

HOSC Meeting

Title	Horton General Hospital update
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Status	For information and comment	
Purpose	This paper provides the Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC) with an update on developments at the Horton General Hospital.	

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Horton General Hospital update

1. Introduction

1.1. This paper provides an update to members on the Oxfordshire Joint Health Overview & Scrutiny Committee on developments at the Horton General Hospital.

1.2. The paper:

- Provides a general update on the Trust-wide developments as they have impacted on the Horton.
- Describes developments at the Horton General Hospital over the last 12-18 months.
- Summarises other issues considered by the Community Partnership Network.
- Identifies priorities for the Horton General Hospital.

2. Trust-Wide developments

Care Quality Commission

- 2.1. In February 2014 a team of 51 inspectors from the Care Quality Commission (CQC) visited the Trust's four hospital sites for two days on 25 and 26 February 2014. This was followed by unannounced spot checks on 2 and 3 March 2014. In advance of the inspection, the Trust provided thousands of pages of documentation to the CQC to help with their inspection. The CQC spoke to patients, visitors, carers and staff to form an overall impression of the services the Trust provide and to rate the organisation and its service in five areas (known as domains): safe, effective, caring, response to people's needs and well-led.
- 2.2. The CQC also held two public meetings, one in Banbury and one in Oxford. The CQC reported that the feedback from patients and members of the public at these two meetings was overwhelmingly supportive. During the two weeks of the visits, inspectors repeatedly tested out their initial findings.
- 2.3. Overall the CQC rated the Trust as good. The Trust was also rated as good overall against each of the five domains. Of 115 areas inspected at the Trust, 104 were judged as good and only 11 as requiring improvement. The Horton General Hospital as well as the Churchill Hospital and the Nuffield Orthopaedic Centre were all judged as good overall. The John Radcliffe Hospital because of some issues in the Emergency Department and Surgery was rated as requiring improvement.
- 2.4. The CQC identified many areas of good practice. The report also highlighted areas where the Trust was required to take action. These actions have formed part of an overall action plan which has been overseen by the Trust Board.

Foundation Trust application

- 2.5. The Trust has continued to pursue its Foundation Trust application. This has included an update to the Trust's Integrated Business Plan and Long Term Financial Model. The Trust is currently in the final Monitor assessment phase of the process.
- 2.6. The elections for the Council of Governors have taken place. The elected public governors from the catchment area served by the Horton General Hospital are:
 - Cherwell
 - Anita Higham, OBE
 - Teresa Allen
 - Northamptonshire and Warwickshire
 - Rosemary Herring
 - Steve Candler
- 2.7. Three of the four elected public governors are or have been members of the Community Partnership Network. This will help to ensure strong representation of issues relating to services in the North of the County on the Trust's Council of Governors, which will formally assume its new role once the Trust has achieved Foundation Trust status.

3. Service issues and developments

Emergency abdominal surgery

- 3.1 At its meeting in February 2014, the Health Overview & Scrutiny Committee agreed that it was it the best interest of patients for the suspension of emergency abdominal surgery at the Horton General Hospital to become permanent.
- 3.2 Since that time, further action has been taken to strengthen services within the surgical emergency unit at Oxford to ensure that all patients that are referred from anywhere in the county receive timely and effective care. Consultant staffing has been restructured to increase significantly the availability of consultant input onto the unit, which helps to ensure that patients receive an early assessment from a senior clinician. It also ensures that staff at the Horton can access a senior surgical opinion when required. In addition, consultant physician input into the unit has been introduced to enhance the level of care that patients receive including any associated non-surgical needs. Further strengthening actions are being taken, including the appointment of an additional consultant and two advanced surgical nurse practitioners.
- 3.3 The arrangements in place have been assessed as operating effectively by the Oxfordshire Clinical Commissioning Group and local GPs.

- 3.4 A comprehensive audit of the new arrangements was presented to the Community Partnership Network at its meeting in March 2015. This demonstrated that if one compares the ten month period between March and December 2013 and the same period in 2014, there had been a reduction of 14.6% in the number of patients who have needed to travel to Oxford. (Despite this overall reduction, during this period the number of people who did have to travel to Oxford and who were subsequently assessed and discharged without admission rose by 2%. Further action is being taken to reduce the number of patients in this category).
- 3.5 The table below compares the number of referrals for the last 3 months of 2013 and the equivalent period for 2014. This shows that on average there are ten fewer patients per month travelling to Oxford. This trend has continued.

