

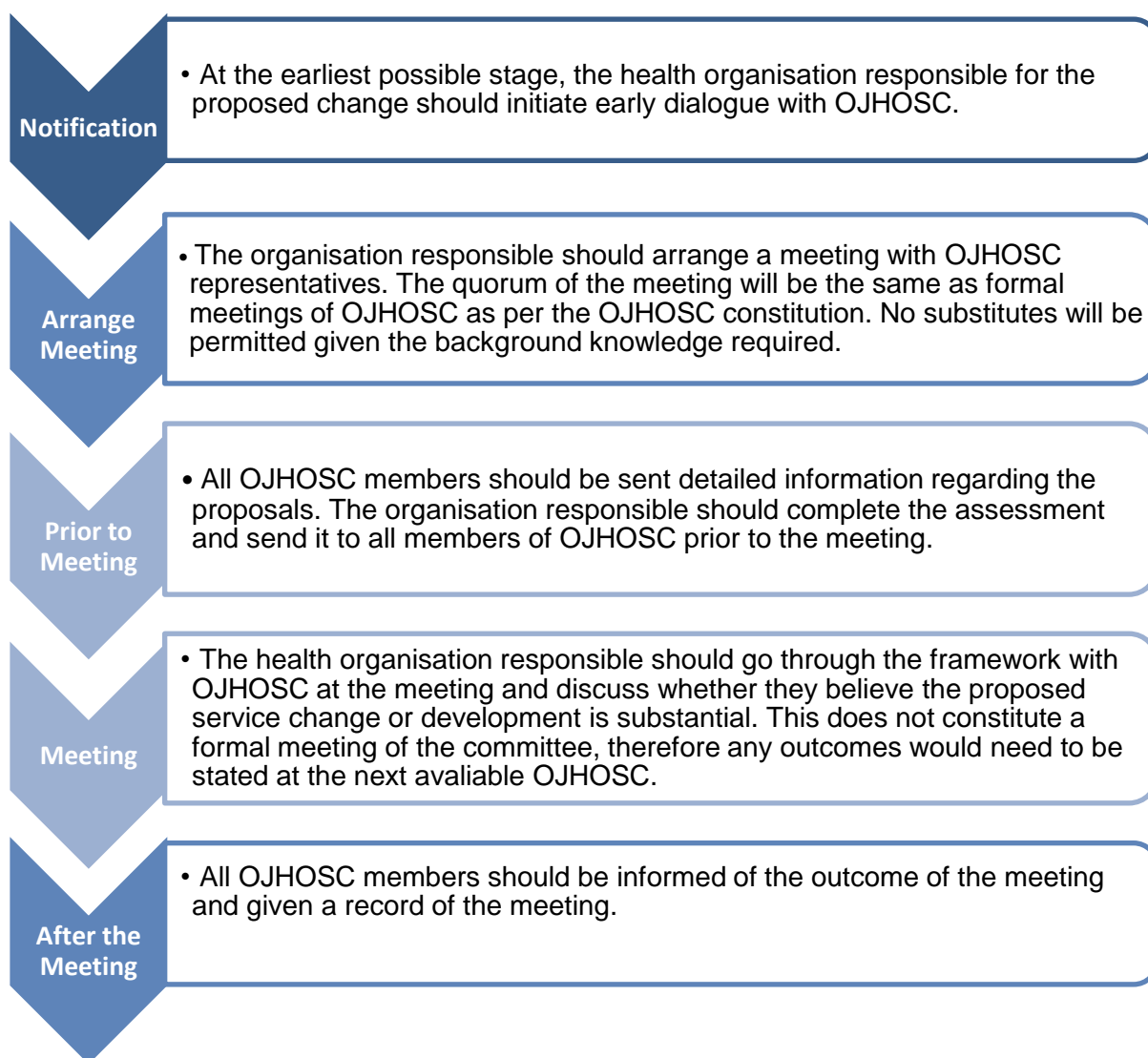
Oxfordshire Joint Health Overview and Scrutiny Committee Substantial Change Assessment

1. Purpose:

NHS bodies and health service providers have a duty to consult health scrutiny bodies on substantial variations and developments of health services. This document sets out a framework for assessing substantial change in Oxfordshire and has been created in line with the Department of Health's (DH) Local Authority Scrutiny Guidance (2014) and the Centre for Public Scrutiny health scrutiny guidance (2005).

