

16<sup>th</sup> May 2011

Clerking Team  
Petitions Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Colleague

## **P-03-318 Cross Border Maternity Services**

Thank you for the opportunity to respond to the petition to the Welsh Assembly regarding proposed changes to hospital services and how cross-border implications are being taken into account.

In order to respond to your letter I would first like to provide some brief background to the challenges facing local hospital services, the process by which we engaged clinicians and communities in finding solutions to address those challenges, and the public consultation process that took place between December 2010 and March 2011. I will then set out our commitments to continue to ensure that cross-border implications are being taken into account going forward.

### **Background and Context**

There has been a long history of debate over many years without resolution on a series of challenges to the safety and sustainability of hospital services at the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford. This has focused on safety and sustainability challenges affected a range of services including acute surgery and children's services. If these challenges are not addressed then there are risks both to the ongoing quality and safety of patient services and to the sustainability of these services in our hospitals in Shrewsbury and Telford.

In other words, if we do not take action then there are risks that we will no longer be able to provide services for patients in a safe way and patients (and their relatives and carers) would need to travel further afield for their care.

The hospitals are managed by The Shrewsbury and Telford Hospital NHS Trust and together serve a population of around half a million people in Shropshire, Telford & Wrekin and mid Wales. We established the "Future Configuration of Hospital Services" programme in summer 2010 to secure high quality, safe, sustainable hospital services, with the goal of keeping services in our hospitals in Shrewsbury and Telford. The first stage of this work took place between July and November and launched a clinically-led debate (involving clinicians

from Shropshire, Telford & Wrekin and mid Wales) to develop proposals for the future shape of hospital services.

This debate focused on three dilemmas facing services in our hospitals:

- Making sure that we can continue to provide 24 hour acute surgery
- Making sure that we can keep our range of children's services
- Planning to move out of the deteriorating women and children's building at the Royal Shrewsbury Hospital before this building fails

With clinicians and partners we agreed the development of plans to address these dilemmas must:

- Make patient services safer now and in the future
- Make patient services sustainable now and in the future

This needed to be considered in the context of a wide range of current and future issues and challenges:

- The current clinical safety and sustainability risks facing hospital services, and the very real risk that some services will become unsafe or not sustainable.
- The needs of the different communities we serve across Shropshire, Telford & Wrekin and mid Wales.
- Maintaining important clinical linkages between hospital services (e.g. the clinical links between obstetrics and neonates, and the medical cover arrangements between neonates and paediatrics).
- A drift of services out of county. For example, patients with ST elevation myocardial infarction are already driven past our hospitals to heart centres in Stoke and Wolverhampton for primary angioplasty (PCI) as this is not performed in our hospitals. In recent years we have also seen different types of cancer surgery leave our hospitals because we have not been able to demonstrate compliance with Improving Outcomes Guidance.
- Medical workforce issues such as restrictions in working hours for junior doctors, reduced opportunities for international recruitment and a medical training programme resulting in earlier specialisation and a narrower expertise set and in some specialties smaller numbers of available staff.
- An environment of increasing external scrutiny of health services, including from Monitor and the Care Quality Commission and the implications of the Health and Social Care Bill currently being considered by Parliament.
- The availability of capital funding for building and equipment, and the revenue implications from capital loans.
- The prolonged debate on the future shape of hospital services without resolution: the current risks are getting harder to manage and the opportunities for solving them are reducing.

The development of options for addressing these dilemmas and meeting these essential requirements was framed by three reconfiguration principles:

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

In developing options we aimed to minimise the impact on all parts of the communities we serve. The significant majority of the care that we provide for people in mid Wales will continue to be provided at the Royal Shrewsbury Hospital. This includes:

- Maintaining A&E services
- Strengthening the Royal Shrewsbury Hospital as our main inpatient centre for acute surgery
- Maintaining medical inpatient services, including stroke
- Maintaining the majority of outpatient and daycase services – and continuing to work with Powys Teaching Health Board to identify ways to bring more services more locally where possible (for example, through tele health care)
- Strengthening the role of the Royal Shrewsbury Hospital as a Cancer Centre through a £5m development in partnership with the Lingen Davies Cancer Fund

Whilst this means that the majority of hospital visits for the majority of people from mid Wales will continue to be provided at the Royal Shrewsbury Hospital, inpatient children's services and inpatient consultant-led maternity services (and neonatal services) will be consolidated at the Princess Royal Hospital. I should stress at this point that any changes to women and children's services are subject to approval of an Outline Business Case and Full Business Case, and would around three years to complete which will provide an extended period to continue to engage with communities on both sides of the border to understand and address their concerns in the design of the new services.

