

The Shrewsbury and Telford Hospital NHS Trust

EXTRAORDINARY TRUST BOARD MEETING

Held on Thursday 2 December 2010 at 5 pm in Seminar Room 5,
Shropshire Education & Conference Centre
Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)
	Mrs S Assar	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs J Clarke	Director of Compliance & Risk Management (DC&RM)
	Mrs D Vogler	Director of Strategy (DoS)
	Dr A Fraser	Acting Medical Director (AMD)
	Mr D Gilbert	Interim Finance Director (IFD)
	Mrs T Cookson	Interim Chief Operating Officer (ICOO)
	Mrs V Morris	Interim Director of Quality & Safety/Chief Nurse (IDQS)
In attendance	Dr Leigh Griffin	Chief Executive, NHS Telford & Wrekin
	Mrs B Graham	Committee Secretary
Apologies:	Dr S Walford	Non Executive Director (NED)

2010.1/83 WELCOME AND INTRODUCTIONS:

The Chair welcomed everyone to the meeting and introduced David Gilbert - Interim Finance Director, Tina Cookson - Interim Chief Operating Officer, Vicky Morris - Interim Director of Quality & Safety/Chief Nurse; and Dr Ashley Fraser - Acting Medical Director in the absence of Dr Steve Evans. Dr Simon Walford (NED) had sent his apologies as he was snow bound in Dublin.

With regard to the voting rights of members present, the Chairman said he had been advised by the Company Secretary that under Standing Orders s3.19 David Gilbert, Vicky Morris and Ashley Fraser were able to exercise the voting rights of the executive position they were temporarily filling through reason of vacancy or absence, as they had been formally appointed by the Board to act up in these positions.

The Chairman reminded everyone that this was a meeting held in public but not a public meeting.

The Chair outlined the process for the meeting and said that the Chief Executive would first present the proposal that SaTH wished to make for the PCTs to take to consultation... and then, Leigh Griffin, Chief Executive of NHS Telford & Wrekin, would discuss the independent assurance processes that have been taking place.

2010.1/84 DECLARATION OF INTERESTS – None.

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Chairman
27 January 2011

2010.1/85 CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES

2010.1/85.1 “Keeping it in County” presentation (slides attached to the minutes).

Adam Cairns, Chief Executive said that the essential objective of the proposal was to make services safer and sustainable now and in the future for the people of Shropshire, Telford and Wrekin and mid-Wales. He said this was the time to make a clear decision or face a serious risk of losing services out of the county.

There were three main dilemmas to resolve :

- **Acute Surgery** - sustaining acute surgery on two sites,
- **Inpatient Paediatrics** - sustaining inpatient paediatric services on two sites
- **Maternity Unit at RSH** - the physical environment in the Women & Children’s Department is very dilapidated and there is a need to provide additional obstetric theatre capacity to support the rising number of births in the county.

There are three reconfiguration principles :

- Two vibrant, well-balanced, successful hospitals;
- A commitment to having an A&E on both sites;
- Access to acute surgery from both sites.

The affordability and deliverability of these three principles recognises the increasing external scrutiny from regulators and colleges; a medical training programme which now produces doctors with narrower sets of expertise than in the past; and also a drift of services out of county such as heart attacks, upper GI surgery and Gynaecology surgery.

Other risks to be addressed by the proposal included:

- The sustainability of a local vascular surgery service – in order to become a designated Abdominal Aortic Aneurysm (AAA) site,
- Ensuring access to 24-hour thrombolysis for hyper acute stroke services;
- Changes in working practice - EWTD
- Prolonged debate on the future shape of hospital services without resolution results in current risks getting harder to manage.

Options had been developed through clinical conversations commencing in August 2010 with Consultants and GPs, and with public and stakeholder involvement. Options considered included a new single site; and placing major surgery and emergency work on one site. Neither of these options was considered affordable in the present environment. The **preferred option** was to :

- A Women’s and Children’s Centre would be established at PRH; the Obstetric unit would move from RSH to PRH. Midwifery Led Units would remain on both sites; all women would receive their antenatal and postnatal care at the same location as now; the Neonatal Intensive Care Unit would move from RSH to PRH and be co-located within the Women and Children’s Centre; and inpatient Paediatrics would be consolidated onto a single site at PRH with enhanced Paediatric Assessment Units on both sites.
- Head and Neck Services would transfer from RSH to PRH due to the high level of paediatric activity.
- Acute Inpatient Surgery (Colorectal and Upper GI) would be consolidated at RSH.
- Establishment of a Vascular Surgical Centre at RSH.
- Maintenance of an A&E service on both sites. Major trauma would continue to be seen at RSH. Long bone trauma would be seen in both A&E Departments.
- All urgent medical cases (e.g. strokes, heart attacks and serious chest infections) would go to the same hospital as now – supported by non-resident senior surgeons.
- Most Outpatients and most Day cases would go to the same hospital as now.

