November 2014

Oxford Health NHS
NHS Foundation Trust

Briefing to Oxfordshire HOSC: Oxfordshire Community Hospitals

This paper provides a summary briefing on the current delivery of inpatient services in Oxfordshire's community hospitals. It outlines the current performance and patient experience ratings; challenges in provision and the actions in place to address; and summarises the service development actions planned to March 2015.

Oxford Health NHS Foundation Trust currently provides 195 community hospitals beds over eight sites in Oxfordshire (Abingdon, Bicester, Didcot, Henley, Oxford City, Wallingford, Wantage and Witney). Community hospitals provide sub-acute and rehabilitation care, as well as palliative care for people who are not able / do not wish to die at home and there are also stroke rehabilitation and fragility fracture beds at Abingdon and Witney community hospitals.

OHFT is contracted by Oxfordshire CCG to provide 2,073 episodes of inpatient care through community hospitals each year. This output-focused contracting approach does not specify the numbers of beds required to provide these inpatient episodes.

Over the past two years improvements in the model of care (including discharge planning) means that OHFT has significantly exceeded its contracted number of inpatient episodes in community hospitals, averaging circa 2,650 episodes per annum for both 2012-13 and 2013-14. The key reasons for this increased productivity are:

- Improvements to the model of care, which have shortened the time taken for patients to recover / rehabilitate

- Provision of an Emergency Multi-disciplinary Unit at Abingdon, increasing the number of short inpatient episodes directly from the local community (rather than transferred out from OUH inpatient settings) – now joined by the Witney EMU. We are currently working with Oxford University on the evaluation of the impact of these EMUs. Further development decisions are part of working across the whole system in a more integrated way (primary care, acute care, social care and community health care).

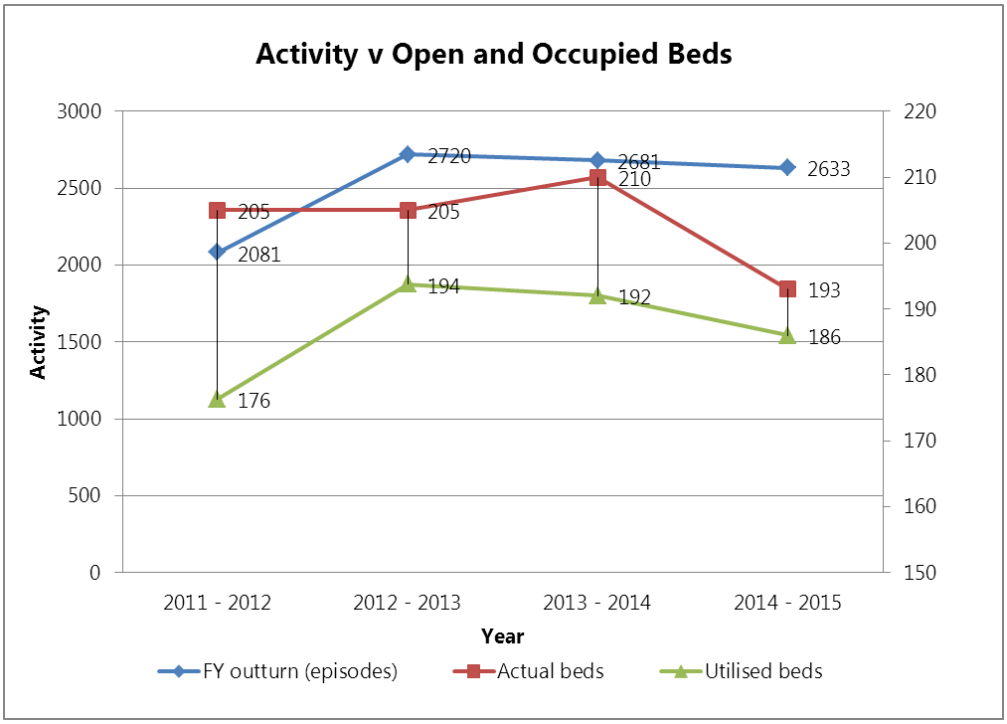
- Reduction in the duration of delayed transfers of care in community hospitals (down from an average of 22 days for each delay in 2012 to an average of 12 days for each delay in 2013)

Performance

Table 1:

