

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

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1. Summary

- 1.1. Following the reports presented to the Committee at its meetings on 20 September and 20 October 2017, this report provides an update on the staffing and sustainability issues at community hospitals across the county.
- 1.2. The Somerset Partnership NHS Foundation Trust Board took the decision in September and October 2017 to close temporarily the inpatient wards at Chard, Dene Barton and Shepton Mallet Community Hospitals in order to consolidate beds and staff on to fewer sites to make them sustainable in light of significant staffing problems.
- 1.3. The Trust Board considered a detailed report at its meeting in February 2018, including the findings of a consultation undertaken in relation to the temporary closures. The Board considered a further update report at its meeting in March 2018. The Board concluded that the staffing position within community hospitals is improving but remains below a level, together with levels of staff sickness absence, that it is not sustainable to safely deliver inpatient care across 13 wards.
- 1.4. Patient, public and staff feedback is strongly in favour of the re-opening of the beds across all 13 community hospitals and suggests alternative models for temporary closures if this is not possible. However, while the winter escalation remains in place, neither the re-opening of beds nor the alternative models are viable.
- 1.5. The temporary measures to consolidate beds on fewer sites have supported stability during a challenging winter period. However, although the escalation beds at Williton and Wincanton have been stood down, this position remains fragile with sickness absence, in particular, continuing to affect the current staffing position. Recent adverse weather incidents and the continued presence of winter flu have also exacerbated this position.
- 1.6. At present, the Board has supported the continued temporary closure of Dene Barton, Chard and Shepton Mallet Community Hospitals but with a view to moving to weekly review from the end of March 2018 and delegating responsibility to the Chief Executive to confirm re-opening of one or more inpatient wards as the staffing and sickness position improves.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny is asked to note the update on staffing at community hospitals in Somerset.

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.** In September 2017 the Trust took the decision that, in order to maintain patient safety in the light of the deteriorating staffing position, it needed urgently to consolidate its 222 inpatient hospital beds on to ten community hospitals and temporarily to close the inpatient wards at Dene Barton, Chard and Shepton Mallet Community Hospitals. At the time the Trust indicated that it did not anticipate being able to reopen the temporarily closed wards before the end of March 2018.
- 3.4.** Following the announcement of the plan for this temporary consolidation, the Trust Board commissioned reviews in October 2017 and February 2018 to confirm whether there had been any material change to the patient safety risks since its decision and to take into account feedback from engagement with patients and the public between October 2017 and January 2018.
- 3.4** The Board reviewed the position in October 2017 and February 2018 and agreed that the temporary closures should remain in place but be subject to monthly review.
- 3.5** A summary position on the criteria for deciding the need to temporary close the wards – and to re-open the wards – as at 28 February 2018, is set out in Appendix 1.
- 3.6** The registered nurse vacancy position at the end of February 2018 with the beds being consolidated on to ten sites is 17.13 WTE. This compares to a vacancy rate of 20.94 WTE in December 2017. If all wards were reopened an additional 17.83 WTE registered nurses would be required. The total vacancy rate would be 34.96 WTE (compared to 38.77 WTE in December). When maternity leave and long term sickness are included, the total gap is 48.12WTE which equates to 28.2% staffing gap.
- 3.7** The Trust has reviewed its recruitment strategy during the period, including in response to feedback from the consultation. Activity has included:
 - more than 20 campaigns, both focused on individual hospitals and ‘clusters’ of hospitals in geographical areas
 - involvement at local and regional nursing careers and recruitment events

- appointing a specialist Nurse Recruitment Consultant
 - introduction of 'integration pioneers' – nurses from Musgrove Park Hospital seconded into community hospitals
 - overseas recruitment campaigns
- 3.8** No adverse patient safety incidents have been reported during the period relating to the temporary closures. There have been a total of 79 'red flag' events during the period (where there has been only one registered nurse on duty during a shift).
- 3.9** The Trust continues to offer support to carers and families who may need help with transport to visit their relatives. We also continue to support staff with transport to alternative hospitals where required.
- 3.10** The Trust has sought to maintain effective communication with staff affected by the changes, including regular feedback through matrons and senior managers and staff engagement drop-in events supported by staff side. Events were held for all three staff groups after the February 2018 Board meeting and further events have been scheduled for March 2018.

