

Consultation on the future of Mid Staffordshire NHS Foundation Trust

North Staffordshire perspective



Introduction

This document has been compiled by Newcastle-under-Lyme Borough Council and Stoke-on-Trent City Council as a formal response to draft recommendations by Trust Special Administrators (TSA) for Mid Staffordshire Foundation Trust – appointed by Monitor – which include the transfer of key services from Stafford Hospital to the University Hospital of North Staffordshire (UHNS).

Maternity, emergency surgery, critical care and some paediatrics would move to UHNS under proposals to make Stafford Hospital more clinically and financially viable.

We recognise that reconfiguration of services needs to be considered in the context of rising demands on the NHS and social care, improving management of long-term conditions, recruiting and training specialist staff, improving quality of care and generating efficiencies.

But while recognising the need for change and potential benefits such as attracting new capital funding and increasing the catchment population for specialised services, we have serious concerns over a number of clinical, financial and organisational issues which impact on residents who use UHNS.

These include the:

1. Potential impact on the clinical quality of services in particular maternity, paediatrics and A&E.
2. Impact on targets particularly relating to A&E, emergency admissions and elective waiting times.
3. Impact on the existing health and social care transformational plans in North Staffordshire and capacity assumptions across the wider economy.
4. Financial assumptions underpinning the recommendations as the scale of the system-wide financial gap is not clear, neither is the detail on how it will be managed.
5. Lack of detailed planning on how the transition will be managed with particular regard to due diligence, governance and risk management.

We are seeking assurances that:

1. Patients in North Staffordshire will not have to travel to Stafford for care.
2. Robust transitional governance arrangements are put in place with representation from local councils and clinical commissioning groups representing the views of residents in North Staffordshire.



**Councillor
Gareth Snell**
**Leader of
Newcastle-under-Lyme
Borough Council**



**Councillor
Mohammed Pervez**
**Leader of
Stoke-on-Trent
City Council**



University Hospital of North Staffordshire

UHNS's main site is the City General Hospital, located in Stoke-on-Trent. From here a full range of general acute hospital services are provided for approximately half a million people living in and around North Staffordshire. The UHNS NHS Trust also provides specialised services such as trauma for three million people in a wider area including neighbouring counties and North Wales.

Each year more than 700,000 people attend the hospital for emergency treatment, planned operations and medical care.

Specialised services include cancer diagnosis and treatment, cardiothoracic surgery, neurosurgery, renal and dialysis services, neonatal intensive care and paediatric intensive care. The hospital is also recognised for expertise in trauma, respiratory conditions, spinal surgery, upper gastro-intestinal surgery, complex orthopaedic surgery, laparoscopic surgery and the management of liver conditions.

In 2012/13 more than 116,000 patients (an increase of more than 10,000 from the previous year) attended A&E. Many are brought in from a wide area by both helicopter and land ambulance because of the hospital's major trauma centre status.

During 2012/13 84,184 emergency inpatients were treated at the hospital, an increase from 68,962 the previous year.

Almost 6,000 babies are born at the hospital every year. The maternity unit has 16 delivery rooms and a further 11 suites in the birth centre. There are 112 beds on two wards. The neonatal intensive care unit can provide care for up to 23 babies and their families.



Our ref: JS/GS

1 October 2013



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Public consultation re: draft recommendations for Stafford Hospital

The NHS is changing and the future of hospital provision in Staffordshire, as a result of the tragedy at Stafford Hospital, needs to change.

In responding to the Trust Special Administrators' consultation on the future of Stafford Hospital, Newcastle-under-Lyme Borough Council sought to provide a platform allowing our residents' voices to be heard by running a "mini" campaign from Thursday, 12 September to Wednesday, 25 September 2013.

Council leader Gareth Snell tabled a motion at Full Council for a campaign encouraging borough residents to have their say about the potential impact of the proposals after it was revealed Trust Special Administrators could not legally hold a public event outside of their boundaries.

With Stafford Hospital likely to see significant changes as a result of the administrators' consultation the borough council felt it was important that any proposals affecting the provision of existing services for the people of North Staffordshire were debated and scrutinised thoroughly.