### **Scrutiny, Assurance, Cross-Border Engagement and Ongoing Work**

When facing dilemmas such as these, as an NHS Board we must:

- make the best possible decisions
- based on the information available to us
- in the context of a realistic assessment of the opportunities and challenges
- within a rigorous framework of scrutiny and assurance
- and, most importantly, mindful of the impact (both of making changes and of *not* making changes) on the people we are here to serve, namely our communities across Shropshire, Telford & Wrekin and mid Wales

The decision to consolidate children's inpatient care, consultant-led maternity care and the neonatal unit within a new Women's and Children's Centre at the Princess Royal Hospital has not been taken lightly and has been developed in this context. This has included considerable analysis and scrutiny at both local and national levels, including:

- Presentations and Question & Answer sessions for the public and for partner organisations. This included three major public meetings (in Llanidloes, Newtown and Welshpool) as well as partner meetings or presentations with Powys Teaching Health

Board, the Montgomeryshire Area Committee of Powys County Council, Powys County Council Portfolio Holders for Adult and Children's Services, Montgomeryshire Community Health Council, the local MP and constituency AM, Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Health Board.

- Scrutiny of the proposals by the Health Overview and Scrutiny Committees of Shropshire Council and Telford and Wrekin Council.
- Local Assurance Process with patient, clinical and management representatives from Shropshire, Telford & Wrekin and mid Wales and external clinicians.
- National Clinical Advisory Team.
- Office for Government Commerce.
- Equality Impact Assessment.

More information is available in the suite of information accompanying this letter.

Specifically in relation to cross-border impact, a wide range of work is underway. This includes:

- Clinical working groups that are responsible for pathway development, risk mitigation, workforce and training needs and developing the overall models of care
- A Clinical Assurance Group comprising clinicians from primary and secondary care within Shropshire, Telford and Wrekin and Powys alongside colleagues from the Welsh Ambulance Service and the West Midlands Ambulance Service
- A Strategic Forum which includes the Chief Executives and lead Executive Directors from the Trust, Shropshire County PCT and NHS Telford and Wrekin, Powys tLHB and Betsi Cadwaladr UHB, the Welsh and West Midlands Ambulance Services. This groups remit is to ensure robust communication between the organisations as they develop their plans to ensure the delivery of high quality services into the future and ensure alignment and joint working
- A transport and transfers group specifically looking at ways of working together to mitigate the potential risks of additional travel time. This group involves Shropshire and mid-Wales councillors, both ambulance services, GPs and the Trust.
- A discussion forum with the Institute of Rural Health (based in Tregynon) to promote and support joint working to address the challenges of delivering modern health services to rural communities
- Building on the existing links between lead clinicians from the Trust and their colleagues in Powys, such as the Heads of Midwifery, Chief Nurses and Medical Directors to ensure plans are discussed and developed in partnership
- Within these groups a number of key strands of work are underway. This includes:
  - Data analysis by the Trust and ambulance services to understand, in greater detail, the impact of the reconfiguration on ambulance journey and turnaround times
  - Examining the potential for increased joint working between the ambulance Trusts on a practical day-to-day level
  - Sharing of evidence and best practice and pathways and experience alongside involvement in clinical work streams within the Trust reconfiguration programme and the service reviews within Betsi Cadwaladr UHB
  - Further work and implementation planning for the mitigation of risk as part of the ongoing assurance as plans develop

- Taking account of both English and Welsh policy directions in terms of the development of maternity and neonatal services

Alongside this, we have developed a communication and engagement plan for the next phase of this work, and I personally will be coming back to communities in mid Wales to share progress, hear their views and engage in shaping the future of the services we provide for them.

I fully acknowledge the concerns of patients, the public and communities of the travel distance and time in the proposals to move some services from Shrewsbury to Telford and I am personally championing the programme of work being led by the Trust to ensure that cross-border implications continue to be central to the work going forward.

I hope that my response provides you with reassurance that careful consideration continues to be given to this important issue in the planning and leadership of the work, and The Shrewsbury and Telford Hospital NHS Trust remains committed to providing the highest standards of care for our Welsh patients based on the contracts placed with us by Powys Teaching Health Board. Please do not hesitate to contact my office if you need any further information about this work.

Yours sincerely



Adam Cairns  
**Chief Executive**

Enc

- Report to the Trust Board on 24 March 2011 on the outcome of consultation on the "Keeping It In The County" proposals.
- Report from the Local Assurance Panel on 28 February 2011
- Report on the "Keeping It In The County" consultation process
- Summary of the report from the National Clinical Advisory Team
- Equality Impact Assessment summary