

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 10 August 2017

Paper No: 17/57

Title of Paper: Phase One of the Oxfordshire Transformation Programme –
Decision Making Business Case

Paper is for:

(please delete tick as appropriate)

Discussion

Decision

✓

Information

Purpose and Executive Summary:

The attached paper is the Decision Making Business Case for Phase One of the Oxfordshire Transformation Programme. It updates the information in the Pre Consultation Business Case including:

- details of the final proposals;
- the outcomes of the public consultation and how the views captured by the consultation were taken into account; and
- the findings of the formal impact assessments, additional work requested by the Board and the proposed mitigations that will be put in place to address any issues raised

It also demonstrates that the final proposals are sustainable in service, economic and financial terms and can be delivered within the planned capital spend.

Financial Implications of Paper:

The first Phase of the Oxfordshire Transformation Programme was focused on changes required to some clinical services for safety reasons and to improve outcomes for patients. In line with the guidance, the NHS England assurance process confirmed that the proposals outlined in the pre-consultation business case should be affordable in capital and revenue terms.

Action Required:

The OCCG Board is asked to consider five individual recommendations as a result of Phase One to address the need to provide high quality, safe and sustainable services. These are summarised below:

1. Critical Care

Move to a single Level 3 Critical Care Unit (CCU) for patients within Oxfordshire (and its neighbouring areas), located at the Oxford University Hospital (OUH) Oxford sites. The CCU at the HGH would become a Level 2 Centre, working in conjunction with the major centre in Oxford.

2. Acute Stroke Services

Secure an improvement in outcomes for stroke patients through direct conveyance of all patients where stroke is suspected from Oxfordshire (and its neighbouring areas) to the Hyper Acute Stroke Unit (HASU) at the John Radcliffe Hospital (JRH) in Oxford. This will be supported by the roll out of countywide Early Supported Discharge (ESD) (already available in two localities) to improve rehabilitation and outcomes.

3. Changes to Acute Bed Numbers

Agree to make permanent the planned closure of 146 acute beds thereby formalising the temporary changes made as part of the 'Rebalancing the System' delayed transfer project that has been running since November 2015. The implementation of this will be staged:

- 110 beds are already closed and will remain so and enable the investment in alternative services to be made permanent;
- The additional 36 beds will only be permanently closed when the system has made significant progress in reducing the numbers of delayed transfers of care. Any further planned closures will need to be reviewed by Thames Valley Clinical Senate and assured by NHS England.

4. Planned Care Services at the Horton General Hospital

Separate elective from emergency interventions at the HGH and localise care through the development of a new 21st century Diagnostic and Outpatient Facility; an Advanced Pre-operative Assessment Unit; and a reconfiguration of existing theatre space to act as a Co-ordinated Theatre Complex to improve elective services.

5. Maternity Services

Create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the JRH and establish a permanent Midwife Led Unit (MLU) at the HGH.

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration

✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome: An Integrated Impact Assessment is in progress.

Link to Risk:

AF21: Transformational Change

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Clinical / Executive Lead: Dr Joe McManners, Clinical Chair and David Smith, Chief Executive

Date of Paper: 2 August 2017

Phase 1 of the Oxfordshire Transformation Programme – Decision Making Business Case

1. Introduction

Following OCCG Board agreement and NHSE England assurance of the Pre-consultation Business Case (PCBC) the public consultation on proposed changes to some health services in Oxfordshire took place between 16 January and 9 April 2017. It focussed on improving quality of services and making permanent some temporary changes made in 2016. This Phase One consultation was seeking views on:

- Changing the use of acute hospital beds across Oxfordshire
- Planned care services at the Horton General Hospital, Banbury
- Stroke services across Oxfordshire
- Critical care services at the Horton General Hospital, Banbury
- Maternity services, including obstetrics, special care baby unit and emergency gynaecology services at the Horton General Hospital, Banbury

This consultation was phase one of a two phase process. The plan for a split consultation and the plan for delivering the consultation were agreed with Oxfordshire Health Overview and Scrutiny Committee (HOSC) in November 2016.