2010.1/85.1 CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

The CEO pointed out that the preferred option created some new risks and GPs and Consultants have already started work on the following issues :

- Extended travel time for a minority of patients - work still required with the Powys population;
- Ensuring patient pathways are agreed and understood by physicians, patients and the general public;
- Paediatric cover at RSH for acutely ill and injured children being taken to RSH out of hours – noting that severely injured children would continue to be transferred to Birmingham as now;
- The potential need to transfer children safely between the two sites;
- Responding to the needs of rural communities e.g. Powys and parts of Shropshire

The CEO explained that buildings and land at RSH are severely limited and to build a new Maternity Unit at RSH would cost in excess of £50 million and this option had therefore been ruled out. In comparison, PRH had no inherent building deficiencies; and the site has more flexibility. There will also be an opportunity to take advantage of the space made available when the Decontamination Unit moves off site.

The capital cost for the preferred option was estimated at between £27 and £30 million. As a result of discussions with NHS West Midlands on 2 December 2010, the Trust had been offered financial support in the form of a loan repayable over 25 years. In terms of revenue implications, there would be no additional cost for Commissioners. It was noted that whilst not solving the Trust's considerable financial challenges, the reconfiguration will provide an opportunity to strengthen its financial position, create opportunities to look at current models of care and working practices, consolidate out-of-hours paediatric rotas and change the Paediatric Inpatient bed base.

The CEO noted that the PCTs have responsibility for taking this proposal out into the public domain for consultation. The consultation would run for 14 weeks from December 2010 through to March 2011 following which the proposal will be considered by the PCT and Trust Boards. It was anticipated that the planning and implementation process would take 3 years to complete following Board approval.

2010.1/85.2 Assurance: Process and Outcome presentation (copy of slides attached to the minutes)

Dr Leigh Griffin confirmed that the Telford & Wrekin Board had unanimously **agreed** to support the SaTH proposal – and to take it forward to public consultation, subject to the Trust Board's approval and positive feedback from NCAT.

Dr Griffin advised the Board that the 2 PCTs had conducted an internal Assurance Process conducted by a panel of External Advisers, with Observers from the Health Overview and Scrutiny Committee, PCT and West Midlands Ambulance Service representatives; and members of the public and support staff. The Panel considered the proposal from SaTH and received a presentation from Adam Cairns which highlighted the case for change based on the risks to patient safety and the need to replace the cramped and substandard Maternity Unit. The Assurance Panel interviewed local clinicians and also heard from members of the public, who had attended workshops in November; and senior managers from SaTH.

The Assurance Panel scrutinized the proposals with particular regard to satisfying "The Lansley Tests" for service reconfiguration set out by the Department of Health in July 2010 :

- Demonstration of support from GP commissioners;
- Strengthened patient and public engagement
- Clarity on the clinical evidence base;
- Consistency with patient choice.

2010.1/85 CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

2010.1/85.2 Assurance: Process and Outcome (Continued)

The Assurance Panel's conclusions were as follows :

- Unanimous support the proposal in principle –
- Unanimous agreement that there was GP support for the proposal based on the GP involvement in the two clinical workshops and the dissemination of outcomes to other GP colleagues;
- Unanimous agreement that there was strengthened public and patient support based on the fact that lessons had been learnt from previous consultations
- Unanimous agreement that the tests were met in relation to clinical evidence for change - but was not yet assured that there was sufficient evidence to mitigate clinical risks in the proposed model.
- Unanimous agreement that the proposal maintains consistency of patient choice.

In addition to The Lansley Tests, the Assurance Panel considered the following areas: affordability and viability, clinical safety and effectiveness, and robustness and sustainability. In each of these areas they unanimously considered that was insufficient information available at this stage to give assurance

The Panel required further assurances about clinical pathways, risk mitigation, views of hospital clinicians, travel and transport, finance and workforce planning.

Dr Griffin noted that the Chair of the Assurance Panel had provided the following concluding comments :

- There was good transparency in the process
- There was good energy and commitment
- Recognised that there were some difficult risks and issues to be resolved but commended the renewed joint efforts in terms of leadership, communications and improved clinical leadership.

