Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 11 September 2018

Committee:
Joint Health Overview and Scrutiny Committee

Date: **Wednesday, 19 September 2018**
Time: **2.00 pm**
Venue: **Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND**

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Joint Health Overview and Scrutiny Committee

Shropshire Council	**Telford and Wrekin Council**
Cllr Karen Calder (Co-Chair)	Cllr Andy Burford (Co-Chair)
Cllr Heather Kidd	Cllr Stephen Burrell
Cllr Madge Shineton	Cllr Rob Sloan
David Beechey (Co-optee)	Carolyn Henniker (Co-optee)
Ian Hulme (Co-optee)	Hilary Knight (Co-optee)
Mandy Thorn (Co-optee)	Dag Saunders (Co-optee)

Your Committee Officer is:

Amanda Holyoak Scrutiny Committee Officer
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AGENDA

1 Apologies for Absence

2 Disposable Pecuniary Interests

3 Minutes of Last Meeting (Pages 1 - 8)

To confirm the minutes of the meeting held on 15 August 2018, attached marked 3.

4 Shrewsbury and Telford Hospital NHS Trust - Enforcement Action Taken by CQC

To receive a report from SaTH detailing the CQC findings, the resultant enforcement action, and SaTH's action plan/response. SaTH are asked to report on any implications for the Business Continuity Plan and the sustainability of both Accident and Emergency Departments. Report attached marked: 4

5 Maternity Services

To receive a report on the scope and progress of current investigations and related legal processes and any interim findings, attached marked 5

6 Chairs' Update

3

SHROPSHIRE COUNCIL,TELFORD & WREKIN COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on Wednesday 15 August 2018 10.00am at Addenbrooke House, Ironmasters Way, Telford

Members Present:

Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton
Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Rob Sloan
Telford and Wrekin Co-optees: Carolyn Henniker

Ohers Present:

David Evans, Chief Officer Telford & Wrekin CCG; Joint Senior Responsible Officer, Future Fit
Pam Schreier, STP Head of Communications and Engagement, NHS Future Fit Programme
Sarah Makin, Engagement Lead, NHS Future Fit
Barry Thurston, Chair of Travel and Transport Group
Mark Docherty, Director of Clinical Commissioning and Strategic Development/Executive Nurse, West Midlands Ambulance Service
Stacey Worthington, Senior Democratic and Scrutiny Services Officer, Telford & Wrekin Council
Amanda Holyoak, Committee Officer, Shropshire Council

1. Apologies for Absence

Apologies were received from Shropshire Co-optees Mandy Thorn, Ian Hume, David Beechey and from Telford Co-optees Hilary Knight and Dag Saunders.

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 30 July 2018 were approved.

4. Future Fit Consultation

a) Report on seldom heard groups and their experience of the consultation

The Committee received the update report regarding the planned and actual engagement activity with seldom heard groups in Shropshire, Telford & Wrekin as part of the Future Fit consultation.

Pam Schreier, Head of Communications and Engagement reported that things had moved since the last Committee and as of the 13th August, 9,300 consultation responses had been received, which was approximately 2% of the catchment population.

A list of engagement activities had been provided to the Committee, as well as common themes raised from Shropshire and Telford and Wrekin. Sarah Makin, Engagement Lead, stated that concerns in Telford and Wrekin were around travel and transport and the closure of A&E, in Shropshire similar themes were heard. It was noted that parking was regularly raised as an issue, although the proposals were not directly related to parking.

It was noted that the Future Fit team had attended a large number of meetings with Local Joint Committees and Parish and Town Councils, across Shropshire and Telford and Wrekin. Ongoing communications had been made with the local media and there had been a significant rise in the hits to the Future Fit website, which were currently at 13,000 views.

At the mid-point review, it was noted that more targeted intervention was needed with men and young people; targeted activity and paid for social media advertising was being undertaken in the second half of the consultation. The business community had been contacted, and some local businesses had been visited or had information dropped off.

A discussion was held and the following questions were asked.

It was encouraging to see an increase in response rates. Where there any particular areas where an upsurge had been seen?

Pam Schreier advised that she had requested this data from Participate but had not yet received this. It was noted that Telford & Wrekin Council had undertaken a door drop of information leaflets and a paper copy of the survey.

