

Minutes of the Special Meeting of the Warwickshire County Council Adult Social Care and Health Overview and Scrutiny and the Rugby Borough Council Customer and Partnerships Committee held on 16 December 2011 at the Town Hall, Rugby

Present:

Members of the Warwickshire County Council Overview and Scrutiny Committee

Councillor Les Caborn (Chair)
“ Martyn Ashford
“ Penny Bould
“ Richard Dodd
“ Claire Watson for this meeting)

District/Borough Councillors

Sally Bragg (Rugby Borough Council)
Derek Pickard (North Warwickshire Borough Council)

Other County Councillors

Councillor Jerry Roodhouse (Chair of Warwickshire LINK)
Councillor Bob Stevens (Portfolio Holder for Health)

Members of the Rugby Borough Council Customer and Partnerships Committee

Councillor Claire Edwards (Chair)
“ Graham Francis
“ Robin Hazelton
“ Kathryn Lawrence
“ Tom Mahoney
“ Noreen New

Other Borough Councillors

Councillor Bill Lewis
“ Maggie O'Rourke
“ Sue Roodhouse
“ Neil Sandison
“ Jim Shera
“ Ramesh Srivastava
“ Brian Whistance

Officers

Paul Ansell, Scrutiny Officer, RBC
Andrew Gabbitas, Executive Director, RBC
Di King, Service Manager, Locality North, WCC
Ann Mawdsley, Principal Committee Administrator, WCC

Janet Purcell, Democratic Services Manager, WCC
Jenny Wood, Head of Social Care and Support, WCC

Also Present: Andy Hardy, Chief Executive, University Hospital Coventry and Warwickshire
Mark Pawsey, MP for Rugby

There were 23 members of the public in attendance.

1. General

The Chair welcomed everyone to the special meeting to consider the closure of Birch Ward at the Hospital of St Cross, Rugby, and thanked Members and officers of Rugby Borough Council for hosting the meeting in Rugby.

(1) Apologies for absence

Apologies for absence were received on behalf of Cllr Jose Compton, Cllr John Haynes (Nuneaton and Bedworth BC), Cllr Kate Rolfe, Cllr Dave Shilton and Cllr Angela Warner. Apologies were also received from Cllr Leigh Hunt (Portfolio Folio Holder for Sustainable Inclusive Communities at RBC), Cllr Ray Kirby (RBC), Nigel Barton (Coventry and Warwickshire Partnership Trust), and Ham Patel (West Midlands Ambulance Service)

(2) Members Declarations of Personal and Prejudicial Interests

Councillor Richard Dodd declared a personal interest as an employee of the West Midlands Ambulance Service NHS Trust.

Councillor Noreen New declared a personal interest as an employee of Warwickshire County Council.

2. Closure of Birch Ward at the Hospital of St Cross, Rugby

2(1) Andy Hardy, Chief Executive at University Hospital Coventry and Warwickshire gave an oral presentation on the decision behind the closure of Birch Ward at the Hospital of St Cross, Rugby. He made the following points:

- a. Birch Ward had only been opened in September 2010 as part of a plan to close Ward 1 at UHCW and move a number of beds from Coventry to Warwickshire. Due to emergency pressures at UHCW Ward 1 had not been closed, so having two wards open had resulted in more beds being funded for on a recurrent basis.

- b. The decision to close Birch Ward was made in September 2011, and was not expected to have a negative impact on Rugby patients, as St Cross still had sufficient bed capacity to meet demand and the range of services and specialisms at St Cross had not decreased.
- c. Birch Ward had been selected as on most days there were not enough Rugby patients to fill the ward and beds were used by Coventry patients or patients from further afield.
- d. The reasons given for not consulting were:
 - the closure was temporary and the ward could be reopened to accommodate an increase in demand.
 - demand for beds on Birch Ward had significantly decreased over the previous six months.
 - the direction of travel to a more efficient health system with reduced lengths of stay in acute settings and increased capacity in community health settings meant a decrease in demand for hospital beds.
 - there had been a reduction in referrals from GPs in Warwickshire.
- e. There had also been bed closures at UHCW and the plan for the future to retain a flexible capacity so that bed numbers would match demand.
- f. The main emergency flows into UHCW were from Coventry and Warwickshire, and services across Warwickshire needed to be properly aligned. In line with this, £3m had been reinvested into new services and buildings at St Cross.
- g. The closure of Birch Ward had not resulted in any staff redundancies. In the event of a major event and a ward having to be reopened, banking and agency staff would be brought in to cover any staffing gaps.

