The Shrewsbury and Telford Hospital NHS Trust

EXTRAORDINARY TRUST BOARD MEETING

Held on Thursday 24 March 2011 at 8.30 am
Seminar Rooms 1 & 2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital

PUBLIC SESSION MINUTES

Present:	Dr J Davies	Chair
	Mr M Beardwell	Non Executive Director (NED)
	Mr B Simms	Non Executive Director (NED)
	Mr A Cairns	Non Executive Director (NED)
	Dr P Vernon	Non Executive Director (NED)
	Dr S Walford	Non Executive Director (NED)
	Mr A Cairns	Chief Executive (CEO)
	Mrs T Cookson	Chief Operating Officer (COO)
	Mrs V Morris	Chief Nurse/Director of Quality & Safety (DQS)
	Mr D Gilburt	Interim Finance Director (FD)
	Dr A Fraser	Interim Medical Director (MD)
	Mrs J Clarke	Director of Compliance & Risk Management (DCRM)
	Mrs D Vogler	Director of Strategy (DoS)
	Mr N Nisbet	Finance Director (Designate)
In attendance	Mr Leigh Griffin	CEO Telford & Wrekin PCT and Shropshire County PCT
	Mrs B Graham	Committee Secretary
Apologies:	Mrs S Assar	Non Executive Director (NED)
	Mr D Jones	Non Executive Director (NED)

2011.1/25 **WELCOME :** The Chairman welcomed everyone to the meeting.

The Chairman advised that Dr Steve Evans had now resigned from the Trust and Dr Ashley Fraser who had been acting Medical Director has been appointed Interim Medical Director and that he was now a fully voting member of the Board.

2011.1/26 **DECLARATION OF INTEREST** by members in relation to any matters on the agenda – None.

2011.1/27 **"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES**

The Chairman advised that this Extraordinary meeting of the Board had been called specifically in order to review the outcome of the consultation exercise which had been conducted by Telford & Wrekin PCT and Shropshire County PCT over the last 3 months, and to decide how to proceed. The Chairman reminded everyone that this was a meeting held in public and not a public meeting but stated that there would be time later in the meeting for the general public to ask questions before the Board voted on the recommendations.

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

The Chief Executive (CEO) gave a PowerPoint presentation on the process, outcome and conclusions from the consultation **(attached).**

The CEO pointed out that Shropshire was on the brink of losing services and therefore the goal of the consultation was to keep services in the county and to ensure that both hospitals are sustainable and safe. The three issues to be resolved and which formed the basis of the consultation were :

- Surgery – Acute Vascular
- Inpatient Paediatrics
- Maternity Building at RSH

The guidance from both PCTs was that these issues should be resolved within a framework of:

- Keeping two vibrant, well balanced, successful hospitals in the county;
- A commitment to having an Accident & Emergency Department on both sites
- Access to acute surgery from both sites.

There were four options presented in the consultation :

- Option 1 : Do nothing and maintain all services as they are;
- Option 2 : Move some services from PRH to RSH and vice versa to make the most effective use of staff, equipment and buildings;
- Option 3 : Concentrate all services on one site, either in a brand-new hospital or in one of our two existing hospitals;
- Option 4 : Concentrate all major inpatient and emergency activity on the site of one of our existing two hospitals, with planned activity at the other.

It was pointed out that the proposals had been through a rigorous series of external assurance processes both before and during the consultation, including the following:

- National Clinical Advisory Team (NCAT);
- Local Assurance Panel (LAP) process
- Office for Government Commerce (OGC)
- Joint Overview and Scrutiny Committee (OSCs)
- Equality Impact Assessment (EQA)

These had all been positive, although it was recognised that some further work was required. The LAP had confirmed that the four reconfiguration tests laid down by the DoH (the so-called Lansley Tests) had been satisfied.

In addition, the CEO noted the following points that had emerged during the consultation:

- **Paediatric and Neonatal Intensive Care** : RSH consultants, would strongly prefer maternity and paediatric services to remain at RSH and have shared their concerns with both LAP and Trust Board members. However, they have confirmed that they would make the proposed option work, if that was the outcome of the consultation.
- **Surgery** : clinical pathways have been developed and The Royal College of Surgeons have confirmed their confidence that the proposal would provide a significant improvement .
- **Maternity/Gynaecology** : clinical pathways have been developed but further work needs to be done with communities to address specific concerns.

