

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 91/2019**

(Agenda item: 11)

# Board of Directors

**25 September 2019**

**City Community hospital, update upon recruitment**

**For: Decision**

**Executive Summary**

In May 2019 the Trust took decisive action to protect patient safety by temporarily closing 12 beds at the City Community Hospital ward at the Fulbrook Centre because of the risk that staffing levels would become unsafe given predicted vacancies and the difficulty in providing alternative cover arrangements. The Trust notified HOSC that this was a temporary closure made on patient safety grounds, and system partners were clear about the need for action to be taken. It was established at the time that it was not possible to transfer staff from other organisations to make up the shortfall, as they faced similar staffing pressures. Remaining staff were redeployed within the community hospital wards, and 4 beds opened at Witney and 4 at Abingdon to mitigate the impact of the temporary closure on the wider Oxfordshire system. The Trust undertook would do everything reasonably possible to recruit additional staff necessary to enable the ward to be reopened. Following a focused period of recruitment, the directorate is now in a position to consider reopening the ward in mid-November with a carefully planned programme to ensure that this is done safely and sustainably. The paper outlines the steps that the directorate has taken to recruit additional staff. The Board is asked to support the decision to reopen the ward within the timescales outlined.

**Recommendation**

The purpose of this paper is to update Board members on the current temporary closure position of City Community Hospital, provide an update in relation to progress on recruitment, and to make a recommendation about re-opening the ward.

The Board is asked to approve the decision to reopen the ward in the timescales identified.

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 **Pete McGrane, Clinical Director, Community Directorate**

**Lead Executive Director: Stuart Bell, Chief Executive Officer**

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors] OR: [the Trust Solicitors have been consulted and their recommendation is included within the report]*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*4) Developing Our Business through Collaboration and Partnerships*

*(Goals: we will work in collaborative partnerships; we will maintain and grow our services where we add value; and we will have strong relationship with our stakeholders)*

*5) Developing Leadership, People and Culture*

*(Goals: staff satisfaction will be in the top 20% of Trusts nationally; our staff and teams will be high-performing; and we will recruit and retain an excellent workforce)*

*7) Using our Estate efficiently*

*(Goals: patients and staff will benefit from safe and appropriate environments; our estate will be sustainable and environmentally-friendly; and our estate will be cost-effective)*

**Background and context**

City Community Hospital was temporarily closed on 31st May 2019, due to the large vacancy factor and a concern about staffing levels on the ward. The Trust had found itself in a position where the ward was heavily reliant on temporary and agency staffing on every shift, therefore impacting on quality and consistency of care delivery for patients. Specifically, we could not guarantee a substantive member of Oxford Health NHS FT staff on each shift in the context of a caseload where continuity of care is paramount.

During the temporary closure City community hospital staff have been re-deployed across the other hospital sites. Following staff consultation, the majority of staff were supported with their first choice of alternative ward. The closure affected a total of 4.75 wte Registered Nurses, 7.3 wte Health Care Assistants and 2 wte Administrative staff.

The focus of the directorate throughout this time has been two-fold. The first has been to review and actively focus on recruitment to our community hospitals, and the second being to support our existing staff, both those moving wards and those receiving staff from other wards. The directorate was aware that having made the temporary closure every other community hospital team has changed to accommodate re-deployed staff. The Community Hospital and wider directorate leadership team have made concerted efforts to be particularly visible and available to staff throughout this period. During the period between temporary closure and now we have actively engaged ‘City Community Hospital’ staff in a variety of ways to ensure they maintained a sense of team spirit and a connection to each other and their ‘home unit’. Staff have had regular written communication relating to progress on recruitment. The community hospitals management team have actively sought them out whilst on site visits to ascertain their ongoing wellbeing. They have also been bought together socially. Feedback to date has been that this has been positively received.

**Community Hospital Recruitment update**

Whilst the focus of our efforts has been to redress the workload issues affecting City Community Hospital the directorate was aware that to do so required us to review our approach to recruitment across the entirety of our inpatient settings. We have reviewed all advertisements and had recruitment oversight led by a senior operational manager. The service has reviewed the nursing establishment on all wards and re-advertised all vacancies. There has been particular success in recruiting to vacant posts at City Community Hospital where we have secured the appointment of a ward manager (B7), deputy ward manager (B6), a clinical development nurse (B6) and 3 x Band 5 RNs. Recruitment is ongoing with further interviews arranged throughout September. We have had a strong presence at both Healthfest events, at Witney and the Warneford hospital and are attending the RCN recruitment fayre in London in an attempt to promote our services and recruit staff. The service is currently over recruiting to all posts across sites to ensure capacity is maintained in the longer term.

