



Integration Joint Board
Clinical and Care Governance Committee

25th October 2018

This Report relates to
Item 6 on the Agenda

Cottage Hospitals Temporary Bed Cap Update

(Paper presented by Graham Abrines)

For Noting

Approved for Submission by	Graham Abrines
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List of Background Papers	
Appendices	

SECTION 1: REPORT CONTENT

Title/Subject: Cottage Hospitals Temporary Bed Cap Update
Meeting: Clinical and Care Governance Committee
Date: 25th October 2018
Submitted By: Graham Abrines
Action: For Noting

1. Introduction

- 1.1 **This report was presented to Health and Social Care Senior Management Team in September 2018 and is presented to Clinical and Care Governance as an update as requested at the last Clinical and Care Governance Committee.**
- 1.2 **Further updates will be provided to Clinical and Care Governance Committee once these are available.**
- 1.3 This Report outlines the current situation at Moffat, Castle Douglas and Newton Stewart Hospitals all of which have been subject to a temporary cap on bed numbers over the summer period. Papers were considered by HSCSMT on Moffat and Newton Stewart previously and by the Executive Team on Castle Douglas. The report asks HSCSMT to note the current situation at Moffat and Castle Douglas and to approve a further extension at Newton Stewart.

2. Recommendations

- 2.1 **The Health and Social Care Senior Management Team is asked to:**
 - **Note the current improved situation at Moffat & Castle Douglas.**
 - **Note the contribution made by the Castle Douglas staff group at DGRI during July and the ongoing contribution made by DGRI consultant at CD.**
 - **Agree the recommendation from the locality to extend the bed cap at Newton Stewart subject to further work utilising the Workforce Workload planning tool to establish a new template based on current & previous occupancy levels.**
 - **Agree to receive a further report when this work is concluded, within the next two months.**

3. Background

- 3.1 Due to staffing shortages caused by long term vacancies for Registered Nurses and long term sickness absence at Newton Stewart & long term vacancies at Moffat hospitals the General Manager, Community Health & Social Care having taken professional advice from the locality clinical leads and the lead nurse for the Community Health & Social Care Directorate took the decision to temporarily cap the bed numbers at both hospitals during the later part of May 20 2018. Reports were considered at the June and July HSCSMT's extending the temporary caps to the start of September for Newton Stewart and the week commencing 6th August for Moffat. The bed cap at Newton Stewart became 14 from the capacity of 21 and at Moffat 8 from the capacity of 12.
- 3.2 Castle Douglas hospital was unable to secure medical cover during the month of July. A paper was considered at the Chief Officers executive group and the decision was made to suspend admissions to Castle Douglas and to transfer patients who required medical input to Kirkcudbright.
- 3.3 The situation at all three Cottage Hospitals was reported to the Clinical & Care Governance Committee of the IJB on 16th July 2018.
- 3.4 Due to staffing shortages caused by long term absences and vacancies for Registered Nurses (RN) the General Manager, Community Health & Social Care having taken professional advice from the locality clinical lead and the lead nurse for the Community Health & Social Care Directorate took the decision to temporarily cap the bed numbers at Newton Stewart Hospital from twenty-two to fourteen effective from 17th May 2018. A paper was considered at the HSCSMT in June that extended the bed cap until the start of September. This would allow newly appointed staff to complete their registration and cover the summer holiday period.

4. Main Body of the Report

- 4.1 The new staff recruited to work at Moffat came into post as planned and the capacity reverted to the full twelve beds as planned during the week commencing 6th August.
- 4.2
- 4.3 Staff from Castle Douglas, who were not required to work with the small numbers still at their hospital, were asked to assist in DGRI. Feedback has been positive from both perspectives about the value of this arrangement. A consultant geriatrician also supported the patients remaining in the hospital in July and as the medical cover improved in August and new patients were admitted, supported where he could, this has been greatly appreciated. As of September 3rd full-time medical cover has been secured for a year, this will bring a necessary stability, allow the trainee ANP to complete her training and facilitate a return to full capacity of 19 beds.
- 4.4 The Newton Stewart Hospital had been at the time of the last report to HSCSMT dealt with in as much as during the period where the cap has been in place the long term absence issues had been resolved and there had been recruitment to the vacant posts however, both were student nurses who would not receive their NMC

registration until September 2018. Both have subsequently made the decision to take posts at the Galloway Community Hospital. This leaves a Registered Nurse shortfall of 1.6 WTE that had previously been reported.

- 4.5 The hospital has operated within the temporary bed cap since it was imposed. Analysis of the hospitals occupancy over time shows that during the twelve months ending March 2018 the average monthly occupancy was 74% or sixteen beds.
- 4.6 The locality manager, nurse manager & lead nurse are meeting in the next two weeks to discuss the situation. There is an emerging picture of occupancy levels and availability of staff that potentially leads to a conclusion that the bed numbers at Newton Stewart should be adjusted on a more permanent basis. Any proposal coming from this work would need to be subject to appropriate input from the Directorates Finance manager prior being reported back to HSCSMT.

5. Conclusions

- 5.1 The situation at Moffat and Castle Douglas have improved and both hospitals are back to having full capacity available.
- 5.2 Newton Stewart Hospital has had a temporary bed cap in place since 17th May. Two prospective Registered Nurses had been recruited but both have subsequently decided to work at Galloway Community Hospital. Work will be completed in September that will reflect past & current occupancy levels alongside a realistic perspective on the ability to recruit and retain Registered Nursing staff. The outputs of this work alongside the viability of medical cover will be reported to HSCSMT in either October or November 2018.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

At this time there are no immediate resource implications.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

8. As this is an extension to a temporary cap at Newton Stewart there is no impact.

Legal & Risk Implications

8.1. There are no known legal implications. There is a risk to patient and staff safety at this time if the bed cap was lifted at this point. There will need to be external communication to mitigate potential reputational risk given some of the expected political responses.

9. Consultation

9.1. The Wigtownshire locality has submitted the request for the continuation of the bed cap at Newton Stewart with the support of their clinical lead and the lead nurse for the Directorate.

10. Equality and Human Rights Impact Assessment

10.1. As this is a temporary measure it is not thought an impact assessment is required.

11. Glossary

11.1. HSCSMT – Health and Social Care Senior Management Team.