the staff remains a critical priority – and never more so than during this Covid period.<br><br>Actions taken include:<br>• Investment in a comprehensive support package for staff at all levels of the organization including online and face to face advice and guidance.<br>• Tailored psychological support has been |

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| | | | | provided by MPFT and another external provider for key areas (especially Covid wards and W&C) and the Trust is currently exploring additional areas (such as renal and radiology)<br><br>• Additional support has included the provision of wellbeing rooms, staff apps, fast-track physio, online mental health awareness and mindfulness sessions alongside regular consultations with staff groups on other health and wellbeing needs.<br><br>The Trust recognises there is more to be done and we will continue to identify staff needs and respond to them.<br><br>With a new leadership team in place, the Trust has already taken steps to put staff alongside patients at the heart of service changes. As an example, the Hospital Transformation Programme has been consulting with staff groups and clinical teams across the organisation about the future configuration of services. This will continue throughout the autumn to ensure their views are fully reflected in the Outline Business Case. Staff at all levels are being consulted, including Facilities, Estates, Administration and other support services, not simply senior medical and nursing staff.<br><br>A new monthly information Cascade designed to reach all staff, has been well |

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| | | | | received which includes an opportunity for staff to give feedback and ask questions which are channelled back to the senior team. |
| 2020/05 | 30/07/20 | Gill George | **Maternity Dashboard**<br><br>The report of the Maternity Assurance Committee notes 'A maternity dashboard was presented to the meeting'. The maternity dashboard used to be published and in the public domain as a matter of course. It was withdrawn by SaTH at a time of mounting concern about the maternity service. I have asked for publication of the maternity dashboard to be reinstated at least twice in the past. Maternity is an area of significant public interest, and it is in the interests of transparency for SaTH to share this information.<br><br>Will SaTH publish the current maternity dashboard?<br><br>Will SaTH make this maternity dashboard, along with previous and future maternity dashboards, available on its website? | The Maternity Dashboard has been under review for several months and remains under review to ensure it meets national standards and follows good practice. The Trust will be reviewing publication of the dashboard, the context of the data and the Statistical Process (SPC) charts. |
| 2020/06 | 30/07/20 | Gill George | **Births Before Arrival (BBAs); MLUs**<br><br>1. How many BBAs have taken place so far in 2020/21?<br><br>2. How many BBAs took place in 2019/20?<br><br>3. How many BBAs took place in 2018/19? | **1. 9 in total = 0.9%**<br><br>**2. 41 in total = 1% (method of data collection changed)**<br><br>**3. 8 in total = 0.2% Based on the new criteria this number would be 36 = 0.8%** |

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| | | | 4. What proportion of births took place in MLUs in 2019/20?<br><br>5. What proportion of births took place in MLUs in 2018/19?<br><br>6. What proportion of births took place in MLUs in 2017/18?<br><br>(This data will be recorded by SaTH as a matter of routine and should take a few minutes to look up). | 4. **5.4% Closure of RSH MLU in 2019 for refurbishment**<br><br>5. **8.1%**<br><br>6. **11.3%**<br><br>BBA data is not a direct reflection on closure of the MLUs. This would only be significant if the number of BBAs were specifically Midwifery led women, as it is these women who should be booked for care and birth at an MLU. |
| 2020/07 | 30/07/20 | Gill George | **Cancer follow up care**<br><br>This question is asked at the request of K, a SaTH patient:<br><br>I'm 35, with young children. I have a serious gynaecological cancer.<br><br>My initial treatment of major surgery was successful, but I continue to need regular review appts because the consequences of recurrence could be very serious indeed. My SaTH consultant has stressed the critical importance of these reviews and of these happening on time.<br><br>My last booked review would have been 8 weeks overdue – but it was then cancelled, with one day's notice. I had to make a fuss to get another appointment arranged, earlier this month. My | During Covid-19, cancer services continued as a priority. All appointments were triaged by a consultant to ensure that an appropriate appointment option was offered. Where appropriate, telephone follow ups were offered rather than face to face, and some follow up appointments were converted into telephone or consultations via other means.<br><br>It would not be usual for a smear appointment to be replaced with a telephone call, but this may have been a result of consultant triage as above. |

