Somerset County Council
Scrutiny for Policies, Adults and Health Committee
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Community Hospitals Update

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1. PURPOSE

1.1 The purpose of this paper is to provide the committee with an update on the impact of the work that has taken place to reduce the pressures facing the inpatient services within the 13 Community Hospitals operated by Somerset Partnership NHS Foundation Trust.

2. BACKGROUND

2.1 Recruiting and retaining registered nurses continues to pose a significant challenge across England. Within Somerset a number of local geographical areas continue to present a severe and sustained challenge for recruitment and retention.

2.2 Across the Community Hospitals, these shortages still pose risks to the continued provision of high quality safe care due to high levels of unfilled shifts and high levels of temporary staffing.

2.3 Due to the number of vacancies across the Community hospital wards in September/October 2017 the Trust took the decision on patient safety grounds to temporarily consolidate the current Community Hospital bed base onto fewer sites. At that time the inpatient wards at Dene Barton, Chard and Shepton Mallet Community Hospitals were temporarily closed and the beds and staff from those wards were redeployed into other hospitals across the county.

2.4 The temporary closures have subsequently been reviewed on a monthly basis by the Trust Board. During December 2017 and January 2018 the Trust undertook a limited public consultation to gain patient and public views on the impact of the temporary closures and to inform future options. The findings of the consultation were shared with the Board in February 2018.

2.5 In May 2018 the Board approved the re-opening of the 8 bedded inpatient ward in Shepton Mallet, based on a slight improvement in the recruitment of registered nurses. The inpatient ward at Shepton Mallet re-opened on 7 July 2018.

2.6 In June 2018 the multi-agency Somerset A&E Delivery Board established a Community Hospital Resilience Sub Group, chaired by the Somerset Partnership Chief Operating Officer and involving representatives from Somerset CCG; Somerset County Council Adult Social Care; Taunton &

Somerset NHS Foundation Trust; Yeovil District Hospital NHS Foundation Trust and Healthwatch Somerset. With the Community Hospitals operating in some cases very small numbers of beds and having small nursing teams, they

are particularly susceptible to the volatility in the supply of registered nurses at a national and local level. Within this context, the Group has been tasked with monitoring the position of Community Hospital staffing and safety and ensuring that plans are in place to manage the impact of winter pressures in 2018/19 whilst maintaining patient safety.

2.7 Wellington Community Hospital was temporarily closed in July 2017 for essential maintenance work which was completed in September 2018. Following the completion of these works, the Community Hospital Resilience group recommended that there should be a pause in the re-opening of inpatient beds at Wellington Hospital. This was in support of opening an additional five stroke beds (from 28 to 33) at South Petherton and Williton Community Hospitals as previously discussed at Scrutiny Committee. During this period additional staffing has also been deployed at Bridgwater Hospital which plays in a key role in the joint health and social care Home First pathways.

3. CURRENT POSITION

3.1 Having reviewed the key indicators and the prospective staffing position for the next three months, the staffing position has slightly improved, principally due to the intake of newly qualified nurses in September as well as successful recruitment and retention campaigns. However, the longer term prospects remain challenging across the county and there are still a number of hospitals experiencing registered nurse vacancy rates above 20% with some as high as 40%. Against this slightly improved background the Resilience Group has recommended that the Trust moves towards reopening the inpatient beds at Wellington Community Hospital as soon as possible in the New Year, subject to successful recruitment of registered nurses to fill the current 37% shortfall.

3.2 Luke ward at Dene Barton is now being used over the winter to accommodate the outpatient physiotherapy service from Musgrove Park Hospital which will, in turn, enable the provision of additional acute bed capacity for the winter period at Musgrove Park Hospital.

3.3 The staffing situation remains very fragile as winter approaches and staffing levels will need to be kept under review. The Trust plans to speak with local communities to obtain their views on hospital staffing and discuss the criteria that would be use if any temporary closures had to be considered in at any point in the future. The Trust has previously confirmed that it could not envisage being in a position to reopen Chard and Dene Barton inpatient beds over the winter period and that these beds would therefore remain temporarily closed until at least the end of March 2019. This situation will be kept under close review.