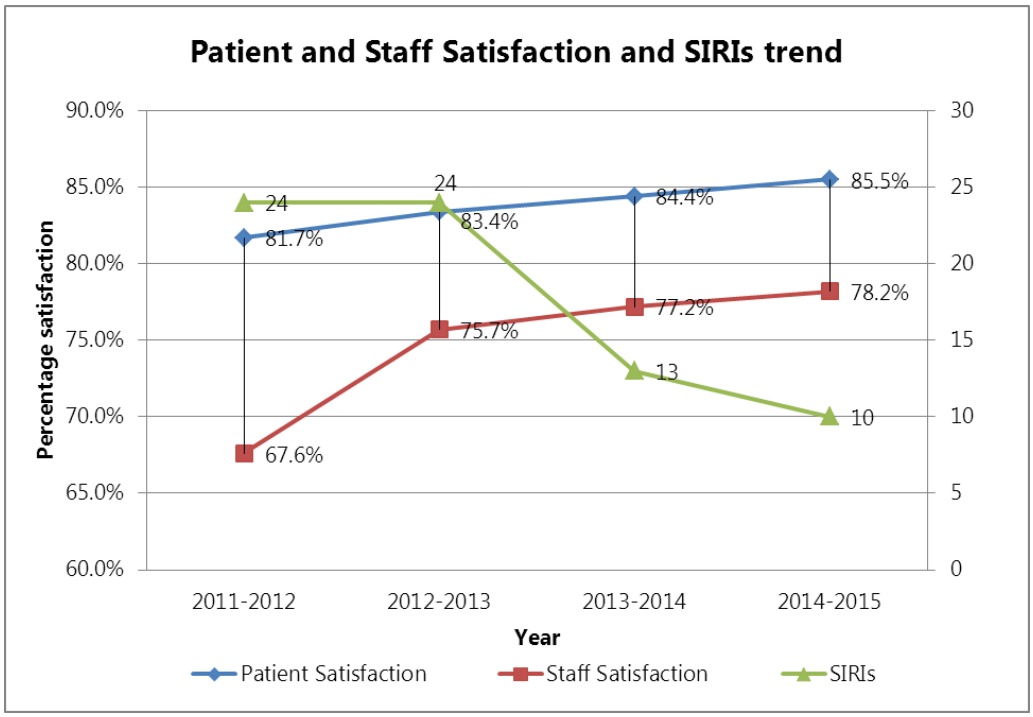
Year	FY activity outturn	Average length of stay (ALOS)	Actual beds utilised	Actual occupancy	Patients per bed per annum	Inbound DTOC (OUH)
2011 - 2012	2081	31	176*	86%	10.1	46
2012 - 2013	2720	26	194*	95%	13.3	39
2013 - 2014	2681	26	192	91%	12.8	26
2014 - 2015	2633**	26	186	95%	13.4	25

Graph 1 below illustrates that the service has become more productive with activity remaining high despite a reduction in actual open beds. Furthermore, the variance between open beds and occupied beds has reduced which also illustrated more effective bed and resource usage.