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

- **Children's Service** : assurances have been received on the majority of clinical pathways from LAP. With regard to the Rainbow Unit, it was noted that the CEO has agreed to meet with fundraisers and concerned parents to reassure them that the facilities that have been built through their fundraising efforts at RSH will be replicated at PRH and that it is hoped to incorporate some improvements in the new facility.
- **Paediatric Assessment Unit (PAU)** : through consultation many people have suggested that it would be helpful to open a 24/7 PAU service at RSH. The LAP was not convinced that 24/7 working was justified and requested further work to model capacity and demand for the service.
- **Travel Distances/Concerns**: work is ongoing with Ambulance Services in Wales and West Midlands to improve services, particularly with regard to improving the response time to the more remote areas of the county and mid Wales. The Trust is also investigating the possibility of introducing a shuttle bus service for staff and patients between RSH and PRH.
- **Stroke** : a hyper-acute stroke services will be provided at both sites and there will be a 24/7 thrombolysis service at both sites from June 2011.
- **Urology** : work is ongoing with regard to the future location of urology services.
- **Hospital Community Interface** : the Trust is committed to providing a Tele Health Service, so that more patients can be treated in their own homes without being admitted into hospital.
- **Financial/Workforce Position** : the detailed financial and workforce implications of the reconfiguration will be thoroughly reviewed and tested as part of the ongoing work to prepare the Outline Business Case (OBC) and the final Full Business Case (FBC). The capital cost estimate for the proposed reconfiguration at £28 million was at the limit of affordability for the Trust and £1.7 million of cash savings would be needed to service the loan.
- **Cost of RSH Option**: the cost of providing a new maternity unit at RSH has been estimated at £62 million and this is not affordable. The increased cost versus PRH is because a new unit at RSH would have to be a stand alone facility and would not be able to take advantage of existing infrastructure, as at PRH.

The CEO summarised the four options for reconfiguration which were included in the consultation, as follows:

Option 1 - Do nothing and maintain all services as they are. This is not viable as services would not be clinically sustainable and will continue to drift out of county. It also fails to address the building issues at RSH.

Option 3 – Concentrating all services on one site. This option is preferred by clinicians but it would cost £300-£400 million which is not affordable at the present time. The CEO said this could be returned to later if the economic climate changes.

Option 4 – Hot and Cold site working. This option also has strong clinical support but there is a mismatch between emergency activity and elective activity which would mean that one site would be handling much less activity than at present and the other much greater activity. This makes little sense practically and is not affordable.

Option 2 – Move some services from PRH to RSH and some services from RSH to PRH: This has remained the preferred option but needs to be tested further through the development of the OBC.

The Chairman thanked the CEO for a very comprehensive review of the massive amount of work that had been done to bring forward the reconfiguration recommendations and the way that the responses to the consultation had been incorporated. The Chairman then asked Leigh Griffin, Chief Executive of the PCTs to address the three specific papers: Consultation Report, Local Assurance Panel Report and Equality Impact Assessment.

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

Mr Griffin reported that responses to the consultation had been received from a series of public meetings across Shropshire and mid-Wales supported by PCT and Trust clinicians (over 2,000 people attended); from a number of detailed discussions with special interest groups; from responses from questionnaires (1,100); and from a number of petitions including 33,000+ signatures from people of mid Wales and Shropshire, specifically regarding maternity services.

He advised that 54% of questionnaires supported or broadly supported the proposal and that there were 42% opposed. There were strong concerns expressed relating to travel distances and the perceived clinical risk. Independent patient stories had also formed a part of the debate, however, it was noted that there was a degree of misunderstanding in some responses that equated the proposals to the loss of all paediatric and maternity services from RSH. The CEO pointed out that children who had serious health concerns were currently stabilised at either RSH or PRH before being transferred to Birmingham Children's Hospital and that this would continue.