The Board received the report of the consultation at its meeting on 20 June 2017 when it was

- Agreed it was assured on the consultation process
- Received the report on the consultation and noted the findings
- Noted the work being commissioned to ensure sufficient information would be available for the decision-making meeting on 10 August 2017
- Identified areas where additional information was required prior to decision-making.

The final step in the process is for the Board to receive the Decision Making Business Case (DMBC).

2. Decision Making Business Case

The attached report has been designed to act as the formal 'Decision Making Business Case' (DMBC) for the Oxfordshire Transformation Programme. It updates the information in the PCBC including:

- details of the final proposals;
- the outcomes of the public consultation and how the views captured by the consultation were taken into account; and
- the findings of the formal impact assessments and additional work requested by the Board and the proposed mitigations that will be put in place to address any issues raised

It also demonstrates that the final proposals are sustainable in service, economic and financial terms and can be delivered within the planned capital spend.

Further detail supporting this DMBC is available in a series of documents that the Oxfordshire Clinical Commissioning Group Board has previously considered as well as a small number of additional documents that have been produced to ensure the Board is fully informed. These documents are referenced throughout the DMBC and listed in Appendix A: copies have been made available to all Board members and published on the Transformation Programme website.

3. Acute Hospital Beds

Section 9 of the DMBC outlines the proposals for the permanent closure of hospital beds and development of community and ambulatory services to support the reduction in delayed transfers of care. These proposals have been considered retrospectively against the requirements of the NHS England Bed test and the outcome of this is included in the DMBC.

All acute hospitals have to manage their bed stock on a daily basis in line with operational service needs and safe staffing. This leads to some temporary beds closures and these are not part of the DMBC. Through ongoing work with the OUHFT and as part of the contract discussions we are aware that due to nurse staffing difficulties they have had temporary closures of beds across different areas of the Trust.

The Board of the Oxford University Hospitals NHS Foundation Trust considered contingency planning necessitating the potential emergency temporary closure of additional beds for patient safety reasons. In line with all other NHS organisations, the Trust has been undertaking a survey of its estate in the light of the Grenfell Tower fire. Information received by the Board on 27 July 2017 has identified the need to undertake urgent remedial works on its Trauma Unit on the John Radcliffe site. This will necessitate the reprovision of 52 beds.

The OCCG Chief Operating Officer continues to work with OUHFT and other partners to mitigate the impact of these operational pressures.

4. Current status of Legal Challenges and Referrals to Secretary of State

As the Board is aware there are challenges being pursued through judicial review and referral to Secretary of State for Health. These challenges will need to be addressed through the proper processes and this may take time. The current status of these is summarised below:

4.1 Application for Judicial review

In April 2017 Cherwell District Council, South Northamptonshire District Council, Stratford-on-Avon District Council and Banbury Town Council made an application for a judicial review of the consultation process.

We have received notification from the Court that the application for permission has now been considered on the papers and permission has not been granted.

The Claimants may apply for reconsideration of the application for permission at an oral hearing. The Claimant has 7 days from the date of receipt of the order to make such an application. The Court will rise for the summer recess from 31 July 2017 so we do not know when a hearing might be listed.

4.2 *Referrals to the Secretary of State*

There are two outstanding referrals to the Secretary of State

- Referral (14 February 2017) by Oxfordshire Joint Health Overview and Scrutiny Committee of OUHFT's temporary closure of the consultant-led maternity services at the Horton General Hospital.

We have received confirmation that the Secretary of State referred this to Independent Reconfiguration Panel on 1 August 2017 for an initial assessment. The IRP have been asked to respond by 1 September 2017.

- Referral (25 April 2017) by Stratford-on-Avon District Council regarding the adequacy of the consultation on the proposed changes

We have been informed that the Secretary of State has requested further information from the council.

5. **Recommendations to the Board**

The OCCG Board is asked to consider five individual recommendations as a result of Phase One to address the need to provide high quality, safe and sustainable services. These are summarised below:

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