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| | | | consultant highlighted again – not just to me but to the wider service – the importance of scheduled follow up happening on time.<br><br>I am due for a vault smear in early October. I received a letter from SaTH seeking to replace my appointment for a smear with a telephone appointment! This is meaningless. Again, I have had to take the responsibility for sorting out my own care.<br><br>I'm tired and unwell. Cancer has changed my life. I don't want to have to take on the job of arranging my own care, and I think many others in my situation would be unable to do this.<br><br>What's happening? Has your system for offering follow up to cancer patients broken down in the last few months? Why? What steps will SaTH take to audit existing cancer patients to ensure that people who have not been offered appropriate care will now receive high priority appointments? | Waiting time targets continue to be achieved in gynaecology, and all patients on a follow up list are reviewed. |
| 2020/08 | 30/07/20 | Claire Howard, Parkinsons UK | **Parkinson's Nurse Specialist (PNS) post**<br><br>In December 2019, following a number of conversations and meetings over the previous eighteen months, SaTH's Chief Operating Officer and Assistant Chief Operating Officer informed Parkinson's UK that the Trust had committed to recruiting to the vacant Parkinson's Nurse Specialist (PNS) post. However this post is still vacant and has not been advertised.<br><br>Parkinson's UK understands the constrictions covid placed on trusts' capacity for recruitment but we are also keenly aware that, for more than two years, | SaTH has a Parkinson's Specialist Nurse in post based at PRH in Neurology Services and is in the process of recruiting a second one. |

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| | | | people with Parkinson's have had limited access to a specialist nurse service in Shropshire. We are also aware that a number of other trusts have successfully recruited to these posts in recent months.<br><br>Please can the board advise when the post will be advertised?"<br><br>If there are any problems with this then please let me know.<br><br>**29/07/20**<br><br>Many thanks for your response. It's great to hear that there is a plan to recruit and would be grateful to be kept updated on this process. I would also just like to confirm that this question will still be presented to and answered by the board this afternoon so that there is public acknowledgement of this? I hope that this would also then provide some reassurance to the Parkinson's community in Shropshire. | |
| 2020/09 | 20/07/20 | Diane Peacock | **Various Questions**<br><br>*The questions below are intended to provide the public with information relating to the local outcomes of national directives and guidance on hospital admissions and discharges, from and into care homes in Shropshire and in Telford & Wrekin during Covid-19.*<br><br>*In the interest of accessibility and transparency, the Governing Body is politely requested to supply actual numbers and dates when responding to questions 1-5.* | |

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| | | | 1. Since 2 March 2020, how many care home residents from a) Shropshire and b) Telford & Wrekin were admitted to hospital with suspected or confirmed Covid-19, and died in hospital with Covid-19 on their death certificates? | 1. SaTH Information system is not able to derive this data. |
| | | | 2. Since 2 March 2020, how many care home residents (if any) from a) Shropshire and b) Telford & Wrekin were admitted to hospital for another condition, then contracted Covid-19 and died in hospital with Covid-19 on their death certificate? | 2. SaTH Information system is not able to derive this data. |
| | | | 3. How many patients in total were discharged from hospital into care homes in a) Shropshire and b) Telford & Wrekin in the sixteen weeks from 16 March 2020 - 29 June 2020? | 3. SaTH Information Team cannot provide this data. They are not able to differentiate between 'places of residences' this could be home, or care/residential home. |
| | | | 4. From Monday 2 March to the present which weeks saw the largest numbers of hospital discharges into care homes in a) Shropshire and b) Telford & Wrekin? | 4. SaTH Information Team cannot provide this data. They are not able to differentiate between 'places of residences' this could be home, or care/residential home. |
| | | | 5. From what date were all hospital patients awaiting discharge into care homes tested for Covid-19? | 5. Guidance issued Friday 17th April, Process designed Monday 20th April, Implemented Tuesday 21st April. Reporting started Friday 24th April. |
| | | | 6. Data from commissioners and providers captured by various national agencies (e.g. NHSE, NHS Capacity Tracker, ONS, PHE, DH&SC and CQC) when combined with | 6.<br>a. SaTH has followed Government guidance regarding testing and discharge and this will have had |