Transfers of Emergency Abdominal Surgery Patients to Oxford

Month	2013 No. of patients	2014 No. of patients	2013 - 2014
October	106	96	-10
November	97	90	-7
December	87	74	-13
Total Q3	290	260	-30

- 3.6 As noted above the availability of consultant specialist opinion on a 24x7 basis at the Surgical Emergency Unit at the John Radcliffe together with other enhancements of the pathway have helped to achieve this reduction.
- 3.7 The Trust is also planning to introduce video "consultations" to further strengthen the patient pathway.

Cardiac rehabilitation services

- 3.8 A key theme of service developments at the Horton (and indeed across the Trust) has been to ensure that services are focused on providing care for those patients with the greatest needs that can be best addressed within an acute setting. To this end, cardiac rehabilitation services at the Horton have been refocused to offer a five day a week service for patients still under the care of the hospital. This now includes a Wednesday evening exercise and education class in the gym to allow patients who have returned to work, following their cardiac event the opportunity to attend the programme. This is an additional session that had not been previously available to patients from the Banbury area.
- 3.9 Once patients have completed this part of the programme they are still encouraged to continue exercising and maintain their health to prevent problems. Historically, in Banbury, this was done through an arrangement at the Horton gym. However, this was not in line with how the services are provided across the rest of the county where ex-patients are encouraged to continue exercising at their local gyms. Discussions were held with a local gym

in Banbury to provide an alternative service in the community. The local Spice Ball gym agreed to allow patients to attend at a concessional rate and this service model is line with national service provision and with local services at Witney and Abingdon, also within the OUH catchment area. The Trust will also seek to link with complementary services provided by Age UK across the county

Rowan Day Hospital

- 3.10 In a similar manner, the focus of the Rowan Day Hospital has moved away from providing social care to focussing on acute medical care and intensive rehabilitation. This development has been a joint objective of the Clinical Commissioning Group and the Trust. The Clinical Commissioning Group, supported by social care, has worked with GPs to signpost them to alternative providers of the more social care orientated services that had previously been provided in the Rowan Day Hospital.
- 3.11 Local GPs are referring patients with social and rehabilitation needs to the County's single point of access (SPA), which provides GPs and other healthcare professionals with a quick and easy way of referring patients to community health services, e.g. community therapy and community nursing. Oxford Health's community services include physiotherapy and assessments by occupational therapy to determine what aids or upgrades are needed to enable people to live safely at home. Social services include re-enablement, which offers short term social care, pendant alarms, day centres, volunteer centres and lunch clubs. They often refer to Age UK whose networkers can visit people in their own homes and talk to them about services that are available to them locally and encourage them to get involved. These patients are receiving the health and social care that they require in community settings or in their own home.
- 3.12 This development enables the Rowan Day Hospital to concentrate on both patients with the most acute needs and to provide a series of rapid response clinics. The Rowan Day Hospital is now providing services in the following areas:
 - Day case blood transfusions
 - Iron infusions
 - Short synacthean tests
 - Oxygen trials
 - Magnesium infusions
 - Infliximab
 - Bloods
 - Wound reviews
 - IV antibiotics
 - Balance and safety classes
- 3.13 In addition, the Rowan Day Hospital is also providing the Horton with a discharge lounge facility, mirroring the service available at the John Radcliffe

- Hospital. The discharge lounge makes a significant contribution to the maintenance of patient flow through the day hospital.
- 3.14 This development at the Rowan Day Hospital was identified as an example of good practice by the CQC and is being progressed as part of the wider strengthening of acute general medical services on the Horton site. Additional developments include strengthening the medical input on the acute medical wards and enhancing the role of the supported hospital discharge service.

