

**Submitted Questions by Members of the Public
for the Governing Body meeting on 12th January 2022**

Name, Date and time	Submitted questions	CCG Summary Response
Julie Evans 10.01.22 at 11.55	1) Is it the intention that outpatient cardiology services will be retained at RSH? Travel to PRH for e.g. an echocardiogram is costly and time consuming for many Shropshire people, particularly those in South Shropshire, and particularly for people who do not drive.	Yes the intention is that outpatient cardiology services will be retained at RSH.
Julie Evans 10.01.22 at 11.55	2) November Board papers referenced 'revised governance arrangements for oversight of the HTP'. What are these revised governance arrangements? Are they believed by the CCG to be working well?	This reference was taken from the minutes of the Governing Body meeting held on 8 th September. The full paper can be found on the CCG website: https://www.shropshiretelfordandwrekinccg.nhs.uk/wp-content/uploads/STW-CCG-Governing-Body-Meeting-Part-1-Agenda-Papers-08.09.21.pdf The CCG believes these to be working well.
Julie Evans 10.01.22 at 11.55	3) The Summary Quality and Safety Report (P168) notes 'Work is being undertaken with Shropcom regarding End of Life care'. What was/is the nature of this work?	CCG Governing Body meeting 12 January agenda item GB-22-01.009 'Niche Recommendations' details this work. Shropcom is Shropshire Community Health NHS Trust (SCHT)
Marilyn Gaunt 10.01.22 at 9.32	Future Fit	

	<p>In 2014 and 2015, Future Fit included comprehensive proposals for boosting local care in rural areas. Community hospitals were to take on medium acuity patients who would otherwise need acute hospital admission. There was to be a network of five rural Urgent Care Centres, very heavily promoted during engagement events (and very popular). There were also proposals for Diagnostic and Treatment Centres and/or Local Planned Care Centres to avoid the need for people in rural Shropshire to travel to Shrewsbury or Telford for their care. Future Fit at the time was led by Shropshire CCG, and promoted and supported by both CCGs.</p> <p>1) When and why were the plans for enhanced care for rural areas dropped? There has never actually been a public explanation.</p>	<p>The plans for enhanced rural care services have not been dropped, there has been 'Care Closer to Home' which has now been superseded by the Local Care Programme as we develop as a system. We have extended the range of post acute pathways the community hospitals can support e.g. fractured neck of femur and stroke. Community hospitals also now take admission avoidance cases direct from either Emergency Department. We continue to look for any and every opportunity to develop our rural service offerings (where our workforce /funding allow) and the community diagnostic hub programme will also add to the county's capacity outside of our main acute hospital sites.</p>
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Ludlow Hospital</p> <p>2) Could the CCG in its commissioning role find out when Shropshire Community Trust intends to consult on the closure of Stretton Ward at Ludlow Hospital? This closed on an interim basis in July 2015. A reduction of beds at Ludlow quietly preceded the ward closure.</p>	<p>This question should be directed to Shropshire Community Health NHS Trust.</p>

<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Ludlow Hospital</p> <p>3) A decade ago, Shropshire Community Trust believed that Ludlow Hospital was too small to meet local need and that the site lacked the space for future development of services. Considerable work took place in 2012 and early 2013 around plans for a larger hospital to be built at Ludlow's Eco-Park. This project was halted by Shropshire CCG on financial grounds, rather than clinical grounds, in August 2013. What has changed clinically?</p>	<p>This question should be directed to Shropshire Community Health NHS Trust.</p>
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Ludlow Hospital</p> <p>4) Current proposals are to sell the former Maternity building at Ludlow Hospital. Which organisation owns that building? What is the relationship with PropCo?</p>	<p>The CCG does not own this building. This question should be directed to Shropshire Community Health NHS Trust.</p>
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Ludlow Hospital</p> <p>5) Is there a risk that the sale of the building limits the potential to reinstate the Maternity Unit at Ludlow, despite consultation on MLU closure never having taken place? Is there a further risk that reducing the size of the site constrains future development at Ludlow Hospital (and does so in advance of the CCG's community beds review)?</p>	<p>This question should be directed to Shropshire Community Health NHS Trust.</p> <p>The CCG remains committed to the future of vibrant local health services in Ludlow.</p>
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>6) What happened to the large plot of land purchased at Ludlow's Eco-Park?</p>	<p>The CCG does not own this land. This question should be directed to Shropshire Community Health</p>

		NHS Trust.
Marilyn Gaunt 10.01.22 at 9.32	<p>Shrewsbury MLU</p> <p>7) Shrewsbury's MLU was closed for six months on 10th June 2019 for essential building work to take place. Has the CCG asked SaTH why this work has taken five times longer than anticipated?</p>	<p>The CCG understands that the estates work required was more complicated than initially thought and relates to asbestos removal; there remains some outstanding remedial estates work to be completed.</p>
Marilyn Gaunt 10.01.22 at 9.32	<p>8) Is the CCG aware of any plans by SaTH to re-open Shrewsbury MLU? Could you find out?</p>	<p>Shrewsbury MLU remains open for ante natal and post natal care.</p> <p>SaTH have undertaken a risk assessed approach to the closure of Shrewsbury MLU intrapartum care for safety reasons, due to midwifery staff shortages. This position remains under regular review by the CCG.</p>
Marilyn Gaunt 10.01.22 at 9.32	<p>Rural MLUs</p> <p>The three rural MLUs – Oswestry, Bridgnorth and Ludlow – were closed by SaTH on an interim basis on 20th May 2018. (The 'safety grounds' cited by SaTH at the time were around the failure to provide 1:1 support to women giving birth at the PRH Consultant-Led Unit together with an incorrect belief that closing rural MLUs would solve the Consultant-Led Unit staffing problems). SaTH and predecessor CCGs have always taken the view that formal consultation on MLU closure has to await the completion of</p>	<p>There is no further update on NHS England's approval timeline to allow the CCG to commence public consultation on the plans for these services.</p>

