

Questions to HOSC on 20th May 2019

These questions relate to two concerns around care at SaTH, both arising within the last week. Does the Committee share my concerns, and will you make raise these matters with the CCG and/or SaTH to seek resolution?

Cardiology Waiting Times

SaTH has – according to a staff member in Appointments – a ‘huge backlog of cardiology referrals’. Urgent referrals are rightly prioritised, but the waiting time for an urgent cardiology referral is around three months. It is a long wait and is likely to carry clinical risk for some patients.

Shropshire Referral Assessment Service tells patients of long waiting times at neighbouring hospitals but does not give information about SaTH, on the basis that ‘SaTH manage their own appointments’. The lack of information to patients effectively reduces choice, and directs patients to SaTH who would otherwise have chosen to attend out-of-county hospitals.

(Source: personal experience, two or three days ago with SaTH, and last month with RAS)

Boarding of patients

Last November, SaTH was heavily criticised by the CQC for ‘boarding’ patients – caring for patients in inappropriate areas due to a shortage of beds. An HSJ report was that:

Staff across all areas of the trust raised concerns about “boarding” of patients which they felt was “undignified” and “disgusting”.¹

There are risks in this practice: for example, patients with no access to piped oxygen or to call bells, no bed side power supply for medical equipment, and a lack of space for a resuscitation trolley to be pushed through. It is a practice that also compromises patient dignity and privacy. Boarding also increases the pressure on nursing staff.

SaTH told the CQC that boarding would stop and would not be resumed. Last Monday, Defend Our NHS was alerted to patients being boarded at the Royal Shrewsbury Hospital. We were told ‘This is happening now on Ward 32’.

SaTH’s response on social media was:

There are no patients being 'boarded' on Ward 32. We do have a small number of patients in recognised escalation areas. These patients have been risk assessed, however we are working hard to de-escalate this area as soon as possible.

This is an accurate description of boarding, whether the term is used or not. The requirement for ‘risk assessment’ of patients indicates that the quality of care may be compromised.

We do not know if the boarding on Ward 32 last Monday was a one-off incident, or if the practice has crept back in more widely. The return of boarding would be a hugely retrograde step.

Gill George

¹ HSJ Story:

<https://www.hsj.co.uk/story.aspx?storyCode=7023250&preview=1&hash=1482E955CCC66271EF2C349831C8E5CD>