Where there any groups that had not yet been reached?

Sarah Makin advised that some groups had been harder to contact than others. A particular focus in the second half of the consultation would be on the BME community in Shropshire. There were fewer groups in Shropshire compared to Telford and Wrekin in the BME community, although the Engagement Team were contacting all connections that they were aware of. Members suggested contacting local Catholic Churches, with strong links to the Polish community.

It was useful to have the Themes included in the presentation. Was it recorded how many times each point was made and how strong the feeling was around each point?

The key themes were only taken from those points raised at the public exhibitions, events or meetings attended, and not from surveys, which would not be viewed at all by the team until the consultation had closed. At the public events, a scribe was on each table, who captured the key themes.

Had the National Farmers Union or the Young Farmers been contacted?

These groups were included on the stakeholder maps and they had been contacted, but no engagement had taken place with them, as yet.

The JHOSC would like to have access to the raw data at the end of the consultation.

The final report would be in the public domain. Pam Schreier advised that she could not see a reason why the data could not be shared with the JHOSC, in an anonymised form.

Was a clear messages being put across during the public events? Concerns had been raised by residents local to the Newport area that they had the impression that the Women and Children's unit would completely go to RSH under Option 1 and there would be no retention of services at PRH.

The clinician at the table for this service was very experienced and this was not the message being given out.

One of the themes raised had been around primary care. The Central GP forum had been visited, had the other two forums?

Two of the three GP forums had been attended and the final meeting was the following week. The issues raised by the GP forums were reported back in the same way as any other event, but the main issues were around community services and how this would feed into Future Fit.

b) Public Feedback on the Consultation Process

Members of the public and representatives of organisations had been invited to share the experiences of the consultation process only.

Wendy Condlyffe, IMPACT, stated that she had been asked by Future Fit to support with the engagement of hard to reach groups, including; homeless, deprived areas, addictions, Mental Health issues and the BME communities. The experience was that that each group had to have the information pitched to them differently. Future Fit had provided paperwork for attendees, however, most people did not want this. Few of the attendees had heard of Future Fit. The major concerns of these groups were transport and the potential loss of the Emergency Department from PRH.

It is known that people who have addictions or misuse alcohol or substances have higher attendances at A&E. Would people with these issues be able to attend the Urgent Care Centres?

David Evans, Chief Officer Telford & Wrekin CCG, stated that almost all of people in these categories would be able to attend the UCC, only those who had attempted to commit suicide would need to attend A&E.

Were groups reassured following the presentation to them?

Wendy Condlyffe confirmed that the groups had been very grateful to have the situation explained to them.

June Jones, who attended many disability and patient groups in Shropshire, stated that the information received at focus groups had been very good. The amount of work put in by the Future Fit team was phenomenal, and there was no opportunity for people to say that they had not heard about the consultation. The general feeling from groups was that this had been going on for too long.

Did most people know about Future Fit because they had been party to discussions?

June Jones advised that all of the groups had been focus groups. However, there had been significant radio presence. A group that was missing was the average, young busy couple with children. Transport was raised as a significant concern, especially in out of town areas.

Patrick Spreadbury, Patient Groups in Telford and Wrekin, stated that the engagement team from Future Fit had attended many meetings with the patient participation groups. A lot of discussion had been around removing myths, for example around the women and children's unit. The Patient Participation Groups had established their own pop-up stalls, and their experience had been that most people had not heard about Future Fit. The Engagement Team had been phenomenal but misconceptions remained which needed to be clarified.

Graham Shepherd, Patient Representative, Shropshire, congratulated the Engagement Team on the number of groups they had attended. He noted that lots of people do not want to be involved in consultations and stated that there was a danger of going too much into the 'nitty gritty' rather than focusing on the half a million population as a whole.

Pete Gillard, Shropshire, Telford and Wrekin Defend Our NHS, raised concerns regarding the consultation meeting the Gunning principles. It could not be considered that the proposals were at their formative stage, as there were only two options under consideration and the survey inhibited people from making comments on the fundamental model. Concerns were raised in respect of the consultation questions and the perception that this was a 'vote'. Insufficient information had been provided to ensure that residents could respond to the consultation. Answers had not been given to fundamental questions, including reductions in medical beds and nursing staff. Concerns were expressed that 4 – 6 weeks would not give sufficient time for proper analysis of the consultation responses and questions were raised about the process around qualitative data. There was no guarantee that the final report would be published.