Psychological medicine services

- 3.15 The Trust has been innovative in its response to the significant and increasing proportion of patients on acute wards who are suffering from mental health problems alongside their physical needs. These will include patients with temporary mental health problems as well as those with more chronic conditions such as dementia.
- 3.16 The Trust has established its own psychological medicine service that works in a fully integrated way with other specialities. The Horton General Hospital has benefitted from this development.
- 3.17 On 24 November 2014, the Trust held a public meeting at the Mill Art Centre in Banbury as part of its wider public engagement strategy. Dr Sarah Pendlebury, an associate professor/honorary consultant, gave a presentation on "dementia and delirium; the impact of stroke and acute illness on thinking and memory". The meeting was very well attended and there was a lively and challenging question and answer session.

Services for children

- 3.18 There have been a number of significant developments in services for children that are delivered at the Horton General Hospital. These have included:
 - The development of a rapid access clinic for children
 - The establishment of a range of services for children with cancer
 - The expansion of paediatric surgical operating lists
 - The establishment of a dedicated teenager/adolescent bay on the ward
- 3.19 In addition, the Trust has built and opened a purpose build children's outpatient facility in the area previously housing management offices. This has greatly enhanced the facilities available for the care and treatment of children at the hospital.
- 3.20 All these developments are resulting in fewer children and their families having to travel to Oxford for their care and treatment.

Winter pressures

- 3.21 The north of the county, in common with the rest of Oxfordshire and the neighbouring communities witnessed a significant level of winter pressures over the winter. Overall patients served by the Horton have been impacted less by these pressures than those in Oxford. This is illustrated in the tables below.
- 3.22 The first table identifies the performance against the emergency 4 hour wait standard for the Emergency Department's at the Horton and the John Radcliffe for quarters 3 and 4 of 2014/15.

Emergency Department 4 hour performance – Quarter 3 and 4 of 2014/15

Month	Horton			JR		
	Attends	Breaches	% Perf.	Attends	Breaches	% Perf.
October	3,514	108	96.93	8,339	1,013	87.85
November	2,810	201	92.85	6,686	1,257	81.20
December	2,798	329	88.24	6,587	1,335	79.73
Total Q3	9,122	638	93.01	21,612	3,605	83.32
January	3,170	393	87.60	7,238	1,552	78.56
February	2,709	142	94.76	6,266	1,050	83.24
March	2,950	221	92.51	6,687	1,433	78.57
Total Q4	8,829	756	91.44	20,191	4,035	80.02

3.23 The next table provides data on cancellations as a result of bed shortages and compares the figures for 2013/14 with those for 2014/15.

Cancellations due to bed shortages

Site	2013/14	2014/15
Horton	8	11
JR	276	241

3.24 As the Health Overview & Scrutiny Committee will be aware, further action is being taken to seek to improve the systems resilience in the face of increases in demand pressures, particularly over the winter period.

Other service developments

Outpatients

3.25 The area of the general outpatients clinic freed up by the transfer of paediatric clinics to the new children's outpatients department has been used to increase the level and range of cancer clinics held at the Horton General Hospital.

Interventional ultrasound

3.26 The Ultrasound Department at the Horton General Hospital has been completely redeveloped in a £1m+ capital scheme. This has greatly enhanced the patient experience and the functioning of the department.

Pathology

3.27 The Trust is continuing to roll out core automation at the Horton General Hospital replacing existing equipment with new.

Ophthalmology services

3.28 A new ophthalmic microscope has been installed to replace the old piece of equipment. This £100,000 investment in new medical equipment will support the enhanced provision of ophthalmic services for the resident of Banbury and the surrounding communities.

Pharmacy services

3.29 The Trust took to the Community Partnership Network a series of options for potential efficiencies to the pharmacy service across the Trust. Taking into account the feedback from the Community Partnership Network and local stakeholders, the Trust only progressed those components that did not have an impact on the patient-facing pharmacy service. This involved the rationalisation of pharmacy stores.

4. Future priorities

- 4.1 Future priorities for the Trust in relation to services provided to patients in the North of the county include:
 - Replacing the CT scanner at the Horton
 - Redeveloping and enhancing endoscopy services at the Horton
 - Developing outpatients and day surgery procedures at the Horton
 - Centralisation at the Horton of Oxfordshire referrals for routine/minor urology procedures.
- 4.2 All the above measures are the subject of business cases that are in the process of being developed.

5. Conclusion

5.1 The above paper details the significant development of services that have taken place at the Horton General Hospital over the last 12 to 18 months.

Andrew Stevens Director of Planning & Information 20 August 2015