Mr Griffin reported that the PCTs generally welcomed the public responses and views expressed in order to test the proposals on safety, sustainability, potential risk and mitigating risk to inform the future shaping of the proposals. He noted that the PCTs had also relied on external reviews from :

- National Clinical Advisory Team (NCAT)
- Local Assurance Panel (LAP) - the PCTs valued the LAP process very highly - both the pre-consultation review and the post consultation review in February 2011. For the post consultation review, the panel was strengthened by involving Obstetricians, Paediatricians and a senior nurse from Alder Hay. Recommendations from LAP included :
  - Continue to work up clinical pathways to assure risks are managed.
  - Continue dialogue with the public over transport and travel times.
  - Continue discussions with the Ambulance Services in both Wales and Shropshire.
  - Strengthen communications around PAU and A&E.
- The Joint Overview and Scrutiny Committee (JOSC) - the Committee gave broad support for the proposals with specific recommendations as detailed in the report included in the Board papers.
- Equality Impact Assessment - the report gave broad support but recognised that further work needed to be undertaken to build assurances around travel times and ambulance response times and pathways.

Mr Griffin reported that both PCTs would meet later in the day to consider the reconfiguration proposals but that they would need to receive the Business Cases to fully satisfy themselves on costings, workforce, implementation and phasing. The PCTs will be recommending support albeit with a clear expectation that further work will be required to address specific issues around transport and clinical pathways.

The Trust Board formally RECEIVED and NOTED :

- **the update on the Programme Management Arrangements and Office for Government Commerce Review (see Sections 2.1 and 2.2)**
- **the report on the "Keeping It In The County" public consultation (Section 2.3 and attached)**
- **the Local Assurance Panel report (Section 2.4 and attached)**
- **the summary of the National Clinical Advisory Team report (Section 2.5 and attached)**
- **the Equality Impact Assessment Summary (Section 2.6 and attached) and the full Equality Impact Assessment (available from www.ournhsinshropshireandtelford.nhs.uk)**
- **the response from the Telford & Wrekin and Shropshire Joint Health Overview and Scrutiny Committee (see Section 2.7 and attached)**
- **that Assurance and Consultation has been integral to the ongoing development and review of the proposals for reconfiguration of hospital services and, subject to the decisions of the Trust and PCT Boards, will shape the next phase of the programme to develop an Outline Business Case and Full Business Case.**

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

Board members were given the opportunity to comment on the proposals.

Mr Beardwell (NED) referred to the countless reconfiguration proposals over a number of years that had not materialised. In 2003 a new Trust Board was formed and it was hoped to bring together one hospital on two sites but, in terms of the general public, the hostilities of the respective communities had remained. However, he viewed the current proposals as being very different to anything seen before - the difference this time was the amount of preparation that had been undertaken which had been incredibly thorough and clinically led from the outset. The amount of local assurance and external examination had also made this a very different proposition. There were, however, two issues he wished to raise one related to more reassurance on travel times and the other related to risks in all pathways for teenagers and young adults.

Travel Times – the CEO said he had had the opportunity to go out to the communities and hear first hand the issues around travel times and these had left him with a clear understanding of the problems that some communities face when accessing healthcare services. Discussions have started with the West Midlands Ambulance Service to provide a detailed assessment of the current situation and a report is expected at the end of April. Other ongoing work included how best to increase the reach of our services and enhance scope of minor injuries units. He would also be developing a case for Tele Health in Shropshire and mid Wales.

Paediatrics - the proposal is that PRH would provide limited surgical services for children using Breast Surgeons who have been trained in paediatric surgery, which is a common situation where Women and Children's services are linked. It is proposed to develop this service as the Trust recruits a fourth Breast Surgeon. The CEO added that across the country most children's surgery happens in Children's Hospitals, consequently, Birmingham Children's Hospital has more work than it can deal with and following recent discussions it has become apparent that they believe there is scope to bring some of that work back into Shropshire.

Vascular Surgery Services – across the NHS there are clear proposals to focus the delivery of Vascular Surgery services into a smaller number of centres. The DoH intend to designate 43 centres with populations over 800,000 to become Abdominal Aortic Aneurysm (AAA) screening centres. Although SaTH serves only a 530,000 population, the rurality argument had been persuasive and if acute vascular surgery is concentrated at RSH, as proposed, SaTH will become a designated AAA screening centre.