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 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.
- 4.3.** Somerset Partnership undertook a consultation from 15 December 2017 to 22 January 2018 specifically related to the temporary closures. A copy of the report can be found at <http://www.sompar.nhs.uk/media/5574/enclosure-j-review-of-staffing-in-community-hospitals-v6-final.pdf>
- 4.4.** The main themes that arise from the 331 responses to the consultation survey and correspondence can be summarised as follows:
1. Temporary closures should be reversed as soon as possible;
 2. Local services are needed for local people;
 3. If temporary closures are necessary, wards with difficulty recruiting should be closed, and not wards which are fully or much better staffed;
 4. Greater efforts must be focused on recruitment and retention of staff;
 5. Reducing ward sizes is preferable to temporarily closing wards;
 6. Communications and engagement must be improved.
- 4.5.** The Trust has developed an action plan in response to the findings which will be monitored through its Patient and Public Involvement Group.
- 4.6.** Ongoing engagement and communication with key patient, public and stakeholder groups has been undertaken by the Trust's senior management and communications and engagement team.

- 4.7. 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 22 March 2018 when Peter Lewis, Chief Executive of Somerset Partnership and Taunton and Somerset outlined the continued challenges facing community hospitals in the county.

5. Implications

- 5.1. Somerset Partnership remains committed to re-opening the temporarily closed wards as soon as it is safe to do so with appropriate levels of staffing to ensure quality provision of care.
- 5.2. The Trust is reviewing the options for delivering sustainable community hospital inpatient services with Somerset Clinical Commissioning Group for next winter.
- 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 Health and Care 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>
- 6.5. Report to Scrutiny Committee on 20 October 2017 <http://democracy.somerset.gov.uk/documents/s4788/Update%20on%20Community%20Hospitals.pdf>
- 6.6. Somerset Partnership Board report on 6 February 2018 <http://www.sompar.nhs.uk/media/5574/enclosure-j-review-of-staffing-in-community-hospitals-v6-final.pdf>
- 6.7. Somerset Partnership Board report on 6 March 2018 <http://www.sompar.nhs.uk/media/5668/enclosure-h-update-on-staffing-in-community-hospitals.pdf>

Note: For sight of individual background papers please contact the report author

		Fabric of Inpatient Area	% Vacancies March	Red Flags Feb	% Day Shift Fill rate over 95%Feb	% Night Shift Fill rate over 95% Feb	Consistently meeting CHPPD meeting Feb	% Turnover Feb	% of RN workforce over 55	£ Agency Spend Feb	Clinical Care Indicators Feb	Deteriorating Patients Feb	Current beds	Additional Bed Capacity
WEST	Bridgwater		43.74	1	96.4	98.8		14.41	24.7	18,445		4	30	0
	Burnham		13.79		96.4	101.8		10.35	30	1,880			20	0
	Williton		14.34	1	109.5	132.1		20.75	11	30,458			20	10
	Minehead		18.21		94.6	100		11.33	11.4	15,026			19	0
	Dene Barton												0	19
	Wellington		12.30	9	95.5	92.9		3.45	6.4	2,820		2	11	0
EAST	West Mendip		10.42		84.8	98.8		9.01	15.7	7,747		1	31	2
	Shepton												0	10
	Frome		8.67		87.8	100		6.0	14.8	1,880		4	26	0
	Chard												0	20
	Crewkerne		16.83		85.7	100		5.55	50.3	1,120		2	20	0
	South Petherton		16.11	1	80.8	98.2		12.03	13.5	5,953		2	24	0
	Wincanton		21	2	82.7	96.4		11.77	6.5	12,808			21	10
		:	Key: R: <20% A: 10-20% G: >10%		Key: R: >95% A: 95-99% G: 100%+	Key: R: >95% A: 95-99% G: 100%+		Key: R: over16% A: 5-15% G: 0-5%	Key: R: over 40% A: 21-39% G: 0-20%	Key: R: over 10K A: 5k – 10k G: 0 – 5k				

* 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