Pam Schreier stated that the questions that had been asked by Shropshire, Telford and Wrekin Defend Our NHS had been received by her team on Friday and had been sent to the clinicians for answers. The report from Participate would be completed after 6 to 8 weeks, although this depended on the number and type of responses received.

David Evans stated that the decision on whether to publish the report lay with the Programme Board and it was rare for them to not agree to publish a report. Usually, reports were not published due to timing issues and he would be surprised if the decision was not to publish.

Members requested access to the raw data and noted that they could not perform their duties without this information. It was noted that the decision makers would see all of the surveys. Some surveys would contain personal, sensitive data, which would need to be anonymised before it was released to the JHOSC.

A recent article in the Shropshire Star implied that the consultation was a vote, would the Future Fit team reinforce this was not the case?

David Evans replied that this had always been reinforced by the team and would continue to be..

Would additional figures be released?

Pete Gillard stated that the published figures reporting the preference for the two options reinforced the perception that this was a vote. David Evans stated that no other figures would be published. The two options that were out for consultation were the two that were financially and clinically viable from the long list of over 40 options. If people wished to comment on shared services, they could as with any other option.

David Sandbach advised that he had been involved in NHS consultations since the 1980s. The face to face interactions in this consultation had been interesting and he thanked the personnel involved for attending. Organisations had been keen and willing to put on additional events during the consultation. However, concerns were raised in respect of the lack of public meetings and the consultation document, which he described as using propaganda techniques.

In response, David Evans stated that the decision not to have public meetings was taken early on, to ensure that more people were able to be involved in the consultation, as public meetings tended to be dominated by a small number of individuals. It was not a matter of avoiding public debate, it was to enable more of the public to become involved. Pam Schreier noted that the engagement team had not entered into debate with campaign groups, they were there to give the presentation and answer questions.

Mr Sandbach stated that key information was missing from the consultation document?

Mr Sandbach stated that the documents failed to acknowledge that the biggest cohort of planned surgeries are in the over 65s and no information on the thinking behind where it is best to place the planned care, as the oldest population of the county is in the west.

Members noted their surprise at the lack of public meetings and noted that these could have been done in addition to the exhibition events, although some accepted that the public meeting format was dated. Members raised their frustration at the view that they were not supportive of the people who worked in the NHS if they took a different view than the CCG.

David Sandbach noted that it was not good practice to release survey data during the course of the consultation, as it could lead to a skewed response.

c) Chair of the Travel and Transport Committee

d) West Midlands Ambulance Service

Mark Docherty, Director of Clinical Commissioning and Strategic Development/Executive Nurse, West Midlands Ambulance Service, shared some background information regarding West Midlands Ambulance Service. Every ambulance in the area had a paramedic on board and no vehicle in the fleet was over five years old, most were under 3. The equipment on the ambulances were the most up to date of any service and notes were made on electronic records, which enabled them to be updated in real time and viewable by the hospitals before arrival.

It was noted that the ambulance service was more than a transport service. The response times across Shropshire, Telford and Wrekin were good, rural areas would always be a challenge, however, West Midlands Ambulance Service had good response times in comparison with other areas. A brand new Air Ambulance was available and discussions were being held to enable the Air Ambulance to fly at night.

The trauma model had changed, enabling patients to travel longer distances safely, for example, the centralised stroke services.

Barry Thurston, Chair of the Travel and Transport Committee, stated that the committee were an independent group, whose role was to gather information. Work was currently underway on ambulance modelling, community transport and parking.

It had been a major concern of the JHOSC that the committee had not seen any ambulance modelling data.

A report had previously been requested regarding patient outcomes for people who have to wait for an ambulance.

Mark Doherty stated that the Ambulance Service wanted to provide a better, quicker response in rural areas, but there were challenges from narrow, twisty roads which could not be avoided. The national average response time for a Category 1 call was 7 minutes, but was 10 minutes in Shropshire, Telford and Wrekin. There were other factors, not just response times which improved patient outcomes, including community defibrillators.