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| | | | intelligence from Local Resilience Partnerships and local Gold and Silver Command structures will have enabled the pattern of Covid-19 outbreaks in care homes to be analysed at granular level locally. Relating to this:<br><br>a. What has been learned from data analysis when gauging the impact (if any) of hospital discharge patterns on <u>all</u> Covid-19 outbreaks* in Shropshire and in Telford & Wrekin care homes in March, April, May and June 2020?<br><br>b. What impact (if any) did the mandatory testing of all patients before discharge from hospital into a care home have on the pattern of subsequent outbreaks?<br><br>*As the Board will be aware, PHE outbreak data only include the first Covid-19 outbreak in a care home. It is likely there will have been some care homes with further outbreaks. If this is the case, this will have been recorded locally to inform analysis. | a positive impact on managing potential outbreaks in care homes but we would be speculating on what levels might have been like had we not done this. The learning from other areas is that rates might have been higher if we hadn't had these stringent measures in place. This is a multifactorial issue and outbreaks cannot solely be linked to discharge arrangements. There is also evidence nationally that visiting arrangements and staff flow in and out of homes has impacted on outbreak levels for instance. Generally care home outbreak levels have been low in STW when compared with the regional and national picture. Further detail can be sort from ONS.<br><br>b. The impact of discharge arrangements is outside of SaTH so it should be for the Local Authorities and Shropshire Partners in Care to answer |

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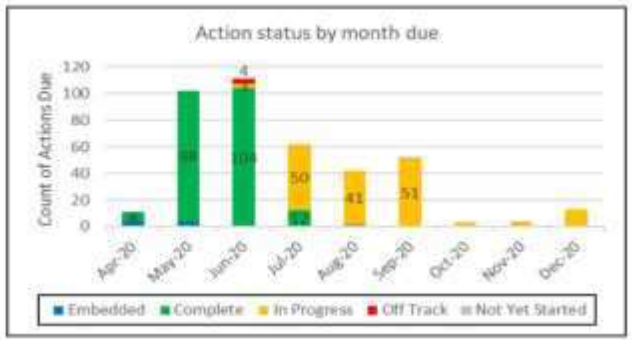
| 2020/11 | 30/07/20 | David Sandbach | **Various Questions**<br><br>**1.**<br>Replacement wording 'Prof Deadman (NED) highlighted that the same serious WLI implementation policy issues appear to have been identified and reportedly resolved by successive audit committee reviews in the last 9 years. We therefore need to check that when WLI audit actions are reported as completed they result in lasting improvements.<br><br>Yet another example of bad management at SaTH this comment looks like others whereby NED's complain about management inability to make plans stick on a permanent basis.<br><br>See also – "Mr Allen (**A.NED**) made the point with regard to action plans that the Trust is good at finding solutions but these are not sustainable."<br><br>**2.**<br>**What does "embedded" mean?**<br>Improvement Plan Trajectory:<br>  <br> | **1.**<br>The Trust has reviewed these audits and found no evidence of fraud. The Trust has reviewed job plans with individual consultants and identified explanations for audit findings relating to job planning and flexible working. It has provided clearer guidance for doctors. The Trust has amended relevant policies and introduced improved more accountable processes.<br><br>**2.**<br>In the CQC improvement plan, embedded means, sufficient time has been allowed to ensure systems, process and change have occurred to ensure the action is completed.<br><br>For example:<br>Following the development of a new policy, embedding would mean actions are applied consistently with tangible and measurable benefits for patient outcomes. |

