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Dear Ted and colleagues,

Shrewsbury and Telford Hospital NHS Trust

I am writing following our meeting last week and in response to your letter dated 1 July about Shrewsbury and Telford Hospital NHS Trust (SATH).

As we all agreed, the challenges facing SATH are complex and substantial and in order to achieve the improvements that we expect at pace, SATH needs the strong support of the surrounding system and also needs a further and strengthened package of support including more senior on-site support, additional measures which you have indicated you would be supportive of.

As I set out when we met, we have agreed to hold a Board to System meeting where Baroness Dido Harding and I will meet system leaders from Shropshire, Telford and Wrekin Sustainability and Transformation Partnership (STP) together with executives from SATH and colleagues from NHS England and Improvement. The purpose of this meeting is to consider the approach the Trust is taking to addressing the challenges identified and to review the wrap-around support that is being put in place and what other support may be required for success.

As discussed at our meeting, the key elements of the strengthened support that we intend to implement at pace in agreement with the Chief Executive of SATH are:

- A strengthened ISCS improvement team, led by a newly appointed on-site senior improvement director who brings broad experience to the role and will focus particularly on direct support, challenge and coaching for the Board and Chief Executive, as well as the coordination of the broader package of support including specialist support provided by the emergency care intensive support team (ECIST);

- Senior dedicated support to the Medical Director to strengthen clinical engagement and the embedding of professional accountability;
- Access for the Medical Director to the Faculty of Medical Leadership and Management Medical Director support programme to enhance medical leadership and engagement skills and personal resilience which will supplement the personal coaching and support already available from the regional Medical Director.
- Support from the region to expedite the appointment of an experienced, substantive Director of Nursing (DoN);
- The region has identified two retired DoNs who will provide highly experienced on-site support to the interim DoN, focusing on professional standards, nursing engagement, roles, responsibilities and accountability, all of which will have an impact on culture and provide constant reinforcement of what 'good' looks like. Two specific strands of work will cover: nurse engagement and developing the relationships between ward managers and the DoN; and refreshing the ward accreditation process to address the fundamental issues around nursing;
- Dedicated quality governance support to strengthen ward to Board governance processes and the embedding of learning from SI's;
- Support from an operational HR lead with a review of key HR policies and processes, building staff confidence that the culture and approach to learning is open and transparent and enabling the current HR Director to focus more on cultural transformation;
- Dedicated maternity programme lead with the specific remit of supporting the Ockenden review, to build confidence that the trust is responding to all requests in a full and timely manner and to enable lessons to be learned rapidly and effectively;
- Support from an ISCS expert on programme management and additional fixed term support to undertake a review of PMO structure and ensure the revised approach is embedded, thereby enhancing the Board's understanding and oversight of critical areas of concern;
- Support from an ISCS expert on "Making Data Count" to move the organisation towards SPC charts and narrative reports; developing fully integrated quality and performance reports to enable better informed decision making and ensure open and transparent understanding of activity;
- Pump-priming for a dedicated head of training and development to build a quality assured leadership development programme and refresh staff training to ensure it is aligned with strategic requirements and embeds trust values;



- ISCS Financial Improvement Director to provide financial governance support to the Director of Finance, once appointed, with the development of transparent financial controls and of a cost and clinical strategy.

As discussed, the intention is to ensure that all of the elements of the support package, including the outcomes from the forthcoming Board to system meeting, will be implemented at pace and in fact some measures have already been put in place. While continuing to review the impact closely, as agreed last week, we will need to allow additional measures time to embed if the trust is to deliver tangible benefits to patients, but we will reflect on whether further measure are required in the short term following our Board to system meeting.

I know that the CQC remains absolutely engaged with the situation at SATH and that you are part of the oversight processes for assessing the Trust's improvement and we will of course continue to work closely with you to monitor the Trust's progress. I know that you will not hesitate to contact me again if you wish to raise any further or continuing concerns.

Yours sincerely



Amanda Pritchard

cc.

Dale Bywater – Midlands Regional Director NHSE/I

Heidi Smoult – Deputy Chief Inspector, Care Quality Commission

Thomas Coales - Head of Public Affairs, Care Quality Commission

Lee McDonough, Director General, Acute Care and Workforce, Department for Health and Social Care

William Vineall, Director, Acute Care and Quality Policy, Department for Health and Social Care

Steve Powis – Medical Director NHSE/I

Sue Holden - Director for Intensive Support NHSE/I

Hugh McCaughey – National Director of Improvement NHSE/I

