**Trust Board Meeting in Public: Wednesday 13 September 2017**

**TB2017.90**

<table>
<thead>
<tr>
<th>Title</th>
<th>Update on Oxfordshire Transformation Programme and on Obstetric and Neonatal Services at the Horton General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For information</td>
</tr>
</tbody>
</table>

**History**

- Update to Paper TB2016.74, presented to the Extraordinary Board Meeting held on 31 August 2016;
- Verbal update provided to the Trust Board on 14 September 2016 [Minute reference TB16/09/07];
- Paper QC2016.64a presented to Quality Committee on 12 October 2016;
- Paper TME2016.168 presented to the Trust Management Executive [TME] on 20 October 2016;
- Paper TB2017.98 presented to the Trust Board on 9 November 2016;
- Paper QC2016.79 presented to Quality Committee on 14 December 2016;
- Recommendation approved by TME on 22 December 2016 (Minute reference TME2016/12B/05);
- Paper TB2017.05 presented to the Trust Board on 18 January 2017;
- Paper QC2017.06 presented to Quality Committee on 22 February 2017.

**Board Lead**

- Mr Paul Brennan, Director of Clinical Services

**Key purpose**

- Strategy
- Assurance
- Policy
- Performance
**Executive Summary**

1. This paper provides an update to the Board on the Oxfordshire Transformation Programme and Obstetric and Neonatal Services at the Horton General Hospital.

2. **Recommendation**

   It is recommended that the Trust Board:
   - Notes the contents of this paper.
   - Notes that a full review and proposed next steps relating to the CCG’s decision will be brought back to the Trust Board’s meeting in Public in November.
   - Endorses the decision to pause the recruitment of the relevant medical and nursing staff to maternity services at the Horton pending the outcome of the assessment referred to above.
Update on Oxfordshire Transformation Programme and on Obstetric and Neonatal Services at HGH

1. Introduction
1.1. The purpose of this paper is to update the Trust Board on:
   • The Oxfordshire Transformation Programme
   • Obstetric and Neonatal Services at the Horton General Hospital.

2. Oxfordshire Transformation Programme
2.1. At its Extraordinary Board Meeting, held on 10 August 2017, the CCG formally supported changes to patient care services in Oxfordshire. These changes were supported on the basis of ensuring safety, quality and better outcomes for patients.

2.2. The decision was taken following the Big Health and Care Consultation, which took place at the beginning of 2017 as part of the Oxfordshire Transformation Programme. After careful deliberation and taking into account the preferences and views of a wide variety of patients, public, partners and stakeholders, the CCG Board accepted five recommendations to implement changes to:

   Critical Care
   There will now be a single Level 3 Critical Care Unit (CCU), (or Intensive Care Unit), for the sickest patients in Oxfordshire (and some neighbouring areas) at the Oxford University Hospitals (OUH) Oxford sites. The CCU at Horton General Hospital in Banbury will become a Level 2 centre for less seriously ill patients – those, for example, who have single organ failure, need closer observation after being in intensive care and for post-operative care. The Horton CCU will work closely with the main centre in Oxford.

   Acute Stroke Services
   All Oxfordshire patients (and those from some neighbouring areas) who are suspected of having suffered a stroke will go directly to the Hyper Acute Stroke Unit (HASU) at the John Radcliffe Hospital (JRH) in Oxford for the best available treatments, such as surgical removal of clots and clot busting drugs. Patients across Oxfordshire will be supported by the roll-out of countywide early supported discharge to improve outcomes and rehabilitation, either at home or in other community settings.

   Changes to acute bed numbers
   The closure of some acute beds across the OUH sites (including the Horton General) is now permanent. Beds were temporarily closed in November 2015 as part of the ‘Rebalancing the System’ project to tackle the issue of patients in hospital when they no longer need to be there (delayed transfers of care). This allowed funding to be invested in other services to support the frail and vulnerable people in their own homes or care homes.

   The implementation of these closures will now be staged:
   • 110 beds are already closed and will remain closed so investment in alternative services can be made permanent.
   • An 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. It is to be noted that beds will be temporarily closed to maintain safe staffing levels.

**Planned care services at the Horton General Hospital**

The NHS in Oxfordshire has committed to the development of new diagnostic and outpatient facilities at the Horton General Hospital in Banbury. These changes will allow more patients to be treated closer to where they live in North Oxfordshire, South Northamptonshire and South Warwickshire. They will allow up to 90,000 more outpatients appointments, diagnostic tests and operations to be provided at the Horton.

**Maternity Services**

The Board accepted the recommendations for a single obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and a permanent Midwife Led Unit (MLU) at the Horton General Hospital in Banbury.

2.3. The Trust is now undertaking an assessment of the implications of the CCG’s decision in the light of:

- The referral by the Oxfordshire Joint Health Overview and Scrutiny Committee to the Secretary of State of the Trust’s temporary emergency decision to suspend obstetric deliveries at the Horton.
- Referral by the Oxfordshire Joint Health and Overview and Scrutiny Committee to the Secretary of State of the CCG’s decision on maternity services.
- Outstanding legal processes relating to the CCG-led consultation.

2.4. A full report on this assessment and proposed next steps will be brought back to the meeting of the Trust Board in Public in November.

3. Obstetric and neonatal services at the Horton General Hospital

3.1. In line with the decisions taken by the Trust Board on 31 August 2016 on grounds of patient safety, the Obstetric Unit at the Horton General Hospital [HGH] was re-designated as a Midwifery Led Unit [MLU], on a temporary basis, at 8am on 3 October 2016.

3.2. Consistent with the Board’s original decision that it was unsafe to continue the service of the Obstetric Unit at HGH without being able to sustain a rota of nine middle-grade obstetric doctors, obstetric services have remained temporarily suspended at HGH on the grounds of patient safety, and the temporary establishment of the MLU at HGH continues.

3.3. The Quality Committee continues to keep under review the register of risks associated with the temporary suspension of Maternity and Neonatal Services at HGH, and the contingency plan under which an MLU had been temporarily established at HGH.

3.4. The Trust had recruited seven doctors out of the nine required. However, two have subsequently resigned leaving the Trust with just five doctors. In addition, despite continuous recruitment, the Trust does not at present have sufficient numbers of SCBU nurses to be able to reopen the SCBU Unit at the Horton.

3.5. Given this position, and in the light of the CCG’s decision that it wishes to support a single specialist obstetric unit for Oxfordshire, it is proposed that recruitment of the
relevant medical and nursing staff is paused while the review of the implications of the CCG’s decision is undertaken.

4. Recommendation

4.1. It is recommended that the Trust Board:

- Notes the contents of this paper;
- Notes that a full review and proposed next steps relating to the CCG’s decision will be brought back to the Trust Board’s meeting in Public in November;
- Endorses the decision to pause the recruitment of the relevant medical and nursing staff pending the outcome of the assessment referred to above.

Mr Paul Brennan
Director of Clinical Services
4 September 2017