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| | | | "the Trust's Maternity Assurance Committee is also adding ***performance assurance rigour*** into the Care Group"<br>In February this year I pointed out this facility:<br><br>  <br>**4.4 Real-time data monitoring**<br>In May 2019, MBRRACE-UK introduced a new real-time data monitoring tool, incorporated into the MBRRACE-UK web-based system (Figure 15). The tool allows registered users of the MBRRACE-UK surveillance system to monitor, filter and summarise the perinatal deaths reported for their organisation, using live surveillance data from the MBRRACE-UK system. To make full use of the tool, it is therefore essential that deaths are notified and surveillance data entered as soon as possible after the death.<br>The centrepiece of the tool is a chart which plots the number of days between deaths, allowing Trusts and Health Boards to identify unusual patterns and clusters within their organisation. The addition of statistical process control features places each death in a more historical context for that organisation, and highlights clusters of deaths occurring closer together than would be expected based on that historical data. Users can click each point on the chart to see further information about the death it corresponds to, as well as viewing the MBRRACE-UK surveillance data if required.<br>Figure 15: Real-time data monitoring tool<br>Deaths within your organisation<br><br>Source:<br>https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK%20Perinatal%20Mortality%20Surveillance%20Report%20for%20Births%20in%202017%20-%20FINAL%20Revised.pdf page 38.<br><br>Given the real time nature of this reporting system I would expect the Executive led Maternity Quality Committee and the MAC would find it a very rigorous assurance measurement tool. | |

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| | | | **3.**<br>"Prof Deadman (NED) stated that he was pleased to note that the Trust has implemented an outpatient virtual consultation solution as part of the response to Covid-19."<br><br>SEE: https://www.sath.nhs.uk/patients-visitors/video-clinics/<br><br>**Why have some of the surgical specialties e.g. vascular and colorectal not signed up to offering virtual clinics?**<br>**Has an evaluation methodology / evaluation team been established?**<br><br>also not taken place. The maternity transformation work has been paused and therefore the work towards continuity of carer has been paused and monthly feedback to the Board has not occurred since March 2020. The DoM confirmed<br><br>"Mr Newman asked if the Trust has a date by which it will be back on plan for cancer performance and diagnostics. He noted that the IPR is reporting the historical position, and provides no evidence of service recovery proposals. The COO responded that as part of the immediate restoration work the Trust has introduced some urgent services, and that extensive discussion is currently underway on how restoration is further developed as part of the Operational Plan." May 28th 2020<br><br>Board members may like to see this report from the SCCG Board papers dated 8th July 2020 to get a feel for the situation in the Shropshire CCG area: | **3.**<br>Cancer forecast included in Operational Plan (copy enclosed – slide 5 & 6)<br><br>Updated FINAL - SaTH Op Plan - 20 08 |

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| | | | 3 CANCER<br>3.1 As at June 2020, performance for the cancer indicators is as follows:<br>  <br>https://www.shropshireccg.nhs.uk/media/2818/08072020-combined-part-1-sccg-governing-body-papers.pdf<br><br>MONTHLY INTEGRATED PERFORMANCE REPORT<br><br>**The Board of Directors noted the report, and the Chair requested that future reports incorporate a more forward looking focus. Need to check this is in the Board papers.**<br><br>"The committee received a high level Draft Maternity Transformation Plan to bring the maternity services to where we need to be in the future. This is largely based on themes identified from the leaked DO report and aligns to Morecombe Bay report."<br><br>**Should the people of Shropshire, especially women of childbearing age, raise a glass of campaign to whoever leaked the DO report?**<br><br>**4.** | |

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| | | | **Emergency Department Assurance Committee Key Issues Report**<br><br>  <br><br><br>The fundamental risk to Emergency Department performance is the mad cap, NHS establishment denial of reality by the SaTH Board, CCG's and NHSE/I.<br><br>(Recovery Plan included on agenda for discussion at Finance & Performance (August 2020)<br><br>Unless and until there is a centralised A&E department along the lines of the FF plan SaTH performance will remain abysmal for the next 5 – 6 years.<br><br>These words will appear in the audit reports year on year:<br><br>***"KPMG was not satisfied that the Trust made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. This was due to its financial position, high agency spend, inadequate CQC rating, failure to deliver a number of operational targets and the independent review into maternity care."***<br><br>I truly wish the SaTH Board did not believe that the earth is flat and that fundamental forces of clinical demand spread over two half-baked departments cannot be managed by re-arranging the corporate policy furniture and so called "help" from people who do not have any real skin in this game. | **4.**<br>Detail included in August IPR will be presented at Board of Directors Meeting on 17.09.20. |

