

My reference: FOI/2012/255

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By email to request-137278-daac0be3@whatdotheyknow.com

17 December 2012

Dear Mr Urquhart

Request for information under the Freedom of Information Act 2000

I am writing further to your request for information about :

- Ward closures

I am sorry for the delay in responding to you.

The Trust has examined the records held within the Planned and Emergency Care directorates and I can confirm the following response.

You asked about planned ward closures to the end of November and for information about how many beds there would be at Chase Farm Hospital on 31st October 2012, 30th November 2012, 31st December 2012 and 31 January 2013. You also asked which hospital would take up the slack if there were fewer beds at Chase Farm Hospital. Finally, you asked for nurse staffing information over the same period.

There has been a combination of ward reconfiguration and bed closures in the past three months, combined with the introduction of a new medical model.

The wards previously in the Medical Block (Durban, Canberra, Adelaide and Capetown) have either been closed or transferred to the Highlands Wing, which is closer for patients requiring admission from Accident and Emergency and does not require external transport. The environment in the Highlands Wing is also much better for patients. The closure of Canberra, which was a dedicated ward for patients with Clostridium Difficile, was made possible by our success in reducing the number of patients with this infection. Any patients requiring isolation facilities are now transferred to Palm ward at

Barnet Hospital. The net effect in terms of bed numbers is that there are 35 fewer acute medical beds and 18 fewer rehabilitation beds.

At the beginning of November, the Trust introduced a new way of working for the physicians. This has involved involvement of more senior clinicians in the initial assessment diagnosis and treatment of patients. There are also daily consultant ward rounds. The intention is that patients are admitted promptly under the care of the appropriate specialty physician and only remain in hospital as long as is required to treat their condition. This is both through more consultant ward rounds and by ensuring that once a patient is ready to leave hospital there are no unnecessary delays. It is by reducing length of stay that the hospital will be able to treat the same or more patients but with fewer beds. Although this new way of working has been in place less than a month, it does appear to be working well and for the benefit of patients.

At the same time, in the Surgical directorate, inpatient beds have been closed and short stay and day case surgical capacity has been increased as more patients are having surgery as day cases. 27 inpatient beds have been closed and this was what enabled medical beds to be moved to the Highlands Wing.

In answer to your question about which hospital will take up the slack, the Trust is required to treat a certain number of patients each year and to meet national and local waiting list targets. Therefore, even when beds are closed, the same or more patients need to be treated and this is achieved by using our resources more efficiently.

Finally, regarding staffing numbers, because of the vacancy factor, ward closures do not involve the loss of any nursing posts as nurses will be redeployed into existing vacancies. The Trust has had particular difficulty in recruiting to band 5 staff nursing posts (there were 140 band 5 vacancies in October) and the ward closures within Planned Care (surgery) will resolve this issue as staff will be redeployed into vacancies. Within Emergency Care, even following ward closures, there will still be vacancies for band 5 nurses. There has been full staff consultation regarding ward closures and reconfigurations.

Nurse staffing figures for October and November are given below. As you will see the funded establishment increases marginally between the two months, but vacancies reduce. It is not anticipated that there will be any job losses following the ward closures.

	FTE Funded Establish	FTE Contracted	FTE Staffing Variance	% Staffing Variance
October	1,546.87	1,376.11	170.76	11.04%
November	1,547.27	1,411.57	135.70	8.77%

I trust that I have dealt with your request to your satisfaction and I apologise once again for the delayed response. Please do not hesitate to contact me if you have any further queries or if I can be of further assistance.

This information has been held by the Trust for its own purposes and is published to you pursuant to the Trust's obligations under the Freedom of Information Act 2000. Any further use or publication by you of this material is at your own risk and it is your responsibility to check the accuracy and appropriateness of the material for your purposes.

If you have any concerns about the response you have received, you may request that the Trust undertakes an internal review of your request. You can do this by contacting our complaints department at the above address. If after this process you are still not satisfied with the response you receive, you can contact the Information Commissioner at:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

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Finally, I enclose an evaluation form which I would be very grateful if you could complete and return to me so that we can continually improve our Publication Scheme and the way that we deal with requests for information under the Freedom of Information Act.

Yours sincerely

Alison Macdonald
Board Secretary