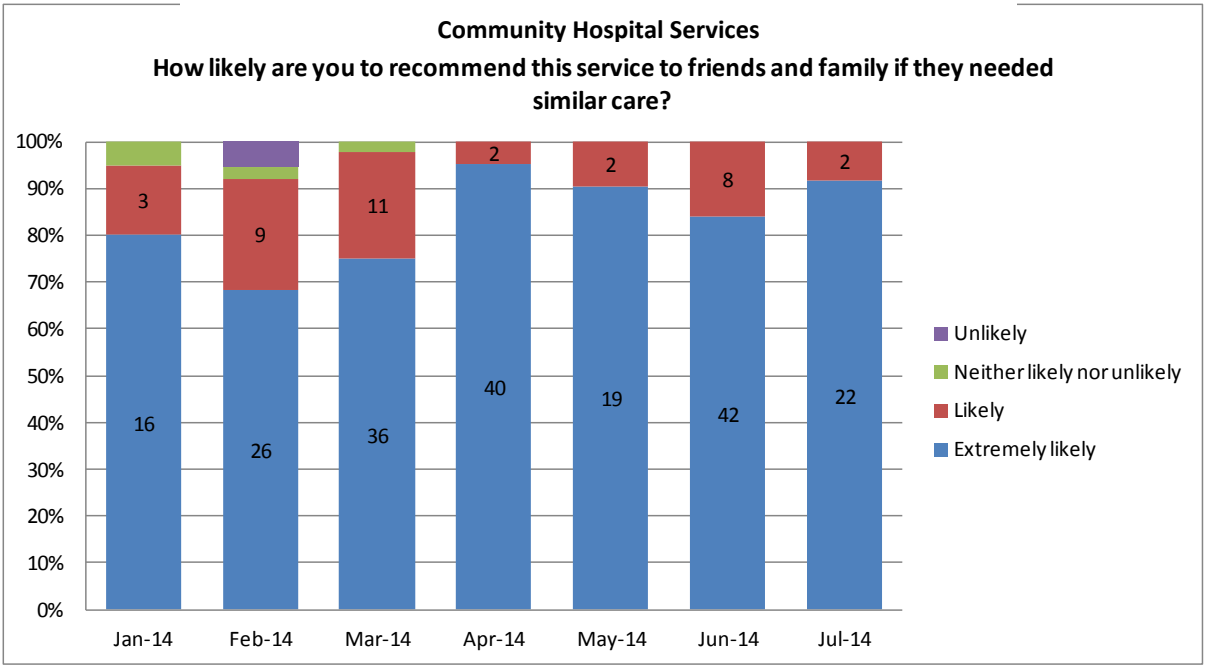
Quality

The service has seen no detrimental impact on patient safety, quality, patient satisfaction or staff satisfaction as a result of reduced bed numbers, reduced patient length of stay or increased bed occupancy. Conversely, patient and staff satisfaction have continued to increase and the number of serious incidents requiring investigation (SIRIs) has significantly reduced;



Patient Experience

The trust uses a series of approaches to gather qualitative and quantitative feedback from patients and their families, partners and carers, these include a postal survey sent to a sample of patients after being discharged from hospital, a postcard given to every patient with the national Friends and Family question on day of discharge, modern matrons carry out face to face interviews with patients, surgeries are held at least monthly on every ward facilitated by the patient advice and liaison service, and patients are involved in the annual Patient Led Assessments of the Care Environment (PLACE). A summary of the responses to the Friends and Family question between Jan-July 2014 are shown in the graph below and as you can see the majority of people have said they are extremely likely to recommend the service and this has been improving since April 14.



The results from the postal survey completed after discharge have also been positive, as demonstrated in the few key questions and responses below (response from Jan-July 2014):

- Were you involved as much as you wanted to be in decisions about your care (n=101): 48% yes definitely and 39% yes to some extent
- Do you feel you have trust and confidence in the service (n=100): 62% yes definitely and 31% yes to some extent
- How much information about your condition or treatment was given to you by the service (n=100): 63% right amount (28% not enough)

The 2014 scores from the Patient Led Assessments of the Care Environment (PLACE) for the community hospital sites are shown in the table below. The national averages (for community hospital providers) for the four areas of assessment with comparisons to 2013 where possible were:

- Cleanliness 96.9% (2013 95%)
- Food and hydration; organisational food 88.5% (including external suppliers) and ward food 92.4% (2013 comparison not possible as methodology changed – however, findings for the previous year are similar, rated as 74.9% to 98.1% across community hospitals sites in 2013)
- Privacy, dignity and wellbeing 84.3% (2013 comparison not possible as methodology changed)
- Condition, appearance and maintenance 90.3% (2013 86.4%)

The sites and areas below the national averages are highlighted in yellow in the below table.

Food is the area identified for improvement. The self-assessment on food looked at the availability of a menu, the choice of food provided, the service from staff to support patients, the presentation and temperature of the food, the availability of drinks and how the food tasted. Across the community hospital sites food is currently provided in different approaches; in-house (Bicester, Didcot, Wallingford, Wantage, and Witney), contracted to an external supplier (Abingdon, and City)

and a mixed approach (Townlands), which has given us the opportunity to evaluate the quality against the costs of food provided so that we can identify how to improve.

Site Code	Site Name	Cleanliness	Food Overall	Ward Food	Organisation Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
RNU28	TOWNLANDS HOSPITAL	98.68%	91.48%	89.49%	93.50%	81.06%	97.47%
RNUCE	BICESTER COMMUNITY HOSPITAL	98.33%	95.39%	99.02%	92.66%	78.45%	96.25%
RNUCK	DIDCOT COMMUNITY HOSPITAL	97.06%	95.13%	97.92%	92.66%	89.94%	96.84%
RNUCY	OXFORD CITY COMMUNITY HOSPITAL	92.61%	90.13%	86.76%	92.66%	89.29%	96.21%
RNUDJ	WALLINGFORD COMMUNITY HOSPITAL	97.35%	95.39%	99.02%	92.66%	85.23%	96.88%
RNUDK	WANTAGE COMMUNITY HOSPITAL	97.65%	92.65%	92.64%	92.66%	85.11%	98.47%
RNUDM	WITNEY COMMUNITY HOSPITAL	98.34%	68.34%	49.43%	92.66%	89.23%	98.53%
RNUDQ	ABBINGDON COMMUNITY HOSPITAL	96.84%	89.19%	86.49%	92.66%	86.89%	97.46%

As a result of these findings actions have been put in place to improve the food at Witney Community Hospital, and re-testing has indicated that these actions have been successful. The Trust will change the external supplier for inpatient food at City Community Hospital when it is relocated to the Fulbrook later this year.

