

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

Lead Officer:

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Cabinet Member: N/A

Division and Local Member: N/A

1. Summary

- 1.1. Following the reports presented to the Committee at its meetings on 20 September, 20 October 2017 and 5 December 2018, 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 temporarily close 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. In October 2017 the Somerset A&E Delivery Board established a Community Hospital Resilience Group (CHRG) - which includes representation from all health organisations in the county, the local authority and Healthwatch Somerset - to oversee the work to maintain safe and effective community hospital services and re-open the community hospital inpatient wards when possible.
- 1.4. In May 2018, on recommendation from the CHRG, 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.
- 1.5. The inpatient ward at Wellington Community Hospital was temporarily closed in July 2018 for urgent repairs. Due to the fragility of the registered nurse establishment at other community hospital sites and the impact of the additional stroke beds, the decision was taken to delay the re-opening until the impact of these changes could be assessed. The ward sister retired in March 2019 and this position has now been recruited to and the plan is to reopen the ward in September 2019.
- 1.6. In September 2018 the decision was taken to relocate the outpatient physiotherapy services from Musgrove Park Hospital to the Dene Barton site to support winter escalation bed capacity on the acute hospital site.
- 1.7. The temporary measures to consolidate beds on fewer sites supported stability during a challenging winter period. However, the position has remained fragile.

The registered nurse vacancy position at the end of May 2019, with the beds being consolidated on to ten sites, was 13.85 WTE. This compares to a vacancy rate of 30.59 WTE in April 2018. If all wards were reopened an additional 45.65 WTE registered nurses would be required. The total vacancy rate would be 59.50 WTE. When maternity leave and long term sickness are included, the total gap is 64.30 WTE which equates to a 33.6% staffing gap.

- 1.8. At present, the CHRG has supported the continued temporary closure of Dene Barton, Chard and Wellington Community Hospitals but with a view to but with a view to reopening Wellington in September 2019.
- 1.9. To support further the position, a reduction of 22 beds for the summer period has been agreed which will assist particularly with the current Registered Nurse vacancy position. Fifteen beds will be closed at West Mendip, three at Minehead and four beds at Burnham on Sea community hospitals. The temporary closure of these beds should not present any additional problems given that for this time of year there are usually on average 30-50 empty beds.
- 1.10. The staffing position within the Community Hospitals is being reviewed two weekly by the CHRG. The group continue to consider the re-opening of the temporarily closed inpatient wards as the staffing and sickness position improves.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny is asked to consider 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. 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 configuration of the bed numbers across the county is flexible within the agreed number 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.

- 3.3.** Following the announcement of the plan for the temporary consolidation of community hospital beds in September 2017, 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.** 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.
- 3.5.** The inpatient ward at Wellington Community Hospital was temporarily closed in July 2018 for urgent repairs. Due to the fragility of the registered nurse establishment at other community hospital sites and the impact of the additional stroke beds, the decision was taken to delay the re-opening until the impact of these changes could be assessed.
- 3.6.** No adverse patient safety incidents have been reported during the period relating to the temporary closures.
- 3.7.** 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.
- 3.8.** The Trust has sought to maintain effective communication with staff affected by the changes, including regular feedback through matrons and senior managers and regular staff engagement drop-in events supported by staff side.

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.** 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>
- 4.3.** The main themes arising from 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.
- 4.4.** These recommendations formed the basis of a set of criteria used by the CHRG to consider any further actions taken to protect the delivery of safe inpatient community hospital services which were subject to a further engagement

exercise in 2018.

- 4.5. 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.
- 4.6. The Trust hosts a six monthly League of Friends Forum with representatives from the Leagues of Friends of all 13 community hospitals invited.

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 system's Fit for My Future 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 Safer Staffing Report <http://www.sompar.nhs.uk/who-we-are/safer-staffing/>
- 6.3. Somerset Partnership Board report on 6 March 2018 <http://www.sompar.nhs.uk/media/5668/enclosure-h-update-on-staffing-in-community-hospitals.pdf>
- 6.4. Somerset Partnership Board report on 2 May 2019 <http://www.sompar.nhs.uk/media/6669/enclosure-q-pressures-facing-community-hospital-inpatient-services-progress-report.pdf>

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