What would the impact of Future Fit be on the ambulance service?

It was noted it was difficult to undertake modelling too early, as the situation changed quickly. It had been anticipated that additional staff were needed and student paramedics had been recruited. The recently published research into the impact of emergency department closures on ambulance service was discussed. Mark Doherty noted the impact of public transport on ambulance use, as if there were no buses, people may call an ambulance instead.

It would be useful if a map could be produced which included the location of every defibrillator in the county.

The British Heart Foundation were in the process of running a pilot which would map all defibrillators in the area.

The Whitchurch paramedic and car had been withdrawn, how did this fit in with Future Fit.

Mark Doherty noted that WMAS had to be dynamic. WMAS's strategy was for there to be a paramedic on every ambulance and that the garages, although iconic, did not provide a service and ambulances continued to move around the area, so they could be in the best place to respond. It was noted that, nationally, there was a move away from providing cars.

The committee requested sight of the travel and transport data as soon as it was available.

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

The Co-Chair noted that the Future Fit Consultation was due to close on the 11th September.

The next meeting of the JHOSC would consider items outside of Future Fit, including winter planning, maternity system and integrated care systems.

6. Co- Chairs' Update

The Co-Chair encouraged Members and members of the public to fill in the JHOSCs survey into experiences of the Future Fit consultation.

The meeting concluded at 12.24pm.

Chair: _____

Date: _____

The Shrewsbury and Telford Hospital NHS Trust

Recommendation ☐ **DECISION** ☐ **NOTE** (select)	**Joint Health Oversight and Scrutiny Committee** **Purpose:** To receive a report from SaTH detailing the CQC findings, the resultant enforcement action and SaTH's action plan/response. SaTH are asked to report on any implications for the Business Continuity Plan and the sustainability of both Accident and Emergency Departments.
Reporting to:	**Joint Health Oversight and Scrutiny Committee**
Date	19 September 2018
Paper Title	**Shrewsbury and Telford Hospital NHS Trust - Enforcement Action Taken by CQC**
Brief Description	This paper seeks to provide the Joint Committee with further information relating to the initial findings of the CQC, the requirements of the conditions imposed on the regulated activity and the response from the Trust and our action plan going forward. Additionally, implications for the Business Continuity Plan and the sustainability of both ED will be reported upon. In August 2018 the Care Quality Commission (CQC) visited Shrewsbury and Telford Hospital NHS Trust (SaTH) as part of a structured formal albeit unannounced inspection process. At this visit the CQC raised concerns specifically related to the care of patients within our Emergency Department (ED) at Princess Royal Hospital (PRH) and the practice of placing additional patients on wards (known as "boarding"). Subsequently, the CQC formally notified the Trust that under Section 31 of the Health and Social Care Act 2008 they intended to impose conditions related to the regulated activity Treatment of disease, disorder or injury that related to the ED at both sites relating to the care of deteriorating patients and the environment in the ED at PRH. The Trust has a plan in place to ensure that we meet the requirements of the conditions to provide assurance to the CQC that we have a robust action plan in place to address the concerns raised and that we meet the requirement to submit weekly reports to provide that assurance. Since 2014 the Trust Board and wider system have been updated on the significant workforce challenges that have met the Emergency Departments at RSH and PRH. This risk was, and remains, the greatest risk on the Trust Board Assurance Framework and Trust Risk Register. It has previously also formed part of the programme of review and scrutiny by the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin. The recent CQC unannounced visit in September 2018 identified significant concern in relation to the management and escalation of patients who may present with sepsis or a deteriorating medical condition in both ED. This has been significantly influenced by the ongoing workforce challenges the EDs are experiencing and demonstrates that the sustainability of both Accident and Emergency Departments is challenged . As a result, the case for change is strengthened and the options detailed in the paper will be considered in detail by

	the Trust Board later in September.
Sponsoring Director	Deirdre Fowler, Director of Nursing, Midwifery and Quality
Author(s)	Helen Jenkinson, Deputy Director of Nursing and Quality
Recommended / escalated by (Tier 2 Committee)	None
Previously considered by (consultation / communication)	**None**
Link to strategic objectives	
Link to Board Assurance Framework	
Outline of public/patient involvement	