The borough council worked with North Staffordshire Clinical Commissioning Group to organise and publicise a public meeting on Monday, 23 September 2013 which was attended by Mark Hackett, Chief Executive of UHNS, and several senior members of staff. This allowed for questions about the current financial state of both Stafford and UHNS to be probed while specific concerns about the capacity of UHNS to deal with maternity, night-time A&E, paediatrics and acute surgery were also on the minds of those who attended.

The borough council collected the following online comments from Newcastle residents via high profile web presence at www.newcastle-staffs.gov.uk/hospital - a link was also available from the UHNS's website throughout the period.



I think the proposed move will put a huge pressure on the hospital and the services affected. I've recently had a baby and received excellent care from the team on both the midwife birthing centre and one of the wards where I was later moved to. To expect this team to also deal with the maternity care transferred from Stafford is ridiculous. They are already very busy yet still manage to provide an excellent service, these proposed changes can only result in a huge and unrealistic burden to the services producing an inevitable decline in the level of care provided. This will be especially true for services such as A&E and maternity. I really feel for people that this would affect in Stafford, especially those in need of urgent and emergency care - it's a long journey which I believe will only result in a higher number of fatalities due to the delay in receiving the care needed. It will also put a massive pressure on the ambulance services meaning that they are having to be with patients for longer due to the distance, ultimately affecting the amount of people who will the ambulance service can come out to. It will also affect those in North Staffordshire in terms of receiving prompt urgent care, and of course waiting times will obviously increase. Surely investing in Stafford Hospital to create a better service would be much more preferable rather than trying to sweep it under the carpet. I believe these changes are a bad mistake and would implore the powers that be to rethink this. It will be of detriment both to those who live in North Staffs and Stafford, will affect the level of care currently provided and will place too high a burden on the services.

Emma Wignall, 26 Hereford Avenue, Newcastle

I am appalled at the bad practice that has taken place at Stafford hospital. But it is time to move on. Whilst I can see the argument for cost effectiveness and economies of scale by moving services to large sites, I do not believe that this is in the best interest of patients. I have a rare medical condition and the national research centre is in Leeds; my condition affects only a small number of people world-wide, so I have no objection to Leeds being the centre of excellence. But on matters of maternity and critical care the patient needs to be near to home; it is a lonely experience to be seriously ill in a hospital many miles away from home, where friends and family may not be able to make the journey to visit. It may sometimes be necessary, but should not be the norm. How on earth the existing staff at Stafford hospital have the resources and the will to carry on the the face of the relentless barrage of bad press, I have no idea; it isn't all bad!. If the changes go ahead I am sure that UHNS staff will cope admirable, but that is not the point. Stafford needs its hospital

ST5 3NX

Its a bloody joke, last year I had to have 2 hip operations, had to go to Leighton at Crewe as uhns could not fit me in' so more people coming to uhns is going to cause more problems on the waiting lists

Sue Smith, Newcastle

I'm deeply concerned about the pressure this will put on what has been a great maternity service at UHNS. I'm due to have my first baby in January 2014 and this news worries me very much. Will my care be compromised as I approach my third trimester and due date? Will this be a problem for expectant mothers in North Staffordshire? The new maternity block has had some positive reviews and I worry this will be the downfall of maternity care at UHNS.

Leanne Kemp, May Bank resident



Hundreds of official consultation forms were made available at the Civic Offices, Guildhall, Jubilee2, Borough Museum and Art Gallery and library in Newcastle, Kidsgrove Town Hall and the Madeley Centre (four responses from Madeley are enclosed). They were also given out to 60 councillors at a Full Council meeting.

The borough council publicised the above actions in the local media including the Sentinel, Radio Stoke, Signal Radio, Cross Rhythms Radio and BBC News Online as well as our Twitter and Facebook accounts.

The residents of Newcastle and North Staffordshire enjoy a first class service from UHNS and we have been privileged to see investment in our hospital – it is clear that the financial strain placed on both Stafford Hospital and UHNS is unlikely to be solved by the proposals outlined by the Trust Special Administrator. Serious consideration must be given to how the ongoing deficits are dealt with and where the extra capital investment will come from.

