

Somerset Partnership NHS Foundation Trust – Update on Community Hospitals in Somerset

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1. Summary

- 1.1. Following the report presented to the Committee at its meeting on 20 September 2017, this report provides an update on the staffing and sustainability issues at community hospitals across the county.
- 1.2. Somerset Partnership NHS Foundation Trust, working with Somerset Clinical Commissioning Group, has undertaken a detailed review of the position at each of the county's 13 community hospitals to support the overall review presented to the Committee in September.
- 1.3. The highest risk area for staffing is the South Somerset cluster where all of the hospitals are now facing challenges and the position is deteriorating. Within this cluster is South Petherton Community Hospital which provides 16 stroke beds and is critical to maintaining the stroke pathway across the east of the county.
- 1.4. In the West Somerset area three community hospitals all have vacancy rates in excess of 40%. Within this cluster Williton Community Hospital currently provides 12 stroke beds in line with the temporary arrangements reported to the Committee in September.
- 1.5. Overall there is limited resilience within a large number of the teams where there are longstanding vacancies or sickness. In order to safely staff 13 wards with the current bed configuration the Trust needs 141 whole time equivalent registered nurses. There are currently 30.85 wte registered nurse (RN) vacancies. Seven of the thirteen wards currently have RN vacancy rates of between 20% and 54%. Seven hospitals have a turnover rate above 15%. Nine of the hospitals have more than 25% of the workforce who are aged 55 or over. In practice this means that under the NHS pension rules it is highly likely that they will have special class status and are therefore eligible to retire now.
- 1.6. The review of the information confirms that it is not sustainable to continue to safely deliver inpatient care across 13 wards.
- 1.7. Reconfiguration of the bed stock would allow care to be delivered in fewer sites but would maintain the number of beds available and significantly reduce the likelihood of an unplanned closure during the winter period which would have a significant impact on the wider care system.
- 1.8. Discussions between Somerset Partnership, Somerset Clinical Commissioning Group and NHS England are continuing as to options for this reconfiguration.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny is asked to note the update on staffing at community hospitals in Somerset and the proposals to consolidate beds temporarily to ensure resilience over the winter period.

3. Background

- 3.1. Somerset Partnership provides care in 13 community hospitals across Somerset. The hospitals provide a range of services to their local communities; however, this paper will only consider the inpatient wards at each hospital.
- 3.2. The Trust is commissioned to provide a total of 222 inpatient beds. Currently this consists of 28 community stroke beds, 184 rehabilitation beds plus a contract at Shepton Mallet Community Hospital for 10 additional beds. The configuration of the bed numbers across the county is flexible within the agreed envelope of 222 beds. Historically the number of inpatient beds used in some units have been reduced either due to changes in commissioning or staff shortages. These unused beds are spread throughout the community hospitals. The current unused bed stock totals 68 (23.4%). This means the total bed stock available is 290.
- 3.3. Within the last year Minehead Community Hospital inpatient services were temporarily relocated to a ward at Williton Hospital to benefit from economies of scale and sustainability for both patients and staff. It is extremely likely that a similar scenario will occur again in the future as the staffing position remains extremely challenging across a number of sites with some wards experiencing registered nurse vacancy rates between 30 and 50%.
- 3.4. The fabric of the buildings in which the inpatient services are provided is of varying age and quality. There are five hospitals that have been built or rebuilt within the last 12 years (West Mendip, Frome, Minehead, South Petherton and Bridgwater) and two sites that have been assessed as being sub optimal to provide inpatient care without significant redevelopment (Chard and Shepton Mallet).
- 3.5. The review undertaken has considered a range of factors that impact on the provision of inpatient care provided as follows:

Staffing Factors

- Registered Nurse Vacancy rates
- Unify Fill Rates (This measures the actual number of staff who were on duty compared to the number planned)
- Actual Care Hours Per Patient Day (CHPPD) compared to required CHPPD (this measure takes into account the level of dependency of patients at any given time)
- Turnover rates
- Age profile of registered staff
- The amount of agency staffing used
- Red flags (the number of times only 1 registered nurse has been on duty)

Local factors

- Estate and environment
- Performance against measures of quality clinical care
- Impact on patients, carers and workforce

The wider system impact

- Effect on patients being able to move from and to acute hospitals
- Ability to open additional beds in times of escalation during winter or periods of pressure on beds

3.6 A summary of the risk factors identified is set out in Appendix 1 to this report.

4. Consultations undertaken

4.1. In 2013-15, Somerset CCG undertook a review of community services in Somerset, including community hospital provision, entitled 'Making the Most of Community Services'. This involved extensive engagement on the current and potential future provision of community hospital services in the county.

