

Report to STP Board: 18 July 2019

Agenda item:	2.3.2		
Title:	Hinchingsbrooke Hospital Acute Capacity		
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Report purpose (<i>Please mark one in bold</i>)			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities (<i>Please mark all applicable in bold</i>)			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before (<i>including date</i>)			
N/A for this paper			

Purpose of the paper
To update the Sustainability and Transformation Partnership (STP) Board on service changes and/or developments linked to the Hinchingsbrooke Hospital Redevelopment Scheme (DHSC Wave 4 Capital), with particular focus on inpatient trauma and stroke/neuro rehabilitation.
The STP Board are invited to:
The STP Board are asked to note the contents of this report.

1. INTRODUCTION / BACKGROUND

System partners have agreed the strategic objective to make best use of the Hinchingsbrooke site to meet the system's, and NWAngliaFT, clinical and estates strategies and enhance the value for money of the site, which currently runs at a significant financial deficit, demonstrated by previous system work on the drivers of deficit.

The Sustainability and Transformation Plan, published in October 2016, included several statements of intent on behalf of the system. These included:

- Support for actions to improve the clinical and financial sustainability of Hinchingsbrooke Hospital;
- Support for the merger of Peterborough and Stamford Hospitals NHS FT with Hinchingsbrooke Healthcare NHS Trust;
- Support for changes to stroke and neuro-rehabilitation in the system (towards Hinchingsbrooke); and
- Support for changes to trauma provision in the system (away from Hinchingsbrooke).

In December 2018, DHSC/NHSI supported significant Wave 4 capital investment in the local system, including an allocation of £25,536m for investment in the redevelopment of Hinchingsbrooke Hospital, to include renewal of the 7 main theatres, additional capacity of 55 beds and a modest upgrade of urgent care facilities to meet compliance standards and improve the effectiveness of ambulatory care and acute assessment.

Within the capital plans for the site, there is provision for:

- ✓ the further demographic growth in the local population
- ✓ some elective shifts from within the NWAnglia catchment area;
- ✓ increases in stroke/neuro rehabilitation and
- ✓ decreases in inpatient trauma services

Although not part of the agreed capital allocation, system partners are also at early stages of exploring the potential for some pragmatic, small, border shifts which would expand the Hinchingsbrooke catchment area. This would support the twin aims for the system of relieving some operational pressure on the other two main acute hospital sites in the system (Peterborough and Addenbrooke's) and improving the clinical and financial sustainability of Hinchingsbrooke Hospital by making best use of its location and estate.

This update report describes the progress on the Hinchingsbrooke Scheme and the expected sequence of events for the system in relation to the proposed service moves or changes.

2. BODY OF REPORT

Following the approval of the Strategic Outline Case for the redevelopment of Hinchingsbrooke Hospital, NWAngliaFT agreed with NHSI/DHSC to split the scheme into two business cases. This split has allowed the Trust to progress more rapidly with a £2.5m urgent care scheme for Hinchingsbrooke, which directly supports two of the short term priorities of the system to improve ED and urgent care performance and to improve the financial sustainability of the Hinchingsbrooke site and the system as a whole. The Trust is planning to submit the Full Business case for NHSI approval in November 2019, with opening of the improved and expanded services in the summer of 2020.

The second business case will support the £23m investment in theatres and bed capacity. This will involve the complete refurbishment or replacement of the 7 main theatres at Hinchingsbrooke Hospital, which have had minimum investment since the Hospital first opened in 1983, and the investment in additional capacity of 55 beds, whether through new or refurbished facilities on the hospital site. The Trust is procuring comprehensive project management support towards the delivery of an Outline Business Case. The forecast is for FBC approval at the end of 2020 and site opening in summer 2022.

The context of these business cases is significant, because a combination of the first phase and the existing capacity on the site should enable the Trust to meet underlying demographic growth demands until the second phase opening in summer 2022, but assumes that other changes, such as stroke/neuro and trauma, can only happen in advance of that if they are broadly neutral in impact. In other words, the timing of other services and shifts will be interdependent if the site is to remain right-sized over the coming three years to summer 2022.

The capital approval in December 2018 enabled the system to look to restart actions to deliver the STP proposals on stroke/neuro rehabilitation and trauma.

In February 2019, the chief executives and medical directors of CHUH FT and NWAngliaFT, together with the chair of the STP Care Advisory Group, agreed next steps for these two areas.

Stroke and neuro-rehabilitation

For stroke and neuro-rehabilitation it was agreed to progress with planning for a model of care for the Hinchingsbrooke site, with testing against national models of best practice.