UHNS is also a well-respected regional trauma centre and as it seeks to consolidate this specialism to underwrite its financial position, it would be unacceptable for patients to find themselves compelled to access services in Stafford which they currently enjoy at the UNHS.

Finally, there remain unanswered questions over how transitional arrangements would support the patients and services at both hospitals, how this would be funded and how any arrangements would be monitored and held to account.

Newcastle residents understand the need for change to support Stafford Hospital, but this support cannot come at the expense of the current provision they access at UHNS.

Public meeting held at Newcastle Civic Offices - 23 September 2013





**Stoke-on-Trent City Council Response To
Trust Special Administrator: Consultation on the future
of Mid Staffordshire NHS Foundation Trust**

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Our ref: ZI/RC/TO/MP
1 October 2013

PRIVATE AND CONFIDENTIAL

The Trust Special Administrators
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Introduction

The Trust Special Administrators (TSA) for Mid Staffordshire Foundation Trust appointed by Monitor have put out a number of recommendations for public consultation on the future of Stafford and Cannock Hospitals.

They recommend that Mid Staffordshire Foundation Trust (MSFT) is dissolved and Stafford Hospital is run by the University Hospital of North Staffordshire NHS Trust (UHNS). Cannock Hospital would be taken into the Royal Wolverhampton Foundation Trust.

The reasons set out are:

- MSFT provides services to relatively small numbers of patients
- it is difficult to attract and retain enough doctors and nurses
- the cost of running the hospital is far too high for the number of patients it serves

Their conclusion is that the MSFT is not clinically and financially sustainable, therefore the TSA are looking for a solution that is ***clinically and financially sustainable***.

The proposals for the Stafford and Cannock hospitals include a reconfiguration of services across two sites, respectively. The consultation document asks questions related to the main proposals for reconfiguration, and these are dealt with in the attachment to this response (appendix A).

Rationale

Stoke-on-Trent City Council understands that at a national policy level:

- reconfiguration of services across hospital sites is not a new strategy;
- the driver for change is to improve the quality of care, primarily;
- there is a huge potential financial benefit;
- but success assumes integration with excellent community services and first class primary care.

We agree that “reconfiguration of hospital services can provide a powerful means of improving quality in an environment where money and skilled health care workers are scarce. In some places, reconfiguration is needed urgently, in order to protect patient safety.”¹

We know that the 21st century’s challenge is dealing with long term conditions. The prevalence of diabetes, for example, is predicted to double over the next 20 years. Many more people have both physical and mental health challenges. This is particularly the case in the deprived and diverse communities of North Staffordshire where levels of health inequalities are high.

We also know that the wider economic context presents a serious challenge to the NHS. While demand for healthcare and the costs of healthcare are rising, public sector funding is reduced and will not be increased over the next decade, at least. This means the NHS needs innovative models of healthcare delivery that radically improve value for the patients.

Main concerns

Stoke-on-Trent City Council has posed four main questions through the Overview and Scrutiny Committee, which are echoed by the other organisations, and also reflect the questions posed by the public:

1. What are the financial assumptions which are being made by the TSA? Given the financial challenges already faced by UHNS, the need for capital investment, and the need to invest in the community services, the high-level financial projections are not convincing. We have yet to see a robust model and the underlying data.

¹ Imison C. Briefing on reconfiguration of hospital services. Kings Fund 2011.

2. What are the assumptions in respect of the impact of the service reconfiguration on existing UHNS services which are serving the residents of Stoke-on-Trent, Newcastle-under-Lyme, and Staffordshire Moorlands?

3. What impact will these changes have on the cross economy transformation plan? Presumably a lot of the success of this scheme will depend on UHNS, together with the SSOTP, achieving significant transformational changes to service delivery over the next few years as agreed with the CCGs (e.g. greater provision of preventive and community based services to reduce need for emergency admission to hospital). The history of the Fit for the Future project, and the perceived lack of impact as a result of that project, does not provide any confidence that these proposals will succeed. We understand that the development of community services in Stafford and the surrounding area is arguably behind that in North Staffordshire and this would impact on UHNS and therefore our residents.

