

The Shrewsbury and Telford Hospital NHS Trust

**TRUST BOARD MEETING**

Held on Thursday 16 April 2012 at 10 am  
Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

**PUBLIC SESSION MINUTES**

<b>Present:</b>	Dr J Davies	Chair
	Mr M Beardwell	Vice-Chair/Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Mr N Nisbet	Finance Director (FD)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mrs J Clarke	Company Secretary (DCRM)
	Mrs B Graham	Committee Secretary
<b>In attendance</b>	Miss V Maher	Workforce Director
	Mr C Needham	Associate Director – Estates & Facilities
	Kate Shaw	Programme Manager - FCHS
	Chris Benham	Assistant Director – Financial Accounting
<b>Observers</b>	Mrs C Bond	Shropshire Link
<b>Apologies:</b>	Dr S Walford	Non Executive Director (NED)
	Mr A Cairns	Chief Executive
	Mrs D Vogler	Director of Business & Enterprise (DBE)
	Mr C Beacock	Deputy Medical Director

**2012.1/37 WELCOME & ANNOUNCEMENT**

The Chairman welcomed everyone to the meeting to consider the approval of the Full Business Case for the Future Configuration of Hospital Services.

**2012.1/38 DECLARATION OF INTERESTS** by members relating to any matters on the agenda : None.

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Chairman  
26 April 2012

The Finance Director (FD) introduced the paper which included the Full Business Case Overview and the Full Business Case Summary. It was noted that the full 200 page document was available. The FBC was built on the proposals, plans and details within the Outline Business Case for the Future Configuration of Hospital Services which was approved at a public Board meeting on 25 August 2011 and at the WM Strategic Health Authority on 27 September 2011. The FBC addresses the significant challenges to the future safety and sustainability of Acute Surgery and of Women and Children's Services within the Trust.

The FD gave a PowerPoint presentation (*copy attached*). The following points were highlighted :

- Planning permission for the new Women & Children's Unit at PRH was granted on 28 March 2012;
- Planning approval for the small extension at RSH expected by the end of the week;
- SaTH is aiming to submit the FBC for approval to the SHA on 17 April to work through their organisation leading to presentation to the SHA Board on 24 May 2012. In addition, SaTH will submit the FBC to the Clinical Commissioning Groups locally and the PCT Cluster to ensure support from all relevant bodies.
- Regular feedback continues from Focus Groups and Clinical teams; and there is ongoing public and stakeholder engagement.
- A Travel and Transport Plan is under development to support the FBC.

Since the submission of the Outline Business Case the following work had been undertaken :

- Models of Care around clinical pathways and processes, workforce, benefits, impact and implementation required in the delivery of this reconfiguration;
- Estates and Facilities – substantial work undertaken with Procure21+ and Balfour Beatty in design and layout and regular dialogue with clinicians to ensure support for the detailed design.
- Communication and engagement - robust internal and external activities throughout the project.
- Assurance and Governance – the Trust has continued to deliver ongoing assurance including issues raised by the Joint Health Overview and Scrutiny Committee (HOSC), the Clinical Assurance Group and a Department of Health Gateway Review to ensure risks are mitigated and do not materialise into major issues threatening delivery. This includes establishing a system for undertaking Quality Impact assessments (QIAs) for all of the service changes and improvements. These have been undertaken by the Women and Children, Surgery and Head and Neck Centres. The summary paper noted that there were a number of risks associated with delivery of the FCHS programme, which were identified by clinical and project leads. Risks, their mitigation and supporting actions are reviewed by the FCHS Project Board. In addition risks are also reported through the Trust's Programme Management Office. Construction risks have been identified in partnership with Balfour Beatty and a joint risk register has been developed. It was also noted that robust procedures had been put in place to manage risk, ensure benefits are realised, seek appropriate assurance, provide engagement and ensure a smooth transition of services. Risk management will be carried out throughout the course of the project and will include risk workshops to suit the project stage, enabling identification, management and mitigation of risks.

Since the submission of the Outline Business Case the following changes have been incorporated into the proposed solution set out in the FBC and will actively improve the Trust's preferred option :

- Removing the Integrated Assessment Unit from the plans
- Bed Reduction project has been developed and is being implemented;
- More existing space in clinical areas has been made available at PRH and RSH;
- Identified the need for a Paediatric Outpatients at RSH to be adjacent to A&E which was not defined at the OBC stage.
- SaTH pursued a different source of funding for the scheme from the Department of Health.