Under Section 7 of the Health and Social Care Act (2001) the NHS is required to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. A '*substantial variation or development*' of health services is not defined in regulations. This assessment is designed to help Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) identify whether proposed variations or developments in services are 'substantial'.

2. Process:



3. Assessment Framework

A. Background Information	
1. Name of responsible (lead) health organisation:	
	Oxford Health NHS Foundation Trust.
2. Brief description of the proposal (please include information about timelines and whether the proposed change is temporary or permanent):	
	<p>Temporary closure of the City Community Ward in the Fulbrook Centre (which also houses Cherwell and Sandford Wards for Older People's Mental Health services) on the Churchill Hospital site. This is a ward currently operating 12 rehabilitation beds.</p> <p>In order to mitigate the impact of this temporary closure 8 of the 12 beds will be re-provided at other community hospital sites: 4 at Abingdon (at the Oxfordshire Stroke Rehabilitation Unit) and 4 at Witney.</p> <p>This is a temporary closure due to staffing issues, specifically the availability of registered nursing staff. The plan is to review this position at end of September taking account winter plans for the system and workforce availability across the community hospital service.</p>
3. Why is this change being proposed? What is the rationale behind it?	
	<p>By the end of May we will not have enough substantive qualified nursing staff to ensure even one substantive qualified nurse covering each shift meaning that we would be operating a unit that is predominantly reliant on agency and temporary staff.</p> <p>This gives rise to significant concerns about the potential impact on patient care, in particular the resultant lack of continuity for frail older people for whom subtle changes in clinical presentation might go unnoticed by staff who are unfamiliar with individual patients.</p> <p>The impact on remaining staff is not tenable with staff regularly being asked to work long days to cover gaps, which is not a sustainable position. In addition, it has for some months proved difficult to obtain agency and bank staff to cover shifts temporarily on this ward, so there is a heightened risk that no qualified nursing staff will be available at short notice.</p>
4. What are the main factors driving the change? Please indicate whether they are clinical factors, national policy initiatives, financial or staffing factors.	
	Staffing factors resulting in the inability to deliver safe patient care.
5. How does the change fit in with the wider strategic direction of healthcare in Oxfordshire and the Health and Wellbeing Board?	
	Community hospital bed numbers are flexed over the year to match demand. At this point in the year Oxford Health would ordinarily be stepping down our bed numbers after the winter period. In this case we plan to do this at one site rather than across our sites, which will afford us the opportunity to strengthen the workforce across sites by redeploying remaining workforce.
6. Description of population affected:	

Patients affected are subject to individual care planning to ensure they are either repatriated to the most appropriate bed, or discharged home, or onto further care, whichever is the appropriate clinical option for them. Patients cared for within the ward are admitted from both the city and beyond the city postcode areas, usually on a 50/50 population split.

The affected 27 staff, (who include admin, un-registered, registered, therapy staff and students) will be supported to take their individual needs into account to identify the best possible alternative workplace for them. This will include discussion with the OUH if the staff member wishes to remain on the Churchill site.

7. Date by which final decision is expected to be taken:

By 31st May.

8. Confirmation that HOSC have been contacted regarding change - including. date and nature of contact made:

Initial contact to HOSC was made on 8th May. Prior contact was made last August when it looked as if we may have to close during the winter – in fact due to the significant efforts of key staff we have managed to keep the ward open through winter, but this situation can no longer continue.

B. Assessment Criteria

1. **Legal Obligations:** Have the legal obligations set out under Section 242 of the consolidated NHS Act 2006 to 'involve and consult' been fully complied with?

N/A

This is a temporary closure made on patient safety grounds.

2. **Stakeholder Engagement:** Have initial responses from service users (or their advocates) and other stakeholders such as Healthwatch indicated whether the impact of the proposed change is substantial?

N/A

This is a temporary closure made on patient safety grounds.

3. **Stakeholder Engagement:** Does the service to be changed receive financial or 'in kind' support from the local community?

No.

4. **Stakeholder Engagement:** Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?

No, although we recognise that the system would ideally not have had to effect this change.