2(2) Jenny Wood, Head of Social Care and Support at Warwickshire County Council made a statement from a social care perspective. She stated that the partnership arrangements between Adult Social Care and UHCW were good, as were the ongoing good relations with other hospitals in Warwickshire and community care providers. The Adult Social Care Directorate welcomed the approach taken by UHCW, which was the County Council approach towards ensuring people were supported in their own homes, stays in hospital were shortened with more timely discharges and delayed discharges minimised. To enable this to happen there had been an increase in social care support services across Warwickshire and the expansion of reablement this year that would continue into the new year was resulting in timely discharges and independence being maximised following hospital stays. She added that from an adult social care perspective the closure of the ward had been manageable.

2(3) Public Questions

1. Mr John Rattenbury

“Will the closure of this ward mean that some Rugby patients would be treated at Walsgrave? If so what arrangements will be made for disabled relatives to visit them?”

Andy Hardy responded that there was no change to existing arrangements at St Cross. Specialist acute care continued to only be offered at UHCW, but there were transport links in place.

2. Mr Lane

“Re the closure of Birch Ward and other cutbacks made at Rugby St Cross, to what extent has the PFI (Private Finance Initiative) had on these decisions?”

Andy Hardy noted that the PFI had not played into the decision to close Birch Ward. He added that the Government had commissioned an external review from McKinsey and Co to look at the financial sustainability of the 22 PFI Trusts, and UHCW had been identified as one of 16 that did not represent any financial sustainability challenge to the NHS.

3. Tony and Carla Conway

i. How much will be saved by the closure of Birch Ward and what percentage of the UHCW budget does this represent?

Andy Hardy noted that the initial saving that would be achieved from the closure was £375,000, which would mean a saving of £1.1m over a full year. This represented less than 0.25% of the UHCW annual expenditure of £453m.

ii. What other options have been considered to save that amount of money, and why are those options not being pursued?

Andy Hardy responded that UHCW had a cost improvement plan target of £28m, which was part of the NHS plan to save £20b. This plan was made up of approximately 400 schemes valued between £10,000 and £4m.

iii. What provisions will be put in place to cater for the patients who would have been cared for in that ward?

Andy Hardy responded that the due to the work being done to reduce the length of stay in hospital for patients and the reduction in GP referral numbers, that there was sufficient bed capacity for the current demand at St Cross now.

4. Mr Charles Johnson

- i. *“Does the Trust management recognise the need to care for the mental as well as the physical welfare of patients: If so how, can they justify making decisions that will inevitably lead to patients' distress and their isolation from (older or non driver) friends. These friends could provide the support necessary for an early release from hospital? If the Trust management recognise this need, why don't they provide necessary local health services over which they have control? i.e. Birch Ward?”*

Andy Hardy stated that management were aware of how important it was to the wellbeing and recovery of patients, having family members visit. In relation to dementia care he noted that all wards had specialist input for dementia care, and the Trust had been recognised for their work following the opening of a dementia lounge for designed for patients with dementia, their relatives and carers.

- ii. *“Why do UHCW Managers receive up to 25 times more pay than the lowest paid full time worker?” If the Trust claims it has to pay big salaries to attract the 'best', why have the “best” landed us with an annual £30 million bill and £80 million debt? Why cannot the money for Birch Ward be made available by UHCW following the rule that no one working in UHCW receives any more than 7 times the pay of the lowest paid worker?”*

Andy Hardy responded that the figures given were incorrect and that differences in salaries paid at UHCW fell within the recommendations made by Lord Hutton. He also confirmed that there was no income expenditure deficit at UHCW, and therefore no debt.

5. Mrs Jean Gibson

“Mrs Arthur James was the founder member of, and opened Rugby Hospital. The people of Rugby have kept Rugby St Cross Hospital going over the years and it is now being drained and taken over by University Hospital Coventry and Warwickshire. What is to happen to the people in Rugby who don't have the same amenities as those in Coventry and may not have a car to travel to Coventry?”