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| | | | **5.**<br>"The backlog of patients waiting for Diagnostics and Treatment has risen significantly during Q1 and additional capacity will be required to address this during the remainder of 2020/21".<br><br>No Board paper explaining what the plan is to deal with the issue. A winter pressure plan is promised for the Board in September a few weeks before winter starts in the NHS.<br><br>"We are planning carefully for the months ahead including winter." CEO report NEDs need more detail – as do the public. This comment is not good enough at this point in the winter planning cycle:<br>I refer you to my plan to open a Covid safe facility in Telford – at least it is a plan.<br><br>**6.**<br>NEDs should open these links and ask if SaTH has plans to introduce this technology "Call before you Attend service."<br><br>https://www.england.nhs.uk/wp-content/uploads/2020/07/Agenda-item-5-Future-of-UEC-services.pdf<br><br>and this<br><br>https://www.theguardian.com/society/2019/may/23/birmingham-to-begin-accident-and-emergency-online-chat-service-in-tech-revolution-for-nhs-care | **5.**<br>Recovery Plan included on agenda for discussion at Finance & Performance (August 2020).<br><br>Performance Report (copy enclosed)<br><br>Performance Jul 2020v2.pptx<br><br>**6.**<br>The Trust is exploring the "Think 111 first" model and has requested data from other Trusts using it. Recognising the availability of other options, the Trust is being mindful not to increase ED attendances and is working with partners to expand the urgent treatment centre models.<br><br>. |

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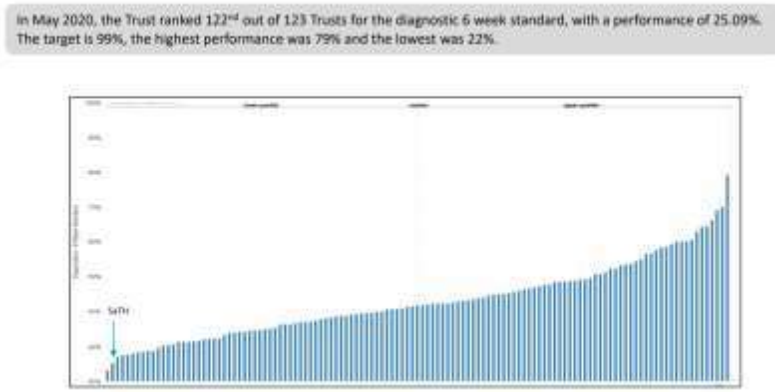
| | | | **7.**<br>"SATH UTC Activity and care at the MIUs continues to provide patients with a beneficial alternative to ED"<br>**<u>This is not what the SCCG is saying in their Board papers.</u>**<br>  <br><br>**Is this performance because SaTH is short of MRI's and CT scanners?** | **7.**<br>The activity taking place at MIUs continues to allow some patients to access care at the 2 MIU sites rather than attend the 2 Emergency departments – this reduces risk for staff and patients.<br><br>The graph (attached) relates to the national diagnostic standard (DM01) – the aim is for 99% of planned diagnostic tests to take place within 6 weeks of the referral. The standard includes not only CT/MRI/Ultrasound, but also Endoscopy and Physiological Measurements such as ECGs and Audiology.<br><br>In May, in line with national guidance, routine diagnostics were paused. SaTH was, and still is, unable to carry out the same number of tests per hour as pre-Covid... Referrals to all diagnostic modalities are prioritised based on clinical urgency. Pre Covid, SATH had one of the highest usage rates per scanner for CT and MRI in the region, and reductions in throughput due to social distancing and infection control measures does mean that the Trust requires more scanner capacity.<br><br>In July, August and September, NHSI have supported SATH with mobile CT, and in |

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| | | | | October we will have both mobile CT and mobile MRI capacity to support increased imaging. |