Equality Impact Assessment (select one)	● **Stage 1 only (no negative impacts identified)**
	● **Stage 2 recommended (negative impacts identified)**
	*** EIA must be attached for Board Approval**
	  ● negative impacts have been mitigated
	  ● negative impacts balanced against overall positive impacts

Freedom of Information Act (2000) status (select one)	● **This document is for full publication** ● **This document includes FOIA exempt information** ● **This whole document is exempt under the FOIA**

Inspection Process

In August 2018 the Care Quality Commission (CQC) carried out an unannounced visit to Shrewsbury and Telford Hospital NHS Trust (SaTH) as part of a formal inspection process. The CQC review the services of the Trust based on the following key lines of enquiry to measure whether services are:

Safe: Patients are protected from physical, psychological or emotional harm or abuse

Effective: Patients needs are met and care is in line with national guidelines and standards and promote best chance of getting better

Caring: Patients are treated with compassion, respect and dignity and that care is tailored to their needs.

Responsive: Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to

Well Led: There is effective leadership, governance and clinical involvement at all levels and a fair, open culture exists which learns and improves from listening and experience.

The inspection team visited areas within the organisation, talked to patients, their carers and the staff and reviewed written records in order to measure compliance against systems and processes.

Following the initial visit the CQC have revisited the Trust to better understand their initial findings and to gain assurance that any immediate actions that were required have been carried out. In addition to the visit to the Trust the CQC may request supporting documentation and to date (12 September) 485 data requests have been received.

Findings of the Initial Inspection and Notice to Impose Conditions

The Committee will be aware that following their initial visit in August the CQC raised serious concerns related to the care of patients within our Emergency Department (ED) at Princess Royal Hospital (PRH) and the practice of placing additional patients on wards (known as “boarding”). The Committee is asked to note that the Trust has not had any additional patients on the wards since 22 August 2018.

Subsequently, on 05 September 2018, the CQC formally notified the Trust that under Section 31 of the Health and Social Care Act 2008 they intended to impose conditions related to the regulated activity “Treatment of disease, disorder or injury”.

The conditions that were served on the Trust on 05 September 2018 were:

- The Registered Provider must ensure that there is an effective system in place to identify, escalate and manage patients who may present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines. This applies to all patients in all areas of the emergency departments at the Princess Royal and the Royal Shrewsbury Hospitals.

- The Registered Provider must ensure that the emergency department premises at the Princess Royal Hospital are safe for their intended purpose with equipment stored safely. The Registered Provider must ensure that risk assessments are carried out and reviewed to ensure that the environment remains safe for its intended purpose and that all staff are aware of and adhere to protocols

Requirements of the Conditions

In order to provide assurance to the CQC that we are progressing with the actions required under the conditions that have been imposed, the Trust is required to provide a report on a weekly basis describing specific actions under each of the two conditions above.

In order to achieve this, a report template has been devised and a process put into place to ensure Executive scrutiny and sign off prior to submission each week.

Implications for the Business Continuity Plan and the sustainability of both ED

Since 2014 the Trust Board and wider system have been updated on the significant workforce challenges that have met the Emergency Department at RSH and PRH.

In March 2016 the public meeting of the Trust Board received a paper outlining a number of options to maintain safe and effective urgent and emergency care services. This paper followed on from an earlier paper received at the public meeting of the Trust Board in December 2015 which outlined the risks and challenges being faced at that time in relation to maintaining two emergency departments at the PRH and RSH sites.

This risk was, and remains, the greatest risk on the Trust Board Assurance Framework and Trust Risk Register. It has previously also formed part of the programme of review and scrutiny by the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin.