4. How will the transition be managed to ensure UHNS is 'ready' to take on the additional patients from Stafford? The consultation paper recognises that UHNS is not likely to be ready to do this for two-to-three years because of current difficulties but does not set out the key milestones etc. We set out our proposals on accountability and managing the transition below.

Specific concerns

These are also addressed in the table below, in respect of some of the specific proposals. However the Councils and CCGs have identified the highest risks in terms of quality of care to be changes to maternity services, the impact on UHNS A&E, and elective waiting times. We would like to see a risk assessment which feeds a plan to manage the risk in order to avoid a negative impact on patients living in Stoke-on-Trent or the two districts.

Although a guarantee has been given that Stoke-on-Trent patients will not have to travel to Stafford, this remains a concern. It is vital that levels of access for local people are not compromised, especially in regard to waiting times. We seek reassurance on these issues.

UHNS states the hospital is running at 100% occupancy which is unsustainable, and has a goal to reduce to 92% occupancy. There is no assurance that this goal can be achieved. We recommend that there be a set of pre-conditions in place which have to be achieved before transition can begin.

The paramount concern is that the quality of care, service by service, improves and is not jeopardised by the changes. This is the stated aim of UHNS but will require very close monitoring.

Managing the transition

The accountability for managing the process of change is said to rest with the NHS Trust Development Board and NHS England. We would want to see the governance of the reconfiguration process assured in a number of ways, as suggested by the King's Fund.²

² as cited above

The Health & Wellbeing Boards with Healthwatch should ensure the quality of public engagement. Health and wellbeing boards should host the conversation between clinicians and local populations with active involvement of the clinical commissioning groups.

The Overview and Scrutiny committees should focus on the management of the identified risks.

In particular, attention must be given to clarifying roles, responsibilities and accountabilities with respect to reconfiguration decisions. A cross-economy Board should be established co-chaired by the County and City Councils who will lead strategic reconfiguration planning and decide how to resolve any conflicting views from the many different statutory bodies. This Board would include clinical commissioning groups, health and wellbeing boards, Monitor, and NHS England.

Plan B

We understand from the TSAs and UHNS there is no Plan B.

However a pan-Staffordshire Acute Trust has been proposed as an alternative.

An immediate response to the proposal is that it would create a huge and unwieldy organisation that would be hard to govern; but we believe this is a flawed idea for these reasons:

Although reconfiguration can deliver improvements in quality and safety without significant additional cost, overall there is little evidence to demonstrate that significant cost savings can be achieved from reconfiguration in the short to medium term, and significant change frequently requires transitional and capital support. The business case for the “super Trust” lead by Kings Health Partners in London estimated a cost of 0.2% of turnover to fund the new business. The costs of implementing the current proposal are unknown but a larger Trust would require proportionally more funding diverted to the mergers.

There is simply a lack of hard evidence around clinical benefits.

The Co-operation and Competition Panel (CCP) published its review of a proposed NHS merger and concluded that 'the merger is inconsistent with Principle 10 of the Principles and Rules, that is *Mergers, including vertical integration, between providers are permissible when there remains sufficient choice and competition or where they are otherwise in patients' and taxpayers' interests, for example because they will deliver significant improvements in the quality of care.*'

This raises the concern that a pan-Staffordshire Acute Trust would reduce competition and choice for patients receiving elective and non-elective care in Staffordshire. This is in contrast to the national policy assertion that choice and competition will deliver a wide range of benefits, including improvements in quality and safety, population health, and value for money.

The pan-Staffordshire Acute Trust would involve establishing a large enterprise running several sites, and clinical networks. This is akin to one American model of delivery where a single organisation owns and manages several healthcare sites. The NHS does not grow the leaders with the necessary business and strategic skills to make a success of such an enterprise. We believe this would open the door to an independent company to take responsibility.

