Cllr Ian Reissmann
Chair Townlands Steering Group
Town Hall Henley-on-Thames
January 28th 2016

To: Dr Joe McManners OCCG, OCCG Board Members
Cc: David Smith OCCG, Emma Torreval OCCG
Yvonne Constance, Chair OCC HOSC, HOSC members
Oxfordshire Healthwatch
Jean O'Callaghan CEO RBFT

Dear Joe,

At the OCCG's Board meeting on 24 Sep 2015, the proposal was approved to adopt the Ambulatory Model of care at Townlands Hospital when the redevelopment is complete.

The community did not support these proposals, as outlined in the TSG dossier submitted to the OCCG Board at its meeting on Sep 24th, but accepted that the decision had been taken. We were provided on 24th Sep with assurances that community engagement would continue in order to ensure that the services delivered on the redeveloped site meet the needs of patients and that the transition period is managed safely.

We note the following statements in the minutes of the meeting of the 24th September:

- *There was a valuable role for the TSG to work with OCCG on how the services were modelled and delivered.*
- *There would be on-going monitoring and a clear definition of success under the new model.*
- *The concerns raised by the TSG would be taken forward during negotiations with the OSJ.*
- *More important would be the monitoring of quality, outcomes, relationship with the community and continued working with the community and providers to ensure the best outcomes for the population of Henley.*

Since then the OCCG has set up the Townlands Stakeholder Reference Group. In our opinion the TSRG is functioning in a way which we cannot be considered engagement. Proper engagement requires the Group to be a partnership – but the TSRG is managed and controlled by the CCG. The result is that community confidence in the project is very low and concerns over the limited information which does enter the public domain are rising.

Lack of information regarding the RACU, Integrated Locality Teams, OSJ beds, Transition plans, KPI's (as part of the scrutiny and monitoring), and the Maurice Tate room, is already leading to bad publicity and will cause difficulties for the successful delivery of the project. This is undesirable, avoidable and unnecessary.

We think it essential that the TSRG be replaced by a process of real engagement, as a matter of urgency, as promised on September 24th 2015. We therefore request an immediate meeting with the CCG to plan how this real engagement will work. I attach appendices which provide more detail regarding our concerns. We look forward to hearing from you and the CCG about future cooperation in helping to ensure the safe and successful delivery of this important project.

Cllr Ian Reissmann
Chair Townlands Steering Group

Appendix 1.

The TSG regret that the positive statements made at the OCCG board meeting on 24th September regarding engagement with the community are not being followed through. TSG members are concerned that by continuing to participate in the TSRG, even as observers, we promote a view that the project is being monitored and scrutinised in a way which is necessary to ensure patients interests are fully safeguarded. We believe the evidence does not support this view and that a very different model of stakeholder group is required to deliver the commitments made on 24th September.

OCCG control and management of the TSRG

Over the last week it has become clear that the despite the opening of the new hospital being brought forward to the first week of March, this will not include a RACU. This had not been appreciated by the community, and will represent a further disappointment to the community and should have been communicated much earlier. This would have been avoided by better communication.

We note from the TSRG papers issued that the KPIs have already been determined by the CCG and will be presented to the TSRG to be noted rather than reviewed. This vital area must be discussed with the community if the monitoring and scrutiny process is to have credibility. In Appendix 2 we list our initial specific concerns on the KPI's which we believe must be addressed.

We have regularly been assured that the existing Maurice Tate Community Room would be available until the new hospital opens and the new Community Room is available. We have recently found from users (not the CCG) that the existing Maurice Tate Community Room was closed in 2015.

We have been provided with no information of the transition arrangements, in particular the way the site will operate combining a functioning hospital, a Care Home which is being built, and area in which the old hospital is being demolished. It may be that there is a credible and achievable plan for this, but we think the community deserves to be able to review this plan to ensure it is not only deliverable, but safe while imposing as little inconvenience as possible for local residents.