A presentation was given at the Trust Board in August 2018 by Edwin Borman (Medial Director) and Nigel Lee (Chief Operating Officer) that described the current work that is being progressed to review the business continuity plans. It also highlighted that there would be a paper presented to Trust Board in September 2018 requesting a decision to be made in relation to three options:

Option 1 - Maintain existing dual site ED service

- Continue to request support from neighbouring Trusts for additional medical resource to maintain two ED
- Consultants maintain rota by acting down as Middle Grade support
- Measure and respond to risks on a shift by shift basis
- Continue to work up short and long term business continuity and service development plans
- Maintain workforce recruitment strategy

Option 2 - Close PRH ED from 20:00 – 08:00

- Last ambulance @ 20:00, walk-in patients accepted at 20:00 (divert plan thereafter)
- UCC will accept patients via CCC until 22:00
- Some remaining patients would remain in ED into the night until pathway for discharge or admission available
- PRH will continue to accept GP referred admissions in those specialities managed at PRH
- Ambulance divert to neighbouring Trusts so as to not over stretch RSH ED and create additional risk for emergency paediatric and ENT patients.

Option 3 - Close RSH ED from 20:00 – 08:00

- Last ambulance @ 20:00, walk-in patient accepted at 20:00 (divert plan thereafter)
- UCC will accept patients via CCC until 22:00
- Some remaining patients would remain in ED into the night as currently admitted under ED until pathway for discharge or admission available
- Trauma Unit status would need to be revoked
- Ambulance divert to neighbouring Trusts so as to not over stretch PRH ED and create additional risk for emergency surgical and trauma patients

The recent CQC unannounced visit in September 2018 identified significant concern in relation to the management and escalation of patients who may present with sepsis or a deteriorating medical condition in both ED. This is a significant outcome of the onging workforce challenges that the ED are experiencing and demonstrates that the sustainability of both Accident and Emergency Departments is challenged . As a result, the case for change is strengthened and Option 2 or Option 3 needs to be fully considered by the Trust Board on 27 September 2018.

Services have completed quality impact assessments in relation to all three options and this will form part of the intelligence that will be provided to enable the Board to make a decision on the options.

The Shrewsbury and Telford Hospital NHS Trust

Recommendation ☐ **DECISION** ☐ **NOTE** (select)	**Joint Health Oversight and Scrutiny Committee** **Purpose:** To receive a report from SaTH detailing the update of the Legacy Case Review
Reporting to:	**Joint Health Oversight and Scrutiny Committee**
Date	19 September 2018
Paper Title	**Update of Legacy Case Review**
Brief Description	This paper seeks to provide the Joint Committee with further information relating to the progress of work of the Legacy Resolution Group. The group commenced to provide oversight and assurance that the Trust takes appropriate action in relation to questions relating to a number of cases that have been brought to the Trusts attention; both as a result of the Secretary of State (SoS) review of maternity services and also media coverage. Following the legacy paper discussed publicly at the Trust Board in June 2018; further families came forward with questions regarding the review process and also questions relating to their care. This was repeated following the media coverage in August 2018; whereby further families came forward. The purpose of this paper is to update the Joint Committee on progress and describes the current position in relation to the Legacy cases and also those families who have subsequently contacted the Trust following media coverage.
Sponsoring Director	Deirdre Fowler, Director of Nursing, Midwifery and Quality
Author(s)	Jo Banks, Women's & Children Care Group Director
Recommended / escalated by (Tier 2 Committee)	None
Previously considered by (consultation / communication)	**None**
Link to strategic objectives	
Link to Board Assurance Framework	
Outline of public/patient involvement	

Equality Impact Assessment (select one)	● **Stage 1 only (no negative impacts identified)** ● **Stage 2 recommended (negative impacts identified)** *** EIA must be attached for Board Approval** ● negative impacts have been mitigated ● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status (select one)	● **This document is for full publication** ● **This document includes FOIA exempt information** ● **This whole document is exempt under the FOIA**

Issue

This paper is to update the joint committee on the progress of cases following a clinical review process involving families identified during 2017. The Women & Children's care group contacted **31** families on the 4th June 2018. Following the legacy paper discussed publicly at the Trust Board in June 2018; further families came forward with questions regarding the review process and also questions relating to their care. This was repeated following the media coverage in August 2018; whereby further families came forward. Table 1 below provides a summary of the current legacy cases and subsequent enquiries following media coverage of maternity services.