Mr Beardwell (NED) recognised the enormous benefit relating to general surgery and vascular surgery being concentrated on RSH site. He also recognised the force of the argument that if these changes were not made vascular services could be lost from the county. He said it was an exciting possibility to make RSH a forward looking surgical centre. Mr Beardwell (NED) added that the Board had a duty to make sure it monitored every stage of the development of these services and ensure that all risks continued to be mitigated.

Dr Vernon (NED) noted that clear issues had been raised by the public and the majority related to increased risk due to increased travel times. Several concerns related to the possibility of patients turning up at the wrong site. He said it was really important that the Board closely monitored the process of mitigating against these risks through post-implementation audit of clinical pathways and operating policies. He asked for some assurance on when the Board can expect to see these plans.

The CEO said that the Clinical Pathways Groups had been testing out the various scenarios and that the Trust would produce a series of milestones for review by Q&S Committee and the full Board as a part of the process to develop the OBC and FBC.

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

Dr Simon Walford (NED) said he had worked in the Health Service for a long time, including 10 years with a national perspective and 3-4 years international experience. Over the last 6 months, since his appointment at the Trust, he felt that the new CEO had encouraged the development of clinical leadership and this was a positive step forward. Clinicians now have a voice and will have a stronger voice in the future. Dr Walford (NED) said these were good proposals and logical and he would do everything he could to make them work in the future, including ongoing conversations with clinicians.

The Chairman acknowledged the experience of Dr Walford and said that his background knowledge was very much valued, particularly by other NEDs.

Mr Simms (NED) said the area he was concerned about related to transport logistics. He said that it seemed to be an area in which no-one in the health care economy had much experience. He said that Mr Beardwell had previously identified particular concerns amongst the aged population about difficulties they experience in getting into hospital and even if the consultation did not go through, improvements still needed to be made in this area. Mr Simms asked what experience was being accessed in order to resolve this issue.

The CEO replied that the Trust has established links with the "Institute for Rural Health" an organisation led by Dr Wynne Jones from mid Wales and a symposium is being arranged in September with international speakers to share experiences from much more foreboding terrains, such as Australia and Canada. Dr Fraser (MD) added that the Trust has also developed links with the Highland Health Board in Scotland who have well developed solutions for transporting seriously ill people over long distances, to enable us to better understand how to successfully manage these situations.

The Chairman then invited questions from the public.

Mr Ron Jones said he recognised that the consultation was probably over. However, he hoped the Board would monitor the changes as discussed and ensure that promises were delivered. He felt that the public would look to the Non Executive Directors to represent the public's interest to provide safe and sustainable services, in particular in Children's and Maternity Services.

The Chairman thanked Mr Jones and assured him that the NEDs took their responsibilities to the public very seriously and that with the addition of Dr Walford to the Board they are well equipped to follow through on the detail of the proposals.

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

The Chairman then asked the Board to vote on the following Recommendations :

The Trust Board:

- **NOTED** the significant assurance and consultation that has influenced and shaped the ongoing development of the consultation proposals for surgery, maternity/gynaecology/neonatology, children's services and stroke services

- **COMMENDED** the following proposals to NHS Telford & Wrekin and Shropshire County PCT, subject to the ongoing assurances set out in Section 5 and the Annex to this paper:

Surgery

- All inpatient general surgery, both planned and emergency, for vascular, colorectal and upper gastro-intestinal surgery to be carried out at the RSH
- Breast, gynaecological and head and neck surgery to be carried out at the PRH
- All trauma surgery to continue to be carried out at RSH as now
- Orthopaedic surgery to continue to be carried out at both sites as now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity
- Most outpatient appointments to continue to take place at the same hospital as they do now
- Most day case surgery also to continue to take place at the same hospital as now