## **FULL BUSINESS CASE (FBC) FOR THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)**

On the issue of finance and affordability the FD said that the scheme remains affordable at £34,872,580 (including purchase of land at PRH which had previously been treated as a gift within the health economy). The Department of Health has confirmed that it has made available £35 million of Public Dividend Capital funding for the project, subject to FBC approval. The Guaranteed Maximum Price will be agreed for all construction work prior to the main works commencing. The FD pointed out that the cost through the public dividend capital will be cheaper than using a loan.

In terms of assurance, the Trust has continued to seek all appropriate assurances for the proposed reconfiguration in the development of the FBC, this has included four key elements e.g.

- Joint Health Overview and Scrutiny Committee of Telford & Wrekin and Shropshire have indicated full support for the project;
- External Gateway Review – Gateway 3 Review took place from 14-16 March 2012 and the results were positive scoring Green/Amber. They were also impressed with the degree of clinicians input.
- Clinical Assurance Group including local GPs fully supported the scheme.
- Quality Impact Assessment

There have been a number of assurances from the OBC - Paediatric Services, Neonatology Services, Paediatric Oncology and Maternity Services and these have been incorporated within the FBC. The case for change included sustainability of acute surgery, sustainability of inpatient paediatrics, inadequate facilities for Women and Children, changing training programme for doctors and medical staff recruitment. Assurances given included :

- Acute Surgery – providing a single inpatient site for emergency and elective surgery services will enable patients to be managed in the right subspecialty by appropriately trained medical staff with separate dedicated rotas. for vascular and general surgery.
- Inpatient Paediatrics – will enable a sustainable medical rota to be implemented for delivering the service.
- Women and Children's facility – will provide state of the art facilities for delivering this service.
- Training Programme for Doctors – the consolidation of services on to a single site will enable single speciality rotas and enhanced senior clinician cover.
- Medical Staff recruitment – single site provision will prove more attractive for training, working and development.

Workforce – a significant amount of work has been undertaken and agreed with the relevant Centres to optimise staffing requirements. A saving of £425k is expected through these changes. The main improvement will be through better job planning for junior doctors.

There is a net negative impact of £1.753 million on the Income & Expenditure Account in 2013/14, including one off decanting costs of £500k. The recurrent annual cost £1.3 million on 2014/15 declining to £1.2 million by 2017/18. AAA Screening makes an annual contribution of £186k with a further £100k annual income from repatriation of paediatric services.

It was pointed out in the absence of the new facilities for Women's and Children at PRH, SaTH would incur very significant additional maintenance costs, due to the poor state of existing facilities at RSH.

Mr Beardwell (NED) said that repatriation of certain paediatric services will mean that in future parents will get services at SaTH rather than travelling to Wolverhampton and Birmingham and will be a good step forward.

## FULL BUSINESS CASE (FBC) FOR THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

**Next Steps** were noted as follows :

- Ongoing - Continue to work with patients, carers, the public and staff to develop future services and address their issues and concerns;
- 24 May 2012 – Decision on the Full Business Case by SHA.
- June/July 2012 – Main construction works start at PRH.
- July 2012 - Acute surgery transfers to RSH
- September 2012 – Refurbishment programme starts at RSH.
- Summer 2012 – Begin implementation including moving some services, training staff and putting new pathways in place.
- Late 2013 Start publicity about the changes so people know where they should go for their care and treatment.
- July 2014 – New Women & Children’s Unit expected to open at PRH. All reconfigured services expected to be in place.