From this and other issues, reinforces the validity of our concerns regarding the operation of the TSRG as the vehicle for community engagement. The role of the CCG in managing and chairing the TSRG imposes unacceptable limits on its ability to operate as needed, resulting in it being little more than a focus group.

Appendix 2.

In our letter to David Smith on 7th December 2015, the TSG noted the following questions:

- When will the new hospital be open for receiving patients?
- How long will Henley be without any hospital facilities during the transition period for departments and what are the alternative arrangements for physiotherapy, accident and emergency (MIU) and consultant appointments?
- What date shall we see operational healthcare beds in the care home?
- How many patients who received a home care package have been re-admitted to hospital?
- Are the Adult Social Care services ready to support the Ambulatory Care Model?
- Are the new Locality Teams up and running to deliver Adult Social Care Services?
- Will the figures for Delayed Transfers of Care (bed blocking) be made available?

- Who is monitoring patient services and level of care received?
- What procedures are in place to inform residents of the town about the progress with the hospital and care home?

- What was the distribution and location of patients at the point of closure of Peppard ward?
- Which hospitals are currently being used for overflow patients?
- What happened to the relative travel compensation scheme?

- What happened to the War Memorial Garden, the artwork and landscaping?

- Are all contracts signed and in place for Townlands Hospital and the care home and others
- What is the progress of finding providers for the top floor?
- What proof is there of long-term sustainability for both buildings and services?

Since then the following issues have arisen.

The update at http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/04/August-2015-Newsletter.pdf refers to the Inter Locality Team in Wallingford seemingly named the SE Team. We thought Townlands was getting its own ILT based on site.

The RACU only has a GP/consultant cover Monday to Sat mornings, so people who fall ill on Saturday will not be seen until Monday where they presumably double up with Sunday referrals and only if they are referred by the ambulance or DN. Most likely they will hope to get GP appointment on the Monday for RACU assessment on the Tuesday- 4 days. Is there any agreement between the GP practices regarding same day appointments? Will new patients be seen in the RACU for assessment in the afternoons or only in the morning?

The CCG also mention the OSJ beds will be staffed by "appropriately trained nurses", has this changed from the Service Specification for the OSJ where staffing for the OSJ beds were health care assistants with an RN presence somewhere within the home.

Appendix 3: KPI.

As a beginning we believe the following are needed (inter alia)

- The number of patients requiring acute admissions within 14 days of being seen in RACU (the current KPI measures only the ones who return to RACU)
- The number of patients who are unable to be admitted to the OSJ beds and the reason e.g. fall outside the pre set parameters of no beds, no staff, required IV therapy or oxygen, Blood pressure below 90 Systolic, septic.
- The number of patients admitted from the step up beds to the acute sector and reasons for admission (eg needed O2, Iv therapy, deteriorating condition).
- Measures of the time to put home care packages in place. The current KPI accounts for the time (2 hours) to assess and develop a care plan, however it is then important to measure how long it then takes for providers and possibly other services (eg community nurse, home adaptions) to be put in place and allow the patient to go home. Reasons for delays also needs to be documented.
- Specific falls reporting for OSJ, this may already form part of the care home reporting but it ought to be information shared more publically as it is a good indicator of sufficient staffing levels and supervision of patients.
- OSJ staffing ratios HCA's and RN's (some hospitals now display this every shift.)
- Length of stay in OSJ beds
- Delays in discharge from the OSJ beds and reason.
- % of RACU referrals requiring acute admissions
- Some measurements from the time people start to feel unwell to be able to be seen by GP, timely access to GPs and then RACU
- Complaints and critical incidents reporting, anonymised by placing into categories, eg missed/wrong medications, short staffed, delays in answering buzzers, help eating, pressure sores, poor communication, falls etc
- Reporting data on the performance of the Home Care Services, eg Missed calls, rushed/shortened calls, poor communication, among others