Andy Hardy responded that he was conscious of how dearly St Cross was held in the hearts of the people of Rugby. He gave his assurances that there were no further ward closures planned for St Cross and that Birch Ward had only been opened in September 2010 as part of a development that had not materialised. In response to a query about the Rugby Rag carnival, he added that the Friends of St Cross continued to raise money for the hospital and to provide vital voluntary services. Any money raised locally was used for St Cross only.

6. Mark Pawsey, MP

i. "What is the process that UHCW went through before making the announcement about the closure of Birch Ward?"

Andy Hardy noted that there were a number of stages to the process involving in decision making, including looking at where savings were possible and where savings were required within the changing care environment. He acknowledged that in this case UHCW did not get the engagement and communication right.

ii "Is St Cross bearing the brunt to protect the UHCW PFI?"

Andy Hardy referred to his earlier comments that the savings made from the closure of Birch Ward had nothing to do with PFI and represented £375,000 (£1m over a year) of the planned savings of £25m, mostly to be made on the Coventry site.

iii "Is the closure of Birch Ward temporary?"

Birch Ward was not a permanent closure as the ward would still be available to address significant increase in demand.

2(4) Questions from Rugby Borough Councillors

Councillor Claire Edwards, Chair of the Rugby Borough Council Customer and Partnerships Committee thanked the speakers for their contributions, noting that St Cross was precious to Rugby residents and had been for a very long time. She accepted that UHCW did not consider the closure of Birch Ward a major change, but wanted to record that the people of Rugby did consider it a major change. She asked Andy Hardy to make a commitment that in future UHCW would engage properly with patients and the public.

Questions were invited from Rugby Borough Councillors and the following points were noted:

1. GP referrals had reduced by an average of 21%.
2. The normal engagement process and communication plan with local stakeholders had not been possible with the closure of Birch Ward due to information being leaked at an early stage. Every effort would be made to engage with local stakeholders as much as possible in the future.
3. The changing demographics in Warwickshire would mean an increase in older people and it was stressful for older people to travel to Coventry. Andy Hardy acknowledged that there were a number of patients currently in UHCW that did not need to be in an acute setting and more needed to be done to see what care could be provided in communities. The Arden Cluster were looking at how to better provide care for the frail and elderly and this needed to be done with partners in Social Care.
4. There were a number of plans in place to deal with all major events, including winter pressures, including the cancellation of elected operations and day cases. The unused beds on Birch Ward could be made available to deal with these events.
5. Members requested sight of the contingency plans to assess whether they were appropriate to meet demand.
6. On 31 October 2011 UHCW had been designated a major trauma centre. Future plans for St Cross included developing the Rugby site for rehabilitation for serious trauma patients to be moved on to.
7. In response to a query about the lack of capacity at UHCW, Andy Hardy noted that a lot of work had been done at the Coventry site to ensure patients were treated in the most appropriate setting.
8. The savings identified in the Cost Improvement Programme were efficiencies identified which would be reinvested elsewhere by the Commissioners. The Health budget had been protected by the Government in real terms.
9. Andy Hardy noted that the Macular Eye Unit, which had cost £2.5m to build, was an example of where money had been saved to reinvest. He added his determination in ensuring this facility was made available to Rugby residents.
10. Andy Hardy undertook to provide information on the availability of back services and physiotherapy services at Rugby St Cross.
11. Andy Hardy undertook to attend the next meeting of the Rugby Borough Council Customer and Partnerships Committee in February 2012.

Councillor Jerry Roodhouse, Chair of Warwickshire LINK noted that the health economy across Warwickshire was changing and would continue to become increasingly challenging. There were questions about all Warwickshire hospitals and where they sat within the changing health economy, and stated that George Eliot Hospital was facing pressure about

its future, and in general the system as it stands would be unsustainable in the future. He asked the following questions:

- a. *There had been slippage within the UHCW Cost Improvement Programme of approximately £4-5m. Councillor Roodhouse asked if the closure of Birch Ward had been included in the initial programme.*

Andy Hardy responded that the decision to close Birch Ward was made at the beginning of October 2011.

- b. *Section 242 of NHS Act 2006 put a requirement on NHS bodies to not only consult and engage, but to involve patients and public. In light of the reaction of the public and stakeholders to the closure who saw this as a massive change, Councillor Roodhouse sought assurances that public involvement would happen in the future, including greater interaction with the forum at St Cross.*

Andy Hardy accepted the duty to involve and engage. He added that he was spending increasing time with Clinical Commissioning Groups as part of his role. He acknowledged the need to engage with the people in Rugby about their needs and to involve stakeholders as much as possible.