3.4 The Community Hospitals continue to work in localised clusters in order to manage their staffing challenges and to share their substantive staff. Matrons and Ward Managers regularly move staff from one site to another to try to manage the risk according to patient need. However, when more than one hospital in a local cluster has staff shortages managers are finding that these movements are becoming increasingly difficult to achieve.

Use of Temporary Staffing and Next Steps

3.5 The availability of temporary staffing continues to prove variable. The nursing bank team fills shifts as it is able but is not able to fill all of the required shifts and this has been more challenging again in recent weeks as escalation has begun in local acute hospitals. The unavailability of temporary staffing can have serious consequences for community hospitals and there continue to be regular occasions when an inability to get additional staffing has resulted in hospitals in having only 1 trained member of staff on at night. These untoward incidents are carefully reviewed by the Trust and known as 'Red Flag' events.

3.6 Whilst overseas recruitment may be beginning to have some positive impact within the Somerset acuyte hospitals, this form of recruitment has not previously proven successful for community hospitals. The resilience group and the Trust will continue to monitor the situation carefully over the coming winter period to ensure patient safety remains of paramount importance at all times.

OVERVIEW OF RISK FACTORS BY COMMUNITY HOSPITAL SEPTEMBER 2018

Sep-18

Area	Hospital	Fabric of Inpatient Area	% RGN Vacancies October	Red Flags	% Day Shift Fill rate over 95% (RGN)sept	% Night Shift Fill rate over 95% (RGN)sept	Consistently meeting CHPPD	% Turnover	% of RN workforce over 55 (FTE)	£ Agency Spend	Clinical Care Indicators	Deteriorating Patients (rate per 1000 occupied bed (2)	Bed Occupancy	Current beds	Additional Unstaffed Bed Capacity
1	Frome	Green	12.09	1	83.3	103.3	Red	7.7	26.1	2,233	Red		68.6%	26	0
1	Shepton	Red	0.00	5	83.3	90.0	Green	7.1	30.8	3,301	Green	1.0	81.3%	8	9
1	West Mendip	Greem	22.10	0	88.3	86.7	Green	8.6	24.6	25,310	Green		82.8%	30	3
1 / 2	Wincanton	Green	40.02	11	62.2	93.3	Amber	17.5	25.0	8,930	Green		60.5%	14	10
2	Chard													0	20
2	Crewkerne	Amber	0.00	2	83.3	96.7	Amber	6.9	40.3	940	Amber	1.0	80.7%	20	0
2	South Petherton	Green	13.71	1	83.3	100.0	Green	15.8	26.6	3,525	Amber		90.6%	24	0
2 / 3	Wellington													11	0
3	Bridgwater	Green	25.49	0	98.9	94.4	Red	17.0	30.4	3,301	Red	3.0	86.8%	30	0
3	Burnham	Green	22.11	1	88.9	98.3	Amber	7.4	19.7	2,233	Red		81.7%	20	0
3	Dene Barton													0	19
3	Minehead	Green	17.69	2	83.3	98.3	Amber	13.4	21.9	11,832	Green		79.3%	19	0
3	Williton	Green	16.94	0	119.0	101.7	Red	11.2	25.7	541	Amber		93.5%	20	10
		Key:	Key:	Key:	Key:	Key:	Key:	Key:	Key:	Key:	Key:	Key:	Key:	222	71
		R: major concerns	R: 20%+	R: 2 or more	R: <95%	R: <95%	R: Signif short	R: 16%+	R: 40%+	R: >10K	R: Signif incidents	R: 5 or more	R: <80%;>90%	293	
		A: some concerns	A: 10-<20%	A: 1	A:95<100%	A: 95-<100%	A: Some short	A: 10-<16%	A: 20-	A: 5k – <10k	A: some incidents	A: 1 to <5			
		G: Good	G: 10-<20%				G: Sufficient			G: no incidents		G: 83% to 87%			