The Chairman opened the item up to questions from the Board and the responses were as follows :

- The FD confirmed that clinicians and users have been fully engaged with the design of the new facilities and are satisfied that a safe service can be delivered with what is being proposed.
- The Workforce Director said that moving surgical services on to one site will ensure an improved (more efficient and safer) rota and work is underway with regard to necessary job planning. There will be a period of transition with a fully effective surgical rota by the autumn.
- The Chair clarified that although the project is due to be completed by July 2014 the transfer of acute surgery to RSH will be accelerated to July 2012. There is a sum of money included in the project to transfer acute surgery. The key activity is to ensure the transfer of services takes place by July 2012.
- With reference to Women & Children’s and change in staffing costs – the DQS said that this is about addressing different skill mix in paediatrics.
- Providing a Paediatric Assessment Unit on RSH adjacent to A&E is very good news. Support to children will be specifically improved.
- The huge amount of work in the preparation of the OBC and FBC was recognised as well as the amount of effort of the Team.
- On the question about the process for reviewing the risks associated with the FBC the FD said that the process has required each of the Centres involved to develop their own risk register as a basis for identifying risks and ensuring mitigation of any risks. The overall project will go through the regular Project Board monitoring arrangements, which will include risk management. As part of overall capital scheme there has been a sum of money identified in association with Balfour Beatty as contingency to cover any emerging risks.
- A key issue for SaTH will be to ensure the transition is well-managed, so that pathway and service reconfiguration happen at the same time as the building work required to improve and safeguard services. The FD said the Trust is confident of this but it will need to be managed well and clear communication was an essential issue to ensure the benefits of the reconfiguration were clearly understood.
- The FD said it would be sensible for the Audit Committee to routinely scrutinise the risk management aspects of the project.
- It was noted that Quality Impact Assessments were an important element in balancing the benefits of reconfiguration and identifying potential risk – these will be scrutinised through the Quality and Safety Committee, with regular reports to the Board.
- On Workforce issues the WD noted that there is a big agenda with the high number of staff changes e.g. moving from RSH to PRH. It will be necessary to manage these individuals through that process and through consultation with Staff Side. There has been a huge amount of clinical engagement and they will be supported through the change to ensure staff are competent in their new environment. A training programme for Paediatric Advanced Nurse Practitioners has already started.

## **FBC FOR THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)**

- On the question of responsibility for the overall delivery of the project on time and reporting process, the FD said that he was the Executive Lead through the preparation of the FBC. However once the FBC is approved, responsibility will transfer to the Director of Transformation and he will have overall responsibility for implementation of the project. The Associate Director of Estates & Facilities and the FCHS Programme Manager (Kate Shaw) will work on the project over the next two years on a day-to-day basis in support of the Director of Transformation. Also Balfour Beatty, our Procure21+ partner, will have an active role in managing the project. An independent Project Manager will be appointed and will report to the Associate Director of Estates & Facilities.
- Formal governance arrangements will continue as now with the Reconfiguration Service Programme Board monitoring the overall delivery of the scheme and reporting to the Board.
- On the issue of how rigorous the Quality Impact Assessments have been, Kate Shaw said work has been undertaken in partnership with the Chief Operating Officer, Centre Chiefs, Centre Managers and Matrons. Groups continue to meet and discuss through formal meetings with each clinical group giving feed back. Details of these arrangements are included in the Appendices of the FBC.

Mr Simms (NED) suggested that the Project Board should report to the Finance & Performance Committee, who could scrutinise delivery. The Chairman agreed.

On the question of risk, the FD said a key risk was the amount of synchronisation required to ensure timings/delivery in terms of all the new care pathways that needed to be consistent with the building programme. The FD said he was confident around the process for building the project but service reconfiguration is a massive project in its own right.

The DQS said from a Quality Impact Assessment view professional training was another key risk - we have to have an integrated way to make sure we follow the training plans we have and monitoring will be key.

Another key risk was managing communication and Mr Jones (NED) added that it will be important to keep the public and staff aware of all key events throughout the project.

The Board :

- **APPROVED** the Full Business Case for the Future Configuration of Hospital Services for commending to the Strategic Health Authority; specifically the preferred capital options for both RSH (R6) and PRH (P4), the requirement for Department of Health Public Dividend Capital investment of £34.873 million.
- **NOTED** the timescale for submission of the Full Business Case to the NHS Midlands and East.
- **AGREED** the continued progression of the Future Configuration of Hospital Services programme, and in particular the ongoing assurance process and public and stakeholder involvement, ongoing design and pre-construction activities and the commencement of implementation.

**2012.1/40 ANY OTHER BUSINESS – None.**

**2012.1/41 QUESTIONS FROM THE FLOOR – None.**

**2012.1/42 DATE OF NEXT MEETING :**

**Thursday 26 APRIL 2012 at 9.30 am** in Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, RSH.

**The meeting then closed.**