

Future of Acute Hospital Services in Worcestershire

Programme Board Meeting

Friday 22nd May 2015

Board Room, The Coach House, John Comyn Drive,
Perdiswell, Worcester, WR3 7NS

Present:

Jo Newton (JN) – Chair
Simon Hairsnape – (SH), Chief Officer, Redditch and Bromsgrove CCG/Wyre Forest CCG
Chris Tidman – (CT), Acting CEO, Worcestershire Acute Hospitals NHS Trust
Dr Carl Ellson – (CE), Chief Clinical Officer, South Worcestershire CCG
Julie Grant - (JG), Head of Delivery and Development, NHS Trust Development Agency
Claire Austin – (CA), FoAHSW Programme Team
Colin Beardwood - (CB), Chair of Patient, Public & Stakeholder Advisory Group
Margaret Jackson – (MJ), Vice-Chair of Patient, Public & Stakeholder Advisory Group
Dug Holloway – (DH), West Midlands Ambulance Service NHS Foundation Trust
Simon Taylor – (ST), West Midlands Ambulance Service NHS Foundation Trust
Paul Sheldon – (PS), Chief Finance Officer, Redditch and Bromsgrove CCG/Wyre Forest CCG
Andrew Short – (AS), Divisional Medical Director – Women and Children, Worcestershire Acute Hospitals NHS Trust
Zoe Cookson – (ZC), FoAHSW Programme Team
Chris Burdon – (CBu), Chairman, Worcestershire Health and Care NHS Trust
Dr Jonathan Wells – (JW), Chair and Clinical Lead, Redditch and Bromsgrove CCG
Lucy Noon – (LN), Programme Director, FoAHSW
Simon Trickett – (ST), Chief Operating Officer, South Worcestershire CCG
Sue Doheny – (SD), Director of Nursing, NHS England
Graham James – (GJ), Divisional Medical Director – Surgery, Worcestershire Acute Hospitals NHS Trust

Apologies:

Michelle Brotherton – (MB), West Midlands Ambulance Service NHS Foundation Trust
Harry Turner – (HT), Chairman, Worcestershire Acute Hospitals NHS Trust
Richard Harling – (RH), Director of Adult Services & Health, Worcestershire County Council
Dr Simon Rumley – (SR), Chair and Clinical Lead, Wyre Forest CCG
Noreen Dowd – (ND), Director of Performance & Delivery, NHS England
Steve Jarman-Davies – (SJ-D), NHS England

1. Welcome, apologies and determination of quoracy

JN welcomed all to the meeting and introductions were made. Apologies were noted as above. It was noted that the meeting was quorate.

2. Minutes of the previous meeting held on Thursday 16th April, 2015

The minutes of the meeting held on Thursday 16th April, 2015, were accepted as a true and accurate record.

Matters Arising

LN reported that a review of the Risk Register is incomplete and will be submitted to the next FoAHSW Programme Board meeting.

MJ reported that once the West Midlands Clinical Senate Review Report is published and shared with the stakeholder group, work can be undertaken with regard to transport options and costs.

3. Alexandra Hospital A&E

a) Update from the Task and Finish Group led by NHS England

It was reported that the Task and Finish Group led by Dr Kiran Patel has been stood down as the immediate workforce issues have been resolved. It was also reported that the Deanery were content to support the Alexandra Hospital for a further 12 months with regard to the intake of trainees. One of the consultants has been seconded from UHCW and it was noted that he brings experience from a previous role as Clinical Director.

b) Update on Staffing of the A&E Department at the Alexandra Hospital

CT reported that a transition plan is in place to accommodate the current consultants leaving their posts over the coming months. It was acknowledged that a full complement of A&E consultants will be in post by 1st August, 2015 and that the Alexandra Hospital is in an improved position with positive results being achieved.

The Programme Board noted the update report regarding the Alexandra Hospital A&E

4. Quality and Service Sustainability

b) Women and Children

CT reported that concerns had been highlighted from the Women and Children Division with regard to inappropriate neonatal nursing and obstetric middle grade doctors staffing levels. The risks had increased due to difficulties encountered in covering the obstetrics and gynaecology middle grade rota and the quality and capability of some locum staff

AS referred to his report which had previously been submitted to the Quality and Service Sustainability sub-Committee on 19th May. The Committee had discussed mitigating actions and recent clinical incidents at length. The WHAT has taken the report to their Management Committee meeting on 20th May, 2015. It was recognised that the report remains confidential until a staff briefing has been undertaken. It was reported that agency locums are in place, however, it was felt that the quality of the service was not consistently of a high standard and therefore patient safety is compromised.