In addition to the Assurance Panel, the proposal had also been reviewed by The Office of Government Commerce (OGC). This involved interviews with some 30 individuals across the health economy as part of their formal assessment process. Then OGC concluded that the proposals were ready to go out to consultation and, in particular, noted that there was a strong base of clinical engagement and commitment to public discussion. They recognised that some further work was needed but their overall assessment was an "Amber" rating indicating that the proposal was in a fit state to take forward to public consultation

The National Clinical Advisory Team (NCAT), made up of independent clinical experts will also be reviewing the proposals and will visit on 8 December 2010 to offer further clinical assurance about the future configuration.

It was noted that Meetings had taken place with the SHA and the Chairman advised that the SHA actively supports the proposals.

Mr Beardwell (NED) sought clarification regarding the following :

Q1 Development of RSH site for acute surgery seems to be dependant on external approvals to develop the vascular services - when would that approval be received and what are the implications if approval is not received?

A1 The CEO advised that in terms of the vascular surgery there is a national process for approving AAA screening centres which has to be completed by the end of 2012 and he was optimistic that the SHA Medical Director would be supportive of SaTH's proposition. However, regardless of the outcome, it was essential to consolidate vascular surgery at a single site as soon as possible for patient safety reasons.

CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

Q2 If Powys patients are disadvantaged in terms of Obstetrics, is it likely that Welsh people would look to other Trusts for the service?

A2 The CEO said he was reassured with regard to the issue of Powys patients because Montgomery GPs are committed to making it work. He had met with the Local Health Board and although there is a political dimension they were also keen to see the current relationships continue. The fundamental responsibility of the Trust is to make sure patients receive the right quality of care. He did not anticipate any significant reduction in numbers of patients from Powys.

Q3 Financial commitment from SHA in terms of the loan – what happens to the loan when SHA is abolished?

A3 The FD advised that the SHA was very supportive of the proposal and that the plan would be to obtain firm contractual commitments which would not be dependent on the continued existence of the SHA. The work to prepare the necessary supporting business case will be started as soon as possible.

Q4 If we have a breakdown of numbers by postcodes in relation to the Obstetric Unit would it give us an indication of the west/east split?

A4 This information is available and will be included in the Consultation document.

On clarification sought from Mr Jones (NED) on assurances with regard to further work required, Dr Griffin (NHST&W) said there is a belief that further assurance will be addressed through continuing discussion and there is an expectation that these will be addressed over the course of the next 3 months.

The Chairman thanked Adam Cairns and Leigh Griffin for their presentations and took the opportunity to thank and congratulate everyone involved in this huge amount of work.

Questions from the floor

Q **Caroline Bond** : How much in the way of facilities and equipment is included in the estimated £27 million cost of the proposal?

A The CEO replied that this was only a very preliminary estimate and that the detailed elements relating to facilities and equipment had not yet been fully defined, however he was confident that with the support of our partners we would be able to fully fund the project within this cost estimate.

Q **Caroline Bond** : How is this going to affect the Trust's FT application?

A The CEO advised that the Regulator will judge the Board on whether it is fit to manage its affairs and making a success of this project will be to the Trust's credit. The Trust aims to become an authorised FT by the end of 2013 which will enable us to fully embed new ways of working before going forward for FT approval.

2010.1/85 CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

The Board **UNANIMOUSLY AGREED** the following:

- **NOTED** and **APPROVED** the content of the Proposal and work to date in SaTH recognising it is a proposal to go to PCT Boards.
- **NOTED** recommendations from the Assurance Panel.
- **AGREED** that, if it is identified that more detailed plans are necessary in any aspect of the proposal, to provide those additional assurances or details in parallel with the public consultation and in sufficient time for the two PCT Boards and the Trust Board to consider them and reach a decision at their March meetings.
- **AGREED**, subject to any advice from the NCAT review to take place on 8th December 2010, that the proposal is sufficiently assured in meeting the tests at this stage to go out to a period of written public consultation.
- **DELEGATED** to the Chief Executive the responsibility for agreeing the public consultation document in partnership with the PCT Chief Executives.
- **AGREED** that the Trust Board will consider the results of the consultation at a Board meeting to be held in March 2011, alongside any further assurances that may be requested, with a view to reaching a decision on the proposal.

2010.1/86 ANY OTHER BUSINESS – None.

2010.1/87 DATE AND TIME OF NEXT FORMAL BOARD MEETING: FRIDAY 3 December 2010 at 9.30 am.
Room D Princess Royal Hospital.