Challenges

The challenges for sustainable and high quality delivery of community hospitals are threefold:

1. *Increased acuity and dependency of patient population*
   OHFT monitors to acuity (health need) and dependency (help needed with activities of daily living) for all community hospital inpatients using a nationally validated tool (Hurst). This is critical to provide ongoing evaluation of patient need against the staffing establishment on each ward. Hurst scores the lowest need / dependency as 1; and the highest as 4 for each type of inpatient setting.

   For Oxfordshire's community hospitals, the Hurst tool indicates a significant increase in the acuity and dependency of its inpatients. Comparing May 2014 with May 2013, there has been a 57% increase in patient needs scoring 3 using the Hurst tool, and a 33% increase in patient needs scoring 4.

   This reflects the aging population in Oxfordshire, with the associated increase in co-morbidities. However, within the fixed income for community hospitals, this presents a challenge as to how to increase nursing and therapy staffing to patient ratios to meet this rising acuity of need.

OHFT exceeds the current Royal College of Nursing guidelines of 1 registered general nurse to 8 beds (day shifts – this calculation does not include therapy staff or health care assistants) on all wards. However, rehabilitation models of care require higher staffing to patient ratios, as the focus is on enabling the patient to rehabilitate and relearn activities of daily living. This gives much better recovery outcomes for patients; but is more staff intensive.

2. *Recruitment of nursing and medical staffing*

The challenges to the NHS in recruiting sufficient numbers of high calibre nurses continue to be reflected in the national media. This may be exacerbated in Oxfordshire due to the high cost of living locally.

Recruitment of experienced nurses has been a particular challenge in Abingdon and Witney community hospitals this year, with insufficient numbers of appropriately qualified candidates applying to match natural staff turnover.

OHFT have responded in the short term by use of longer term high quality agency nurses, who work consistently on a ward over a period of months to provide continuity of care approaching that of substantive staff. However, this is not a long term solution; and the ratio of temporary to substantive nursing staff needs to remain low in order to ensure good clinical oversight and achievement of patient outcomes.

For a ward at both Abingdon and Witney the difficulties in recruiting substantive staff with sufficient expertise meant that over a period of 3-4 months the ratio of agency staff to substantive staff became higher. This situation was monitored daily by the Matron for each site, and reviewed weekly by the Trust's Executive through safer staffing reporting.

In late July, evaluation of the situation by the Clinical Director, Service Director and local clinical staff was that this situation could not continue without introducing an element of clinical risk to patient outcomes and experience. Unable to instantly increase substantive staffing on these wards, this risk was mitigated by the temporary reduction of bed numbers by 6 of each of the two wards affected. This has temporarily reduced the bed numbers on Abingdon community hospital site from 44 to 38, and on Witney community hospital site from 60 to 54.

Recruitment efforts have continued, so these wards are almost back to expected staffing levels establishment and current vacancies well within normal turnover rates. However, induction is continuing for new starters, and the wards will continue to be carefully monitored by senior clinical leaders until the teams have fully embedded.

Medical input into community hospitals is provided either by the OUH gerontologists (City, Abingdon and Witney community hospitals) or by local GP practices (Bicester, Didcot, Henley, Wallingford and Wantage community hospitals).

For GP colleagues, balancing the increasing time demands by community hospital patients (as inpatient acuity and needs have increased) with the increase in demand in general practice has been especially challenging. GP colleagues in Oxfordshire have demonstrated great commitment to community hospitals, but the current delivery model is not sustainable. In the short term, this has required OHFT to temporarily reduce the number of beds provided in Didcot community hospital to align to the level of medical cover that local GPs are able to provide.

The Trust is currently seeking a long term sustainable solution to medical input to community hospitals through a procurement process, which is underway.

3. *Estates*

Oxfordshire's community hospitals have evolved over many years. Each site contains examples of many different building types, including Victorian builds, 1960s-70s modular buildings and temporary buildings.

Such buildings are not conducive to delivering modern healthcare. For example, the modular buildings are very hot during summer months (for example at Abingdon, Wallingford and Witney). Incremental building over many years means that sites are not cohesive, and have poor clinical adjacencies. This results in patients being transferred between areas using external walkways (for example between the wards and radiology at Abingdon). Within the current configuration of buildings there is no viable way of addressing this.