Other points highlighted:

- Eight incidents reported externally which were linked to staffing concerns and clinical decision making
- Difficulties experienced in covering rotas to maintain a 2 site neonatal model of care
- Difficulties in recruiting to vacant posts
- Potential closure of obstetrics care at the Alexandra Hospital and moving this service to Worcester Royal Hospital site

CT reported that the WAHT Management Committee was very supportive of the Women and Children Division with regard to the concerns being highlighted. It was acknowledged that there is a cause for concern with regard to staffing levels and that this issue needs to be addressed in a constructive way, with more work to do around operational planning. It was noted that an appropriate communication plan needs to be formulated which will cover internal and external stakeholders.

Following further discussion it was suggested that an external Task and Finish Group be established to oversee the impact of any changes to maternity services on the wider health economy and to identify and mitigate risks. The benefit of establishing an internal Task and Finish was also recognised which will allow for immediate concerns to be addressed.

The Programme Board noted the content of the Women and Children Division's Briefing Paper.

a) Emergency Surgery

GJ presented his report, a risk assessment and options appraisal. It was reported that the risk assessment had been shared with commissioning colleagues and NHS England. The Programme Board were asked to note that following discussions with Dr Kiran Patel, the red rated risk had been downgraded to moderate for a finite period as it was recognised that the locums in post are delivering a high quality service. It was reported that there are 2 clinical pathways in emergency general surgery and if a patient presents at Worcester Royal Hospital, they are managed in their entirety as the surgical expertise and supporting service are in place there. If a patient presents at Redditch there is inevitably a delay in accessing definitive treatment and carries the risk of the patient deteriorating during the transfer to Worcester Royal Hospital. It was also noted that there had been a loss of middle-grade surgical workforce at the Alexandra Hospital site followed by an inability to recruit to substantive posts at both middle-grade and consultant level.

GJ referred to the options appraisal document contained within the report and the Programme Board were asked to note that option 4 was the preferred option. It was also noted that the emergency surgery report, risk assessment and options appraisal will be presented at the next NHS Redditch and Bromsgrove Governing Body meeting. The reports were also submitted to the Quality and Service Sustainability sub-Committee meeting on 19th May 2015 where a recommendation was agreed to make changes to the existing clinical pathways with a view to progressing these changes quickly and to be in place by the end of June/beginning of July.

SH clarified that option 4 is being developed. It was noted that a Task and Finish group is in place which includes stakeholders and commissioners who will oversee clinical ownership and review how the changes will impact on other services within the health economy. It was also noted that an appropriate communication exercise will be undertaken in due course with regard to implementation and deployment of the changes to the existing clinical pathways.

The Programme Board noted the content of the Emergency Surgery report, together with the risk assessment and options appraisal.

5. West Midlands Clinical Senate Review – Update

LN reported that both she and JN had received paper copies of the report and were asked to undertake a checking process for inaccuracies before release. This had been undertaken with the relevant pages being circulated to section authors as necessary. The confidentiality and sensitivity of report handling both locally and regionally was reiterated. A response to David Hegarty, Chair of the West Midlands Clinical Senate together with a table of points of accuracy has been submitted. It is anticipated that a response will be received in due course, however, it is uncertain whether the points of accuracy will be acknowledged within the report. With regard to timescales, it was noted that the West Midlands Clinical Senate have two meetings planned, one on the 3rd of June and one on the 10th June, it was therefore proposed to have a further Programme Board meeting on either the 10th June or 11th June, 2015. The Programme Board were asked to hold both proposed dates in their diaries. If the West Midlands Clinical Senate decide to meet later in June, then the Programme Board was asked to be flexible around meeting availability around the 18th June. It was reported that a detailed communication plan is being developed to give a clear and consistent message and also to include a FAQ (frequently asked questions) section. It was recognised that an internal communications plan also needs to be in place for staff and GPs.

6. Next Steps on the FoAHSW Programme

Discussion points included:

- Work to continue with regard to obtaining clinical engagement;
- Establish assurance process and plan;
- Anticipation of entering into the assurance process at the end July/August with the public consultation process commencing in the Autumn;

7. Any Other Business

CA reported the welcomed engagement from West Midlands Ambulance Service NHS Foundation Trust in the FoAHSW communication plan.

8. Date of Next Meeting

- **Dates for diaries are Wednesday 10th June, Thursday 11th June, 2015 and a possibility of Thursday 18th June, 2015.**
- **Times to be confirmed once the date of June's West Midlands Clinical Senate meeting is clarified.**