Finally, the populations in the different districts of Staffordshire are different in their health and social care needs, and historic utilisation of healthcare provision. This would present a huge challenge to both commissioners and a large Trust. We believe a more credible merger is the integration of acute and community care for North Staffordshire.

Conclusions

1. The Council understand the reasons for the proposals, and agree that MSFT is not sustainable.
2. The Council has serious concerns about the clinical risks – in particular maternity services, A&E and emergency admissions; the lack of a robust projection of the financial implications; and the timescales given that there are some major building requirements. We are seeking reassurances on these issues.
3. The Council believes that there are no obvious alternatives. The One Staffordshire Trust solution is not feasible or deliverable for reasons set out above, and simply is not desirable.
4. The Council seeks assurance on the governance of the transition period and a commitment for partners to work together to develop a system-wide implementation plan.
5. The Council asks that the decision on these proposals is in line with the previous Secretary of State's four principles:
 - there is support from GP commissioners
 - it demonstrates strengthened public and patient engagement
 - there is clarity on the clinical evidence base
 - it is consistent with current and prospective patient choice.

Your reference
Our reference
Date

25 September 2013

city of
stoke-on-trent



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Corporate Services

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Assistant Chief Executive
Charles Stewart

Dear Sir/Madam

Stoke on Trent Overview and Scrutiny Committee – Response to TSA Consultation

On behalf of the committee I would like to thank the TSA, University Hospital North Staffs (UHNS) and the Stoke on Trent CCG for attending the Stoke on Trent Overview and Scrutiny meeting on 11 September to discuss the future proposals for Mid Staffordshire Hospital.

Following the debate at the meeting, I would like to submit the following response:

The Committee understand that the current arrangements at Mid Stafford and UHNS are not sustainable and proposals to address the move of patients' needs to be put onto a formal footing. The committee is concerned that the infrastructure at the UHNS isn't currently adequate to cater for increased patient numbers. There was no evidence presented to the committee to show that patient volume, infrastructure or transitional plans had been developed enough to reassure us that this had been adequately considered. The committee would have liked to have seen evidence that the financial modelling had been carried out and the patient forecasts and phasing had been considered in more detail. The committee appreciate that the proposals are part of a transitional plan and on a phased basis but the lack of information on these phases and how services are going to be affected causes some concern.

The possibility of a Staffordshire wide approach was briefly discussed. It was felt that this would be unmanageable and that the proposed UHNS and Cannock proposals were more realistic.

The UHNS has been built and planned around very specific geographical needs of the local population and the proposed additional patients' needs are relatively unknown. The populations in the county districts of Staffordshire are different in their

**Mandate
for change**

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health and social care needs to that in the City. This would present a huge challenge to commissioners.

Reassurances that the cross economy transformation work, which is happening in North Staffordshire will not be affected, can't be guaranteed. Is similar work being explored in the Stafford area to reduce some of the potential pressure on the acute services? This seems unclear.

The TSA consultation paper recognises that UHNS are not likely to be ready to take on all the proposed services for two to three years because of current difficulties. The document does not set out the key milestones. How will the transition be managed to ensure UHNS are 'ready' to take on the additional patients from Stafford?

Although a guarantee was given at the meeting that patients will not have to travel to Stafford, this remains a concern. It is vital that levels of access for local people are not compromised, especially in regard to waiting times.

The Committee heard from the TSAs and UHNS there is no Plan B. This is a concern and puts the committee in a difficult position when faced with no alternative.

The Committees paramount concern is that the quality of care, service by service, improves and is not jeopardised by the changes.

Again, I thank you for attending the Overview and Scrutiny meeting and ask that you consider the above concerns of the committee when considering your proposals.

Yours,

Cllr Bagh Ali
Chair of the Adult and Neighbourhoods Overview and Scrutiny committee

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Also emailed on 25/9/13

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Mandate
for **change**



Our Ref: AB/akb/LB

1st October 2013

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Dear Colleague

Stoke-on-Trent CCG has considered the TSA draft recommendations on the future services for local people using Stafford and Cannock Chase hospitals and the potential impact that this will have on the population and local health and social care services in Northern Staffordshire.