Recent audit of the functionality of buildings at community hospitals indicates that major redevelopment is required to ensure high quality, sustainable inpatient provision that is suitable to deliver 21st century healthcare. There are currently no capital funds available and in the current financial climate this is clearly an issue. The Trust has previously funded capital builds through sale of other estate. This will be an important part of whole system planning going forward.

Community hospital provision does not align to the demographic profile for Oxfordshire. The average age of an in-patient in a community hospital is 86 years of age. Current bed profiles do not align Oxfordshire's demography with high numbers of beds in the south and west and fewer in for central and north areas of the county. This means that a significant proportion of inpatients in community hospitals are not local to the immediate area of the community hospital.

Actions to Address; Nurse Recruitment

Staffing levels on every ward are monitored weekly at a Directorate and Executive level within the Trust. This senior clinical oversight prompted the short term bed reductions at Abingdon and Witney community hospitals to maintain safety and patient outcomes.

To mitigate the national challenges of recruitment of high calibre nursing staff, OHFT has three principle actions in place:

- Working in partnership with OUH to draw on their expertise in recruiting a cohort of appropriately qualified and English-speaking nurses from Europe, including intensive local induction and clinical supervision.

- Expansion of the offer of temporary accommodation to clinical staff moving into the area to take up posts within the Trust.

- Working with local higher education providers to reinvigorate "Return to Practice" programmes to support those wishing to return to a career in nursing.

Considerations such as adding "London weighting" to pay scales would only work if applied across the local health and social care economy (otherwise the outcome would be destabilisation of the workforce, not increased recruitment and retention) and would be very difficult to achieve and sustain given the current economic environment.

These actions are specific to registered nurse recruitment, and are part of the Trust's wider recruitment programme to attract high calibre allied health professionals, nurses (mental health and physical health), urgent care practitioners, and health care assistants to work across our care settings.

This approach reflects the national and local challenge to recruit experienced health care professionals across a spectrum of clinical specialisms. This approach is combined with preceptorship and development programmes to support the development of locally trained and recruited health care professionals.

Planned Service Improvement

Despite the challenges outlined above, OHFT is committed to ongoing development and improvement of inpatient care in community hospitals in Oxfordshire. In 2014/15, service developments plans include;

- Dignity Plus – led by OCC, the delivery of the Department of Health-funded project to implement physical environments improvements to community hospitals to improve dementia care, based on the evidence of the King's Fund research. This has included changes to lighting, signage, day rooms and gardens to ensure they are "dementia-friendly".

- Bariatric pathway – working with commissioners and partner providers to develop an inpatient bariatric pathway, including provision of appropriate equipment and beds in a suitable inpatient setting to maintain patient dignity and safety.

- The new Bicester Community Hospital – we will be moving into the new hospital as soon as it is ready to house patients.

- Move of Oxford City community hospital to the Fulbrook Centre– the planned move of city community hospital ward from level 7 at the John Radcliffe to the Fulbrook Centre at the

Churchill is on track for November this year. This will co-locate a community hospital ward with the Oxfordshire older adult mental health wards. This will enable development of an enhanced model of inpatient care to best meet the needs of older people with dual physical and mental health urgent care needs. It will also enable enhanced rehabilitation of patients as the ward at the Fulbrook Centre will provide access to garden areas. The older adult mental health and physical health wards will remain separate, but their co-location in the same building will enable greater sharing of nursing and therapy expertise in rehabilitation and reablement of patients with physical and mental health co-morbidities.

- Pilot in increased staffing to beds ratio (Witney and Abingdon) – OHFT is commencing a pilot to increase in staffing ratio to patient numbers on a ward at Abingdon and Witney during Q3 and Q4. This will be achieved by delaying reopening all of the temporarily closed beds after substantive staffing levels have been achieved once more.

  Given the increase in productivity (increased patient episodes), the rising acuity of patients together with the fixed level of resources, the Trust wishes to evaluate whether recovery of patients (and therefore length of stay) can be improved by increasing nursing staffing ratios to patient numbers. This pilot will be monitored weekly to ensure that it does not adversely affect patient flow during winter pressures. If this approach delivers the outcomes (patient and system flow) that the evidence-base suggests could be possible, then it is an important consideration to achieve sustainable high quality care in the context of rising demand and acuity and fixed resources.

- Circles of Support – health and social care commissioners and providers in Oxfordshire are working together with Age UK to deliver a pilot called “Circles of Support” during Q3 and Q4 this year. This will utilise volunteers to support patients and their families in the transition from inpatient care to returning home following illness.

Oxford Health NHS Foundation Trust
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