- c. *Councillor Roodhouse stated that there were approximately 100 beds at UHCW being occupied unnecessarily, including 30 delayed discharges. He asked whether UHCW had a capacity issue in light of this, and the fact that George Eliot was having to take patients from UHCW.*

Andy Hardy responded that there were a number of people in beds at UHCW that could be treated elsewhere and a reduction of 150-220 beds had been identified. These were not classed as delayed discharges and while the levels of delayed discharge at UHCW were high, but small in relation to other hospitals.

Andy Hardy stated that the shape of services across Coventry and Warwickshire had to be commission-led. Acute service providers had to feed into this process, making clear what services could and couldn't be offered. Providers at both UHCW and St Cross, together with local commissioners, needed to help PCT colleagues (and in the future the local arm of the NHS Commissioning Board) to make plans for the medium and long-term future.

2(5) Questions from the Adult Social Care and Health Overview and Scrutiny Committee

The Chair reminded Members that their role at this meeting was to consider the process followed by UHCW in making their decision and whether that decision represented a substantial variation.

During the ensuing discussion the following points were made:

1. There had been no redundancies as there had been staff vacancies elsewhere in the hospital as well as a number of banking/agency staff. If demand increased the hospital would again adopt a short-term reliance on banking/agency staff.
2. In terms of quality care it was better to close an entire ward at one time rather than to shift small numbers of patients.
3. UHCW was confident that the decision to close Birch Ward took account of clinical safety, quality and effectiveness. All 400 schemes identified to achieve savings had to be signed off by either the Chief Nurse or the Chief Medical Officer to ensure that patient safety and needs were met.
4. The decrease in GP referrals was due to a number of factors including referral agreement systems being put in place.
5. In response to a query about accessibility of the UHCW site, particularly parking, Andy Hardy acknowledged there were difficulties, but noted that work was being undertaken with Coventry planners around a second or third access to the site.
6. In response to concern raised about the accumulative effect of declining services, Andy Hardy noted that services were not about beds but about what services were available locally. He added that demand could be met when needed.
7. A ward that had been closed could be prepared and fully clean to open within 48 hours in needed in an emergency.

Mark Pawsey MP thanked the Adult Social Care and Health Overview and Scrutiny Committee for holding their meeting in Rugby.

2(6) Recommendations from the Adult Social Care and Health Overview and Scrutiny Committee

The Committee, having considered all the points that had been raised, agreed on balance that the closure of Birch Ward did not constitute a substantial variation and it was **Resolved** that:

The Adult Social Care and Health Overview and Scrutiny Committee recognises the extenuating circumstances around the disclosure of the proposal to close the Birch Ward, and accept the decision.

The Committee record their concern at the lack of involvement with Rugby residents and all stakeholders, and their concern at the possible impact on Rugby patients who may in the future be treated at University Hospital Coventry and Warwickshire.

In light of these concerns, there are key lessons to be learnt and the Committee makes the following recommendations:

1. Where the University Hospital Coventry and Warwickshire NHS Trust plans to vary or develop services locally, the Adult Social Care and Health Overview and Scrutiny Committee and other stakeholder should be included at the earliest possible time in discussions to determine whether the proposal represents a substantial variation. If the outcome of that discussion is that a proposed change does represent a substantial variation, the Trust must consult the full Committee.
2. A decision on whether a formal public consultation is required should be made through involvement with the Adult Social Care and Health Overview and Scrutiny Committee.
3. Any future decisions should take greater account of engaging communities, patients and the public.
4. The “Good Practice Guidelines – NHS Service Variations and Developments” agreed by Warwickshire stakeholders in 2009 should be refreshed.
5. Regular updates on bed occupancy and repatriation at a ward level for University Hospital Coventry and Warwickshire and Hospital of St Cross should be provided to the Adult Social Care and Health Overview and Scrutiny Committee.
6. The Adult Social Care and Health Overview and Scrutiny Committee will monitor the outcomes on the closure of Birch Ward, Hospital of St Cross, Rugby.

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Chair of Committee

The Committee rose at 4:30 p.m.