

**Oxfordshire Joint Health Overview and Scrutiny Committee.
31st May 2019**

Chairman's Report

1. Oxford City Community Hospital

- 1.0 The purpose of this report is to set out the background to the emergency meeting of the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) called on the 31st of May 2019 and propose a recommendation for the committee to consider.
- 1.1 In response to notification by Oxford Health Foundation Trust (OH) that they intend to close the Oxford City Community Hospital on the grounds of patient safety, the Chairman of HOSC called an emergency meeting of the committee. The meeting of the 31st of May has been established to allow public scrutiny of the issue at the soonest possible moment following notification of the intended closure.

Notification to HOSC

- 1.2 In August 2018, OH contacted the HOSC Chairman on the issue of critical staffing levels at Oxford City Community Hospital, giving a high-level flag that workforce was an emerging risk to services at the hospital. In line with HOSC's established ways of working, the Chairman immediately requested that a HOSC substantial change toolkit be completed and submitted so this could be circulated for the committee to consider. This was sent to OH for completion on the 5th of September 2018. OH did not complete a toolkit, nor contact the committee support officers to schedule a HOSC agenda item about the critical workforce issues at Oxford City Community Hospital.
- 1.3 On the 8th of May 2019, Oxford Health FT management initiated a communication stating that they need to temporary close the 12 beds at the Oxford City Hospital Community Hospital for safety reasons. They stated:

"Since October Oxford Health have had tremendous difficulties staffing and recruiting to the ward. We now find ourselves in a position in which, from the end of May and due to known departures of key staff (one due to maternity leave, one due to relocation and the third due to being offered a promotion elsewhere in the health system), we will be unable to provide a substantive member of staff to supervise every shift. Our nationally mandated Safer Staffing Levels require us to provide a certain number of registered and non-registered staff for each shift, and we will be unable to maintain this. We will review the situation at the end of September based on our overall staffing position across the wards following the September nursing graduate intake. All existing staff will be offered similar posts elsewhere in the Trust and we intend to open enough beds to mitigate the situation across our other wards, meaning that there should be a negligible impact on flow (now is the time when we would be reducing the number of beds open anyway for summer)".

- 1.4 It was clear the issue had been known about for some time and that despite a request, HOSC had neither been consulted or provided with the evidence as to the recruitment issues highlighted. On behalf of the Chairman, the HOSC Policy Officer replied with a communication that the committee expected the issue would be scrutinised by

HOSC before any temporary closure took place. OH replied to inform officers that it was not possible to keep the hospital open beyond the end of May and that it would therefore close on the 31st of May. In response, the Chairman called an emergency meeting of the committee for the soonest possible date.

Legislative framework

- 1.5 The relevant legislation to the issue at hand is the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”):
- 1.6 Regulation 23 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have “under consideration” for a substantial development of or variation in the provision of health services in the local authority’s area. The regulations set out certain proposals on which consultation with health scrutiny is not required. The pertinent one being:

Where the relevant NHS body or health service commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff (this might for example cover the situation where a ward needs to close immediately because of a viral outbreak) – in such cases the NHS body or health service provider must notify the local authority that consultation will not take place and the reason for this.
- 1.7 As the issue with Oxford City Community Hospital was first flagged in August 2018, the reasons for a temporary closure on the grounds of an urgent safety concern does not meet the criteria in this part of the regulation.

HOSC/Health ways of working protocol

- 1.1 At a meeting in April 2018, following extensive engagement and agreement between HOSC and health partners across the system, including the involvement of Oxford Health, HOSC agreed a ‘*Protocol between the Oxfordshire Joint Health Overview and Scrutiny Committee and health and wellbeing providers and commissioners serving the population of Oxfordshire*’. This document applies to how HOSC works together with bodies who commission or provide health, social care and wellbeing services to the population in Oxfordshire. The aim of the protocol is to provide:
 - Improved engagement and communication across all parties;
 - Clear standards which set out how all parties will work together;
 - Greater confidence in the planning for service change, to secure improved outcomes for health services and communities across Oxfordshire.
- 1.8 The protocol sets out a way of working when changes are proposed to health and wellbeing services which require consultation and engagement required by legislation. The protocol applies to developments that affect smaller numbers of patients, smaller geographical areas or specific services. It sets out the following shared goals and working principles:

Shared Goals

- Deliver high quality, sustainable health and wellbeing services that meet the needs of the Oxfordshire population.
- Improve the health and wellbeing outcomes for local people, including ensuring activity addresses health inequalities and aligns with the Oxfordshire Health and Wellbeing Strategy.

Working principles

1. There is a “no surprises” approach between the organisations concerned. This builds collaboration whilst also allowing scrutiny to constructively challenge strategic decisions.
2. There is a climate of mutual respect and courtesy, noting one another’s independence and autonomy.
3. Proposals and recommendations are based on appropriately sourced, recognised and clearly presented evidence. This includes relevant clinical evidence.
4. The views and priorities of local people are gathered and considered in the development of proposals, in scrutiny and in decision making.
5. The overview and scrutiny approach is transparent, collaborative, constructive and non-confrontational. It is based on asking challenging questions and considering evidence.
6. There is recognition and respect for the difference which may arise around what constitutes ‘best outcomes’ for the local population.
7. Feedback from overview and scrutiny to health and wellbeing organisations is documented and well communicated.

1.9 The protocol was a voluntary document for HOSC and health partners to embrace. Following this work, work between HOSC and health system partners in Oxfordshire has seen significant improvements. However, the actions taken by Oxford Health FT over the Oxford City Community Hospital contravene the working principles in the protocol that they themselves participated in the development of.

Conclusion and recommendation

1.10 In light of the events that have transpired, namely:

- The lack of communication with Oxfordshire Joint HOSC and other health partners regarding the critical staffing levels and temporary closure of Oxford City Community Hospital
- The neglect of statutory duties for establishing need or otherwise thereof for consultation before announcing the temporary closure
- The bad faith previous experience between Oxfordshire Joint HOSC and OH in claimed temporary closure, with Wantage Hospital remaining closed there years after the last alleged temporary closure from OH, and;
- The disregard for established working pathways between local health partners and HOSC of which Oxford Health have been a part in creating under a direction from the Secretary of State to work better together

1.11 The committee is therefore invited to consider a motion of no confidence in the management of Oxford Health. This is particularly in relation to the Chief Executive and Chief Operating Officer. The committee is invited to consider writing to all Oxford Health Board members expressing the lack of confidence, inviting the Chairman and a non-executive director to attend the first HOSC meeting after the Board's consideration, to discuss their response in person.