Maternity/Gynaecology/Neonatology

- The consultant led maternity unit currently on the RSH site to move to the PRH site. Both sites to continue to provide midwifery led units (MLU). The MLU accommodation at the RSH to be improved
- The neonatal intensive care unit currently provided at the RSH site to move to the PRH site so that it is on the same site as the consultant led maternity unit and inpatient services
- Pregnant women to continue to have their outpatient antenatal care, including scans at the same hospital they would go to now
- All pregnant women assessed as likely to have a low risk of complications in the later stages of pregnancy and during delivery to still have the opportunity to have their baby in an MLU or at home
- All pregnant women assessed as likely to have a high risk of complications to have their baby in the consultant led unit at PRH
- Gynaecology inpatient services for women to be concentrated within the women's and children's centre at the PRH. Most outpatient care to continue to be at the same hospital as now

Children's Services

- Concentrating inpatient services for children on the PRH site with Paediatric Assessment Units (PAU) on both sites, with further work to consider the demand and capacity, purpose and staff of the PAUs as part of the development of the OBC and FBC
- Children attending hospital as an outpatient continuing to go to the same hospital as they do now
- Head and Neck services transferred from RSH to PRH due to the high level of paediatric activity

Stroke Services

- The provision of hyper-acute stroke services at both the Princess Royal Hospital and the Royal Shrewsbury Hospital through the establishment of a 24/7 thrombolysis service at both sites.

- **NOTED** that subject to the decisions of the Trust and PCT Boards, the capital options and revenue consequences would be further tested and clarified as part of the development of the Outline Business Case and Full Business Case.

- **NOTED** that subject to the decisions of the Trust and PCT Boards, the detailed workforce implications would be developed as part of the Outline Business Case and Full Business Case.

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"KEEPING IT IN THE COUNTY" CONSULTATION ON THE FUTURE CONFIGURATION OF HOSPITAL SERVICES (Continued)

- **APPROVED** that the work to conclude the review for urology should continue and that the outcomes of this work should form part of the Outline Business Case and Full Business Case.

- **NOTED** that subject to the decisions of the Trust and PCT Boards, the issues raised during assurance and consultation will shape the next phase of the programme to develop an Outline Business Case and Full Business Case.

Finance and Workforce Implications (Section 4)

- **NOTED** the assurance and consultation that has influenced and shaped the development of the high-level capital options and revenue implications.
- **COMMENDED** Option 2 (moving some services from PRH to RSH and some services from RSH to PRH) to NHS Telford & Wrekin and Shropshire County PCT as the preferred option.
- **NOTED** that subject to the decisions of the Trust and PCT Boards, the capital options and revenue consequences would be further tested and clarified as part of the development of the Outline Business Case and Full Business Case.
- **NOTED** that subject to the decisions of the Trust and PCT Boards, the detailed workforce implications would be developed as part of the Outline Business Case and Full Business Case.

Proposed Next Steps (Section 5)

- **APPROVED** the development of an Outline Business Case and Full Business Case, subject to the decisions made by the Boards of The Shrewsbury and Telford Hospital NHS Trust, NHS Telford & Wrekin and Shropshire County PCT.

The Chairman thanked the Board for reaching this important decision which represented the culmination of a long and challenging process over the last nine months. He said the Executive Team had done a fantastic piece of work to get us to this stage. He also noted that the positive relationship between the PCTs and Trust Board had been crucial to the success of the consultation. The Outline Business Case will come to the Board in June 2011 and the Full Business Case to the September/October 2011 Board.

The Chairman said he was confident that the reconfiguration represents the start of a new era for healthcare in Shropshire and mid Wales and that the population can now look forward to having a sustainable healthcare service to be proud of. The Board's vision is to ensure that SaTH becomes recognised for changing healthcare for the better across the whole of Shropshire and Mid Wales. Finally, he took the opportunity to single out Adam Cairns, Andrew Tapp, Frank Hinde and Tony Fox and to thank them for their sterling efforts and patience in fronting the public meetings that had taken place over the past 3 month. He also thanked Debbie Vogler, Kate Shaw, Chris Needham and Adrian Osborne who had been heavily involved in preparing and organising the detailed work for the consultation and to the many others at SaTH who had contributed to the proposals.

2011.1/28 **ANY OTHER BUSINESS :** None.

2011.1/29 **DATE OF NEXT MEETING :**

Formal Trust Board Meeting – 31 March 2011 at 9.30 am Seminar Rooms 1&2, SECC, RSH.

The meeting then closed.

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Chairman
28 April 2011