We have been involved in the work of the TSA and in UHNS planning and recognise that MSFT is not sustainable and the need for service reconfiguration. We are broadly in support of the rationale and draft proposals for the following reasons:

- UHNS providing services over a bigger footprint with approximately one million population will create economies of scale and bring in additional resource that will have a positive impact for the population of Stoke-on-Trent as it will support UHNS to:
 - Improve quality of services with more consultant provision over 7 days, for example in maternity, some surgical specialties.
 - Sustain and potentially increase the range of specialised services that they provide, meaning that the population of Stoke-on-Trent will be able to access these services closer to home.
 - Sustain and potentially increase their teaching, education and research status.
- There will be a plan to manage the change in service provision which is far less of a risk than an unplanned shift of activity from Stafford to UHNS.
- Planned growth of services appropriately funded will support the financial sustainability of UHNS.

However, we do have a number of concerns and questions that we wish to be considered and seek assurance on:

- That the changes won't have a negative impact on the Quality and Safety of the service provision for the patients of Stoke-on-Trent.
- That the right capacity will be in place so that there isn't a detrimental impact on access, in particular; on A&E, non-elective pathways, cancer waits and 18 week RTT. We are particularly concerned about the capacity for the planned increase in demand for A&E, Maternity and Children's services.
- Patients in Stoke-on-Trent will be able to access services in Northern Staffordshire and not have to travel to Stafford unless they choose to do so.
- That Community step down services / infrastructure are brought on line in Stafford to enable Stafford patients to be discharged in a safe and timely manner to support flow of patients through the acute beds and deliver the productivity gains at UHNS.
- UHNS has an underlying financial deficit and we would like assurance that the financial position at Stafford won't have a further negative impact on this.

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- The plans for Cannock need to be considered alongside UHNS plans for Stafford to ensure there are no unintended consequences. The potential loss of elective care provision and increase in non-elective activity at Stafford could have a negative impact on the financial modelling and sustainability for UHNS.
- HM Treasury 2013 Spending Round requires commissioners to work towards the creation of Integrated Transformation Funds which will impact on future acute commissioning intentions and financial planning from 2014/15 onwards.
- We would like to understand more of the under-pinning assumptions in terms of the productivity gains at UHNS to understand whether these are in fact viable and sustainable solutions, or whether this places a further burden on the North Staffordshire Local Health System to resolve, bearing in mind that as CCGs we commission less than 50% of services now at UHNS given the fragmented nature of commissioning.
- Stoke-on-Trent CCG will continue to fund services at UHNS at tariff and in accordance with the national business rules, but should not be expected to pay at 'tariff plus' for services at UHNS
- That there is a whole plan for Staffordshire that has an acute sector solution aligned with the community model of care that is being designed and implemented in Northern Staffordshire and has full involvement of Stoke-on-Trent CCG.
- That there is robust deliverable workforce plans. We would like to seek assurance that junior doctors will continue to be placed at Stafford as if not this will further compound the problems.
- A robust risk assessment on impact in Northern Staffordshire is completed and included in the risk register.
- What the impact will be on the transition if there is a judicial review.

In summary, Stoke-on-Trent CCG is broadly supportive of the draft proposals that are being consulted subject to consideration and assurance been given on the issues that we have set out above.

We would particularly like to draw out that we have a number of significant concerns that relate to the impact the planned changes will have on Northern Staffordshire, most notably the financial planning assumptions and the delivery and sustainability of key targets. We are therefore really keen that we are engaged in the transition period to ensure that the impact and any unintended consequences relating to Stoke-on-Trent is recognized and managed. We also wish to be noted that the system within Northern Staffordshire is already feeling the impact of a shift in activity from Stafford to UHNS, in particular, A&E and non-elective admissions and that UHNS has not achieved the 4 hour A&E target for four of the past quarters for the current demand and prior to any increased demand.

Yours sincerely



Dr Andrew Bartlam
Clinical Accountable Officer
Stoke-on-Trent Clinical Commissioning Group

Enc: Summary Report