5. Staff Engagement: Have staff delivering the service been fully involved and consulted during the preparation of the proposals?
Yes
The community hospital senior management team have been fully involved in our plans and are generally supportive of the planned temporary closure.
6. Staff Engagement: Do staff support the proposal?
Yes
Staff are understandably upset by this news, however they are also relieved that their anxieties about safe staffing have been listened to. They are anxious to confirm their future locations for work; Oxford Health is working collaboratively with them to resolve this, taking into account their preferences where possible. Some staff have contacted managers and clinical leads directly to express their relief as they had been extremely worried about the longer term safe staffing of the ward.
7. Patient Impact: Does the proposed change of service has a differential impact that could widen health inequalities (geographical, social or otherwise)?
No
Not materially due to the small number of patients affected.
8. Patient Impact: How many people are likely to be affected?
8 immediately, since 4 of the 12 will be discharged in the normal course of their care. Typically the ward would admit 8-12 patients per month of whom typically half would come from Oxford City.
9. Patient Impact: Will the proposed change affect patient access? If so how?
Yes
Patient impact will be that temporarily beds will no longer operate on the City site. However access to a community hospital bed will continue to be based on clinical need. Other beds at the Fulbrook Centre for older peoples' mental health services will continue to operate as usual.
10. Patient Impact: How will the proposed change affect the quality and quantity of patient service?
Change in a reduction of sites available. Minimal disruption to bed numbers available. Quality of care not affected.
11. Patient Impact: Does the proposal appear as one of a series of small incremental changes that when viewed cumulatively could be regarded as substantial?
Some may view this in the context of the wider community hospital estate across Oxfordshire. The concern over the temporary closure of Wantage Community Hospital because of the risk of legionella is a different safety consideration, as the issue there is the need for a clear view of the long term use of the hospital so that the necessary building works can be done accordingly. Oxfordshire CCG has commenced a consultation

around the future of locality-based services. We also temporarily closed Wenrisc Ward at Witney Community Hospital over the summer period in 2015 and reopened it that winter.

12. Patient Impact: How will the change improve the health and wellbeing of the population affected?

Patients cared for by substantive staff members, not reliant on agency staff as the affected staff are re-deployed across other sites.

Staff wellbeing increased due to unsustainable nature of current demand on them to operate the beds safely.

13. Wider Impact: Will the proposed changes affect: a) services elsewhere in the NHS, b) services provided by the local authorities, c) services provided by the voluntary sector?

No

14. Standards: How does the proposed change relate to the National Service Framework Standards?

N/A

15. Risk: What could the possible negative impacts of the change be? What mitigations are in place to reduce any potential negative impacts of the proposed change?

The change has been fully risk-assessed by the Trust.

C. Outcome/Decision

1. Is this considered to be a significant change by provider?

No

The closure is temporary, the service is available from other locations and is not a geographically discrete service, and other services continue to be available at the site.

2. Is this considered to be a significant change by HOSC?

Yes/No (please delete as appropriate)

Possible Outcomes:

Consultation is Required

- If the health organisation and OJHOSC representatives agree that the proposal does represent a substantial service change or development, the formal consultation with OJHOSC should commence.
- *HOSC must be provided with:* The date by which the responsible organisation intends to decide whether to take the proposal forward.
- The date by which the responsible organisation requires the health scrutiny committee to provide any comments. **N.B.** *It is expected that any formal consultation would be undertaken by the commissioner of the service.*

Consultation is Not Required:

- If the health organisation and OJHOSC representatives agree that the proposal does not represent a substantial service change or development, then formal consultation with OJHOSC is not required.
- Best practice is that the health organisation should continue to engage scrutiny and the public in the development of the proposal and onwards to public consultation in accordance with Section 242 requirements.

Agreement Cannot Be Reached:

- If agreement cannot be reached between the health organisation and OJHOSC representatives, then all reasonable, practicable steps should be taken towards local resolution.
- Further meetings may be conducted with wider OJHOSC members or other stakeholders such as Healthwatch, carer/user groups, the voluntary sector.
- If it continues to be impossible to reach agreement both sides may jointly or independently pursue the options open to them under their respective statutory instruments, such as escalation to the Secretary of State or to the provider's Board.

N.B. *The OJHOSC representatives may prefer not to make a final decision about whether formal consultation is required at the meeting and choose to notify the organisations involved once a decision is made.*

Note on Consultation Processes

The Department of Health's (DH) Local Authority Scrutiny Guidance (2014) states the following in relation to consultation processes:

"The duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals should be seen in the context of NHS duties to involve and consult the public. Focusing solely on consultation with health scrutiny bodies will not be sufficient to meet the NHS's public involvement and consultation duties as these are separate. The NHS should therefore ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed."

- It is therefore understood that the process of assessing substantial change should take place as part of broader meaningful engagement with local communities
- The relevant health organisation is responsible for engaging and consulting all relevant local people. It is expected that this will include locally elected representatives where the service change will have an impact (parish, district, county and MPs).