	<p>the CCG-led MLU Review. This started in May 2017 and was scheduled for completion in January 2018.</p> <p>9) Does the CCG have a timetable for public consultation on the future of MLUs? A completion date for its MLU Review?</p>	
<p>Marilyn Gaunt 10.01.22 at 9.32</p>	<p>Rural MLUs</p> <p>10) Is it the CCG view that it is acceptable for the interim closure of rural maternity units to continue indefinitely?</p>	<p>The CCG is committed to ensuring there are safe midwifery services across the county.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>1) When did the CCG write a letter of support for the latest Future Fit/HTP Strategic Outline Case? Was this agreed in a public Board meeting?</p>	<p>See attached letter.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>2) Were there any caveats in the CCG's support?</p>	<p>See attached letter.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>3) Is there a reason for the SOC and the letter of support</p>	<p>As soon as NHSEI approval is received, the CCG understands that the final agreed SOC document will</p>

	<p>apparently not being in the public domain? I know SaTH's view is that secrecy must be maintained until NHS England has approved the document but this has not been previous practice around Future Fit.</p>	<p>be released into the public domain in line with NHS process for such business cases (previous and current). The SOC is a SaTH document and not a CCG document. In line with this approach, the CCG has not published its letter of support, but in view of the content of the CCG letter, it is prepared to share this in response to the public questions raised.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>4) Is the CCG 100% confident that current HTP proposals – whatever those may – are fully consistent with the model that was consulted on in 2018?</p>	<p>See attached letter.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>5) What is the current estimated capital spend arising from Future Fit? What is the current proposed source of capital funding?</p>	<p>This question should be directed to Shrewsbury and Telford Hospital NHS Trust.</p>
<p>Sue Campbell 10.01.22 at 11.28</p>	<p>Hospitals Transformation Programme:</p> <p>6) What is the likely annual revenue impact on SaTH and/or the local NHS system of this capital spend? (A range of possibilities is fine if a single figure is unavailable, but the CCG must have discussed this important issue).</p>	<p>This question should be directed to Shrewsbury and Telford Hospital NHS Trust. The CCG's position is set out in the letter attached.</p>

<p>Gill George 10.01.22 at 11.55</p>	<p>Maternity</p> <p>1) The December Quality and Performance report (page 52) notes 4 BBAs (Births Before Arrival) in October, and that BBAs are reviewed. What themes have emerged to date from a review of BBAs? How many BBAs have there been year-to-date?</p>	<p>SaTH report 41 BBA's between April 2021 and November 2021 (the latest data period reported on).</p> <p>There is no national data to benchmark BBA levels against. All cases are reviewed and year to date there were no reported poorer outcomes for mother or baby for any of these cases.</p> <p>A minor theme of maternal choice was noted, including the labouring mother electing to delay attendance at birthing centres or choosing not to access Maternity services to deliver her baby.</p>
<p>Gill George 10.01.22 at 11.55</p>	<p>Maternity</p> <p>2) Glancing through SaTH Board papers suggests a concerning number of Serious Incidents in maternity and obstetric care. Is the CCG aware of any themes emerging from analysis of these? How confident is the CCG that SaTH's maternity services are currently safe?</p>	<p>SaTH continues to be supported by Sherwood Forest Hospital as their maternity improvement partner. The CCG are fully engaged with and can report confidence in SaTH's maternity governance processes. This includes the risk assessment process regarding safe staffing of Shrewsbury MLU.</p> <p>No discernible themes have been identified from the incidents reported.</p> <p>SaTH continue to report good progress with completing the actions required following the publication of the first Ockenden report.</p> <p>For more detail regarding content of the papers mentioned, it is suggested this question is directed to</p>

		SaTH.
Gill George 10.01.22 at 11.55	<p>Urgent and Emergency Care</p> <p>For local people, this is an area of overwhelming concern.</p> <p>3) The 'Actions' section of Board papers (Page 37) comments on 'serious incidents recorded by WMAS relating to STW patients experiencing delayed treatment or handover response as a contributory factor'.</p>	<p>This is a statement and is not phrased as a question to respond to.</p>
Gill George 10.01.22 at 11.55	<p>Urgent and Emergency Care</p> <p>4) How many serious incidents have there been? What steps are being taken to prevent harm to patients?</p>	<p>Between April and November 2021 the CCG were notified of 5 serious incidents (SIs) relating to STW patients experiencing delays to ambulance response and treatment as a contributory factor.</p> <p>Ambulance response times are continually monitored and actions taken when delays are deemed excessive, in accordance with the NHSEI 'Managing ambulance conveyances to hospitals policy'.</p> <p>Patient safety oversight measures are in place at both SaTH Emergency Departments, which adhere to NHSEI published guidance on 'Professional Standards of Care for patients waiting in Ambulances'.</p> <p>A review of all patients who have experienced delays in handover and treatment at SaTH is underway, which to date has not identified any harms to patients as a result of delays to off load at hospital.</p>

<p>Gill George 10.01.22 at 11.55</p>	<p>Urgent and Emergency Care</p> <p>5) How confident is the CCG that WMAS and SaTH are communicating well and collaborating effectively to reduce the impact on patients of the current crisis in ambulance response times and very long handover times? From the outside, there is a sense of tension between these organisations.</p>	<p>Both WMAS and SaTH are engaged in the system work around Urgent and Emergency Care improvements as part of a whole system approach overseen by the CCG. The CCG can report a positive, collaborative and supportive approach from all partners to addressing the challenges we are all currently facing</p>
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