Table 1

	Contact made	Family responded	Consent received	Expert clinical reviewer appointed
Potential omissions of care delivery (Legacy)	12	12	10	10
No signs of care delivery omissions (Legacy)	19	3	N/A	10
Further families contacting the service (following media coverage)	20	20	N/A	N/A
Total	51	35	10	10

Background

In April 2017, the Secretary of State for Health requested NHS Improvement to undertake an independent review of investigations into a number of historic cases. The cases were named in a letter to the Secretary of State for Health in December 2016 and included new-born, infant and maternal deaths at the Trust. The cases that will be reviewed subject to family consent are those named in the letter in December 2016. The announcement of this investigation in the media led to the Trust being made aware of legacy families who had concerns and queries about their care over a number of years.

Terms of reference

A Legacy Resolution Group was established; sponsored by the Trust Board Executive Director of Nursing, Midwifery and Quality. The terms of reference were agreed in October 2017 and the group reported to the Quality and Safety Committee; Tier 1 sub-committee of the Board with formal delegated powers.

Scope of cases

It was important that the Legacy Resolution Group focussed on those additional families brought to the Trusts attention. These included cases from between 1998 – 2017 within the following criteria:

1. Additional families identified by the independent midwife leading the Secretary of State review (not included in the letter to the Secretary of State for Health).
2. Additional families identified who contacted the Trust or NHS Improvement following media coverage.
3. Additional families notified to the police by family members following media coverage.

Contact with families and the initial consent process

31 Families were contacted by registered, signatory required letters on 4th June 2018; following address checks with Trust patient administration systems, General Practitioners and NHS England. This was undertaken to avoid breaches of confidentiality. Of the 31 letters sent **1** has been returned; reported that the addressee no longer lives at the address; despite checking with the relevant General Practice and NHS England.

Potential omissions of care delivery

The Care Group director has spoken to and written to **12** families to apologise and advise that there were potential signs of omissions of care and to seek permission for their case to be reviewed by independent clinical experts. Of the **12** families contacted; **10** have responded and provided consent for external review (to date). Further contact has been made with the final **2** families to expedite the receipt of consent.

No signs of care delivery omissions

The Care Group director wrote to **19** families to advise that there were no signs of care delivery omissions, and offered to meet to discuss the case further with the family. Of the **19** families contacted; the Care Group director has spoken to **3** families who responded to their letters and discussed the review process. The families have been offered a meeting with the Care Group director and Head of Midwifery and Clinical Director for Obstetrics (where applicable) to discuss the review process and the care received between 2009 and 2012.

Clinical experts

Clinical experts including Consultant Neonatologist, Consultant Obstetrician Consultant Gynaecologist and Midwife have been identified. The expert instruction has been agreed and those cases that have provided consent have been allocated to each expert. It is expected that the external review process will take up to 6 months; depending on the complexity of the issues concerned.

Current activity

Following the media and communication disseminated regarding the legacy case review in June 2018; a further **6** families have contacted the care group; outside the legacy review terms of reference; with queries regarding the Secretary of State review, the Legacy case review and questions regarding their care between 1996 and 2012. The Care Group director has spoken to all **6** families and will be meeting with them all in order to understand their concerns prior to agreeing with the families' further actions and steps.

Following the media coverage in August 2018; a further **14** families have contacted the care group outside the legacy review terms of reference; with queries regarding the Secretary of State review, the Legacy case review and questions regarding their care between 1990 and 2009. The Care Group director has spoken to all **14** families and will be meeting with them all in order to understand their concerns prior to agreeing with the families' further actions and steps.

Duty of candour

The Care Group is committed to ensuring that any learning and improvement is gained from listening to families and hearing their experiences; irrespective of the length of time passed.

The Care Group director is being open with families and apologising to families where something may be identified as wrong with their treatment or care, has the potential to cause harm or distress. The following choices are being described by the Care Group director to each family who have approached the care group as a potential remedy or support to put matters right:

- Process and support to access health records
- Access to a relevant clinician to help understand clinical records and identify potential omissions in care
- Process and support to access the Trust complaints process
- Process and support to access the Parliamentary Health Service Ombudsman
- Process and support to legally claim for health care negligence

Summary

At the time of the report; a total of **15** of the 31 legacy families have contacted the care group in response to the legacy letters received.

Following the media coverage in June and August 2018; a further **20** families have contacted the care group with queries regarding the Secretary of State review, the Legacy case review and questions regarding their care.