The key objectives for this change are to deliver a single consolidated rehabilitation centre of excellence for patients and in so doing to also relieve some acute pressures from the two sites facing the highest level of emergency pressures.

In simple terms, there are three main categories of stroke and neuro-rehabilitation: the immediate post-event rehabilitation at the hyper-acute site; the slower stream acute rehabilitation requiring a hospital stay; and the rehabilitation which can take place at home through early supported discharge.

The intention is for the second group of patients to receive excellent standards of rehabilitation at Hinchingsbrooke Hospital following their hyper-acute phase at Addenbrooke's Hospital or Peterborough City Hospital. In the capital case submitted in July 2018, the Trust estimated that the bed requirement at Hinchingsbrooke would be around 45 beds. This is now being evaluated as part of the STP stroke group's work on this.

Several key tests will need to be met:

- This will constitute a significant service shift, and the team will work on the assumption that public consultation will be required, with engagement on the model by expert patient and public groups as well as from the clinical and operational teams. This will also need to address geographical issues, such as for patients who are not within the Cambridgeshire and Peterborough catchment area;
- There needs to be joint agreement between CUH FT and NWAnglia FT on a safe and sustainable staffing model for Hinchingsbrooke; and
- There needs to be an early view of the high level business case to test whether this development will be affordable in terms of the overall clinical and financial sustainability of the system.

The STP Stroke Group is pulling together the case so that a steer can be provided in September 2019.

Trauma and orthopaedics (T&O)

For trauma and orthopaedics, it was agreed to progress with planning for the redistribution of DGH trauma away from Hinchingsbrooke to Peterborough City Hospital and Addenbrooke's Hospital.

Hinchingsbrooke Hospital is not a Trauma Centre (Addenbrooke's Hospital) or Trauma Unit (Peterborough City Hospital). The volume and case mix are commensurate with its status and this does not meet the expected minimum volumes recommended nationally to maintain standards of excellence, nor does it financially justify the maintenance of different levels of 24/7 orthopaedic rota required in order to maintain a safe service. In practice, it has also been difficult to recruit to the middle grade medical roles because the small number of patients does not make this attractive either for trainees or specialty doctors, thus requiring a further cost from locum doctors for an already costly service.

In the capital case submitted in July 2018, the Trust was using an average 25 beds at Hinchingsbrooke for inpatient adult trauma patients, the majority of whom were patients who had had a fragility fracture, predominantly a fractured hip. The lengths of stay are generally longer for #NOF patients at Hinchingsbrooke than the other two sites, so the bed demand will be a little lower than the 25 currently required. Subject to catchments and ambulance times, slightly more than half of these patients would go to Peterborough with the remainder to Cambridge.

Several key tests will need to be met:

- This will constitute a significant service shift, and the team will work on the assumption that public consultation will be required. This will need to be explicit on the service model, including the services remaining at Hinchingsbrooke for ED, elective trauma and fracture clinic;
- There needs to be joint agreement between CUH FT and NWAngliaFT on timing so that this is managed in an orderly way which can be accommodated by both sites; and
- There needs to be an early view of the high level business case to test whether this development will be affordable in terms of the overall clinical and financial sustainability of the system.

It is possible that further changes may need to be made to elective orthopaedic pathways in the system in order to ensure that there is sufficient operating and post-operative capacity.

As part of its GIRFT review, the Trust has been encouraged by the national GIRFT lead for T&O to accelerate the closure of inpatient trauma at Hinchingsbrooke to support the future sustainability of the trauma service within the system, but also to support the improvement in volume, viability and efficiency of elective orthopaedic operating at Hinchingsbrooke. Any shift will need the cooperation of the two acute trusts and EEAST.

There has been limited progress on the IP trauma move between CUH FT and NWAngliaFT. Considerable work has been undertaken at NWAngliaFT to determine viable pathways and expected patient shifts, but the progress as a STP group has been slow. Initial conversations have been held between the Programme Leads for CUH and NWAFT with a view to moving this forward in the next two months.

Other considerations for beds and theatres business case

The business case for beds and theatres will include a thorough review of the modelling assumptions to inform right-sizing of the redeveloped facilities. Within this the Trust, and system, will take account of the wider JSNA information for Cambridgeshire and Peterborough, with particular focus on the Huntingdonshire catchment, to ensure that investment in services is appropriately balanced to population need. In the case of Huntingdonshire, there appears to be a higher than average rate of elective admissions for the system, which will be explored as part of the modelling. This may bring opportunities for Hinchingsbrooke to become a hub for a wider catchment population to ease pressure on other services within the system.

3. RECOMMENDATIONS

The STP Board are asked to **note** the contents of this report.

July 2019