Recruitment for Registered Nurses in Oxfordshire still remains an issue across all providers, a similar picture as the rest of the country. The Trust has actively engaged with Oxford University Hospitals (OUH) over the last year, with specific emphasis in May and June this year to establish whether they could support the Trust to achieve safe staffing in the City Community Hospital. OUHFT were, in the event, unable to provide assistance in the form of additional staff due to their own staffing pressures. The Trust has also taken significant steps to develop the Nurse Associate programme which will improve Registered Nurse capacity in the future though it is acknowledged that this will take some time to come to full fruition.

The service remains committed to developing staff and providing opportunities for development long term to support recruitment and retention.

**Progress on staffing**

The Trust is commissioned to provide episodes of care as opposed to specific bed numbers though in recent years we have generally maintained 16 beds at City Community Hospital. At the time of the temporary closure we had reduced to 12 beds to maintain safe staffing levels. To safely staff 12 beds the Trust requires 11.51 WTE Registered Nurses and 11.48 WTE Health Care Assistants. Our current recruitment position leaves City 2.27 WTE Registered Nurses short and just 0.53 WTE Heath Care Assistants short for 16 beds. This is a remarkable success and one we will continue to focus on as we bring staff back together and build our new City Community Hospital team.

**Proposal for re-opening City.**

Effect upon the bed base and wider system

Having reviewed staffing at all sites and considered the workforce challenges that we are aware of, and those we anticipate, we are confident we will be in a position to re-open City Community hospital to 12 beds from mid-November 2019. The service will then plan and prepare to open a further 4 beds- so take the total City beds to 16 in early January. The additional beds being opened will coincide with the anticipated increase in system pressure and demand and provide additional capacity across the system at a time of greatest need.

Effect upon the Trust staff

It must be acknowledged that there has been some scepticism amongst existing community hospital staff, and especially those at City, about the prospect of re-opening the ward. Taking positive action to address the staffing issues, reopen the ward and repatriate staff will be seen as a positive step by the Trust, aid morale and ultimately recruitment and retention. There are several operational risk factors which must be considered within the planning for the re-opening of the ward. There is a possibility that some staff may express a desire to remain in their new wards. We will continue to work with colleagues within HR to understand the implications of this upon service and individual as the need arises.

The directorate will undertake a clearly planned approach to reopening including;

1. communicating our intentions with system partners and wider whole system
2. undertaking a review of the ward environment to ensure operational readiness. This will include a ‘deep clean’, restocking medical supplies, ordering food and linen, updating facilities staff and ensuring that all emergency equipment in place and in date.
3. Ensuring that there is a clear programme of induction and training for new staff and re-orientation for those returning. As there is a new ward manager it is fitting that we will plan a period of supported team training prior to opening the unit to admissions. It is anticipated that this will take a period of two weeks to complete. Whilst subject to approval the directorate would plan to release staff from their current roles and repatriate to the ward at the beginning or November allowing opening of the ward two weeks thereafter.

**Oxfordshire Stroke Unit capacity.**

As part of our mitigation to support the system with bed capacity during the temporary City closure we committed to open to full capacity the Stroke Unit based at Abingdon. This meant increasing from 16 beds to 20 which is the commissioned Stroke bed capacity. We completed this increase ahead of our initially anticipated timeframe and this will be maintained as a permanent position following the reopening of the city ward.

**Winter bed capacity.**

OHFT have made a ‘system offer’ to maintain an average of 140 beds to support patient flow through the Winter months. We are currently operating at 132 beds which is usual number for this time of year. The additional 12 beds at City from mid-November will increase the Trusts bed capacity to 144 beds. Opening a further 4 beds at City in the new year would take us to a position of 148 beds. Maintaining this bed stock would ensure we meet our contractual targets and fulfil our commitment to supporting the system with patient flow.

**Summary**

Following a difficult period whereby staffing on the City Community ward was at a critical point, the Trust took decisive action to protect patient safety and temporarily closed the ward. This has allowed the directorate some time to regroup and refocus efforts to recruit and the Trust is now in a position to reopen the ward in Mid-November 2019. The Board is asked to support the directorate decision to reopen the ward.

17th September 2019

Emma Leaver, Service Director, Community Directorate

Pete McGrane, Clinical Director, Community Directorate