4.2. The Trust hosts a six monthly League of Friends Forum with representatives from the Leagues of Friends of all 13 community hospitals invited. The latest of these meetings was held on 14 September 2017 when Dr Nick Broughton, Chief Executive of Somerset Partnership outlined the challenges facing community hospitals in the county.

4.3. The Chard Redevelopment Board includes representation from the League of Friends and members of the Essex House GP Patient Participation Group are included on the Clinical Sub Group.

4.4. The tendering and provision of services for the Shepton Mallet Health Campus was subject to public consultation and engagement and members of the League of Friends were included on the Project Board.

5. Implications

5.1. Somerset Partnership is currently reviewing the options for delivering sustainable community hospital inpatient services with Somerset Clinical Commissioning Group and in discussion with NHS England. Each option has been reviewed to ensure that it meets the following key success factors:

- Consolidation of small wards
- Use best quality estate
- Addresses stroke capacity shortfall to protect stroke pathway
- Protect patients being able to move from and to acute hospitals where required
- Align staffing resource to any changes
- Keep the availability of a minimum of 10 escalation beds in the event that these are needed

- 5.2. Any measures taken would be temporary over the winter period to address the deteriorating staffing and sustainability issue across community hospital services.
- 5.3. The future use and configuration of community hospitals in Somerset will form part of the consideration of the Somerset Sustainability and Transformation Partnership and the Somerset CCG's Clinical Commissioning Strategy.

6. Background papers

- 6.1. Making the Most of Community Services <http://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/governing-body-agenda-and-papers-16-july-2015/>
- 6.2. Somerset Partnership NHS Foundation Trust Annual Estates and Facilities Report 2016/17 http://www.sompar.nhs.uk/media/4812/enclosure-n-annual-estates-and-facilities-report-2016_17-final.pdf
- 6.3. Somerset Partnership NHS Foundation Trust Safer Staffing Report <http://www.sompar.nhs.uk/who-we-are/safer-staffing/>
- 6.4. Report to Scrutiny Committee on 20 September 2017 <http://democracy.somerset.gov.uk/documents/s4454/Somerset%20Partnership%20Community%20Hospitals%20Update.pdf>

	Fabric of Inpatient Area	% Vacancies* Sept	% Vacancies* Oct	Red flags June & July combined	% Day Shift Fill rate over 95% July	% Night Shift Fill rate over 95% July	Consistently meeting CHPPD	% Turnover	% of RN workforce over 55	£ Agency Spend July	Clinical Care Indicators	Current beds	Additional bed capacity
WEST													
Bridgwater		6.4%	6.4%	0	90.9%	100.0%		18.00%	42.0%	<1000		30	0
Burnham		47.0%	55.0%	1	82.3%	100.0%		19.91%	35.0%	<1000		16	4
Williton		45.6%	37.2%	20	80.0%	95.2%		32.94%	40.0%	6000		16	14
Minehead		13.3%	13.3%	26	83.9%	90.3%		17.24%	35.0%	4500		14	5
Dene Barton		17.6%	7.8%	1	100.8%	104.8%		19.91%	25.0%	5000		8	11
Wellington		42.3%	19.9%	63	100.8%	100.0%		0.0%	40.0%	<1000		11	0
EAST													
West Mendip	NHSP	14.7%	14.7%	1	79.4%	100.0%		17.8%	35.0%	2000		26	5
Shepton	NHSP	3.9%	3.9%	8	101.6%	100.0%		6.45%	35.0%	<1000		10	0
Frome		4.2%	4.2%	0	88.0%	100.0%		6.06%	1.0%	1400		26	0
Chard		20.0%	20.0%	2	100.0%	96.8%		15.38%	35.0%	14000		14	6
Crewkerne		30.0%	18.4%	1	103.2%	104.8%		13.79%	20.0%	20000		14	6
S Petherton		48.7%	55.4%	0	93.5%	100.0%		8.22%	20.0%	14000		24	0
Wincanton		24.8%	24.8%	7	96.8%	100.0%		12.19%	10.0%	7000		13	17

* Smaller wards (16 beds or fewer) have a small establishment of registered nurses so vacancy rates may appear higher as a consequence of a small number of vacancies